

FOODSHARE WISCONSIN WORKSHEET

Case Name	Worker Name	Case Number
-----------	-------------	-------------

LINE		NUMBER IN GROUP	MONTH AND YEAR		
			Elderly or disabled member? <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 Assets	\$	\$	\$
2	ENTER	Asset Limit (FSH 8.3.3)	\$	\$	\$
3	ENTER	Earned Income	\$	\$	\$
4	ENTER	Room and Board Earned Income	\$	\$	\$
5	ADD	Total Earned Income (Lines 3 + 4)	\$	\$	\$
6	ENTER	Total Unearned Income Including W-2 Payment	\$	\$	\$
7	ADD	Total Gross Income (Lines 5 + 6)	\$	\$	\$
8	ENTER	Gross Income Limit (FSH 8.1.4)	\$	\$	\$
9	ENTER	Excess Medical Expenses (Elderly , Disabled Only)	\$	\$	\$
10	ENTER	Earned Income Deduction (20% of line 5)	\$	\$	\$
11	ENTER	Standard Deduction (FSH 8.1.5)	\$	\$	\$
12	ENTER	Child Support Payment Deduction	\$	\$	\$
13	ENTER	Dependent Care Deduction (FSH 4.6.6 or 8.1.5)	\$	\$	\$
14	ADD	Subtotal Deduction (Add Lines 9 Through 13)	\$	\$	\$
15	SUBTRACT	Subtotal Net Income (Line 7 Minus Line 14)	\$	\$	\$
16	ENTER	Total Shelter Expense Line I on Back of Worksheet	\$	\$	\$
17	ENTER	50% Of Line 15	\$	\$	\$
18	SUBTRACT	Shelter Deduction (Line 16 minus Line 17)	\$	\$	\$
19	ENTER	Shelter Maximum (No Cap Elderly/Blind/Disabled) - (FSH 4.6.7 or 8.1.5)	\$	\$	\$
20	SUBTRACT	Total Adjusted Net Income (Line 15 Minus Line 18 for Elderly/Blind/Disabled. All other cases use Line 18 or Line 19, whichever is less.	\$	\$	\$
21	ENTER	Net Income Limit (FSH 8.1.1)	\$	\$	\$
22	ENTER	Monthly Allotment (Compare Adjusted Net Income to Group Size (FSH 8.1.8)	\$	\$	\$
23	ENTER	Initial Allotment (prorate if applicable ²)	\$	\$	\$
24	ENTER	Monthly Recoupment Amount	\$	\$	\$
25	ENTER	Allotment Due (Line 23 minus Line 24)	\$	\$	\$
26	ENTER	Actual Allotment Issued	\$	\$	\$
27	SUBTRACT	Line 26 Minus Line 25	Negative – Overpay ⁴	\$	\$
		Line 26 minus 25	Positive - Underpay ⁴	\$	\$

1. Use full dollar and cents amounts through line 20.
2. Prorate monthly allotment by dividing by 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 23) = initial allotment; round down 1 cent through 99 cents.
3. Use lesser of 18 or 19 unless EBD. Use 18 if EBD.
4. Line 27 is used for manual overpayment/underpayment calculations only.

A	ENTER	Appropriate Utility Standard (FSH 4.6.7.2)	\$	\$	\$
B	ENTER	Rent	\$	\$	\$
C		Mobile Home Lot Rent	\$	\$	\$
D		Mobile Home Loan Payments	\$	\$	\$
E		Home Mortgage Payments	\$	\$	\$
F		Property Taxes (If Not Included In Mortgage)	\$	\$	\$
G		Special Assessments	\$	\$	\$
H		Insurance on the Structure (If Not Included In Mortgage)	\$	\$	\$
I	ADD	"Total Shelter Expense" (Add lines A through H)	\$	\$	\$

Enter the total shelter expense from line "I" on line 16 on page 1 of worksheet..