

FOODSHARE WORKSHEET

Instructions:

1. For Regular SNAP, if the household fails at the asset, gross, or net test you do not need to continue with the rest of the worksheet.
2. Use full dollar and cents amounts through line 29.
3. Prorate the monthly allotment by dividing the number of days remaining in the month (including the application date) by the total number of days in the month. Multiply the result by the monthly allotment (line 29). This amount will equal the initial allotment; round down 1 cent through 99 cents.
4. For line 21, if EBD, use line 20 minus line 23. If not EBD, use line 20 minus line 23 or 24, whichever is less.
5. Use the greatest of line 23 (or 24 if non-EBD and line 23 is greater than line 24) or line 25 for homeless households. Line 25 should remain blank unless the entire household is homeless.

Case Name	Worker Name	Case Number
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		MONTH AND YEAR					
		Elderly, Blind, or Disabled (EBD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Overpayment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Regular SNAP	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LINE		NUMBER IN GROUP					
1	ENTER	Total Countable Assets (FSH 4.4.1) (Total from the Total Countable Assets Table at the end of this form.	\$	\$	\$		
2	ENTER	Asset Limit (FSH 8.1.1.3)	\$	\$	\$		
	TEST	Asset test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
3	ENTER	Self-Employment Earnings	\$	\$	\$		
4	SUBTRACT	Excess Self-Employment Expenses	\$	\$	\$		
5	ENTER	Employment Earned Income	\$	\$	\$		
6	ENTER	Room and Board Income	\$	\$	\$		
7	TOTAL	Gross Employment Earnings (line 3 minus line 4, plus line 5 plus line 6)	\$	\$	\$		
8	ENTER	Total Unearned Income (including W-2 payment)	\$	\$	\$		
9	SUBTRACT	Farm Loss	\$	\$	\$		
10	TOTAL	Countable Gross Income (line 7 plus line 8, minus line 9)	\$	\$	\$		
11	ENTER	Assistance Group Size					
12	ENTER	Gross Income Limit (FSH 8.1.1)	\$	\$	\$		
	TEST	Gross test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
13	ENTER	Medical Expense Total from Total Medical Expense Table at the end of this form.	\$	\$	\$		
14	TOTAL	Excess Medical Deduction (EBD only) (line 13 minus \$35)	\$	\$	\$		
15	ENTER	Earned Income Deduction (20% of line 7)	\$	\$	\$		
16	ENTER	Standard Deduction (FSH 8.1.3)	\$	\$	\$		
17	ENTER	Support Payment Deduction	\$	\$	\$		

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18	ENTER	Dependent Care Deduction (FSH 4.6.6 or 8.1.3)	\$	\$	\$
19	TOTAL	Subtotal Deduction (add lines 14 through 18)	\$	\$	\$
20	SUBTRACT	Adjusted Income (line 10 minus line 19)	\$	\$	\$
21	ENTER	Total Shelter Expense from Total Shelter Expense Table at the end of this form	\$	\$	\$
22	ENTER	50% of line 20	\$	\$	\$
23	SUBTRACT	Excess Shelter/Utility Deduction (line 21 minus line 22)	\$	\$	\$
24	ENTER	Shelter Maximum (No Cap EBD) (FSH 4.6.7 or 8.1.3)	\$	\$	\$
25	ENTER	Homeless Shelter Deduction (FSH 8.1.3)	\$	\$	\$
26	TOTAL	Total Adjusted Net Income EBD (line 20 minus line 23) or Non-EBD (line 20 minus line 23 or 24, whichever is less) (homeless shelter deduction is the greater of 24 or 25)	\$	\$	\$
27	ENTER	Net Income Limit (FSH 8.1.1)	\$	\$	\$
	TEST	Net test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
28	ENTER	Max Allotment (for group size, FSH 8.1.1)			
29	SUBTRACT	30% of Adjusted Net Income (line 26 x .30)			
29	ENTER	Monthly Allotment (line 28 minus line 29, round cents down to the nearest whole dollar)	\$	\$	\$
30	ENTER	Initial Allotment (prorate if applicable)	\$	\$	\$
31	ENTER	Monthly Recoupment Amount	\$	\$	\$
32	ENTER	Allotment Due (line 29 minus line 31)	\$	\$	\$
33	ENTER	Actual Allotment Issued	\$	\$	\$

Total Countable Assets Table

Add the value of each asset to find the total countable assets for that month. Enter the total countable assets on line 1 of the worksheet.

Type of Asset	Name of Owner(s)	Value	Value	Value
Cash		\$	\$	\$
Checking Account		\$	\$	\$
Savings Account		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Total Countable Assets		\$	\$	\$

Total Medical Expense Table

Add the amount of each medical expense to find the total medical expense for that month. Enter the total medical expenses on line 13 of the worksheet.

Type of Medical Expense	Name of person(s) with medical expense	Amount	Amount	Amount
Prescriptions		\$	\$	\$
Medical bills		\$	\$	\$
Copayment		\$	\$	\$
Insurance premium		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Total Medical Expense		\$	\$	\$

Total Shelter Expense Table

Add the amount for each type of shelter expense to find the total shelter expense for that month. Enter the total shelter expense on line 21 of the worksheet.

Type of Shelter Expense	Amount	Amount	Amount
Appropriate Utility Standard (FSH 4.6.7.3 and 8.1.3)	\$	\$	\$
Rent	\$	\$	\$
Mobile Home Lot Rent	\$	\$	\$
Mobile Home Loan Payments	\$	\$	\$
Home Mortgage Payments	\$	\$	\$
Second Mortgage	\$	\$	\$
Condo Fees	\$	\$	\$
Property Taxes (if not included in mortgage)	\$	\$	\$
Special Assessments	\$	\$	\$
Insurance on the Structure (if not included in mortgage)	\$	\$	\$
Total Shelter Expense	\$	\$	\$