CalWORKs BUDGET WORKSHEET

Use the worksheet on the back of the CW 30 to calculate income for the payment period.

CASE NAME:		CASE NUN				SE	сті	ON B: GRANT COMPUTATION		
DATA MONTH PAYMENT PERIOD STANDARD MAP EXEMPT MAP						18. Maxin Famil		iximum Aid Payment for mily Member (A & C).	\$	
WORKER NAME:							a.	Net nonexempt income (enter amount from line 11 or 15).	-	
WORKER #: DATE:							b.	Special needs other than HA, (A, C, D)	+	
	(A)	<i>Ch</i> ∣(B)	eck (✔) (C)	One (D)	(E)		c.	Potential Grant	\$	
NAME	AU (non MFG and non-penalized)		if non		SANCTIONED	19.	Ma pe	\$		
	on MF	Penalized AU	ncome.cou or inelig.r critzen)				a.	+		
	52		<u>6</u>		Ś		b.	Subtotal	\$	
							c.	Aid Payment (lesser of 18c or 19b).	\$	
						20.	Pro	pration figure		
							Da	te:	х	
						21.	Pro	prated Aid Payment	\$	
SELF-EMPLOYMENT INCOME CALCULAT						22.	22. Other adjustments imposed upon the AU			
EARNINGS FROM SELF-EMPLOYMENT Gross earnings from self employment Expenses	ss earnings from self employment \$		1 \$	PERS	ON 2	-	a.	Child Support non-co-op (25% of Aid Payment)	-	
Actual 40%	-		-				b.	Overpayment adjustment	-	
Net self-employment income (Include in Section a, line 4)				c. Cal-Learn penalties			c.	Cal-Learn penalties	-	
SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND					NET		d.	Cal-Learn bonus	+	
NON-EXEMPT INCOME COMPUTATION 1. Total disability-based uncarned income of						23.	Ad	justed Aid Payment	\$	
A, B, C, D, E. 2. Minus \$225 disability-based income disregard.				\$ -225		SEC	SECTION C: BUDGET RECOMPUTATION			
 Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5). 				=		24.	Ac	\$		
 4. Gross averaged earned income of A, B, C, D, E. (From income worksheet) 				\$			a. Adjusted Aid Payment (amount from line 23).			
5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3).				•			b.	=		
 Subtotal earned income (line 4 minus line 5). 				=		25.	Ov	\$		
 50% earned income disregard. (Total on line 6 divided by 2). 				-				derpayment if line 23 is greater		
 Subtotal net nonexempt earned income. (Line 6 minus line 7). 				=				ın line 24.	\$	
9. Nonexempt disability-based unea	rned ind	come.								
 (Enter positive amount from line 3). 10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D). 			ling	+ +						
 Total net nonexempt income for g computation (line 8 + 9 + 10) 		_, _ /·		=						
12. Child/Spousal support for A, B, (not C, D, E).				\$						
13. Minus child/spousal support disregard (up to \$50 per AU).				-						
14. Total countable child/spousal sup	port			=						
15. Total net nonexempt income for re (line 11 + 14).	ecipient	test		=						
16. MAP for A & C + special needs for	or A, C,	D.		\$						
17. Family meets recipient test (if line 15 is less than line 16). If Yes, continue with grant computation.				٦.,	🗌 No					

CW 30 (4/13) CalWORKs BUDGET WORKSHEET - RECOMMENDED FORM

CW INCOME WORKSHEET

MONTH OF:										CASE NAME:		CA	SE NUMB	ER:
PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY**	CONVERSION FACTOR ***	MONTHLY AMOUNT	INCOM KIN	D	TOTALS
-		•		•	•		•							

* Deduct either 40% or Actual expenses

** Divide by number of payments in the month

*** BI-Weekly = x 2.167, Weekly = x 4.33

**** See MPP 44-115

MONTHLY INCOME:

	MONTH OF	MONTHLY GROSS INCOME*
DBI		DBI =
U		U =
E		E =

*Apply the disregards to each type of monthly gross income to calculate the total net, non-exempt income for the month. Use that amount to calculate the grant for each month of the payment period unless a change in actual or anticipated income is reported.