

NOTICE OF FORM CHANGE NO. 05-041

DATE

03-17-2005

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 (2/05)**
Food Stamp Budget 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 2/05	REPLACES 7/04	<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		<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 _____

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.

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

	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. Unearned Income (B1 + B2 + B3)					Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)					Total \$ _____ (B5)
6. Cash Aid					Total \$ _____ (B6)
7. Total Gross Unearned Income					Total \$ _____ (B5 + B6)

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 + B7) = \$ _____ YES NO
- Gross Income Eligible? (Is C2 less than or equal to C1?) Total \$ _____ (C3)

PART 3 - NET INCOME

	DOCUMENTATION												
D. NONEXEMPT GROSS INCOME	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) \$ _____	<input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____												
E. EXCESS MEDICAL EXPENSES (Special Medical)	<input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____												
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. \$ _____	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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center">QTR AVG</th> <th style="text-align:center">MID QTR AVG</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> <td></td> </tr> </tbody> </table>		QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care			<input type="checkbox"/> Child Support			<input type="checkbox"/> Medical Expense		
		QTR AVG	MID QTR AVG										
<input type="checkbox"/> Dependent Care													
<input type="checkbox"/> Child Support													
<input type="checkbox"/> Medical Expense													
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) \$ _____	<input type="checkbox"/> Utilities												
6. Total Deductions (F1 + F2 + F3 + F4 + F5) \$ _____	<input type="checkbox"/> Actual (Averaged over cert. period)												
G. ADJUSTED NET INCOME	<input type="checkbox"/> SUA												
1. Nonexempt Gross Income (D4) \$ _____	<input type="checkbox"/> Housing												
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													

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					