

TITLE IV-E PLACEMENT MAINTENANCE INCOME CALCULATION WORKSHEET

INCOME CALCULATION WORKSHEET FOR INITIAL IV-E ELIGIBILITY

CHILD'S NAME:	CO/RECORD NUMBER:	PACWIS ID:
<input type="checkbox"/> CHILD IS AN SSI RECIPIENT AMOUNT OF SSI RECEIVED DURING ELIGIBILITY MONTH: \$ _____		

FINANCIAL NEED TEST

a. Gross monthly earned income (Do not include child's if full-time student)	a.
b. Work related expenses (\$90 for each working biological/adoptive parent)	b.
c. Subtract line b from line a (minimum = \$0)	c.
If the family has been a TANF cash assistance recipient in the eligibility month or in any of the four preceding months, continue to (d) and (e); if not, go to (f)	
d. Subtract \$30 from amount on line c and enter on this line	d.
e. Multiply line d by 66.6% and enter on this line	e.
f. Monthly child care cost (report only if proof exists that child care costs were paid)*	f.
g. Subtract line f from line e. If line e is blank, subtract line f from line c. (minimum = 0) and enter on this line.	g.
h. Deemed step-parent income (from line w below)	h.
i. Monthly child support income (reduce by first \$50)	i.
j. Other monthly unearned income (Exclude Exempt Income such as SSI)	j.
k. Countable income: Add lines g through j and enter here	k.
l. Number in Budget Group (exclude household members receiving SSI, the step-parent, and his/her children)	l.
m. 100% AFDC Standard of Need for Budget Group size on line l	m.

Is amount on line m greater than amount on line k?

☐ **YES:** STOP. Child met Financial Need.
 ☐ **NO:** STOP. Child does not meet Financial Need.

* Child care cost:: Subtract actual cost up to a maximum of \$150 for each child over age 2 and parent works part-time; \$175 for each child over age 2 and parent works full-time; or \$200 for each child under age 2 and parent works either full or part-time.

DEEMING INCOME

Complete if there is a step-parent with earned income

n. Number in Budget Group (step-parent and his/her children, not children-in-common)	n.
o. Gross monthly earned income of step-parent)	o.
p. \$90 Work related expense (if step-parent is working)	p.
q. Subtract line p from line o (minimum = \$0) and enter on this line	q.
r. Monthly unearned income (Unemployment, VA Benefits, SSA, etc.)	r.
s. Add line q and line r and enter on this line	s.
t. 100% AFDC Standard of Need for Budget Group size on line n	t.
u. Subtract line t from line s and enter on this line (minimum = \$0)	u.
v. Child support/alimony paid by step-parent	v.
w. Subtract line v from line u = TOTAL DEEMED INCOME	w.

PERSON COMPLETING THE FORM

DATE