#### 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

#### **PART I: Find Net Income**

	Case Number (Optional)						
	Case Name (Optional)						
A.	Household Size		(A				
B.	Gross Monthly Earned Income						
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 (\$246)		(G				
H.	Subtotal (F - \$246)	=	(H				
l.	Subtract Medical Costs over \$35 (Total medical cost - \$35)		(I)				
J.	Subtotal (H – I)	=	(J)				
K. L.	Subtract Dependent Care Costs Subtract Child Support Deduction (Actual amount expected to be paid)		(K				
M.	TOTAL ADJUSTED INCOME [J - (K + L)]	=	(N				
	FIND MONTHLY SHELTER COSTS:  1. Rent/Mortgage 2. Insurance on Home 3. Property Tax 4. Garbage Collection 5. Heating Fuel 6. Telephone 7. Electricity 8. Water 9. Sewer  Insurance on Home Insurance on Home If household incurs heating fuel cost, use S Non-heating utility standard (NHUS) for 6 Insurance on Home If household incurs heating fuel cost, use S Non-heating utility standard (NHUS) for 6 Insurance on Home If household incurs heating fuel cost, use S If household	sts, use the					
N.	TOTAL MONTHLY SHELTER COSTS (a + b)	=	(N				
Ο.	Subtract ½ OF Total Adjusted Income (M ÷ 2)		(O				
P.	Excess Shelter Costs (N – O)	=	(P				
	Enter Total Adjusted Income (M)		(N				
	Subtract Excess Shelter Costs (P)		(P				
Q	MONTHLY NET INCOME (M - P)	=	(Q				

## FOOD STAMP BUDGET WORK SHEET, page 2

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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 MAXIMUI	M FOOD S	TAMP ALL	OTMENT f	rom chart l	pelow:			(S)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urba	ın							-	
FS	Rura									
Allotment	Rura	ıl II								
T.		Multiply the MO ADJUSTED FO				3 (Q x 0.3)	) to find the			(T)
U.	Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S – T) =									
V.		Round down to MONTHLY FO								(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)	
Υ.		MONTHLY FO (Enter (V), or (				Γ:				(Y)
l	PART	ΓIII: Pro-ra	te the F	irst Mor	nth Food	d 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)	