POLICY BULLETIN #15-100-OPE

THE CASH ASSISTANCE BUDGET COMPUTATION FORM (W-648) IS NOW AN AUTOMATED, ELECTRONICALLY FILLABLE FORM

Date:	**Subtopic(s):**
October 23, 2015	Forms

⌨ This procedure can now be accessed on the FIAweb.

The purpose of this policy bulletin is to inform Job Center staff that the Cash Assistance Budget Computation form (**W-648**) is now available on HRA eDocs as an automated, electronically fillable form.

To use the automated version of the **W-648**:

- Open the **W-648** through HRA eDocs.
- Scroll down to "**Section 1: Calculation of Income/Needs**" which is in the middle of the first page of the form.
- In Section 1 there is a highlighted drop down box that states "**Please select an option**." Click on the drop down menu and choose one of the following options:

  - Full Prorated with Legal line of responsibility
  - Full Basic Full Rent
  - Prorated Basic Full Rent
  - Prorated Basis Zero Rent

- Click the "**Go**" button next to the drop down menu once you select the correct option. The form will become fillable for the option that was selected. You can now type on the form.
- At the end of each page you must click the "**Calculate**" button before going to the next page.

Effective Immediately

⌨ Please use Print on Demand to obtain copies of forms.

Attachment:

W-648   Cash Assistance Budget Computation (Rev. 6/02/15)

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: *(917) 639-0298*

Distribution: X

NYC **Human Resources Administration** | Family Independence Administration
Department of Social Services

Date: _____

Case Number: _____

Case Name: _____

Caseload: _____

Center: _____

Cash Assistance Budget Computation*
(Effective June 1, 2015)

Do not use this form for the following housing situations:

- <u>Temporary housing</u> with shelter type codes **06, 13, 14, 30, 33, 34,** or **35.** Use Form **W-648M.**
- <u>Congregate care/residential treatment</u> with shelter type codes **15, 16, 27, 28, 29, 31, 32, 42,** or **43**. Use Form **W-648J**.

☐ **Active CA cases and cases closed less than four (4) months**

☐ **New cases or cases closed for four (4) months or more**

Other Eligible Payee(s)

First Name	M.I.	Last Name	Category	Suffix	How many in the Suffix?
			Total number in household:		

Section 1: Calculation of Income/Needs

Enter Semimonthly (S/M) amounts. (Be sure to use conversion chart for weekly and monthly amounts.)

If the individual in receipt of income is legally responsible for the other suffix(es), <u>all income/needs</u> must be prorated.

Should it be prorated? ☐ Yes ☐ No

If Yes, what is the indicator: _____

A. Income				S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
1. S/M gross earned income								
Suffix	Name	How Often	Gross Income					
				$	$		$	

Section 1: Calculation of Income/Needs (continued)

Unearned Income:			S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
2. Net S/M income from boarder/lodger							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
3. Workers' Compensation							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
4. New York State Disability							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
5. Unemployment Insurance Benefits							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
6. Social Security benefits							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
7. Veterans' pension or compensation							
Suffix	**How Often**	**Gross Income**					
			$	$		$	
8. **Subtotal of lines 2 through 7**			$	$		$	

SAMPLE

Section 1: Calculation of Income/Needs (continued)

Unearned Income (continued)	S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
9. Amount from Page 2, Line 8	$	$		$	
10. Child support/Combined Child and Spousal Support					
11. Other (including Alimony/Spousal Support only[2]) (specify):	$	$		$	
12. Total S/M Unearned Income (add lines 9 through 11)	$	$		$	
13. Total S/M gross income (line 1 plus line 12)	$	$		$	

Line 10 sub-table:

Total Amount of Child Support

Suffix	Income	Number of Children

(For each suffix in receipt of child support/combined child and spousal support income, subtract up to $50/$100 from S/M amount above and enter the net amount under the appropriate suffix on the right hand side.)[1]

[1] CA households with one child are entitled to have up to $50 S/M disregarded and households with two or more children are entitled to have up to $100 S/M disregarded. If determined eligible for cash assistance, child support/combined child and spousal support is not budgetable but is assigned to the Agency through the Office of Child Support Enforcement.

[2] No disregards are applied to income received from combined child and spousal support where the last child on the CA case is 21 years of age or older, or alimony/spousal only support orders.

SAMPLE

Total number in household _____

B. Needs	S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
14. Family allowance	$	$		$	
15. Energy grant	$	$		$	
16. Fuel for heating	$	$		$	
17. Pregnancy allowance					
18. Subtotal of lines 14 through 17	$	$		$	

Line 17 sub-table:

Enter Number of Pregnant Women

Suffix _____	Suffix _____

Section 1: Calculation of Income/Needs (continued)

B. Needs (continued)	S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
19. Amount from Page 3, Line 18	$	$		$	

20. Restaurant Allowance

Suffix _____

Number of People	Meals	Amount
Pregnant or under 18*		
18 or older non-pregnant		

Suffix _____

Number of People	Meals	Amount
Pregnant or under 18*		
18 or older non-pregnant		

(line 20 S/M columns): $ ... $

	S/M Amounts to be Prorated	Suffix		Suffix	
21. Other (specify):	$	$		$	
22. Basic allowance (add lines 19 through 21)	$	$		$	

23. Shelter Allowance

Suffix _____

Select Shelter Allowance Schedule	No. of People	Max. Allowed	Actual Amount
☐ Shelter With Children ☐ Shelter Without Children			

Suffix _____

Select Shelter Allowance Schedule	No. of People	Max. Allowed	Actual Amount
☐ Shelter With Children ☐ Shelter Without Children			

Prorated _____ (Total Household Members)

Select Shelter Allowance Schedule	No. of People	Max. Allowed	Actual Amount
☐ Shelter With Children ☐ Shelter Without Children			

	S/M Amounts to be Prorated	Suffix		Suffix	
Enter actual amount or maximum allowed, whichever is less	$	$		$	
24. Total S/M needs (add lines 22 and 23)	$	$		$	

* This also applies to a person who is under 19 years of age and is a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training if he/she may reasonably be expected to complete the educational or training program before reaching age 19.

Section 2: 185% Gross Income Limitation Calculation

		Suffix _____	Suffix _____
25.	Multiply amount on line 24 by 1.85	$	$
26.	Compare amount entered on line 13 with amount on line 25.		
	(a) If the amount entered on line 13 is greater than the amount on line 25, the household does not meet the 185% Gross Income Limitation and is ineligible for Cash Assistance (CA) – check ☑ ineligible. Do not continue. Complete Form **W-122D** to determine Supplemental Nutrition Assistance Program (SNAP) eligibility[†].	☐ Ineligible	☐ Ineligible
	(b) If the amount entered on line 13 is equal to or less than the amount entered on line 25, the household meets the 185% Gross Income Limitation – check ☑ eligible. Complete Section 3.	☐ Eligible	☐ Eligible

[†]If one suffix fails the 185% test, recalculate the needs of the remaining suffix(es), excluding the ineligible suffix. Provide full allowances or an increased prorated share based on the number of remaining suffix(es).

Section 3: Poverty Test

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
27.	Enter total S/M gross income from line 13.	$	$		$	
28.	Enter poverty guideline amount for family size from look-up chart.	$	$		$	
29.	Compare amounts on line 27 and 28:					
	(a) If the amount on line 27 is greater than the amount on line 28, then the household has failed the poverty test and is ineligible for CA[†].		☐ Failed		☐ Failed	
	(b) If the amount on line 27 is less than or equal to the amount on line 28, the household has passed the poverty test and is eligible for CA.		☐ Passed		☐ Passed	

[†]If one suffix fails the poverty or net income test, recalculate the needs of the remaining suffix(es), excluding the ineligible suffix. Provide full allowances or an increased prorated share based on the number of remaining suffix(es).

If the household passed the poverty test, continue.

2015 Poverty Guidelines* Look-up Chart	
Size of Family	**Semimonthly Limit**
1	$490.42
2	$663.75
3	$837.08
4	$1,010.42
5	$1,183.75
6	$1,357.08
7	$1,530.42
8	$1,703.75
For each additional person, add $173.33 semimonthly.	

Section 4A: Net Income Test
Active CA cases and cases closed less than four (4) months

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
30.	S/M gross earned income (from line 1)		$		$	
31.	Standard deduction subtract $45 S/M (allow $45 S/M for each employed individual) **Suffix** _____ **Suffix** _____		$		$	
32.	Income applicable for 50% disregard (line 30 minus line 31)		$		$	
33.	50% earned income disregard (multiply amount on line 32 by 0.50). Applicable for all FA households and any SNA household with at least one child or medically verified pregnant woman. All others enter zero (0). **Suffix** _____ **Suffix** _____		$		$	
34.	Total deductions (line 31 plus line 33)		$		$	
35.	S/M net earned income (line 30 minus line 34). If there are no legal lines of responsibility, skip line 35A.		$		$	
35A.	S/M net earned income to be prorated. Enter the total income earned by the legally responsible suffix in box A and divide proportionally in box B and box C.	A $	B $		C $	
36.	Total S/M unearned income (from line 12)	$	$		$	
37.	Total S/M income (line 36 plus 35A). If there is no entry in line 35A, use line 35.	$	$		$	
38.	Total S/M needs (from line 24)	$	$		$	
39.	OCSE sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 38 by 0.25) **OCSE Sanction** **Suffix** _____ ☐ Yes **Suffix** _____ ☐ Yes		$		$	

Section 4A: Net Income Test (continued)
Active CA cases and cases closed less than four (4) months

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
40.	S/M needs (line 38 minus line 39)		$		$	
41.	Budget deficit (line 40 minus line 37 – round down to the nearest 50¢) Enter amount if greater than zero (0). If equal to or less than zero (0), do not enter amount here; enter amount on line 42.		—		—	
42.	Budget surplus – if line 37 is equal to or more than line 40, the household has **failed the net income test** and is **not eligible for CA**[†].		+		+	
43.	Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 41) **Employment/Substance Abuse Pro Rata Sanction** Suffix _____ ☐ Yes Suffix _____ ☐ Yes		$		$	
44.	S/M budget deficit (line 41 minus line 43 – round down to the nearest 50¢)		CA Grant $		CA Grant $	

[†]If one suffix fails the poverty or net income test, recalculate the needs of the remaining suffix(es), excluding the ineligible suffix. Provide full allowances or an increased prorated share based on the number of remaining suffix(es).

Section 4B: Net Income Test
New cases or cases closed for four (4) months or more

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
45.	S/M gross earned income (from line 1)		$		$	
46.	S/M standard deduction – $45 S/M (allow $45 S/M for each employed individual) **Suffix** _____ **Suffix** _____		$		$	
47.	S/M net earned income (line 45 minus line 46). If there are no legal lines of responsibility, skip line 47A.		$		$	
47A.	S/M net earned income to be prorated. Enter the total income earned by the legally responsible suffix in box A and divide proportionally in box B and box C.	**A** $	**B** $		**C** $	
48.	Total S/M unearned income (from line 12)	$	$		$	
49.	Total S/M income (lines 47A plus 48). If there is no entry in line 47A, use line 47.	$	$		$	
50.	Total S/M needs (from line 24 – round down to the nearest 50¢)	$	$		$	
51.	OCSE sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 50 by 0.25) **OCSE Sanction** **Suffix** _____ **Suffix** _____ ☐ Yes ☐ Yes		$		$	
52.	S/M needs (line 50 minus line 51)	$	$		$	
53.	Subtotal budget deficit (line 52 minus line 49 – round down to nearest 50¢). Enter amount if greater than zero (0). If equal to or less than zero (0), do not enter amount here; enter amount on line 54.	$	—		—	
54.	Budget surplus – **if line 49 is equal to or more than line 52, the household has failed the net income test and is ineligible for CA.**[†]	$	+		+	
55.	Earned income disregard (applicable for all FA households and any SNA household with at least one child or medically verified pregnant woman). Multiply the amount on line 47 by 0.50[††]		$		$	
56.	S/M net earned income (line 47 minus line 55). If there are no legal lines of responsibility, skip line 56A.		$		$	
56A.	S/M net earned income to be prorated. Enter the total income earned by the legally responsible suffix in box A and divide proportionally in box B and box C.	**A** $	**B** $		**C** $	

[†] If one suffix fails the net income test, recalculate the needs of the remaining suffix(es), excluding the ineligible suffix. Provide full allowances or an increased prorated share based on the number of remaining suffix(es).

[††] An applicant's eligibility for CA must be determined without application of the 50% Earned Income Disregard (EID) unless the applicant has received CA for any one of the four months preceding the date of the current application. If eligible without the EID, the disregard is granted in calculating the net earned income.

Section 4B: Net Income Test (continued)
New cases or cases closed for four (4) months or more

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
57.	Total S/M needs (from line 50)		$		$	
58.	Total S/M income (line 48 plus line 56A). If there is no entry in line 56A, use line 56.	$	$		$	
59.	Budget deficit (line 57 minus line 58 – round down to the nearest 50¢)		$		$	
60.	Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 59) **Employment/Substance Abuse Pro Rata Sanction** — Suffix _____ ☐ Yes — Suffix _____ ☐ Yes		$		$	
61.	S/M budget deficit (line 59 minus line 60 – round down to the nearest 50¢)		CA Grant $		CA Grant $	

Section 5: Income for Supplemental Nutrition Assistance Program (SNAP) Calculation

		Total
62.	Add together the budget deficits for each suffix (line 44 or line 61) and enter the total. This amount is also entered on line 4 of Form **W-122D/DD**. For alien cases with individuals ineligible for SNAP, enter only the prorated cash assistance of eligible individuals on line 4 of Form **W-122D/DD.**	

Authorization Period: From: _____ To: _____ .

_____   _____
Authorized by   Date