

**SNAP Worksheet**

Case Name (Last, First, Middle)	App./Case No.	ID	Input Seq. No.
Person Interviewed	Form H1010-B Signed and Dated? <input type="checkbox"/> <b>YES (Do not proceed further until signed and dated.)</b>		Date Received
Interview Type <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Telephone      Date	Name of Authorized Representative	Are all household members U.S. citizens or eligible aliens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone applying or receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, who?	Where?	When?	

Has residence been verified?.....  Yes  No    If yes, how? (Also document out-of-county applications) \_\_\_\_\_

**STEP 1 – Resource Determination**

TYPE	VALUE	TYPE	VALUE	TYPE	VALUE

Countable Value of Resources \$ \_\_\_\_\_ Is household eligible based on resources? .....  Yes  No

Brief Description of Household Situation: \_\_\_\_\_

List disqualified members and reason: \_\_\_\_\_

Document if a disqualified member has regained eligibility: \_\_\_\_\_

**STEP 2 – Gross Income Determination**

1. Gross Earned Income (include net earned self-employment—attach Form H1049 or other documents.)	BUDGET No. 1	BUDGET No. 2
	Amount	Amount
NAME		
a. _____		
b. _____		
c. _____		
d. _____		
e. Total gross earned income (add lines a thru d)		

VERIFICATION DOCUMENTATION			
FOR INCOME INCLUDE	1. Date of Check	3. Source	5. Frequency
	2. Date Received	4. Gross Pay	6. Calculations

2. Unearned Income		
a. Worker's Compensation		
b. TANF Grants		
c. Other (include net unearned self-employment)		
d. Subtotal (a thru d) (Form H1000-A/B, Item 56)		
e. RSDI/RR		
f. VA/unemployment compensation/pension		
g. SSI		
h. Total (add d, e, f, g)		
3. Total Gross Income Subtotal (add 1.e. and 2.h.)		

4. Is household subject to gross income test?.....  Yes  No

5. Is household eligible based on total gross income?.....  Yes  No  NA

<b>STEP 3 – Net Income Determination</b>	BUDGET No. 1	BUDGET No. 2
1. Total Gross Inc. (from STEP 2, Item 3)		
2. Earned Inc. Ded. (20% of STEP 2, 1.e.)		
3. Remaining Farm Loss (if NA, enter 0)		
4. Standard Deduction		
5. Allowable Medical Costs (Actual or Standard)		
6. Homeless Shelter Standard		
7. Monthly Dependent Care Costs		
8. Child Support Paid to/for Non-Household Members		
9. Total Deductions (add 2,3,4,5,6,7 and 8)		
10. Adjusted Gross Income (Item 1 minus 9)		
11. Shelter Expenses:		
a. Housing		
b. Utility or Telephone Standard		
c. Expedited Only -		
Actual Utilities		
(1) Gas		
(2) Electric		
(3) Water/Sewage		
(4) Other (explain):		
d. Total Shelter Costs		
e. Subtract 50% Adjusted Gross Income		
f. Total Excess Shelter Costs		
12. Maximum Excess Shelter (if applicable)		
13. Net Income (Item 10 minus 11.f. or 12)		
14. Rounded Net Income		
15. Is household eligible based on net income?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
16. Number of Certified Members .....	_____	_____
17. Monthly Allotment (TW Handbook C-1431)	_____	_____
18. Prorated Allotment (if applicable) TW Handbook C-1432).....	_____	_____
19. Months Covered by First Budget.....	_____	thru _____
20. Months Covered by Second Budget.....	_____	thru _____

**STEP 4 – Management: Document any management problems and explain.**

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**STEP 5 – Employment Services:** List household members and their exemption or registration/education codes:

MEMBER	CODE	MEMBER	CODE	MEMBER	CODE	MEMBER	CODE

Justify codes for household members coded E or H: \_\_\_\_\_

Does the household qualify to select the PWE? .....  Yes  No  If yes, do all adult household members agree on the selection? .....  Yes  No

If yes, give the name of the PWE: \_\_\_\_\_

**STEP 6 – Finger Imaging:** List household members who require imaging and their exemption code or enrollment code and VUN:

MEMBER	CODE	VUN	MEMBER	CODE	VUN

Justify all exemption codes and enrollment code Z: \_\_\_\_\_

**STEP 7 – Basis of Certification or Denial**

Certified From:	To:	Special Review Date	Reason Code
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- Special Review and Certification Period Explanation: \_\_\_\_\_
- Denial Explanations: \_\_\_\_\_

**STEP 8 – SNAP Forms and Referrals**

- Form H1009, H1017, H1019 provided? .....  Yes  No
- Right to appeal explained? .....  Yes  No
- Form H1805 provided and all reminders explained? .....  Yes  No
- Form H1808 provided for each employment services registrant? .....  Yes  No
- Form H2067 sent to associated TANF cases? .....  Yes  No
- Has Form H1106 been returned by SSA? .....  Yes  No

IF YES, FOR WHOM	DATE	DOCUMENT PROBLEMS/DISQUALIFICATION

- Form H1823 completed for members age 18 - 50? .....  NA  Yes  No
- Referrals to: .....  PA SNAP  Social Services
- a. EBT card, PIN, and training material provided (Form H1172/H1175 sent)? .....  NA  Yes  No
- b. Form H1803 provided if appropriate? .....  NA  Original  Duplicate  No ID No.: \_\_\_\_\_

Documentation/Changes: \_\_\_\_\_

Signature – Worker

Date

