



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN #24-01-OPE

### REVISIONS TO THE CASH ASSISTANCE BUDGET COMPUTATION (W-648) FORM (This Policy Bulletin Replaces PB #15-100-OPE)

Date: January 4, 2024	Subtopic(s): Forms
	<p>The purpose of this policy bulletin is to advise Benefits Access Center and HIV/AIDS Services Administration (HASA) staff that the Cash Assistance Budget Computation (<b>W-648</b>) form has been revised. This procedure is informational for all others.</p> <p>The <b>W-648</b> has been revised to remove the calculations that limited the earned income disregard (EID) to earnings up to the federal poverty level (FPL) for their household size. The limitations of the EID on earnings up to the FPL only apply to Cash Assistance (CA) households who are residing in temporary housing shelter types.</p> <p>The Temporary Housing Budget Worksheet (<b>W-648M</b>) is used for all households who are residing in temporary housing shelter types (Shelter Type codes <b>06, 13, 14, 30, 33</b> and <b>34</b>).</p> <p><i>Effective Immediately</i></p> <p><b>References:</b></p> <p>23-ADM-04 22 TA/DC085</p> <p><b>Related Item:</b></p> <p><a href="#">PD #23-05-ELI</a> Earned Income Disregard Effective June 2023</p> <p><b>Attachment:</b></p> <p><b>W-648 (E)</b> Cash Assistance Budget Computation (12/15/2023)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Request a Clearance in [Service NOW](#), or send an e-mail to [fiacallcenter2@dss.nyc.gov](mailto:fiacallcenter2@dss.nyc.gov), or Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
Center: \_\_\_\_\_

### Cash Assistance Budget Computation (Effective June 1, 2023)

Do not use this form for the following housing situations:

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

- Active CA cases and cases closed for four (4) months or less
- New cases or cases closed for more than four (4) months

SAMPLE

**Other Eligible Payee(s)**

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

**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), all income/needs 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.	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.	Workers' Compensation							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
3.	New York State Disability							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
4.	Unemployment Insurance Benefits							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
5.	Social Security Benefits							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
6.	Veterans' pension or compensation							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
7.	Interest/Dividends							
	<b>Suffix</b>	<b>How Often</b>	<b>Gross Income</b>					
				\$	\$		\$	
8.	<b>Subtotal of lines 2 through 7</b>			\$	\$		\$	

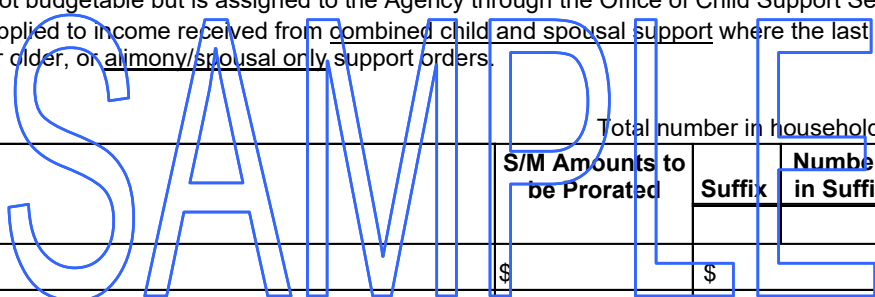
SAMPLE

**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.	<b>Amount from Page 2, Line 8</b>		\$	\$		\$		
10.	Child support/Combined Child and Spousal Support							
	<b>Total Amount of Child Support</b>							
	<b>Suffix</b>	<b>Income</b>						<b>Number of Children</b>
	(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.) <sup>1</sup>			\$		\$		
11.	Other (including Alimony/Spousal Support only <sup>2</sup> ) (specify):		\$	\$		\$		
12.	<b>Total S/M Unearned Income (add lines 9 through 11)</b>		\$	\$		\$		
13.	<b>Total S/M gross income (line 1 plus line 12)</b>		\$	\$		\$		

<sup>1</sup> 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 Services.

<sup>2</sup> 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.



B. Needs			S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix
14.	Basic allowance		\$	\$		\$	
15.	Energy grant		\$	\$		\$	
16.	Fuel for heating		\$	\$		\$	
17.	Pregnancy allowance						
	<b>Enter Number of Pregnant Women</b>						
	Suffix _____	Suffix _____					
18.	<b>Subtotal of lines 14 through 17</b>		\$	\$		\$	

Total number in household

**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																								
<table border="1" style="width: 100%;"> <tr> <td colspan="4" style="text-align: center;">Suffix _____</td> </tr> <tr> <th style="width: 20%;">Number of People</th> <th style="width: 20%;">Meals</th> <th colspan="2" style="width: 60%;">Amount</th> </tr> <tr> <td>Pregnant or under 18*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 or older non-pregnant</td> <td></td> <td></td> <td></td> </tr> </table>									Suffix _____				Number of People	Meals	Amount		Pregnant or under 18*				18 or older non-pregnant			
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				\$	\$		\$																	
21. Other (specify):				\$	\$		\$																	
22. Shelter Allowance																								
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<input type="checkbox"/> Shelter With Children																								
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Enter actual amount or maximum allowed, whichever is less				\$	\$		\$																	
23. Total S/M needs (add lines 19 through 22)				\$	\$		\$																	

SAMPLE

\* 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 they may reasonably be expected to complete the educational or training program before reaching age 19.

**Section 2A: Net Income Test**

**Active CA cases and cases closed for four (4) months or less**

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix						
24.	62% earned income disregard (multiply the amount on line 1 by 0.62). <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Suffix _____	Suffix _____				\$		\$			
Suffix _____	Suffix _____											
25.	Work expense disregard, subtract \$75 S/M (allow \$75 S/M for each employed individual). <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Suffix _____	Suffix _____				\$		\$			
Suffix _____	Suffix _____											
26.	Earned income disregard plus work expense disregard, Line 24 plus line 25. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Suffix _____	Suffix _____				\$		\$			
Suffix _____	Suffix _____											
27.	S/M gross earned income. Enter the amount from line 1.		\$		\$							
28.	S/M adjusted earned income. Line 27 minus line 26. If equal to or less than zero (0), enter (0).		\$		\$							
28A.	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	\$	\$						
29.	Total S/M unearned income (from line 12)	\$	\$		\$							
30.	Total S/M income (line 29 plus 28A). If there is no entry in line 28A, use line 28.	\$	\$		\$							
31.	Total S/M needs (from line 23)	\$	\$		\$							
32.	OCSS sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 31 by 0.25) <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td colspan="2" style="text-align: center;"><b>OCSS Sanction</b></td> </tr> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	<b>OCSS Sanction</b>		Suffix _____	Suffix _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		\$		\$	
<b>OCSS Sanction</b>												
Suffix _____	Suffix _____											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes											

**Section 2A: Net Income Test** (continued)  
**Active CA cases and cases closed for four (4) months or less**

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix						
33.	S/M needs (line 31 minus line 32)		\$		\$							
34.	Budget deficit (line 33 minus line 30 – 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 35.		–		–							
35.	Budget surplus – if line 30 is equal to or more than line 33, the household has <b>failed the net income test</b> and is <b>not eligible for CA<sup>†</sup></b> .		+		+							
36.	Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 34)											
<table border="1" style="width: 100%;"> <tr> <th colspan="2">Employment/Substance Abuse Pro Rata Sanction</th> </tr> <tr> <td>Suffix _____</td> <td>Suffix _____</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> </table>		Employment/Substance Abuse Pro Rata Sanction		Suffix _____	Suffix _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		\$		\$	
Employment/Substance Abuse Pro Rata Sanction												
Suffix _____	Suffix _____											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes											
37.	S/M budget deficit (line 34 minus line 36 – round down to the nearest 50¢)		CA Grant \$		CA Grant \$							

<sup>†</sup>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).

SAMPLE

**Section 2B: Net Income Test**

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

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix						
38.	S/M gross earned income (from line 24)		\$		\$							
39.	S/M work expense disregard – \$75 S/M (allow \$75 S/M for each employed individual)											
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td style="width: 50%; text-align: center;"> </td> <td style="width: 50%; text-align: center;"> </td> </tr> </table>	Suffix _____	Suffix _____				\$		\$			
Suffix _____	Suffix _____											
40.	S/M net earned income (line 38 minus line 39). If there are no legal lines of responsibility, skip line 40A.		\$		\$							
40A.	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.	<b>A</b>	<b>B</b>	<b>C</b>								
		\$	\$	\$								
41.	Total S/M unearned income (from line 12)	\$	\$		\$							
42.	Total S/M income (lines 40A plus 41). If there is no entry in line 40A, use line 40.	\$	\$		\$							
43.	Total S/M needs (from line 23 – round down to the nearest 50¢)	\$	\$		\$							
44.	OCSS sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 43 by 0.25)											
	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>OCSS Sanction</b></td> </tr> <tr> <td style="width: 50%; text-align: center;">Suffix _____</td> <td style="width: 50%; text-align: center;">Suffix _____</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	<b>OCSS Sanction</b>		Suffix _____	Suffix _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		\$		\$	
<b>OCSS Sanction</b>												
Suffix _____	Suffix _____											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes											
45.	S/M needs (line 43 minus line 44)	\$	\$		\$							
46.	Subtotal budget deficit (line 45 minus line 42 – 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 47.	\$	–		–							
47.	Budget surplus – <b>if line 42 is equal to or more than line 45, the household has failed the net income test and is ineligible for CA.</b> <sup>†</sup>	\$	+		+							
48.	Earned income disregard. multiply the amount on line 38 by 0.62. <sup>††</sup>		\$		\$							
49.	Earned income disregard plus work expense disregard, line 48 plus line 49.		\$		\$							
50.	S/M net earned income (line 38 minus line 49). if there are no legal lines of responsibility, skip line 50A.		\$		\$							
50A.	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.	<b>A</b>	<b>B</b>	<b>C</b>								
		\$	\$	\$								

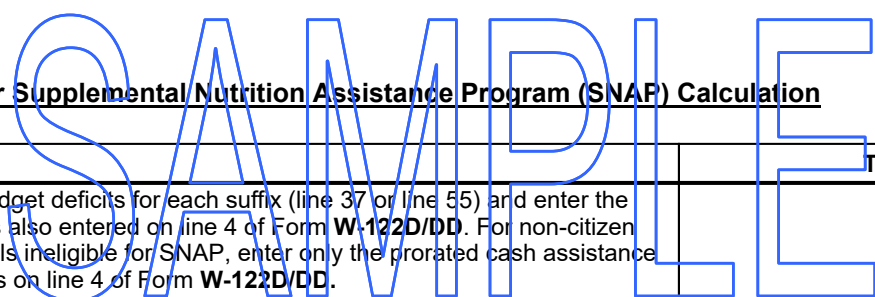
<sup>†</sup> If one suffix fails the net income test, recalculate the needs of the remaining suffix(es), excluding the ineligible suffix. Provide full allowances or an increased prorated share based on the number of remaining suffix(es).

<sup>††</sup> An applicant's eligibility for CA must be determined without application of the 62% 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 2B: Net Income Test** (continued)  
**New cases or cases closed for more than four (4) months**

		S/M Amounts to be Prorated	Suffix	Number in Suffix	Suffix	Number in Suffix						
51.	Total S/M needs (from line 43)		\$		\$							
52.	Total S/M income (line 41 plus line 50A). If there is no entry in line 50A, use line 50.	\$	\$		\$							
53.	Budget deficit (line 51 minus line 52 – round down to the nearest 50¢)		\$		\$							
54.	Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 53)											
<table border="1" style="width: 100%;"> <tr> <th colspan="2">Employment/Substance Abuse Pro Rata Sanction</th> </tr> <tr> <td>Suffix _____</td> <td>Suffix _____</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> </table>		Employment/Substance Abuse Pro Rata Sanction		Suffix _____	Suffix _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		\$		\$	
Employment/Substance Abuse Pro Rata Sanction												
Suffix _____	Suffix _____											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes											
55.	S/M budget deficit (line 53 minus line 54 – round down to the nearest 50¢)		CA Grant		CA Grant							
			\$		\$							



**Section 3: Income for Supplemental Nutrition Assistance Program (SNAP) Calculation**

		Total
56.	Add together the budget deficits for each suffix (line 37 or line 55) and enter the total. This amount is also entered on line 4 of Form <b>W-122D/DD</b> . For non-citizen cases with individuals ineligible for SNAP, enter only the prorated cash assistance of eligible individuals on line 4 of Form <b>W-122D/DD</b> .	

**Authorization Period:** From: \_\_\_\_\_ To: \_\_\_\_\_.

\_\_\_\_\_  
 Authorized by

\_\_\_\_\_  
 Date