

TANF BUDGETING STEPS

Step		
1. Determine gross earned and unearned income, using Tables II (Gross Earned Income) and III (Unearned Income) on the budget form.		
2. On Table IV (130% of Poverty Eligibility Determination on Budget Form), compute the Total Income. Compare the total income to the 130% of the Federal Poverty Level for the appropriate family size on Table I (need Standards/Poverty Levels).	If the Total Income is greater than 130% of poverty.	Case is ineligible for cash benefits. The budget ends here.
	If the Total Income is less than the 130% of poverty.	Go to Step 3.
3. Using Table V (Initial Eligibility Determination), determine total net income by subtracting 20% gross earnings or \$90 work expense (whichever is greater). Subtract child care. Add total Unearned Income from Table III (Unearned Income). Note: This step determines eligibility for earned income disregards.	Compare to 100 % Need Standard for family size for application month.	
	If...	Then...
	The net income is more than the 100% need standard.	Case is ineligible and the TANF budget ends here.
The net income is less than the 100% need standard.	The individual is entitled to the disregard (if not previously exhausted) on the first cash month . (If the disregards have been exhausted, apply the standard work deduction). Go to Step 4.	
4. Complete Table VI to determine Total Net Income after appropriate disregards or work expense is allowed.		
5. Complete table VII, using Total Net Income from Table VI to determine TANF eligibility and amount of cash benefit. If eligible, TANF earned income disregard count begins or continues with first cash month, as appropriate.	The budget ends here.	

DIVISION OF SOCIAL SERVICES
TANF BUDGET

Case Name: _____
 Case Number: _____
 Worker Sign: _____
 Date Completed: _____

I. TANF Budget

TANF			TANF NNRC RELATIVE CARE		
PERSONS	130% OF POVERTY	100% NEED STANDARD (75% OF POVERTY)	PAYMENT ALLOWANCE	275% OF POVERTY	RELATIVE CARE ALLOWANCE
1	\$1,729	\$998	\$254	\$3,658	\$418
2	\$2,345	\$1353	320	\$4,960	478
3	\$2,960	\$1,708	386	\$6,261	538
4	\$3,575	\$2,063	452	\$7,563	598
5	\$4,191	\$2,418	518	\$8,865	659
6	\$4,806	\$2,773	584	\$10,166	719
7	\$5,421	\$3,128	650	\$11,468	779
8	\$6,037	\$3,483	716	\$12,770	839

NOTE: For each additional person, add the following amounts to the figures in PERSONS #8.

\$616	\$355	\$66	\$1,302	\$60
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KINSHIP CARE PAYMENT ALLOWANCE

0 through 12 years of age	\$401 per Child
13 years of age or older	\$463 per Child

NOTE: Only siblings (including legally adopted, step and half brothers and sisters) shall be considered in one assistance unit.
 Exception: When the only child in a Kinship Care case is 0-12, the Payment Allowance of \$417 for one child is considered.

II. GROSS EARNED INCOME

	Person #1	Person #2
Individual Gross Earned Income		

Total Gross Earned Income
 (Transfer amount to Gross Earnings line of Table IV, V & VI)

III. UNEARNED INCOME

Unearned Income Type		
Unearned Income Type		
Unearned Income Type		
Unearned Income Type		
Unearned Income Type		

Total Unearned Income
 (Transfer amount to Unearned Income line of Table IV, V & VI)

IV. 130% FPL ELIGIBILITY DETERMINATION

Gross Earnings (From first line of Table II) _____
 Unearned Income (From last line of Table III) _____ + _____
 Total Income: _____
 (Transfer amount to Table VII for Overpayment Calculation)

130% Poverty Level _____
 Eligible (Proceed to Part V)
 Ineligible The budget ends here unless the income decreased in the budget month or the next month.

V. INITIAL DISREGARD DETERMINATION

	Person #1	Person #2
Gross Earnings: (From Table II)	_____	_____
20% Gross Earnings:	_____	_____
Or		
\$90 Work Expense:	_____	_____
(Enter the larger amount on next line)		
Total Expense Amount Allowed:	- _____	- _____
(Transfer to Table VI on the Table V disregard line when the disregard has ended and on initial month determination)		
Total after 20%/\$90 Expense:	= _____	= _____
Child Care Expenses:	- _____	- _____
Total Net Earned Income:	= _____	= _____
Total Unearned Income:	+ _____	+ _____
(From last line of Table III)		
Total Individual Net Income:	= _____	= _____
Total Combined Net Income:	_____	_____

TANF - Compare to 100% Need Standard for appropriate family size for application month. (From Table I)
 Eligible Ineligible

VI. NET INCOME DETERMINATION

	Person #1	Person #2
Gross Earnings:	_____	_____
Person #1 Disregard %	- _____	- _____
Person #2 Disregard %	- _____	- _____
OR		
\$90/20% Work Expense	- _____	- _____
Subtotal:	= _____	= _____
Total Income after Disregards:	_____	_____
Child Care Expense:	- _____	- _____
Net Earned Income:	= _____	= _____
Total Unearned Income:	+ _____	+ _____
Total Net Income:	= _____	= _____

VII. FINAL GRANT DETERMINATION

1. Determine benefit.
 Payment Allowance for Household Size: _____
 (From Table I)
 OR
 Non-Relative Caretaker Allowance: _____
 (From Table I)
 Total Net Income: _____
 (From last line of Table V)
 Benefit Amount: _____
 (Round to the Nearest Whole Dollar <.49 or ≥ .50)

Note: Automated budgeting may vary from manual budget results by \$1.00.

If there is not an Overpayment or an IPV disqualification, this is the final benefit amount. Budget this amount to SNAP.
 If there is an Overpayment or IPV disqualification, proceed to #2a below for the calculation of the overpayment deduction or #2b for the IPV proration amount.

2a. If household has an overpayment: Determine overpayment deduction.

Total Income from Table IV _____
 Net Grant from 1 above: _____ + _____
 Total: _____ = _____

Non-IPV Overpayment (10% reduction)
 Total x .10 = _____ - _____

OR

IPV Overpayment (20% reduction)
 Total x .20 = _____ - _____

Grant Amount after Overpayment Deduction: _____

(If there are no IPV disqualifications, enter the total grant amount in #3 below, otherwise, continue on to 2b if any household member is disqualified due to an IPV)

2b. If any household member is disqualified due to an IPV. Determine the pro-rata deduction.

1. Grant from Section VII #1 above: _____
 2. TANF Household Size: _____
 3. Divide the grant from #1 by the TANF household size in #2.
 _____ = _____
 (Enter this amount in #3 below.)

3. Final Grant Determination

Enter grant amount from Section VII 1 or 2a above:

Subtract the IPV pro-rata deduction _____ - * _____

Final Grant Amount _____ = _____

*In cases where an IPV disqualification is imposed, the gross TANF grant prior to the pro-rata deduction is budgeted for SNAP.

Intake Budget:
 App Date: _____ 30th Day: _____
 Date Approved: _____ Benefit Month: _____
 Benefit Amount: _____

RD Budget:
 Date RD Completed: _____
 Does this budget computation impact the SNAP case? YES NO
 If YES, benefit month to be updated: _____

Best Estimate – Income factoring method for income received monthly, twice per month, weekly, bi-weekly, annually, quarterly, etc. (Check one of the following)
 x1 x2 x2.15
 x4.3 Annualized Other

Budgeting policy can be found in the Eligibility and Payments Manual Section A-600.

NEVADA STATE DIVISION OF SOCIAL SERVICES
**TANF STEPPARENT/RESPONSIBLE PARENT/TEMPORARY RESIDENT PARENT
 DEEMING BUDGET**

Case Name	Case Number	Date	Income Month	Grant Month

<input type="checkbox"/> Intake Budget	<input type="checkbox"/> Ongoing Budget	<input type="checkbox"/> O/P Budget	<input type="checkbox"/> Other	
				Case Manager

STEPPARENT OR RESPONSIBLE PARENT'S EARNED INCOME	NUMBER OF PERSONS	TANF NEED STANDARD
1. Gross earnings or net self-employment income	1	\$998
2. Less	2	\$1,353
Work Expense	3	\$1,708
	4	\$2,063
3. TOTAL NET EARNED INCOME	5	\$2,418
	6	\$2,773
	7	\$3,128
	8	\$3,483
STEPPARENT OR RESPONSIBLE PARENT'S UNEARNED INCOME		
4. UIB	<i>ADD \$355 FOR EACH ADDITIONAL PERSON</i>	
5. Social Security	(1) Enter the need standard for the number of persons in the stepparent's or responsible parent's home (including the stepparent/parents) who are not included in the TANF assistance unit and are claimed by the stepparent/parent as dependents for Federal Income Tax purposes. Include persons who do not meet TANF citizenship requirements. Do not include SSI recipients.	
6. Value of Subsidized Housing (\$76 maximum)		
7. Other _____ (Type)		
8. TOTAL NET UNEARNED INCOME		
TOTAL NET INCOME		
9. Total Income (sum items 3 & 8)	(2) Disregard amounts actually paid by the stepparent/parent to persons not living in the home who are claimed by the stepparent/parent for Federal Income Tax purposes AND payments made by stepparents/parents for alimony or child support.	
10. Less Need Standard (1)		
11. Less Support (2)		
12. NET DEEMABLE INCOME (Transfer to TANF/CHAP Budget - Form 2183).....		