

APPLICATION WORKSHEET

FSIS ID No.: _____ **Case Name:** _____

Start at Step 1 and work through Step 30. Do the steps in order. Be sure to follow correct rounding procedures. Except for Line 3, if a negative number results after subtracting two numbers, insert a zero. Be sure to follow all "Note" instructions. When skipping lines or blocks, dash out or mark "NA."

CATEGORICALLY ELIGIBLE FOOD AND NUTRITION SERVICES UNITS (FNSU): Special rules apply to these FNSU's. Do not apply the gross income test to line 13 or the net income test to line 27. A one and two person FNSU will not be terminated if the allotment is less than \$1 but will receive the minimum allotment of \$16. A three or more person FNSU will be terminated if the allotment is less than \$1.

Self-Employment Income

NOTE: Include room and board payments.

(Household Member)	(Source of Income)	(Gross Monthly Amount)
_____	_____	\$ _____
_____	_____	\$ _____
1.	Monthly gross self-employment income.	\$ _____
2.	Subtract monthly business costs.	\$ _____
3.	Net monthly income before taxes.	\$ _____

NOTE: If a self-employed farmer and line 3 is a negative amount (loss), enter the loss on line 10.

NOTE: If classed as "unearned income," carry forward to "Unearned Income" Section. Do not add to line 4.

Wages, Salaries, Or Other Income From Employment

NOTE: Do not count excluded income.

_____	\$ _____
_____	\$ _____
_____	\$ _____
4.	Add line 3 and all wage and salary income. \$ _____

Educational Grants, Scholarships, Or Loans

_____	\$ _____
_____	\$ _____
5.	Enter monthly income received from educational grants, scholarships, or loans. \$ _____
6.	Enter monthly tuition and mandatory fees. \$ _____
7.	Subtract line 6 from line 5. \$ _____
8.	Add line 4 and line 7. \$ _____

Unearned Income

NOTE: Do not count excluded income.

_____	\$ _____
_____	\$ _____
9.	Add line 8 and monthly unearned income. \$ _____
10.	Enter farm loss from line 3. \$ _____
11.	Enter monthly legally obligated child support paid \$ _____
12.	Add lines 10 and 11 and enter the result. \$ _____
13.	Subtract line 12 from line 9. \$ _____
14.	If household meets the gross income limit, add lines 11 and 13 and enter the result. \$ _____
	Result is countable gross income. \$ _____
15.	Multiply line 4 by 20%, and enter the result. \$ _____
16.	Enter Standard Deduction. \$ _____

NOTE: Except for FNSU's with an elderly or disabled member, if the amount on line 13 or line 14 is more than the gross income limit, deny or terminate the case. If less than the limit, continue on to line 15.

Gross Limit(s) = \$ _____

Medical Expenses

NOTE: For elderly and disabled only. If there are no FNSU members authorized for this deduction, skip to line 19 and enter 0.

Medical, Dental Services	\$ _____
Hospital, Nursing Care	\$ _____
Insurance, Medicare Payments	\$ _____
Prescribed Drugs	\$ _____
Dentures, Hearing Aids, Glasses	\$ _____
Transportation Costs	\$ _____
Attendant or Nurse	\$ _____
Other (Specify)	\$ _____
17.	Total Medical Expenses \$ _____
18.	Enter threshold amount. \$ _____
19.	Subtract line 18 from line 17. \$ _____
	Result is allowable medical expense. \$ _____

20.	Enter dependent care costs	\$ _____	(15) _____
21.	Enter legally obligated child support payments.	\$ _____	(16) _____
22.	Add lines 15, 16, 19, 20, 21, and enter total.	\$ _____	(19) _____
23.	Subtract line 22 from line 14.		(20) _____
	Result is income after all deductions except shelter costs.	\$ _____	(21) _____

Shelter Costs

NOTE: Use the appropriate Utility Standard. Do not allow actual utility expenses except for fees charged by a utility company for initial installation of service, and installation and maintenance of wells and septic tanks.

	Rent or Mortgage	\$ _____
	Tax and Insurance	\$ _____
	Total Utility Standard	\$ _____
	Telephone (basic rate)	\$ _____
	Electric	\$ _____
	Gas	\$ _____
	Oil	\$ _____
	Water and Sewage	\$ _____
	Garbage and Trash	\$ _____
	Installation of Utilities	\$ _____
	Other (specify)	\$ _____
24.	Total Shelter Costs	\$ _____
25.	Divide line 23 by 2, and enter result.	\$ _____
26.	Subtract line 25 from line 24.	
	Result equals excess shelter costs	\$ _____

(Excess Shelter Cost Limit = \$458 without a Specified FNSU member)

Net Monthly Income

NOTE: If the amount on line 27 is more than the Net Income Eligibility Limit, deny or terminate the case. If less than the limit, go to line 28 or skip to line 30 and enter allotment from coupon issuance table.

27.	Subtract line 26 from line 23, but do not subtract more than the limit on shelter cost when applicable.	
	Result here is net monthly income.	\$ _____

Allotment Level

NOTE: If the FNSU contains 3 or more members and the allotment on line 30 is zero or a negative number, deny or terminate the case.

28.	Enter maximum allotment for FNSU size.	_____
29.	Multiply line 27 by 30% and enter result. (Round up - benefit reduction.)	\$ _____
30.	Subtract line 29 from line 28. If the FNSU contains 1 or 2 members and result is less than \$16, enter \$16.	
	Result is monthly coupon allotment.	\$ _____

Workspace-Allotment Proration

NOTE: If using proration tables, leave this space blank.

a.	Enter day of month of application. Subtract from 31. Enter 30 if the date of application is the 31 st of the month.	31 - _____
b.	Enter result of subtraction from line a.	_____
c.	Multiply line b. by the full monthly allotment (line 30). Enter the product.	_____
d.	Divide line c. by 30. Round down to drop cents. Result is prorated allotment.	\$ _____

NOTE: Prorated allotments of less than \$10 are not issued. The minimum \$16 allotment for 1 and 2 person FNSU's is also prorated.

NOTE: Complete Client Record and Disposition block on application when applicable. Ensure appropriate notice is sent to the FNSU.

Eligibility Worker: _____

Date: _____