

FOOD STAMP BENEFITS BUDGET WORKSHEET

Case information header including Case Name, M.I., Last, SOC. SEC. NO., CASE NUMBER, DIST., CENTER, MAILING ADDRESS, City, State, Zip Code, and eligibility status.

Income section table with columns for Line No., Gross Earned Income (First, M.I., Last), and Amount. Includes rows 1-4 and a total row 5.

Income section table with columns for Line No., Uneearned Income (First, M.I., Last), and Amount. Includes rows 6-9 and a total row 10.

Legally Obligated Child Support section with lines 11-16 for vendor payments and adjusted gross income.

Standard Deduction section with line 17 for adjusted income after deduction.

Dependent Care section with lines 18-19 for dependent care and adjusted net income.

Shelter Costs section with lines 20-23 for rent, taxes, and heating/cooling costs.

Final calculation section with lines 24-30 for shelter excess, net income, and claims recovery.

Participation section with line 31 for monthly allotment amount and proration formula.

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. The Standard is not prorated even though costs may be shared with other residents.

Signature and date lines for Authorized Representative, Worker, Adverse Action Effective, and Supervisor.

*Categorically eligible households are not subject to Gross or Net Eligibility Limits (lines 14 and 28).