



TANF WORKSHEET FOR SPECIAL REVIEWS AND DENIALS

Form H1102
October 2002

| | | | | |
|--|--|---|---|--|
| 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 | <input type="checkbox"/> Special Review | <input type="checkbox"/> Non-Review Activity |
| 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) | | + | + | = \$ A |
| 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) | | + | + | = B |

| | | | | |
|---|--|---|---|------------|
| 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) | | | | = C |

CONTINUE FOR APPS. AND CERTAIN ONGOING CASES

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

| | | | | |
|-------------------------------------|--|--|--|------|
| 15. TOTAL (Box C + D) Item 56 Entry | | | | = \$ |
|-------------------------------------|--|--|--|------|

STEP 2–Earned Income Deductions

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

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) | + | H | |
| 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) | \$ |
|---|----|

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) | | = | \$ |