

TANF BUDGETING STEPS

Step		
1. Determine gross earned and unearned income, using Tables II (Gross Earned Income) and III (Unearned Income) on the budget form.		
2. On Table IV (130% of Poverty Eligibility Determination on Budget Form), compute the Total Income. Compare the total income to the 130% of the Federal Poverty Level for the appropriate family size on Table I (need Standards/Poverty Levels).	If the Total Income is greater than 130% of poverty.	Case is ineligible for cash benefits. The budget ends here.
	If the Total Income is less than the 130% of poverty.	Go to Step 3.
3. Using Table V (Initial Eligibility Determination), determine total net income by subtracting 20% gross earnings or \$90 work expense (whichever is greater). Subtract child care. Add total Unearned Income from Table III (Unearned Income). Note: This step determines eligibility for earned income disregards.	Compare to 100 % Need Standard for family size for application month.	
	If...	Then...
	The net income is more than the 100% need standard.	Case is ineligible and the TANF budget ends here.
	The net income is less than the 100% need standard.	The individual is entitled to the disregard (if not previously exhausted) on the first cash month . (If the disregards have been exhausted, apply the standard work deduction).
		Go to Step 4.
4. Complete Table VI to determine Total Net Income after appropriate disregards or work expense is allowed.		
5. Complete table VII, using Total Net Income from Table VI to determine TANF eligibility and amount of cash benefit. If eligible, TANF earned income disregard count begins or continues with first cash month, as appropriate.	The budget ends here.	

DIVISION OF SOCIAL SERVICES

TANF BUDGET

Case Name: Case Number: Worker Sign: Date Completed:						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.						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. <i>If there is not an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.</i> <i>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.</i> <div style="text-align: center;">*****</div> 2a. If household has an overpayment: Determine overpayment deduction. Total Income from Table IV _____ Net Grant from 1 above: _____ + _____ <div style="text-align: right;">Total: = _____</div> Non-IPV Overpayment (10% reduction) Total x .10 = _____ - _____ <div style="text-align: center;">OR</div> 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) 2b. If any household member is disqualified due to an IPV. Determine the pro-rata deduction. 1. Grant from Section VII #1 above: _____ 2. TANF Household Size: _____ 3. Divide the grant from #1 by the TANF household size in #2. <div style="text-align: right;">= _____ (Enter this amount in #3 below.)</div> <div style="text-align: center;">*****</div> 3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction _____ - * _____ Final Grant Amount = _____ <i>*In cases where an IPV disqualification is imposed, the gross TANF grant prior to the pro-rata deduction is budgeted for SNAP.</i>																																																																																																									
I. TANF Budget <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="4">TANF</th><th colspan="2">TANF NNRC RELATIVE CARE</th></tr><tr><th>P E R S O N</th><th>130% OF POVERTY</th><th>100% NEED STANDARD (75% OF POVERTY)</th><th>PAYMENT ALLOWANCE</th><th>275% OF POVERTY</th><th>RELATIVE CARE ALLOWANCE</th></tr></thead><tbody><tr><td>1</td><td>\$1,696</td><td>\$979</td><td>\$254</td><td>\$3,587</td><td>\$418</td></tr><tr><td>2</td><td>\$2,292</td><td>\$1,322</td><td>320</td><td>\$4,847</td><td>478</td></tr><tr><td>3</td><td>\$2,888</td><td>\$1,666</td><td>386</td><td>\$6,108</td><td>538</td></tr><tr><td>4</td><td>\$3,483</td><td>\$2,010</td><td>452</td><td>\$7,368</td><td>598</td></tr><tr><td>5</td><td>\$4,079</td><td>\$2,354</td><td>518</td><td>\$8,629</td><td>659</td></tr><tr><td>6</td><td>\$4,675</td><td>\$2,697</td><td>584</td><td>\$9,889</td><td>719</td></tr><tr><td>7</td><td>\$5,271</td><td>\$3,041</td><td>650</td><td>\$11,149</td><td>779</td></tr><tr><td>8</td><td>\$5,867</td><td>\$3,385</td><td>716</td><td>\$12,410</td><td>839</td></tr></tbody></table> <small>NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.</small> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td></td><td>\$596</td><td>\$344</td><td>\$66</td><td>\$1,261</td><td>\$60</td></tr></table> KINSHIP CARE PAYMENT ALLOWANCE <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>0 through 12 years of age</td><td>\$401 per Child</td></tr><tr><td>13 years of age or older</td><td>\$463 per Child</td></tr></table> <small>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.</small>						TANF				TANF NNRC RELATIVE CARE		P E R S O N	130% OF POVERTY	100% NEED STANDARD (75% OF POVERTY)	PAYMENT ALLOWANCE	275% OF POVERTY	RELATIVE CARE ALLOWANCE	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	\$11,149	779	8	\$5,867	\$3,385	716	\$12,410	839		\$596	\$344	\$66	\$1,261	\$60	0 through 12 years of age	\$401 per Child	13 years of age or older	\$463 per Child	V. INITIAL DISREGARD DETERMINATION <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>Person #1</th><th>Person #2</th></tr></thead><tbody><tr><td>Gross Earnings: (From Table II)</td><td>_____</td><td>_____</td></tr><tr><td>20% Gross Earnings:</td><td>_____</td><td>_____</td></tr><tr><td>Or</td><td></td><td></td></tr><tr><td>\$90 Work Expense: (Enter the larger amount on next line)</td><td>_____</td><td>_____</td></tr><tr><td>Total Expense Amount Allowed: (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination)</td><td>_____</td><td>_____</td></tr><tr><td>Total after 20%/\$90 Expense:</td><td>= _____</td><td></td></tr><tr><td>Child Care Expenses:</td><td>- _____</td><td></td></tr><tr><td>Total Net Earned Income:</td><td>= _____</td><td></td></tr><tr><td>Total Unearned Income: (From last line of Table III)</td><td>+ _____</td><td></td></tr><tr><td>Total Individual Net Income:</td><td>= _____</td><td>= _____</td></tr><tr><td>Total Combined Net Income:</td><td colspan="2">_____</td></tr></tbody></table> <small>TANF – Compare to 100% Need Standard for appropriate family size for application month.</small> <div style="text-align: right;">(From Table I)</div> <div style="text-align: center;"><input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible</div>							Person #1	Person #2	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:	_____	
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Best Estimate – Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following) <div style="text-align: right;"><input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x2.15 <input type="checkbox"/> x4.3 <input type="checkbox"/> Annualized <input type="checkbox"/> Other</div> Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.																																																																																																																					

NEVADA STATE DIVISION OF SOCIAL SERVICES
**TANF STEPPARENT/RESPONSIBLE PARENT/TEMPORARY RESIDENT PARENT
 DEEMING BUDGET**

Case Name	Case Number	Date	Income Month	Grant Month

<input type="checkbox"/> Intake Budget	<input type="checkbox"/> Ongoing Budget	<input type="checkbox"/> O/P Budget	<input type="checkbox"/> Other	Case Manager
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STEPPARENT OR RESPONSIBLE PARENT'S EARNED INCOME	NUMBER OF PERSONS	TANF NEED STANDARD
1. Gross earnings or net self-employment income	1	\$979
2. Less	2	1,322
Work Expense	3	1,666
	4	2,010
3. TOTAL NET EARNED INCOME	5	2,354
	6	2,697
	7	3,041
	8	3,385
STEPPARENT OR RESPONSIBLE PARENT'S UNEARNED INCOME		
4. UIB	<i>ADD \$344 FOR EACH ADDITIONAL PERSON</i>	
5. Social Security	(1) Enter the need standard for the number of persons in the stepparent's or responsible parent's home (including the stepparent/parents) who are not included in the TANF assistance unit and are claimed by the stepparent/parent as dependents for Federal Income Tax purposes. Include persons who do not meet TANF citizenship requirements. Do not include SSI recipients. (2) Disregard amounts actually paid by the stepparent/parent to persons not living in the home who are claimed by the stepparent/parent for Federal Income Tax purposes AND payments made by stepparents/parents for alimony or child support.	
6. Value of Subsidized Housing (\$76 maximum)		
7. Other (Type)		
8. TOTAL NET UNEARNED INCOME		
TOTAL NET INCOME		
9. Total Income (sum items 3 & 8)		
10. Less Need Standard (1)		
11. Less Support (2)		
12. NET DEEMABLE INCOME (Transfer to TANF/CHAP Budget - Form 2183)		