

NOTICE OF FORM CHANGE NO. 06-162DATE
12-29-2006**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 **DFA 285B (11/06) English Only**
Food Stamp Budge Worksheet/Change Reporting Household

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 11/06	REPLACES 7/06	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval 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 _____

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.govFor 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.

K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous 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

PART 4—INCOME COMPUTATIONS

L. SELF-EMPLOYMENT (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
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	ISSUANCE MONTH	ISSUANCE MONTH
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 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					