

CalWORKs BUDGET WORKSHEET

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

CASE NAME: _____		CASE NUMBER: _____		SECTION B: GRANT COMPUTATION	
DATA MONTH _____		PAYMENT PERIOD _____		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 intellig. non citizen)	(D) MFG	(E) SANCTIONED
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			

CW INCOME WORKSHEET

MONTH OF: _____

CASE NAME:	CASE NUMBER:
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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	INCOME IN KIND ****	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.