

COMPUTATION OF FOOD ASSISTANCE BENEFIT

ES-1510.1 1-Oct-08

Case Name: _____

Application Date: MM / DD / YYYY

Household: Regular Special

Household Size:

INSTRUCTIONS: Regular Household: Complete Part I, and if pass Gross test, complete Section II. **Special Household:** Complete Section II only.

I. GROSS INCOME ELIGIBILITY

- | | | |
|---|----------------------|-----------|
| 1. Gross Earned Income: | <input type="text"/> | 1. _____ |
| 2. Gross Unearned Income: | <input type="text"/> | 2. _____ |
| 3. TOTAL GROSS INCOME (sum of Lines 1 and 2 above): | | 3. _____ |
| 3a. Gross Income Limit (Regular households only): | | 3a. _____ |

Stop here if Line 3 exceeds GROSS INCOME LIMIT (Line 3a) for a household of this size. The household is ineligible for this month's benefits. If Line 3 DOES NOT exceed the GROSS INCOME LIMIT (Line 3a) go on to Section II.

[Mark if Categorically Eligible]

II. NET INCOME ELIGIBILITY - When completing this section, ALL CENTS WILL BE CARRIED in all calculations to the point at which the Net Food Assistance Income is determined.

NON-SHELTER DEDUCTIONS:

- | | | |
|--|------------|-------------|
| 4a. Gross Earned Income (Line 1) | | 4.a. _____ |
| 4b. Gross Unearned Income (Line 2) | | 4.b.+ _____ |
| TOTAL GROSS INCOME (sum of Lines 4a + 4b) | | 4. = _____ |
| 5. Earned Income Deduction (20% of Line 4a) | 5. + _____ | |
| 6. Current Standard Deduction | 6. + _____ | |
| 7. Medical Deduction _____ (Special Households Only - \$35) | 7. + _____ | |
| 8. Dependent Care Deduction _____ | 8. + _____ | |
| 9. Child Support Deduction _____ | 9. + _____ | |
| 10. Total Non-Shelter Deductions (add Lines 5 through 9) | | 10. - _____ |
| 11. Income after Non-Shelter Deductions (Line 4 minus Line 10) | | 11 = _____ |

EXCESS SHELTER DEDUCTION:

- | | | |
|---|-----------|-------------|
| 12. Shelter Expenses (Include utility allowance in total) <input type="text"/> | 12. _____ | |
| 13. Enter 50% of Line 11 | 13. _____ | |
| 14. Excess Shelter Deduction (Line 12 minus Line 13)
(CAN NOT EXCEED \$446.00 IF A REGULAR HOUSEHOLD) | | 14. - _____ |
| 15. NET FOOD ASSISTANCE INCOME (Line 11 minus Line 14) | | 15 = _____ |
| 15a. Stop here if Line 15 exceeds NET INCOME LIMIT for a household of this size.
If Line 15 DOES NOT exceed NET INCOME LIMIT, go to Section III. | | 15a. _____ |

III. BENEFIT COMPUTATION

- | | |
|--|--------------------------|
| 16. Enter regular monthly benefit from Allotment Tables
(NOTE: To compute the benefit for households of more than 10 persons, subtract 30% of Line 15 unrounded from the maximum allotment for that household size and DROP all cents.) | 16. <input type="text"/> |
|--|--------------------------|

If it is necessary to prorate the allotment for the month of application, do so here:

- | | |
|--|-----------|
| 17. To determine Monthly Allotment enter number of days in the month of this application: | 17. _____ |
| 18. Remaining days in the month (to determine remaining days in the month, subtract the date of application from the number of days in the month and add one day). | 18. _____ |
| 19. Divide Line 16 by line 17 for daily rate | 19. _____ |
| 20. PRORATED BENEFIT (Line 18 multiplied by Line 19) | 20. _____ |

PRORATED BENEFIT OF LESS THAN \$10 SHALL NOT BE ISSUED