

FOOD STAMP BENEFITS BUDGET WORKSHEET

(Elderly and Disabled for Medical and/or Special Shelter Deductions)

NYS

OTDA

Form with fields for CASE NAME - First, M.I., Last, SOC. SEC. NO., CASE NUMBER, DIST., CENTER, MAILING ADDRESS, City, State, Zip Code, \*CATEGORICALLY ELIGIBLE?, OPEN CLOSE, RECERT, DENIED REASON, TOTAL NO. OF PERSONS IN HOUSEHOLD.

INCOME

Table for GROSS EARNED INCOME with columns for LINE NO., First, M.I., Last, and AMOUNT. Includes rows 1-3 and totals for lines 1, 2, 3 and 80% of line 4.

Table for UNEARNED INCOME with columns for LINE NO., First, M.I., Last, and AMOUNT. Includes rows 6-8 and totals for lines 6, 7, 8, and Adjusted Gross Income.

STANDARD DEDUCTION

Line 11 less standard deduction. If negative, enter zero.

DEPENDENT CARE

Enter Dependent Care up to maximum limit.

LEGALLY OBLIGATED CHILD SUPPORT

Enter Legally Obligated Child Support Paid.

MEDICAL EXPENSES

Enter Allowable Medical Expenses minus \$35 deduction. Adjusted Net Income. Line 12 less line 13 and 14. If negative, enter zero.

SHELTER COSTS

Actual Rent, Mortgage, etc. Property Taxes, Insurance on Building. Questions about HEAP and utility costs. Other.

TOTAL lines 17, 18, 19, 20. Enter 50% of line 16. Shelter Excess. Food Stamp Net Income. Full month's benefit amount. Claims recovery amount.

PARTICIPATION

Monthly Allotment Amount (line 25 minus line 26) or Prorate Benefit amount if appropriate. PRORATION FORMULA: Line 25 x (31 - Date of Application) / 30. 27. BENEFIT AMOUNT

- Notes: 1 Self-employment income is to be entered minus the cost of doing business. 2 TA Grant amounts are to be entered minus appropriate Food Stamp exclusions. 3 Enter prorated share of the Standard or Actual expense, whichever is greater when HEAP benefit (or expense) is shared.

AUTHORIZED REPRESENTATIVE NAME:

AUTHORIZED PERIOD: FROM TO WORKER'S SIGNATURE: DATE:

ADVERSE ACTION EFFECTIVE: SUPERVISOR'S SIGNATURE: DATE:

\*Categorically eligible households are not subject to Gross or Net Eligibility Limits (line 24).