

**NOTICE OF FORM CHANGE NO. 03-183**

DATE

11/12/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **QR 285B (11/03)**  
**Food Stamp Worksheet**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/03	REPLACES 7/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

## USE NEW FORM

When supply available in DSS Warehouse  Use new form effective when old stock used up

## USE FORM IN ACCORDANCE WITH

All County Letter No. 03-18  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form is now Master Only.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

# FOOD STAMP BUDGET WORKSHEET

CASE NAME	COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED
CERTIFICATION PERIOD FROM _____ THROUGH _____	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>	MID-QUARTER REPORT <input type="checkbox"/>

## PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

**A. NONEXEMPT GROSS EARNED INCOME**

	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCE	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2+ A3)				<b>Total \$ _____ (A4)</b>
5. QR Averaged Gross Earned Income (A4 ÷ number of months)				<b>Total \$ _____ (A5)</b>

**B. NONEXEMPT GROSS UNEARNED INCOME**

	CASH AID	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT	SCHOLARSHIPS, GRANTS, LOANS	OTHER	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
4. Total Gross Unearned Income (B1 + B2 + B3)						<b>Total \$ _____ (B4)</b>
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)						<b>Total \$ _____ (B5)</b>

## PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS

**C. GROSS INCOME TEST**

- Maximum Gross Income allowed for Household Size of \_\_\_\_\_ (from table) \$ \_\_\_\_\_
- Total Gross Income (A4 + B4) or (A5 + B5) = \$ \_\_\_\_\_
- Gross Income Eligible? (Is C2 less than or equal to C1?)  YES  NO **Total \$ \_\_\_\_\_ (C3)**

## PART 3 - NET INCOME

	DOCUMENTATION
<b>D. NONEXEMPT GROSS INCOME</b>	
1. Gross Earned Income (A4 or A5) <span style="float:right">\$ _____</span>	
2. Adjusted Gross Earned Income (80% of D1) <span style="float:right">\$ _____</span>	
3. Total Gross Unearned Income (B4 or B5) <span style="float:right">\$ _____</span>	
4. Nonexempt Gross Income (D2 + D3) <span style="float:right">\$ _____</span>	
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>	
1. Expecting Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. <span style="float:right">\$ _____</span>	<input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ (Stable income)
2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses. <span style="float:right">\$ _____</span>	<input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____ (Stable income)
3. Total Allowable Expenses <span style="float:right">\$ _____</span>	
4. Less Medical Expense Allowance (\$35) <span style="float:right">\$ _____</span>	
5. Excess Medical Expenses (E3 - E4) <span style="float:right">\$ _____</span>	
<b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS</b>	
1. Standard Deduction <span style="float:right">\$ _____</span>	<input type="checkbox"/> Dependent Care
2. Dependent Care <span style="float:right">\$ _____</span>	<input type="checkbox"/> Child Support
Child(ren) Under Two <span style="float:right">\$ _____</span>	<input type="checkbox"/> Medical Expense
Other Dependents & Child(ren) 2 and Over <span style="float:right">\$ _____</span>	
Total Dependent Care Deductions <span style="float:right">\$ _____</span>	
3. Homeless Shelter Deduction <span style="float:right">\$ _____</span>	
4. Child Support Deduction <span style="float:right">\$ _____</span>	
Total Legally Obligated Child Support Paid Out by Household <span style="float:right">\$ _____</span>	
5. Averaged Excess Medical Expenses <span style="float:right">\$ _____</span>	
6. Total Deductions (F1 + F2 + F3 + F4 + F5) <span style="float:right">\$ _____</span>	
<b>G. ADJUSTED NET INCOME</b>	
1. Nonexempt Gross Income (D4) <span style="float:right">\$ _____</span>	<input type="checkbox"/> Utilities
2. Total Deductions (F6) <span style="float:right">\$ _____</span>	<input type="checkbox"/> Actual (Averaged over cert. period)
3. Adjusted Net Income (D4 - F6) or (G1 - G2) <span style="float:right">\$ _____</span>	<input type="checkbox"/> SUA
<b>H. SHELTER DEDUCTION</b>	
1. Total Housing Costs <span style="float:right">\$ _____</span>	
2. Total Utility costs (Actual or SUA) <span style="float:right">\$ _____</span>	
3. Total Shelter costs <span style="float:right">\$ _____</span>	
4. Allowable Shelter costs (50% of G3) <span style="float:right">\$ _____</span>	
5. Excess Shelter costs (H3 - H4) <span style="float:right">\$ _____</span>	
6. Maximum Allowance For Shelter <span style="float:right">\$ _____</span>	<input type="checkbox"/> Housing
7. Allowable Shelter Deduction (Lesser of H5 or H6) <span style="float:right">\$ _____</span>	
<b>I. NET MONTHLY INCOME (G3 - H7)</b> <span style="float:right">\$ _____</span>	
<b>J. NET INCOME TEST</b>	
1. Household Size _____	
2. Maximum Net Income Allowable (from table) <span style="float:right">\$ _____</span>	
3. Net Income eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>PART 4 - BENEFITS</b>	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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**WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION**

**PART 5-RESOURCES**

K. MOTOR VEHICLES		Vehicle 1	Vehicle 2	DOCUMENTATION	
1. Vehicle Owner				For one licensed vehicle per household, determine the equity value; subtract exclusion limit & apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.	
Year/Class					
Make and Model					
Estimated Value					
Amount Owed					
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value					
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Encumbrance	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
If exempt and under exclusion limit, STOP here				Minus Exclusion Limit	
				Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below, the alternate method used to determine value.

**L. RESOURCE ELIGIBILITY (Nonexempt Resources Only)**

	PAYMENT QUARTER	PAYMENT QUARTER
1. Quarter/Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (L1 + L2a + L2b + L2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (L4a + L4b + L4c)	\$ _____	\$ _____
6. Current Resources (L3 - L5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 6-INCOME COMPUTATIONS**

**M. SELF-EMPLOYMENT (Nonexempt Resources Only)**

	PAYMENT QUARTER	PAYMENT QUARTER
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 If averaging self-employment income go to M7. If adjusting a previous average, continue to M4.	\$ _____	\$ _____
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (M3 + M4 ± M5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (M3 or M6 ÷ number of months income covers)	\$ _____	\$ _____

**N. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS**

	PAYMENT QUARTER	PAYMENT QUARTER
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (N1 - N2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (N3 ÷ number of months income covers)	\$ _____	\$ _____

**PART 7-REPORTED CHANGES (Other than the QR 7 or DFA 377.5)**

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					