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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

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PART I: Find Net Income

Case Number (Optional) _____

Case Name (Optional) _____

A.   Household Size   _____ (A)

B.   Gross Monthly Earned Income   _____ (B)

C.   **Subtract** Earned Income Deduction (20% of Earned Income) (B ÷ 5)   − _____ (C)

D.   Net Monthly Earned Income (B – C)   = _____ (D)

E.   **Add** Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)   + _____ (E)

F.   Subtotal Monthly Income (D + E)   = _____ (F)

G.   **Subtract** Standard Deduction ($286 for HH of 5 or less, $304 for HH > 5)   − _____ (G)

H.   Subtotal (F - G)   = _____ (H)

I.   **Subtract** Medical Costs over $35 (Total medical cost - $35)   − _____ (I)

J.   Subtotal (H – I)   = _____ (J)

K.   **Subtract** Dependent Care Costs   − _____ (K)

L.   **Subtract** Child Support Deduction (Actual amount expected to be paid)   − _____ (L)

M.   **TOTAL ADJUSTED INCOME** [J – (K + L)]   = _____ (M)

FIND MONTHLY SHELTER COSTS: _____

1. Rent/Mortgage _____
2. Insurance on Home _____
3. Property Tax _____   (a) Subtotal 1 thru 3   _____ (a)
4. Garbage Collection _____
5. Heating Fuel _____   *If household incurs heating fuel cost, use SUD.*
6. Telephone _____   *If household does not incur heating fuel costs, use the*
7. Electricity _____   *Non-heating utility standard (NHUS) for 6 – 9.*
8. Water _____
9. Sewer _____   (b) Subtotal SUD or total 4, 6, 7, 8, 9   _____ (b)

N.   **TOTAL MONTHLY SHELTER COSTS** (a + b)   = _____ (N)

O.   **Subtract** ½ OF Total Adjusted Income (M ÷ 2)   − _____ (O)

P.   Excess Shelter Costs (N – O)   = _____ (P)

   Enter Total Adjusted Income (M)   _____ (M)

   Subtract Excess Shelter Costs (P)   − _____ (P)

Q   **MONTHLY NET INCOME** (M – P)   = _____ (Q)

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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									

PART II: Find food Stamp Benefit Amount

S.   Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: _____ (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban									
	Rural I									
	Rural II									

T.   Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the
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)

    X.   If there are 1 or 2 household members, and (V) is less than the minimum
benefit, round up to the minimum benefit. If the ADJUSTED FOOD
STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP
ALLOTMENT (S), the allotment is the minimum benefit.   _____ (X)

Y.   **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply)   [   ] (Y)

PART III: Pro-rate the First Month Food Stamp Benefit

1)   Number of days in month + 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)

8)   Round down to the next whole dollar to find the FOOD STAMP BENEFIT
AMOUNT. If rounded amount is less than $10, household gets no allotment for
first month.)   [   ] (8)