

**NOTICE OF FORM CHANGE NO. 06-130**

DATE

09/18/2006

**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 (9/06)**  
**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 9/06	REPLACES 8/06	<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.  
 Other (specify)    ACIn I-69-06

## 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

<b>A. NONEXEMPT GROSS EARNED INCOME</b>	<b>GROSS SALARY/WAGES</b>	<b>SELF EMPLOYMENT</b>	<b>TRAINING ALLOWANCE</b>	
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>

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<b>B. NONEXEMPT GROSS UNEARNED INCOME</b>	<b>SOCIAL SECURITY, UIB, DIB, PENSIONS</b>	<b>CHILD/SPOUSAL SUPPORT</b>	<b>SCHOLARSHIPS, GRANTS, LOANS</b>	<b>OTHER</b>
1. Month 1/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Unearned Income (B1 + B2 + B3)				<b>Total \$ _____ (B4)</b>
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)				<b>Total \$ _____ (B5)</b>
6. Cash Aid				<b>Total \$ _____ (B6)</b>
7. Total Gross Unearned Income				<b>Total \$ _____ (B5 + B6)</b>

## 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) = \$ \_\_\_\_\_  YES  NO

3. Gross Income Eligible? (Is C2 less than or equal to C1?) **Total \$ \_\_\_\_\_ (C3)**

## PART 3 - NET INCOME

<p><b>D. NONEXEMPT GROSS INCOME</b></p> <p>1. Gross Earned Income (A5) \$ _____</p> <p>2. Adjusted Gross Earned Income (80% of D1) \$ _____</p> <p>3. Total Gross Unearned Income (B7) \$ _____</p> <p>4. Nonexempt Gross Income (D2 + D3) \$ _____</p> <p><b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b></p> <p>1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses. \$ _____</p> <p>2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses. \$ _____</p> <p>3. Total Allowable Expenses (E1 + E2) \$ _____</p> <p>4. Less Medical Expense Allowance (\$35) \$ _____</p> <p>5. Excess Medical Expenses (E3 - E4) \$ _____</p> <p><b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER DEDUCTIONS</b></p> <p>1. Standard Deduction \$ _____</p> <p>2. Dependent Care                  Child(ren) Under Two \$ _____                  Other Dependents &amp; Child(ren) 2 and Over \$ _____                  Total Dependent Care Deductions \$ _____</p> <p>3. Homeless Shelter Deduction \$ _____</p> <p>4. Excess Medical Expenses (E5) \$ _____</p> <p>5. Total Deductions (F1 + F2 + F3 + F4) \$ _____</p> <p><b>G. ADJUSTED NET INCOME</b></p> <p>1. Nonexempt Gross Income (D4) \$ _____</p> <p>2. Total Deductions (F5) \$ _____</p> <p>3. Adjusted Net Income (D4 - F5) or (G1 - G2) \$ _____</p> <p><b>H. SHELTER DEDUCTION</b></p> <p>1. Total Housing Costs \$ _____</p> <p>2. Total Utility Allowance \$ _____</p> <p>3. Total Shelter costs \$ _____</p> <p>4. Allowable Shelter costs (50% of G3) \$ _____</p> <p>5. Excess Shelter costs (H3 - H4) \$ _____</p> <p>6. Maximum Allowance For Shelter \$ _____</p> <p>7. Allowable Shelter Deduction (Lesser of H5 or H6) \$ _____</p> <p><b>I. NET MONTHLY INCOME (G3 - H7) \$ _____</b></p> <p><b>J. NET INCOME TEST</b></p> <p>1. Household Size _____</p> <p>2. Maximum Net Income Allowable (from table) \$ _____</p> <p>3. Net Income eligible _____</p>	<p style="text-align:center;"><b>DOCUMENTATION</b></p> <p><b>INCOME:</b></p> <p><input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____</p> <p><input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____</p> <p><b>EXPENSES:</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center;">QTR AVG</td> <td style="width:25%; text-align:center;">MID QTR AVG</td> </tr> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> Utilities</p> <p style="margin-left: 20px;"><input type="checkbox"/> SUA</p> <p style="margin-left: 20px;"><input type="checkbox"/> LUA</p> <p style="margin-left: 20px;"><input type="checkbox"/> TUA</p> <p><input type="checkbox"/> Housing      <input type="checkbox"/> PRORATED</p>		QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care			<input type="checkbox"/> Medical Expense		
	QTR AVG	MID QTR AVG								
<input type="checkbox"/> Dependent Care										
<input type="checkbox"/> Medical Expense										

## PART 4 - BENEFITS

<input type="checkbox"/> YES <input type="checkbox"/> NO	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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<b>K. RESOURCE ELIGIBILITY</b> (Nonexempt Resources Only)	<b>PAYMENT QUARTER</b>	<b>PAYMENT QUARTER</b>
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PART 5—INCOME COMPUTATIONS</b>	<b>PAYMENT QUARTER</b>	<b>PAYMENT QUARTER</b>
<b>L. SELF-EMPLOYMENT</b> (Nonexempt Resources Only)		
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)	\$ _____	\$ _____

<b>M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS</b>	<b>PAYMENT QUARTER</b>	<b>PAYMENT QUARTER</b>
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)		

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