

FOODSHARE WORKSHEET

Case Name	Worker Name	Case Number
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LINE		NUMBER IN GROUP	MONTH AND YEAR					
			Elderly, Blind, or Disabled (EBD)		Homeless			
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1	ENTER	Total Countable Assets	\$		\$		\$	
2	ENTER	Asset Limit (FSH 4.4.1)	\$		\$		\$	
3	ENTER	Self-Employment Earnings	\$		\$		\$	
4	SUBTRACT	Excess Self-Employment Expenses	\$		\$		\$	
5	ENTER	Employment Earned Income	\$		\$		\$	
6	ENTER	Room and Board Income	\$		\$		\$	
7	TOTAL	Gross Employment Earnings (line 3 minus line 4, plus line 5 plus line 6)	\$		\$		\$	
8	ENTER	Total Unearned Income (including W-2 payment)	\$		\$		\$	
9	SUBTRACT	Farm Loss	\$		\$		\$	
10	TOTAL	Countable Gross Income (line 7 plus line 8, minus line 9)	\$		\$		\$	
11	ENTER	Assistance Group Size						
12	ENTER	Gross Income Limit (FSH 8.1.1)	\$		\$		\$	
13	ENTER	Medical Expense	\$		\$		\$	
14	TOTAL	Excess Medical Deduction (EBD only) (line 13 minus \$35)	\$		\$		\$	
15	ENTER	Earned Income Deduction (20% of line 7)	\$		\$		\$	
16	ENTER	Standard Deduction (FSH 8.1.3)	\$		\$		\$	
17	ENTER	Support Payment Deduction	\$		\$		\$	
18	ENTER	Dependent Care Deduction (FSH 4.6.6 or 8.1.3)	\$		\$		\$	
19	TOTAL	Subtotal Deduction (add lines 14 through 18)	\$		\$		\$	
20	SUBTRACT	Adjusted Income (line 10 minus line 19)	\$		\$		\$	
21	ENTER	Total Shelter Expense (line K on back of worksheet)	\$		\$		\$	
22	ENTER	50% of line 20	\$		\$		\$	
23	SUBTRACT	Excess Shelter/Utility Deduction (line 21 minus line 22)	\$		\$		\$	
24	ENTER	Shelter Maximum (No Cap EBD) (FSH 4.6.7 or 8.1.3)	\$		\$		\$	
25	ENTER	Homeless Shelter Deduction (FSH 8.1.3)	\$		\$		\$	
26	TOTAL	Total Adjusted Net Income EBD (line 20 minus line 23) or Non- EBD (line 20 minus line 23 or 24, whichever is less) (homeless shelter deduction is the greater of 24 or 25)	\$		\$		\$	
27	ENTER	Net Income Limit (FSH 8.1.1)	\$		\$		\$	

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28	ENTER	Max Allotment (for group size, FSH 8.1.2)			
29	SUBTRACT	30% of Adjusted Net Income (line 26 x .30)			
29	ENTER	Monthly Allotment (line 28 minus line 29, round cents down to the nearest whole dollar)	\$	\$	\$
30	ENTER	Initial Allotment (prorate if applicable)	\$	\$	\$
31	ENTER	Monthly Recoupment Amount	\$	\$	\$
32	ENTER	Allotment Due (line 29 minus line 31)	\$	\$	\$
33	ENTER	Actual Allotment Issued	\$	\$	\$

1. Use full dollar and cents amounts through line 29.
2. Prorate the monthly allotment by dividing the number of days remaining in the month (including the application date) by the total number of days in the month. Multiply the result by the monthly allotment (line 29). This amount will equal the initial allotment; round down 1 cent through 99 cents.
3. For line 21, if EBD, use line 20 minus line 23. If not EBD, use line 20 minus line 23 or 24, whichever is less.
4. Use the greatest of line 23 (or 24 if non-EBD and line 23 is greater than line 24) or line 25 for homeless households. Line 25 should remain blank unless the entire household is homeless.

A	ENTER	Appropriate Utility Standard (FSH 4.6.7.3 and 8.1.3)	\$	\$	\$
B	ENTER	Rent	\$	\$	\$
C		Mobile Home Lot Rent	\$	\$	\$
D		Mobile Home Loan Payments	\$	\$	\$
E		Home Mortgage Payments	\$	\$	\$
F		Second Mortgage	\$	\$	\$
G		Condo Fees	\$	\$	\$
H		Property Taxes (if not included in mortgage)	\$	\$	\$
I		Special Assessments	\$	\$	\$
J		Insurance on the Structure (if not included in mortgage)	\$	\$	\$
K	ADD	Total Shelter and Utility Expense (add lines A through J)	\$	\$	\$

Enter the total shelter expense from line "K" on line 21 on page 1 of the worksheet.