

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
TANF BUDGET

Case Name: _____
 Case Number: _____
 Worker Sign: _____
 Date Completed: _____

I. TANF Budget

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	\$1,580	\$911	\$254	\$3,341	\$418
2	\$2,136	\$1,233	320	\$4,519	478
3	\$2,693	\$1,554	386	\$5,697	538
4	\$3,250	\$1,875	452	\$6,875	598
5	\$3,807	\$2,196	518	\$8,053	659
6	\$4,364	\$2,518	584	\$9,231	719
7	\$4,921	\$2,839	650	\$10,409	779
8	\$5,477	\$3,160	716	\$11,587	839

NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.

\$557	\$321	\$66	\$1,178	\$60
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KINSHIP CARE PAYMENT ALLOWANCE

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.

II. GROSS EARNED INCOME

	Person #1	Person #2
Individual Gross Earned Income		
Total Gross Earned Income		

(Transfer amount to Gross Earnings line of Table IV, V & VI)

III. UNEARNED INCOME

Unearned Income Type	Person #1	Person #2

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 _____

Eligible (Proceed to Part V)
 Ineligible The budget ends here unless the income decreased in the budget month or the next month.

V. INITIAL DISREGARD DETERMINATION

	Person #1	Person #2
Gross Earnings: (From Table II)	_____	_____
20% Gross Earnings:	_____	_____
<i>Or</i>		
\$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)

Eligible Ineligible

VI. NET INCOME DETERMINATION

	Person #1	Person #2
Gross Earnings:	_____	_____
Person #1 Disregard % _____	- _____	- _____
Person #2 Disregard % _____	- _____	- _____
<i>OR</i>		
\$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.

2a. If household has an overpayment: Determine overpayment deduction.

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)

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.
 _____ = _____
 (Enter this amount in #3 below.)

3. Final Grant Determination

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.*

<p>Intake Budget: App Date: _____ 30th Day: _____ Date Approved: _____ Benefit Month: _____ Benefit Amount: _____</p> <p>RD Budget: Date RD Completed: _____ Does this budget computation impact the SNAP case? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, benefit month to be updated: _____</p>	<p>Best Estimate - Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following)</p> <p><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</p> <p>Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.</p>
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