

Joe Lombardo  
*Governor*



# DEPARTMENT OF HUMAN SERVICES

## DIVISION OF SOCIAL SERVICES

*Helping people. It's who we are and what we do.*

Laura Rich  
*Director*

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Case Name:	IV. 130% FPL ELIGIBILITY DETERMINATION					VII. FINAL GRANT DETERMINATION	
Case Number:	Gross Earnings (From first line of Table II)					1. Determine benefit. Payment Allowance for Household Size: (From Table I)	
Worker Sign:	Unearned Income (From last line of Table III)					OR Non-Relative Caretaker Allowance: (From Table I)	
Date Completed:	Total Income: (Transfer amount to Table VII for Overpayment Calculation)					Total Net Income: (From last line of Table V) Benefit Amount : (Round to the Nearest Whole Dollar <.49 or ≥ .50)	
<b>I. TANF Budget</b>							
TANF			TANF NNRC RELATIVE CARE		130% Poverty Level		
P E R S	130% OF POVERTY	100% NEED STANDARD (75% OF POVERTY)	PAYMENT ALLOWANCE	275% OF POVERTY	RELATIVE CARE ALLOWANCE	<input type="checkbox"/> Eligible (Proceed to Part V) <input type="checkbox"/> Ineligible: The budget ends here unless the income decreased in the budget month or the next month.	
1	\$1,696	\$979	\$254	\$3,587	\$418		
2	\$2,292	\$1,322	320	\$4,847	478		
3	\$2,888	\$1,666	386	\$6,108	538		
4	\$3,483	\$2,010	452	\$7,368	598		
5	\$4,079	\$2,354	518	\$8,629	659		
6	\$4,675	\$2,697	584	\$9,889	719		
7	\$5,271	\$3,041	650	\$11,19	779		
8	\$5,867	\$3,385	716	\$12,410	839		
NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.							
	\$583	\$336	\$66	\$1,233	\$60		
<b>KINSHIP CARE PAYMENT ALLOWANCE</b>							
0 through 12 years of age			\$401 per Child				
13 years of age or older			\$463 per Child				
NOTE: Only siblings (including legally adopted, step and half brothers and sisters) shall be considered in one assistance unit.							
Exception: When the only child in a Kinship Care case is 0-12, the Payment Allowance of \$417 for one child is considered.							
<b>II. GROSS EARNED INCOME</b>							
Individual Gross Earned Income		Person #1	Person #2	Person #1		Person #2	
Total Gross Earned Income				(Transfer amount to Gross Earnings line of Table IV, V & VI)			
<b>III. UNEARNED INCOME</b>							
Unearned Income Type				Person #1		Person #2	
Unearned Income Type							
Unearned Income Type							
Unearned Income Type							
Total Unearned Income.....							
(Transfer amount to Unearned Income line of Table IV, V & VI)							
IV. 130% FPL ELIGIBILITY DETERMINATION							
Gross Earnings (From first line of Table II)							
Unearned Income (From last line of Table III)							
Total Income: (Transfer amount to Table VII for Overpayment Calculation)							
130% Poverty Level							
<input type="checkbox"/> Eligible (Proceed to Part V) <input type="checkbox"/> Ineligible: The budget ends here unless the income decreased in the budget month or the next month.							
<b>V. INITIAL DISREGARD DETERMINATION</b>							
Gross Earnings: (From Table II)							
20% Gross Earnings: Or							
\$90 Work Expense: (Enter the larger amount on next line)							
Total Expense Amount Allowed: (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination)							
Total after 20%/\$90 Expense: = _____ Child Care Expenses: = _____ Total Net Earned Income: = _____ Total Unearned Income: + _____ (From last line of Table III)							
Total Individual Net Income: = _____ = _____ Total Combined Net Income: _____							
TANF – Compare to 100% Need Standard for appropriate family size for application month. (From Table I)							
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible							
<b>VI. NET INCOME DETERMINATION</b>							
Gross Earnings:							
Person #1 Disregard % _____ – _____							
Person #2 Disregard % _____ – _____							
OR							
\$90/20% Work Expense – _____ – _____							
Subtotal: = _____ = _____							
Total Income after Disregards: Child Care Expense: – _____ Net Earned Income: = _____ Total Unearned Income: + _____							
Total Net Income: = _____							
VII. FINAL GRANT DETERMINATION							
1. Determine benefit. Payment Allowance for Household Size: (From Table I)							
OR Non-Relative Caretaker Allowance: (From Table I)							
Total Net Income: (From last line of Table V) Benefit Amount : (Round to the Nearest Whole Dollar <.49 or ≥ .50)							
Note: Automated budgeting may vary from manual budget results by \$1.00.							
If there is not an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.							
If there is an Overpayment or IPV disqualification, proceed to #2a below for the calculation of the overpayment deduction or #2b for the IPV proration amount.							
*****							
<b>2a. If household has an overpayment:</b>							
<b>Determine overpayment deduction.</b>							
Total Income from Table IV							
Net Grant from 1 above: + _____							
Total: = _____							
Non-IPV Overpayment (10% reduction) Total x .10 = – _____							
OR							
IPV Overpayment (20% reduction) Total x .20 = – _____							
Grant Amount after Overpayment Deduction: _____							
(If there are no IPV disqualifications, enter the total grant amount in #3 below, otherwise, continue on to 2b if any household member is disqualified due to an IPV)							
*****							
<b>2b. If any household member is disqualified due to an IPV.</b>							
<b>Determine the pro-rata deduction.</b>							
1. Grant from Section VII #1 above: 2. TANF Household Size: _____							
3. Divide the grant from #1 by the TANF household size in #2. _____ = _____ (Enter this amount in #3 below.)							
*****							
<b>3. Final Grant Determination</b>							
Enter grant amount from Section VII 1 or 2a above: _____							
Subtract the IPV pro-rata deduction – * _____							
Final Grant Amount = _____							
*In cases where an IPV disqualification is imposed, the gross TANF grant prior to the pro-rata deduction is budgeted for SNAP.							

## Intake Budget:

App Date: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Benefit Amount: \_\_\_\_\_

30<sup>th</sup> Day: \_\_\_\_\_  
Benefit Month: \_\_\_\_\_

**Best Estimate – Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following)**

x1  x2  x2.15  
 x4.3  Annualized  Other

### RD Budget:

Date RD Completed: \_\_\_\_\_

Does this budget computation impact the SNAP case?  YES  NO

If YES, benefit month to be updated: \_\_\_\_\_

**Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.** 2183 EE/A (03/2010)

2183-EE/A (03/25)