



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

## Step-Parent/Grandparent Budget Worksheet — Cash Assistance

### Section I – Household Information

- A.  Step-parent  Grandparent Name: \_\_\_\_\_
- B. Composite Case Name(s) \_\_\_\_\_ Case Number(s): \_\_\_\_\_
- C. Number of persons in receipt of CA: \_\_\_\_\_
- D. Number of Non CA persons in the household who are dependent on Step-parent/Grandparent  
(do not include those household members applying for or receiving CA): \_\_\_\_\_
- E. Number of persons outside of household supported by the Step-parent/Grandparent: \_\_\_\_\_

SAMPLE

**Step-Parent/Grandparent Income**

**Enter Semi-Monthly  
Amounts**

### Section II – Unearned Income

1. Gross Unearned Income			
2. Exempt Income (e.g., SSI)			
3. Net Unearned Income (Line 1 minus Line 2)			

### Section III – Earned Income

4. Gross Earned Income			
5. Standard Work Deduction (\$45 Semi-Monthly)			
6. Net Earned Income (Line 4 minus Line 5)			
7. <b>Total Net Income</b> (Line 3 plus Line 6)			

## Step-Parent/Grandparent Semi-Monthly Needs/Expenses

### Section IV – Needs (Based on number of people listed in Section 1, Item D)

8. Basic Allowance (Food and other based on CA standards for number of people listed in Section 1, Item D)			
9. Energy Allowance (HEA and SHEA)			
10. Shelter Allowance			
11. Water Allowance			
12. Fuel Allowance			
13. Other (pregnancy, restaurant)			
14. <b>Total Needs</b> (Add Lines 8 through 13)			

### Step-Parent/Grandparent Semi-Monthly Needs/Expenses (continued)

**Enter Semi-Monthly  
Amounts**

**Section V – Expenses**

15. Documented Child Support/Alimony to persons outside of the household			
16. Payments to Other Dependents (e.g., cost of care for dependent in nursing home)			
17. Total Payments (Line 15 plus Line 16)			
18. <b>Total Deductions</b> (Line 14 plus Line 17)			

**Section VI – Deemed Income**

19. <b>Total Deemed Income</b> (Line 7 minus Line 18)	*
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\* This amount is to be applied against the CA household needs.

**Section VII – Cash Assistance Shelter Determination**

20. Actual Semi-Monthly Shelter Cost for Entire Household			
21. Step-Parent's/Grandparent's Shelter Allowance (Line 10 Amount)			
22. CA Household's Actual Shelter Cost (Line 20 minus Line 21)			
23. CA Household's Shelter Allowance based on Section 7, Item C			
24. <b>Maximum CA Shelter Allowance</b> (Line 22 or 23, whichever is less)			

Where any other income exists on the Cash Assistance case (e.g., employment, unearned income, manual recoupment, etc.), it is to be budgeted in accordance with current procedure.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_