APPENDIX D

Food Stamp Scenarios

State of Alaska Department of Health and Social Services Division of Public Assistance FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | 2345 | |
|----------|--|-------------------------------|---------------------------------------|------------|
| | Case Name (Optional) | A | lfred, 68 years old | |
| A. | Household Size | | 1 | (A) |
| B. | Gross Monthly Earned Income | | \$0.00 | (B) |
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | - | \$0.00 | (C) |
| D. | Net Monthly Earned Income ($B - C$) | = | \$0.00 | (D) |
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) | + | \$965.00 | (E) |
| F. | Subtotal Monthly Income (D + E) | = | \$965.00 | (F) |
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | - | \$229.00 | (G) |
| Н. | Subtotal (F - G) | = | \$736.00 | (H) |
| I. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | - | \$0.00 | (I) |
| J. | Subtotal (H – I) | = | \$736.00 | (J) |
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | _ | \$0.00 \$0.00 | (K) (L) |
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = | \$736.00 | (M) |
| | 4. Garbage Collection \$0.00 5. Heating Fuel \$0.00 6. Telephone \$27.00 7. Electricity \$0.00 8. Water \$0.00 | UD. <u>sts</u> , 1 - 9. | - 60.00 (a) use the 7.00 (b) | |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = | \$277.00 | (N) |
| Ο. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - | \$368.00 | (O) |
| P. | Excess Shelter Costs (N – O) | = | \$0.00 | (P) |
| | Enter Total Adjusted Income (M) | | \$736.00 | (M) |
| | Subtract Excess Shelter Costs (P) | - | \$0.00 | (P) |
| Q | MONTHLY NET INCOME (M - P) | = | \$736.00 | (Q) |

R.

Compare MONTHLY NET INCOME (Q) to chart.

If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

| S. | | Find | MAXIMU | N FOOD S | TAMP ALL | OTMENT f | rom chart b | elow: | 5 | 183 | (S) |
|-----------|-------|-------------|-----------------------------|--------------|----------------------|----------------------|--|--------------|---------|---------|-------|
| HH Size | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
| Maximum | Urba | n | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | \$138 |
| FS | Rura | 11 | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | \$176 |
| Allotment | | | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | \$214 |
| Т. | | Mult ADJ | iply the MO | ONTHLY N | IET INCON | IE (Q) by 0 E (T) | .3 (Q x 0.3) | to find the | | 220.80 | (T) |
| U. | | | | | FOOD ST/ P ALLOTM | | ME (T) from (– T) | n the | = _5 | \$0.00 | (U) |
| V. | | | | | whole dolla | | | | 5 | 50 | (V) |
| | W. | | ere are 3 o nd up to \$2 | | | mbers, and | l (V) is \$1, : | \$3, or \$5, | \$ | 0 | (VV) |
| | Χ. | up to | 5 \$10. If th | e ADJUST | TED FOOD | STAMP IN | is less tha ICOME (T) 5), the allotr | is greater t | han S | 510 | (X) |
| Y. | | | | | IP BENEFI | | Г: | | [| \$10 | (Y) |
| 2 | PAR | r III: | Pro-ra | te the F | irst Mo | nth Foo | d Stamp | Benefi | t | | |
| 1) | Numb | er of | days in mo | onth + 1 | | | | | - | | (1) |
| 2) | Subtr | act th | he day of th | he month t | he househo | old applied | | | | | (2) |
| 3) | Subto | tal (1 | - 2) | | | | | | = _ | | (3) |
| 4) | Divid | e by r | number of | days in mo | onth (28 or 2 | 29 or 30 or | 31) | | ÷ | | (4) |
| 5) | Subto | tal (3 | ÷ 4) | | | | | | = _ | | (5) |
| 6) | Multi | oly by | y the MON | THLY FOC | DD STAMP | BENEFIT | AMOUNT (| 5 x Y) | × _ | | (6) |
| 7) | Unrou | inded | I food stam | ip benefit a | amount | | | | = _ | | (7) |
| 8) | | JNT. | If rounded | | | |) STAMP B hold gets n | | for | | (8) |

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | | 9012 |
|----------|---|-----------------------|------------------|------------|
| | Case Name (Optional) | | Bob, 70 yea | ars old |
| A. | Household Size | | 1 | (A) |
| В. | Gross Monthly Earned Income | | \$0.00 | (B) |
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | - | \$0.00 | (C) |
| D. | Net Monthly Earned Income (B – C) | = | \$0.00 | (D) |
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) | + | \$965.00 | (E) |
| F. | Subtotal Monthly Income (D + E) | = | \$965.00 | (F) |
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | _ | \$229.00 | (G) |
| Н. | Subtotal (F - G) | = | \$736.00 | (H) |
| I. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | - | \$0.00 | (1) |
| J. | Subtotal (H – I) | = | \$736.00 | (J) |
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | - | \$0.00 \$0.00 | (K) |
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = | \$736.00 | (M) |
| | FIND MONTHLY SHELTER COSTS: 1. Rent/Mortgage \$600.00 2. Insurance on Home \$0.00 3. Property Tax \$0.00 4. Garbage Collection \$0.00 5. Heating Fuel \$0.00 6. Telephone \$27.00 7. Electricity \$0.00 8. Water \$0.00 9. Sewer \$0.00 | UD. <u>sts</u> , 1 | | (a) (b) |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = | \$627.00 | (N) |
| О. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - | \$368.00 | (0) |
| P. | Excess Shelter Costs (N – O) | = | \$259.00 | (P) |
| | Enter Total Adjusted Income (M) | | \$736.00 | (M) |
| | Subtract Excess Shelter Costs (P) | | \$259.00 | (P) |
| Q | MONTHLY NET INCOME (M – P) | = | \$477.00 | (Q) |

R.

Compare MONTHLY NET INCOME (Q) to chart.

If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

| S. | | Find | MAXIMU | below: | \$ | 183 | (S) | | | | |
|-----------|-------|---------------|-----------------------------|-------------|---------------------|----------------------|---|--------------|---------|---------|-------|
| HH Size | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
| Maximum | Urba | in | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | \$138 |
| FS | Rura | al I | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | \$176 |
| Allotment | Rura | al II | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | \$214 |
| Т. | | Mult ADJ | tiply the MC | ONTHLY N | ET INCOM | IE (Q) by 0 E (T) | .3 (Q x 0.3) | to find the | \$ | 143.10 | (T) |
| U. | | | tract the Al KIMUM FO | | | | ME (T) from 5 – T) | n the | = _5 | 39.90 | (U) |
| V. | | | nd down to NTHLY FO | | | | | | | 39 | _ (V) |
| | W. | | ere are 3 o nd up to \$2 | | | mbers, and | 1 (V) is \$1, 5 | \$3, or \$5, | <u></u> | 0 | (VV) |
| | Х. | up to | o \$10. If th | e ADJUST | ED FOOD | STAMP IN | is less that ICOME (T) 6), the allotn | is greater t | han S | 0 | (X) |
| Y. | | | NTHLY FO er (V), or (| | | | Г: | | S | \$39 | (Y) |
| I | PAR | Г III: | Pro-ra | te the F | irst Moi | nth Foo | d Stamp | Benefit | t | | |
| 1) | Numb | er of | days in mo | onth + 1 | | | | | _ | | (1) |
| 2) | Subtr | act th | he day of th | ne month th | ne househo | old applied | | | | | (2) |
| 3) | Subto | tal (1 | - 2) | | | | | | = | | (3) |
| 4) | Divid | e by i | number of | days in mo | nth (28 <i>or</i> 2 | 29 or 30 or | 31) | | + | | (4) |
| 5) | Subto | tal (3 | ÷ 4) | | | | | | = | | (5) |
| 6) | Multi | ply by | y the MON | THLY FOC | D STAMP | BENEFIT | AMOUNT (| 5 x Y) | × _ | * | (6) |
| 7) | Unrou | Indec | l food stam | p benefit a | mount | | | | = | | (7) |
| 8) | | JNT. | If rounded | | | |) STAMP B hold gets n | | t for | | (8) |

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | 9012 | 2 |
|----------|--|------------------------------------|-------------|------|
| | Case Name (Optional) | Bob, 7 | 0 years old | d |
| A. | Household Size | | 1 | _ (A |
| B. | Gross Monthly Earned Income | \$0.00 |) | (8 |
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | _ \$0.00 |) | _ (|
| D. | Net Monthly Earned Income (B – C) | = \$0.00 |) | _ (|
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) | + \$1,08 | 35.00 | (|
| F. | Subtotal Monthly Income (D + E) | = \$1,08 | 35.00 | _ (|
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | _ \$229 | .00 | _ (|
| Н. | Subtotal (F - G) | = \$856 | .00 | _ (|
| 1. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | _ \$0.00 |) | (|
| J. | Subtotal (H – I) | = \$856 | .00 | (|
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | - <u>\$0.00</u> - <u>\$0.00</u> | | _ (|
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = \$856 | .00 | (|
| | FIND MONTHLY SHELTER COSTS:1. Rent/Mortgage\$600.002. Insurance on Home\$0.003. Property Tax\$0.004. Garbage Collection\$0.005. Heating Fuel\$0.006. Telephone\$27.007. Electricity\$0.008. Water\$0.009. Sewer\$0.00(b) Subtotal SUD or total 4, 6, 7, 8, 9 | <u>sts</u> , use the | (a) (b) | |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = \$627 | .00 | _ (|
| 0. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - \$428 | .00 | _ (|
| Ρ. | Excess Shelter Costs (N – O) | = \$199 | .00 | _ (|
| | Enter Total Adjusted Income (M) | \$856 | .00 | _ (|
| | Subtract Excess Shelter Costs (P) | _ \$199 | .00 | _ (|
| Q | MONTHLY NET INCOME (M – P) | = \$657 | 00 | (|

R.

Compare MONTHLY NET INCOME (Q) to chart. If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

| 5. | | Find | MAXIMUN | \$ | (S) | | | | | | |
|------------|--------|---------------|--------------|-------------------------|---------------------|-------------|--------------------------|--|----------|---------|-------|
| IH Size | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
| Maximum | Urba | n | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | \$138 |
| FS | Rura | 11 | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | \$176 |
| Allotment | Rura | | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | \$214 |
| r. | | | | ONTHLY N | | | .3 (Q x 0.3) | to find the | <u> </u> | 197.10 | (T) |
| J. | | | | OJUSTED OD STAM | | | ME (T) from 5 – T) | n the | = _\$ | 0.00 | (U) |
| V. | | | | the next w OD STAM | | | | | | 0 | (V) |
| | W. | If the Rou | \$ | 0 | (VV) | | | | | | |
| | Χ. | up to | \$10. If th | e ADJUST | ED FOOD | STAMP IN | ICOME (T) | n \$10, roun is greater t nent is \$10 | han \$ | 10 | (X) |
| Y . | | | | OD STAM W), or (X) i | | | г: | | S | 510 | (Y) |
| I | PART | · III: | Pro-ra | te the F | irst Mo | nth Foo | d Stamp | Benefit | t | | |
| 1) | Numb | er of | days in mo | onth + 1 | | | | | _ | | (1) |
| 2) | Subtr | act th | ne day of th | ne month th | ne househo | old applied | | | | | (2) |
| 3) | Subto | tal (1 | - 2) | | | | | | = _ | | (3) |
| 4) | Divide | e by r | number of | days in mo | nth (28 <i>or</i> : | 29 or 30 or | 31) | | ÷ — | | (4) |
| 5) | Subto | tal (3 | ÷ 4) | | | | | | = _ | | (5) |
| 6) | Multip | bly by | the MON | THLY FOC | D STAMP | BENEFIT | AMOUNT (| 5 x Y) | × _ | | (6) |
| 7) | Unrou | nded | food stam | p benefit a | mount | | | | = _ | | (7) |
| 3) | | JNT. | If rounded | | | |) STAMP B hold gets n | ENEFIT to allotment | for | | (8) |

State of Alaska Department of Health and Social Services Division of Public Assistance FOOD STAMP BUDGET WORK SHEET For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | 1234 | 1 |
|----------|--|---------------------------------|---------------------|----------------|
| | Case Name (Optional) Fred and F | Freda | , both 65 years old | 1 |
| A. | Household Size | | 2 | _ (A) |
| В. | Gross Monthly Earned Income | | \$0.00 | (B) |
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | - | \$0.00 | (C) |
| D. | Net Monthly Earned Income (B – C) | = | \$0.00 | (D) |
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc | .) + | \$1,432.00 | (E) |
| F. | Subtotal Monthly Income (D + E) | = | \$1,432.00 | (F) |
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | - | \$229.00 | (G) |
| H. | Subtotal (F - G) | = | \$1,203.00 | _ (H) |
| I. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | _ | \$0.00 | _ (l) |
| J. | Subtotal (H – I) | = | \$1,203.00 | _ (J) |
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | - | \$0.00 \$0.00 | – (K) – (L) |
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = | \$1,203.00 | (M |
| | FIND MONTHLY SHELTER COSTS:1. Rent/Mortgage\$350.002. Insurance on Home\$0.003. Property Tax\$0.004. Garbage Collection\$0.005. Heating Fuel\$0.006. Telephone\$27.007. Electricity\$0.008. Water\$0.009. Sewer\$0.00(b) Subtotal SUD or total 4, 6, 7, 8, 9 | SUD. <u>osts</u> , 6 — 9. | use the | |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = | \$377.00 | _ (N) |
| 0. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - | \$601.50 | _ (0) |
| P. | Excess Shelter Costs (N – O) | = | \$0.00 | _ (P) |
| | Enter Total Adjusted Income (M) | | \$1,203.00 | _ (M |
| | Subtract Excess Shelter Costs (P) | - | \$0.00 | _ (P) |
| Q | MONTHLY NET INCOME (M – P) | = | \$1,203.00 | (Q) |

R.

Compare MONTHLY NET INCOME (Q) to chart. If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

| S. | Fin | d MAXIMU | elow: | 5 | \$336 | (S) | | | | |
|-----------|------------|---|-------------|------------|-------------|-----------------|--------------|---------|----------|-------|
| IIH Size | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
| Maximum | Urban | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | \$138 |
| FS | Rural I | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | \$176 |
| Allotment | Rural II | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | \$214 |
| т. | | Itiply the MO JUSTED FO | | | | .3 (Q x 0.3) | to find the | | \$360.90 | (T) |
| U. | | btract the Al | | | | | n the | = _ | \$0.00 | _ (U) |
| V. | | und down to NTHLY FO | | | | | | 5 | \$0 | _ (V) |
| | | nere are 3 o und up to \$2 | | | embers, and | 1 (V) is \$1, : | \$3, or \$5, | 5 | 50 | (VV) |
| | up | here are 1 o to \$10. If th MAXIMUM | e ADJUST | ED FOOD | STAMP IN | ICOME (T) | is greater t | han S | \$10 | (X) |
| Y. | | DNTHLY FO Inter (V), or (| | | | Г: | | | \$10 | (Y) |
| | PART III | l: Pro-ra | te the F | irst Mo | nth Foo | d Stamp | Benefit | t | | |
| 1) | Number o | f days in mo | onth + 1 | | | | | - | | (1) |
| 2) | Subtract | the day of t | ne month ti | ne househ | old applied | | | | | (2) |
| 3) | Subtotal (| 1 – 2) | | | | | | = _ | | (3) |
| 4) | Divide by | number of | days in mo | nth (28 or | 29 or 30 or | 31) | | ÷ _ | | (4) |
| 5) | Subtotal (| 3 ÷ 4) | | | | | | = _ | | (5) |
| 6) | Multiply I | by the MON | THLY FOC | D STAMP | BENEFIT | AMOUNT (| 5 x Y) | × _ | | (6) |
| 7) | Unrounde | ed food stam | p benefit a | mount | | | | = _ | | (7) |
| 8) | | wn to the ne . If rounded h.) | | | | | | for | | (8) |

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | | 1234 | - |
|----------|--|--|---|----------------------|----------------|
| | Case Name (Optional) | | Fred and Freda | a, both 65 years old | 1 |
| A. | Household Size | | | 2 | _ (A) |
| В. | Gross Monthly Earned Incom | e | | \$0.00 | (B) |
| C. | Subtract Earned Income Dec | duction (20% of Earned Income) (B ÷ 5 | i) - | \$0.00 | (C) |
| D. | Net Monthly Earned Income (| B – C) | - | \$0.00 | (D) |
| E. | Add Other Unearned Income | (SSI, Social Security, Pensions, TA, C | GA, UIB etc.) + | - \$1,672.00 | (E) |
| F. | Subtotal Monthly Income (D + | - E) | - | \$1,672.00 | (F) |
| G. | Subtract Standard Deduction | n (\$229 for HH of 5 or less, \$232 for HI | H≥5) - | \$229.00 | (G) |
| Н. | Subtotal (F - G) | | - | \$1,443.00 | (H) |
| L | Enter the total allowable medi Subtract Medical Costs over | ical costs here: \$35 (Total medical cost - \$35) | | \$0.00 | (I) |
| J. | Subtotal (H – I) | | | \$1,443.00 | (J) |
| K. L. | | osts (\$175/ <mark>\$</mark> 200) per dependent maxim ction (Actual amount expected to be p | | \$0.00 \$0.00 | _ (K) _ (L) |
| M. | TOTAL ADJUSTED INCOME | E [J – (K + L)] | = | \$1,443.00 | (M) |
| | FIND MONTHLY SHELTER (1. Rent/Mortgage\$352. Insurance on Home\$0.03. Property Tax\$0.04. Garbage Collection\$0.05. Heating Fuel\$0.06. Telephone\$277. Electricity\$0.08. Water\$0.09. Sewer\$0.0 | 000 (a) Subtotal 1 thru 3 000 (b) Subtotal 1 thru 3 000 (c) Subtotal 1 thru 3 000 If household incurs heating fill 000 If household does not incur heating utility standard incurs heating utility standard incurs 000 Non-heating utility standard incurs | <u>uel cost</u> , use SUD <u>eating fuel costs</u> , (NHUS) for 6 – 9 | use the | |
| N. | TOTAL MONTHLY SHELTER | R COSTS (a + b) | = | \$377.00 | _ (N) |
| Ο. | Subtract 1/2 OF Total Adjuster | d Income (M ÷ 2) | - | \$721.50 | (0) |
| Ρ. | Excess Shelter Costs (N - O) | | = | \$0.00 | _ (P) |
| | Enter Total Adjusted Income | (M) | | \$1,443.00 | _ (M) |
| | Subtract Excess Shelter Cos | ts (P) | | \$0.00 | _ (P) |
| Q | MONTHLY NET INCOME (M | – P) | = | \$1,443.00 | _ (Q) |

R.

Compare MONTHLY NET INCOME (Q) to chart.

If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

S.

Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: (S) HH Size 2 3 4 5 6 7 8 +1 1 Maximum Urban \$183 \$336 \$482 \$612 \$726 \$872 \$964 \$1,101 \$138 \$234 \$614 \$1,229 \$429 \$780 \$926 \$1,112 \$1,405 \$176 FS Rural I \$522 Rural II \$285 \$748 \$950 \$1,128 \$1,353 \$1,496 \$1,710 \$214 Allotment Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the Τ. ADJUSTED FOOD STAMP INCOME (T) (T) U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) (U) V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) (V) W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 (W) Χ. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than (X) the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. MONTHLY FOOD STAMP BENEFIT AMOUNT: Υ. (Enter (V), or (W), or (X) if they apply) (Y) PART III: Pro-rate the First Month Food Stamp Benefit Number of days in month + 1 (1) 1) Subtract the day of the month the household applied (2) 2) Subtotal (1-2) _____ (3) 3) Divide by number of days in month (28 or 29 or 30 or 31) ÷ _____(4) 4) 5) Subtotal (3 ÷ 4) (5) Multiply by the MONTHLY FOOD STAMP BENEFIT AMOUNT (5 x Y) 6) x (6)Unrounded food stamp benefit amount 7) (7) = Round down to the next whole dollar to find the FOOD STAMP BENEFIT 8) AMOUNT. If rounded amount is less than \$10, household gets no allotment for

Automated FSP 74 (06-3828) (Effective 10/2006 through 9/2007)

first month.)

(8)

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | 567 | 8 |
|----------|--|------------------------------------|-----|
| | Case Name (Optional) Sam an | nd Sue, Sam is disable | d |
| A. | Household Size | 2 | _ (|
| В. | Gross Monthly Earned Income | \$0.00 | (|
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | - \$0.00 | _ (|
| D. | Net Monthly Earned Income ($B - C$) | = \$0.00 | (|
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc. | .) + \$1,432.00 | _ |
| F. | Subtotal Monthly Income (D + E) | = \$1,432.00 | _ |
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | _ \$229.00 | _ |
| H. | Subtotal (F - G) | = \$1,203.00 | _ |
| I. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | - \$0.00 | |
| J. | Subtotal (H – I) | = \$1,203.00 | |
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | - <u>\$0.00</u> - <u>\$0.00</u> | _ |
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = \$1,203.00 | _ (|
| | FIND MONTHLY SHELTER COSTS: 1. Rent/Mortgage \$700.00 2. Insurance on Home \$100.00 3. Property Tax \$200.00 4. Garbage Collection \$0.00 5. Heating Fuel \$276.00 6. Telephone \$0.00 7. Electricity \$0.00 8. Water \$0.00 9. Sewer \$0.00 (a) Subtotal 1 thru 3 (b) Subtotal 2 thru 3 (c) Subtotal 2 thru 4 thru 3 (c) Subtotal 2 thru 5 thru | <u>osts</u> , use the 6 – 9. | |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = \$1,276.00 | _ (|
| 0. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - \$601.50 | _ |
| P. | Excess Shelter Costs (N – O) | = \$674.50 | _ |
| | Enter Total Adjusted Income (M) | \$1,203.00 | _ |
| | Subtract Excess Shelter Costs (P) | _ \$674.50 | _ |
| Q | MONTHLY NET INCOME (M – P) | = \$528.50 | _ |

R.

Compare MONTHLY NET INCOME (Q) to chart.

If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

\$336 S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: (S) HII Size 5 6 7 8 1 2 3 4 +1 \$1,101 \$336 \$482 \$726 \$964 \$138 Maximum \$183 \$612 \$872 Urban \$234 \$429 \$614 \$780 \$926 \$1,229 \$1,405 \$176 FS Rural I \$1,112 Allotment Rural II \$285 \$522 \$748 \$950 \$1,128 \$1,353 \$1,496 \$1,710 \$214 Τ. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the - \$158.55 ADJUSTED FOOD STAMP INCOME (T) (T) Subtract the ADJUSTED FOOD STAMP INCOME (T) from the U. \$177.45 MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = (U) V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$177 (V) If there are 3 or more household members, and (V) is \$1, \$3, or \$5, W. \$0 Round up to \$2, \$4, or \$6 (W) If there are 1 or 2 household members, and (V) is less than \$10, round Χ. **S**0 up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than (X) the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. Y. MONTHLY FOOD STAMP BENEFIT AMOUNT: \$177 (Enter (V), or (W), or (X) if they apply) (Y) PART III: Pro-rate the First Month Food Stamp Benefit Number of days in month + 1 1) (1) 2) Subtract the day of the month the household applied (2)3) Subtotal (1-2)(3) 4) Divide by number of days in month (28 or 29 or 30 or 31) (4) 5) Subtotal (3 ÷ 4) (5) 6) Multiply by the MONTHLY FOOD STAMP BENEFIT AMOUNT (5 x Y) x (6) 7) Unrounded food stamp benefit amount (7) = Round down to the next whole dollar to find the FOOD STAMP BENEFIT 8) AMOUNT. If rounded amount is less than \$10, household gets no allotment for first month.) (8)

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

| | Case Number (Optional) | | 5678 | 3 |
|----------|---|--------------------------------|----------------------------|----------|
| | Case Name (Optional) Sam an | d Su | e, Sam is disabled | <u>t</u> |
| A. | Household Size | | 2 | 4 |
| В. | Gross Monthly Earned Income | | \$0.00 | _ |
| C. | Subtract Earned Income Deduction (20% of Earned Income) (B \div 5) | _ | \$0.00 | |
| D. | Net Monthly Earned Income (B – C) | = | \$0.00 | |
| E. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) |) + | \$1,672.00 | _ |
| F. | Subtotal Monthly Income (D + E) | = | \$1,672.00 | _ |
| G. | Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5) | - | \$229.00 | _ |
| H. | Subtotal (F - G) | = | \$1,443.00 | _ |
| 1. | Enter the total allowable medical costs here: Subtract Medical Costs over \$35 (Total medical cost - \$35) | - | \$0.00 | _ |
| J. | Subtotal (H – I) | = | \$1,443.00 | _ |
| K. L. | Subtract Dependent Care Costs (\$175/\$200) per dependent maximum) Subtract Child Support Deduction (Actual amount expected to be paid) | - 1 | \$0.00 \$0.00 | _ |
| M. | TOTAL ADJUSTED INCOME [J – (K + L)] | = | \$1,443.00 | |
| | FIND MONTHLY SHELTER COSTS:1. Rent/Mortgage\$700.002. Insurance on Home\$100.003. Property Tax\$200.004. Garbage Collection\$0.005. Heating Fuel\$276.006. Telephone\$0.007. Electricity\$0.008. Water\$0.009. Sewer\$0.00(b) Subtotal SUD or total 4, 6, 7, 8, 9 | SUD. <u>sts</u> , 1 – 9. | (a) use the 76.00(b) | |
| N. | TOTAL MONTHLY SHELTER COSTS (a + b) | = | \$1,276.00 | _ |
| Ο. | Subtract ½ OF Total Adjusted Income (M ÷ 2) | - | \$721.50 | _ |
| P. | Excess Shelter Costs (N – O) | = | \$554.50 | _ |
| | Enter Total Adjusted Income (M) | | \$1,443.00 | _ |
| | Subtract Excess Shelter Costs (P) | - | \$554.50 | _ |
| Q | MONTHLY NET INCOME (M - P) | = | \$888.50 | |

R.

Compare MONTHLY NET INCOME (Q) to chart.

If prospective net income exceeds the amount on the chart, the household is ineligible.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|-------|
| Maximum Net Income | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find food Stamp Benefit Amount

| HH Size | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|-----------|--------|--------|--------------|------------------------------|-------------------------|-------------|--------------------------|---|---------|----------------------|-------|
| Maximum | Urba | n | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | \$138 |
| FS | Rura | 11 | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | \$176 |
| Allotment | Rura | | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | \$214 |
| T. | | | | | ET INCON | | .3 (Q x 0.3) | to find the | - 3 | \$266.55 | (T) |
| U. | | | | | FOOD ST/ P ALLOTM | | ME (T) from = T) | n the | = _ | \$69.45 | _ (U) |
| V. | | | | | vhole dolla P BENEFI | | | | 3 | \$69 | (V) |
| | W. | | | r more hou 2, \$4, or \$6 | | mbers, and | l (V) is \$1, \$ | \$3, or \$5, | 5 | 50 | (W) |
| | Χ. | up to | \$10. If th | e ADJUST | ED FOOD | STAMP IN | ICOME (T) | n \$10, round is greater th nent is \$10. | an | \$0 | _ (X) |
| Y. | | | | | P BENEFI | | r: | | [| \$69 | (Y) |
| 1 | PARI | · III: | Pro-ra | te the F | irst Mo | nth Foo | d Stamp | Benefit | | | |
| 1) | Numb | er of | days in mo | onth + 1 | | | | | _ | | (1) |
| 2) | Subtr | act th | ne day of th | ne month th | ne househo | old applied | | | | | (2) |
| 3) | Subto | tal (1 | - 2) | | | | | | = _ | | (3) |
| 4) | Divide | e by r | number of | days in mo | nth (28 <i>or</i> 2 | 29 or 30 or | 31) | | ÷ _ | | _ (4) |
| 5) | Subto | tal (3 | ÷ 4) | | | | | | = _ | | (5) |
| 5) | Multip | oly by | the MON | THLY FOC | D STAMP | BENEFIT | AMOUNT (| 5 x Y) | × | | (6) |
| 7) | Unrou | nded | food stam | p benefit a | mount | | | | = | - Charles - Particip | _ (7) |
| 3) | AMOL | | If rounded | | | |) STAMP B hold gets n | ENEFIT o allotment | for | | (8) |