

SNAP Worksheet

Case Name (Last, First, Middle)	App./Case No.	ID	Input Seq. No.
Person Interviewed	Form H1010-B Signed and Dated? <input type="checkbox"/> YES (Do not proceed further until signed and dated.)		Date Received
Interview Type <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Telephone Date	Name of Authorized Representative		Are all household members U.S. citizens or eligible aliens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone applying or receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Where?	When?	

Has residence been verified?..... Yes No If yes, how? (Also document out-of-county applications) _____

STEP 1 – Resource Determination

TYPE	VALUE	TYPE	VALUE	TYPE	VALUE

Countable Value of Resources \$ _____ Is household eligible based on resources? Yes No

Brief Description of Household Situation: _____

List disqualified members and reason: _____

Document if a disqualified member has regained eligibility: _____

STEP 2 – Gross Income Determination

	BUDGET No. 1	BUDGET No. 2
NAME	Amount	Amount
1. Gross Earned Income (include net earned self-employment--attach Form H1049 or other documents.)		
a. _____		
b. _____		
c. _____		
d. _____		
e. Total gross earned income (add lines a thru d)		

VERIFICATION DOCUMENTATION			
FOR INCOME INCLUDE	1. Date of Check	3. Source	5. Frequency
	2. Date Received	4. Gross Pay	6. Calculations

2. Unearned Income		
a. Worker's Compensation		
b. TANF Grants		
c. Other (include net unearned self-employment)		
d. Subtotal (a thru d) (Form H1000-A/B, Item 56)		
e. RSDI/RR		
f. VA/unemployment compensation/pension		
g. SSI		
h. Total (add d, e, f, g)		
3. Total Gross Income Subtotal (add 1.e. and 2.h.)		

4. Is household subject to gross income test?..... Yes No

5. Is household eligible based on total gross income?..... Yes No NA

STEP 3 – Net Income Determination	BUDGET No. 1	BUDGET No. 2
1. Total Gross Inc. (from STEP 2, Item 3)		
2. Earned Inc. Ded. (20% of STEP 2, 1.e.)		
3. Remaining Farm Loss (if NA, enter 0)		
4. Standard Deduction		
5. Allowable Medical Costs (Actual or Standard)		
6. Homeless Shelter Standard		
7. Monthly Dependent Care Costs		
8. Child Support Paid to/for Non-Household Members		
9. Total Deductions (add 2,3,4,5,6,7 and 8)		
10. Adjusted Gross Income (Item 1 minus 9)		
11. Shelter Expenses:		
a. Housing		
b. Utility or Telephone Standard		
c. Expedited Only -		
Actual Utilities		
(1) Gas		
(2) Electric		
(3) Water/Sewage		
(4) Other (explain):		
d. Total Shelter Costs		
e. Subtract 50% Adjusted Gross Income		
f. Total Excess Shelter Costs		
12. Maximum Excess Shelter (if applicable)		
13. Net Income (Item 10 minus 11.f. or 12)		
14. Rounded Net Income		

15. Is household eligible based on net income?..... Yes No NA
16. Number of Certified Members _____
17. Monthly Allotment (TW Handbook C-1431) _____
18. Prorated Allotment (if applicable)
TW Handbook C-1432)..... _____
19. Months Covered by First Budget..... _____ thru _____
20. Months Covered by Second Budget..... _____ thru _____

STEP 4 – Management: Document any management problems and explain.

STEP 5 – Employment Services: List household members and their exemption or registration/education codes:

MEMBER	CODE	MEMBER	CODE	MEMBER	CODE	MEMBER	CODE

Justify codes for household members coded E or H: _____

Does the household qualify to select the PWE? Yes No If yes, do all adult household members agree on the selection? Yes No

If yes, give the name of the PWE: _____

STEP 6 – Finger Imaging: List household members who require imaging and their exemption code or enrollment code and VUN:

MEMBER	CODE	VUN	MEMBER	CODE	VUN

Justify all exemption codes and enrollment code Z: _____

STEP 7 – Basis of Certification or Denial

Certified From:	To:	Special Review Date	Reason Code
-----------------	-----	---------------------	-------------

- Special Review and Certification Period Explanation: _____
- Denial Explanations: _____

STEP 8 – SNAP Forms and Referrals

- Form H1009, H1017, H1019 provided? Yes No
- Right to appeal explained? Yes No
- Form H1805 provided and all reminders explained? Yes No
- Form H1808 provided for each employment services registrant? Yes No
- Form H2067 sent to associated TANF cases? Yes No
- Has Form H1106 been returned by SSA? Yes No

IF YES, FOR WHOM	DATE	DOCUMENT PROBLEMS/DISQUALIFICATION

- Form H1823 completed for members age 18 - 50? NA Yes No
- Referrals to: PA SNAP Social Services
- a. EBT card, PIN, and training material provided (Form H1172/H1175 sent)? NA Yes No
- b. Form H1803 provided if appropriate? NA Original Duplicate No ID No.: _____

Documentation/Changes: _____

Signature – Worker

Date

