

Iowa Department of Human Services  
**FOOD ASSISTANCE COMPUTATION**

Case Name _____
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Household Size \_\_\_\_\_

Documentation \_\_\_\_\_

<b>A. GROSS INCOME TEST INFORMATION</b>		
Earned (from line 1)	+ _____	
Self-Employment (from line 2)	+ _____	
Unearned (from line 5)	+ _____	
Educational Money (from line 6)	_____	
Total Gross Income	_____	
<b>B. EARNED INCOME (Monthly Earnings)</b>		
Person _____	+ _____	
Total Earned Income	1 _____	[ ]
<b>C. SELF EMPLOYMENT INCOME</b>		
Business(es) _____		
Total Net Self-employment Income	2 _____	[ ]
<b>D. TOTAL OF ALL EARNED INCOME (add lines 1 and 2)</b>		
Determine the earned income deduction	3 _____	
	x .80	
Countable Earned Income	4 _____	[ ]
<b>E. UNEARNED INCOME</b>		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total Unearned Income	5 _____	[ ]
<b>F. EDUCATIONAL LOANS, GRANTS</b>		
Monthly Countable Student Income	6 _____	[ ]
<b>G. TOTAL COUNTABLE EARNED AND UNEARNED INCOME</b>		
Add lines 4, 5 and 6	7 _____	
Enter Standard Deduction	- _____	
Remaining Income	8 _____	[ ]

<b>H. MEDICAL EXPENSES</b>			
Enter monthly medical expense	_____		
Subtract nondeductable amount	-35.00		
Total allowable medical expenses	9 _____		
Enter remaining income (from line 8)		_____	
Enter allowable medical expenses (line 9)		- _____	
Income Remaining After Medical Deduction	10		_____
<b>I. CHILD SUPPORT PAYMENT EXPENSE</b>			
Enter remaining income from line 10, (line 8 if no medical expenses)	11		_____
Enter total monthly child support payment expense.		- _____	
Income Remaining After Child Support Payment Deduction	12		_____
<b>J. CHILD/DEPENDENT CARE EXPENSE</b>			
Enter remaining income from line 12 (line 11 if no child support payment expense)			_____
Enter allowable dependent care expense		- _____	
Income Remaining After Dependent Care Deduction	13		_____
<b>K. SHELTER COST</b>			
Enter income from Line 13	_____		
Determine the base client shelter cost	x _____		
	.50		
	14 _____		
Enter Monthly Amounts			
Rent or mortgage	_____		
Taxes	_____		
Insurance	_____		
Utility standard	_____		
Gas	_____		
Electric	_____		
Water and sewer	_____		
Garbage and trash	_____		
Phone	_____		
Other _____	_____		
Installation of utility	_____		
Total Costs	15 _____		
Enter base client shelter costs (from line 14)	16 - _____		
Excess shelter costs	17 _____		
Enter the excess shelter deduction (from line 17) (Not to exceed maximum)	18	- _____	
(a negative figure to be entered as 0)			

[Empty box]

L. GROSS NET TESTS

Does this household meet the gross income test?

Yes

No

N/A

Does this household meet the net income test?

Yes

No

N/A

M. BENEFIT CALCULATION

Maximum Food Assistance Allotment \_\_\_\_\_  
(for this household size)

Adjusted Net Income (Line 19) x .30 - \_\_\_\_\_

Food Assistance Benefit \_\_\_\_\_  
(Full Month) 20 \_\_\_\_\_

N. REASON COMPLETED

- Regular issuance through line IX
- Expedited Service
- Claim Determination
- Restoration of Lost Benefits
- Other (Specify) \_\_\_\_\_

O. PRORATION

If benefits are prorated:

Prorated benefit amount \_\_\_\_\_ Benefit month/year \_\_\_\_\_

P. SIGNATURE

Worker signature \_\_\_\_\_ Date completed \_\_\_\_\_

Q. COMMENTS