

CalWORKs BUDGET WORKSHEET

Use the worksheet on the back of the QR 30 to calculate average income for the quarter.

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|--|---|--|--|--|-------------------|
| CASE NAME: _____ | | CASE NUMBER: _____ | | SECTION B: GRANT COMPUTATION | |
| DATA MONTH _____ | | PAYMENT QUARTER _____ | | 18. Maximum Aid Payment for _____ Family Member (A & C). \$ | |
| <input type="checkbox"/> STANDARD MAP | | <input type="checkbox"/> EXEMPT MAP | | a. Net nonexempt income (enter amount from line 11 or 15). - | |
| WORKER NAME: _____ | | | | b. Special needs other than HA, (A, C, D) + | |
| WORKER #: _____ | | DATE: _____ | | c. Potential Grant \$ | |
| NAME | <i>Check (✓) One</i> | | | | |
| | (A) AU (non MFG and non-penalized) | (B) Penalized AU | (C) non-AU (if income, counted or intell. non citizen) | (D) MFG | (E) SANCTIONED |
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| SELF-EMPLOYMENT INCOME CALCULATION | | | | | |
| EARNINGS FROM SELF-EMPLOYMENT | | PERSON 1 | PERSON 2 | 19. Maximum Aid Payment for _____ persons. (A) \$ | |
| Gross earnings from self employment | | \$ | \$ | a. Special Need other than HA (A & D). + | |
| Expenses | | | | b. Subtotal \$ | |
| <input type="checkbox"/> Actual <input type="checkbox"/> 40% | | - | - | c. Aid Payment (lesser of 18c or 19b). \$ | |
| Net self-employment income (Include in Section a, line 4) | | \$ | \$ | 20. Proration figure | |
| | | | | Date: _____ X | |
| SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION | | | | | |
| 1. Total disability-based unearned income of A, B, C, D, E. | | \$ | | 21. Prorated Aid Payment \$ | |
| 2. Minus \$225 disability-based income disregard. | | -225 | | 22. Other adjustments imposed upon the AU: | |
| 3. Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5). | | = | | a. Child Support non-co-op (25% of Aid Payment) - | |
| 4. Gross averaged earned income of A, B, C, D, E. (From income worksheet) | | \$ | | b. Overpayment adjustment - | |
| 5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3). | | - | | c. Cal-Learn penalties - | |
| 6. Subtotal earned income (line 4 minus line 5). | | = | | d. Cal-Learn bonus + | |
| 7. 50% earned income disregard. (Total on line 6 divided by 2). | | - | | 23. Adjusted Aid Payment \$ | |
| 8. Subtotal net nonexempt earned income. (Line 6 minus line 7). | | = | | SECTION C: BUDGET RECOMPUTATION | |
| 9. Nonexempt disability-based unearned income. (Enter positive amount from line 3). | | + | | 24. Actual Cash Aid Paid \$ | |
| 10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D). | | + | | a. Adjusted Aid Payment (amount from line 23). \$ | |
| 11. Total net nonexempt income for grant computation (line 8 + 9 + 10) | | = | | b. Subtotal = | |
| 12. Child/Spousal support for A, B, (not C, D, E). | | \$ | | 25. Overpayment Amount (line 24b) \$ | |
| 13. Minus child/spousal support disregard (up to \$50 per AU). | | - | | 26. Underpayment if line 23 is greater than line 24. \$ | |
| 14. Total countable child/spousal support | | = | | | |
| 15. Total net nonexempt income for recipient test (line 11 + 14). | | = | | | |
| 16. MAP for A & C + special needs for A, C, D. | | \$ | | | |
| 17. Family meets recipient test (if line 15 is less than line 16). If Yes, continue with grant computation. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

MONTH 1: _____

QR INCOME WORKSHEET

| | |
|------------|--------------|
| CASE NAME: | CASE NUMBER: |
|------------|--------------|

| PERSON # | DBI, U or E | PAY 1 | PAY 2 | PAY 3 | PAY 4 | PAY 5 | TOTAL | DIVIDE BY | AVERAGE | CONVERSION FACTOR * | TOTALS |
|----------|----------------|-------|-------|-------|-------|-------|-------|-----------|---------|------------------------|--------|
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MONTH 2: _____

| PERSON # | DBI, U or E | PAY 1 | PAY 2 | PAY 3 | PAY 4 | PAY 5 | TOTAL | DIVIDE BY | AVERAGE | CONVERSION FACTOR * | TOTALS |
|----------|----------------|-------|-------|-------|-------|-------|-------|-----------|---------|------------------------|--------|
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MONTH 3: _____

| PERSON # | DBI, U or E | PAY 1 | PAY 2 | PAY 3 | PAY 4 | PAY 5 | TOTAL | DIVIDE BY | AVERAGE | CONVERSION FACTOR * | TOTALS |
|----------|----------------|-------|-------|-------|-------|-------|-------|-----------|---------|------------------------|--------|
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QUARTER INCOME TOTALS

| | MONTH 1 | MONTH 2 | MONTH 3 | Quarter TOTAL (3 Months) | DIVIDE BY | AVERAGE MONTHLY GROSS INCOME (Enter on line 4 of Budget Worksheet) | |
|-----|---------|---------|---------|--------------------------------|-----------|--|-----|
| DBI | | | | | | | DBI |
| U | | | | | | | U |
| E | | | | | | | E |