

Appendix A

Food Stamp/SNAP Worksheet

FOOD STAMP/SNAP WORKSHEET (1/1/10)

1. Gross Earned Income _____
2. ADD Gross Unearned Income + _____
3. TOTAL GROSS Monthly income = _____
Compare with Gross Income Test

INCOME DEDUCTIONS

4. SUBTRACT Earnings Deduction _____
(20% of gross earnings in Line 1)
5. SUBTRACT Standard Deduction _____
HH Size: 1-3 = \$141; 4 = \$153;
5 = \$179; 6+ = \$205
6. SUBTRACT Excess Medical Deduction _____
(See Box A - Elder/Disabled only)
7. SUBTRACT Child Support Paid Out _____
8. SUBTRACT Dependent Care _____
(full amount)
9. SUBTRACT Homeless Deduction (\$143) _____
(only if homeless household not claiming
regular Shelter Deduction)

PRELIMINARY ADJUSTED NET INCOME (PANI)

10. SUBTRACT Excess Shelter (see Box B) _____
Amount capped at \$459 deduction
NO capped amt for Elder/Disabled HHS

MONTHLY NET INCOME = _____

To estimate APPROXIMATE benefit:

1. Take 30% of Monthly Net Income X .3 _____
= _____
2. Maximum FS benefit for Household size (see chart to right) _____
3. SUBTRACT Line 1 (30% of Net) _____

APPROX. MONTHLY BENEFIT* = _____

*This is an *approximate* figure. If you meet the Net Income Requirement, you should apply for Food Stamps.

GROSS INCOME TESTS

Household Size	200% FPL	130% FPL; 18-59 No child or disability
1	\$ 1,805	\$ 1,174
2	2,428	1,579
3	3,051	1,984
4	3,675	2,389
5	4,298	2,794
6	4,921	3,200
7	5,544	3,605
8	6,167	4,010
Each add'l member	623	406

Box A - Medical Deduction (Item #4)

Medical Expenses	_____
Threshold - \$35	-35
Medical Deduction	= _____ *

* If medical deduction > \$35, enter \$90 standard deduction on Item #6. If actual medical expense > \$125/month, then use actual less \$35.

Box B - Shelter Deduction (Item #9)

Rent/Mortgage	_____
Add SUA amount*	+ _____
TOTAL shelter expenses	= _____
Shelter Standard (Divide PANI by 2)	= _____
Excess Shelter Deduction	= _____ **

** Enter maximum \$459 shelter on Item #10 unless elder/disabled person in H/H, then use actual amount.

* SUA (Standard Utility Allowance):

\$611/mo - heating or AC costs or fuel assist
\$375/mo - utilities only (non-heating/cooling)
\$ 44/mo - telephone/cell phone only

NET INCOME TEST & FS MAXIMUMS

Household Size	Maximum Net Income*	Maximum FS Benefit
1	\$ 903	\$ 200
2	1,215	367
3	1,526	526
4	1,838	668
5	2,150	793
6	2,461	952
7	2,773	1,052
8	3,085	1,202
Each add'l member	312	150

*Net income test does not apply to households with child under 19, pregnant women, EAEDC or SSI recipients.