

CALFRESH BUDGET WORKSHEET – Special Medical/Shelter Deductions

Case Name	Case Number	Companion Case Reference	Classification: <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> Mixed <input type="checkbox"/> TC
Certification Period from _____ through _____	<input type="checkbox"/> Prospective	<input type="checkbox"/> Prospective	DOCUMENTATION
PART 1 – NET MONTHLY INCOME (Gross income test is not applicable to households with elderly/disabled members)	Issuance Month	Issuance Month	
A. NONEXEMPT GROSS UNEARNED INCOME			Child/Spousal Support
1. Cash Aid	\$ _____	\$ _____	Received \$ _____
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	
3. Child/Spousal Support	\$ _____	\$ _____	Child Support (Court Ordered) Paid out total \$ _____
4. Scholarships, Grants, Loans	\$ _____	\$ _____	
5. Other	\$ _____	\$ _____	Total / by number of months _____
6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5)	\$ _____	\$ _____	
7. Less Child Support Paid (enter remainder in B6)	\$ _____	\$ _____	Amount used in A7 \$ _____
8. Total Gross Unearned Income (A6 - A7)	\$ _____	\$ _____	
B. NONEXEMPT GROSS EARNED INCOME			Remainder to be used in B6 \$ _____
1. Gross Salary, Wages	\$ _____	\$ _____	
2. Self-Employment	\$ _____	\$ _____	
3. Training Allowance	\$ _____	\$ _____	
4. Gross Earned Income (B1 + B2 + B3)	\$ _____	\$ _____	
5. Adjusted Gross Earned Income (80% of B4)	\$ _____	\$ _____	
6. Less Remainder of Child Support Paid (if not fully used in Section A)	\$ _____	\$ _____	
7. Total Gross Earned Income (B5 - B6) (If negative amount, enter zero)	\$ _____	\$ _____	
C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7)	\$ _____	\$ _____	

	Issuance Month	Issuance Month	DOCUMENTATION
D. EXCESS MEDICAL EXPENSES			
1. Expected Recurring Expenses (occurring during the entire certification period). Include recurring averaged expenses.	\$ _____	\$ _____	Households with an Elderly/Disabled Member:
2. Limited Period Expenses (occurring during only a portion of the certification period). Include limited averaged expenses.	\$ _____	\$ _____	Is the elderly/disabled member unable to purchase and prepare meals separately from others in the home due to a disability?
3. Total Allowable Expenses (D1 + D2)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Less Medical Expense Allowance (\$35)	\$ _____	\$ _____	
5. Excess Medical Expenses (D3 - D4)	\$ _____	\$ _____	
E. STANDARD/DEPENDENT CARE/MEDICAL/ HOMELESS SHELTER DEDUCTIONS			
1. Standard Deduction:	\$ _____	\$ _____	If yes, is the household's income (less the elderly and disabled member and spouse income) less than 165% of FPL?
2. Dependent Care (100% of costs)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess Medical Expenses (From D5)	\$ _____	\$ _____	
4. Homeless Shelter Deduction	\$ _____	\$ _____	
5. Total Deductions (E1 + E2 + E3 + E4)	\$ _____	\$ _____	If yes, certify the elderly and disabled member (and spouse) as a separate household.
6. Total Adjusted Income (C - E5)	\$ _____	\$ _____	
F. SHELTER DEDUCTION			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Allowance	\$ _____	\$ _____	
3. Total Shelter costs (F1 + F2)	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of E6)	\$ _____	\$ _____	
5. Excess Shelter Costs F3-F4	\$ _____	\$ _____	
G. NET MONTHLY INCOME (E6–F5)	\$ _____	\$ _____	

PART 2 – NET INCOME ELIGIBILITY	Issuance Month		Issuance Month		DOCUMENTATION
H. NET INCOME TEST 1. Household Size 2. Maximum Net Income Allowable (From Table) 3. Net Income Eligible? (Is G less than or equal to H2?)	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 3 – BENEFITS	Allotment CF _____ SNB _____ TNB _____	Supplement	Allotment CF _____ SNB _____ TNB _____	Supplement	
E.W. Initials/Date					
PART 4 – INCOME COMPUTATIONS	Issuance Month		Issuance Month		
I. SELF-EMPLOYMENT (Nonexempt Resources Only) 1. Gross Income from Self-Employment 2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required) 3. Total Nonexempt Income from Self-Employment (I1 - I2). If averaging self-employment income go to I7. If adjusting a previous average, continue to I4. 4. Adjustment to Gross Income 5. Adjustment to Expenses 6. Adjusted Self-Employment Income (I3 + I4 + I5) 7. Monthly Self-Employment Income (I3 or I6 ÷ number of months income covers)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		

	Issuance Month	Issuance Month	
J. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS			
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____	
2. Tuition and Mandatory Fees	\$ _____	\$ _____	
3. Total Nonexempt Educational Income (J1 – J2)	\$ _____	\$ _____	
4. Monthly Income from Grants, Scholarships or Loans (J3 ÷ number of months income covers)	\$ _____	\$ _____	

PART 5 – REPORTED CHANGES (Other than the SAR 7 or CF 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					