

**NOTICE OF FORM CHANGE NO. 06-115**

DATE

08/21/2006

**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 (7/06)**  
**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 7/06	REPLACES 2/05	<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 \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

All County Letter No. 06-31  
 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](http://www.dss.cahwnet.gov)

For camera-ready copies of English forms, 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)				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?)  YES  NO Total \$ \_\_\_\_\_ (C3)

## PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME		DOCUMENTATION													
1. Gross Earned Income (A5)	\$ _____	<b>INCOME:</b> <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____													
2. Adjusted Gross Earned Income (80% of D1)	\$ _____														
3. Total Gross Unearned Income (B7)	\$ _____														
4. Nonexempt Gross Income (D2 + D3)	\$ _____														
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>		<b>EXPENSES:</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)	\$ _____	<table border="1"> <thead> <tr> <th></th> <th>QTR AVG</th> <th>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		
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<input type="checkbox"/> Child Support															
<input type="checkbox"/> Medical Expense															
<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. Excess Medical Expenses (E5)	\$ _____														
5. Total Deductions (F1 + F2 + F3 + F4)	\$ _____														
<b>G. ADJUSTED NET INCOME</b>		<input type="checkbox"/> Utilities													
1. Nonexempt Gross Income (D4)	\$ _____														
2. Total Deductions (F5)	\$ _____	<input type="checkbox"/> SUA <input type="checkbox"/> PRORATED <input type="checkbox"/> LUA <input type="checkbox"/> PRORATED <input type="checkbox"/> TUA <input type="checkbox"/> PRORATED													
3. Adjusted Net Income (D4 - F5) or (G1 - G2)	\$ _____														
<b>H. SHELTER DEDUCTION</b>		<input type="checkbox"/> Housing <input type="checkbox"/> PRORATED													
1. Total Housing Costs	\$ _____														
2. Total Utility Allowance	\$ _____														
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	_____														

## PART 4 - BENEFITS

YES  NO

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					