LDSS-3115 (Rev. 9/01)

FOOD STAMP BENEFITS BUDGET WORKSHEET

NYS (Elderly and Disabled for Medical and/or Special Shelter Deductions) OTDA

CASE NAME - First	M.I.	Last	SOC. SEC. NO.	CASE NUMBER	DIST.	CENTER

MAILING ADDRESS Number & Street	City	State	Zip Code

*CATEGORICALLY ELIGIBLE? (**Y** or **N**)	OPEN / CLOSE	RECERT	DENIED REASON:	TOTAL NO. OF PERSONS IN HOUSEHOLD:

INCOME

GROSS EARNED INCOME (See note 1 below)

LINE NO.	First	M.I.	Last		AMOUNT
1.				1.	
2.				2.	
3.				3.	

4. TOTAL lines 1, 2, 3 ..... 4.
5. 80% of line 4 ..... 5.

UNEARNED INCOME (See note 1 below)

LINE NO.	First	M.I.	Last		AMOUNT
6.				6.	
7.				7.	
8.				8.	

9. TOTAL lines 6, 7, 8 ..... 9.
10. Enter countable vendor payments (paid by agency) ..... 10.
11. Adjusted Gross Income - TOTAL lines 5, 9, 10 ..... 11.

STANDARD DEDUCTION

12. Line 11 less standard deduction. If negative, enter zero ..... 12.

DEPENDENT CARE

13. Enter Dependent Care up to maximum limit ..... 13.

LEGALLY OBLLIGATED CHILD SUPPORT

14. Enter Legally Obligated Child Support Paid ..... 14.

MEDICAL EXPENSES

15. Enter Allowable Medical Expenses minus $35 deduction ..... 15.
16. Adjusted Net Income. Line 12 less line 13 and 14. If negative, enter zero ..... 16.

SHELTER COSTS

17. Actual Rent, Mortgage, etc ..... 17.
18. Property Taxes, Insurance on Building ..... 18.
19. ☐ Has Heating/Cooling Costs or received HEAP for the current program year (Enter larger of Heating/Cooling Standard or Total of Actual Costs for Heating, Cooling, Utilities and Phone) (See note 3 below) **OR**

    ☐ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs - has Utility Costs. (Enter larger of Utility Standard or Total of Actual Costs for Utilities and Phone) (See note 3 below) **OR**

    ☐ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling Costs, has No Utility Costs - Has Phone Cost. (Enter larger Phone Standard or Actual Phone Cost) (See note 3 below) **OR**

    ☐ Ineligible for or did not receive HEAP for the current program year, has No Heating/Cooling or Utility or Phone Costs. (Enter $0) (See note 3 below) ..... 19.
20. Other ..... 20.
21. TOTAL lines 17, 18, 19, 20 ..... 21.
22. Enter 50% of line 16 ..... 22.
23. Shelter Excess. Line 21 less line 22. If negative, enter zero ..... 23.
*24. Food Stamp Net Income. Line 16 less line 23. Check net FS Income Eligibility Limits ..... 24.
25. Full month's benefit amount [(appropriate Thrifty Food Plan amount) - (line 24 × .30 rounded to the next higher dollar amount)] ..... 25.
26. Claims recovery amount (Leave blank if prorating benefits) ..... 26.

PARTICIPATION

27. Monthly Allotment Amount (line 25 minus line 26) or Prorate Benefit amount if appropriate.

PRORATION FORMULA

$$\frac{\text{Line 25} \times (31 - \text{Date of Application})}{30}$$

27. BENEFIT AMOUNT _____

Notes: 1 Self-employment income is to be entered minus the cost of doing business.
2. TA Grant amounts are to be entered minus appropriate Food Stamp exclusions. Monthly student income is to be entered minus tuition, fees and allowable reimbursements.
3. Enter prorated share of the Standard or Actual expense, whichever is greater when HEAP benefit (or expense) is shared.

AUTHORIZED REPRESENTATIVE NAME: _____

AUTHORIZED PERIOD: FROM _____ TO _____ WORKER'S SIGNATURE: _____ DATE: _____

ADVERSE ACTION EFFECTIVE: _____ SUPERVISOR'S SIGNATURE: _____ DATE: _____

*Categorically eligible households are not subject to Gross or Net Eligibility Limits (line 24).