

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

August 27, 2013

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TO: Subscribers

SUGGESTED DISTRIBUTION: Commissioners, TA Directors, SNAP Directors,
Staff Development Coordinators

FROM: Phyllis Morris, Deputy Commissioner
Center for Employment and Economic Supports

SUBJECT: Release of Revised LDSS-548 "Budget Worksheet – Temporary Assistance"

EFFECTIVE DATE: Immediately

CONTACT PERSON: TA Bureau @ 1-800-343-8859, ext 4-9344

The purpose of this GIS message is to inform Social Services Districts (SSDs) that the English version of the LDSS-548: "*Budget Worksheet – Temporary Assistance*" form has been revised and is available as a Print on Demand form.

On page 2, **Section D-Payments**, Line 60. Total Deductions (57 plus 59) has been changed to Total Deductions (56 plus 59). The reason for this revision is due to a typographical error in LDSS-548 (REV. 10/01).

The above referenced document has also been posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm and is available for downloading by SSDs for local reproduction.

Upon release of this GIS all previous versions of the LDSS-548: "*Budget Worksheet - Temporary Assistance*" **must be destroyed immediately** and replaced with the revised 05/13 version.

Any future requests for print on demand copies of the English version, should be submitted to New York State Office of Temporary and Disability Assistance (OTDA) using either the LDSS-876EL in document format for mailing or the LDSS-876EL in PDF format for faxing as follows:

Mail: Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

Fax: (518) 402-0084

E-mail: formsorders@otda.ny.gov

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

BUDGET WORKSHEET – TEMPORARY ASSISTANCE

| CASE NAME/CO-OP CASE NAME | MAILING ADDRESS | CASE NUMBER | CASE TYPE | NO. IN TA HH | NO. IN CASE |
|---|-----------------|--|-----------|---|-------------------------------------|
| CASE | | | | | |
| CO-OP | | | | | |
| CO-OP | | | | | |
| SHELTER: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent - Private <input type="checkbox"/> Subsidized Housing Actual Cost: \$ <input type="checkbox"/> Room & Board <input type="checkbox"/> Rent - Public <input type="checkbox"/> Other FOR HOUSEHOLD WITH STEPPARENT/ GRANDPARENT, SEE SECTION IN REVERSE | | FUEL <input type="checkbox"/> Included in Shelter TYPE: _____ | | | |
| R - ENTER "R" IF RESTRICTED | | SECTION A - NEEDS | | SECTION B - EARNED INCOME | |
| ITEM OF NEED | R | ALLOWANCE | | 15 Name/Line No. | |
| 1 Basic Allowance | | | | 16 Gross Income * | |
| 2 Home Energy | | | | STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse | |
| 3 Supplemental Home Energy Allowance | | | | 17 Income Disregard (\$90) | |
| 4 Shelter | | | | 18 Sub Total (16 minus 17) | |
| 5 Room & Board | | | | 19 Earned Income Disregard (% of 18) | |
| 6 Water & Sewer | | | | 20 Net Income(18 minus 19) | A B C |
| 7 Fuel | | | | SECTION C - OTHER INCOME | |
| 8 Pregnancy | | | | 21 Name/Line No. | |
| 9 Other | | | | 22 Source | |
| 10 Other | | | | 23 Gross Income | |
| 11 Other | | | | 24. Exempt Amount | |
| 12 Total 1-11..... | | | | 25 Net Income (23 minus 24) | A B C |
| 13 IV-D Reduction (% of 12) | | | | STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse | |
| 14 Adjusted Needs (12 minus 13) | | | | | |
| SECTION D - INCOME | | | | | |
| 26 Earned Income (from 20-A) | | | | SECTION F - RECOUPMENT | |
| 27 Earned Income (from 20-B) | | | | BALANCE TYPE | RECOUPMENT TYPE CODES |
| 28 Other Income (from 25-A) | | | | TYPE | 1 Agency Error |
| 29 Other Income (from 25-B) | | | | % | 2 Client Error |
| 30 Other Income (from 25-C) | | | | NO. OF MONTHS | 3 Advance Payment |
| 31 Deemed Income (Calc. on Reverse) | | | | MONTHLY AMOUNT | 4 TA Fraud/FS IPV |
| 32 Total Income (26- 31) | | | | 35 Total Recoupment | 5 IV-D Payment |
| | | | | REMARKS: | 6 Shelter Expenses- Other Than Rent |
| SECTION E - SURPLUS/DEFICIT AND GRANT | | | | | |
| 33 Surplus (Line 32 minus line 12) | | | | REMARKS: <div style="border: 1px solid black; padding: 5px;"> DISPOSITION <input type="checkbox"/> OPENING <input type="checkbox"/> DENIAL <input type="checkbox"/> REOPENING <input type="checkbox"/> CHANGE <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/> CLOSING </div> | |
| 34 Deficit (Line 12 minus line 32) | | | | | |
| 36 Prorata Sanction | | | | | |
| 37 Recoupment (Line 35) | | | | | |
| 38 Shelter Restricted | | | | | |
| 39 Utility Restricted | | | | | |
| 40 Restricted | | | | | |
| 42 Sub-Total (Lines 36 thru 40) | | | | | |
| 42 Cash Grant (Line 34 minus 41) | | | | | |
| AUTHORIZATION PERIOD | From | | | | |
| | To | | | | |
| WORKER'S SIGNATURE | DATE | SUPERVISOR'S SIGNATURE | | DATE | |

**BUDGET WORKSHEET –
TEMPORARY ASSISTANCE**

1. GROSS INCOME TEST

The sum of all income on lines 16 and 25 cannot exceed 185% of the sum of Line 12.

2. POVERTY LEVEL TEST (Limited to Specific Housing situations)

The sum of all income on lines 16 and 25 cannot exceed the poverty level guidelines.

REMARKS:

| CALCULATION OF DEEMED INCOME | | NUMBER PERSONS FOR WHOM RESPONSIBLE |
|--|--|--|
| <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT NAME OF: | | |
| SECTION A - OTHER INCOME | | |
| 43 Gross Income..... | | |
| 44 Exempt Amount..... | | |
| 45 Net Other Income (43 minus 44)..... | | |
| SECTION B - EARNED INCOME | | |
| 46 Gross ncome..... | | |
| 47 Stepparent/Grandparent Disregard: \$90 | | |
| 48 Net Earned Income (46 minus 47)..... | | |
| 49 Total Net Income (45 plus 48)..... | | |
| SECTION C - NEEDS | | |
| 50 Basic Allowance..... | | |
| 51 Home Energy..... | | |
| 52 Supplemental Home Energy Allowance..... | | |
| 53 Shelter..... | | |
| 54 Water..... | | |
| 55 Fuel..... | | |
| 56 Total Needs..... | | |
| SECTION D - PAYMENTS | | |
| 57 Alimony/Child Support..... | | |
| 58 To Other Dependents..... | | |
| 59 Total Payments (57 plus 58) | | |
| 60 Total Deductions (56 plus 59)..... | | |
| 61 Total Deemed Income (49 minus 60)..... | | |

Enter Deemed Income on Line 31 on Face Side

| CALCULATION OF TA HOUSEHOLD'S SHELTER COST | |
|---|--|
| 62 Shelter Cost of Entire Household..... | |
| 63 Stepparent's/Grand parent's Shelter Allowance (53) | |
| 64 PA Household's Shelter Cost (62minus 63) | |

Enter Shelter Cost on Face Side