# NOTICE OF FORM CHANGE NO. 05-041

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

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

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

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

<table>
<thead>
<tr>
<th>FORM NUMBER AND TITLE</th>
<th>ORDER UNIT</th>
<th>ESTIMATED PRICE</th>
<th>INITIAL SUPPLY SENT</th>
<th>REQUIRED FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>QR 285B (2/05)</td>
<td>MASTER ONLY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Budget Worksheet</td>
<td>Free</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**REPLACES DATE OF FORM:** 2/05

**REQUIRES FORM- REQUIRED FORM-**

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788

**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

**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 form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.
**PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS**

### C. GROSS INCOME TEST

1. Maximum Gross Income allowed for Household Size of ______ (from table)  
2. Total Gross Income (A5 + B7) =  
3. Gross Income Eligible? (Is C2 less than or equal to C1?)  

### PART 3 - NET INCOME

#### D. NONEXEMPT GROSS INCOME

1. Gross Earned Income (A5)  
2. Adjusted Gross Earned Income (80% of D1)  
3. Total Gross Unearned Income (B7)  
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  
3. Homeless Shelter Deduction  
4. Child Support Deduction  
5. Excess Medical Expenses (E5)  
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  

**PART 4 - BENEFITS**

- **ALLOC**  
- **SUPPLEMENT**  
- **E.W. Initials/Date**
### K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)

1. Quarter/Month’s Resources
   - a. 
   - b. 
   - c. 
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?

### PART 5–INCOME COMPUTATIONS

L. 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
4. Adjustment to Gross Income
5. Adjusted Self-Employment Income (L3 + L4 + L5)
6. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)

### M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS

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)

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Date Change Occurred</th>
<th>Date Change Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EW Initials</td>
</tr>
</tbody>
</table>

QR 285B (2/05) RECOMMENDED FORM