

APPENDIX D

Food Stamp Scenarios

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)		2345	
Case Name (Optional)		Alfred, 68 years old	
A. Household Size		1	(A)
B. Gross Monthly Earned Income		\$0.00	(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)		- \$0.00	(C)
D. Net Monthly Earned Income (B - C)		= \$0.00	(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)		+ \$965.00	(E)
F. Subtotal Monthly Income (D + E)		= \$965.00	(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)		- \$229.00	(G)
H. Subtotal (F - G)		= \$736.00	(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	Enter the total allowable medical costs here: _____	- \$0.00	(I)
J. Subtotal (H - I)		= \$736.00	(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)		- \$0.00	(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)		- \$0.00	(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]		= \$736.00	(M)
FIND MONTHLY SHELTER COSTS:			
1. Rent/Mortgage	\$250.00		
2. Insurance on Home	\$0.00		
3. Property Tax	\$0.00	(a) Subtotal 1 thru 3	\$250.00 (a)
4. Garbage Collection	\$0.00		
5. Heating Fuel	\$0.00	<i>If household incurs heating fuel cost, use SUD.</i>	
6. Telephone	\$27.00	<i>If household does not incur heating fuel costs, use the</i>	
7. Electricity	\$0.00	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>	
8. Water	\$0.00		
9. Sewer	\$0.00	(b) Subtotal SUD or total 4, 6, 7, 8, 9	\$27.00 (b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)		= \$277.00	(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)		- \$368.00	(O)
P. Excess Shelter Costs (N - O)		= \$0.00	(P)
	Enter Total Adjusted Income (M)	\$736.00	(M)
	Subtract Excess Shelter Costs (P)	- \$0.00	(P)
Q. MONTHLY NET INCOME (M - P)		= \$736.00	(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$183 (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) \$220.80 (T)

U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = \$0.00 (U)

V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$0 (V)

W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)

X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$10 (X)

Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply) \$10 (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)

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)	<u>9012</u>	
Case Name (Optional)	<u>Bob, 70 years old</u>	
A. Household Size	<u>1</u>	(A)
B. Gross Monthly Earned Income	<u>\$0.00</u>	(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	<u>- \$0.00</u>	(C)
D. Net Monthly Earned Income (B - C)	<u>= \$0.00</u>	(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	<u>+ \$965.00</u>	(E)
F. Subtotal Monthly Income (D + E)	<u>= \$965.00</u>	(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	<u>- \$229.00</u>	(G)
H. Subtotal (F - G)	<u>= \$736.00</u>	(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	<u>- \$0.00</u>	(I)
J. Subtotal (H - I)	<u>= \$736.00</u>	(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)	<u>- \$0.00</u>	(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	<u>- \$0.00</u>	(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]	<u>= \$736.00</u>	(M)
FIND MONTHLY SHELTER COSTS:		
1. Rent/Mortgage	<u>\$600.00</u>	
2. Insurance on Home	<u>\$0.00</u>	
3. Property Tax	<u>\$0.00</u>	(a) Subtotal 1 thru 3
4. Garbage Collection	<u>\$0.00</u>	<u>\$600.00</u> (a)
5. Heating Fuel	<u>\$0.00</u>	<i>If household incurs heating fuel cost, use SUD.</i>
6. Telephone	<u>\$27.00</u>	<i>If household does not incur heating fuel costs, use the</i>
7. Electricity	<u>\$0.00</u>	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>
8. Water	<u>\$0.00</u>	
9. Sewer	<u>\$0.00</u>	(b) Subtotal SUD or total 4, 6, 7, 8, 9
	<u>\$27.00</u>	(b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	<u>= \$627.00</u>	(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	<u>- \$368.00</u>	(O)
P. Excess Shelter Costs (N - O)	<u>= \$259.00</u>	(P)
Enter Total Adjusted Income (M)	<u>\$736.00</u>	(M)
Subtract Excess Shelter Costs (P)	<u>- \$259.00</u>	(P)
Q. MONTHLY NET INCOME (M - P)	<u>= \$477.00</u>	(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

- S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$183 (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
Allotment	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

- T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) - \$143.10 (T)
- U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = \$39.90 (U)
- V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$39 (V)
- W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)
- X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$0 (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply)

\$39

 (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.)

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 (8)

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)		9012	
Case Name (Optional)		Bob, 70 years old	
A. Household Size		1	(A)
B. Gross Monthly Earned Income		\$0.00	(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	-	\$0.00	(C)
D. Net Monthly Earned Income (B - C)	=	\$0.00	(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+	\$1,085.00	(E)
F. Subtotal Monthly Income (D + E)	=	\$1,085.00	(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	-	\$229.00	(G)
H. Subtotal (F - G)	=	\$856.00	(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	-	\$0.00	(I)
J. Subtotal (H - I)	=	\$856.00	(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)	-	\$0.00	(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	-	\$0.00	(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]	=	\$856.00	(M)
FIND MONTHLY SHELTER COSTS:			
1. Rent/Mortgage	\$600.00		
2. Insurance on Home	\$0.00		
3. Property Tax	\$0.00	(a) Subtotal 1 thru 3	\$600.00 (a)
4. Garbage Collection	\$0.00		
5. Heating Fuel	\$0.00	<i>If household incurs heating fuel cost, use SUD.</i>	
6. Telephone	\$27.00	<i>If household does not incur heating fuel costs, use the</i>	
7. Electricity	\$0.00	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>	
8. Water	\$0.00		
9. Sewer	\$0.00	(b) Subtotal SUD or total 4, 6, 7, 8, 9	\$27.00 (b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	=	\$627.00	(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	-	\$428.00	(O)
P. Excess Shelter Costs (N - O)	=	\$199.00	(P)
Enter Total Adjusted Income (M)		\$856.00	(M)
Subtract Excess Shelter Costs (P)	-	\$199.00	(P)
Q. MONTHLY NET INCOME (M - P)	=	\$657.00	(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

- S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$183 (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

- T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) - \$197.10 (T)
- U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = \$0.00 (U)
- V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$0 (V)
- W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)
- X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$10 (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply)

\$10

 (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.)

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 (8)

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)		1234	
Case Name (Optional)	Fred and Freda, both 65 years old		
A. Household Size	2		(A)
B. Gross Monthly Earned Income	\$0.00		(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	- \$0.00		(C)
D. Net Monthly Earned Income (B - C)	= \$0.00		(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+ \$1,432.00		(E)
F. Subtotal Monthly Income (D + E)	= \$1,432.00		(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	- \$229.00		(G)
H. Subtotal (F - G)	= \$1,203.00		(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	- \$0.00		(I)
J. Subtotal (H - I)	= \$1,203.00		(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)	- \$0.00		(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	- \$0.00		(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]	= \$1,203.00		(M)
FIND MONTHLY SHELTER COSTS:			
1. Rent/Mortgage	\$350.00		
2. Insurance on Home	\$0.00		
3. Property Tax	\$0.00	(a) Subtotal 1 thru 3	\$350.00 (a)
4. Garbage Collection	\$0.00		
5. Heating Fuel	\$0.00	<i>If household incurs heating fuel cost, use SUD.</i>	
6. Telephone	\$27.00	<i>If household does not incur heating fuel costs, use the</i>	
7. Electricity	\$0.00	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>	
8. Water	\$0.00		
9. Sewer	\$0.00	(b) Subtotal SUD or total 4, 6, 7, 8, 9	\$27.00 (b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	= \$377.00		(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	- \$601.50		(O)
P. Excess Shelter Costs (N - O)	= \$0.00		(P)
Enter Total Adjusted Income (M)	\$1,203.00		(M)
Subtract Excess Shelter Costs (P)	- \$0.00		(P)
Q. MONTHLY NET INCOME (M - P)	= \$1,203.00		(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

- S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$336 (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

- T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) - \$360.90 (T)
- U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = \$0.00 (U)
- V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$0 (V)
- W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)
- X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$10 (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply)

\$10

 (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.)

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 (8)

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)	1234	
Case Name (Optional)	Fred and Freda, both 65 years old	
A. Household Size	2	(A)
B. Gross Monthly Earned Income	\$0.00	(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	- \$0.00	(C)
D. Net Monthly Earned Income (B - C)	= \$0.00	(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+ \$1,672.00	(E)
F. Subtotal Monthly Income (D + E)	= \$1,672.00	(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	- \$229.00	(G)
H. Subtotal (F - G)	= \$1,443.00	(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	- \$0.00	(I)
J. Subtotal (H - I)	= \$1,443.00	(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)	- \$0.00	(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	- \$0.00	(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]	= \$1,443.00	(M)
FIND MONTHLY SHELTER COSTS:		
1. Rent/Mortgage	\$350.00	
2. Insurance on Home	\$0.00	
3. Property Tax	\$0.00	(a) Subtotal 1 thru 3
4. Garbage Collection	\$0.00	\$350.00 (a)
5. Heating Fuel	\$0.00	<i>If household incurs heating fuel cost, use SUD.</i>
6. Telephone	\$27.00	<i>If household does not incur heating fuel costs, use the</i>
7. Electricity	\$0.00	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>
8. Water	\$0.00	
9. Sewer	\$0.00	(b) Subtotal SUD or total 4, 6, 7, 8, 9
	\$27.00	(b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	= \$377.00	(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	- \$721.50	(O)
P. Excess Shelter Costs (N - O)	= \$0.00	(P)
Enter Total Adjusted Income (M)	\$1,443.00	(M)
Subtract Excess Shelter Costs (P)	- \$0.00	(P)
Q. MONTHLY NET INCOME (M - P)	= \$1,443.00	(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: _____ (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
Allotment	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

T. Multiply the MONTHLY NET INCOME (Q) by 0.3 ($Q \times 0.3$) to find the ADJUSTED FOOD STAMP INCOME (T) - _____ (T)

U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) ($S - T$) = _____ (U)

V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (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 \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. _____ (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) \div _____ (4)

5) Subtotal (3 \div 4) = _____ (5)

6) **Multiply** by the MONTHLY FOOD STAMP BENEFIT AMOUNT ($5 \times Y$) \times _____ (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)

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)		5678	
Case Name (Optional)	Sam and Sue, Sam is disabled		
A. Household Size	2		(A)
B. Gross Monthly Earned Income	\$0.00		(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	- \$0.00		(C)
D. Net Monthly Earned Income (B - C)	= \$0.00		(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+ \$1,432.00		(E)
F. Subtotal Monthly Income (D + E)	= \$1,432.00		(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	- \$229.00		(G)
H. Subtotal (F - G)	= \$1,203.00		(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	- \$0.00		(I)
J. Subtotal (H - I)	= \$1,203.00		(J)
K. Subtract Dependent Care Costs (\$175/\$200 per dependent maximum)	- \$0.00		(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	- \$0.00		(L)
M. TOTAL ADJUSTED INCOME [J - (K + L)]	= \$1,203.00		(M)
FIND MONTHLY SHELTER COSTS:			
1. Rent/Mortgage	\$700.00		
2. Insurance on Home	\$100.00		
3. Property Tax	\$200.00	(a) Subtotal 1 thru 3	\$1,000.00 (a)
4. Garbage Collection	\$0.00		
5. Heating Fuel	\$276.00	<i>If household incurs heating fuel cost, use SUD.</i>	
6. Telephone	\$0.00	<i>If household does not incur heating fuel costs, use the</i>	
7. Electricity	\$0.00	<i>Non-heating utility standard (NHUS) for 6 - 9.</i>	
8. Water	\$0.00		
9. Sewer	\$0.00	(b) Subtotal SUD or total 4, 6, 7, 8, 9	\$276.00 (b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	= \$1,276.00		(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	- \$601.50		(O)
P. Excess Shelter Costs (N - O)	= \$674.50		(P)
	Enter Total Adjusted Income (M)	\$1,203.00	(M)
	Subtract Excess Shelter Costs (P)	- \$674.50	(P)
Q. MONTHLY NET INCOME (M - P)	= \$528.50		(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$336 (S)

HII Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) – \$158.55 (T)

U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S – T) = \$177.45 (U)

V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$177 (V)

W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)

X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$0 (X)

Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply) \$177 (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)

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)		<u>5678</u>	
Case Name (Optional)		<u>Sam and Sue, Sam is disabled</u>	
A. Household Size		<u>2</u>	(A)
B. Gross Monthly Earned Income		<u>\$0.00</u>	(B)
C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	-	<u>\$0.00</u>	(C)
D. Net Monthly Earned Income (B – C)	=	<u>\$0.00</u>	(D)
E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.)	+	<u>\$1,672.00</u>	(E)
F. Subtotal Monthly Income (D + E)	=	<u>\$1,672.00</u>	(F)
G. Subtract Standard Deduction (\$229 for HH of 5 or less, \$232 for HH ≥ 5)	-	<u>\$229.00</u>	(G)
H. Subtotal (F - G)	=	<u>\$1,443.00</u>	(H)
I. Subtract Medical Costs over \$35 (Total medical cost - \$35)	-	<u>\$0.00</u>	(I)
J. Subtotal (H – I)	=	<u>\$1,443.00</u>	(J)
K. Subtract Dependent Care Costs (\$175/\$200) per dependent maximum)	-	<u>\$0.00</u>	(K)
L. Subtract Child Support Deduction (Actual amount expected to be paid)	-	<u>\$0.00</u>	(L)
M. TOTAL ADJUSTED INCOME [J – (K + L)]	=	<u>\$1,443.00</u>	(M)
FIND MONTHLY SHELTER COSTS:			
1. Rent/Mortgage	<u>\$700.00</u>		
2. Insurance on Home	<u>\$100.00</u>		
3. Property Tax	<u>\$200.00</u>	(a) Subtotal 1 thru 3	<u>\$1,000.00</u> (a)
4. Garbage Collection	<u>\$0.00</u>		
5. Heating Fuel	<u>\$276.00</u>	<i>If household incurs heating fuel cost, use SUD.</i>	
6. Telephone	<u>\$0.00</u>	<i>If household does not incur heating fuel costs, use the</i>	
7. Electricity	<u>\$0.00</u>	<i>Non-heating utility standard (NHUS) for 6 – 9.</i>	
8. Water	<u>\$0.00</u>		
9. Sewer	<u>\$0.00</u>	(b) Subtotal SUD or total 4, 6, 7, 8, 9	<u>\$276.00</u> (b)
N. TOTAL MONTHLY SHELTER COSTS (a + b)	=	<u>\$1,276.00</u>	(N)
O. Subtract ½ OF Total Adjusted Income (M ÷ 2)	-	<u>\$721.50</u>	(O)
P. Excess Shelter Costs (N – O)	=	<u>\$554.50</u>	(P)
Enter Total Adjusted Income (M)		<u>\$1,443.00</u>	(M)
Subtract Excess Shelter Costs (P)	-	<u>\$554.50</u>	(P)
Q. MONTHLY NET INCOME (M – P)	=	<u>\$888.50</u>	(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	\$1,021	\$1,375	\$1,730	\$2,084	\$2,438	\$2,792	\$3,146	\$3,500	\$355

PART II: Find food Stamp Benefit Amount

- S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: \$336 (S)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

- T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) - \$266.55 (T)
- U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = \$69.45 (U)
- V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) \$69 (V)
- W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 \$0 (W)
- X. If there are 1 or 2 household members, and (V) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$0 (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W), or (X) if they apply)

\$69

 (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.)

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 (8)