

NOTICE OF FORM CHANGE NO. 05-077

DATE

05-31-2005

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 29 (5/04)

Applicant Test

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 5/04	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 5/04

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 one 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.

APPLICANT TEST

CASE NAME	CASE NUMBER	CW NAME	DATE
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- Determine whose needs to consider in the MBSAC size and select the corresponding MBSAC amount.
- Use a best estimate of countable income from AU members (including penalized AU members), certain non-AU members and sanctioned/excluded members.
- Deduct \$90 from the gross earned income of each family member whose earnings are used on the QR 29.
- Compare the family's total countable income to the MBSAC plus special needs to determine financial eligibility.

MONTH AND YEAR _____

1. NUMBER OF FAMILY MEMBERS WHOSE NEEDS ARE CONSIDERED IN MBSAC	
2. CORRESPONDING MBSAC FOR FAMILY SIZE IN #1 ABOVE	\$
3. RECURRING SPECIAL NEEDS	+
4. TOTAL GROSS INCOME LIMIT	=
5. GROSS EARNINGS COMPUTATION	
a. Gross Earnings (Person 1)	\$
b. Disregard	- 90
c. SUBTOTAL	=
d. Gross Earnings (Person 2)	\$
e. Disregard	- 90
f. SUBTOTAL	=
g. Gross Earnings (Person 3)	\$
h. Disregard	- 90
i. SUBTOTAL	=
j. TOTAL (Line 5c, 5f and 5i)	\$
6. SOCIAL SECURITY BENEFITS	+
7. V.A. BENEFITS	+
8. UIB	+
9. CHILD/SPOUSAL SUPPORT RECEIVED (Less CSSD)	+
10. UA CONTRIBUTION (From CW 71)	+
11. UNEARNED IN-KIND (Total received)	+
12. ALL DISABILITY INCOME	+
13. OTHER (Specify)	+
14. TOTAL COUNTABLE INCOME (Line 5j through Line 13)	=
15. Is total countable income (Line 14) less than the total gross income limit (Line 4)?	
<input type="checkbox"/> YES; eligible, complete QR 30.	
<input type="checkbox"/> NO; ineligible.	

SELF-EMPLOYMENT INCOME CALCULATION		
EARNINGS FROM SELF-EMPLOYMENT	PERSON 1 Line 5a	PERSON 2 Line 5d
Gross earnings from self employment	\$	\$
Expenses <input type="checkbox"/> Actual <input type="checkbox"/> 40%	-	-
Net self-employment income (Include in line 5 for appropriate person)	\$	\$