

**GENERAL INFORMATION SYSTEM**  
**Center for Employment & Economic Supports**

**August 27, 2013**

Page: 1

**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.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/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](mailto: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: _____							
<b>R - ENTER "R" IF RESTRICTED</b>		<b>SECTION A - NEEDS</b>		<b>SECTION B - EARNED INCOME</b>					
ITEM OF NEED	R	ALLOWANCE							
1 Basic Allowance						15 Name/Line No.			
2 Home Energy						16 Gross Income *			
3 Supplemental Home Energy Allowance						STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse			
4 Shelter						17 Income Disregard (\$90)			
5 Room & Board						18 Sub Total (16 minus 17)			
6 Water & Sewer						19 Earned Income Disregard (% of 18)			
7 Fuel						20 Net Income(18 minus 19)			
8 Pregnancy						<b>SECTION C - OTHER INCOME</b>			
9 Other						21 Name/Line No.			
10 Other						22 Source			
11 Other						23 Gross Income			
12 Total 1-11.....						24. Exempt Amount			
13 IV-D Reduction ( % of 12)						25 Net Income (23 minus 24)			
14 Adjusted Needs (12 minus 13)						STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse			
<b>SECTION D - INCOME</b>		<b>SECTION F - RECOUPMENT</b>		<b>RECOUPMENT TYPE CODES</b>					
26 Earned Income (from 20-A)				BALANCE TYPE	TYPE	%	NO. OF MONTHS	MONTHLY AMOUNT	1 Agency Error
27 Earned Income (from 20-B)									2 Client Error
28 Other Income (from 25-A)									3 Advance Payment
29 Other Income (from 25-B)									4 TA Fraud/FS IPV
30 Other Income (from 25-C)									5 IV-D Payment
31 Deemed Income (Calc. on Reverse)									6 Shelter Expenses- Other Than Rent
32 Total Income (26- 31)				35 Total Recoupment					
<b>SECTION E - SURPLUS/DEFICIT AND GRANT</b>		<b>REMARKS:</b>		<b>DISPOSITION</b>					
33 Surplus (Line 32 minus line 12)				<input type="checkbox"/> OPENING <input type="checkbox"/> DENIAL <input type="checkbox"/> REOPENING <input type="checkbox"/> CHANGE <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/> CLOSING					
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:

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

<b>CALCULATION OF TA HOUSEHOLD'S SHELTER COST</b>	
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*