NOTICE OF FORM CHA	DATE 12-29-2006						
T0: County Welfare Dir Supply Clerk / Forn							
Community Care Licensi	_	☐ District Atto	orney				
Listed below is information re	garding a form change. Or	ly applicable information	on is shown.				
This notice updates your Dep	artment of Social Services	County Forms Catalog	j .				
	B (11/06) English Only mp Budge Worksheet/Char	nge Reporting Househo	old				
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	initial supply sent ☐ Yes ☐ No				
New ⊠ Revised	DATE OF FORM 11/06	REPLACES 7/06	☐ Yes ☐ No☐ Obsolete				
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior DSS App	roval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	Other:					
	FORMS DISPOSITION	N AND SPECIAL INS	TRUCTIONS				
DISPOSITION OF OLD SUPPLY		Destroy					
USE NEW FORM When supply available in	DSS Warehouse	Use new form e	ffective				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)							
Additional information regarding for Attached is a Reproducible C							

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.

Print form: 8/1 2 x 11, 2 sided,

ヒヘヘロ	CTVVD	BUDGET WORKSHEET/CHANGE	DEDADTING	
гсил	SIAME	DUIMIET WURKSHEETMAANGE	REFURING	DUNDSERVI I

FOOD STAMP BUDGET WORKSHEE	I/CHANGE REPORTING	HOUSEHOLD	
CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION NA PA MIXED TFS
CERTIFICATION PERIOD FROM THROUGH	ISSUANCE MONTH	ISSUANCE MONTH	DOCUMENTATION
PART 1 - GROSS INCOME ELIGIBILITY A. NONEXEMPT GROSS UNEARNED INCOME 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support (less \$50) 4. Scholarships, Grants, Loans 5. Other 6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5) 7. Less Child Support Paid (enter any remainder in B5) 8. Total Gross Unearned Income (A6 - A7)	\$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Child/Spousal Support Received \$ Minus- \$50 Countable \$
 B. NONEXEMPT GROSS EARNED INCOME Gross Salary, Wages Self-Employment Training Allowance Gross Earned Income (B1 + B2 + B3) Less Remainder of Child Support Paid (if not fully used in Section A) Total Gross Earned Income (B4 - B5) C. GROSS INCOME TEST Household Size Maximum Gross Income Allowed (from Table) Total Gross Monthly Income (A8 + B6) Gross Income Eligible? (Is C3 less than or equal C2?) 	\$	\$	
PART 2 - NET INCOME ELIGIBILITY	\$	\$	<u> </u>
D. NONEXEMPT GROSS UNEARNED INCOME (A8)			
E. NONEXEMPT GROSS EARNED INCOME (B6)	\$	\$	
F. TOTAL GROSS INCOME (D + E)	\$	\$	
 G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTIONS 1. Standard Deduction: 2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two Child(ren) two and over/all other dependents Total Dependent Deductions 3. Homeless Shelter Deduction 4. Total Deductions (G1 + G2 + G3) 5. Preliminary Adjusted Income (F - G4) 	\$ \$ \$	\$ \$ \$	
 H. SHELTER DEDUCTION 1. Total Housing Costs 2. Total Utility Allowance 3. Total Shelter Costs (H1 + H2) 4. Allowable Shelter Costs (50% of G5) 5. Excess Shelter Costs (H3 - H4) 6. Maximum Allowance for Shelter 7. Allowable Shelter Deduction (Lesser of H5 or H6) 	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$	
I. NET MONTHLY INCOME (G5 – H7)	\$	\$	
J. NET INCOME TEST 1. Household Size 2. Maximum Net Income Allowable from 3. Net Income eligible	\$ \$ \$	\$ \$ \$	
PART 3 - BENEFITS	YES NO	YES NO	
	ALLOTMENT SUPPLEMENT	ALLOTMENT SUPPLEMENT	
E.W. Initials/Date			

K E	RESOURCE ELIGIBII	LITY (Nonevemnt	Resources Only)	ISSUAN MONTH				ISSUA MONT			
	. Previous Month's F	` .	Resources Only)	_				•			
				\$			-	\$			-
2	 Additional Resource a 										
	b						-				-
	C.						-				-
3	S. Subtotal (K1 + K2a					\$	_			\$	-
	. Resources Sold, Ti		ay (specify)								
	a			\$			_	\$			_
	b						-				_
	C						-				-
	5. Subtotal (K4a + K4	,				\$:	\$	
	 Current Resources 	,				\$;	\$	
7	. Resource Eligible?)			YES)		☐ YES		NO
PAF	RT 4-INCOME COI	MPUTATIONS		ISSUAN MONTH	CE			ISSUA MONT			
	SELF-EMPLOYMENT										
1	. Gross Income from	n Self-Employment		\$			-	\$			_
2	. Expenses:	Standard 40% Dec	duction								
			Verification Required)				_				_
3	 Total Nonexempt Ir 					\$:	\$	
			go to L7. If adjusting								
	a previous average										
	Adjustment to GrossAdjustment to Expense			\$			-	\$			-
	 Adjusted Self-Emp 		3+14+15)			\$	-			Φ	-
	. Monthly Self-Emple								•	Ď	
	months income co					\$;	\$	
<u></u>	M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS			ISSUANCE MONTH			ISSUANCE MONTH				
				MONTE	1			MONT	П		
		Income from Grants, Scholarships or Loans		\$				\$			
	Tuition and Mandatory Fees			Ψ			-	Ť			-
	Total Nonexempt Educational Income (M1 – M2) Monthly Income from Grants, Scholarships or Loans				\$	-			\$	-	
4	 Monthly income from (M3 ÷ number of n) 									Ψ ¢	
	(NIS - HUITIDEI OF II	nontris income cov	eis)			\$			•	Ψ	
ΡΔΕ	RT 5-REPORTED	CHANGES (Othe	er than the CA 7 or DF	Δ 377	5						
	e of Change	OTIVITOEO (OTIV	THAT THE ONLY OF BE		.0						
	9										
Date Occ	e Change eurred										
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	orted										
ΕW	Initials										