

Template for Combined Application Project Cost Neutrality Report Submission

Please note: When submitting reports to FNS, do NOT include clients’ Personally Identifiable Information

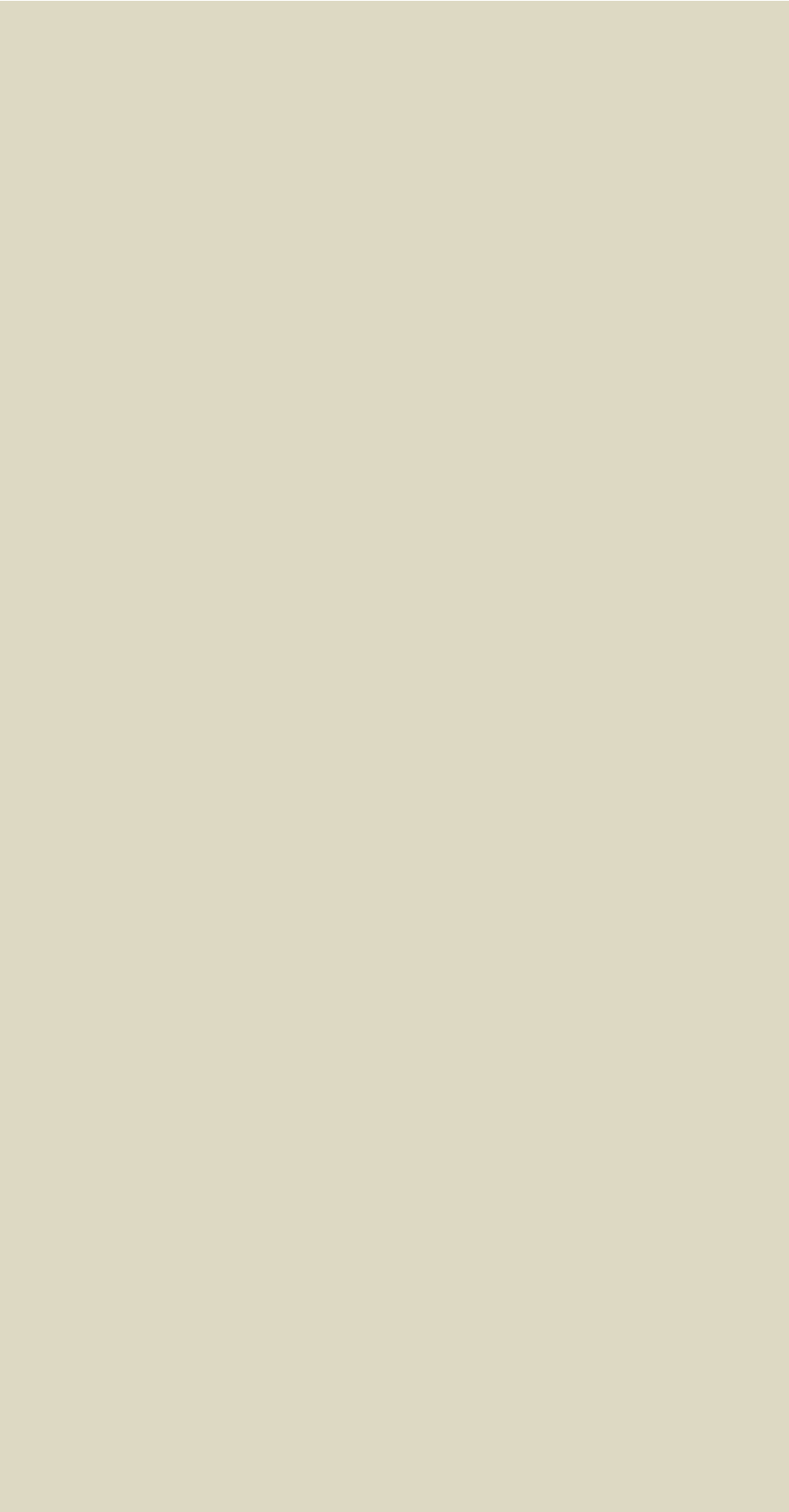
Instructions

- No information needed in **Column A**. Do NOT include any PII, such as SSN.
- Enter the household size into the **shaded area of Column B**. If the demonstration only serves 1-person
- Enter the household's SSI amount received into **shaded area of Column C**.
- Enter the household's earned income into **shaded area of Column D**.
- Enter any other income the household receives into **shaded area of Column E**.
- Enter the amount of the medical deduction the household would receive under regular SNAP rules (household's Medical Expense Deduction (SMD) amount, if applicable) into **shaded area of Column F**.
- Enter household's utility costs or Standard Utility Allowance (SUA) into **shaded area of Column G**.
- Enter the household's total actual shelter expenses, **excluding** utility costs, into **shaded area of Column H**.
- Enter the SNAP benefit the household would have received using regular SNAP rules into **shaded area of Column I**.
- If applicable, enter the household's standardized **CAP** shelter amount into **shaded area of Column J**.
- Enter the amount of the **CAP** benefit the household actually received into **shaded area of Column K**.

Insert Sample Data into the Columns

Case #	Household Size	Monthly SSI Amount	Monthly Earned Income	Monthly Other Income	Medical Expense Deduction OR SMD
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person may not respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0704-0188. It is estimated to average 81 hours per respondent.

on (PII).

households, enter "1" for all cases.

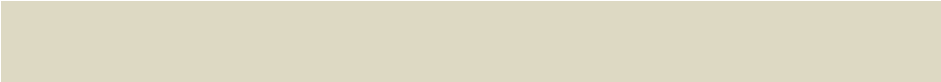
household's eligible medical expenses over \$35 or the Standard Medical

This should be the amount used to determine regular SNAP benefits.

n H. This should be the amount used to determine regular SNAP benefits.

a of Column I.

ns Below				
Actual Utility Costs OR SUA	Actual Shelter Expenses, Excluding Utility Costs	Regular SNAP Benefit	CAP Standardized Shelter Amount (if applicable)	CAP Benefit



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