

NOTICE OF FORM CHANGE NO. 04-017

DATE

01/22/2004

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 (12/03)**
Food Stamp Worksheet

ORDER UNIT MASTER ONLY	<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 12/03	REPLACES 11/03	<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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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 your stock is used up

USE FORM IN ACCORDANCE WITH

- All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, 2 sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@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 <input type="checkbox"/> TFS
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)				Total \$ _____ (A4)
5. QR Averaged Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

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)						Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)						Total \$ _____ (B5)

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) = \$ _____ YES NO
- Gross Income Eligible? (Is C2 less than or equal to C1?) YES NO **Total \$ _____ (C3)**

PART 3 - NET INCOME

	DOCUMENTATION
D. NONEXEMPT GROSS INCOME	
1. Gross Earned Income (A4 or A5)	\$ _____
2. Adjusted Gross Earned Income (80% of D1)	\$ _____
3. Total Gross Unearned Income (B4 or B5)	\$ _____
4. Nonexempt Gross Income (D2 + D3)	\$ _____
E. EXCESS MEDICAL EXPENSES (Special Medical)	
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 (E1 + E2)	\$ _____
4. Less Medical Expense Allowance (\$35)	\$ _____
5. Excess Medical Expenses (E3 - E4)	\$ _____
F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS	
1. Standard Deduction	\$ _____
2. Dependent Care	\$ _____
Child(ren) Under Two	\$ _____
Other Dependents & Child(ren) 2 and Over	\$ _____
Total Dependent Care Deductions	\$ _____
3. Homeless Shelter Deduction	\$ _____
4. Child Support Deduction	\$ _____
Total Legally Obligated Child Support Paid Out by Household	\$ _____
5. Averaged Excess Medical Expenses	\$ _____
6. Total Deductions (F1 + F2 + F3 + F4 + F5)	\$ _____
G. ADJUSTED NET INCOME	
1. Nonexempt Gross Income (D4)	\$ _____
2. Total Deductions (F6)	\$ _____
3. Adjusted Net Income (D4 - F6) or (G1 - G2)	\$ _____
H. SHELTER DEDUCTION	
1. Total Housing Costs	\$ _____
2. Total Utility costs (Actual or SUA)	\$ _____
3. Total Shelter costs	\$ _____
4. Allowable Shelter costs (50% of G3)	\$ _____
5. Excess Shelter costs (H3 - H4)	\$ _____
6. Maximum Allowance For Shelter	\$ _____
7. Allowable Shelter Deduction (Lesser of H5 or H6)	\$ _____
I. NET MONTHLY INCOME (G3 - H7)	\$ _____
J. NET INCOME TEST	
1. Household Size	_____
2. Maximum Net Income Allowable (from table)	\$ _____
3. Net Income eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENTATION

Weekly \$ _____ x 4.33 = \$ _____
(Stable income)

Biweekly \$ _____ x 2.167 = \$ _____
(Stable income)

	QTR AVG	MID QTR AVG
<input type="checkbox"/> Dependent Care		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Medical Expense		

Utilities

Actual (Averaged over cert. period)

SUA

Housing

PART 4 - BENEFITS	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	PAYMENT QUARTER	PAYMENT QUARTER
	1. Quarter/Month's Resources 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (K1 + K2a + K2b + K2c) 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (K4a + K4b + K4c) 6. Current Resources (K3 - K5) 7. Resource Eligible?	\$ _____ _____ _____ \$ _____ \$ _____ \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5—INCOME COMPUTATIONS L. 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 L7. If adjusting a previous average, continue to L4. 4. Adjustment to Gross Income 5. Adjustment to Expenses 6. Adjusted Self-Employment Income (L3 + L4 + L5) 7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

M. 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 (M1 – M2) 4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)	\$ _____ \$ _____ \$ _____ \$ _____

PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)					
Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					