

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



February 23, 1987

ALL COUNTY LETTER NO. 87-30

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY AFDC COORDINATORS

SUBJECT: QUESTIONS AND ANSWERS ON HARDSHIP SUPPLEMENTAL  
PAYMENTS IN AFDC, RDP, RCA, AND ECA

REFERENCE: ACL 86-110  
ACL 86-122

AFDC emergency regulations (ORD No. 0986-45) implementing hardship supplemental payments went into effect on January 1, 1987. Implementing instructions were issued in All County Letter 86-110.

This letter provides answers to the more significant questions we have received regarding hardship supplemental payments (HSP). The questions and answers are divided among the following four subject areas on the Attachment: Hardship Supplemental Payment Request Form (CA 40), Eligibility, Computation, and Miscellaneous.

If you have questions regarding this letter or additional questions regarding hardship supplemental payments, please contact Judy Moore at (916) 324-2017 or ATSS 454-2017.

  
ROBERT A. HOREL  
Deputy Director

Attachment

Attachment

CA40

1. Q: What constitutes a complete CA 40?

A: The CA 40 must be signed and dated. Also, the CA 40 must be complete to the extent that the county welfare department (CWD) can make an eligibility determination (see MPP Section 44-403.5). If it is received incomplete, the CWD must contact the recipient as soon as possible to try to get missing information or documentation (44-403.4).

2. Q: Who must sign the CA 40?

A: The parent or caretaker relative. The spouse or other adult recipient in the assistance unit (AU) shall also sign the CA 40. If a child earning income is aided and living with a non-needy caretaker relative, then whomever is acting as the child's caretaker relative must sign the CA 40.

3. Q: Must a postage paid envelope be sent with the CA 40?

A: No. The regulations do not require it.

4. Q: If a CA 40 is returned with a CA 7 in a postage paid envelope, there is no postmark. Can the CWD treat the CA 40 as if the postmark was illegible?

A: Yes. MPP Section 44-401.232(b) pertains to illegible postmarks.

5. Q: After January 1, 1987, must the CA 40 be sent to recipients so that they receive it by the first of each month?

A: MPP Section 40-181.1(b) states that the CA 40 must be sent monthly without citing a specific receipt date. The CA 40 should be sent so that it is received by the recipient as early in the month as possible.

6. Q: Can the CA 40 be revised?

A: The CA 40 can not be revised without SDSS approval. The CWD may send a revised version of the CA 40 for SDSS review and approval.

ELIGIBILITY

7. Q: What constitutes day #1 of the seven working days within which the CWD must determine eligibility for an HSP?

A: The day after the CWD receives the CA 40 (see MPP Section 44-403.6).

8. Q: Can the date the request is made and the date the request is received be treated as two different dates?

A: Yes. There is an intended distinction between the "date the request is made" and the "date the request is received". The date the request is made (44-401.232): the postmark date or the date the CA 40 is hand delivered to the CWD is used to determine if the request is made in the appropriate HSP month (44-401.23). The date the request is received (the date after the CWD comes into possession of the CA 40) marks the point for measurement of the seven working day requirement to issue either an HSP or the appropriate denial notice of action (44-403.6).

9. Q: What is the definition of "issue" in MPP Section 44-403.6?

A: Issue means that the HSP or denial NOA must be placed in the mail or be ready for pick-up.

10. Q: When the CWD has to verify information in accordance with MPP Section 44-401.233(b), can verification be done over the phone?

A: Yes. Since the CA 40 contains a consent section, verification can be done over the phone unless the recipient crosses out the authorization to obtain verification.

11. Q: When a recipient does not experience a drop in gross income from the budget month to the payment month but does incur unanticipated child care expenses in the payment month, is s/he eligible for an HSP?

A: Yes. (See Example D, attached.)

12. Q: If a recipient does not request an HSP until the end of the month, e.g. January 29th, and the CWD does not receive the request until the 31st, shall the CWD deny the request since the HSP could not be issued until the following month (February) or shall the request be processed within the seven working days and, if eligible, issue the HSP in the month following the request?

A: One of the eligibility conditions for an HSP is that the HSP is requested in the same month in which eligibility exists (see MPP Section 44-401.23). Therefore, the request should be processed and granted, if eligible, even if the seven working days fall into the month after the request is made. If the recipient requested an HSP in February, then the January HSP (which was not received by the recipient until February due to the late request) would not be treated as income or aid in the HSP computation for February.

13. Q: Would eligibility for an HSP exist for the following case situation:  
Example: An existing AU has no income. Dad, who works part time, returns to the home on December 4th and is added to the AU on December 8th. On December 27th, dad loses his job. The AU applies for an HSP in January because dad had income which stopped.

A: No eligibility exists for an HSP. Dad's income was never subject to retrospective budgeting in accordance with MPP Sections 44-313.41, 44-440.1(a), and 44-401.2.

14. Q: Is a recipient eligible for an HSP when the case is suspended due to the receipt of lump sum income?

A: Yes. MPP Section 44-401.21 states that an AU is eligible for an HSP in a month of suspense.

15. Q: How shall a case be handled if the AU receives lump sum income, is suspended, and is then eligible for Shaw?

A: The AU would be eligible for an HSP in the month of suspense. The case must then be prospectively budgeted for the two months following the suspense month in accordance with MPP Section 44-401.5. There would be no eligibility for an HSP in the two prospective months.

NOTE: This method of budgeting is an exception to the normal budgeting rules provided in MPP Section 44-313.2 and 44-315.62. However, the exception is required by MPP Section 44-401.5.

16. Q: Is a recipient who quits a job without good cause eligible for an HSP?

A: Yes. For AFDC purposes, MPP Section 44-400.1(a) specifies only that income decreased or terminated. However, the normal penalties for quitting a job without good cause would still be imposed, e.g. disallowance of disregards in accordance with MPP Section 44-113.218, unless a recipient quits a job without good cause and is therefore suspended for a month. For RDP/RCA/ECA purposes, the normal penalties for quitting a job without good cause would be imposed per MPP Section 69-208.7.

NOTE: A recipient is eligible for an HSP in a suspense month only when the suspension is a result of the receipt of income (MPP Section 44-401.21).

17. Q: Does eligibility exist for an HSP when a recipient is receiving aid paid pending (APP)?

A: Yes. APP is paid as aid would have been paid had the proposed action not been taken, in accordance with MPP Section 22-022.5. The aid paid from the date of proposed discontinuance to the date that full eligibility is reestablished is considered APP which is subject to recovery if the recipient reestablishes eligibility during the APP period but loses the hearing decision. The amount of the HSP would be subject to recovery.

#### COMPUTATION

18. Q: If a new person moves into the AU's home but is not granted aid at the time the HSP is requested, then what size MAP should be used for determining the HSP?

A: HSPs are computed based on the AU's reasonable estimate of expected income and other circumstances for the HSP month in accordance with MPP Section 44-402.6. The HSP must not be delayed based upon a new person's eligibility determination. Use the MAP amount effective when the HSP was requested.

NOTE: Do not count the income of an individual who may be expected but has not entered the home at the time the HSP is requested. (The regulations will be modified to reflect this.)

19. Q: Early in the month dad enters the home. He has income. The AU requests an HSP. Dad has not been added to the AU yet. How should his income be treated?
- A: The income which dad earned prior to entering the home shall be considered to the extent that dad actually makes it available to the AU. The income dad earns after entering the home will be considered in the amount required to be deemed to the AU. Dad's income will be accounted for on the CA 40 where "other countable income" is specified.
20. Q: If a person is added to the AU on the 6th of the month and the AU requests an HSP on the 9th of the month, then is the MAP used in the HSP computation to be prorated in consideration of the added individual?
- A: No. If the authorization to add the person to the AU occurs prior to or simultaneously with a request for an HSP, then the HSP should be based on an AU size with the new person included, along with his/her income, if any.
21. Q: If a father returns to the home, or when anyone is to be added to the AU, and a CA 40 is received prior to authorization action to add father to the AU, should the HSP be based on the original AU size?
- A: Yes. The HSP should be based on an AU with the father excluded. If he has income, it should be computed as that of an excluded parent.
22. Q: How are dollar amounts to be rounded when computing HSPs?
- A: The income should be rounded as instructed in MPP Section 44-315.412, i.e. amounts of 50 cents or more should be rounded to the next higher dollar. If a prorated grant amount is not a whole dollar, then the prorated amount shall be rounded to the next lower whole dollar as instructed in MPP Section 44-315.5f.
23. Q: "Support disregards" are entered in the computation on the lower half of the CA 40. Does this include spousal support in addition to child support?
- A: Yes. MPP Section 44-402.223 states that the amount disregarded from child/spousal support payments is not allowed.
24. Q: How would the HSP be computed for the following example? A case is discontinued April 30th. The recipient reapplies and aid is authorized in mid-May. Retrospective budgeting continues since the break in aid is less than one month. May's aid payment is prorated. An HSP is requested for May.
- A: Compute the HSP as if it was for the entire month, then prorate the HSP as a regular grant would be prorated (see MPP Section 44-315.5).

NOTE: In the HSP computation, the total aid this month should reflect a grant amount prior to prorating. (See Example G, attached.)

25. Q: How would the HSP be computed for the following example? The CWD made an error and paid a recipient \$250 for her January AFDC warrant. She should have received only \$12. The recipient lost her job in January and requested an HSP. Should the county let the \$238 stand as an overpayment and compute the HSP as if the \$250 had not been received?

A: Yes. If the CWD realizes the original grant for the month is more than the recipient was entitled to, the HSP should be computed using the correct grant amount. The overpayment amount will stand and shall be recouped in accordance with MPP Section 44-350.

26. Q: When an AU's regular grant is less than \$10, shall the aid amount be entered as zero in the HSP computation on the CA 40?

A: Yes. Since the AU did not actually receive a grant in accordance with MPP Section 44-315.432.

NOTE: HSPs are paid even when less than \$10 in accordance with MPP Section 44-402.3.

27. Q: When a recipient is not entitled to disregards due to a late CA 7, how are the disregards treated in the computation on the CA 40?

A: The disregard amounts not allowed due to a late CA 7 refer to the disregards not allowed in the budget month and are added into the computation of the HSP on the CA 40.

NOTE: The \$30 Disregard and the \$30 and 1/3 Disregard shown in the computation on the CA 40 are treated prospectively in accordance with MPP Section 44-402.22. (See examples E and F, attached.)

28. Q: How are cases to be treated when a recipient's original grant is underpaid and the recipient applies for an HSP?

A: If the CWD realizes the original grant for the month is less than the recipient was entitled to, the HSP shall be computed using the correct grant amount. The underpayment amount should be corrected as soon as possible during the month in which the HSP is issued.

#### MISCELLANEOUS

29. Q: Can an HSP amount be corrected?

A: Yes. An HSP can be corrected when either of the following occurs: (1) a computational error was made in determining the HSP or the regular grant resulting in an incorrect HSP or (2) the HSP was paid based on fraudulent information. In either instance, the HSP should be recomputed based on the correct information (see MPP Sections 44-340.15, 44-350.14, and 44-402.6).

30. Q: What shall the CWD do if it receives a CA 40 for an HSP along with an intercounty transfer (ICT) application or restoration request?

A: If a recipient transfers from county #1 to county #2 and requests an HSP in county #2, county #2 should contact county #1 with the information from the CA 40. The county of responsibility (see MPP Section 40-187.2) shall process and pay the HSP in accordance with MPP Section 44-403.6. In a restoration situation, the HSP regulations apply only in those situations where retrospective budgeting continues, i.e. a break in aid of less than one month, and only after eligibility for continuing aid has been determined. All other restorations are treated as new application situations. (See question #24 regarding restoration.)

31. Q: Are RDP, RCA and ECA recipients eligible for HSPs?

A: Yes. Eligibility criteria for HSPs for the RDP, RCA and ECA programs are the same as in AFDC. For questions regarding claiming instructions on HSPs, please refer to ACL 86-122, dated December 4, 1986.

32. Q: If a recipient receives both AFDC and Food Stamps, how is an HSP treated with regard to the Food Stamp case?

A: An HSP is treated in the same manner as other AFDC supplemental payments, i.e. as income if received in and for the month which it is intended. It is treated as a nonrecurring lump sum payment and counted as a resource if not received until the following month.

33. Q: How are garnished wages treated with respect to HSPs?

A: When earned income is garnished, it is considered available income.

**AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST**

EXAMPLE A

AU = 4  
MAP = \$734

MOM'S NET NON EXEMPT INCOME\* (NNI) IN NOVEMBER WAS \$300. HER JANUARY GRANT IS \$434.

MOM'S JOB ENDED IN DECEMBER.  
MOM APPLIED FOR AN HSP IN JANUARY.

\*"NET COUNTABLE INCOME"

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	<u>JAN.</u> (PAYMENT MONTH)
Earned Income	\$ <u>0</u>
Work Expense Disregard	-
Dependent Care Disregard	-
\$30 Disregard	-
Subtotal	=
Disregard 1/3 of subtotal (\$30 and 1/3)	-
Other Countable Income	+
Court Ordered Child/Spousal Support Paid	-
Net Countable Income	= <u>0</u> A
Net Countable Income In	<u>NOV.</u> (BUDGET MONTH)
	\$ <u>300</u> B
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	<u>JAN.</u> (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ <u>434</u>
Disregards Not Allowed Due to Late CA 7	+
Pregnancy Special Needs	-
Other Special Needs	-
Net Countable Income This Month	+ <u>0</u> (A)
Support Disregards	+
\$30 Disregard	+
\$30 and 1/3-Disregard	+ <u>434</u> C
Net Available Income	\$ <u>587</u>
80% MAP	= \$ <u>587</u>
Net Available Income (C)	- <u>434</u>
Supplemental Payment	= \$ <u>153</u>
COMMENTS:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
SIGNATURE _____ DATE _____	
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT _____ DATE _____	
ADDRESS _____ CITY _____ PHONE _____	
On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.	
EW SIGNATURE _____	DATE _____

# AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST

EXAMPLE B

AU = 2  
MAP = \$498

MOM'S HOURS WERE REDUCED IN JANUARY REDUCING HER EARNED INCOME TO \$200.

IN NOVEMBER, MOM'S NET COUNTABLE INCOME WAS \$250. MOM'S JANUARY GRANT IS \$248. MOM RECEIVES CHILD SUPPORT AND THE FOLLOWING DISREGARDS:

- \$75 WORK EXPENSE
- \$60 DEPENDENT CARE
- \$30 DISREGARD

MOM APPLIED FOR AN HSP IN JANUARY.

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	<u>JAN.</u> (PAYMENT MONTH)
Earned Income	\$ <u>200</u>
Work Expense Disregard	- <u>75</u>
Dependent Care Disregard	- <u>60</u>
\$30 Disregard	- <u>30</u>
Subtotal	= _____
Disregard 1/3 of subtotal (\$30 and 1/3)	- _____
Other Countable Income	+ _____
Court Ordered Child/ Spousal Support Paid	- _____
Net Countable Income	= <u>35</u> A
Net Countable Income In	<u>NOV.</u> (BUDGET MONTH) \$ <u>250</u> B
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	<u>JAN.</u> (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ <u>248</u>
Disregards Not Allowed Due to Late CA 7	+ _____
Pregnancy Special Needs	- _____
Other Special Needs	- _____
Net Countable Income This Month	+ <u>35</u> (A)
Support Disregards	+ <u>50</u>
\$30 Disregard	- <u>30</u>
\$30 and 1/3 Disregard	+ _____
Net Available Income	\$ <u>363</u> C
80% MAP	= \$ <u>398</u>
Net Available Income (C)	- <u>363</u>
Supplemental Payment	= \$ <u>35</u>
COMMENTS:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
EW SIGNATURE	DATE

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
ADDRESS	CITY
	PHONE

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**AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST**

EXAMPLE C

AU = 1 (PREGNANT WOMAN)

MAP + PSN = \$373

CLIENT'S HOURS WERE REDUCED IN JANUARY.  
HER NOVEMBER NNI WAS \$200.\*

SHE RECEIVES THE \$75 WORK EXPENSE DISREGARD  
AND THE \$30 DISREGARD.

SHE ALSO RECEIVES A PREGNANCY SPECIAL NEED,

HER JANUARY GRANT IS \$173.

SHE APPLIED FOR AN HSP IN JANUARY.

\*November

Earned Income	=	\$305
Work Exp. Disregard	-	75
\$30 Disregard	-	30
<b>NNI</b>		<b>\$200</b>

<b>COUNTY USE ONLY</b>	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	<u>JAN.</u> (PAYMENT MONTH)
Earned Income	\$ <u>230</u>
Work Expense Disregard	- <u>75</u>
Dependent Care Disregard	- _____
\$30 Disregard	- <u>30</u>
Subtotal	= _____
Disregard 1/3 of subtotal (\$30 and 1/3)	- _____
Other Countable Income	+ _____
Court Ordered Child/Spousal Support Paid	- _____
Net Countable Income	= <u>125</u> <b>A</b>
Net Countable Income In	<u>NOV.</u> \$ <u>200</u> <b>B</b> (BUDGET MONTH)
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	<u>JAN.</u> (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ <u>173</u>
Disregards Not Allowed Due to Late CA 7	+ _____
Pregnancy Special Needs	- <u>70</u>
Other Special Needs	- _____
Net Countable Income This Month	+ <u>125</u> <b>(A)</b>
Support Disregards	+ _____
\$30 Disregard	+ <u>30</u>
\$30 and 1/3 Disregard	+ _____
Net Available Income	\$ <u>258</u> <b>C</b>
80% MAP	= \$ <u>242</u>
Net Available Income (C)	- <u>258</u>
Supplemental Payment	= \$ <u>0</u>
COMMENTS:	
<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DENIED	
EW SIGNATURE	DATE

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
ADDRESS	CITY
	PHONE

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# AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST

### EXAMPLE D

AU = 3 (Mom and 2 Children)  
 MAP = \$617

MOM'S EARNED INCOME IN NOVEMBER AND JANUARY WAS \$300. SHE RECEIVED THE \$75 WORK EXPENSE DISREGARD. MOM'S JANUARY GRANT IS \$392.

IN DECEMBER, GRANDMOTHER WHO HAD BEEN PROVIDING MOM WITH FREE CHILD CARE WENT INTO THE HOSPITAL. THIS EXPENSE WAS NOT ANTICIPATED. MOM'S ELIGIBILITY FOR THE DEPENDENT CARE DISREGARD IN JANUARY RESULTS IN A DECREASE IN MOM'S NNI or "NET COUNTABLE INCOME".

MOM HAS APPLIED FOR AN HSP IN JANUARY.

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	JAN. (PAYMENT MONTH)
Earned Income	\$ 300
Work Expense Disregard	- 75
Dependent Care Disregard	- 200
\$30 Disregard	-
Subtotal	=
Disregard 1/3 of subtotal (\$30 and 1/3)	-
Other Countable Income	+
Court Ordered Child/ Spousal Support Paid	-
Net Countable Income	= 25 A
Net Countable Income In	NOV. \$ 225 B
	(BUDGET MONTH)
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	JAN. (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ 392
Disregards Not Allowed Due to Late CA 7	+
Pregnancy Special Needs	-
Other Special Needs	-
Net Countable income This Month	+ 25 1A
Support Disregards	+
\$30 Disregard	+
\$30 and 1/3 Disregard	+
Net Available Income	\$ 417 C
80% MAP	= \$ 494
Net Available income (C)	- 417
Supplemental Payment	= \$ 77
COMMENTS:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
EW SIGNATURE	DATE

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
ADDRESS	CITY
	PHONE

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# AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST

EXAMPLE E

AU = 3  
MAP = \$617

MOM'S GROSS INCOME IN NOVEMBER WAS \$606. SHE LOST HER JOB AND HAD NO EARNINGS IN JANUARY. HER JANUARY GRANT IS \$11.

MOM'S CA7 REPORTING NOVEMBER'S INCOME WAS LATE. SHE WOULD HAVE BEEN ELIGIBLE FOR THE FOLLOWING DISREGARDS:

\$75	WORK EXPENSE DISREGARD
\$90	CHILD CARE DISREGARD , AND
<u>\$167</u>	<u>\$30 and 1/3 DISREGARD</u>
<u>\$332</u>	<u>TOTAL</u>

NOTE: WHEN ACCOUNTING FOR DISREGARDS NOT ALLOWED DUE TO A LATE CA7 IN THE REPORT MONTH, ENTER THE TOTAL AS SHOWN.

IF THE AU IS PROSPECTIVELY ELIGIBLE FOR THE \$30 DISREGARD OR THE \$30 AND 1/3 DISREGARD, ADD THE DISREGARD INTO THE COMPUTATIONS.

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	<u>JAN.</u> (PAYMENT MONTH)
Earned Income	\$ <u>0</u>
Work Expense Disregard	-
Dependent Care Disregard	-
\$30 Disregard	-
Subtotal	=
Disregard 1/3 of subtotal (\$30 and 1/3)	-
Other Countable Income	+
Court Ordered Child/Spousal Support Paid	-
Net Countable Income	= <u>0</u> A
Net Countable Income In	<u>NOV.</u> (BUDGET MONTH)
	\$ <u>606</u> B
if A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	<u>JAN.</u> (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ <u>11</u>
Disregards Not Allowed Due to Late CA 7	+ <u>332</u>
Pregnancy Special Needs	-
Other Special Needs	-
Net Countable Income This Month	+ <u>0</u> (A)
Support Disregards	+
\$30 Disregard	+
\$30 and 1/3 Disregard	+
Net Available Income	\$ <u>343</u> C
80% MAP	= \$ <u>494</u>
Net Available Income (C)	- <u>343</u>
Supplemental Payment	= \$ <u>151</u>
COMMENTS:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
EW SIGNATURE	DATE

SIGNATURE		DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT		DATE SIGNED
ADDRESS	CITY	PHONE

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**AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST**

EXAMPLE F

AU = 4  
MAP = \$734

MOM EXPERIENCED A DROP IN INCOME IN JANUARY. HER CA7 REPORTING NOVEMBER'S INCOME WAS LATE, SO THE FOLLOWING DISREGARDS WERE NOT ALLOWED IN NOVEMBER.

\$75 WORK EXPENSE DISREGARD, AND  
\$30 DISREGARD  
\$105 TOTAL

MOM'S EARNED INCOME IN NOVEMBER WAS \$466. HER JANUARY GRANT IS \$268.

MOM'S JANUARY INCOME IS \$198.  
\*ACCOUNT FOR THE DISREGARDS THE AU IS ELIGIBLE TO RECEIVE PROSPECTIVELY.

NOTE: WHEN ACCOUNTING FOR DISREGARDS NOT ALLOWED DUE TO A LATE CA7 IN THE REPORT MONTH, ENTER THE TOTAL AS SHOWN.

IF THE AU IS PROSPECTIVELY ELIGIBLE FOR THE \$30 DISREGARD OR THE \$30 AND 1/3 DISREGARD, ADD THE DISREGARD INTO THE COMPUTATION.

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	JAN.* (PAYMENT MONTH)
Earned Income	\$ 300
Work Expense Disregard	- 75
Dependent Care Disregard	-
\$30 Disregard	- 30
Subtotal	=
Disregard 1/3 of subtotal (\$30 and 1/3)	-
Other Countable Income	+
Court Ordered Child/Spousal Support Paid	-
Net Countable Income	= 195 A
Net Countable Income In	NOV. (BUDGET MONTH)
	\$ 466 B
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	JAN. (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ 268
Disregards Not Allowed Due to Late CA 7	+ 105
Pregnancy Special Needs	-
Other Special Needs	-
Net Countable Income This Month	+ 195 A
Support Disregards	+
\$30 Disregard	+ 30
\$30 and 1/3 Disregard	+
Net Available Income	= \$ 598 C
80% MAP	= \$ 587
Net Available Income (C)	- 598
Supplemental Payment	= \$ 0
COMMENTS:	
<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DENIED	
SIGNATURE _____ DATE SIGNED _____ SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT _____ DATE SIGNED _____ ADDRESS _____ CITY _____ PHONE _____	
On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.	
EW SIGNATURE _____ DATE _____	

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
 SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

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**AFDC HARDSHIP SUPPLEMENTAL PAYMENT REQUEST**

EXAMPLE G

AU = 4  
MAP = \$734

CASE WAS DISCONTINUED ON APRIL 30th.  
RECIPIENT REAPPLIES AND AID IS AUTHORIZED ON MAY 16th.  
MARCH'S NNI RETROSPECTIVELY BUDGETED TO MAY WAS \$300.  
IN MAY, THE RECIPIENT HAS NO INCOME.  
PRORATED MAY GRANT IS \$224.

(COMPUTE THE HSP AS IF IT AND THE REGULAR GRANT WERE FOR THE FULL MONTH. PRORATE THE HSP THE RECIPIENT IS ENTITLED TO AT THE END OF THE COMPUTATION.)

PRORATE HSP →

COUNTY USE ONLY	
DATE POSTMARKED	
CASE NAME AND NUMBER	
HARDSHIP TEST	
Net Countable Income In	<u>MAY</u> (PAYMENT MONTH)
Earned Income	\$ <u>0</u>
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
Subtotal	= _____
Disregard 1/3 of subtotal (\$30 and 1/3)	- _____
Other Countable Income	+ _____
Court Ordered Child/Spousal Support Paid	- _____
Net Countable Income	= <u>0</u> A
Net Countable Income In	<u>MAR.</u> \$ <u>300</u> B
	(BUDGET MONTH)
If A is Less Than B Proceed:	
Computation of Supplemental Payment	
Net Available Income In	<u>MAY</u> (PAYMENT MONTH)
Total Aid This Month Before Overpayment Adjustments	\$ <u>434</u>
Disregards Not Allowed Due to Late CA 7	+ _____
Pregnancy Special Needs	- _____
Other Special Needs	- _____
Net Countable Income This Month	+ <u>0</u> (A)
Support Disregards	+ _____
\$30 Disregard	+ _____
\$30 and 1/3 Disregard	+ _____
Net Available Income	= <u>434</u> C
80% MAP	= \$ <u>587</u>
Net Available Income (C)	- <u>434</u>
Supplemental Payment	= \$ <u>153*</u> (\$76)
COMMENTS:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
* \$153 PRORATED FOR MAY 16-31 EQUALS \$76.	
EW SIGNATURE	DATE

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
ADDRESS	CITY
	PHONE

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