State of Alaska Department of Health and Social Services Division of Public Assistance

FOOD STAMP BUDGET WORK SHEET

For Households with No Elderly (60 or Over) or Disabled Member

	Case N	I: FING (lumber (Optional)	ional)	come Eli	gibility					_
A.		Household Size								
B.	Gross I	Gross Monthly Earned Income								
C.	Add Other Unearned Income (UIB, Child Support, TA, etc.) +									
D.	GROSS			_ (D)						
					hart. (If GRO usehold is ine		HLY			
	hold Size num Gross	1	2	3	4	5	6	7	8	+1
E. F. G. H. I. J. K. L.	Gross I Subtra Net Mo Add Ot Subtota Subtra Subtra	Monthly Earned Ir nthly Earned ther Unearned Monthly Ir ct Standard al (I - J) ct Depende	d Income (fed Income (ncome (C + Deduction nt Care Cos	uction (20% o B – F) (UIB, Child su G) (\$229 for HH	f Earned Inco apport, TA, GA of 5 or less, \$ 0) per depend amount expect	, etc.) 239 for HH lent maxim	= + = I 6+) – = um) –			(F) (G) (C) (I) (J) (K)
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 FIND MONTHLY SHELTER COSTS: (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (c) Find the setting fuel cost, use SUD. (d) Find the setting fuel cost, use SUD. (e) Subtotal SUD or total 4, 6, 7, 8, 9								(a)	_ (N)
Ο.	TOTAL	MONTHLY	SHELTER	COSTS (a +	b)		=			(O)
P.	Subtra	ct ½ OF To	tal Adjusted	Income (N ÷	2)		_			_ (P)
Q.	Excess	Excess Shelter Costs (O – P) =								(Q)
	Enter T	Enter Total Adjusted Income (N)								_ (N)
	Subtra	Subtract Excess Shelter Costs up to \$689 maximum (Q)								(Q)
R	MONTI	HLY NET IN	ICOME (N -	- Q or N - \$68	89 IF Q > \$689	9)	=			(R)

FOOD STAMP BUDGET WORK SHEET, page 2 For Households with No Elderly (60 or Over) or Disabled Member

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 III: Find food Stamp Benefit Amount

T.	Find MAXIMUM FOOD STAMP ALLOTMENT from chart below:									(T)	
									1 -	` ` `	
HH Size	I link out	1	2	3	4	5	6	7	8	+1	
Maximum FS	Urban Rural I										
Allotment	Rural II										
U.	Mult	iply the MC				3 (R x 0.3)	to find the		1	(U)	
V.	Subtract the ADJUSTED FOOD STAMP INCOME (U) from the MAXIMUM FOOD STAMP ALLOTMENT (T) (T – U) =										
W.	Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (W)										
	X. If there are 3 or more household members, and (W) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6										
	Y. If there are 1 or 2 household members, and (W) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (U) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (T), the allotment is \$10.										
Z.	MONTHLY FOOD STAMP BENEFIT AMOUNT: (Enter (W), or (X), or (Y) if they apply)									(Z)	
1	PART IV	: Pro-ra	te the F	irst Mo	nth Foo	d Stam	p Benef	it			
1)	Number of	days in mo	onth + 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 Z) x								(6)		
7)	Unrounded food stamp benefit amount =								(7)		
8)	Round dov AMOUNT. first month	If rounded						t for		(8)	