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

December 7, 1998

ALL-COUNTY LETTER NO.   98-92

TO: ALL COUNTY WELFARE DIRECTORS

Reason For This Transmittal
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by one or More Counties
[X] Initiated by CDSS

SUBJECT: JANUARY 1999 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE [RSDI]) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM) COST OF LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL

This All County Letter (ACL) provides you with the following:

- Instructions regarding automating the RSDI increase for affected income eligible IHSS recipients;

- January 1, 1999 SSI/SSP benefit levels;

- Instructions regarding automating all IHSS Share of Cost (SOC) recipient cases with Link 1, 2, 3, 4, or 5 in Field I2 of the form SOC 293;

- Instructions regarding forms and listings; and

- Changes of dollar amounts used for manually calculating a recipient's share of cost on the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child".

A.   RSDI Increases

    1.   All SOC cases that have been automated by CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1, or K2 will have that amount increased in the corresponding Income Field by 1.3 percent.

To facilitate automation of RSDI we are making two assumptions:

- The current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA).

- The current entry in the Source Field(s) is the gross amount that includes the Medicare Part B premium for those persons who must pay their own premium. The premium will increase to $45.50 per month effective January 1, 1999.

The computation will produce the RSDI benefit amount to be used in automating the January 1999 SOC. (Example: The benefit amount is $438.00, multiplying by 1.013 equals $443.69, and rounding down to the nearest dollar equals $443.00.)

    2.   It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a $1.00 discrepancy in the RSDI benefit amount for some beneficiaries and a $1.00 understated SOC.

In order to avoid the recomputation of every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, counties are authorized to correct the SOC at the time of the next eligibility redetermination or when an income change is reported. This delay in correcting a SOC does not result in a collectable overpayment.

B.   SSI/SSP Benefit Levels

    1.   There will be a SSI COLA of 1.3 percent and a SSP COLA of 2.84 percent. In addition there will be a 1 percent Payment Standard Increase. All SSI/SSP benefit levels will increase effective January 1, 1999.

    2.   The SSI COLA will also impact the income exclusion allowances for non-eligible children, spouses, and parents that are used in the SOC deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C worksheets (Attachments C and D).

3. Some IHSS status-eligible recipients may lose their SSI/SSP eligibility effective January 1, 1999 because the RSDI COLA increase may cause their incomes to exceed the new SSI/SSP benefit levels. Counties must contact those recipients and assess if they are income eligible. We have requested the California Department of Health Services' (CDHS) assistance in identifying these recipients known as "Pickle Persons" who are potentially eligible for categorically needy Medi-Cal benefits under the 1976 Pickle Amendment to the Social Security Act.

- The CDHS will place those recipients in Pickle Aid Codes – 16, 26 or 66 – on the Medi-Cal Eligibility Determination System at least until April 30, 1999, or until their eligibility status is determined.

- CDSS will provide county listings when the listings are completed. A "C" by the recipient name will identify those recipients who are probably eligible for the Personal Care Services Program (PCSP). Please provide your county Medi-Cal staff with a copy of the listings; they will be responsible for making the Pickle determinations of those cases.

- Recipients who are PCSP eligible should remain in IHSS Aid Codes 10, 20 or 60 as status eligible cases until the county can enter the Pickle Aid Code in CMIPS and indicate the recipient is now PCSP eligible. Change the aid code to 16, 26 or 66 which should enter the Pickle indicator 16, 26 or 66 into Field D3 of the SOC 293 for those cases. Counties should monitor their listings to assure Pickle eligibility is established.

C. Share of Cost Cases

1. Effective January 1, 1999, all SSI/SSP benefit levels are greater than preceding benefit levels that were listed in two separate benefit tables. You no longer need to indicate a table number for benefit levels in Field I1 Share of Cost. CMIPS will automatically default to a D. The field will remain in use for entry if a county must, for some reason, build eligibility segments for years prior to 1999.

2. All automated IHSS income-eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC re-computed effective January 1, 1999 because of RSDI increases and/or SSI/SSP benefit level changes. Cases with an end date less than or equal to December 31, 1998 that have not had an end date extension due to an earlier automatic extension (i.e., minimum wage increase effective March 1, 1998) will have an end date extension to January 31, 1999 in Field ZZ4. There will, however, be some excluded cases that will be printed on county exception lists.

Regardless of the cause, the following alert message for each excepted case will be printed on the monthly "CMIPS Warning Alert Listing" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

3.   A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustment made to their RSDI and SOC computations. The SOC will be changed for all IHSS recipients affected by the January 1999 COLA. The NOA message (number 353) will read:

> "The change in your IHSS Share of Cost shown above is effective ##/##/## because of COST-OF-LIVING adjustment to SSI/SSP benefit levels and to the Social Security payments available to you which are $#####.##, $#####.##, and $#####.##. If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP Section 30-755.233."

4.   The automation of SOC cases is scheduled to run December 14, 1998 so that we can meet the timelines for the NOAs. Any changes or new cases added to CMIPS after December 14, 1998 should use the following procedure so correct segments can be built on the SOC 293 M, N, and O lines:

- Turnaround Document (TAD) #1:

  Enter appropriate data for 1998 SOC fields and wait for the next TAD to enter 1999 data. A NOA will be generated containing the usual SOC message(s).

- TAD #2:

  Enter 01/01/99 in SOC Field I1. Enter corrected RSDI income in Source/Income Field - I4, J1, J2, K1 or K2 (1.013 x 1998 amount rounded down to the nearest dollar).

  CMIPS will re-compute the correct SOC and a NOA will be generated containing the usual SOC message(s).

5.   The SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County welfare departments will be responsible for making reimbursement to, or collecting overpayments from, those persons affected.

D.   Aid Codes 14, 24 and 64

The PCSP and IHSS residual recipients in these aid codes lost their SSI/SSP eligibility either September 1, 1993, September 1, 1994 or December 1, 1995 due to SSP reductions in each of those years. However, they have been held harmless from paying either a Medi-Cal or an IHSS SOC. These individuals will continue to receive IHSS/PCSP without a SOC for as long as their special Medi-Cal status continues, and their IHSS/PCSP eligibility is not interrupted.

E.   Forms and Listing

1.   SOC 293 and SOC 311 TADs will be generated on all automated IHSS income-eligible cases. The TADs will have a message printed at the top that will read "Share of Cost COLA 1999." There will also be NOAs generated which will have the message as displayed in section C.3. on page 4.

- Only the cases that have an identical SOC reflected on both the SOC 293, Share of Cost Field M6, and SOC 311, Share of Cost Field F5, will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List, and the county must manually change the SOC 311.

- We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income field - I4, J1, J2, K1 or K2. However, for ease in identifying those cases, a separate listing will be provided.

- We are not able to automate the RSDI increase for a spouse that may affect the recipient's SOC because CMIPS is not coded to differentiate that income source. However, all cases impacted by the SOC automation will have a dollar sign ($) by the name on the Monthly Characteristics Listing and Office Caseload Listing that may be used as a reminder to validate any change in a spouse's income.

2.   All TADs and NOAs will be printed at the printer sites by on-line counties. Non-printer site counties will have TADs and NOAs printed by the Electronic Data Systems and mailed to the recipient and county, as appropriate.

- Please plan for printing needs by ordering forms SOC 293, SOC 311 and NA 690.

- Please do not delay printing and mailing the NOAs following the December 14, 1998 COLA automation run.

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- The printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the county.

F.   SOC 294A and SOC 294C

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS User's Manual.

1.   SOC 294A (Attachment C):

Change allowance in Column B, Row 2A to $251.00, and change allowances in Column B, Row 6 to $251.00.

2.   SOC 294C (Attachment D):

Change allowances in Column A, Row 2A to $251.00, and change allowances in Column A, Row 14 to (1) $500.00 and (2) $751.00.

G.   Attachments

1.   Attachment A is the SSI/SSP Payment Standards, effective January 1, 1999.

2.   Attachment B is a copy of the revised pages for the IHSS/CMIPS User's Manual pages V-A-15 through V-A-19.

3.   Attachment C -- Form SOC 294A (IHSS Income Eligibility - Adult).

4.   Attachment D – Form SOC 294C (IHSS Income Eligibility - Child).

For questions regarding CMIPS procedures, please call Roberta Christensen at (916) 229-4013; policy questions should be directed to your policy analyst.

Original Document Signed By
Donna L. Mandelstam On 12/7/98

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

c: CWDA

Attachments

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
November 1998
October 23, 1998

CNI: 2.84% (a)
CPI: 1.30% (a)

SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 1999
CNI - Includes the 1/99 SSP COLA.
CPI - Includes the pass-through of the 1/99 SSI COLA.
AB 2779 Included a 1.00% Payment Standard Increase

ATTACHMENT A

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	676.00	500.00	176.00	517.00	333.34	183.66	663.00	333.34	329.66	827.00	500.00	327.00
- without cooking facilities (RMA) 2/	747.00	500.00	247.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	732.00	500.00	232.00	585.00	333.34	251.66	663.00	333.34	329.66	827.00	500.00	327.00
DISABLED MINOR												
- living with parent(s)	579.00	500.00	79.00	411.00	333.34	77.66						
- living with non-parent relative or non-relative guardian							663.00	333.34	329.66	827.00	500.00	327.00
COUPLE:												
AGED OR DISABLED												
- per couple	1,201.00	751.00	450.00	983.00	500.67	482.33	1,364.00	500.67	863.33	1,654.00	751.00	903.00
- without cooking facilities (RMA) 2/	1,343.00	751.00	592.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,391.00	751.00	640.00	1,174.00	500.67	673.33	1,364.00	500.67	863.33	1,654.00	751.00	903.00
BLIND/AGED OR DISABLED												
- per couple	1,320.00	751.00	569.00	1,102.00	500.67	601.33	1,364.00	500.67	863.33	1,654.00	751.00	903.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$43	$86
SSI	30	60
SSP	13	26

1/ NON-MEDICAL OUT-OF-HOME CARE

		Minimum	Maximum
Personal and Incidental Needs Maximum:	$	170	96
Care and Supervision Minimum:	$	303	377
Board and Room	$	354	354
Total	$	827	827

2/ RMA - Restaurant Meals Allowance - $71 Individual; $142 Couple

1 - Recipient not at risk with services reduction
2 - Recipient at risk with services reduction
3 - Recipient will require out of home community care
4 - Recipient will require out of home medical care
5 - Recipient will become unemployed

Field H4:   NEED PROVIDER - Required, Numeric
Length: 2
Description: Need Provider - Indicates whether IHSS recipient needs help to obtain a
               service provider.

      00 - Recipient has own resources to obtain a provider
      11 - Recipient does need help to obtain a provider

Field I1:   SHARE OF COST DATE/*INDICATOR*(The word INDICATOR is not
               printed in this field.) - Optional, Alphanumeric
Length: 6/1, Format: MM = Month DD = Day YY = Year
Description: Share of Cost Date - Indicates the effective date of a recipient's share of
               cost. The date may be mid-month for intake cases but it must be the first
               of the month when a change is made.

               Indicator – Immediately to the right of the date there is a space for a code
               which has been used in some years to indicate the multiple yearly IHSS
               share of cost benefit levels. Effective January 1, 1999 there is only one
               benefit level table.

      D - The code for all shares of cost effective January 1, 1999
      N - The entry code for recipients who have been continuously
         income eligible for IHSS since prior to September 1, 1993 and
         before January 1, 1999. Use this code only if a share of cost
         must be computed for a period prior to January 1, 1999.
      C - The entry code for income eligible recipients that became
         eligible for IHSS on or after September 1, 1993 and before
         January 1, 1999. Use this code only if a share of cost must be
         computed for a period prior to January 1, 1999.

- This field is required for automated share of cost computation.
- Whenever there is an automatic COLA resulting in a change in share
  of cost, the share of cost date will be updated. This will normally
  occur yearly effective January 1.

Refer to Section V-B, Special Instructions, Share of Cost Computations -
SOC 293.

Field I2:   LINK - Optional, Numeric
Length: 1
Description: Link - Enter the code which indicates recipient's income computation
                status and spouse/parent(s) linkage to Supplemental Security Income/State
                Supplemental Program (SSI/SSP) - Aged, Blind and Disabled. This field
                is required for automated share of cost computation.

                        1 - IHSS individual
                        2 - IHSS individual/linked spouse
                        3 - IHSS individual/non-linked spouse
                        4 - IHSS individual/non-linked parent
                        5 - IHSS individual/non-linked parents

                Refer to Section V-B, Share of Cost Computations - SOC 293.

Field I3:   DEP - Optional, Numeric
Length: 2
Description: Dependents -The number of minor legal dependents with no income of
                their own to be considered in the automatic computation of countable
                income for an adult recipient with a non-linked spouse, or a child recipient
                whose parent(s) income must be considered. This field is required for
                automated share of cost computation.

The numbering of the data entry fields on the RHSB and RELB screens differs from the
numbering listed here for the SOC 293, beginning at Field I4 through Field L2, although
the field name is the same.

Field I4, J1,
J2, K1, K2:   SOURCE/INCOME/DEDUCT - Optional, Numerical
Length: 1, 7, 7 - Format: X, XXXX.XX, XXXX.XX
Description: Source/Income/Deduct - Source and amount of deductions from income of
                the recipient, parent, spouse. This field is required for automated share of
                cost computation.

                Source - These codes indicate the source of the recipient's, spouse's,
                        parent(s) gross income.

                        1 - Retirement, Survivors, Disability Insurance (RSDI) - recipient
                        2 - Veteran's administration - Recipient
                        4 - Railroad retirement - Recipient
                        5 - Other pension - Recipient
                        6 - Other unearned - Recipient
                        7 - Earned - Recipient

8 - Unearned - Spouse/parent
9 - Earned - Spouse/parent

Income - Amount of gross income available to the recipient, spouse, parent.

Deduct - Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:

- Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).

- Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.

Standard income exclusions that are included in the automatic share of cost computation are:

$20.00	Standard exclusion
$65.00	Earned income exclusion
One half remainder of income - Earned income exclusion	
$251.00	Needs of children/non-linked spouse
$500.00 or $751.00	Allowance for parent(s)

Refer to Section V-B, Special Instructions, Share of Cost Computation - SOC 293.

Field I5:   COUNTABLE INCOME - Optional, Numeric
Length: 6
Description: Countable Income - The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field will be calculated and the countable income figure will be system-generated.

- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.

- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the

countable income in unequal portions, whichever is the most advantageous to the couple. Enter that sum in I5.

Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.

Field J3:   BENEFIT CODE/LEVEL - Optional, Numeric
Length: 2, 8 - Format: XX, XXXXX.XX
Description: Benefit Code/Level - This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

- This field includes both recipients who have countable income which is automatically computed or countable income which is manually computed.

- For those recipients whose share of cost is automated, this field must have a two digit benefit code entered.

Benefit Code	Benefit Level
01 - Individual aged or disabled, own home	$ 676.00
02 - Individual blind, own home	732.00
03 - Individual disabled minor, own home	579.00
04 - Individual aged or disabled, household of another	517.00
05 - Individual blind, household of another	585.00
06 - Individual disabled minor, household of another	411.00
07 - Individual aged or disabled, independent, living without cooking facilities	747.00
08 - Couple aged or disabled, own home	1,201.00
09 - Couple both blind, own home	1,391.00
10 - Couple blind/aged or disabled, own home	1,320.00
11 - Couple aged or disabled, household of another	983.00
12 - Couple both blind, household of another	1,174.00
13 - Couple blind/aged or disabled, household of another	1,102.00
14 - Couple aged or disabled, independent, living without cooking facilities	1,343.00

- Linked Couple - Both members of a couple are blind, disabled, or over age 65.

- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08 - 14) and the couple's income for the remaining member's share of cost computation

- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15 - 21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

Benefit Code	Benefit Level
15 - Couple aged or disabled - own home, per person	$ 600.50
16 - Couple both blind - own home, per person	695.50
17 - Couple blind/aged or disabled - own home, per person	660.00
18 - Couple aged or disabled - without cooking facilities, per person	671.50
19 - Couple aged or disabled - household of another, per person	491.50
20 - Couple blind - household of another, per person	587.00
21 - Couple blind, aged or disabled - household of another, per person	551.00

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field K3:   SHARE OF COST - System Generated, Numeric
Length: 6
Description: Share of Cost - Monthly amount of money to be paid by the recipient before IHSS will be paid by the county.

- For those recipients whose Shares of Cost are automated, this field will have an entry.
- Based on the entries in Fields I5, COUNTABLE INCOME, and J3, BENEFIT CODE/LEVEL, this field will be system-generated and will plug the share of cost into the eligibility segments, Fields M6, N6, and O6, where applicable.

Field L1,
L2:   MODE/RATE/HOURS - Required, Alphanumeric

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY   DEPARTMENT OF SOCIAL SERVICES

IHSS INCOME ELIGIBILITY — ADULT

Name _____   Case No. _____   Month _____

RECIPIENT	**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	$	
b.	$	
c.	$	
2. Total unearned income (A1a to A1c)	$	
3. Any income exclusion	$20	
4. Net unearned income (A2 minus A3)	$	
5. Earned income (Do not show exempt income)		$
6. Unused $20 exclusion (If A3 is greater than A2, enter the difference)		$
7. Earned income exclusion		$65
8. Total exclusions (A6 plus A7)		$
9. Remaining earned income (A5 minus A8)		$
10. Net earned income (A9 x ½)		$
11. Other earned income deductions		$
12. Total net earned income (A10 minus A11)		$
13. Total countable income (A4 plus A12)	$	
14. SSI/SSP payment level	$	
15. IHSS share of cost (A13 minus A14)	$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

				UNEARNED	EARNED
1. Income of client's spouse*				$	$
2. Allowance for children not blind or disabled.					
a. Children's needs	251	251	251		
b. Children's income*	$	$	$		
c. Net needs (a — b)	$	$	$		
d. Total allowance (add B2c's)				$	
3. Remaining unearned income (B1 minus B2d)				$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)					$
5. Remaining earned income (B1 minus B4)					$
6. Net income of spouse (B3 plus B5) — If equal to or less than 251 A15 is entered in C — If greater than 251 complete B7 through B20				$	
7. IHSS client's income (From A2 and A5)				$	$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)				$	$
9. Any income exclusion				$20	
10. Net unearned income (B8 minus B9)				$	
11. Unused $20 exclusion (If B9 is greater than B8 unearned, enter the difference)					$
12. Earned income exclusion					$65
13. Total exclusions (B11 plus B12)					$
14. Remaining earned income (B8 minus B13)					$
15. Net earned income (B14 x ½)					$
16. Other earned income deductions					$
17. Total net earned income (B15 minus B16)					$
18. Total countable income (B10 plus B17)				$	
19. SSI/SSP couple payment level				$	
20. IHSS share of cost (B18 minus B19)				$	
C. SHARE OF COST (higher of A15 or B20)**				$	

_____   _____
WORKER   DATE

SOC 294A (3 86)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

IHSS INCOME ELIGIBILITY - CHILD

NAME	CASE NUMBER	MONTH

PARENT				RECIPIENT			
A. Income deemed to a blind or disabled child living at home who is under 18.				B. IHSS share of cost computation for blind or disabled child who is under 18.			
☐ Income of parent and parent's spouse where neither is aged, blind or disabled.		**Unearned**	**Earned**			**Unearned**	**Earned**
1. Gross income		$	$	1. Income deemed to child (from A15 or A16)**		$	
2. Allowance for children not blind or disabled				2. Unearned income (list) (Do not show exempt income)			
a. Children's needs	251 251 251			a.		$	
b. Children's income	$ $ $			b.		$	
c. Net needs (a minus b)	$ $ $			c.		$	
d. Total allowance (add A2c's)		$		3. Total unearned income (B1 plus B2)		$	
3. Remaining unearned income (A1 minus A2d)		$		4. Any income exclusion		$ 20	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)			$	5. Net unearned income (B3 minus B4)		$	
5. Remaining earned income (A1 minus A4)			$	6. Earned income (Do not show exempt income)			$
6. Any income exclusion		$ 20		7. Unused $20 exclusion (If B4 is greater than B3, enter the difference)			$
7. Net unearned income (A3 minus A6)		$					
8. Unused $20 exclusion (If A6 is greater than A3, enter the difference)			$	8. Earned income exclusion			$ 65
9. Earned income exclusion			$ 65	9. Total exclusions (B7 plus B8)			$
10. Total exclusions (A8 plus A9)			$	10. Remaining earned income (B6 minus B9)			$
11. Earned income (A5 minus A10)			$	11. Net earned income (B10 x 1/2)			$
12. Net earned income (A11 x 1/2)			$	12. Other earned income deductions			$
13. Total income (A7 plus A12)		$		13. Total net earned income (B11 minus B12)			$
14. Allowance for parent and spouse (1) 500 (2) 751		$		14. Total countable income (B5 plus B13)		$	
				15. SSI/SSP payment level		$	
15. Income deemed to child (A13 minus A14)		$		16. IHSS share of cost (B14 minus B15)		$	
☐ Income parent(s) where one or both are aged, blind or disabled.				** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has exces income, it is deemed to other eligible children.			
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)		$					

WORKER	DATE