

TANF WORKSHEET FOR SPECIAL REVIEWS AND DENIALS

Date Form 1010 Rec'd. <input type="checkbox"/> NA	Interview Date <input type="checkbox"/> Home Visit <input type="checkbox"/> Office Visit <input type="checkbox"/> Other	Type Determination <input type="checkbox"/> Application <input type="checkbox"/> Complete Review	Special Review <input type="checkbox"/>	Non-Review Activity <input type="checkbox"/>
Case Name (last, first, middle)	Application/Case No.	FS Case No.	Type Prog.	Prior Recip. (App. Only) <input type="checkbox"/> Yes <input type="checkbox"/> No

TANF ACTION

<input type="checkbox"/> Sustained <input type="checkbox"/> Raised <input type="checkbox"/> Lowered <input type="checkbox"/> Denied	Reason		
Grant Amount \$	Input Sequence No.	Signature Worker	Date

IF DENIED:

Are clients eligible for post or transitional Medicaid coverage? **4 mos. (TP 20)** **12 mos. (TP 07/37)** No

If they are eligible, are they covered by insurance not previously reported?..... Yes No

If, yes, indicate how the insurance coverage was reported:

Form 1039-A/B completed and sent.

Status in group code "P" used on Form 1000-A.

If clients are eligible for transitional Medicaid, were reporting requirements explained and Form 1017-B provided? Yes No

CHECK LIST (check applicable items):

<input type="checkbox"/> Form 1012	<input type="checkbox"/> Form 1106	<input type="checkbox"/> Form 2067	<input type="checkbox"/> Form 1073
<input type="checkbox"/> Form 1017	<input type="checkbox"/> Form 1146	<input type="checkbox"/> Form 2580	<input type="checkbox"/> Others (list): _____
<input type="checkbox"/> Form 1019	<input type="checkbox"/> Form 1701	<input type="checkbox"/> Form 4834	_____

Clearance / Verification

INCOME WORKSHEET

Complete this page for all TANF cases with countable income. Also complete Form 1100, Addendum Income Worksheet, to compute earned income of a legal parent with diverted income, applied income of a stepparent, a legal parent disqualified for citizenship or time limits, or an alien sponsor, or if the client receives a lump sum payment counted as income. Net self-employment income is the amount after deducting the cost of doing business. Enter net self-employment earned income as gross earned. **NOTE: Shaded areas transfer to form 1000-A/1000-B.**

STEP 1 – Certified Group Earned/Unearned Income (Include all countable earned and unearned income.)

Income from Step 1 budgeted:

1. NAMES				
2. Total Gross Earned (Item 42B Entries)		+	+	= \$
3. RSDI (Item 43 Entries)				
4. Pensions, VA, and Unemployment Benefits (Item 44 Entries)				
5. Railroad Retirement (TOTAL is Item 55 Entry)		+	+	=
6. SUBTOTAL (Add 3 + 4 + 5)		+	+	=

7. Cash Contributions		+	+	=
8. Other Income		+	+	=
9. Applied Income of Legal Parent Disqualified for Citizenship or Time Limit (from Step 1, Form 1100)				=
10. Applied Income of Stepparent or Alien's Sponsor (F. 1100)				=
11. SUBTOTAL (Line 7 + 8 + 9 + 10)				=

CONTINUE FOR APPS. AND CERTAIN ONGOING CASES

12. Child Support		+	+	=
13. Minus Child Support Disregard (applications only)				=
14. Net Countable Child Support				=

15. TOTAL (Box C + D) Item 56 Entry				= \$
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STEP 2–Earned Income Deductions

1. NAMES				
2. Work Related Expense Standard	\$	\$	\$	= \$
3. Child / Incap. Care Cost	\$	\$	\$	= \$
4. Total Deductions (Add totals of Lines 2 and 3)				= \$

STEP 3–Budgetary (100%) Needs Test (Complete for applicants who were not clients in last four months.)

1. Budgetary Needs (Enter Chart Figure)		= \$
2. Total Gross Earned Income of Certified Group (A from Step 1)	\$	
3. Total Deductions (G from Step 2)	-	
4. Net Earned Income (Line 2 - 3)	=	
5. Total Unearned Income (Add B, C, and D from Step 1)	+	
6. Subtotal (Line 4 + 5)	= \$	
7. Diverted Amounts Allowed as Deductions	-	
8. Total Net Income (Line 6 - 7)	= \$	
9. Unmet Need (Line 1 - 8)	= \$	

IF LINE 9 IS 50 CENTS OR MORE, GO ON TO STEP 4

STEP 4 – Recognizable Needs Test

Is anyone eligible for 90% earned income deduction (EID)? Yes No
 Is client declining use of 90% EID at this time? Yes No
 If 90% EID is used, what is the first month? _____

	PART A (Not client last 4 mos.)	PART B (For all clients.)
1. Recognizable Needs (Use Chart Figure)		
2. Total Gross Earned Income of Certified Group (A from Step 1)		
3. Total WRE Standard Ded. (E from Step 2)		
4. Adjusted Earned Income (Line 2 - Line 3)	=	
5. a. 1/3 of Line 4 (Part A only)		DO NOT WRITE IN THIS SPACE
b. 90% of Line 4 (Part B only)	DO NOT WRITE IN THIS SPACE	
c. Subtotal (Line 4 - 5.a. or 5.b.)	=	
6. Total Child/Incap. Care Costs (F from Step 2)		
7. Subtotal (Line 5.c. - 6)	=	
8. Total Unearned Income (H from Step 3)	+	
9. Subtotal (Line 7 + 8)	=	
10. Remaining Farm Loss (Form 1049, Pg3., Line D)		
11. Subtotal (Line 9 - Line 10)	=	
12. Deductible Diverted Amounts		
13. Adjusted Gross Income (Item 59 entry) (Line 11 - Line 12)	=	
14. Unmet Need (Line 1 - Line 13)	=	
15. Does HH have unmet need of 1¢ or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to Part A, continue to Part B. If Yes to Part B, continue to Step 5.

TOTAL DEDUCTIONS (Item 58 Entry)	\$
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STEP 5–Grant Calculation

1. Maximum Grant Amount (Use chart figure)	\$
2. Adjusted Gross Income (Step 4, Line 13 - drop cents)	\$
3. Recommended Grant Amount	= \$
4. PRA Penalty Amount	\$
5. Sanctioned Grant Amount	= \$

To Prorate Benefits				(Use % from Part C-120, Texas Works HB)
\$	(Step 5, Line 3)	X	%	
a. Prorated Benefit				\$
b. PRA Penalty Amount				\$
Sanctioned Grant Amount (a-b)				= \$