

**GEORGIA DEPARTMENT OF HUMAN SERVICES
FOOD STAMP PROGRAM BUDGET SHEET**

DATE: _____

COUNTY: _____

CM: _____

CASE NAME _____

CASE NUMBER _____

I. Initial Review Interim Change UP OP **AU Size** _____ **Elderly AU member?** Yes No
Disabled AU member? Yes No

II. RESOURCES _____

Total Nonexempt Resources \$ _____
 Allowable Resources for Household Size and Composition (consider age of members) \$ _____
 AU categorically eligible? Or TCOS? Yes No
 Eligible based on resources? Yes No

III. GROSS INCOME LIMITS _____

Exempt from Gross Limit? (Consider Age and Disability of Members) Yes No
 Is AU categorically eligible? Yes No
 Total Countable Gross Income \$ _____
 Gross Income Limit 130% or 200% \$ _____
 Eligible based on GIL? Yes No

IV. EARNED INCOME _____

Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer / Boarder Payments (less cost of producing income)

| | |
|---------------------------|---------------|
| _____ | \$ _____ |
| Name | Amount |
| _____ | \$ _____ |
| Name | Amount |
| 1. Total Earned Income | \$ _____ |
| 2. Less 20% of Line 1 | \$ _____ |
| 3. ADJUSTED EARNED INCOME | = \$ _____ |

V. OTHER MONTHLY INCOME _____

TANF \$ _____
 Social Security \$ _____
 SSI \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 4. TOTAL OTHER MONTHLY INCOME \$ _____
 5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) = \$ _____

VI. DEDUCTIONS OTHER THAN SHELTER _____

6. Standard Deduction \$ _____
 7. Excess Medical Expenses \$ _____
 8. Dependent Care Costs \$ _____
 9. Child Support Paid \$ _____
 10. TOTAL DEDUCTIONS OTHER THAN SHELTER (Add Line 6 + Line 7 + Line 8 + Line 9) = \$ _____
 11. NET FS INCOME (Subtract Line 10 from Line 5) (If Homeless shelter deduction is not applied skip to section VII) = \$ _____
 12. Homeless Shelter Deduction (If applies) \$ _____
 13. Total Net Food Stamp Income (Subtract Line 12 from Line 11) (If Homeless Shelter deduction is is applied skip to Section IX) = \$ _____

VII. SHELTER COST _____

Rent Mortgage \$ _____
 Other \$ _____
 SUA LSUA \$ _____
 Telephone Standard \$ _____
 14. TOTAL SHELTER COSTS \$ _____
 15. Subtract 50% of Net Income (Line 11 ÷ 2) \$ _____
 16. EXCESS SHELTER COSTS = \$ _____

VIII. NET MONTHLY INCOME _____

17. NET FOOD STAMP INCOME (Line 11) \$ _____
 18. Maximum Excess Shelter Deduction (Exceed Maximum for Elderly/Disabled Only) \$ _____
 19. ADJUSTED NET FOOD STAMP INCOME (Subtract Line 18 from Line 17) (Round up or down to nearest dollar) = \$ _____

IX. NET INCOME LIMITS _____

Adjusted Net Food Stamp Income (Line 19 of Section VIII) (If Excess Shelter Deduction is applied) \$ _____
 Total Net Food Stamp Income (Line 13 of Section VI) (If Homeless Shelter Deduction is applied) \$ _____
 Net Income Limit \$ _____
 Categorically Elig? Yes No
 Eligible based on NIL Yes No

X. PERIODS OF ELIG. _____

From _____ to _____ **or**
 Day/Month/Year Month/Year
 For _____, only.
 Month/Year

XI. BENEFITS AMOUNTS _____

NOTE: Compare the countable adjusted net income and AU size to the Basis of Issuance Table to determine the AU's benefit amount as follows:
 *Locate the AU's countable adjusted net monthly income.
 *Look under the appropriate AU size column to determine the benefit amount.

\$ _____
 Month _____
 \$ _____
 Month _____
 \$ _____
 Month _____
 \$ _____
 Month _____

XII. COMMENTS / CALCULATIONS _____

NOTE: See policy section 3610 for steps on completing the Food Stamp Budget Sheet