

**DEPARTMENT  
POLICY****FAP Only**

A food assistance worksheet must be completed at initial application, semi-annual, mid-certifications and at each redetermination for all approvals, denials and closures made based on income. In addition, the worksheet is used to document changes in assets, income and expenses, and to document supplemental benefits. The worksheet is not needed to document withdrawn requests or applications, but this must be documented somewhere within the case.

**Specialists must use the automated food assistance budget in Bridges to complete the required worksheet whenever possible.**

Traditional Categorical eligible groups automatically meet the asset test for food assistance unless they have lottery or gambling winnings of \$3,500 or more; see BEM 213, FAP Categorical Eligibility.

**COMPLETING THE  
DHS-2242, FOOD  
ASSISTANCE  
WORKSHEET**

Complete the DHS-2242, Food Assistance Worksheet, in the following manner:

1. Complete the Case Name and Case Number/EDG and specialist name and date when completing the form.
2. Complete the first line of the Action box.
  - Check New, if the worksheet is being prepared for an initial application and application date.
  - Check Redetermination, if the worksheet is being prepared for a redetermination.
  - Check Change, if the worksheet is being prepared as the result of a change.

- Check Semi-Annual, if the worksheet is being prepared because of processing the MDHHS-1046, Semi-Annual Contact Report.
  - Check Mid-Cert, if the worksheet is being prepared because of processing the MDHHS-2240-A, Mid-Certification Contact Notice.
3. Enter the number of members in the Food Assistance Group.
  4. Complete the Categorical Food Assistance section.
    - Check Traditional (no asset test unless they have lottery or gambling winnings of \$3,500 or more).
    - Check DVPS Categorical Eligible.
    - Not Categorical Eligible.
  5. Complete the SDV section.
    - Senior/Disabled/Veteran or
    - Non-Senior/Disabled/Disabled Veteran.

### Countable Assets

Complete the Countable Assets section of the worksheet. If the FAP group exceeds the asset limit, (BEM 400) deny FAP benefits.

6. Complete the INCOME CALCULATION section.

**Note:** Individual calculations used to arrive at each income and expense figure for lines 1 through 46 must be clearly documented. Cents are included in the computation for each person's earned income then dropped before totaling the group's gross earned income. The same computation is completed for each person's unearned income. No cents are involved when totaling the final group amounts to enter on lines 3 and 6. Complete the income calculation to determine the benefit amount.

- Line 1- Enter Monthly Self-Employment Income minus allowable farm income loss. Use the Self-Employment Income Workspace (on page 2). Round the monthly amount down by dropping all cents from the final figure. If farm income loss exceeds self-employment income, enter zero and record any remaining farm loss income in the Remarks section for use in line 1.

Line 2- Calculate the countable total of all other monthly earned income by using the Other Countable Earned Income Workspace (on page 2). List each countable source of earned income and the verified gross income used as the basis of the calculation. Then, determine the countable monthly amount for each source. Round the monthly amount down by dropping all cents from the final figure and enter it in the Monthly Amount column.

Line 3- Self-explanatory.

Line 4- Enter the amount of FIP/RCA/SDA income.

Line 5- Calculate the countable total of all other unearned income (RSDI, SSI, UCB, retirement benefits, etc.,) by using the Other Countable Unearned Income Workspace (on page 3). List each countable source of unearned income and the verified gross income used as the basis of the calculation. Then, determine the countable monthly amount for each source. Round the monthly amount down by dropping all cents from the final figure and enter it in the Monthly Amount column.

Line 6- Self-explanatory.

Line 7- Determine the amount of Total Countable Income by adding the amount from line 3 to the amount from line 6 and deducting any remaining allowable farm income loss; see line 1.

**Note:** For non-Senior/Disabled/Disabled Veteran groups who are not categorically eligible **only** if the amount on line 10 exceeds the gross income maximum in RFT 250, Column A, FAP Income Limits, deny benefits.

Line 8- Enter 80 percent of the amount on line 3. Drop cents.

**Exception:** Not allowing 20 percent earned income deduction is used by recoupment specialists only when determining the overissuance amounts for failure to report earned income timely; see BAM 720, Intentional Program Violation:

- For IPV overissuances issued in or after October 1987.

- For client error overissuances issued in or after September 1996.

Line 9- Enter the amount from line 6.

Line 10- Determine the amount of gross income by adding the amount from line 8 to the amount from line 9 and deducting any remaining allowable farm income loss; see line 1.

Line 11- Enter standard deduction; see RFT 255.

Line 12- Self-explanatory.

#### 7. Complete Medical Expenses Calculation.

**Note:** For non-Senior/Disabled/Disabled Veteran groups, enter 0 on line 15 and 16. Go to line 17. For Senior/Disabled/Disabled Veteran groups, complete lines 13-18, if applicable.

Line 13- Total allowable monthly medical expenses. Round down if cents are 01-49, round up if cents are 50-99. Enter total.

Line 14- \$35 medical deduction.

Line 15- Self-explanatory.

Line 16- Standard Medical Deduction.

Line 17- Enter 15 or 16 whichever is greater.

Line 18- Subtract 17 from 12.

#### 8. Complete Dependent Care Calculation.

Line 19- Enter Actual Monthly Out-of-Pocket Dependent Care Costs. Round down by dropping cents.

#### 9. Complete Child Support Expenses Calculation.

Line 20- Enter monthly child support expenses. Drop cents after totaling.

Line 21- Self-explanatory.

Line 22- Self-explanatory.

#### 10. Complete Shelter Expense Calculation section.

In lines 24-33 enter only the heat and utility expenses the group is responsible to pay or contributes to, which are separate from rent. Unless otherwise noted.

- Line 23- Enter allowable monthly shelter costs (rent, mortgage, taxes, insurance, etc.). Use exact amount including cents.
- Line 24- If the group has a heat expense separate from shelter, enter the h/u standard; see RFT 255. Go to line 34.
- Line 25- Enter non-heat electric standard if applicable; see RFT 255.
- Line 26- Greater than \$20 of LIHEAP, SER energy-related or MEAP, enter the h/u standard; see RFT 255.
- Line 27- Home Heating Credit greater than \$20, enter the h/u standard; see RFT 255.
- Line 28- Excess Cooling- is the household responsible for excess cooling billed by their landlord and their non-heat electric is included in their rent, enter the h/u standard; see RFT 255.  
Note: If the client is eligible for the h/u standard, then go to line 34.
- Line 29- Enter water/sewer standard if applicable; see RFT 255.
- Line 30- Enter telephone standard if applicable; see RFT 255.
- Line 31- Enter cooking fuel standard if applicable; see RFT 255.
- Line 32- Enter trash/garbage removal standard if applicable; see RFT 255.
- Line 33- Enter actual utilities expense. Enter monthly amount for initial heat or utility installation, or well/septic installation and/or maintenance if applicable.
- Line 34- Add lines 23 - 33. Round down if cents are 01 - 49, round up if cents are 50 - 99.
- Line 35- Divide the amount on line 22 by 2 and enter the result. Drop cents.

- Line 36- Subtract line 35 from line 34 Excess Shelter.
- Line 37- For Non-SDV groups enter the shelter maximum; see RFT 255.
- Line 38- Enter the lesser of line 36 or line 37 for non-SDV. Enter line 36 for SDV.
- Line 39- If group is homeless, enter the Homeless Shelter Deduction; see RFT 255, Food Assistance Standards.
- Line 40- Subtract line 38 or 39 (whichever is higher) from line 22.

**Note:** If Line 40 Exceeds Maximum Net Income in RFT 250 Column B and Categorical FAP Criteria is not Met - Deny Benefits.

11. Complete Benefit Calculation; see RFT 260, Food Assistance Issuance Tables. Line 42 is not used for Group Sizes of 1 and 2, use RFT 260 and enter the benefit amount on line 43.

- Line 41- Enter the amount of benefits the FAP group would receive if it had 0 income; see RFT 260.
- Line 42- Multiply line 40 by .30 (30%) and enter the result. Round up.
- Line 43- Subtract 42 from 41= Monthly Benefit. If amount is zero, deny benefits or close the program except for recoupment situations or in the case of temporary ineligibility.

**Note:** If the benefit is reduced to zero due to recoupment, the Food Assistance case must remain active with zero benefits if all other eligibility criteria are met.

- Line 44- If benefits require proration and Bridges is **not** accessible, use the following formula: Multiply the monthly benefits by the number of days remaining in the month including the application date. Divide this amount by the total number of days in the month. Drop cents. If the benefit amount is less than \$10.00, the FAP group will **not** receive an initial benefit. (This applies to initial benefits only.)

Line 45- If the case has an administrative recoupment, enter amount. Drop cents when calculating AR benefit reduction amount.

Line 46- Subtract line 45 from 43.

12. Complete the Approved/Denied section.

- Decision - check whether Food Assistance benefits were approved or denied. (Denied is checked if a change results in closure.)

13. Action box on page 1.

- Benefit Period - Indicate the month(s)/year(s) of the benefit period.
- Effective Date - For approval of an application filed during any period a FAP group was not certified for benefits, the effective date is one of the following:
  - The date of application if the group is eligible for the application month (even if the benefit amount prorates to zero).
  - The first day of the application month for a migrant/seasonal farmworker group that received FAP benefits in the month before the application month (this will prevent proration of benefits on Bridges).
  - The first day of the application month for MiCAP cases (these cases are not prorated).
  - The first day of the month following the application month if the group is **not** eligible for the month of application but is eligible in the next month.
  - The actual date the group complies with all application eligibility requirements if the application was delayed beyond the 30-day standard of promptness and the group was at fault for the delay.

This effective date indicates whether the FAP group should be authorized full or prorated benefits for the first month of eligibility.

For approval of an application filed during a current benefit period, the effective date is the first day of the month of the new benefit period.

For a change - The effective date is the first day of the month that a change is reflected in the FAP group's issuance.

**LEGAL BASE**

7 CFR 273.10

Food and Nutrition Act of 2008, as amended, Sec. 5. 7 U.S.C. 2014