

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.	

TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF TANF

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
TANF BUDGET

Case Name: _____					IV. 100% FPL Eligibility Determination		VII. Final Grant Determination		
Case Number: _____					Gross Earnings (From line 10 of Table II) _____		1. Determine benefit. Payment Allowance for Household Size (From Table I) _____		
Worker Sign: _____					Unearned Income (From line 10 of Table III) + _____		OR Non-Relative Care/for Allowance: (From Table I) _____		
Date Completed: _____					Total Income: _____		Total Net Income: (From line 10 of Table V) _____		
TANF			TANF NINRC RELATIVE CARE		130% Poverty Level <input type="checkbox"/> Eligible (From line 10) <input type="checkbox"/> Ineligible: This budget case has not met the income determined in the budget month or the April month.		Benefit Amount: (Based on the Household Size Table #48 or 2, 30)		
P E R S O N	100% OF POVERTY	100% NEED STANDARD	PAYMENT ALLOWANCE	100% OF POVERTY			RELATIVE CARE ALLOWANCE	Note: Automated budgeting may vary from manual budget results by \$1.00.	
1	1,307	754	253	2,768			417	If there is not an Overpayment or an IPV disqualification, this is the final budget amount. Budget the amount to 2021. If there is an Overpayment or IPV disqualification, proceed to the table below for the calculation of the overpayment deduction or RD for the IPV protection amount.	
2	1,759	1,015	318	3,792			476		
3	2,212	1,276	383	4,680			535		
4	2,665	1,538	448	5,638			594		
5	3,118	1,799	513	6,586			654		
6	3,571	2,060	578	7,533			713		
7	4,024	2,321	643	8,511			772		
8	4,476	2,583	708	9,469			831		
NOTE: For each additional person, add the following amounts to the figure in PERSONS #4					V. Initial Disregard Determination Person #1: _____ Person #2: _____ Gross Earnings: _____ 20% Gross Earnings: _____ Or IPV Work Expense: _____ (Enter the larger amount on next line) Total Expense Amount: Allowance: (Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination) Total after 20%/30% Expense: _____ Child Care Expenses: _____ Total Net Earned Income: _____ Total Unearned Income: (From line 10 of Table III) + _____ Total Individual Net Income: = _____ Total Combined Net Income: _____ TANF - Compare to 100% Need Standard for appropriate family size for applicable month.				
\$452	\$262	\$65	\$958	\$59					
KINSHIP CARE PAYMENT ALLOWANCE									
0 through 12 years of age			\$400 per Child						
13 years of age or older			\$462 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.							VI. Net Income Determination Person #1: _____ Person #2: _____ Gross Earnings: _____ Person #1 Disregard: _____ Person #2 Disregard: _____ OR 30%/30% Work Expense: _____ Subtotal: = _____ Total Income after Disregards: Child Care Expense: _____ Net Earned Income: _____ Total Unearned Income: _____ Total Net Income: = _____		
IX. GROSS EARNED INCOME									
Individual Gross Earned Income									
Total Gross Earned Income (Transfer amount to Gross Earnings line of Table IV, V & VI)									
Unearned Income Type									
Unearned Income Type									
Unearned Income Type									
Unearned Income Type									
Total Unearned Income _____ (Transfer amount to Unearned Income line of Table IV, V & VI)									
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.									

Initial Budget: App Date: _____ 30 th Day: _____ Date Approved: _____ Benefit Month: _____ Benefit Amount: _____ 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: _____	Best Estimate - Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following): <input type="checkbox"/> xl <input type="checkbox"/> q2 <input type="checkbox"/> xl.15 <input type="checkbox"/> xl.3 <input type="checkbox"/> Annualized <input type="checkbox"/> Other Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.
---	---

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
**TANF STEPPARENT/RESPONSIBLE PARENT/TEMPORARY RESIDENT PARENT
 DEEMING BUDGET**

Case Name Case Number Date Income Month Gross Month
 Intake Budget Ongoing Budget O/P Budget Other Case Manager

STEPPARENT OR RESPONSIBLE PARENT'S EARNED INCOME	NUMBER OF PERSONS	100% NEED STANDARD
1. Gross earnings or net self-employment income	1	\$ 754
2. Less	2	1,015
Work Expense	3	1,276
.....	4	1,538
3. TOTAL NET EARNED INCOME	5	1,799
	6	2,060
<i>ADD \$360 FOR EACH ADDITIONAL PERSON</i>		
STEPPARENT OR RESPONSIBLE PARENT'S UNEARNED INCOME		
4. UIB	(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.	
5. Social Security	(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)		

DISTRIBUTION: WHITE - Casefile

2596 - EE (4/17)