

FOOD STAMP BENEFITS BUDGET WORKSHEET

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

NYS

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

INCOME

Table with columns: LINE NO., First, GROSS EARNED INCOME (See note 1 below), M.I., Last

Table with columns: AMOUNT

4. TOTAL lines 1, 2, 3..... 4.
5. 80% of line 4..... 5.

Table with columns: LINE NO., First, UNEARNED INCOME (See note 1 below), M.I., Last

Table with columns: AMOUNT

9. TOTAL lines 6, 7, 8..... 9.
10. Enter countable vendor payments (paid by agency) ..... 10.
11. TOTAL lines 5, 9, and 10..... 11.

LEGALLY OBLIGATED CHILD SUPPORT

12. Enter Legally Obligated Child Support Paid ..... 12.
13. Adjusted Gross Income (Line 11 minus 12) ..... 13.

STANDARD DEDUCTION

14. Line 11 less standard deduction. If negative, enter zero..... 14.

DEPENDENT CARE

15. Enter Dependent Care up to maximum limit ..... 15.

MEDICAL EXPENSES

16. Enter Allowable Medical Expenses minus \$35 deduction ..... 16.
17. Adjusted Net Income. Line 14 less line 15 and 16. If negative, enter zero..... 17.

SHELTER COSTS

18. Actual Rent, Mortgage, etc ..... 18.
19. Property Taxes, Insurance on Building ..... 19.

20. [ ] HAS HEATING/COOLING COSTS RECEIVED EMERGENCY HEAP FOR THE CURRENT PROGRAM YEAR OR ANTICIPATES RECEIPT OR HEAP WITHIN 12 MONTHS (Enter Heating/Cooling Standard (See note 3 below) OR
[ ] HAS UTILITY COSTS - and has no Heating/Cooling costs or is Ineligible for or refuses to apply for HEAP with 12 month (Enter Utility Standard) (See note 3 below) OR
[ ] HAS PHONE COSTS - and has no Heating/Cooling cost or is Ineligible for or refuses to apply for HEAP within 12 months, and has no Utility Costs (Enter Phone Standard) (See note 3 below) OR
[ ] HAS NO HEATING/COOLING COSTS, OR IS INELIGIBLE FOR OR REFUSES TO APPLY FOR HEAP WITHIN 12 MONTHS, and HAS NO UTILITY COSTS and HAS NO PHONE COSTS (Enter \$0)

21. Other ..... 21.
22. TOTAL lines 18, 19, 20, 21 ..... 22.
23. Enter 50% of line 17 ..... 23.
24. Shelter Excess. Line 22 less line 23. If negative, enter zero..... 24.
\*25. Food Stamp Net Income. Line 17 less line 24. Check Net FS Income Eligibility Limits..... 25.
26. Full month's benefit amount [(appropriate Thrifty Food Plan amount) - (line 25 x .30 rounded to the next higher dollar amount)]..... 26.
27. Claims recovery amount (Leave blank if prorating benefits) ..... 27.

PARTICIPATION

28. Monthly Allotment Amount (line 26 minus line 27) or Prorate Benefit amount if appropriate.
PRORATION FORMULA
Line 26 x (31 - Date of Application)
30
28. 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. The Standard is not prorated even though costs may be shared with other residents.

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 25).