

FOOD STAMP BUDGET WORK SHEET

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

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 (\$229 for HH of 5 or less, \$239 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 (\$175/\$200 per dependent maximum)	-	(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
4. Garbage Collection		
5. Heating Fuel		<i>If household incurs heating fuel cost, use SUD.</i>
6. Telephone		<i>If household does not incur heating fuel costs, use the</i>
7. Electricity		<i>Non-heating utility standard (NHUS) for 6 – 9.</i>
8. Water		
9. Sewer		(b) Subtotal SUD or total 4, 6, 7, 8, 9
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 \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. _____ (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)