

NOTICE OF FORM CHANGE NO. 04-253

DATE

08-30-2004

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 (8/04)**
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 type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 8/04	REPLACES 6/04	<input type="checkbox"/> Obsolete

REQUIRED FORM- REQUIRED FORM-
 No Change Permitted 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 _____

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, two sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@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 intell. 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			

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	AVERAGE MONTHLY GROSS INCOME (Enter on line 4 of Budget Worksheet)	
DBI							DBI
U							U
E							E