

**NOTICE OF FORM CHANGE NO. 06-164**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    **QR 285B (11/06) English Only**  
**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 11/06	REPLACES 9/06	<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)    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](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 UNEARNED INCOME	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT LESS \$50	SCHOLARSHIPS, GRANTS, LOANS	OTHER
1. Month 1/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
4. Unearned Income (A1 + A2 + A3)				Total \$ _____ (A4)
5. QR Averaged Gross Unearned Income (A4 ÷ number of months)				Total \$ _____ (A5)
6. Cash Aid				Total \$ _____ (A6)
7. Less Child Support Paid (enter any remainder in B6)				Total \$ _____ (A7)
8. Total Gross Unearned Income (A5 + A6 - A7)				Total \$ _____ (A8)

B. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCES	
1. Month 1/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (B1 + B2+ B3)				Total \$ _____ (B4)
5. QR Averaged Gross Earned Income (B4 ÷ number of months)				Total \$ _____ (B5)
6. Less Remainder of Child Support Paid (if not fully used in Section A)				Total \$ _____ (B6)
7. Total Gross Earned Income (B5 - B6)				Total \$ _____ (B7)

## 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 (A8 + B7) =	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Gross Income Eligible? (Is C2 less than or equal to C1?)		Total \$ _____ (C3)

## PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME	DOCUMENTATION
1. Gross Earned Income (B7)	
2. Adjusted Gross Earned Income (80% of D1)	
3. Total Gross Unearned Income (A8)	
4. Nonexempt Gross Income (D2 + D3)	
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>	<input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses.	<input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____
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)	
<b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER DEDUCTIONS</b>	<b>DIRECT CHILD/SPOUSAL SUPPORT:</b>
1. Standard Deduction	Received \$ _____
2. Dependent Care Child(ren) Under Two \$ _____ Other Dependents & Child(ren) 2 and Over \$ _____ Total Dependent Care Deductions \$ _____	Minus -\$ _____ 50
3. Homeless Shelter Deduction	Countable \$ _____
4. Excess Medical Expenses (E5)	
5. Total Deductions (F1 + F2 + F3 + F4)	
<b>G. ADJUSTED NET INCOME</b>	<b>CHILD SUPPORT PAID OUT (not to exceed the monthly child support obligation)</b>
1. Nonexempt Gross Income (D4)	Month 1 \$ _____
2. Total Deductions (F5)	Month 2 \$ _____
3. Adjusted Net Income (D4 - F5) or (G1 - G2)	Month 3 \$ _____
	Total \$ _____
	Total ÷ by number of months \$ _____
	Amount used in A7: \$ _____
	Remainder to be used in B6: \$ _____
<b>H. SHELTER DEDUCTION</b>	<b>EXPENSES \$ _____</b>
1. Total Housing Costs	<input type="checkbox"/> Dependent Care
2. Total Utility Allowance	<input type="checkbox"/> Medical Expense
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>	<input type="checkbox"/> Utilities
	<input type="checkbox"/> SUA
<b>J. NET INCOME TEST</b>	<input type="checkbox"/> LUA
1. Household Size	<input type="checkbox"/> TUA
2. Maximum Net Income Allowable (from table)	<input type="checkbox"/> Housing
3. Net Income eligible	<input type="checkbox"/> PRORATED

<b>PART 4 - BENEFITS</b>	<input type="checkbox"/> YES <input type="checkbox"/> 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					