

FAMILY INDEPENDENCE ADMINISTRATION



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POLICY BULLETIN #10-54-OPE

REVISIONS TO THE NEW CLAIM CALCULATION WORK SHEET FORM (W-140DD)

Date:	Subtonio(s):				
May 26, 2010	Subtopic(s): Food Stamps				
Way 20, 2010	1 dod dtamps				
☐ This procedure can	The purpose of this policy bulletin is to inform all staff at Non Cash				
now be accessed on the FIAweb.	Assistance Food Stamp (NCA FS) Centers and the Office of Food				
FIAWED.	Stamp Fiscal Operations (OFFO) that the New Claim Calculation				
	Work Sheet (W-140DD) has been revised to reflect the Agency's most current terminology, formatting requirements, and logo.				
	An additional revision to Form W-140DD is as follows:				
	The heading on page 3 was changed to read, "EARNED INCOME				
	(NOT CONCEALED)."				
See <u>PD #07-11-ELI</u> .	Note: The W-140DD is utilized by the OFFO for calculating and				
	processing Food Stamp (FS) claims and is included in the FS Claim				
	Packet.				
	NCA FS Center Managers and the OFFO must ensure that all				
	previous versions of the form are removed from circulation and				
	recycled.				
	A sample of the revised form is attached.				
	Effective Immediately				
Related Item:					
	Neiated item.				
	PD #07-11-ELI				
	Attachment:				
■ Please use Print on	W-140DD New Claim Calculation Work Sheet (Rev. 5/26/10)				
Demand to obtain copies of forms.	11 1-1000 Trow Glaim Galodiation Work Gridet (Nev. 5/20/10)				

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 Form W-140DD (page 1) Rev. 5/26/10



New Claim Calculation Work Sheet

Case Name:	Center No.:	Center No.:		
Case Number: Caseload:		Date:	Clair	n Date:
Before using this form you must be able to ans	wer "Ves" to all	three of the following	auestions:	
		_	questions.	☐ Yes ☐ No
 Is the category of the claim Inadvertent Household Error (IHE) or Agency Error (AE)? Was earned/unearned income the sole reason for the overpayment? Yes □ No				
			ha ayarnayma	
3. Was the household receiving less than the max				
If you answered "No" to any of the above question calculation method.	s, you cannot use	e this form. The claim h	nust be develo	ped using the conventional
NOTE: This form is <u>only</u> for claim establishment w not included in the benefit calculation). It will replate the time in claim processing. The formulas apply to this calculation.	ice the W-122D a	and W-122DD series in	many instanc	es and will therefore reduc
UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	x 30%	Food Stamp Overpayment Amount
Formula Number 1 Multiply the unbudgeted unearned income by 30%. The product is the food stamp overpayment.	Example	\$600	30%	\$180
Example: If the household without the A/D members received less than the maximum benefits, failed to report UIB income in the amount of \$600 for the month and received \$220 ATPs, then you would calculate the formula as				
follows: \$600 x 30% = \$180 . \$180 represents the food stamp overpayment for				
the month in question.				
Total				
EARNED INCOME (NOT CONCEALED)	Month/Year	Income Amount	x 24% Food Stamp Overpayment Amo	
	Example	\$600	24%	\$144
Formula Number 1 Multiply the unbudgeted earned income by 24%. The product is the food stamp overpayment.				
Example: If the household without A/D members received less than the maximum benefits, unbudgeted earned income in the amount of				
\$600 for the month and received \$220 ATPs, then you would calculate the formula as follows: \$600 x 24% = \$144.				
\$144 represents the food stamp overpayment for the month in question.				
Total				

Form W-140DD (page 2) Rev. 5/26/10 Human Resources Administration Family Independence Administration

New Claim Calculation Work Sheet

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Case Name:			Center No.:			
ase Number: Caseload:		Date:	Claim Date:			
Before using this form you must be able to answard. Is the category of the claim Inadvertent Household. Was earned/unearned income the sole reason. 3. Was the household receiving less than the maximum of the above questions calculation method. NOTE: This form is only for claim establishment wor not included in the benefit calculation). It will reduce the time in claim processing. The formulas not use it in this calculation.	old Error (IHE) or for the overpaym kimum benefit leve s, you cannot use hen the reason for eplace the W-12	Agency Error (Agency Error (Ag	AE)? riod of the overpayme claim must be developed is income (whether DD series in many in	ped using the conventional the income is not reported stances and will therefore		
UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	Part 1+Part 2 (if needed)	Food Stamp Overpayment Amount		
Formula Number 3 This formula is to be used only in instances where there is an A/D indicator and an excess shelter amount. To determine the excess shelter amount, you must refer to the Budget Summary for the covering period (see Monthly Food Stamp Calculation). Use the amount that says "Less: Excess". Multiply the excess shelter amount by 2 = product A. If income is less than or equal to product A, do formula 3A. If income is greater than product A, do formula 3B Formula 3A Multiply product A by 45% = Food stamp overpayment	Example	\$619	\$247.50 + \$20.70	\$250		
Formula 3B Income minus product A = Difference Multiply product A by 45% = Part 1 Multiply difference by 30% = Part 2 Part 1 + Part 2 = Food stamp overpayment Example: Monthly income \$619; Excess shelter \$275; ATP \$250 Part 1 \$275 X 2 = \$550 X 45% = \$247.50 Food Stamp overpayment is \$248. Part 2 \$619 - \$550 = \$69 X 30% = \$20.70 Part 1 + Part 2 \$247.50 + \$20.70 = \$268.20 Food Stamp overpayment is \$250.						

Total

Form W-140DD (page 3) Rev. 5/26/10

New Claim Calculation Work Sheet

Case Name:	Center No.:	Center No.:			
e Number: Caseload:		Date:	Claim Date:		
1. Is the category of the claim Inadvertent Househ 2. Was earned/unearned income the sole reason 3. Was the household receiving less than the max If you answered "No" to any of the above questions calculation method. NOTE: This form is only for claim establishment we or not included in the benefit calculation). It will re reduce the time in claim processing. The formulas not use it in this calculation.	old Error (IHE) or for the overpaym kimum benefit lev s, you cannot use hen the reason for eplace the W-12	r Agency Error (AE) nent? el during the period e this form. The cla or over issuance is 2D and W-122DD	d of the overpayment im must be develope income (whether the series in many insta	ed using the conventional end income is not reported ances and will therefore	
EARNED INCOME (NOT CONCEALED)	Month/Year	Income Amount	Part 1+Part 2 (if needed)	Food Stamp Overpayment Amount	
	Example	\$619	\$198 + \$16.56	\$215	
Formula Number 3 This formula is to be used only in instances where there is an A/D indicator and an excess shelter. To determine the excess shelter amount, you must refer to the Budget Summary for the covering period (see Monthly Food Stamp Calculation) use the amount that says "Less: Excess". Multiply the excess shelter amount by 2 = product A If income is less than or equal to product A, do formula 3A. If income is greater than product A, do formula 3E					
Formula 3A Multiply product A by 36% = Food Stamp overpayment Formula 3B Income minus product A = Difference Multiply product A by 36% = Part 1 Multiply difference by 24% = Part 2 Part 1 + Part 2 = Food Stamp overpayment					
Example: Monthly income \$619; Excess shelter \$275; ATP \$250 Part 1 \$275 X 2 = \$550 X 36% = \$198 Food Stamp overpayment is \$198					
Food Stamp overpayment is \$198. Part 2					
\$619 - \$550 = \$69 X 24% = \$16.56					
Part 1 + Part 2 \$198 + \$16.56 = \$214.56 Food Stamp overpayment is \$215.					
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Form W-140DD (page 4) Rev. 5/26/10 Human Resources Administration Family Independence Administration

New Claim Calculation Work Sheet

Case Name:		Center No.:			
Case Number: Caseload:	ber: Caseload:		Claim Date:		
1. Is the category of the claim Inadvertent Household. 2. Was earned/unearned income the sole reason of the sole to answer the sole to answer the sole to an answer the sole to any of the above questions calculation method. NOTE: This form is only for claim establishment where the sole to any of the above questions calculation method. NOTE: This form is only for claim establishment where the sole that	old Error (IHE) or for the overpayme imum benefit leve s, you cannot use then the reason for eplace the W-122	Agency Error (AE)? ent? el during the period of the this form. The claim many rover issuance is incompand with the control of	he overpayment nust be develop nume (whether thes in many ins	need using the conventional the income is not reported stances and will therefore	
UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	x 30%	Food Stamp Overpayment Amount	
Formula Number 4 If a case has an A/D indicator and no excess shelter amount, multiply income by 30%. The product is the Food Stamp overpayment. Example: Unbudgeted SSA income of \$600 and excess shelter amount is zero. Calculate formula as follows: \$600 X 30% = \$180. \$180 represents the FS overpayment for the month in question.	Example	\$600	30%	\$180	
Total					
EARNED INCOME (NOT CONCEALED)	Month/Year	Income Amount	x 24%	Food Stamp Overpayment Amount \$144	
Formula Number 4 In the case has an A/D indicator an no excess shelter amount, multiply by 24%. The product is the Food Stamp overpayment. Example: Unbudgeted earned income of \$600 and excess shelter amount is zero. Calculate formula as follows: \$600 X 24% = \$144. \$144 represents the FS overpayment for the month in question.	Example	\$600	2 770	ψ17T	

Total