

NOTICE OF FORM CHANGE NO. 04-166

DATE

06-15-2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **QR 30 (6/04)**
CalWORKs Budget Worksheet

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 6/04	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective 6/04

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, 2 sided.

Check on the internet to see if forms are available at www.dss.cahwnet.govFor camera-ready copies of English, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

CalWORKs BUDGET WORKSHEET

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

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 integ. non citizen)	(D) MFG	(E) SANCTIONED
SELF-EMPLOYMENT INCOME CALCULATION					
EARNINGS FROM SELF-EMPLOYMENT		PERSON 1	PERSON 2	22. Other adjustments imposed upon the AU:	
Gross earnings from self employment		\$	\$	a. Child Support non-co-op (25% of Aid Payment) -	
Expenses				b. Overpayment adjustment -	
<input type="checkbox"/> Actual <input type="checkbox"/> 40%		-	-	c. Cal-Learn penalties -	
Net self-employment income (Include in Section a, line 4)		\$	\$	d. Cal-Learn bonus +	
SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION					
1. Total disability-based unearned income of A, B, C, D, E.				23. Adjusted Aid Payment \$	
2. Minus \$225 disability-based income disregard.		-225		SECTION C: BUDGET RECOMPUTATION	
3. Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).		=		24. Actual Cash Aid Paid \$	
4. Gross earned income of A, B, C, D, E.		\$		a. Adjusted Aid Payment (amount from line 23). -	
5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3).		-		b. Subtotal =	
6. Subtotal earned income (line 4 minus line 5).		=		25. Overpayment Amount (line 24b) -	
7. 50% earned income disregard. (Total on line 6 divided by 2).		-		26. Underpayment if line 23 is greater than line 24. \$	
8. Subtotal net nonexempt earned income. (Line 6 minus line 7).		=			
9. Nonexempt disability-based unearned income. (Enter positive amount from line 3).		+			
10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D).		+			
11. Total net nonexempt income for grant computation (line 8 + 9 + 10)		=			
12. Child/Spousal support for A, B, (not C, D, E).		\$			
13. Minus child/spousal support disregard (up to \$50 per AU).		-			
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:
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PERSON #	DBI, U or E	PAY 1	PAY 2	PAY 3	PAY 4	PAY 5	TOTAL	DIVIDE BY	AVERAGE	CONVERSION FACTOR *	TOTALS

MONTH 2: _____

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

MONTH 3: _____

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

QUARTER INCOME TOTALS

	MONTH 1	MONTH 2	MONTH 3	Quarter TOTAL (3 Months)	DIVIDE BY	CONVERSION FACTOR *	
DBI							DBI
U							U
E							E