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)	-	
D.	Net Monthly Earned Income (B – C)	=	
E.	Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+	
F.	Subtotal Monthly Income (D + E)	=	
G.	Subtract Standard Deduction (\$286 for HH of 5 or less, \$300 for HH > 5)		
H.	Subtotal (F - G)	=	
1.	Subtract Medical Costs over \$35 (Total medical cost - \$35)		
J.	Subtotal (H – I)	=	
K. L.	Subtract Dependent Care Costs Subtract Child Support Deduction (Actual amount expected to be paid)		
M.	TOTAL ADJUSTED INCOME [J – (K + L)]	=	
	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 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (c) Subtotal 1 thru 3 (d) Subtotal 1 thru 3 (e) Subtotal 1 thru 3 (f) household incurs heating fuel cost, use Some Section of the sec	sts, use the	(a) (b)
N.	TOTAL MONTHLY SHELTER COSTS (a + b)	=	
Ο.	Subtract ½ OF Total Adjusted Income (M ÷ 2)		
P.	Excess Shelter Costs (N – O)	=	
	Enter Total Adjusted Income (M)		
	Subtract Excess Shelter Costs (P)		
Q	MONTHLY NET INCOME (M - P)	=	

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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

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S.	Fin	d MAXIMUI	M FOOD ST	AMP ALLO	OTMENT fr	om chart t	pelow:	_		(S)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urban									
FS	Rural I									
Allotment	Rural II									
T.			ONTHLY NE			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 the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) (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)	