#### 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						
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 (\$252 for HH of 5 or less, \$260 for HH > 5)			_ (G)			
H.	Subtotal (F - G)	=		_ (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)			/· \			
M.	TOTAL ADJUSTED INCOME [J - (K + L)]	=		_ (M)			
	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 If household incurs heating fuel cost, use S If household does not incur heating fuel cost incur heating fue	<u>sts</u> , use t – 9.	he				
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)	_		_ (M)			
	Subtract Excess Shelter Costs (P)			_ (P)			
Q	MONTHLY NET INCOME (M - P)	=		_ (Q)			

# FOOD STAMP BUDGET WORK SHEET, page 2

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

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 MAXIMUN	/I FOOD S	TAMP ALL	OTMENT f	rom chart b	pelow:	_		(S)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urba	ın								
FS	Rura	ıl I								
Allotment	Rura	d II								
T.		Multiply the MC ADJUSTED FC				3 (Q x 0.3)	to find the			(T)
U.		Subtract the AI MAXIMUM FO					n the	= _		(U)
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)
I	PAR	Γ III: Pro-ra	te the F	irst Mor	nth Foo	d Stamp	Benefit			
1)	Numb	er of days in mo	onth + 1							(1)
2)	Subtr	act the day of the	ne month t	he househo	old 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)		d down to the ne JNT. If rounded onth.)						for		(8)