

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 \$150 work expense deduction | - | \$ | _____ 150.00 |
| 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 Multiply weekly earned income by 4.333 or biweekly earned income by 2.167. See **Question 79**.
- 6 Exempt recipients get 1/3 deduction. Non-exempt recipients get 2 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.
- 13 Choose the table based on whether you are exempt or non-exempt. See **Question 84**.
- 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.