



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY DIRECTIVE #24-04-ELI

(This Policy Directive Replaces PD #23-05-ELI and PB #24-01-OPE)

### EARNED INCOME DISREGARD EFFECTIVE JUNE 2024

|                              |  |
|------------------------------|--|
| <b>Date:</b><br>May 16, 2024 | <b>Subtopic(s):</b><br>Cash Assistance Budgeting |
|------------------------------|--|

#### AUDIENCE

This policy directive is for Benefits Access Center (BAC) and HIV/AIDS Services Administration (HASA) Center staff and is informational for all others.

#### POLICY

Social Services Law (SSL) Section 131-a(8)(a)(iii) requires that the Cash Assistance (CA) Earned Income Disregard (EID) be adjusted in June of each year to reflect changes in the Federal Poverty Guidelines from the US Department of Health and Human Services.

The EID is applicable to all CA households with earned income. It is applied to earnings up to the Federal Poverty Level for households residing in temporary housing (Shelter Type codes **06, 13, 14, 30, 33, and 34**) and applied to all earnings for all other CA households.

#### BACKGROUND

Effective June 1, 2024, the EID will increase from 62% to 63%. The work expense disregard will remain as \$150 per month. The 2024 semi-monthly poverty levels are listed below by household size.

FIA staff:  
See [PD #24-01-ELI](#) and [PB #24-20-OPE](#).

**Note:** Certain CA participants can have all of their earnings disregarded for a period of up to 6 straight months if their income is below 200% of the federal poverty level for their CA household size.

HASA staff:  
See [HASA-PB-2024-01](#)

This chart represents the 100% federal poverty level guidelines by household size for 2024.

| 2024 CA Poverty Level Guidelines         |                    |
|--|--------------------|
| Size of Family Unit                      | Semi-monthly Limit |
| 1  | \$627.50           |
| 2  | \$851.67           |
| 3  | \$1075.83          |
| 4  | \$1300.00          |
| 5  | \$1524.17          |
| 6  | \$1748.33          |
| 7  | \$1972.50          |
| 8  | \$2196.67          |
| For each additional person, add \$224.17 |                    |

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Request a Clearance in [Service NOW](#),

When calculating a budget with earned income, the EID is applied prior to the work expense disregard.

The EID change from 62% to 63% will impact budgets effective **6/A/24** or later.

**Note:** Based on policy changes that were included in the enacted 2022-23 New York State budget, effective October 1, 2022:

- the 185% Gross Income Test (GIT) and the Poverty Level Test were eliminated;
- the eligibility to receive the EID was expanded to all households with earned income; and
- the budgeting methodology was changed to apply the EID prior to the work expense disregard.

Revised Forms

The forms below have been revised to reflect the change in the EID and/or the federal poverty levels:

See [PB #10-113-OPE](#)

- Guide to Cash Assistance Budgeting (**W-203K**)
- Cash Assistance Budget Computation (**W-648**)
- Temporary Housing Budget Worksheet (**W-648M**)
- 200% Federal Poverty Level (FPL) Check for Earned Income Disregard (EID) (**FIA-1269**)

Center Directors must ensure that all previous versions of the above forms are removed from circulation and recycled.

Mass Re-budgeting

As part of the implementation of the CA budgeting change, a Mass Re-budget (MRB) has been completed.

The MRB is comprised of Pass I and Pass II processes. Pass I created notices through the Client Notice System (CNS) that informed participants with budgeted earned income of the changes to their CA grant.

The unique authorization number for this MRB is **99999343**.

Pass I of the MRB occurred over the weekend of April 13-14, 2024. Pass I calculated and saved a new budget and passed the new budget number to CNS to generate a notice of the change no later than ten days before the date of the contemplated action. These CNS notices reflect changes to both CA and Supplemental Nutrition Assistance Program (SNAP) budgets.

Pass II of the MRB will occur over the weekend of May 18-19, 2024. As a result of this MRB, the saved budgets will be authorized for the affected cases for the **6/A/24** cycle.

CA cases of participants enrolled in the Grant Diversion Program will not be re-budgeted in this MRB.

**Note:** Multi-suffix cases are excluded from the MRB process. These cases are placed on an exception report and forwarded to the Regional Managers for further processing.

Also, as part of the MRB process, all stored budgets (including **FIA-3A** budgets) affected by these changes, will be re-budgeted for the **6/A/24** cycle.

**REQUIRED ACTION**

When determining financial eligibility for CA, only the Net Income Test is conducted:

- **Net Income Test** – The Net Income test must be conducted to determine financial eligibility. The EID must be applied as follows:

Applying the EID

- If the family or individual is applying for the first time or reapplying on a case that has been closed for more than four months, financial eligibility must be determined prior to the application of the EID. Therefore, the Net Income Test must be done first to determine financial eligibility. If the household passes the Net Income Test, the household is deemed financially eligible and the EID is then applied to determine the household’s semi-monthly grant. If the household fails the net income test, the household is ineligible for CA.
- If the family or individual has an active CA case or is reapplying on a case that has been closed for four months or less, the EID must be applied prior to applying the Net Income Test to determine the household’s financial eligibility. If the household fails the Net Income Test, after applying the EID, the household is ineligible for CA.

See the “[PA/SNAP Budgeting Manual](#)”, pages **A-62** and **A-63** for the budgeting process for cases that have been closed for four (4) months or less.

**Note:** The household is not eligible for the EID in any month in which the earned income was unreported or was reported more than ten (10) days after the date of their first pay. The household remains eligible for the EID going forward for the next available cycle. In addition, the EID is not granted for the month following the month that the earned income was reported if the earned income was reported more than 10 days after the date of the first pay and less than 10 days before the end of the month.

When calculating a budget in the Welfare Management System (WMS), the Automated Budgeting and Eligibility Logic (ABEL) system automatically performs the Net Income Test.

Cases excluded from the MRB process

Multi-suffix cases and any other cases that were excluded from the MRB process must be manually re-budgeted. When the exception report is received, the Benefit Opportunity Specialist (BOS)/Worker must:

- calculate, save, and authorize a new budget (with a budget effective date of **06/A/24** or later) to reflect the changes listed in this policy directive.
- ensure that a CNS notice is generated for single suffix cases. (Do not use M3E Indicator **A** or **T**.)
- supplement where the new CA grant results in an increased benefit.

Make a case entry detailing all actions taken.

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**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

There are no POS implications.

SNAP Implications

Because of these changes, most CA/SNAP households with budgeted earned income will experience an increase in their CA grant. This change is budgetable for SNAP purposes. CA/SNAP cases that were mass re-budgeted will have their SNAP benefits adjusted automatically and will be sent a CNS notice. CA/SNAP cases listed as exceptions during the MRB process must be manually re-budgeted and sent a manual notice.

Medicaid Implications

There are no Medicaid implications.

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**LIMITED ENGLISH PROFICIENT (LEP) AND DEAF/HARD-OF HEARING IMPLICATIONS**

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf or hard-of-hearing. Please refer to [PD #18-10-OPE](#), [PD #17-19-OPE](#) and [DSS-PB #2021-007 \(R1\)](#) for detailed instructions.

**FAIR HEARING IMPLICATIONS**

Avoidance/  
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Benefits Access Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route them to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS/Supervisor I will explain the reason for the Agency’s action(s) to the applicant/participant.

Should the applicant/participant elect to continue their appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal be properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets

All Evidence Packets must contain a detailed history, e.g. copies of POS “Case Comments”, copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

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**REFERENCES**

22 TA/DC085  
22-ADM-11  
SSL Section 131-a (8)(a)(ii and iii)  
18 NYCRR 352.19 and 352.20  
ABEL Transmittal 24-1  
PA/SNAP Budgeting Manual

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**RELATED ITEMS**

[PB #10-113-OPE](#)  
[PD #24-01-ELI](#)  
[PB #24-20-OPE](#)  
[HASA-PB-2024-01](#)

|                    |                 |   |
|--------------------|-----------------|---|
| <b>ATTACHMENTS</b> | <b>W-203K</b>   | Guide to Cash Assistance Budgeting<br>(Rev. 03/28/2024)                     |
|                    | <b>W-648</b>    | Cash Assistance Budget Computation<br>(Rev. 03/28/2024)                     |
|                    | <b>W-648M</b>   | Temporary Housing Budget Worksheet<br>(Rev. 03/28/2024)                     |
|                    | <b>FIA-1269</b> | 200% Federal Poverty Level (FPL) Check for<br>Earned Income Disregard (EID) |

# Guide to Cash Assistance Budgeting

(Effective June 1, 2024)



### Schedule of Semimonthly (S/M) Pre-added Allowance (10/1/12)

| CA Family Size | 1       | 2        | 3        | 4        | 5        | 6        | Each Additional Person |
|----------------|---------|----------|----------|----------|----------|----------|------------------------|
| <b>Amount</b>  | \$79.00 | \$126.00 | \$168.00 | \$216.50 | \$267.00 | \$308.50 | \$42.50                |

### Special Situations

- Single persons residing in public shelters can receive a Cash Assistance personal needs allowance of \$22.50 semimonthly.
- Homeless persons who refuse placement in a shelter can receive the pre-added, energy and restaurant allowance.
- For family members joining the household for limited periods (e.g., weekends) authorize \$4.00 per day, per person.
- All participants who are billed for rent are entitled to a shelter allowance equal to the rent or the maximum shelter allowance for family size, whichever is less.
- Persons with HIV/AIDS may be limited to a shelter allowance of up to \$480 per month and up to \$330 per month for each additional person on the case.

### Schedule 1 Maximum S/M Shelter Allowance with Children† (effective 11/1/03)

| CA Family Size    | 1        | 2        | 3        | 4        | 5        | 6        | 7 or More |
|-------------------|----------|----------|----------|----------|----------|----------|-----------|
| <b>S/M Amount</b> | \$138.50 | \$141.50 | \$200.00 | \$225.00 | \$250.50 | \$262.00 | \$273.00  |

### Schedule 2 Maximum S/M Shelter Allowance without Children

| CA Family Size    | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8 or More |
|-------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>S/M Amount</b> | \$107.50 | \$125.00 | \$143.00 | \$156.00 | \$168.50 | \$174.50 | \$201.50 | \$210.50  |

### S/M Energy Grants

| CA Family Size    | 1       | 2       | 3       | 4       | 5       | 6       | Each Additional Person |
|-------------------|---------|---------|---------|---------|---------|---------|------------------------|
| <b>S/M Amount</b> | \$12.55 | \$19.75 | \$26.50 | \$34.35 | \$42.35 | \$48.60 | \$6.25                 |

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Oil, Kerosene, Propane) (Code 2)\*\*

| CA Family Size    | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8 or More |
|-------------------|---------|---------|---------|---------|---------|---------|---------|-----------|
| <b>S/M Amount</b> | \$35.00 | \$35.00 | \$35.00 | \$36.50 | \$38.50 | \$41.00 | \$44.00 | \$46.50   |

### S/M Fuel for Heating: Natural Gas Fuel Type (Code 1), Coal (Code 4), Other Code (Code 9)\*\*

| CA Family Size    | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8 or More |
|-------------------|---------|---------|---------|---------|---------|---------|---------|-----------|
| <b>S/M Amount</b> | \$28.00 | \$28.00 | \$28.00 | \$29.00 | \$30.50 | \$32.50 | \$34.50 | \$37.00   |

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Electric) (Code 3)\*\*

| CA Family Size    | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8 or More |
|-------------------|---------|---------|---------|---------|---------|---------|---------|-----------|
| <b>S/M Amount</b> | \$45.00 | \$45.00 | \$45.00 | \$47.00 | \$49.50 | \$53.00 | \$56.50 | \$60.00   |

### Expenses Incidental to Employment

| Item of Expense                                    | Allowance                  |
|--|----------------------------|
| <b>Earned Income Disregard</b>                     | 63% of Gross earned income |
| <b>Standard Semimonthly Work Expense Disregard</b> | \$75.00                    |

### Expenses Incidental to Approved Training

|                |                               |
|----------------|-------------------------------|
| <b>Carfare</b> | Public transportation expense |
|----------------|-------------------------------|

### Schedule of Semimonthly Restaurant Allowance (Includes Sales Tax)

| Amount per Person  | Dinner  | Lunch and Dinner | All Meals |
|--|---------|------------------|-----------|
| <b>Pregnant Women, Persons under 18 Years of Age and Full-Time Students Who Will Graduate before 19th Birthday</b> | \$14.50 | \$23.50          | \$32.00   |
|  | \$32.50 | \$41.50          | \$50.00   |

### Schedule of Emergency Assistance Grants for All Cases

| CA Family Size                | Daily Rate                     |   |
|-------------------------------|--------------------------------|---|
|                               | Pre-added and Energy Allowance | *Pre-added, Energy and Restaurant Allowance |
| 1                             | \$6.10                         | \$8.25                                      |
| 2                             | \$9.70                         | \$14.00                                     |
| 3                             | \$12.95                        | \$19.35                                     |
| 4                             | \$16.70                        | \$25.25                                     |
| 5                             | \$20.60                        | \$31.30                                     |
| 6                             | \$23.80                        | \$36.60                                     |
| 7                             | \$27.05                        | \$42.00                                     |
| 8                             | \$30.30                        | \$47.35                                     |
| 9                             | \$33.55                        | \$52.75                                     |
| 10                            | \$36.80                        | \$58.15                                     |
| <b>Each Additional Person</b> | \$3.25                         | \$5.40                                      |

† Includes pregnant women

\* Add \$1.20 per individual, if entitled, to the \$50.00 semimonthly restaurant allowances.

\*\* Enter the appropriate code in the fuel type field on the household screen (NSBL02) of the budget in WMS.



Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Caseload: \_\_\_\_\_

Center: \_\_\_\_\_

### Cash Assistance Budget Computation (Effective June 1, 2024)

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.   | Total S/M Unearned Income (add lines 9 through 11)                      |               | \$                         | \$     |                  | \$     |                  |                           |
| 13.   | <b>Total S/M gross income</b> (line 1 plus line 12)                     |               | \$                         | \$     |                  | \$     |                  |                           |

<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.

SAMPLE

| 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> |              | \$                         | \$     |                  | \$     |                  |

**Section 1: Calculation of Income/Needs** (continued)

| B. Needs (continued)  |               |              |               | S/M Amounts to be Prorated | Suffix | Number in Suffix | Suffix | Number in Suffix                  |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
|---|---------------|--------------|---------------|----------------------------|--------|------------------|--------|-----------------------------------|---------------|--------------|---------------|--|--|--|--|---|--|--|--|--------------|--|--|--|-----------------------------------|---------------|--------------|---------------|--|--|--|--|---|--|--|--|--|--|--|--|-----------------------------------|---------------|--------------|---------------|--|--|--|--|---|--|--|--|--|--|--|--|--|
|   |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>19. Amount from Page 3, Line 18</b>  |               |              |               | \$                         | \$     |                  | \$     |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>20. Restaurant Allowance</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <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><br><table border="1" style="width:100%; border-collapse: collapse;"> <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                          |  |  |  | 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  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Suffix _____  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Number of People  | Meals         | Amount       |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Pregnant or under 18*   |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 18 or older non-pregnant  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
|   |               |              |               | \$                         | \$     |                  | \$     |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>21. Other (specify):</b>   |               |              |               | \$                         | \$     |                  | \$     |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>22. Shelter Allowance</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4" style="text-align: center;">Suffix _____</td></tr> <tr> <th style="width: 30%;">Select Shelter Allowance Schedule</th> <th style="width: 10%;">No. of People</th> <th style="width: 10%;">Max. Allowed</th> <th style="width: 50%;">Actual Amount</th> </tr> <tr> <td><input type="checkbox"/> Shelter With Children</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Shelter Without Children</td> <td></td> <td></td> <td></td> </tr> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4" style="text-align: center;">Suffix _____</td></tr> <tr> <th style="width: 30%;">Select Shelter Allowance Schedule</th> <th style="width: 10%;">No. of People</th> <th style="width: 10%;">Max. Allowed</th> <th style="width: 50%;">Actual Amount</th> </tr> <tr> <td><input type="checkbox"/> Shelter With Children</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Shelter Without Children</td> <td></td> <td></td> <td></td> </tr> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4" style="text-align: center;">Prorated _____ (Total Household Members)</td></tr> <tr> <th style="width: 30%;">Select Shelter Allowance Schedule</th> <th style="width: 10%;">No. of People</th> <th style="width: 10%;">Max. Allowed</th> <th style="width: 50%;">Actual Amount</th> </tr> <tr> <td><input type="checkbox"/> Shelter With Children</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Shelter Without Children</td> <td></td> <td></td> <td></td> </tr> </table> <p>Enter actual amount or maximum allowed, whichever is less</p> |               |              |               | Suffix _____               |        |                  |        | Select Shelter Allowance Schedule | No. of People | Max. Allowed | Actual Amount | <input type="checkbox"/> Shelter With Children |  |  |  | <input type="checkbox"/> Shelter Without Children |  |  |  | Suffix _____ |  |  |  | Select Shelter Allowance Schedule | No. of People | Max. Allowed | Actual Amount | <input type="checkbox"/> Shelter With Children |  |  |  | <input type="checkbox"/> Shelter Without Children |  |  |  | Prorated _____ (Total Household Members) |  |  |  | Select Shelter Allowance Schedule | No. of People | Max. Allowed | Actual Amount | <input type="checkbox"/> Shelter With Children |  |  |  | <input type="checkbox"/> Shelter Without Children |  |  |  |  |  |  |  |  |
| Suffix _____  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Select Shelter Allowance Schedule   | No. of People | Max. Allowed | Actual Amount |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter With Children  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter Without Children   |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Suffix _____  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Select Shelter Allowance Schedule   | No. of People | Max. Allowed | Actual Amount |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter With Children  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter Without Children   |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Prorated _____ (Total Household Members)  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Select Shelter Allowance Schedule   | No. of People | Max. Allowed | Actual Amount |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter With Children  |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Shelter Without Children   |               |              |               |                            |        |                  |        |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
|   |               |              |               | \$                         | \$     |                  | \$     |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>23. Total S/M needs (add lines 19 through 22)</b>  |               |              |               | \$                         | \$     |                  | \$     |                                   |               |              |               |  |  |  |  |   |  |  |  |              |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |                                   |               |              |               |  |  |  |  |   |  |  |  |  |  |  |  |  |

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.                          | 63% earned income disregard (multiply the amount on line 1 by 0.63).<br><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).<br><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.<br><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)<br><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</b> <sup>†</sup> .   |  | +              |                  | +              |                              |                              |  |    |  |    |  |
| 36.  | Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 34)<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Employment/Substance Abuse Pro Rata Sanction</th> </tr> <tr> <td style="text-align: center;">Suffix _____</td> <td style="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> | 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<br>\$ |                  | CA Grant<br>\$ |                              |                              |  |    |  |    |  |

<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**

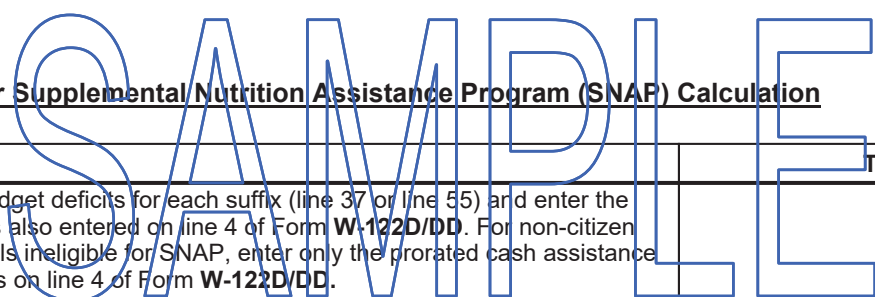
|                              |   | S/M Amounts to be Prorated | Suffix       | Number in Suffix | Suffix       | Number in Suffix             |                              |  |    |  |    |  |
|------------------------------|---|----------------------------|--------------|------------------|--------------|------------------------------|------------------------------|--|----|--|----|--|
| 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> </td> <td> </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="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  |                            |              |                  |              |                              |                              |  |    |  |    |  |
| 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 0.63. <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 63% 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



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

### Temporary Housing Budget Worksheet

(Effective June 1, 2024)

Use this form for households residing in temporary housing only (shelter codes **06, 13, 14, 30, 33, 34**).  
 Congregate care or residential treatment facilities (shelter codes **15, 16, 27, 28, 29, 31, 32, 42 or 43**) use Form **W-648J**.  
 All others use Form **W-648**.

- Active CA cases and cases closed for four (4) months or less** Shelter Type \_\_\_\_\_  
 **New cases or cases closed for more than four (4) months**  
 **Incremental Sanction Non compliance unrelated to OCSS or employment<sup>1</sup>**  
 Suffix 1  How many \_\_\_\_ Suffix 2  How many \_\_\_\_

#### 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

Convert to and enter semimonthly (S/M) amounts.

**FOR MULTI SUFFIX CASES ONLY:** If the individual in receipt of income is legally responsible for members of the other suffix(es), all income/needs must be prorated.

Should it be prorated:  Yes  No If Yes, what is the shelter proration indicator code: \_\_\_\_\_

| A. Income               |                                      |                                   |           |              | S/M Amounts to be Prorated | Suffix | Number in Suffix | Suffix | Number in Suffix |
|-------------------------|--------------------------------------|-----------------------------------|-----------|--------------|----------------------------|--------|------------------|--------|------------------|
| 1.                      | Gross earned income                  |                                   |           |              |                            |        |                  |        |                  |
|                         | Suffix                               | Name                              | How Often | Gross Income |                            |        |                  |        |                  |
|                         |                                      |                                   |           |              |                            |        |                  |        |                  |
|                         |                                      |                                   |           |              | \$                         |        |                  |        | \$               |
| <b>Unearned Income:</b> |                                      |                                   |           |              |                            |        |                  |        |                  |
|                         |                                      |                                   | Suffix    | How Often    | Gross Income               |        |                  |        |                  |
| 2.                      |                                      | Workers' Compensation             |           |              |                            | \$     |                  |        | \$               |
| 3.                      |                                      | New York State Disability         |           |              |                            | \$     |                  |        | \$               |
| 4.                      |                                      | Unemployment Insurance Benefits   |           |              |                            | \$     |                  |        | \$               |
| 5.                      |                                      | Social Security benefits          |           |              |                            | \$     |                  |        | \$               |
| 6.                      |                                      | Veterans' pension or compensation |           |              |                            | \$     |                  |        | \$               |
| 7.                      |                                      | Interest/Dividends                |           |              |                            | \$     |                  |        | \$               |
| 8.                      | <b>Subtotal of lines 2 through 7</b> |                                   |           |              |                            |        |                  |        | \$               |

<sup>1</sup> An incremental sanction is the sanction of an individual for noncompliance with a CA/SNAP requirement not related to OCSS or employment. An incremental sanction reduces the household size by the number of sanctioned individuals. The sanctioned individual's needs are not considered in the CA budget.



**Section 1: Calculation of Income/Needs** (continued)

| A. Income (continued)  |   | S/M Amounts<br>to be Prorated | Number |           | Number |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
|--|---|-------------------------------|--------|-----------|--------|-----------|-----------|--------------------|-----------|--------------------|--|--|--|--|--|--|--|--|
|  |   |                               | Suffix | in Suffix | Suffix | in Suffix |           |                    |           |                    |  |  |  |  |  |  |  |  |
| 9.   | Amount from Page 1, Line 8  | \$                            | \$     |           | \$     |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| 10.  | Child support/Combined Child and Spousal Support <sup>2</sup>   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| <b>Total Amount of Child Support</b>   |   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Suffix</th> <th style="width: 25%;">Income</th> <th style="width: 25%;">How often</th> <th style="width: 35%;">Number of Children</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |                               |        |           |        |           | Suffix    | Income             | How often | Number of Children |  |  |  |  |  |  |  |  |
| Suffix   | Income  |                               |        |           |        |           | How often | Number of Children |           |                    |  |  |  |  |  |  |  |  |
|  |   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
|  |   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| (For each suffix in receipt of child support/combined child and spousal support income, subtract up to \$50/\$100 from the S/M amount above and enter the net amount under the appropriate suffix on the right-hand side.) |   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| 11.  | Other (including Alimony/Spousal Support Only <sup>3</sup> ) (specify).   |                               |        |           |        |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
|  | <b>How often</b>  | \$                            | \$     |           | \$     |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| 12.  | Total S/M Unearned Income (add lines 9 through 11)  | \$                            | \$     |           | \$     |           |           |                    |           |                    |  |  |  |  |  |  |  |  |
| 13.  | <b>Total S/M gross income</b> (line 1 plus line 12)   | \$                            | \$     |           | \$     |           |           |                    |           |                    |  |  |  |  |  |  |  |  |

<sup>2</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>3</sup> No disregards are applied. 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.

Total number in household \_\_\_\_\_

| B. Needs <sup>4</sup>                 |   | S/M Amounts<br>to be Prorated | Number |           | Number |           |
|---------------------------------------|---|-------------------------------|--------|-----------|--------|-----------|
|                                       |   |                               | Suffix | in Suffix | Suffix | in Suffix |
| 14.                                   | Basic allowance   | \$                            | \$     |           | \$     |           |
| 15.                                   | Home energy allowance   | \$                            | \$     |           | \$     |           |
| 16.                                   | Fuel for heating  | \$                            | \$     |           | \$     |           |
| 17.                                   | Pregnancy allowance   |                               |        |           |        |           |
| <b>Enter Number of Pregnant Women</b> |   |                               |        |           |        |           |
|                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Suffix _____</th> <th style="width: 50%;">Suffix _____</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> |                               |        |           |        |           |
| Suffix _____                          | Suffix _____  |                               |        |           |        |           |
|                                       |   |                               |        |           |        |           |
| 18.                                   | <b>Subtotal of lines 14 through 17</b>  | \$                            | \$     |           | \$     |           |

<sup>4</sup> Please refer to Guide to Cash Assistance Budgeting (W-203K).

| B. Needs (continued)   |  |              |               | S/M Amounts to be Prorated | Number |           | Number |           |
|--|--|--------------|---------------|----------------------------|--------|-----------|--------|-----------|
|  |  |              |               |                            | Suffix | in Suffix | Suffix | in Suffix |
| <b>19. Amount from Page 2, Line 18</b>   |  |              |               | \$                         | \$     |           | \$     |           |
| 20. Restaurant Allowance   |  |              |               |                            |        |           |        |           |
| Suffix _____   |  |              |               |                            |        |           |        |           |
| <b>Number of People</b>  |  | <b>Meals</b> | <b>Amount</b> |                            |        |           |        |           |
| Pregnant or under 18 <sup>5</sup>  |  |              |               |                            |        |           |        |           |
| 18 or older non-pregnant   |  |              |               |                            |        |           |        |           |
| Suffix _____   |  |              |               |                            |        |           |        |           |
| <b>Number of People</b>  |  | <b>Meals</b> | <b>Amount</b> |                            |        |           |        |           |
| Pregnant or under 18 <sup>5</sup>  |  |              |               |                            |        |           |        |           |
| 18 or older non-pregnant   |  |              |               |                            |        |           |        |           |
|  |  |              |               |                            |        |           |        | \$        |
| 21. Other (specify):   |  |              |               | \$                         | \$     |           | \$     |           |
| 22. Total Allowance (add lines 19 through 21)                                    |  |              |               | \$                         | \$     |           | \$     |           |
| 23. Temporary Housing Shelter allowance <sup>6</sup>                             |  |              |               | \$                         | \$     |           | \$     |           |
| <b>24. Total S/M needs (add lines 22 and 23 - round down to the nearest 50¢)</b> |  |              |               | \$                         | \$     |           | \$     |           |

<sup>5</sup> 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.

<sup>6</sup> From the W-145UU

SAMPLE

**Section 2: Poverty Level/Income Comparison for EID**

|     |  | S/M Amounts to be Prorated | Suffix | Number in Suffix | Suffix | Number in Suffix |
|-----|--|----------------------------|--------|------------------|--------|------------------|
| 25. | Enter total S/M gross earned income from line 1.                   | \$                         | \$     |                  | \$     |                  |
| 26. | Enter poverty guideline amount for family size from look-up chart. | \$                         | \$     |                  | \$     |                  |

| 2024 Poverty Guidelines<br>Look-up Chart              |                   |
|---|-------------------|
| Size of Family  | Semimonthly Limit |
| 1   | \$627.50          |
| 2   | \$851.67          |
| 3   | \$1,075.83        |
| 4   | \$1,300.00        |
| 5   | \$1,524.17        |
| 6   | \$1,748.33        |
| 7   | \$1,972.50        |
| 8   | \$2,196.67        |
| For each additional person, add \$224.17 semimonthly. |                   |

For active CA cases and cases closed for four (4) months or less, please continue on page 5. For new cases or cases closed for more than four (4) months, please go to page 7.

SAMPLE

**Section 3A: Net Income Test**  
**Active CA cases and cases closed for four (4) months or less**

| S/M Net Income |  | S/M Amounts to be Prorated | Suffix       |                  | Number in Suffix |                  |    |  |    |  |
|----------------|--|----------------------------|--------------|------------------|------------------|------------------|----|--|----|--|
|                |  |                            | Suffix       | Number in Suffix | Suffix           | Number in Suffix |    |  |    |  |
| 27.            | Enter the amount from line 25 or line 26, whichever is <u>LESS</u> .   | \$                         | \$           |                  | \$               |                  |    |  |    |  |
| 28.            | 63% earned income disregard (multiply amount on line 27 by 0.63). <sup>7</sup>   |                            |              |                  |                  |                  |    |  |    |  |
|                | <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> </td> <td> </td> </tr> </table> | Suffix _____               | Suffix _____ |                  |                  | \$               | \$ |  | \$ |  |
| Suffix _____   | Suffix _____   |                            |              |                  |                  |                  |    |  |    |  |
|                |  |                            |              |                  |                  |                  |    |  |    |  |
| 29.            | Work expense disregard, subtract \$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> </td> <td> </td> </tr> </table> | Suffix _____               | Suffix _____ |                  |                  | \$               | \$ |  | \$ |  |
| Suffix _____   | Suffix _____   |                            |              |                  |                  |                  |    |  |    |  |
|                |  |                            |              |                  |                  |                  |    |  |    |  |
| 30.            | Earned income disregard plus work expense disregard. Line 28 plus line 29.   | \$                         | \$           |                  | \$               |                  |    |  |    |  |
| 31.            | S/M gross earned income. Enter amount from line 25.  | \$                         | \$           |                  | \$               |                  |    |  |    |  |
| 32.            | Total S/M adjusted earned income. Line 31 minus line 30. If equal to or less than zero (0), enter (0).   | \$                         | \$           |                  | \$               |                  |    |  |    |  |
| 33.            | Total S/M unearned income. Enter amount from line 12.  | \$                         | \$           |                  | \$               |                  |    |  |    |  |
| 34.            | Total S/M adjusted income. Line 32 plus line 33.   | \$                         | \$           |                  | \$               |                  |    |  |    |  |

<sup>7</sup> The earned income disregard (EID) is only available for earnings up until the poverty level.

| S/M Budget Deficit           |  | S/M Amounts to be Prorated | Suffix |                  | Number in Suffix |                              |                              |    |    |  |    |  |
|------------------------------|--|----------------------------|--------|------------------|------------------|------------------------------|------------------------------|----|----|--|----|--|
|                              |  |                            | Suffix | Number in Suffix | Suffix           | Number in Suffix             |                              |    |    |  |    |  |
| 35.                          | Total needs (line 24)  | \$                         | \$     |                  | \$               |                              |                              |    |    |  |    |  |
| 36.                          | OCSS sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 35 by 0.25)  |                            |        |                  |                  |                              |                              |    |    |  |    |  |
|                              | <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">OCSS Sanction</th> </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> | OCSS Sanction              |        | Suffix _____     | Suffix _____     | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | \$ | \$ |  | \$ |  |
| OCSS Sanction                |  |                            |        |                  |                  |                              |                              |    |    |  |    |  |
| Suffix _____                 | Suffix _____   |                            |        |                  |                  |                              |                              |    |    |  |    |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes   |                            |        |                  |                  |                              |                              |    |    |  |    |  |
| 37.                          | Adjusted needs (line 35 minus line 36)   | \$                         | \$     |                  | \$               |                              |                              |    |    |  |    |  |
| 38.                          | Budget deficit (line 37 minus line 34 – round down to the nearest 50¢). Enter amount if greater than zero (0). <b>Household is eligible for CA. Activate the case (AC status)</b> for CA, if all other eligibility requirements are met. If equal to or less than zero (0), do not enter amount here; enter amount on line 39 <sup>8</sup> .   | \$                         | \$     |                  | \$               |                              |                              |    |    |  |    |  |
| 39.                          | Budget surplus – if amount on line 34 is equal to or more than line 37, the household has <b>failed the net income test</b> and is <b>not eligible for CA</b> <sup>9</sup> . Program. Complete Form <b>W-122D/W-122DD</b> to determine SNAP eligibility.   | \$                         | \$     |                  | \$               |                              |                              |    |    |  |    |  |

<sup>8</sup> No payment is generated when the budget deficit (line 38) is less than \$5 on a semimonthly basis.

<sup>9</sup> If one suffix fails the net income test, recalculate the needs for 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 3A: Net Income Test** (continued)  
**Active CA cases and cases closed for four (4) months or less**

| S/M Budget Deficit                           |  | S/M Amounts to be Prorated                   | Suffix           | Number in Suffix | Suffix           | Number in Suffix |    |    |    |  |    |  |
|--|--|--|------------------|------------------|------------------|------------------|----|----|----|--|----|--|
| 40.  | Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 38).<br><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> </td> <td> </td> </tr> </table> | Employment/Substance Abuse Pro Rata Sanction |                  | Suffix _____     | Suffix _____     |                  |    | \$ | \$ |  | \$ |  |
| Employment/Substance Abuse Pro Rata Sanction |  |  |                  |                  |                  |                  |    |    |    |  |    |  |
| Suffix _____                                 | Suffix _____   |  |                  |                  |                  |                  |    |    |    |  |    |  |
|  |  |  |                  |                  |                  |                  |    |    |    |  |    |  |
| 41.  | CA grant (line 38 minus line 40)   | \$   | \$               |                  | \$               |                  |    |    |    |  |    |  |
| 42.  | Recoupment: Between 5% and 10% of CA Grant Before Sanctions <sup>10</sup><br><table border="1" style="width: 100%;"> <tr> <td>Suffix 1</td> <td>Percentage _____</td> </tr> <tr> <td>Suffix 2</td> <td>Percentage _____</td> </tr> </table>  | Suffix 1                                     | Percentage _____ | Suffix 2         | Percentage _____ | \$               | \$ |    | \$ |  |    |  |
| Suffix 1                                     | Percentage _____   |  |                  |                  |                  |                  |    |    |    |  |    |  |
| Suffix 2                                     | Percentage _____   |  |                  |                  |                  |                  |    |    |    |  |    |  |
| 43.  | CA grant after recoupment (line 41 minus line 42)  | \$   | \$               |                  | \$               |                  |    |    |    |  |    |  |

<sup>10</sup> The recoupment rate applied to the recovery of cash assistance overpayments will be 10 percent for all case categories. The minimum recoupment rate remains at 5 percent if undue hardship is substantiated.

**THIS IS THE END OF THE CALCULATION.**

# SAMPLE

**Section 3B: Net Income Test**

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

**Step 1. Perform test without EID<sup>11</sup>**

|                              |  | S/M Amounts to be Prorated | Suffix       | Number in Suffix | Suffix       | Number in Suffix             |                              |  |    |  |    |  |
|------------------------------|--|----------------------------|--------------|------------------|--------------|------------------------------|------------------------------|--|----|--|----|--|
| 44.                          | Enter Gross earned income from line 25.  |                            | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 45.                          | 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%;">Suffix _____</td> <td style="width: 50%;">Suffix _____</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   | Suffix _____               | Suffix _____ |                  |              |                              | \$                           |  | \$ |  |    |  |
| Suffix _____                 | Suffix _____   |                            |              |                  |              |                              |                              |  |    |  |    |  |
|                              |  |                            |              |                  |              |                              |                              |  |    |  |    |  |
| 46.                          | S/M net earned income (line 44 minus line 45)  |                            | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 47.                          | Total S/M unearned income (from line 12)   | \$                         | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 48.                          | Total S/M adjusted income (line 46 plus line 47)   | \$                         | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 49.                          | Total S/M needs (from line 24)   |                            | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 50.                          | OCSS sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 49 by 0.25)  |                            |              |                  |              |                              |                              |  |    |  |    |  |
|                              | <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">OCSS Sanction</th> </tr> <tr> <td style="width: 50%;">Suffix _____</td> <td style="width: 50%;">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> | OCSS Sanction              |              | Suffix _____     | Suffix _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |  | \$ |  | \$ |  |
| OCSS Sanction                |  |                            |              |                  |              |                              |                              |  |    |  |    |  |
| Suffix _____                 | Suffix _____   |                            |              |                  |              |                              |                              |  |    |  |    |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes   |                            |              |                  |              |                              |                              |  |    |  |    |  |
| 51.                          | S/M adjusted needs (line 49 minus line 50)   | \$                         | \$           |                  | \$           |                              |                              |  |    |  |    |  |
| 52.                          | Budget deficit (line 51 minus line 48 – round down to nearest 50¢). Enter amount if greater than zero (0). If greater than zero (0), <b>CA eligible without EID</b> . Proceed to step 2 to calculate net income test with EID. If equal to or less than zero (0), do not enter amount here; enter amount on line 53.   | \$                         | –            |                  | –            |                              |                              |  |    |  |    |  |
| 53.                          | Budget surplus – if line 48 is equal or more than line 51, the household has <b>failed the net income test and is ineligible for CA<sup>12</sup></b> . Complete Form <b>W-122D/W-122D</b> to determine SNAP eligibility.   | \$                         | \$           |                  | \$           |                              |                              |  |    |  |    |  |

<sup>11</sup> An applicant's eligibility for CA must be determined without application of the 63% 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.

<sup>12</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).

**Section 3B: Net Income Test** (continued)  
**New cases or cases closed for more than four (4) months**

**Step 2: Passed Net Income Test without EID, apply EID benefit.**

| S/M Net Income               |  | S/M Amounts to be Prorated | Suffix       | Number in Suffix             | Suffix                       | Number in Suffix |    |  |    |  |
|------------------------------|--|----------------------------|--------------|------------------------------|------------------------------|------------------|----|--|----|--|
|                              |  |                            |              |                              |                              |                  |    |  |    |  |
| 54.                          | Enter the amount from line 25 or line 26 whichever is LESS.  |                            | \$           |                              | \$                           |                  |    |  |    |  |
| 55.                          | 63% earned income disregard (multiply amount on line 54 by 0.63). <sup>13</sup>  |                            | \$           |                              | \$                           |                  |    |  |    |  |
|                              | <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;"><input type="checkbox"/> Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table> | Suffix _____               | Suffix _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |                  | \$ |  | \$ |  |
| Suffix _____                 | Suffix _____   |                            |              |                              |                              |                  |    |  |    |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes   |                            |              |                              |                              |                  |    |  |    |  |
| 56.                          | Work expense disregard, subtract \$75 S/M (allow \$75 S/M for each employed individual).   |                            | \$           |                              | \$                           |                  |    |  |    |  |
| 57.                          | Earned income disregard plus work expense disregard. Line 55 plus line 56.   |                            | \$           |                              | \$                           |                  |    |  |    |  |
| 58.                          | S/M gross earned income. Enter amount from line 25.  | \$                         | \$           |                              | \$                           |                  |    |  |    |  |
| 59.                          | Total S/M adjusted earned income. Line 58 minus line 57. If equal to or less than zero (0), enter (0).   | \$                         | \$           |                              | \$                           |                  |    |  |    |  |
| 60.                          | Total S/M unearned income (from line 12).  | \$                         | \$           |                              | \$                           |                  |    |  |    |  |
| 61.                          | Total S/M adjusted income (line 59 plus line 60).  | \$                         | \$           |                              | \$                           |                  |    |  |    |  |

<sup>13</sup> The earned income disregard (EID) is only available for earnings up until the poverty level.

SAMPLE

| S/M Budget Deficit           |   | S/M Amounts to be Prorated | Suffix | Number in Suffix | Suffix       | Number in Suffix             |                              |  |    |  |    |  |
|------------------------------|---|----------------------------|--------|------------------|--------------|------------------------------|------------------------------|--|----|--|----|--|
|                              |   |                            |        |                  |              |                              |                              |  |    |  |    |  |
| 62.                          | Total needs (from line 24)  | \$                         | \$     |                  | \$           |                              |                              |  |    |  |    |  |
| 63.                          | OCSS sanction: Enter 25% needs reduction amount, if applicable (multiply amount on line 62 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  |                            |        |                  |              |                              |                              |  |    |  |    |  |
| 64.                          | Adjusted needs (line 62 minus line 63)  |                            | \$     |                  | \$           |                              |                              |  |    |  |    |  |
| 65.                          | Budget deficit (line 64 minus line 61 – round down to the nearest 50¢). Enter amount if greater than zero (0). <sup>14</sup>  |                            | \$     |                  | \$           |                              |                              |  |    |  |    |  |

<sup>14</sup> No payment is generated when the budget deficit (line 65 is less than \$5 on a semimonthly basis)

**Section 3B: Net Income Test** (continued)  
**New cases or cases closed for more than four (4) months**

**Step 2: Passed Net Income Test without EID, apply EID benefit (continued).**

| S/M Budget Deficit                           |   | S/M Amounts to be Prorated                   | Suffix           | Number in Suffix | Suffix           | Number in Suffix |  |  |  |  |  |  |
|--|---|--|------------------|------------------|------------------|------------------|--|--|--|--|--|--|
| 66.  | Enter employment/substance abuse pro rata sanction amount, if applicable (prorated share of line 65)<br><table border="1" style="margin-left: 20px;"> <tr> <th colspan="2">Employment/Substance Abuse Pro Rata Sanction</th> </tr> <tr> <td>Suffix _____</td> <td>Suffix _____</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Employment/Substance Abuse Pro Rata Sanction |                  | Suffix _____     | Suffix _____     |                  |  |  |  |  |  |  |
| Employment/Substance Abuse Pro Rata Sanction |   |  |                  |                  |                  |                  |  |  |  |  |  |  |
| Suffix _____                                 | Suffix _____  |  |                  |                  |                  |                  |  |  |  |  |  |  |
|  |   |  |                  |                  |                  |                  |  |  |  |  |  |  |
| 67.  | CA Grant (line 65 minus line 66)  |  | CA Grant \$      |                  | CA Grant \$      |                  |  |  |  |  |  |  |
| 68.  | Recoupment: Between 5% and 10% of CA Grant Before Sanctions <sup>15</sup><br><table border="1" style="margin-left: 20px;"> <tr> <td>Suffix 1</td> <td>Percentage _____</td> </tr> <tr> <td>Suffix 2</td> <td>Percentage _____</td> </tr> </table>   | Suffix 1                                     | Percentage _____ | Suffix 2         | Percentage _____ |                  |  |  |  |  |  |  |
| Suffix 1                                     | Percentage _____  |  |                  |                  |                  |                  |  |  |  |  |  |  |
| Suffix 2                                     | Percentage _____  |  |                  |                  |                  |                  |  |  |  |  |  |  |
| 69.  | CA grant after recoupment (subtract line 68 from line 67)   |  | \$               |                  | \$               |                  |  |  |  |  |  |  |

<sup>15</sup> The recoupment rate applied to the recovery of Cash Assistance overpayments will be 10 percent for all case categories. The minimum recoupment rate remains at 5 percent if undue hardship is substantiated.

THIS IS THE END OF THE CALCULATION.

# SAMPLE





| 200% FPL Check  |              |             |                |
|---|--------------|-------------|----------------|
| Date  | 5/14/2024    | Case Number | 000000A        |
| Household Composition   |              |             |                |
| Number of individuals in household receiving Cash Assistance (CA) | 3            |             |                |
| Name of Employed Individual                                       | 1            |             |                |
| Monthly Gross Income Information                                  |              |             |                |
| Earned Income   | Gross Amount | Frequency   | Monthly Amount |
| Earned Income 1   | 500.00       | Weekly      | 2166.50        |
| Earned Income 2   | 0.00         | --Select--  | 0.00           |
| Earned Income 3   | 0.00         | --Select--  | 0.00           |
| Total Monthly Gross Earned Income                                 |              |             | 2166.50        |
| Unearned Income   | Gross Amount | Frequency   | Monthly Amount |
| Unearned Income 1   | 0.00         | --Select--  | 0.00           |
| Unearned Income 2   | 0.00         | --Select--  | 0.00           |
| Unearned Income 3   | 0.00         | --Select--  | 0.00           |
| Unearned Income 4   | 0.00         | --Select--  | 0.00           |
| Total Monthly Gross Unearned Income                               |              |             | 0.00           |
| Total Individual Income   |              |             | 2166.50        |

|                         |                  |
|-------------------------|------------------|
| Below Or Above 200% FPL | Eligible for EID |
|-------------------------|------------------|