

+DIVISION OF WELFARE AND SUPPORTIVE SERVICES
TANF / CHAP / MEDICAID BUDGET

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

I. NEED STANDARDS/POVERTY LEVELS							
TANF				TANF NNRC RELATIVE CARE		CHAP	
PERS	130% OF POV- ERTY	100% NEED STRD	PMT ALLOW- ANCE	275% OF POV- TY	RELA- TIVE CARE ALLOW- ANCE	100% of POV- ERTY	133% of POV- ERTY
1	1,245	718	253	2,633	417	958	1,273
2	1,680	969	318	3,554	476	1,293	1,719
3	2,116	1,221	383	4,476	535	1,628	2,165
4	2,551	1,472	448	5,397	594	1,963	2,610
5	2,981	1,723	513	6,318	654	2,298	3,056
6	3,422	1,974	578	7,239	713	2,633	3,501
7	3,858	2,226	643	8,161	772	2,968	3,947
8	4,293	2,477	708	9,082	831	3,303	4,392

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

\$435	\$251	\$65	\$921	\$59	\$335	\$445
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II. GROSS EARNED INCOME

Total Gross Earned Income _____
 (Transfer amount to Gross Earnings line of Table IV, V & VI)

III. UNEARNED INCOME

Lump Sum (nonrecurring) _____
 UIB _____
 Social Security _____
 IGA _____
 Contributions _____
 Direct Child Support _____
 Stepparent Net Income
 Responsible Parent/Temporary _____
 Resident Parent Net Income _____
 Value of Subsidized
 Housing (\$76 Max.) _____
 Other _____
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 There is NO nonrecurring Lump Sum income. The budget ends here unless income ceased during the application month. To evaluate for Medicaid eligibility, proceed to Part V.

V. Initial Eligibility Determination or After Disregard

	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 Net Income: = _____		

TANF - Compare to 100% Need Standard for appropriate family size for application month.
CHAP - Compare to 100/133% poverty level for appropriate family size for application month.

Eligible Ineligible (From Table I)

VI. Net Income Determination

	Person #1	Person #2
Gross Earnings: _____	_____	_____
_____	_____	_____
_____	_____	_____
or		
Table V Disregard: - _____ (From Table V)		
Subtotal: _____		
Total Income after Disregards: _____		
Child Care Expense: - _____		
Net Earned Income: = _____		
Total Unearned Income: + _____		
Total Net Income: = _____		

VII. Final Grant Determination

1. Determine grant.

Payment Allowance: _____
 (From Table I)
 or Relative Care Allowance: _____
 (From Table I)

Total Net Income: - _____
 (From last line of Table VI)
 Net Grant: = _____

(Round to the Nearest Whole Dollar <.49 or ≥ .50)
Note: Automated budgeting may vary from manual budget results by \$1.00.

2. If household has an overpayment, sanction or IPV:

A. Determine overpayment.

Total Income from Table IV _____
 Net Grant from I above: + _____
 Total = _____
 Error = Times .10 = - _____
 OR
 IPV = Times .20 = - _____

Grant Amount after Overpayment: _____
 (If there are no sanctions or disqual, total grant amount in #3 below, otherwise, continue on to 2B if client is sanctioned)

B. Determine penalty.

(The Net Grant amount in part #1) above is used to determine the sanction amounts for this section)

IPV (Pro Rata) Amount: _____ (Round Down)
 OR
 1/3, 1/2, 2/3 or 3/3
 Sanction Amount: _____ (Round Down)

3. Final Grant Determination

Enter grant amount from VII 1 or 2 above _____

Subtract IPV or Sanction amount (whichever is greater) - _____
 Final Grant Amount = _____
 *(This is NC amount for F.S.)

CHAP

	100%	133%
Poverty Level: _____	_____	_____
Total Net Income: _____	_____	_____

(From last line of Table VI)
 Eligible: YES NO YES NO

Intake Budget:
 App Date: _____ 30th Day: _____
 Date Approved: _____ Grant Month: _____
 Grant Amount: _____ Med. Month: _____

RD Budget:
 Date RD Completed: _____
 Does this budget computation impact the food stamp (FS) case? YES NO
 If YES, date FS case/TAD 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)

1x 2x 2.15x
 4.3x Annualized

Actuals (Month(s) _____)
 Other (_____)