

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
TANF BUDGET

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) + _____								
Date Completed: _____				Total Income: (Transfer amount to Table VII for Overpayment Calculation) _____			OR Non-Relative Caretaker Allowance: _____ (From Table I)					
TANF		TANF NNRC RELATIVE CARE		130% Poverty Level						Total Net Income: (From last line of Table V) - _____		
P E R S O N	130% OF POVERTY	100% NEED STANDARD	PAYMENT ALLOWANCE	275% OF POVERTY	RELATIVE CARE ALLOWANCE	<input type="checkbox"/> Eligible (Proceed to Part V)			Benefit Amount : _____ (Round to the Nearest Whole Dollar <.49 or ≥ .50)			
1	1,353	781	\$254	2,862	\$418	<input type="checkbox"/> Ineligible The budget ends here unless the income decreased in the budget month or the next month.			Note: Automated budgeting may vary from manual budget results by \$1.00.			
2	1,832	1,057	320	3,875	478	V. Initial Disregard Determination						
3	2,311	1,333	386	4,888	538							
4	2,790	1,609	452	5,901	598	Person #1 Person #2			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)			
5	3,268	1,886	518	6,914	659	Gross Earnings: _____						
6	3,747	2,162	584	7,927	719	20% Gross Earnings: _____			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.) *****			
7	4,226	2,438	650	8,940	779	Or \$90 Work Expense: _____						
8	4,705	2,714	716	9,953	839	Total Expense Amount Allowed: _____ (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination)			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>			
NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.						Total after 20%/\$90 Expense: = _____						
		\$479	\$276	\$66	\$1,013	\$60	Child Care Expenses: - _____			VI. Net Income Determination		
KINSHIP CARE PAYMENT ALLOWANCE						Total Net Earned Income: = _____						
0 through 12 years of age		\$401 per Child				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. <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible (From Table I)			
13 years of age or older		\$463 per Child				Total after 20%/\$90 Expense: = _____						
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.						Total Net Earned Income: = _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
II. GROSS EARNED INCOME						Total Unearned Income: + _____						
		Person #1		Person #2		Total Net Income: = _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
Individual Gross Earned Income						Total Individual Net Income: = _____ = _____						
Total Gross Earned Income _____ (Transfer amount to Gross Earnings line of Table IV, V & VI)						Total Combined Net Income: _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
Unearned Income Type _____						Total Net Income: = _____						
Unearned Income Type _____						Total Unearned Income: + _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
Unearned Income Type _____						Total Net Income: = _____						
Unearned Income Type _____						Total Unearned Income: + _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
Unearned Income Type _____						Total Net Income: = _____						
Total Unearned Income _____ (Transfer amount to Unearned Income line of Table IV, V & VI)						Total Unearned Income: + _____			3. Final Grant Determination Enter grant amount from Section VII 1 or 2a above: _____ Subtract the IPV pro-rata deduction - * _____ Final Grant Amount = _____			
						Total Net Income: = _____						

<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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