



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #11-27-ELI

(This Policy Directive Replaces PD #10-33-ELI and PB #11-31-ELI)

OCTOBER 2011 CHANGES IN FOOD STAMP STANDARDS

Date: September 22, 2011	Subtopic(s): Food Stamps
AUDIENCE	The instructions in this policy directive are for all Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff.
POLICY	<p>The United States Department of Agriculture (USDA) and the New York State Office of Temporary and Disability Assistance (OTDA) have released their cost-of-living adjustments for the Food Stamp (FS) program, which will become effective October 1, 2011. The adjustments will affect the following items:</p> <ul style="list-style-type: none"> • FS standard deduction • Maximum excess shelter deduction • Income limits for the 130% Gross Income Test, 165% Gross Income Test, 200% Gross Income Test, and the 100% Net Income Test • Standard Utility Allowance (SUA) amounts • New York State Nutrition Improvement Project (NYSNIP) standardized benefit levels
CHANGES IN FOOD STAMP STANDARDS	<p>The standard deduction will increase from \$142 to \$147 for one- to three-person households, from \$153 to \$155 for four person households, from \$179 to \$181 for five person households, and from \$205 to \$208 for households of six or more persons. The maximum excess shelter deduction will increase from \$458 to \$459.</p> <p>The SUA Level 1 will increase from \$718 to \$736 and the SUA Level 2 will increase from \$284 to \$291. The standardized benefit amounts for NYSNIP households with Shelter Type Codes 95 and 97 that receive SSI and other income will increase from \$196 to \$200.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

The following chart represents the standard deduction amounts that will be used in all budgets with an effective date of 10/A/11 or later:

FS Standard deduction amounts

<u>Household Size</u>	<u>Standard Deduction</u>
1	\$147
2	\$147
3	\$147
4	\$155
5	\$181
6+	\$208

Shelter deductions and exclusions

The shelter deductions/exclusions are as follows:

- The maximum excess shelter deduction will increase to \$459.
- The homeless shelter deduction will remain at \$143.
- The boarder/lodger exclusion will remain at \$200 for one person and \$367 for two people.

The SUA amounts are as follows:

The SUA Level 1 will increase to \$736, SUA Level 2 will increase to \$291, and the SUA Level 3 will remain \$33.

FS households that do not contain an aged or disabled individual and do not incur out-of-pocket dependent care expenses are subject to the 130% gross income test. The new 130% gross income levels are as follows:

130% Income Limits Beginning October 2011

130% Gross Income Levels

<u>Household Size</u>	<u>Monthly Household Income</u>
1	\$1,180
2	\$1,594
3	\$2,008
4	\$2,422
5	\$2,836
6	\$3,249
7	\$3,663
8	\$4,077
Each additional member	+\$414

Elderly (60 years of age or older) or disabled household members (and their spouses) who are incapable of buying food or preparing meals due to a disability may apply as a separate food unit if the income of the others with whom the individuals reside (excluding the income of the elderly or disabled individual and spouse) does not exceed the 165% gross income level. The new 165% gross income levels are as follows:

165% Income Limits Beginning October 2011

	<u>Household Size</u>	<u>Monthly Household Income</u>
165% Gross Income Levels	1	\$1,498
	2	\$2,023
	3	\$2,548
	4	\$3,074
	5	\$3,599
	6	\$4,124
	7	\$4,649
	8	\$5,175
	Each additional member	+\$526

See [PB #10-57-ELI](#) for information on FS categorical eligibility.

FS households that contain an aged or disabled individual or that incur out-of-pocket dependent care expenses that pass the 200% gross income test are categorically eligible to participate in the FS program as long as the household does not contain a FS-sanctioned or an Intentional Program Violation (IPV) member. The new 200% gross income levels are as follows:

200% Income Limits Beginning October 2011

	<u>Household Size</u>	<u>Monthly Household Income</u>
200% Gross Income Levels	1	\$1,815
	2	\$2,452
	3	\$3,088
	4	\$3,725
	5	\$4,362
	6	\$4,998
	7	\$5,635
	8	\$6,272
	Each additional member	+\$637

Households that are not categorically eligible to receive FS benefits are subject to the 100% net income test. The new 100% net income levels are as follows:

100% Income Limits Beginning October 2011

100% Net Income Levels	<u>Household Size</u>	<u>Monthly Household Income</u>
	1	\$ 908
	2	\$1,226
	3	\$1,545
	4	\$1,863
	5	\$2,181
	6	\$2,500
	7	\$2,818
	8	\$3,136
	Each additional member	+\$319

As a result of the American Recovery and Reinvestment Act of 2009 that increased the maximum FS benefit amounts by 13.6% in April 2009, the maximum benefit amounts will not increase effective October 1, 2011. The maximum benefit amounts remain as follows:

Thrifty Food Plan (TFP)

Household Size	1	2	3	4	5	6	7	8
Maximum FS Allowance	\$200	\$367	\$526	\$668	\$793	\$952	\$1,052	\$1,202

The maximum FS allowance figures above are for households of up to eight individuals. Add \$150 to the maximum FS allowance for each additional person.

The minimum allotment for one- and two-person households will remain at \$16.

See [PB #04-105-ELI](#) for NYSNIP information.

The standardized benefit amounts for NYSNIP households with Shelter Type Codes **95** and **97** that receive SSI and other income will increase to \$200. All other NYSNIP benefit amounts will remain the same. The NYSNIP benefit amounts are as follows:

	<u>SSI Only</u>	<u>SSI and other income</u>
Shelter Type Code 94	\$200	\$200
Shelter Type Code 95	\$200	\$200
Shelter Type Code 96	\$200	\$200
Shelter Type Code 97	\$200	\$200
Shelter Type Code 98	\$ 60	\$ 56

Updated forms The forms listed below have been revised to reflect the FS changes:

- Monthly Food Stamp Budget Worksheet (NCA) (**W-122A**)
- Monthly Food Stamp Budget Worksheet (NCA – SSI/Aged/Disabled) (**W-122AA**)
- Food Stamp Budget Worksheet (CA) (**W-122D**)
- Food Stamp Budget Worksheet (CA – SSI/Aged/Disabled) (**W-122DD**)
- Food Stamp Income Guidelines (**W-138Q**)
- Food Stamp income Eligibility Guidelines Desk Guide (**W-204G**)

The Schedule of Food Stamp Issuance (**W-129F**) and (**W-129FF**) will remain unchanged.

The following additional changes have been made to the **W-138Q**:

- the information on filing a food stamp application was updated to include applying at a participating community based organization (CBO) and submitting an application online through the ACCESS NYC website or the MyBenefits website
- the Fordham Food Stamp Center (**F44**) was removed because it ceased taking new applications on September 1, 2011
- the Concourse Food Stamp Center (**F45**) was moved to the column of Extended Hours Centers
- the Melrose Food Stamp Center (**F40**) was changed from the 4th Floor to the 3rd Floor
- the Richmond Food Stamp Center (**F99**) was changed from the 1st Floor to the 2nd Floor

See [CD #11-30](#)

State Mass Notice

In addition to the changes already described, the State is sending the Notice of Intent to Change Food Stamps (see **Attachment A**) to all FS households regarding the October 2011 changes. The notice includes the new gross monthly income standards (130% of federal poverty level) for households subject to six-month reporting rules.

System changes

The Welfare Management System (WMS) has been programmed to reflect the FS changes. Most cases have been rebudgeted centrally through a mass rebudget on September 18, 2011. Cases that have been rebudgeted have a 10/A/11 budget effective date.

Mass rebudgeting of active cases to reflect changes

As part of the mass rebudgeting process, all stored budgets that are affected by these changes have also been rebudgeted effective 10/A/11.

A list of the cases that could not be included in the mass rebudgeting will be forwarded to Regional Managers. Regional Managers will forward the list to the appropriate locations for rebudgeting.

REQUIRED ACTION

Resolving list of cases that were not mass rebudgeted

Participants

When the list of cases that require rebudgeting to reflect the October 2011 changes is received at the Job Center/NCA FS Center, the Center Director/FS Center Manager or Designee must ensure that:

- any outstanding actions that prevent the calculation and/or processing of a new budget are resolved immediately,
- these cases are rebudgeted according to the October 2011 changes listed in this directive, and
- supplemental benefits, if necessary, are issued retroactive to 10/A/11.

Applicants

When calculating a budget after September 18, 2011, the Worker must:

- calculate a scratchpad budget to determine the FS benefit amount for September 2011 or any prior months,
- place a copy of the scratchpad budget in the case record, and
- calculate and save the regular budget for 10/A/11 to issue future benefits.

Preparing manual budgets

Workers are reminded to use the revised **W-122A**, **W-122AA**, **W-122D**, and **W-122DD** when preparing manual FS and bottom-line budgets.

Note: The household must contain at least one SSI/Aged/Disabled household member to use Forms **W-122AA** and **W-122DD**.

To manually determine a household's monthly FS allotment:

- calculate the household's net monthly income using Form **W-122A**, **W-122AA**, **W-122D**, or **W-122DD** as appropriate.
- find the monthly FS allotment by referencing the **W-129F** or **W-129FF** forms to locate the appropriate income in the "Monthly Net Income" column and reading across to the appropriate household size.

If the computation results in \$1, \$3, or \$5, round up the amount to \$2, \$4, or \$6, respectively. Do not round up computations over \$5.

All one- and two-person eligible households shall receive a minimum monthly allotment of \$16.

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

POS will be updated to reflect the October 2011 FS changes.

Cash Assistance Implications

There are no Cash Assistance (CA) implications associated with the October 2011 FS changes.

Medicaid Implications

There are no Medicaid implications associated with the October 2011 FS changes.

LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #10-12-OPE](#) and [PD #08-20-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up-to-date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences at Job Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the applicant/participant is waiting to be seen. In Model Centers, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file, and explain the reason for the Agency's action(s) to the applicant/participant.

After reviewing the documentation and case record and discussing the issue with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, the FH&C AJOS/Supervisor I will attempt to resolve the issue through an explanation of the October 2011 FS changes. The FH&C AJOS/Supervisor I is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Conferences at Food Stamp Centers

If an applicant/participant comes to the FS Center requesting a conference, the Receptionist must alert the FS Center Manager's Designee that the applicant/participant is to be seen. If the applicant/participant contacts the Worker directly, advise the applicant/participant to call the Designee.

The Designee will listen to and evaluate the applicant's/participant's complaint regarding the FS case.

After reviewing the document and case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the FS Center Manager's Designee will attempt to resolve the issue through an explanation of the October 2011 FS changes. The Designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets

For Fair Hearing purposes, all complete and relevant evidence packets must include a copy of the State mass rebudgeting notice.

REFERENCES

18 NYCRR 387.10, 387.12, and 387.15
[GIS 11 TA/DC015](#)
 ABEL Transmittal 11-3

RELATED ITEMS

[PB #10-57-ELI](#)
[PB #04-105-ELI](#)
[CD #11-30](#)

ATTACHMENTS

☞ Please use Print on Demand to obtain copies of forms.

Attachment A	OTDA Notice of Intent to Change Food Stamps (October '11/NYC)
W-122A	Monthly Food Stamp Budget Worksheet (NCA) (Rev. 9/21/11)
W-122A (S)	Monthly Food Stamp Budget Worksheet (NCA) (Spanish) (Rev. 9/21/11)
W-122AA	Monthly Food Stamp Budget Worksheet (NCA – SSI/Aged/Disabled) (Rev. 9/21/11)
W-122AA (S)	Monthly Food Stamp Budget Worksheet (NCA – SSI/Aged/Disabled) (Spanish) (Rev. 9/21/11)
W-122D	Food Stamp Budget Worksheet (CA) (Rev. 9/21/11)
W-122D (S)	Food Stamp Budget Worksheet (CA) (Spanish) (Rev. 9/21/11)
W-122DD	Food Stamp Budget Worksheet (CA – SSI/Aged/Disabled) (Rev. 9/21/11)
W-122DD (S)	Food Stamp Budget Worksheet (CA – SSI/Aged/Disabled) (Spanish) (Rev. 9/21/11)
W-138Q	Food Stamp Income Guidelines (Rev. 9/21/11)
W-138Q (S)	Food Stamp Income Guidelines (Spanish) (Rev. 9/21/11)
W-204G	Food Stamp Income Eligibility Guidelines Desk Guide (Rev. 9/21/11)


**MASS NOTICE OF INTENT TO CHANGE FOOD
STAMPS OCTOBER 2011/NYC**

Case Number:
Loc. Off./Unit/Worker:

General Telephone No. for
Questions or Help:

Dear Food Stamp Recipient:

Beginning October 1, 2011, some items used to figure the amount of food stamp benefits a household gets will change. These changes are the result of federally-required changes to the following standards and deductions.

The **Standard Deduction** for households of 1 to 3 persons will **increase** by \$5, from \$142 to \$147. The **Standard Deduction** for households of four persons will **increase** by \$2, from \$153 to \$155. The **Standard Deduction** for households of five persons will **increase** by \$2, from \$179 to \$181. The **Standard Deduction** for households of six or more persons will **increase** by \$3, from \$205 to \$208.

The Food Stamp Maximum **Excess Shelter Deduction** will **increase** by \$1, from \$458 to \$459.

The new **Standard Utility Allowance (SUA)** amounts, as of **October 1, 2011**, are:

	Old SUA Values	New SUA Values
Heating / Air Conditioning SUA Values	\$718	\$736
Basic Utility SUA Values	\$284	\$291
Phone SUA	\$33 (Unchanged)	

These changes **may** affect the amount of food stamps you get. The amount of your monthly food stamp benefit may not change, or it may **increase** by \$1 to \$7 per month as a result of these changes. It will not decrease as a result of the changes to these standards and deductions.

The maximum amounts of food stamp benefits per household size, known as the "Thrifty Food Plan" amounts, will **not** change.

The minimum food stamp benefit amount that a one or two-person household currently can receive, \$16.00 per month, will **not** change.

The Regulations which allow us to do this are 18 NYCRR 387.10, 387.12 and 387.15.

Reporting Rules:

Most Food Stamp households with income only have to report changes every six months. Every six months, you either will be asked to recertify, or will be mailed a form for you to use to report changes. **The one exception to this rule is if your household's gross monthly income becomes more than 130% of the federal poverty level.** Your gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you receive your check. Your total gross monthly income includes all income any member of your household receives during the calendar month.

See Chart below: The dollar amount shown under your household size shows the new 130% of poverty income limit for your household, **as of October 1, 2011.** If your household's gross monthly income is greater than this amount, you must report the new gross monthly income amount to your social services office by phone, in writing, or in person within 10 days after the end of the month.

Report Household Gross Income Over Income Limits Below Based on Your Household Size:										
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	9	10
Report if Gross Household Income Goes Over:	\$1180	\$1594	\$2008	\$2422	\$2836	\$3249	\$3663	\$4077	\$4491	\$4905

Some households still must report changes affecting their eligibility for or the amount of their food stamp benefits within 10 days of the month following the month in which the change occurred. You must follow this reporting rule, if your household receives Temporary Assistance, or if your household has no income at all, or if your household has no income earned from employment and all adults are either over age 60 or disabled, or if you receive SSI/SSD and you live in a state-certified group home. Also, if your household has a seasonal migrant farm worker, or if your household is certified for fewer than four months, or if your household is homeless ("undomiciled", without any shelter).

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.
1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** – YOU HAVE **90 DAYS** FROM THE DATE YOUR OCTOBER 2011 FOOD STAMP BENEFITS BECOME AVAILABLE TO ASK FOR A FAIR HEARING.
THE DATE YOUR OCTOBER FOOD STAMP BENEFITS BECOME AVAILABLE IS THE DATE YOU CAN ACCESS YOUR OCTOBER FOOD STAMP BENEFITS WITH YOUR PLASTIC ID CARD.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, New York.

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

Monthly Food Stamp Budget Worksheet (NCA) – Part 1

Effective October 1, 2011

This form must be used for households that **do not** contain an elderly or disabled person.

Enter monthly amount do not round out.

Case Name		Case Number		Food Stamp Center Number F
(A) Household Size	(B) Number Disqualified	(C) Number Eligible		

A. Income – Enter Monthly amount, do not round dollar amounts.

1. Monthly Gross Earned Income	\$	
2. Net Monthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Monthly Gross Unearned Income		
a) Monthly Gross Unearned Income – Source:		
b) Monthly Gross Unearned Income – Source:		
c) Monthly Gross Unearned Income – Source:		
5. Add lines 3, 4a, 4b, and 4c		
6. Monthly Legally Obligated Child Support Payment to person(s) outside the FS household		
7. Subtract line 6 from line 5		

SAMPLE

B. Gross Income Test – Use the 200% Gross Income Test for households with out-of-pocket dependent care costs. Use the 130% Gross Income Test for all other households.

8. Enter maximum Gross Income amount for household size from table.	
9. Compare amount entered on line 7 with the amount entered on line 8.	
a) If the amount entered on line 7 is greater than the amount on line 8, the household does not meet the applicable Gross Income Limitation and is ineligible for food stamp benefits. Check Ineligible box. Stop here.	<input type="checkbox"/> Ineligible
b) If the household <u>does not</u> contain any FS sanctioned or disqualified members due to an IPV and the amount entered on line 7 is less than or equal to the amount entered on line 8, the household meets the applicable Gross Income Limitation and is categorically eligible for food stamp benefits. Check Eligible box. Complete Part 2, but skip Section G.	<input type="checkbox"/> Eligible
c) If the household <u>contains</u> a food stamp sanctioned or disqualified member due to an IPV and the amount entered on line 7 is less than or equal to the amount entered on line 8, the household meets the 130% Gross Income Limitation but is not categorically eligible for food stamp benefits. Check Eligible box. Complete all of Part 2.	

Monthly Gross Income		
Household Size	130% Gross Income Table	200% Gross Income Table
1	\$1,180	\$1,815
2	\$1,594	\$2,452
3	\$2,008	\$3,088
4	\$2,422	\$3,725
5	\$2,836	\$4,362
6	\$3,249	\$4,998
7	\$3,663	\$5,635
8	\$4,077	\$6,272
Each additional member	+ \$414	+ \$637

Monthly Food Stamp Budget Worksheet (NCA) – Part 2

Effective October 1, 2011

Do not complete Part 2 until you have completed the 130% Gross Income Test (or 200% Gross Income Test for households with out-of-pocket dependent care costs) on page 1.

Case Name	Case Number	Food Stamp Center Number F
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A. Income – Enter Monthly amount, do not round dollar amounts.

1. Monthly Gross Earned Income	\$	
2. Net Monthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Monthly Gross Unearned Income		
a) Monthly Gross Unearned Income – Source:		
b) Monthly Gross Unearned Income – Source:		
c) Monthly Gross Unearned Income – Source:		
5. Add lines 3, 4a, 4b, and 4c		
6. Income Exclusions (Monthly legally obligated child support payment to person(s) outside the FS household.)		
7. Subtract line 6 from line 5	A.	

B. Deductions

8. 20% of line 3	\$	
9. Standard Deduction – Monthly: Select one below.		
a) 1–3 person household \$147		
b) 4-person household \$155		
c) 5-person household \$181		
d) 6+ person household \$208		
10. Monthly Child/Dependent Care Costs (use actual expense) If the household has out-of-pocket dependent care costs do not use the 130% Gross Income Table. Use the 200% Gross Income Table.		
11. Monthly Homeless Shelter Deduction (\$143) or actual expense, whichever is greater		
12. Add lines 8, 9, 10, and 11	B.	

C. Adjusted Income

13. Subtract B from A (line 12 from line 7)	C.	\$
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D. Shelter Costs

14. Monthly Actual Rent or Mortgage Billed to Household	\$	
15. Other Monthly Expenses (Real estate taxes, insurance, installation of utilities, etc.)		
16. Monthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line. a) Enter zero (0) for shelter code 23		
b) With rent or heating or air conditioning expense: Enter the monthly standard combined heat, utility, and telephone allowance of \$736. No documentation of the expense is required for shelter codes 01, 02, 03, 11, 15, 16, 17, 20, 24, 25, 26, 28, 29, 38, 39, 40, 42, and 43 if the household incurs a shelter expense.		
c) With utility expense only (no rent or heating or air conditioning expense): Enter the standard combined utility and telephone standard of \$291. All shelter codes except 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, and 43 may receive this allowance if documentation of utility expense is provided.		
d) With telephone expense only (for households not eligible for heat/air conditioning or utility SUA except shelter code 23): Enter \$33.		
17. Add lines 14, 15, and either 16b or 16c or 16d	D.	

E. Excess Shelter Deductions

18. Enter D (Shelter Costs): Enter amount from line 17.	\$	
19. Enter 1/2 (one half) of C (Adjusted Income): Enter 1/2 of amount on line 13.		
20. Excess Shelter Costs: Subtract line 19 from line 18; if line 18 is less than line 19, enter zero (0).		
21. Maximum Shelter Deduction Allowed	\$459	00
22. Enter amount from line 20 or 21, whichever is less	E.	

F. Monthly Food Stamp Net Income

23. Enter C (Adjusted Income): Enter the amount on line 13	\$	
24. Enter E (Excess Shelter Deduction): Enter the amount on line 22.		
25. Monthly Net food stamp income: Subtract line 24 from line 23.	F.	

G. 100% Monthly Net Income Test

If household is categorically eligible, skip this test and go directly to Food Stamp Benefit Calculation.

26. Enter Monthly net income amount for household size from table.	
27. Compare amount entered on line 25 with the amount entered on line 26.	
a) If the amount entered on line 25 is greater than the amount on line 26, the household is ineligible for food stamp benefits. Check Ineligible.	<input type="checkbox"/> Ineligible
b) If the amount entered on line 25 is less than or equal to the amount entered on line 26, the household meets 100% Monthly Net Income Test. Check Eligible box and complete Section H.	<input type="checkbox"/> Eligible

Household Size	100% Monthly Net Income
1	\$908
2	\$1,226
3	\$1,545
4	\$1,863
5	\$2,181
6	\$2,500
7	\$2,818
8	\$3,136
Each additional member	+ \$319

H. Food Stamp Benefit Calculation

28. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 25 and household size from Part 1, box C (Number Eligible) on page 1 of this form.	H.		
29. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).			
30. Allotment after Recoupment: Subtract line 29 from line 28.			

Authorized by: _____

Date: _____

SAMPLE

Cálculo de Presupuesto Mensual de Cupones para Alimentos (NCA) – Parte 1

Vigente el 1ro de octubre, 2011

Este formulario tienen que usarlo los hogares que **no** tienen una persona anciana o incapacitada.

Anote la cantidad mensual no redondee.

Nombre del Caso	Número del Caso	Núm. Centro de Cupones para Alimentos F
(A) Número de Miembros del Hogar	(B) Número de Miembros Inelegibles	(C) Número de Miembros Elegibles

A. Ingreso (no redondee las cantidades)

1. Ingreso Mensual Bruto Salarial	\$	
2. Ingreso Neto por Huésped/Inquilino o Huésped		
3. Sume líneas 1 y 2		
4. Ingreso Mensual Bruto No Salarial		
a) Ingreso Mensual Bruto No Salarial – Fuente:		
b) Ingreso Mensual Bruto No Salarial – Fuente:		
c) Ingreso Mensual Bruto No Salarial – Fuente:		
5. Sume las líneas 3, 4a, 4b, y 4c		
6. Pago Mensual de Manutención de Niños Obligado Por la Ley a las persona(s) fuera del hogar de cupones para alimentos		
7. Reste la línea 6 de la línea 5		

B. Prueba del Ingreso Bruto – Use la prueba del 200% del Ingreso Bruto para los hogares con gastos de menudeo para cuidado de dependientes. Use la Prueba del 130% del Ingreso Bruto para todos los otros hogares.

<p>8. Anote la cantidad del Ingreso Bruto máximo de todos los miembros del hogar como se indica en la tabla.</p> <p>9. Compare la cantidad anotada en la línea 7 con la cantidad anotada en la línea 8.</p> <p>a) Si la cantidad anotada en la línea 7 es mayor que la cantidad en la línea 8, el hogar no cumple la limitación correspondiente del Ingreso Bruto y no es elegible para beneficios de cupones para alimentos. Marque la casilla de Inelegible. Pare aquí.</p> <p>b) Si el hogar <u>no</u> contiene miembros sancionados o descalificados de cupones para alimentos debido un IPV y la cantidad anotada en la línea 7 es menos o igual a la cantidad anotada en la línea 8, el hogar cumple la limitación correspondiente del Ingreso Bruto y es categóricamente elegible para Cupones de Alimentos. Marque la casilla de Elegible. Llene la Parte 2, pero salte la Sección G.</p> <p>c) Si el hogar <u>contiene</u> a un miembro sancionado o descalificado de cupones para alimentos debido a un IPV y la cantidad anotada en la línea 7 es menos o igual a la cantidad anotada en la línea 8, el hogar cumple la limitación del 130% del Ingreso Bruto pero no es categóricamente elegible para cupones para alimentos. Marque la casilla de Elegible. Llene toda la Parte 2.</p>	<input type="checkbox"/> Inelegible <input type="checkbox"/> Elegible	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Ingreso Bruto Mensual</th> </tr> <tr> <th style="width: 20%;">Tamaño de la Familia</th> <th style="width: 20%;">Tabla del 130% del Ingreso Bruto</th> <th style="width: 20%;">Tabla del 200% del Ingreso Bruto</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1,180</td><td style="text-align: center;">\$1,815</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$1,594</td><td style="text-align: center;">\$2,452</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$2,008</td><td style="text-align: center;">\$3,088</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$2,422</td><td style="text-align: center;">\$3,725</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$2,836</td><td style="text-align: center;">\$4,362</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$3,249</td><td style="text-align: center;">\$4,998</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$3,663</td><td style="text-align: center;">\$5,635</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$4,077</td><td style="text-align: center;">\$6,272</td></tr> <tr> <td style="text-align: center;">Cada miembro adicional</td> <td style="text-align: center;">+ \$414</td> <td style="text-align: center;">+ \$637</td> </tr> </tbody> </table>	Ingreso Bruto Mensual			Tamaño de la Familia	Tabla del 130% del Ingreso Bruto	Tabla del 200% del Ingreso Bruto	1	\$1,180	\$1,815	2	\$1,594	\$2,452	3	\$2,008	\$3,088	4	\$2,422	\$3,725	5	\$2,836	\$4,362	6	\$3,249	\$4,998	7	\$3,663	\$5,635	8	\$4,077	\$6,272	Cada miembro adicional	+ \$414	+ \$637
Ingreso Bruto Mensual																																			
Tamaño de la Familia	Tabla del 130% del Ingreso Bruto	Tabla del 200% del Ingreso Bruto																																	
1	\$1,180	\$1,815																																	
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6	\$3,249	\$4,998																																	
7	\$3,663	\$5,635																																	
8	\$4,077	\$6,272																																	
Cada miembro adicional	+ \$414	+ \$637																																	

Cálculo de Presupuesto Mensual de Cupones para Alimentos (NCA) – Parte 2

Vigente el 1ro de octubre, 2011

No llene la Parte 2 hasta que haya llenado la Prueba del 130% del Ingreso Bruto (o la Prueba del 200% del Ingreso Bruto para los hogares con gastos de menudeo para cuidado de dependientes) en la página 1.

Nombre del Caso	Número del Caso	Núm. Centro de Cupones para Alimentos F
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A. Ingreso – Anote la cantidad Mensual, no redondee los dólares.

1. Ingreso Mensual Bruto Salarial	\$	
2. Ingreso Neto por Huésped/Inquilino o Huésped		
3. Sume las líneas 1 + 2		
4. Ingreso Mensual Bruto No Salarial		
a) Ingreso Mensual Bruto No Salarial – Fuente:		
b) Ingreso Mensual Bruto No Salarial – Fuente:		
c) Ingreso Mensual Bruto No Salarial – Fuente:		
5. Sume las líneas 3, 4a, 4b, y 4c		
6. Exclusiones de Ingresos (pago mensual de manutención de niños obligado por la ley a persona(s) fuera del hogar de cupones para alimentos)		
7. Reste la línea 6 de la línea 5	A.	

B. Deducciones

8. 20% de la línea 3	\$	
9. Deducción Fija – Mensual: Seleccione uno de abajo.		
a) Hogar de 1–3 personas \$147		
b) Hogar de 4 personas \$155		
c) Hogar de 5 personas \$181		
d) Hogar de 6 o más personas \$208		
10. Costos Mensuales para Cuidado de Niños/Dependientes (utilice el gasto real) Si el hogar tiene gastos de menudeo cuidado de dependientes, no use la Tabla del 130% del Ingreso Bruto. Use la Tabla del 200% del Ingreso Bruto.		
11. Deducción Mensual de Albergue para Desamparados (\$143) o gasto real, el que sea mayor		
12. Sume las líneas 8, 9, 10, y 11	B.	

C. Ingreso Ajustado

13. Reste B de A (línea 12 menos línea 7)	C.	\$
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D. Gastos de Alquiler

14. Alquiler o Hipoteca Real Mensual Facturada a la Familia	\$	
15. Otros Gastos Mensuales (contribución inmobiliaria, seguros, instalación de servicios de electricidad, gas, etc.)		
16. Asignación Mensual Para Electricidad y Gas: Seleccione la concesión correcta de electricidad o gas (a, b, c, o d) y anote la cantidad en la línea que corresponda. a) Anote cero (0) para código de albergue 23		
b) Con gastos de alquiler o calefacción o aire acondicionado: Anote la asignación de \$736 fija mensual conjunta de calefacción, servicios de electricidad, gas y teléfono. No se requiere documentación de gastos para los códigos de albergue: 01, 02, 03, 11, 15, 16, 17, 20, 24, 25, 26, 28, 29, 38, 39, 40, 42, y 43 si el hogar incurre gastos de albergue.		
c) Solamente para gastos de servicios de electricidad y gas (sin gastos de alquiler ni calefacción o aire acondicionado): Anote la cantidad fija de \$291 conjunta para servicios de electricidad, gas y teléfono. Todos los códigos de refugio <u>excepto</u> 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, y 43 pueden recibir esta asignación si provee documentación de gastos de servicios de calefacción/acondicionamiento.		
d) Solamente para gastos de teléfono (para aquellos hogares sin derecho a calefacción/aire acondicionado o SUA de servicios de electricidad y gas excepto el código de albergue 23): Anote \$33.		
17. Sume las líneas 14, 15, y 16b o 16c o 16d	D.	

E. Deduciones de Albergue en Exceso

18. Anote D (Gastos de Albergue): Anote la cantidad de la línea 17	\$	
19. Anote 1/2 de C (Ingreso Ajustado): Anote 1/2 de la cantidad en la línea 13		
20. Gastos en Exceso de Albergue: Reste línea 19 de la línea 18; si la línea 18 es menos que la línea 19, anote cero (0)		
21. Dedución Máxima Permitida para Albergue	\$459	00
22. Anote la cantidad de la línea 20 o 21 la que sea menos	E.	

F. Ingreso Neto de Cupones para Alimentos

23. Anote C (Ingreso Ajustado): Anote la cantidad en la línea 13	\$	
24. Anote E (Dedución en Exceso para Albergue): Anote la cantidad en la línea 22		
25. Ingreso Neto Mensual de cupones para alimentos: Reste la línea 24 de la línea 23	F.	

G. Prueba del 100% del Ingreso Neto Mensual

Si el hogar es categóricamente elegible, salte esta prueba y vaya directamente a los Cálculos de Beneficios de Cupones para Alimentos.

26. Anote la cantidad neta mensual para el tamaño del hogar de la tabla.		
27. Compare la cantidad de la línea 25 con la cantidad de la línea 26.		
a) Si la cantidad de la línea 25 es mayor que la cantidad de la línea 26, el hogar es inelegible para beneficios de cupones para alimentos. Marque Inelegible.	<input type="checkbox"/>	Inelegible
b) Si la cantidad de la línea 25 es menor o igual a la cantidad de la línea 26, el hogar cumple el 100% de la Prueba de Ingreso Neto Mensual. Marque la casilla Elegible y llene la Sección H.	<input type="checkbox"/>	Elegible

Tamaño del Hogar	100% del Ingreso Neto Mensual
1	\$908
2	\$1,226
3	\$1,545
4	\$1,863
5	\$2,181
6	\$2,500
7	\$2,818
8	\$3,136
Cada miembro adicional	+ \$319

H. Cálculos de Beneficios de Cupones para Alimentos

28. Porción de Cupones: Remítase a las tablas en los formularios W-129F/W-129FF y use el ingreso de la línea 25 y el tamaño del hogar de la Parte 1 casilla C (Número de Miembros Elegibles), en la página 1 de este formulario.	H.		
29. Cantidad de Recuperación: Anote la cantidad a ser recuperada. De no haberla, anote cero (0).			
30. Porción de Cupones menos la Cantidad Recuperada: Reste la línea 29 de la línea 28.			

Autorizado por: _____

Fecha: _____

SAMPLE

Monthly Food Stamp Budget Worksheet (NCA – SSI/Aged/Disabled)*

Effective October 1, 2011

*The household must contain at least one SSI/aged (60 years of age or older) or disabled member to use this form.

Case Name:		Case Number:	Food Stamp Center Number: F
(A) Household Size:	(B) Number Disqualified:	(C) Number Eligible:	

A. Income – Enter Monthly amount, do not round dollar amounts.

1. Monthly Gross Earned Income	\$	
2. Net Monthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Monthly Gross Unearned Income: Do not enter employment income on these lines.		
a) Monthly Gross Unearned Income – Source:		
b) Monthly Gross Unearned Income – Source:		
c) Monthly Gross Unearned Income – Source:		
5. Add lines 3, 4a, 4b, and 4c		
6. Income Exclusion (Monthly legally obligated child support payment to person(s) outside the food stamp household).		
7. Subtract line 6 from line 5	A.	

SAMPLE

If all household members are in receipt of SSI, skip Sections B and H.

If household contains a Food Stamp sanctioned or disqualified member due to an IPV, skip Section B.

B. 200% Gross Income Test

8. Enter maximum gross income amount for household size from table.	200% Gross Income Table	
9. Compare amount entered on line 7 with the amount entered on line 8. a) If the amount entered on line 7 is greater than the amount on line 8, the household does not meet the 200% Gross Income Limitation. The household is not categorically eligible and must meet the 100% net food stamp income test in order to be eligible for food stamp benefits. Complete the rest of the form. b) If the amount entered on line 7 is less than or equal to the amount entered on line 8, the household meets the 200% Gross Income Limitation and is categorically eligible for food stamp benefits. Skip Section H and complete the rest of this form.	Household Size	Monthly Gross Income
	1	\$1,815
	2	\$2,452
	3	\$3,088
	4	\$3,725
	5	\$4,362
	6	\$4,998
	7	\$5,635
	8	\$6,272
	Each additional member	+ \$637

C. Deductions

10. 20% of line 3	\$	
11. Standard Deduction – Monthly: Select one. a) 1–3 person household \$147 b) 4-person household \$155 c) 5-person household \$181 d) 6+ person household \$208		
12. Monthly Child/Dependent Care Costs (use actual expense)		
13. Monthly Medical Expenses: Subtract \$35 from the gross monthly medical expense amount and enter the balance. If less than zero, enter "0".		
14. Monthly Homeless Shelter Deduction (\$143) or actual expense, whichever is greater		
15. Add lines 10, 11, 12, 13, and 14	C.	

D. Adjusted Income

16. Subtract C from A: Line 15 from line 7.	D.	\$	
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E. Shelter Costs

17. Monthly Actual Rent or Mortgage Billed to Household: For hotel/emergency shelter cases, enter the maximum shelter allowance for the family size.	\$	
18. Other Monthly Expenses (Real estate taxes, insurance, installation of utilities, etc.)		
19. Monthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line. a) Enter zero (0) for shelter code 23		
b) With rent or heating or air conditioning expense: Enter the monthly standard combined heat, utility, and telephone allowance of \$736. No documentation of the expense is required for shelter codes 01, 02, 03, 11, 15, 16, 17, 20, 24, 25, 26, 28, 29, 38, 39, 40, 42, and 43 if the household incurs a shelter expense.		
c) With utility expenses only (no rent, heating or air conditioning expense): Enter the combined utility and telephone standard of \$291. All shelter codes except 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, and 43 may receive this allowance if documentation of utility expense is provided.		
d) With telephone expense only (for households not eligible for heat/air conditioning or utility SUA except shelter code 23): Enter \$33.		
20. Add lines 17, 18, and either 19b or 19c or 19d.	E.	

F. Excess Shelter Deductions

21. Enter E (Shelter Costs): Enter amount from line 20.	\$	
22. Enter 1/2 (one half) of D (Adjusted Income): Enter 1/2 of amount on line 16.		
23. Excess Shelter Costs: Subtract line 22 from line 21. If line 21 is less than line 22, enter zero (0).	F.	

G. Monthly Food Stamp Net Income

24. Enter D (Adjusted Income): Enter the amount on line 16.	\$	
25. Enter F (Excess Shelter Deduction): Enter the amount on line 23.		
26. Monthly Net Food Stamp Income: Subtract line 25 from line 24.	G.	

H. 100% Monthly Net Income Test

If household is categorically eligible, skip this test and go directly to Food Stamp Benefit Calculation.

27. Enter Monthly net income amount for household size from table.		Household Size	100% Monthly Net Income
28. Compare amount entered on line 26 with the amount entered on line 27. a) If the amount entered on line 26 is greater than the amount on line 27, the household is ineligible for food stamp benefits. Stop here, Check Ineligible box. b) If the amount entered on line 26 is less than or equal to the amount entered on line 27, the household meets the 100% Monthly Net Income Test. Check Eligible box and complete Section I.	<input type="checkbox"/> Ineligible	1	\$908
	<input type="checkbox"/> Eligible	2	\$1,226
		3	\$1,545
		4	\$1,863
		5	\$2,181
		6	\$2,500
		7	\$2,818
		8	\$3,136
		Each additional member	+ \$319

SAMPLE

I. Food Stamp Benefit Calculation

29. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 26 and household size from box C (Number Eligible) on page 1 of this form.	I.	
30. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).		
31. Allotment after Recoupment: Subtract line 30 from line 29.		

Authorized by: _____

Date: _____

Cálculo de Presupuesto Mensual de Cupones para Alimentos (NCA – SSI/Ancianos/Incapacitados)* Vigente el 1ro de octubre, 2011

*El hogar tiene que contener por lo menos un miembro de SSI/anciano (60 años de edad o más) o incapacitado para usar este formulario.

Nombre del Caso:		Número del Caso:		Número de Centro: F	
(A) Tamaño del Hogar:	(B) Número de Miembros Inelegibles:	(C) Número de Miembros Elegibles:			

A. Ingreso – Anote la cantidad Mensual, no redondee los dólares.

1. Ingreso Mensual Bruto Salarial	\$	
2. Ingreso Mensual Neto del Huésped/Inquilino o Huésped		
3. Sume las líneas 1 y 2		
4. Ingreso Mensual Bruto No Salarial. No anote ingreso salarial en estas líneas.		
a) Ingreso Mensual Bruto No Salarial – Fuente:		
b) Ingreso Mensual Bruto No Salarial – Fuente:		
c) Ingreso Mensual Bruto No Salarial – Fuente:		
5. Sume las líneas 3, 4a, 4b, y 4c		
6. Exclusión de Ingreso (Pago mensual de manutención de niños obligado por la ley a la(s) persona(s) fuera del FS h/h hogar de Cupones para Alimentos.)		
7. Reste la línea 6 de la línea 5	A.	

SAMPLE

Si todos los miembros del hogar reciben SSI, salte las Secciones B y H.

Si el hogar de Cupones para Alimentos contiene un miembro sancionado o descalificado por un IPV, salte la Sección B.

B. Prueba del 200% del Ingreso Bruto

8. Anote la cantidad máxima de Ingreso Bruto que aparece en la tabla, para el tamaño del hogar.	Tabla del 200% Ingreso Bruto	
9. Compare la cantidad anotada en la línea 7 con la cantidad anotada en la línea 8. a) Si la cantidad de la línea 7 es superior a la cantidad de la línea 8, el hogar no cumple el 200% del Límite de Ingreso Bruto. El hogar no es categóricamente elegible y tiene que cumplir la prueba del 100% del ingreso neto de Cupones para Alimentos para ser elegible para Beneficios de Cupones para Alimentos. Llene el resto del formulario. b) Si la cantidad de la línea 7 es menos o igual a la cantidad de la línea 8, el hogar cumple el 200% del Límite de Ingreso Bruto y es categóricamente elegible para beneficios de Cupones para Alimentos. Salte la Sección H y llene el resto de este formulario.	Tamaño del Hogar	Ingreso Bruto Mensual
	1	\$1,815
	2	\$2,452
	3	\$3,088
	4	\$3,725
	5	\$4,362
	6	\$4,998
	7	\$5,635
	8	\$6,272
	Cada miembro adicional	+ \$637

C. Deducciones

10. 20% de la línea 3	\$	
11. Deducción Fija – Mensual: Seleccione una opción. a) Hogar de 1–3 personas \$147 b) Hogar de 4 personas \$155 c) Hogar de 5 personas \$181 d) Hogar de 6 o más personas \$208		
12. Costos Mensuales de Cuidado de Niños/Dependientes (utilice el gasto real)		
13. Gastos Médicos Mensuales: Reste \$35 de la cantidad bruta del gasto médico y anote el balance. Si resulta menos de cero, anote "0".		
14. Deducción Mensual de Albergue para Desamparados (\$143) o la cantidad que usted paga realmente, anote la mayor de estas dos cantidades.		
15. Sume las líneas 10, 11, 12, 13, y 14	C.	

D. Ingreso Ajustado

16. Reste C de A: Línea 15 de la línea 7.	D. \$	
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E. Gastos de Albergue

17. Alquiler o Hipoteca Mensual Facturada al Hogar: Para los casos de albergue de hotel/emergencia, anote la máxima asignación de albergue para el tamaño de la familia.	\$	
18. Otros Gastos Mensuales (Impuestos sobre bienes inmuebles, seguro, instalación de servicios de electricidad y gas, etc.)		
19. Asignación Mensual para Electricidad y Gas: Seleccione la asignación correcta de electricidad y gas (a, b, c, o d) en anote la cantidad en la línea que corresponda. a) Anote cero (0) para lo código de albergue 23		
b) Con gastos de alquiler o calefacción o aire acondicionado: Anote la asignación de \$736 fija mensual conjunta de calefacción, servicios de electricidad, gas y teléfono. No se requiere documentación de gastos para los códigos de albergue: 01, 02, 03, 11, 15, 16, 17, 20, 24, 25, 26, 28, 29, 38, 39, 40, 42, y 43 si el hogar incurre un gasto de albergue.		
c) Solamente para gastos de servicios de electricidad y gas (sin alquiler, calefacción o aire acondicionado): Anote la asignación fija conjunta para servicios de electricidad, gas y teléfono de \$291. Todos los códigos excepto 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, y 43 son elegibles para esta asignación si proveen documentación de gastos de servicios públicos.		
d) Solamente gastos de teléfono (para aquellos hogares inelegibles para calefacción/aire acondicionado o SUA excepto el código de albergue 23): Anote \$33.		
20. Sume las líneas 17, 18, y 19b o 19c o 19d.	E.	

F. Deducciones de Albergue en Exceso

21. Anote E (Gastos de Albergue): Anote la cantidad de la línea 20.	\$	
22. Anote 1/2 (la mitad) de D (Ingreso Ajustado): Anote 1/2 de la cantidad en la línea 16.		
23. Gastos de Albergue en Exceso. Reste la línea 22 de la línea 21. Si la línea 21 es menor que la línea 22 anote cero (0).	F.	

G. Ingreso Neto Mensual de Cupones para Alimentos

24. Anote la D (Ingreso Ajustado): Anote la cantidad de la línea 16.	\$	
25. Anote la F (Deducción en Exceso de Albergue): Anote la cantidad de la línea 23.		
26. Ingreso Mensual Neto de Cupones para Alimentos: Reste la línea 25 de línea 24.	G.	

H. Prueba del 100% del Ingreso Neto Mensual

Si el hogar es categóricamente elegible, salte esta prueba y vaya directamente a los Cálculos de Beneficios de Cupones para Alimentos.

27. Anote la cantidad neta Mensual para el tamaño del hogar de la tabla.		Tamaño del Hogar	100% del Ingreso Neto Mensual
28. Compare la cantidad de la línea 26 con la cantidad de la línea 27.	<input type="checkbox"/> Inelegible <input type="checkbox"/> Elegible	1	\$908
(a) Si la cantidad de la línea 26 es superior a la cantidad de la línea 27, el hogar es inelegible para beneficios de Cupones para Alimentos. Pare aquí, Marque la casilla Inelegible.		2	\$1,226
		3	\$1,545
		4	\$1,863
		5	\$2,181
(b) Si la cantidad de la línea 26 es menos o igual a la cantidad de la línea 27, el hogar cumple el 100% de la Prueba de Ingreso Neto mensual. Marque la casilla Elegible y llene la Sección I.		6	\$2,500
		7	\$2,818
		8	\$3,136
		Cada miembro adicional	+ \$319

I. Cálculo de Beneficios de Cupones para Alimentos

29. Concesión: Vea las tablas de los formularios W-129F/W-129FF si viéndose del ingreso de la línea 26 y el tamaño del hogar de la casilla C (Número Elegible) en la página 1 de este formulario.	I.	
30. Cantidad Recuperada: Anote la cantidad del recobro, de no haberlo, anote cero (0).		
31. Cantidad Recuperada: Reste la línea 30 de la línea 29.		

Autorizado por: _____

Fecha: _____

Food Stamp Budget Worksheet (CA) – Part 1

Effective October 1, 2011

This form must be used for households that **do not** contain an elderly or disabled person

Job Center Number: _____

	Basic Case Name	Basic Case Type
Other Eligible Payee(s)	Name:	Case Type (Suffix 2):
	Name:	Case Type (Suffix 3):
	Name:	Case Type (Suffix 4):

A. Income – Enter Semimonthly amounts. Do not round dollar amounts.

1. Semimonthly Gross Earned Income	\$	
2. Net Semimonthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Semimonthly CA Grant (For hotel/emergency shelter cases include maximum shelter allowance for family size instead of actual rent.)		
5. Semimonthly Direct Rent Payment		
6. Semimonthly Gross Unearned Income (Do not enter employment income on this line.)		
7. Add lines 3, 4, 5, and 6		
8. Semimonthly Legally Obligated Child Support Payment paid to person(s) outside the food stamp household		
9. Subtract line 8 from line 7		

B. Gross Income Test – Use the 200% Gross Income Test for households with out-of-pocket dependent care costs. Use the 130% Gross Income Test for all other households.

10. Enter maximum applicable gross income amount for household size from table on page 2	\$	
<p>11. Compare amount entered on line 9 with amount entered on line 10.</p> <p>a) If the amount entered on line 9 is greater than the amount on line 10, the household does not meet the applicable Gross Income Test and is ineligible for food stamp benefits. Check Ineligible box. Stop here.</p> <p>b) If the household <u>does not</u> contain any food stamp sanctioned or disqualified members due to an IPV and the amount entered on line 9 is less than or equal to the amount entered on line 10, the household meets the applicable Gross Income Test and is categorically eligible. Check Eligible box. Complete Part 2, but skip Section G.</p> <p>c) If the household <u>contains</u> a food stamp sanctioned or disqualified member due to an IPV and the amount entered on line 9 is less than or equal to the amount entered on line 10, the household meets the 130% Gross Income Test, but is not categorically eligible. Check Eligible box. Complete all of Part 2.</p>	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible

C. Household Composition

(A) Non-CA Non-SSI 59 Years of Age or Under	(B) Number on CA	(C) Total in Household	(D) Number Disqualified	(E) Number Eligible

Semimonthly Gross Income		
Household Size	130% Gross Income Table	200% Gross Income Table
1	\$590.00	\$ 907.50
2	\$797.00	\$ 1,226.00
3	\$1,004.00	\$ 1,544.00
4	\$1,211.00	\$ 1,862.50
5	\$1,418.00	\$ 2,181.00
6	\$1,624.50	\$ 2,499.00
7	\$1,831.50	\$ 2,817.50
8	\$2,038.50	\$ 3,136.00
Each additional member	+ \$207.00	+ \$ 318.50

Note: If the household has dependent care costs as indicated in Part 2, Section B, Line 12, do not use the 130% Gross Income Table. Use the 200% Gross Income Table.

Food Stamp Budget Worksheet (CA) – Part 2

Effective October 1, 2011

Do not complete Part 2 until you have completed the 130% Gross Income Test (or 200% Gross Income Test for households with out-of-pocket dependent care costs). See pages 1 and 2.

A. Income – Enter Semimonthly amounts. Do not round dollar amounts.

1. Semimonthly Gross Earned Income	\$	
2. Net Semimonthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Semimonthly CA Grant (For hotel/emergency shelter cases, include maximum shelter allowance for family size instead of actual rent.)		
5. Semimonthly Direct Rent Payment		
6. Semimonthly Gross Unearned Income (Do not enter employment income on this line.)		
7. Add lines 3, 4, 5, and 6		
8. Semimonthly Legally Obligated Child Support Payment		
9. Subtract line 8 from line 7	A.	

B. Deductions

10. 20% of line 3		
11. Standard Deduction-- Semimonthly: Select one below		
a) 1–3 person household	\$ 73.50	
b) 4-person household	\$ 77.50	
c) 5-person household	\$ 90.50	
d) 6+ person household	\$ 104.00	
12. Semimonthly Child/Dependent Care Costs (use actual expense) If the household has out-of-pocket dependent care costs do not use the 130% Gross Income Table. Use the 200% Gross Income Table.		
13. Semimonthly Automated Recoupment: Enter Semimonthly recoupment for duplicate check fraud or offense codes 01–32 and 99 only. For all other automated recoupments, make no entry.		
13a. Semimonthly Homeless Shelter Deduction (\$71.50) or actual expense, whichever is greater		
14. Add lines 10, 11, 12, 13, and 13a	B.	

C. Adjusted Income

15. Subtract B from A: Line 14 from line 9.	C.	\$
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D. Shelter Costs

<p>16. Semimonthly Actual Rent or Mortgage Billed to Household (For hotel/emergency shelter cases): Enter maximum shelter allowance for family size.</p>	\$	
<p>17. Other Semimonthly Expenses (Real estate taxes, insurance, installation of utilities, etc.)</p>		
<p>18. Semimonthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line.</p> <p>a) Enter zero (0) for shelter code 23</p>		
<p>b) With rent or heating or air conditioning expense: Enter the semimonthly standard combined heat, utility and telephone allowance of \$368. No documentation of the expense is required for shelter codes 01, 02, 03, 11, 15, 16, 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 38, 39, 40, 41, 42, 43, and 44 if the household incurs a shelter expense.</p>		
<p>c) With utility expenses only (No rent or heating or air conditioning expense): Enter combined utility and telephone standard of \$145.50. All shelter codes <u>except</u> 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, and 43 may receive this allowance if documentation of utility expense is provided.</p>		
<p>d) With telephone expense only (For households not eligible for heat/air conditioning or utility SUA except shelter code 23): Enter \$16.50.</p>		
<p>19. Add lines 16, 17, and either 18b or 18c or 18d</p>	D.	

SAMPLE

E. Excess Shelter Deductions

<p>20. Enter D (Shelter Costs): Amount from line 19.</p>	\$	
<p>21. Enter 1/2 (one half) of C (Adjusted Income): 1/2 of amount on line 15.</p>		
<p>22. Excess Shelter Costs: Subtract line 21 from line 20. If line 20 is less than line 21, enter zero (0).</p>		
<p>23. Maximum Semimonthly Shelter Deduction Allowed</p>	\$229	50
<p>24. Enter amount from line 22 or 23, whichever is less.</p>	E.	

F. Semimonthly Food Stamp Net Income

<p>25. Enter C (Adjusted Income): Enter the amount on line 15.</p>	\$	
<p>26. Enter E (Excess Shelter Deduction): Amount on line 24.</p>		
<p>27. Semimonthly Net Food Stamp Income: Subtract line 26 from line 25.</p>	F.	

G.100% Semimonthly Net Income Test

If household is categorically eligible, skip this test and go directly to Food Stamp Benefit Calculation.

<p>28. Enter Semimonthly net income amount for household size from table.</p>			Household Size	100% Semimonthly Net Income
<p>29. Compare amount entered on line 27 with the amount entered on line 28.</p> <p>a) If the amount entered on line 27 is greater than the amount on line 28, the household is ineligible for food stamp benefits. Check Ineligible.</p> <p style="text-align: center;"><input type="checkbox"/> Ineligible</p> <p>b) If the amount entered on line 27 is less than or equal to the amount entered on line 28, the household meets the 100% Semimonthly Net Income Test. Check Eligible box and complete Section H.</p> <p style="text-align: center;"><input type="checkbox"/> Eligible</p>			1	\$454.00
			2	\$613.00
			3	\$772.50
			4	\$931.50
			5	\$1,090.50
			6	\$1,250.00
			7	\$1,409.00
			8	\$1,568.00
			Each additional member	+ \$159.50

H. Food Stamp Benefit Calculation

30. Monthly Net food stamp Income: Multiply amount on line 27 by 2.	H.	\$	
31. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 30 and household size from Part 1, box E (Number Eligible) on page 2 of this form.			
32. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).			
33. Allotment after Recoupment: Subtract line 32 from line 31.			

Authorized by _____

Date _____

Cálculo de Presupuesto de Cupones para Alimentos (CA) – Parte 1

Vigente el 1ro de octubre, 2011

Este formulario lo tienen que usar los hogares que **no** tienen una persona anciana o incapacitada

Número del Centro de Trabajo: _____

	Nombre de Caso Básico	Tipo de Caso Básico
Otro(s) Beneficiario(s) Elegible(s)	Nombre:	Tipo de Caso (Sufijo 2):
	Nombre:	Tipo de Caso (Sufijo 3):
	Nombre:	Tipo de Caso (Sufijo 4):

A. Ingreso – Anote las cantidades quincenales. No redondee las cantidades.

1. Ingreso Quincenal Bruto Salarial	\$	
2. Ingreso Quincenal Neto de Huésped/Inquilino o Inquilino		
3. Sume las líneas 1 y 2		
4. Concesión Quincenal de Asistencia en Efectivo (Para casos de albergue de hotel/emergencia, incluya la asignación de albergue máxima para el tamaño de familia en vez del alquiler real.)		
5. Pago Directo Quincenal de Alquiler		
6. Ingreso Quincenal Bruto No Salarial (No anote el ingreso de empleo en esta línea.)		
7. Sume las líneas 3, 4, 5, y 6		
8. Pago Quincenal de Mantenimiento de Menores Obligado por la Ley pagado a la(s) persona(s) fuera de/de los hogar(es) de cupones para alimentos		
9. Reste la línea 8 de la línea 7		

B. Prueba de Ingreso del 130% (o la Prueba del 200% del Ingreso Bruto para los hogares con gastos de menudeo para cuidado de dependientes)

10. Anote la cantidad máxima pertinente del ingreso bruto para el tamaño de la familia basado en la tabla de la página 2.	\$	
<p>11. Compare la cantidad anotada en la línea 9 con la cantidad en la línea 10.</p> <p>a) Si la cantidad anotada en la línea 9 es mayor que la cantidad en la línea 10, el hogar no cumple la prueba pertinente del Ingreso Bruto y no es elegible para beneficios de cupones para alimentos. Marque la casilla de inelegible. Pare aquí.</p> <p>b) Si el hogar <u>no</u> tiene ningunos miembros sancionados o descalificados de cupones para alimentos debido a un IPV (Programa de Violación Intencional), y la cantidad anotada en la línea 9 es menos o igual a la cantidad anotada en la línea 10, el hogar cumple la prueba pertinente del Ingreso Bruto y es categóricamente elegible. Marque la casilla elegible. Llene la Parte 2, pero salte la Sección G.</p> <p>c) Si el hogar <u>tiene</u> algún miembro sancionado o descalificado de cupones para alimentos debido a un IPV y la cantidad anotada en la línea 9 es menor o igual a la cantidad anotada en la línea 10, el hogar cumple la prueba del 130% del Ingreso Bruto, pero no es elegible categóricamente. Marque la casilla elegible. Llene toda la Parte 2.</p>	<input type="checkbox"/> Inelegible	<input type="checkbox"/> Elegible

C. Miembros en el Hogar:

(A) Sin Asistencia en Efectivo/Sin SSI 59 Años o Menos	(B) Número de Personas en Asistencia en Efectivo	(C) Número de Miembros en el Hogar	(D) Número de Personas Descalificadas	(E) Número de Personas Elegibles

Ingreso Bruto Quincenal		
Tamaño de la Familia	Tabla del 130% del Ingreso Bruto	Tabla del 200% del Ingreso Bruto
1	\$ 590.00	\$ 907.50
2	\$ 797.00	\$ 1,226.00
3	\$ 1004.00	\$ 1,544.00
4	\$ 1,211.00	\$ 1,862.50
5	\$ 1,418.00	\$ 2,181.00
6	\$ 1,624.50	\$ 2,499.00
7	\$ 1,831.50	\$ 2,817.50
8	\$ 2,038.50	\$ 3,136.00
Cada miembro adicional	+ \$ 207.00	+ \$ 318.50

Nota: Si el hogar tiene costos de cuidado para dependientes como se indica en la línea 12, en la sección B de la Parte 2, no use la Tabla del 130% del Ingreso Bruto. Use la Tabla del 200% del Ingreso Bruto.

Cálculo de Presupuesto de Cupones para Alimentos (CA) – Parte 2

Vigente el 1ro de octubre, 2011

No llene la Parte 2 hasta que haya terminado la Prueba del 130% del Ingreso Bruto (o la Prueba del 200% del Ingreso Bruto para los hogares con gastos de menudeo para cuidado de dependientes). Vea las páginas 1 y 2.

A. Ingreso – Anote las cantidades Quincenales. No redondee las cantidades.

1. Ingreso Quincenal Bruto Salarial	\$	
2. Ingreso Quincenal Neto de Huésped/Inquilino o solo inquilino		
3. Sume las líneas 1 y 2		
4. Concesión Quincenal de Asistencia en Efectivo (Para casos de hotel/albergue de emergencia, incluya la asignación de albergue máxima para el tamaño de familia en vez del alquiler actual.)		
5. Pago Directo Quincenal de Alquiler		
6. Ingreso Quincenal Bruto No Salarial (No anote el ingreso de empleo en esta línea.)		
7. Sume las líneas 3, 4, 5, y 6		
8. Pago Quincenal de Mantenimiento de Niños Obligado por la Ley		
9. Reste la línea 8 de la línea 7	A.	

B. Deducciones

10. 20% de la línea 3		
11. Deducción Fija – Quincenal: Favor de seleccionar una de las siguientes. a) Hogar de 1–3 personas \$73.50 b) Hogar de 4 personas \$77.50 c) Hogar de 5 personas \$90.50 d) Hogar de 6 o más personas \$104.00		
12. Costos quincenales de Cuidado para Niños/Dependientes (Utilice el gasto real.) Si el hogar tiene costos de menudeo de cuidado para dependientes no use la Tabla del 130% del Ingreso Bruto. Use la Tabla del 200% del Ingreso Bruto.		
13. Recuperación Automática Quincenal: Anote la recuperación quincenal por fraude de cheques duplicados o códigos de ofensa 01–32 y 99 solamente. Para todas las otras recuperaciones automáticas no anote nada.		
13a. Deducción Quincenal de Albergue para Desamparados (\$71.50) o gasto actual, cualquiera que sea mayor.		
14. Sume las líneas 10, 11, 12, 13, y 13a	B.	

C. Ingreso Ajustado

15. Reste B de A: línea 14 de la línea 9.	C.	\$
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D. Costos de Albergue

<p>16. Alquiler Quincenal Pagado o Cuenta Hipotecaria a Nombre de Miembros del Hogar (Para casos de hotel/albergue de emergencia): Anote la máxima asignación permitida para el número de personas del hogar.</p>	\$	
<p>17. Otros Gastos Quincenales (Impuestos de bienes raíces, seguro, instalación de electricidad y gas, etc.)</p>		
<p>18. Concesión Quincenal de Servicios Públicos: Elija la asignación de electricidad y gas correcta (a, b, c, o d) y anote la cantidad en la línea apropiada.</p> <p>a) Anote cero (0) para el código de albergue 23</p>		
<p>b) Con gastos de alquiler o calefacción o aire acondicionado: Anote la asignación de \$368 fija quincenal conjunta de calefacción, servicios de electricidad, gas y teléfono. No se requiere documentación para los códigos de albergue: 01, 02, 03, 11, 15, 16, 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 38, 39, 40, 41, 42, 43, y 44 si el hogar tiene gastos de albergue.</p>		
<p>c) Con gastos de servicios públicos solamente: (Sin alquiler ni calefacción o aire acondicionado): Anote conjuntamente los gastos fijos de servicios públicos y teléfono por \$145.50. Todos los códigos de albergue excepto 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, y 43 pueden recibir esta concesión si se proporciona documentación de gastos de servicios públicos.</p>		
<p>d) Con gastos de teléfono solamente: (Para aquellos hogares sin derecho a calefacción/aire acondicionado o SUA de servicios de electricidad y gas excepto el código de albergue 23): Anote \$16.50.</p>		
<p>19. Sume 16, 17, y 18b o 18c o 18d</p>	D	

E. Deduciones de Albergue en Exceso

<p>20. Anote D (Costos de Albergue): La cantidad de la línea 19.</p>	\$	
<p>21. Anote la 1/2 de C (Ingreso Ajustado): La 1/2 de la cantidad de la línea 15.</p>		
<p>22. Costos en Exceso de Albergue: Reste la línea 21 de la línea 20. Si la cantidad de la línea 20 es menos que la de la línea 21, anote cero (0).</p>		
<p>23. Dedución Máxima Quincenal de Albergue Permitida.</p>	\$229	50
<p>24. Anote la menor de las cantidades de las líneas 22 y 23.</p>	E.	

F. Ingreso Quincenal Neto de Cupones para Alimentos

<p>25. Anote C (Ingreso Ajustado): Cantidad de la línea 15.</p>	\$	
<p>26. Anote E (Dedución de Vivienda en Exceso): Cantidad en la línea 24.</p>		
<p>27. Ingreso Neto Quincenal de Cupones para Alimentos: Reste la línea 26 de la línea 25.</p>	F.	

G. Prueba del 100% Ingreso Neto Quincenal

Si el hogar es elegible categóricamente, omita esta prueba y vaya directamente a Cálculo de Beneficio de Cupones para Alimentos.

<p>28. Anote el ingreso neto Quincenal para tamaño del hogar de acuerdo a la tabla.</p>	
<p>29. Compare cantidad anotada en la línea 27 con la cantidad en la línea 28.</p> <p>(a) Si la cantidad anotada en la línea 27 es mayor que la cantidad en la línea 28, el hogar no es elegible para beneficios de cupones para alimentos. Marque la casilla inelegible.</p> <p>(b) Si la cantidad anotada en la línea 27 es menor o igual a la cantidad en la línea 28, el hogar cumple la Prueba del 100% Ingreso Neto Quincenal. Marque la casilla elegible y llene la sección H.</p>	<p style="text-align: center;"><input type="checkbox"/> Inelegible</p> <p style="text-align: center;"><input type="checkbox"/> Elegible</p>

Tamaño del Hogar	100% Ingreso Neto Quincenal
1	\$454.00
2	\$613.00
3	\$772.50
4	\$931.50
5	\$1,090.50
6	\$1,250.00
7	\$1,409.00
8	\$1,568.00
Cada miembro adicional	+ \$159.50

H. Cálculos de Beneficios de Cupones para Alimentos

<p>30. Ingreso Neto Mensual de cupones para alimentos: Multiplique la cantidad de la línea 27 x 2</p>	H.	\$	
<p>31. Porción de Cupones: Vea las tablas de los formularios W-129F/W-129FF y utilice el ingreso de la línea 30 y el número de miembros del hogar de la Parte 1, casilla E (Número elegible) en la página 2 de este formulario.</p>			
<p>32. Cantidad Recuperada: Marque la cantidad recuperada. De no haberla, marque cero (0).</p>			
<p>33. Porción de Cupones después de la Recuperación: Reste la línea 32 de la línea 31.</p>			

Autorizado por _____

Fecha _____

Food Stamp Budget Worksheet (CA – SSI/Aged/Disabled)*

Effective October 1, 2011

*The household must contain at least one SSI/aged (60 years of age or older) or disabled member to use this form.

Job Center Number:	Case Name:	Case Cat./No.:
Other Eligible Payee(s):	Name:	Category (Suff. 2):

Household Composition:

(A) Non-CA Non-SSI Vet./SS	(B) Non-CA Non-SSI 59 Years of Age or Under	(C) Non-CA Non-SSI 60 Years of Age or Older	(D) Number on SSI	(E) Number on CA	(F) Total in Household	(G) Number Disqualified	(H) Number Eligible

A. Income – Enter Semimonthly amounts. Do not round dollar amounts.

1. Semimonthly Gross Earned Income	\$	
2. Net Semimonthly Income from Boarder/Lodger or Lodger		
3. Add lines 1 and 2		
4. Semimonthly CA Grant: For hotel/emergency shelter cases, include maximum shelter allowance for family size instead of actual rent.		
5. Semimonthly Direct Rent Payment		
6. Semimonthly Gross Unearned Income: Do not enter employment income on this line.		
7. Add lines 3, 4, 5, and 6		
8. Income Exclusion (Semimonthly legally obligated child support payment to person(s) outside the food stamp household.)		
9. Subtract line 8 from line 7	A.	

If all household members are in receipt of SSI, skip Sections B and H.

If household contains a food stamp sanctioned or disqualified member due to an IPV, skip Section B.

B. 200% Gross Income Test

10. Enter maximum gross income amount for household size from table.	200% Gross Income Table	
11. Compare amount entered on line 9 with the amount entered on line 10. a) If the amount entered on line 9 is greater than the amount on line 10, the household does not meet the 200% Gross Income Limitation. The household is not categorically eligible and must meet the 100% net food stamp income test in order to be eligible for food stamp benefits. Complete the rest of the form. b) If the amount entered on line 9 is less than or equal to the amount entered on line 10, the household meets the 200% Gross Income Limitation and is categorically eligible for food stamp benefits. Skip Section H and complete the rest of this form.	Household Size	Semimonthly Gross Income
	1	\$907.50
	2	\$1,226.00
	3	\$1,544.00
	4	\$1,862.50
	5	\$2,181.00
	6	\$2,499.00
	7	\$2,817.50
	8	\$3,136.00
	Each additional member	+\$318.50

C. Deductions

12. 20% of line 3		
13. Standard Deduction – Semimonthly: Select one. <ul style="list-style-type: none"> a) 1–3 person household \$ 73.50 b) 4-person household \$ 77.50 c) 5-person household \$ 90.50 d) 6+ person household \$ 104.00 		
14. Semimonthly Child/Dependent Care Costs (use actual expense)		
15. Semimonthly Automated Recoupment: Enter semimonthly recoupment for duplicate check fraud or offense codes 01–32 and 99 only. For all other automated recoupments, make no entry.		
16. Semimonthly Medical Expenses: Subtract \$17.50 from the gross semimonthly medical expense amount and enter the balance. If less than zero (0), enter "0".		
16a. Semimonthly Homeless Shelter Deduction (\$71.50) or actual expense, whichever is greater		
17. Add lines 12, 13, 14, 15, 16, and 16a	C.	

D. Adjusted Income

18. Subtract C from A: Line 17 from line 9.	D.	\$	
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E. Shelter Costs

19. Semimonthly Actual Rent or Mortgage Billed to Household: For hotel/emergency shelter cases, enter the maximum shelter allowance for the family size.	\$	
20. Other Semimonthly Shelter Expenses (Real estate taxes, insurance, installation of utilities, etc.)		
21. Semimonthly Utility Allowance: Select the correct utility allowance (a, b, c, or d) and enter the amount on the appropriate line. <ul style="list-style-type: none"> a) Enter zero (0) for shelter code 23 b) With rent or heating or air conditioning expense: Enter the semimonthly standard combined heat, utility and telephone allowance of \$368. No documentation of the expense is required for shelter codes 01, 02, 03, 11, 15, 16, 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 38, 39, 40, 41, 42, 43, and 44 if the household incurs a shelter expense. c) With utility expenses only (no rent or heating or air conditioning expense): Enter combined utility and telephone standard of \$145.50. All shelter codes <u>except</u> 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, and 43 may receive this allowance if documentation of utility expense is provided. d) With telephone expense only (for households not eligible for heat/air conditioning or utility SUA except shelter code 23): Enter \$16.50. 		
22. Add lines 19, 20, and either 21b or 21c or 21d	E.	

F. Excess Shelter Deductions

23. Enter D (Shelter Costs): Enter the amount on line 22.	\$	
24. Enter 1/2 (one half) of D (Adjusted Income): Enter 1/2 of amount on line 18.		
25. Excess Shelter Costs: Subtract line 24 from line 23. If line 23 is less than line 24, enter zero (0). F.		

G. Semimonthly Food Stamp Net Income

26. Enter D (Adjusted Income): Enter the amount on line 18.	\$	
27. Enter F (Excess Shelter Deduction): Enter the amount on line 25.		
28. Semimonthly Net food stamp Income: Subtract line 27 from line 26. G.		

H. 100% Semimonthly Net Income Test

If household is categorically eligible, skip this test and go directly to food stamp Benefit Calculation.

29. Enter Semimonthly net income amount for household size from table.

30. Compare amount entered on line 28 with the amount entered on line 29.

a) If the amount entered on line 28 is greater than the amount on line 29, the household is ineligible for food stamp benefits. **Stop here. Check Ineligible box.** **Ineligible**

b) If the amount entered on line 28 is less than or equal to the amount entered on line 29, the household meets the 100% Semimonthly Net Income Test. **Check Eligible box and complete Section I.** **Eligible**

Household Size	100% Semimonthly Net Income
1	\$454.00
2	\$613.50
3	\$772.50
4	\$931.50
5	\$1,090.50
6	\$1,250.00
7	\$1,409.00
8	\$1,568.00
Each additional member	+\$159.50

I. Food Stamp Benefit Calculation

31. Monthly Net food stamp Income: Multiply the amount on line 28 by 2. I.		
32. Allotment: Refer to tables on forms W-129F/W-129FF using income from line 31 and household size from box H (Number Eligible) on page 1 of this form.		
33. Recoupment Amount: Enter the recoupment amount, if none, enter zero (0).		
34. Allotment after Recoupment: Subtract line 33 from line 32.		

Authorized by _____

Date _____

Cálculo de Presupuesto de Cupones para Alimentos (CA – SSI/Ancianos/Incapacitados)*

Vigente el 1ro de octubre, 2011

*El hogar tiene que contener por lo menos un miembro en SSI/anciano (60 años de edad o más) o incapacitado para usar este formulario.

Núm. del Centro de Trabajo:	Nombre del Caso:	Categoría del Caso/Núm.:
Otra(s) Persona(s) con Derecho a Pagos:	Nombre:	Categoría (Sufijo 2):

Composición del Domicilio:

(A) Sin CA Sin SSI Vet./SS	(B) Sin CA Sin SSI 59 Años de Edad o Menos	(C) Sin CA Sin SSI 60 Años de Edad o Mayor	(D) Número de Personas en SSI	(E) Número de Personas en CA	(F) Número Total de Personas en el Hogar	(G) Número de Personas Inelegibles	(H) Número de Personas Elegibles

A. Ingreso – Anote las Cantidades Quincenales. No redondee las cantidades.

1. Ingreso Salarial Quincenal Bruto	\$	
2. Ingreso Neto Quincenal de Huésped/Inquilino o Huésped		
3. Sume las líneas 1 y 2		
4. Concesión Quincenal de CA: Para casos de hotel/albergue de emergencia, incluya la asignación máxima de albergue para el tamaño de la familia en vez del alquiler que se paga actualmente.		
5. Pago de Alquiler Directo Quincenal		
6. Ingreso No Salarial Quincenal Bruto: No anote su ingreso de empleo aquí.		
7. Sume las líneas 3, 4, 5, y 6		
8. Exclusión de Ingreso: (Pago quincenal de manutención de niños obligado por la ley a persona(s) fuera del hogar de cupones para alimentos.)		
9. Reste la línea 8 de la línea 7	A.	

Si todos los miembros del hogar reciben SSI, salte las Secciones B y H.

Si el hogar contiene un miembro sancionado o descalificado de cupones para alimentos debido a un IPV, salte la Sección B.

B. Prueba del 200% del Ingreso Bruto

10. Anote la cantidad máxima de ingreso bruto que aparece en la tabla correspondiente al tamaño de hogar.	Tabla del 200% Ingreso Bruto	
11. Compare la cantidad anotada en la línea 9 con la cantidad anotada en la línea 10. a) Si la cantidad en la línea 9 es superior a la cantidad en la línea 10, el hogar no cumple el 200% del Límite de Ingreso Bruto. El hogar no es categóricamente elegible y tiene que cumplir la Prueba del 100% del Ingreso Neto de cupones para alimentos para ser elegible para beneficios de cupones para alimentos. llene el resto del formulario. b) Si la cantidad en la línea 9 es menos o igual a la cantidad en la línea 10, el hogar cumple el 200% del Límite de Ingreso Bruto y es categóricamente elegible para beneficios de cupones para alimentos. Salte la Sección H y llene el resto de este formulario.	Tamaño del Hogar	Ingreso Bruto
	1	\$907.50
	2	\$1,226.00
	3	\$1,544.00
	4	\$1,862.50
	5	\$2,181.00
	6	\$2,499.00
	7	\$2,817.50
	8	\$3,136.00
	Cada miembro adicional	\$318.50

C. Deduciones

12. 20% de la línea 3		
13. Dedución Fija – Quincenal: Seleccione una opción. a) Hogar de 1 – 3 personas \$73.50 b) Hogar de 4 personas \$77.50 c) Hogar de 5 personas \$90.50 d) Hogar de 6 o más personas \$104.00		
14. Gastos Quincenales de Cuidado Infantil/de Dependientes (Utilice el gasto real.)		
15. Recuperación Quincenal Automática: Anote la recuperación quincenal por fraude de cheques duplicados o códigos de ofensa 01–32 y 99 solamente. Para toda otra recuperación automática no anote nada.		
16. Gastos Médicos Quincenales: Reste \$17.50 de la cantidad bruta de gastos médicos quincenales y anote el balance. Si menos de cero (0), anote "0".		
16a. Anote la cantidad superior de las dos siguientes: la Dedución Quincenal de Albergue para Desamparados (\$71.50) o el gasto real.		
17. Sume las líneas 12, 13, 14, 15, 16, y 16a	C.	

D. Ingreso Ajustado

18. Reste C de A: Línea 17 de la línea 9.	D.	\$	
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E. Gastos de Albergue

19. Alquiler Real o Hipoteca Quincenal Facturados al Hogar: Para casos de hotel/albergue de emergencia, anote la máxima asignación de albergue permitida para el tamaño de la familia.	\$	
20. Otros Gastos Quincenales de Albergue (Impuestos inmobiliarios, seguros, instalación de servicios de electricidad y/o gas, etc.)		
21. Asignación Quincenal para Servicios de Electricidad y/o Gas: Seleccione la asignación correcta para servicios de electricidad y/o gas (a, b, c, o d) y anote la cantidad correcta en la línea que corresponda. a) Anote cero (0) para el código de albergue 23		
b) Con gastos de alquiler o calefacción o aire acondicionado: Anote la asignación quincenal normal de la combinación de calefacción, servicios de electricidad y/o gas y de teléfono de \$368. No se requiere documentación de gastos para los códigos de refugio: 01,02, 03, 11, 15, 16, 20, 24, 25, 26, 27, 28, 29, 30, 31, 32,38, 39, 40, 41, 42, 43, y 44 si el hogar incurre gastos de albergue.		
c) Con gastos de servicios de electricidad y/o gas solamente: (sin gastos de alquiler, calefacción o aire acondicionado): Anote la deducción normal de la combinación de servicios de electricidad y gas y teléfono de \$145.50. Todos los códigos de albergues, <u>excepto</u> 06, 11, 13, 14, 15, 16, 17, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 42, y 43 tienen derecho a esta asignación si se proporciona documentación de gastos de servicios de electricidad y/o gas.		
d) Con gastos de teléfono solamente (para hogares que no son elegibles para calefacción/aire acondicionado o SUA excepto el código de albergue 23): Anote \$16.50.		
22. Sume las líneas 19, 20, y 21b o 21c o 21d	E.	

F. Deduciones de Albergue en Exceso

23. Anote D (Costos de Albergue): Cantidad de la línea 22.	\$	
24. Anote 1/2 (la mitad) de D (Ingreso Ajustado): Anote 1/2 de la cantidad en la línea 18.		
25. Gastos de Albergue en Exceso: Reste la línea 24 de la línea 23. Si la cantidad de la línea 23 es menor que la de la línea 24, anote cero (0).	F.	

G. Ingreso Neto Quincenal de Cupones para Alimentos

26. Anote D (Ingreso Ajustado): Anote la cantidad en la línea 18.	\$	
27. Anote F (Deducción de Albergue en Exceso): Anote la cantidad en la línea 25.		
28. Ingreso Neto Quincenal de cupones para alimentos: Reste la línea 27 de la línea 26.	G.	

H. Prueba del 100% del Ingreso Neto Quincenal

Si el hogar es categóricamente elegible, salte esta prueba y vaya directamente a los Cálculos de Beneficios de Cupones para Alimentos.

29. Anote la cantidad del Ingreso Neto Quincenal que aparece en la tabla, para el tamaño del hogar.																							
30. Compare la cantidad de la línea 28 con la cantidad anotada en la línea 29. a) Si la cantidad de la línea 28 es superior a la cantidad de la línea 29, el hogar es inelegible para beneficios de cupones para alimentos. Pare aquí, Marque la casilla Inelegible b) Si la cantidad de la línea 28 es menos o igual a la cantidad de la línea 29, el hogar cumple el 100% de la Prueba de Ingreso Neto mensual. Marque la casilla Elegible y llene la Sección I.	<input type="checkbox"/> Inelegible	<input type="checkbox"/> Elegible	<table border="1"> <thead> <tr> <th>Tamaño del Hogar</th> <th>100% del Ingreso Neto Quincenal</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$454.00</td></tr> <tr><td>2</td><td>\$613.50</td></tr> <tr><td>3</td><td>\$772.50</td></tr> <tr><td>4</td><td>\$931.50</td></tr> <tr><td>5</td><td>\$1,090.50</td></tr> <tr><td>6</td><td>\$1,250.00</td></tr> <tr><td>7</td><td>\$1,409.00</td></tr> <tr><td>8</td><td>\$1,568.00</td></tr> <tr><td>Cada miembro adicional</td><td>+\$159.50</td></tr> </tbody> </table>	Tamaño del Hogar	100% del Ingreso Neto Quincenal	1	\$454.00	2	\$613.50	3	\$772.50	4	\$931.50	5	\$1,090.50	6	\$1,250.00	7	\$1,409.00	8	\$1,568.00	Cada miembro adicional	+\$159.50
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Cada miembro adicional	+\$159.50																						

I. Cálculo de Beneficios de Cupones para Alimentos

31. Ingreso Neto Mensual de cupones para alimentos: Multiplique la Cantidad de la línea 28 por 2.	I.	
32. Porción: Refiérase a las tablas que se encuentran en los Formularios W-129F/W-129FF usando el ingreso de la línea 31 y el tamaño del hogar de la casilla H (Número Elegible) en la página 1 de este formulario.		
33. Cantidad Recuperada: Anote la cantidad recuperada. De no haberla, anote cero (0).		
34. Porción restante después de la cantidad Recuperada: Reste la línea 33 de la línea 32.		

Autorizado por _____

Fecha _____

Food Stamp Income Guidelines

- Food stamps provide your family with assistance when buying food. They are used in place of cash to buy food at grocery stores or supermarkets.
- You don't have to be out of work to apply for food stamps. You can be employed and still be eligible for food stamps.
- You can own your own home and car and still be eligible for food stamps.
- If you are eligible, you will receive food stamp assistance within 30 days. Certain households with little income or savings, or with high shelter costs, can receive food stamp benefits within five days.

Family Size	1	2	3	4	5	6	7	8	Each additional member
Maximum Gross Monthly Income	\$1,180	\$1,594	\$2,008	\$2,422	\$2,836	\$3,249	\$3,663	\$4,077	+ \$414

- These new income limits are effective October 1, 2011.
- The Maximum Gross Monthly Income limits do not apply to food stamp households with an elderly or disabled individual, or if everyone in your household receives SSI, TANF, or SNA, you do not need to meet any income limit. Households that incur dependent care expenses are subject to higher gross income limits.

To file a food stamp application, you may:

- submit an application online through the **ACCESS NYC** website at www.nyc.gov/accessnyc or the **MyBenefits** website at www.mybenefits.ny.gov;
- mail your application to the **Division of Food Stamp Services, Mail Application & Referral Unit (MARU), P.O. Box 24510, Brooklyn, NY 11201**;
- fax your application to **(718) 834-3296** or **(718) 834-3299**;
- apply at a participating community based organization (CBO) [call 311 for a listing of participating CBO's]; or
- appear in person during the listed hours of operation for any of the Food Stamp Centers identified below.

Your food stamp application will be considered as filed if it contains a minimum of your name, address (if you have one), and a signature on the application. When your application is received, you will be contacted to schedule an eligibility interview.

If you are elderly or disabled or have a hardship such as child care, travel or work hours that make it difficult for you to have an in-office eligibility interview, you may request a telephone eligibility interview when we contact you.

Please review the enclosed Food Stamp Documentation Guide (**W-129G**), which lists some of the more common documents that can be used to verify each of the applicable eligibility factors. If you are mailing the application, please ensure that you enclose copies of all required documentation. If you plan to file the application in person, please bring originals of all required documentation. Providing the required documentation will assist us in expediting the processing of your food stamp application.

New York City Food Stamp Centers				Extended Hours Centers	
The following Food Stamp Centers are open from 8:30 AM to 5:00 PM, Monday through Friday (except legal holidays)				The following Food Stamp Centers are open from 8:30 AM to 6:00 PM, Monday through Friday and 9:00 AM to 5:00 PM on Saturday (except legal holidays)	
Manhattan	East End – F02 2322 Third Avenue 3rd Floor New York, NY 10035	Washington Heights – F13 4055 10th Avenue Lower Level New York, NY 10034	St. Nicholas – F14 132 West 125th Street 3rd Floor New York, NY 10027	Waverly – F19 12 West 14th Street 4th Floor New York, NY 10011	
Brooklyn	Williamsburg – F21 30 Thornton Street 4th Floor Brooklyn, NY 11206	Coney Island – F22 2865 West 8th Street 1st Floor Brooklyn, NY 11224	Ft. Greene – F20 275 Bergen Street 1st Floor Brooklyn, NY 11217		
	North Brooklyn – F26 500 Dekalb Avenue 5th Floor Brooklyn, NY 11205	East New York – F28 404 Pine Street 1st Floor Brooklyn, NY 11208			
Bronx	Melrose – F40 260 East 161st Street 3rd Floor Bronx, NY 10451	Crotona – F46 1910 Monterey Avenue 5th Floor Bronx, NY 10457	Concourse – F45 1375 Jerome Avenue 2nd Floor Bronx, NY 10452		
Queens	Queens – F53 32-20 Northern Boulevard 2nd Floor Long Island City, NY 11101	Rockaway – F79 219 Beach 59th Street 1st Floor Rockaway, NY 11692	Jamaica – F54 165-08 88th Avenue 3rd Floor Jamaica, NY 11432		
Staten Island				Richmond – F99 201 Bay Street 2nd Floor Staten Island, NY 10301	

Guía de Ingresos de Cupones para Alimentos

- Los cupones para alimentos le proveen a su familia asistencia a la hora de comprar alimentos. Estos cupones para alimentos se utilizan en lugar de dinero en efectivo para comprar alimentos en bodegas o supermercados.
- Usted no tiene que estar desempleado para solicitar cupones para alimentos. Usted puede estar empleado y aun ser elegible para los cupones para alimentos.
- Usted puede ser elegible para recibir cupones para alimentos aun si es propietario(a) de su casa y automóvil.
- Si usted es elegible, recibirá asistencia de cupones para alimentos dentro de 30 días. Ciertos hogares con poco ingreso o ahorros, o con altos costos de alquiler, pueden recibir los beneficios de cupones para alimentos dentro de cinco días.

Miembros en la Familia	1	2	3	4	5	6	7	8	Cada miembro adicional
Máximo Ingreso Bruto Mensual	\$1,180	\$1,594	\$2,008	\$2,422	\$2,836	\$3,249	\$3,663	\$4,077	+ \$414

- Estos nuevos límites de ingresos entrarán en vigencia el 1 de octubre de 2011.
- Los límites del Máximo Ingreso Bruto Mensual no corresponden a hogares de cupones para alimentos con personas ancianas o incapacitadas, o si todos en su hogar reciben SSI, TANF, o SNA, usted no tiene que reunir ningún límite de ingreso. Los hogares que incurrir en gastos por cuidado de dependientes están sujetos a límites mayores de ingreso bruto.

Para presentar una solicitud de cupones para alimentos, usted puede:

- presentar una solicitud por el Internet mediante **ACCESS NYC** en www.nyc.gov/accessnyc o a **MyBenefits** website at www.mybenefits.ny.gov;
- enviar por correo su solicitud a la **Division of Food Stamp Services, Mail Application & Referral Unit (MARU), P.O. Box 24510, Brooklyn, NY 11201**;
- enviar por fax al **(718) 834-3296 o (718) 834-3299**;
- presentar solicitar en una organización comunitaria (CBO) (llamar al 311 para una lista de CBO participantes); o
- presentarse en persona durante las horas laborales indicadas para cualquiera de los Centros de Cupones para Alimentos identificados abajo.

Su solicitud de cupones para alimentos se considerará presentada si contiene como mínimo su nombre, dirección (de tenerla), y firma en la solicitud. Cuando se reciba su solicitud, nos comunicaremos con usted para programar una entrevista de elegibilidad.

Si usted es anciano o incapacitado o se le dificulta presentarse a una entrevista de elegibilidad en nuestra oficina debido a cuidado infantil, transporte o a su horario de trabajo, puede solicitar una entrevista de elegibilidad telefónica cuando nos comuniquemos con usted.

Por favor repase la Guía de Documentación de Cupones para Alimentos (**W-129G [S]**), adjunta que lista algunos de los documentos más comunes que se pueden utilizar para verificar cada uno de los factores de elegibilidad que corresponden. Si usted va a enviar por correo su solicitud, favor de asegurarse de adjuntar copias de todos los documentos solicitados. Si piensa presentar la solicitud en persona, favor de traer originales de toda la documentación solicitada. El proporcionar la documentación solicitada permitirá acelerar el trámite de solicitud de cupones para alimentos.

Centros de Cupones para Alimentos de la Ciudad de Nueva York Los siguientes Centros de Cupones para Alimentos están abiertos de 8:30 AM a 5:00 PM, de lunes a viernes (excepto los días feriados oficiales)				Centros Con Horarios Suplementarios Los siguientes Centros de Cupones para Alimentos están abiertos de 8:30 AM a 6:00 PM, de lunes a viernes y de 9:00 AM a 5:00 PM el sábado (excepto los días feriados oficiales)	
Manhattan	East End – F02 2322 Third Avenue 3er piso New York, NY 10035	Washington Heights – F13 4055 10th Avenue planta baja New York, NY 10034	St. Nicholas – F14 132 West 125th Street 3er piso New York, NY 10027	Waverly – F19 12 West 14th Street 4to piso New York, NY 10011	
Brooklyn	Williamsburg – F21 30 Thornton Street 4to piso Brooklyn, NY 11206	Coney Island – F22 2865 West 8 th Street 1er piso Brooklyn, NY 11224	Ft. Greene – F20 275 Bergen Street 1er piso Brooklyn, NY 11217		
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Staten Island				Richmond – F99 201 Bay Street 2do piso Staten Island, NY 10301	

Food Stamp Income Eligibility Guidelines Desk Guide (Effective 10/1/2011)

Household Size	130% Gross Income Standard		165% Gross Income Standard	100% Net Income Standard	200% Gross Income Standard
	Monthly	Semimonthly	Monthly	Monthly	Monthly
1	\$1,180.00	\$590.00	\$1,498.00	\$908.00	\$1,815.00
2	\$1,594.00	\$797.00	\$2,023.00	\$1,226.00	\$2,452.00
3	\$2,008.00	\$1,004.00	\$2,548.00	\$1,545.00	\$3,088.00
4	\$2,422.00	\$1,211.00	\$3,074.00	\$1,863.00	\$3,725.00
5	\$2,836.00	\$1,418.00	\$3,599.00	\$2,181.00	\$4,362.00
6	\$3,249.00	\$1,624.50	\$4,124.00	\$2,500.00	\$4,998.00
7	\$3,663.00	\$1,831.50	\$4,649.00	\$2,818.00	\$5,635.00
8	\$4,077.00	\$2,038.50	\$5,175.00	\$3,136.00	\$6,272.00
Each Additional Member	+\$414.00	+\$207.00	+\$526.00	+\$319.00	+\$637.00

SAMPLE

Important information regarding certain households:

- Households in which all members receive, or are authorized to receive, FA, SNA and/or SSI benefits are categorically eligible for Food Stamp benefits because of their status as FA, SNA and/or SSI recipients. The 130% gross income and 100% net income tests are not applied as eligibility criteria to these households.
- Households that are not categorically eligible for Food Stamp benefits due to their status as FA, SNA and/or SSI recipients can still be categorically eligible for Food Stamp benefits and exempt from the 100% net income test if they pass the 130% gross income test. If the household contains an aged or disabled member or incurs an out-of-pocket dependent care expense, they are categorically eligible and exempt from the 100% net income test if they pass the 200% gross income test.
- Households with an aged or disabled member that are not categorically eligible due to either of the above criteria, are still exempt from the 130% gross income test, but must pass the 100% net income test to be eligible for Food Stamp benefits.
- Elderly or disabled members (and their spouses) who are incapable of buying food or preparing meals due to a disability may apply as a separate Food Stamp unit if the income of the others with whom the individual resides (excluding the income of the elderly or disabled individual and spouse) does not exceed the 165% gross income limit.