

FOODSHARE WISCONSIN UNDER/OVERISSUANCE WORKSHEET

Case Name	Case Number	Claim Number
Agency	Supportive Services Planner	Date

Income Month / Year →						
Payment Month / Year →						
1	Group Size					
2	Earned Income					
3	Unearned Income					
4	Total Gross Income (2 plus 3)					
5	Gross Income Limit					
6	Excess Medical Expense					
7	Subtract 6 from 4					
8	Earned Income Deduction *					
9	Subtract 8 from 7					
10	Standard Deduction					
11	Subtract 10 from 9					
12	Dependent Care Expense					
13	Shelter Deduction					
14	Child Support Paid					
15	Total Deductions, add 12, 13 and 14					
16	Total Net Income (11 minus 15)					
17	Net Income Limit					
18	Allotment (Table 8.1.8 from FSH)					
19	Prior Monthly Recoupment Withheld					
20	Correct Allotment (18 minus 19)					
21	Actual Issuance (Note: If 18=0, add 19 to this figure before entering)					
22	Underissuance (20 minus 21)					
23	FoodShare Overissuance (22 minus 20)					

Total all the amounts on line 23 \$ _____, minus all the amounts on line 22 \$ _____ equals the amount that must be repaid for this FoodShare overissuance \$ _____.

*When an overissuance occurs because the group intentionally failed to report earned income, do not apply the earned income deduction.

Distribution: Member – original

Case file - copy