

Appendix A

Simplified TAFDC Grant Calculation Worksheet

You can use the worksheet that follows to figure out what a family should receive *if eligible*. Remember that the family has to meet all of the general eligibility rules, the asset test, the Gross Income Eligibility Test and the Net Income Eligibility Test. Most—but not all—families that meet all of the general eligibility rules and appear to qualify for a cash grant using this worksheet will be eligible.

Families with income from child support, *applicants* with earnings who were not recipients during the four months preceding the application, and families with children age 14 or older who have earnings may be ineligible because of the Gross Income or Net Income Eligibility Tests, even if they would appear to be eligible for a grant using the worksheet.

This worksheet does not cover families with more than one person's earnings or families where income is being counted from someone who is not getting benefits.

Simplified TAFDC grant calculation worksheet

Family's Name _____ Date _____

Number of eligible people in family _____ Rent Allowance yes no

1 **Figure** gross monthly earned income \$ _____

2 **Subtract** \$90 work expense deduction - \$ 90.00

3 **TOTAL AFTER WORK EXPENSE DEDUCTION** = \$ _____

4 **Subtract** \$30 - \$ 30.00

5 **TOTAL AFTER \$30 DEDUCTION** = \$ _____

6 **Subtract** 1/3 or 1/2 of Line 5 - \$ _____

7 **TOTAL AFTER 1/3 OR 1/2 DEDUCTION** = \$ _____
(enter in Line 8)

8 **TOTAL AFTER \$30 & 1/3 or \$30 & 1/2 AS APPLICABLE** = \$ _____

9 **Subtract** dependent care expenses - \$ _____

10 **TOTAL NET EARNED INCOME** = \$ _____

11 **Add** countable unearned income + \$ _____

12 **TOTAL COUNTABLE INCOME** = \$ _____
(enter on Line 14)

13 **Enter** Payment Standard for family size based on exempt or non-exempt status (use amount with rent allowance as applicable) \$ _____

14 **Subtract** total countable income (Line 12) from Payment Standard - \$ _____

15 **MONTHLY TAFDC GRANT** = \$ _____
(round down to the nearest dollar)

Instructions for completing worksheet

Line

- 1 For recipients on Monthly Reporting, add up all the earnings received during the “budget month” (two months before the payment month). See **Question 108**. For all other recipients, multiply weekly earned income by 4.333 or biweekly earned income by 2.167. See **Question 76**.

- 6 Exempt recipients get 1/3 deduction. Non-exempt recipients get ½ deduction.

- 9 Subtract dependent care expenses up to the Maximum Dependent Care Deductions for each dependent in chart below.

Maximum Dependent Care Deductions			
Hours of Work		Age of Dependent	
Weekly	Monthly	2 or over	Under 2
1 - 10	1 - 43	\$ 44	\$ 50
11 - 20	44 - 87	\$ 88	\$100
21 - 30	88 - 130	\$132	\$150
31+	131+	\$175	\$200

- 11 Do not count child support. See **Question 68**.

- 13 See **Question 81**. Choose the table based on whether you are exempt or non-exempt.

- 15 The family’s cash income may also include up to \$50 a month in current child support collected by the Department of Revenue and “passed through” to the family and/or \$90 paid for a child excluded under the family cap. No cash payment is made if the grant amount is less than \$10 a month, but the family is subject to the Work Program, time limit, family cap and other welfare rules.