

**NOTICE OF FORM CHANGE NO. 04-205**

DATE

07-12-2004

**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 (7/04)**  
**Food Stamp Budget 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 7/04	REPLACES 2/04	<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**

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 feasible

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, two sided.

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 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 <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)				<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 (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 (A5)	\$ _____
2. Adjusted Gross Earned Income (80% of D1)	\$ _____
3. Total Gross Unearned Income (B5)	\$ _____
4. Nonexempt Gross Income (D2 + D3)	\$ _____
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>	
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)	\$ _____
<b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS</b>	
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. Excess Medical Expenses (E5)	\$ _____
6. Total Deductions (F1 + F2 + F3 + F4 + F5)	\$ _____
<b>G. ADJUSTED NET INCOME</b>	
1. Nonexempt Gross Income (D4)	\$ _____
2. Total Deductions (F6)	\$ _____
3. Adjusted Net Income (D4 - F6) or (G1 - G2)	\$ _____
<b>H. SHELTER DEDUCTION</b>	
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)	\$ _____
<b>I. NET MONTHLY INCOME (G3 - H7)</b>	\$ _____
<b>J. NET INCOME TEST</b>	
1. Household Size	_____
2. Maximum Net Income Allowable (from table)	\$ _____
3. Net Income eligible	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

<b>PART 4 - BENEFITS</b>	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					