

CALFRESH BUDGET WORKSHEET – Special Medical/Shelter Deductions

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TC		
CERTIFICATION PERIOD FROM THROUGH	<input type="checkbox"/> PROSPECTIVE	<input type="checkbox"/> PROSPECTIVE	DOCUMENTATION		
PART 1 – NET MONTHLY INCOME (Gross income test is not applicable to households with elderly/disabled members)	ISSUANCE MONTH	ISSUANCE MONTH			
A. NONEXEMPT GROSS UNEARNED INCOME			<p>Child/Spousal Support</p> <p>Received \$ _____</p> <p>Child Support (Court Ordered) Paid out total \$ _____</p> <p>Total / by number of months _____</p> <p>Amount used in A7 \$ _____</p> <p>Remainder to be used in B6 \$ _____</p> <p>Households with an Elderly/Disabled Member:</p> <p>Is the elderly/disabled member unable to purchase and prepare meals separately from others in the home due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is the household's income (less the elderly and disabled member and spouse income) less than 165% of FPL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, certify the elderly and disabled member (and spouse) as a separate household.</p>		
1. Cash Aid	\$ _____	\$ _____			
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____			
3. Child/Spousal Support	\$ _____	\$ _____			
4. Scholarships, Grants, Loans	\$ _____	\$ _____			
5. Other	\$ _____	\$ _____			
6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5)	\$ _____	\$ _____			
7. Less Child Support Paid (enter remainder in B6)	\$ _____	\$ _____			
8. Total Gross Unearned Income (A6 - A7)	\$ _____	\$ _____			
B. NONEXEMPT GROSS EARNED INCOME					
1. Gross Salary, Wages	\$ _____	\$ _____			
2. Self-Employment	\$ _____	\$ _____			
3. Training Allowance	\$ _____	\$ _____			
4. Gross Earned Income (B1 + B2 + B3)	\$ _____	\$ _____			
5. Adjusted Gross Earned Income (80% of B4)	\$ _____	\$ _____			
6. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____			
7. Total Gross Earned Income (B5 - B6) (If negative amount, enter zero)	\$ _____	\$ _____			
C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7)	\$ _____	\$ _____			
D. EXCESS MEDICAL EXPENSES					
1. Expected Recurring Expenses (occurring during the entire certification period). Include recurring averaged expenses.	\$ _____	\$ _____			
2. Limited Period Expenses (occurring during only a portion of the certification period). Include limited averaged expenses.	\$ _____	\$ _____			
3. Total Allowable Expenses (D1 + D2)	\$ _____	\$ _____			
4. Less Medical Expense Allowance (\$35)	\$ _____	\$ _____			
5. Excess Medical Expenses (D3 - D4)	\$ _____	\$ _____			
E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS					
1. Standard Deduction:	\$ _____	\$ _____			
2. Dependent Care (100% of costs)	\$ _____	\$ _____			
3. Excess Medical Expenses (From D5)	\$ _____	\$ _____			
4. Homeless Shelter Deduction	\$ _____	\$ _____			
5. Total Deductions (E1 + E2 + E3 + E4)	\$ _____	\$ _____			
6. Total Adjusted Income (C - E5)	\$ _____	\$ _____			
F. SHELTER DEDUCTION					
1. Total Housing Costs	\$ _____	\$ _____			
2. Total Utility Allowance	\$ _____	\$ _____			
3. Total Shelter costs (F1 + F2)	\$ _____	\$ _____			
4. Allowable Shelter Costs (50% of E6)	\$ _____	\$ _____			
5. Excess Shelter Costs F3-F4	\$ _____	\$ _____			
G. NET MONTHLY INCOME (E6-F5)	\$ _____	\$ _____			
PART 2 – NET INCOME ELIGIBILITY					
H. NET INCOME TEST			<p>First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
1. Household Size	_____	_____			
2. Maximum Net Income Allowable (From Table)	\$ _____	\$ _____			
3. Net Income Eligible? (Is G less than or equal to H2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PART 3 – BENEFITS	ALLOTMENT	SUPPLEMENT	ALLOTMENT	SUPPLEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.W. Initials/Date					

PART 4 – INCOME COMPUTATIONS**I. SELF-EMPLOYMENT** (Nonexempt Resources Only)

1. Gross Income from Self-Employment
2. Expenses: Standard 40% Deduction
 Actual Expenses (Verification Required)
3. Total Nonexempt Income from Self-Employment (I1 - I2)
If averaging self-employment income go to I7. If adjusting a previous average, continue to I4.
4. Adjustment to Gross Income
5. Adjustment to Expenses
6. Adjusted Self-Employment Income (I3 + I4 + I5)
7. Monthly Self-Employment Income (I3 or I6 ÷ number of months income covers)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required)	\$ _____	\$ _____
3. Total Nonexempt Income from Self-Employment (I1 - I2) If averaging self-employment income go to I7. If adjusting a previous average, continue to I4.	\$ _____	\$ _____
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (I3 + I4 + I5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (I3 or I6 ÷ number of months income covers)	\$ _____	\$ _____

J. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS

1. Income from Grants, Scholarships or Loans
2. Tuition and Mandatory Fees
3. Total Nonexempt Educational Income (J1 - J2)
4. Monthly Income from Grants, Scholarships or Loans
(J3 ÷ number of months income covers)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (J1 - J2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (J3 ÷ number of months income covers)	\$ _____	\$ _____

PART 5 – REPORTED CHANGES (Other than the QR 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					