

State of Alaska
Department of Health
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 | _____ | (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 (\$330 for HH of 5 or less, \$330 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. | Subtract Homeless Shelter Deduction | - _____ | (M) |
| N. | TOTAL INCOME [J – (K + L+M)] | = _____ | (N) |

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 | _____ | <i>If household <u>incurs heating fuel cost</u>, use SUD.</i> | |
| | 6. Telephone | _____ | <i>If household <u>does not incur heating fuel costs</u>, 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 | _____ (b) |
| O. | TOTAL MONTHLY SHELTER COSTS (a + b) | = _____ | | (O) |
| P. | Subtract ½ OF Total Adjusted Income (N ÷ 2) | - _____ | | (P) |
| Q. | Excess Shelter Costs (O – P) | = _____ | | (Q) |
| | Enter Total Adjusted Income (N) | _____ | | (N) |
| | Subtract Excess Shelter Costs (Q) | - _____ | | (Q) |
| R. | MONTHLY NET INCOME (N – Q) | = _____ | | (R) |

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- S. Compare MONTHLY NET INCOME (R) 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 SNAP Benefit Amount

- T. Find MAXIMUM SNAP ALLOTMENT from chart below: _____ (T)

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

- U. Multiply the MONTHLY NET INCOME (R) by 0.3 (R x 0.3) to find the ADJUSTED SNAP INCOME (U) - _____ (U)
- V. Subtract the ADJUSTED SNAP INCOME (U) from the MAXIMUM SNAP ALLOTMENT (T) (T - U) = _____ (V)
- W. Round down to the next whole dollar to find the MONTHLY SNAP BENEFIT AMOUNT (W) _____ (W)
- X. If there are 3 or more household members, and (W) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 _____ (X)
- Y. If there are 1 or 2 household members, and (W) is less than the minimum benefit, round up to the minimum benefit. If the ADJUSTED SNAP INCOME (U) is greater than the MAXIMUM SNAP ALLOTMENT (T), the allotment is the minimum benefit. _____ (Y)
- Z. **MONTHLY SNAP BENEFIT AMOUNT:**
(Enter (W), or (X), or (Y) if they apply) (Z)

PART III: Pro-rate the First Month SNAP 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 SNAP BENEFIT AMOUNT (5 x Z) x _____ (6)
- 7) Unrounded SNAP benefit amount = _____ (7)
- 8) Round down to the next whole dollar to find the SNAP BENEFIT AMOUNT. If rounded amount is less than \$10, household gets no allotment for first month.) (8)