

CALWORKS BUDGET WORKSHEET

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

Case Name:	Case Number:
Data Month:	Payment Method:
<input type="checkbox"/> Standard MAP	<input type="checkbox"/> Exempt MAP
Worker Name:	
Worker #:	Date:

Name	Check (✓)One			
	(A)	(B)	(C)	(D)
	AU (Non-Penalized)	Penalized	Non-AU (If Income Counted Or Ineligible Non Citizen)	Sanctioned

SELF-EMPLOYMENT INCOME CALCULATION		
EARNINGS FROM SELF-EMPLOYMENT	PERSON 1	PERSON 2
Gross earnings from self-employment	\$	\$
Expenses <input type="checkbox"/> Actual <input type="checkbox"/> 40%	-	-
Net self-employment income (include in Section A, line 4)	\$	\$

SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION

1. Total Disability-based unearned income of A, B, C, D.	\$
2. Minus Disability-based income disregard.	-
3. Subtotal nonexempt Disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).	=
4. Gross averaged earned income of A, B, C, D (From income worksheet).	\$
5. Remainder of Disability-based income disregard, if any. (Enter negative amount from line 3).	-
6. Subtotal earned income (line 4 minus line 5).	=
7. 50% earned income disregard. (Total on line 6 divided by 2).	-
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 including child/spousal support for C, D (but not A, B).	+
11. Total net nonexempt income for grant computation (line 8 + 9 + 10).	=
12. Child/Spousal support for A, B, (not C, D).	\$
13. Minus child/spousal support disregard.	-
14. Total countable child/spousal support.	=
15. Total net nonexempt income for financial eligibility test (line 11 + 14).	=
16. For applicants, go to line 17. For recipients, go to line 19.	
17. MAP for A & C + special needs for A, C.	\$
18. Applicant family meets financial eligibility test (if line 15 is less than line 17). If yes, continue with grant computation (line 22).	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Tier 2 Income Reporting Threshold for A.	\$
20. Household Gross Income (lines 1 + 4 + 10 + 12).	=
21. Recipient family meets continuing financial eligibility test (if line 20 is less than or equals line 19). If yes, continue with grant computation (line 22).	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B: GRANT COMPUTATION

22. Maximum Aid Payment for _____ Family Member (A & C).	\$
a. Net nonexempt income (enter amount from line 11 or 15).	-
b. Recurring Special Needs (A, C).	+
c. Potential Grant (enter \$0 if negative).	\$
23. Maximum Aid Payment for _____ persons (A).	\$
a. Recurring Special Needs (A).	+
b. Subtotal	=
c. Aid Payment (lesser of 22c or 23b).	\$
24. Proration figure. Date: _____	x
25. Prorated Aid Payment.	=
26. Other adjustments imposed upon the AU:	
a. Child Support non-co-op (25% of Aid Payment).	-
b. Overpayment adjustment	-
c. Cal-Learn penalties	-
d. Cal-Learn bonus	+
27. Adjusted Aid Payment	=

SECTION C: BUDGET RECOMPUTATION

28. Actual Cash Aid Paid	\$
a. Adjusted Aid Payment (amount from line 27).	-
b. Subtotal	=
29. Overpayment Amount (line 28b).	\$
30. Underpayment if line 27 is greater than line 28. (Line 27 minus line 28).	\$

CW INCOME WORKSHEET

MONTH OF: _____ Case Name: _____ Case Number: _____

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

MONTH 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.