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: Find (umber (Optioname (Optional))	ional)	come Eli	gibility					_
A.		old Size	ilal)							(A)
В.	Gross N	Monthly Ear	ned Income							_ (B)
C.	Add Ot	her Unearn	ed Income (UIB, Child Sເ	upport, TA, etc	;.)	+			_ (C)
D.	GROSS	MONTHLY	/ INCOME				=			_ (D)
					chart. (If GRO ousehold is ine		HLY			
Househo	old Size m Gross	1	2	3	4	5	6	7	8	+1
E.	PART		Net Inco	ome			<u> </u>			(B)
F.		•		uction (20% o	of Earned Inco	me) (B ÷ 5)	· _			
G.				•			=			 '
Н.	Net Monthly Earned Income (B – F) = Add Other Unearned Income (UIB, Child support, TA, GA, etc.) + Subtotal Monthly Income (C + G) =									_ (C)
I.			•		, ,	,	=	:		_ (I)
J. K.	Subtrac Subtota		Deduction ((\$243 for HH	of 5 or less, \$	256 for HH	> 5)	- =		_ (J) _ (K)
L. M.			nt Care Cos oport Deduc		mount expect	ed to be pa	- aid) -	·		_ (L) _ (M)
N.	TOTAL	ADJUSTE	D INCOME	[K – (L + M)]			=	=		_ (N)
	1. Ren 2. Insu 3. Prop 4. Gark 5. Hea 6. Tele 7. Elec 8. Wate	t/Mortgage rance on Ho perty Tax page Collec ting Fuel phone tricity er		(a) If h Non	Subtotal 1 the nousehold incurrence of the nousehold does in the notating utility	s heating fu not incur he standard (I	ating fuel cos NHUS) for 6 -	<u>ts</u> , use the - 9.	(a)	
0	9. Sew		CUELTED		Subtotal SUI	J OI IOIAI 4,		_		(0)
O.				COSTS (a +	•		=	= <u></u>		
P.		Subtract ½ OF Total Adjusted Income (N ÷ 2)								
Q.		Excess Shelter Costs (O – P) Enter Total Adjusted Income (N)								_ (Q)
		-			. (2)			·		 "
_					maximum (Q)		-	=		 '
R	MONTH	ILY NET IN	ICOME (N -	· Q or N - \$73	32 IF Q > \$732	<u>(</u>)	=	:		(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 III: Find food Stamp Benefit Amount

PART III. FIIId 100d Stainp Benefit Amount										
T.	Find	IUMIXAM b	M FOOD S	TAMP ALL	OTMENT fi	om chart b	below:			(T)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urban									
FS	Rural I									
Allotment	Rural II									
U.			ONTHLY NI OOD STAM			3 (R x 0.3)	to find the			(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)									(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 FOOD STAMP INCOME (U) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (T), the allotment is the minimum benefit.									(Y)
Z.	MONTHLY FOOD STAMP BENEFIT AMOUNT: (Enter (W), or (X), or (Y) if they apply)									(Z)
İ	PART IV	: Pro-ra	ate the F	irst Moi	nth Foo	d Stam _l	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 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)	