

NOTICE OF FORM CHANGE NO. 06-163

DATE

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 285D (11/06) English Only**
Food Stamp Budget Worksheet - Special Medical-Shelter Deductions

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) ACIN I-96-06

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 and forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FOOD STAMP BUDGET WORKSHEET – Special Medical/Shelter Deductions

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS	
CERTIFICATION PERIOD FROM _____ THROUGH _____	<input type="checkbox"/> PROSPECTIVE	<input type="checkbox"/> PROSPECTIVE	DOCUMENTATION	
PART 1 – NET MONTHLY INCOME	ISSUANCE MONTH _____	ISSUANCE MONTH _____		
A. NONEXEMPT GROSS UNEARNED INCOME			Child/Spousal Support Received \$ _____ Minus \$ _____ 50 Countable \$ _____	
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 remainder in B5)	\$ _____	\$ _____		
8. Total Gross Unearned Income (A6 - A7)	\$ _____	\$ _____		
B. NONEXEMPT GROSS EARNED INCOME	\$ _____	\$ _____		
1. Gross Salary, Wages	\$ _____	\$ _____		
2. Self-Employment	\$ _____	\$ _____		
3. Training Allowance	\$ _____	\$ _____		
4. Gross Earned Income (B1 + B2 + B3)	\$ _____	\$ _____		
5. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____		
6. Total Gross Earned Income (B4 - B5)	\$ _____	\$ _____		
7. Adjusted Gross Earned Income (80% of B6)	\$ _____	\$ _____		
C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7)	\$ _____	\$ _____		
D. EXCESS MEDICAL EXPENSES				
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 (D1 + D2)	\$ _____	\$ _____		
4. Less Medical Expense Allowance (\$35)	\$ _____	\$ _____		
5. Excess Medical Expenses (D3 - D4)	\$ _____	\$ _____		
E. STANDARD/DEPENDENT CARE/MEDICAL/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. Excess Medical Expenses (From D5)	\$ _____	\$ _____		
4. Homeless Shelter Deduction	\$ _____	\$ _____		
5. Total Deductions (E1 + E2 + E3 + E4)	\$ _____	\$ _____		
6. Total Adjusted Income (C - E5)	\$ _____	\$ _____		
F. SHELTER DEDUCTION				
1. Total Housing Costs	\$ _____	\$ _____		
2. Total Utility Allowance	\$ _____	\$ _____		
3. Total Shelter costs	\$ _____	\$ _____		
4. Allowable Shelter Costs (50% of E6)	\$ _____	\$ _____		
5. Excess Shelter Costs F3-F4	\$ _____	\$ _____		
G. NET MONTHLY INCOME (E6-F5)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>		
PART 2 – NET INCOME ELIGIBILITY			First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H. NET INCOME TEST				
1. Household Size _____				
2. Maximum Net Income Allowed (From Table) \$ _____				
3. Net Income Eligible? (Is G less than or equal to H2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PART 3 – BENEFITS	ALLOTMENT	SUPPLEMENT	ALLOTMENT	SUPPLEMENT
E.W. Initials/Date				

I. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	1. Previous Month's Resources	\$ _____	\$ _____
	2. Additional Resources (specify)	_____	_____
	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	3. Subtotal (I1 + I2a + I2b + I2c)	\$ _____	\$ _____
	4. Resources Sold, Traded or Given Away (specify)	_____	_____
a. _____	\$ _____	\$ _____	
b. _____	\$ _____	\$ _____	
c. _____	\$ _____	\$ _____	
5. Subtotal (I4a + I4b + I4c)	\$ _____	\$ _____	
6. Current Resources (I3 - I5)	\$ _____	\$ _____	
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 4—INCOME COMPUTATIONS

J. SELF-EMPLOYMENT (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 J7. If adjusting a previous average, continue to J4.	\$ _____	\$ _____
	4. Adjustment to Gross Income	\$ _____	\$ _____
	5. Adjustment to Expenses	_____	_____
	6. Adjusted Self-Employment Income (J3 + J4 + J5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (J3 or J6 ÷ number of months income covers)	\$ _____	\$ _____	

K. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS	1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
	2. Tuition and Mandatory Fees	_____	_____
	3. Total Nonexempt Educational Income (K1 - K2)	\$ _____	\$ _____
	4. Monthly Income from Grants, Scholarships or Loans (K3 ÷ 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					