

FOOD STAMP OVERPAYMENT COMPUTATION SHEET

Page _____ of _____

HEAD OF HOUSEHOLD		CASE I.D.		OVERPAYMENT PERIOD	
		CO.	RECORD NUMBER	DIST.	FROM TO

YOU RECEIVED MORE FOOD STAMP BENEFITS THAN YOU SHOULD HAVE FOR THE OVERPAYMENT PERIOD SHOWN ABOVE FOR THE REASON EXPLAINED ON THE ATTACHED LETTER.

A	B	C	D	E
AMOUNT OF FOOD STAMPS ISSUED DURING THE PERIOD OF THE OVERPAYMENT (TOTAL OF ALL 'A' COLUMNS, LINE 25)	AMOUNT OF FOOD STAMPS THAT SHOULD HAVE BEEN ISSUED DURING THE PERIOD OF THE OVERPAYMENT (TOTAL OF ALL 'B' COLUMNS, LINE 25)	AMOUNT OVERPAID RESULTS OF A MINUS B	FOOD STAMPS CREDITS AND UNDERPAYMENTS ALLOWED DURING THE PERIOD OF THE OVERPAYMENT 	CLAIM AMOUNT (BOX C MINUS BOX D)

COMPUTATIONS BELOW SHOW EACH MONTH OF THE OVERPAYMENT: COLUMN (A) SHOWS THE ORIGINAL OR PRIOR FOOD STAMP COMPUTATION. COLUMN (B) SHOWS FOOD STAMP COMPUTATION AS IT SHOULD HAVE BEEN HAD THE INFORMATION BEEN REPORTED AND/OR TAKEN INTO ACCOUNT BY YOUR WORKER – ADDITIONAL PAGES ADDED AS NECESSARY.

OVERPAYMENT MONTH/YEAR								
INCOME MONTH/YEAR								
	A	B	A	B	A	B	A	B
NO. OF PERSONS IN HOUSEHOLD								
1. Gross Earned Income								
2. Gross Unearned Income								
3. Total Gross Income								
4. Gross Income Limit (1)								
(1) Gross income limit does not apply if a household member is age 60 or older, or disabled, or if all household members are receiving cash assistance or SSI.								
5. Earned Income Deduction (20% of line 1)								
6. Standard Deduction								
7. Total Deduction (Line 5, +6)								
8. Income After Deductions (Line 3, -7)								
9. Medical Expenses – (Type)								
a.								
b.								
10. Total Medical Expenses								
11. Allowable Medical Expenses (2)								
(2) Only persons age 60 or older, or disabled are eligible for a Medical Deduction.								
12. Income After Medical Deductions (Line 8, -11)								
13. Dependent Care Costs								
14. Child Support Paid to Dependents Outside of HH.								
15. Income After Dependent Care Deduction (Lines 12, -13, -14)								
16. Shelter Cost (Rent or Mortgage)								
Utility Cost								
Utility Standard – If Chosen								
17. Total Shelter Cost								
18. 50% of Line 15								
19. Excess Shelter Cost (Line 17, -18)								
20. Shelter Deduction (3)								
(3) Amount from Line 19 or the maximum allowed, whichever is less. There is no Shelter Deduction Limit for households containing an elderly or disabled member.								
21. Net Monthly Income (Line 15, -20)								
22. Monthly Food Stamp Allotment								
23. EBT Return Benefit								
24. Proration Date								
25. FOOD STAMPS ISSUED								

SPECIAL INSTRUCTIONS

- A. EXCESS RESOURCES** - If the over-issuance was caused by excess resources, the CAO should complete Column A showing the information used to compute the food stamp benefit in Column B, the CAO should print "TOTALLY INELIGIBLE" and enter \$0 on line 21.
- B. DUPLICATE ATP** - If the over-issuance was caused by the client cashing both the original and replacement ATP for the same benefit period, the CAO should complete Column A showing the information used to compute the original benefit and, in Column B, print "DUPLICATE ISSUANCE" and enter \$0 on line 21.
- C. OFFSETTING** - If, during the computation of the Food Stamp Over-issuance, it is discovered that an under-issuance occurred, do not offset that amount against the over-issuance amount. Compute the over-issuance as if the under-issuance never occurred. After completing the OIG711C and the OIG189, complete the Offsetting Over-issuance Against Restored Benefit form (PA816-SP) and attach the PA816-SP to the OIG189. The OIG will be responsible for offsetting the under-issuance against the over-issuance and completing block "D" and "E" on the OIG711C.
- D. RECOUPMENT** - The CAO worker should never consider recoupment when computing the over-issuance. The amount to be entered on line 21 of the OIG711C is always the pre-recoupment amount.

SPECIAL NOTE:

A separate column must be completed for each month, if any of the information is changed from another month. If the information remained constant from the prior month, it is not necessary to complete a separate column for each month. In the blocks marked over-issuance month/year and budget/year, the appropriate months must be entered.

EXAMPLE: A client had unreported income of \$300 a month for 1/96, 2/96, 3/96, 4/96, and 6/96. In 5/96 the client had unreported income of \$400. Enter 1/96, 2/96, 3/96, 4/96 and 6/96 in the income month/year block. Enter the corresponding months in the over-issuance month/year block based upon the appropriate budgeting method. A separate column, A and B, must be completed for 5/96.

- E. UNREPORTED LOSS OF INCOME** - When the CAO learns about an unreported loss of income and unreported income simultaneously, the CAO must do a manual referral. When completing Column B, exclude the lost income.