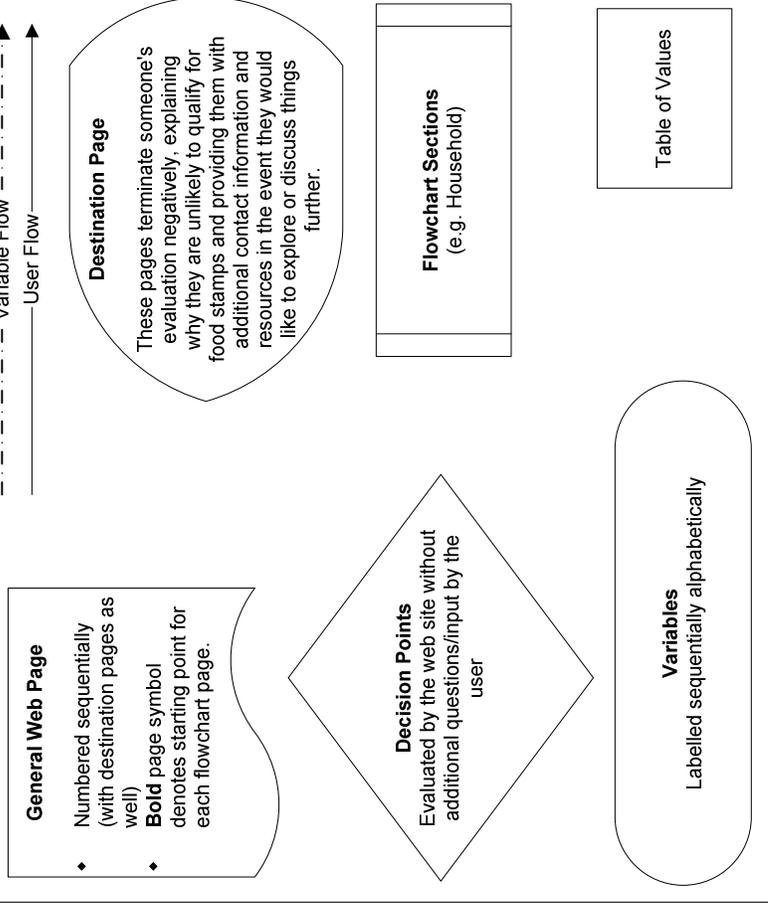
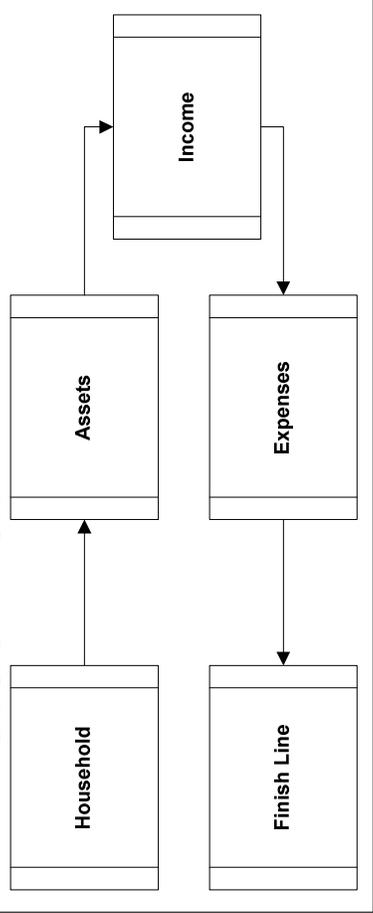


Food Stamp Eligibility Online Interview and Assessment

Key to Symbols



Overall Flow



Variables

Main Table

- A** # in Household
- Ab** All Citizens?
- Ac** All Known?
- Ad** At least one Citizen or Known?
- B** Total Citizen or Known
- C** Ages to Get (i.e. request)
- Daycare/TAFCDC Flag**
- Elder Flag**
- Disabled Flag**
- D** Savings
- E** Car Excess Asset
- F** Car Value - \$4,650 (no less than 0) Assets Assumed by DTA
- G1** Daily Earned Income
- G2** Weekly Earned Income
- G3** Bi-Weekly Earned Income
- G4** Bi-Monthly Earned Income
- G5** Monthly Earned Income
- G6** Annually Earned Income
- G** Total Monthly Earned Income $[(7*G1)+G2+(G3/2)]*4.33]+[(2*G4)+G5]+(G6/12)*.8$
- H1** Daily UnEarned Income
- H2** Weekly UnEarned Income
- H3** Bi-Weekly UnEarned Income
- H4** Bi-Monthly UnEarned Income
- H5** Monthly UnEarned Income
- H6** Annually UnEarned Income
- H** Total Monthly UnEarned Income $[(5*H1)+H2+(H3/2)]*4.33]+[(2*H4)+H5]+(H6/12)$
- I** Total Monthly Gross Income $G \text{ Plus } H$
- J1** Monthly Rent or Mortgage
- J2** Monthly Housing Taxes
- J3** Monthly Housing Insurance
- J4** Monthly Heating Allowance
 if 27a=Yes, then \$389, else \$0
- J5** Monthly Utility Allowance
 if 27b=Yes, then \$211, else \$0
- J6** Monthly Telephone Allowance
 if 27c=Yes, then \$25, else \$0
- J** Monthly Shelter Expenses
 Sum of J1, J2, J3, J4 or J5 or J6
- K1** Daily Child Support
- K2** Weekly Child Support
- K3** Bi-Weekly Child Support
- K4** Bi-Monthly Child Support
- K5** Monthly Child Support
- K6** Annually Child Support
- K** Total Monthly Child Support $\rightarrow [((5*K1)+K2+(K3/2))*4.33]+[(2*K4)+K5]+[K6/12]$

Members Table

- Age** Of each household member
- HH** Head of Household (i.e. respondent) Flag if also a member
- LR** Possible Dependent Care Remaining to process
- L1** Daily Dependent Care
- L2** Weekly Dependent Care
- L3** Bi-Weekly Dependent Care
- L4** Bi-Monthly Dependent Care
- L5** Monthly Dependent Care
- L6** Annually Dependent Care
- L** Total Monthly Dependent Care, person v $[(5*L1)+L2+(L3/2))*4.33]+[(2*L4)+L5]+[L6/12]$

- M1** Daily Medical
- M2** Weekly Medical
- M3** Bi-Weekly Medical
- M4** Bi-Monthly Medical
- M5** Monthly Medical
- M6** Annually Medical
- M** Total Monthly Medical $[(5*M1)+M2+(M3/2))*4.33]+[(2*M4)+M5]+[M6/12]$
- N** Total Monthly Medical Excess $M \text{ minus } \$35 \text{ or } \$0, \text{ whichever is larger.}$
- O** Medically Adjusted Income $M + T - \$134 + N$
- P** Childcare Adjusted Income $O - W$
- Q** Total Dependent Care Adjustment
 Sum of L for all related records in Members Table, ...
- R** Preliminary Adjusted Net Income **(PANI) P-Q**
- S** Excess Shelter
 $V - (R/2) \text{ or } \$340, \text{ whichever is smaller (IF no elderly in household)}$
- T** Monthly Net Income $R-S$
- U** Maximum Allotment Size based on c. from table
- V** Monthly Allotment $U-.3T$
- XX Conclusion Code** Coded to reflect the outcome of the household when complete with survey (i.e. appropriate "sorry page", amount of estimated qualification, etc.)

Food Stamp Eligibility Online Interview and Assessment

Step One: Household Composition

