



TANF WORKSHEET

Date Form H1010-A/H1010-B Rec'd.	Interview Date	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit	Interview Date	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
Type Determination <input type="checkbox"/> Application <input type="checkbox"/> Periodic <input type="checkbox"/> Special		Prior Recip. (App. Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Prog.	TANF Case No.	Food Stamp Case No.	
Case Name (last, first, middle)		Name of Authorized Representative		Name of Person Interviewed		

TANF ACTION

<input type="checkbox"/> Denied Reason: _____ <input type="checkbox"/> Granted _____ <input type="checkbox"/> Sustained _____ <input type="checkbox"/> Raised _____ <input type="checkbox"/> Lowered _____	Input Seq. #	Grant Amount \$	Grant Effective Date
	Prorated Grant Amount \$		<input type="checkbox"/> N/A
		Signature—Texas Works Advisor	Date

CLEARANCE ITEMS

Eligibility Factors

Clearance / Verification

- Application and Complete Review Processing
 - Form H1010-A/H1010-B –Is form properly signed and dated?..... Yes No
Is information complete and consistent? Yes No
 - Form H1073 – Is form properly signed and dated?..... N/A Yes No
- Household Composition
 - Are non-certified members in household?..... Yes No
 - Are SSI or other TANF recipients in household?..... Yes No
- Residency, Citizenship
 - Does family plan to remain in Texas?..... Yes No
 - Are all certified persons U.S. citizens?..... Yes No
 - If alien, does individual meet alien eligibility criteria?..... N/A Yes No
(Document reason for eligibility or ineligibility.)
If lawfully admitted, give alien registration number.
- Age, Relationship, Domicile
 - Is a completed Form H1103 (or copy of birth proof) establishing the proper degree of relationship in the record for all certified children?..... Yes No
 - For 18 year olds:
 - List the schools attended

 - Is graduation expected before 19th birthday?..... Yes No
 - Document how attendance was verified, if questionable
 - Is domicile verified and recorded? Yes No
 - Is the immunization status in group verified and recorded for each child under age 6? Yes No

5. Resources

Clearance / Verification

a. Client owns the following:	Alien's Sponsor					
	Yes	No	Countable Value	Yes	No	Countable Value
1. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. EBT Cash Account	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Valuables in Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Notes, Bonds, Stocks	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Oil/Mineral Rights	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Work Equipment or Tools	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Insurance (cash value)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Land (other than homestead)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Livestock	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Vehicles	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Subtotal (add lines 1 thru 14)			\$			\$
16. Deduction for Sponsor						-\$1500
17. TOTAL RESOURCES			\$	+	\$	- \$

b. Has client transferred property? Yes No

If yes, when? _____

6. Income

a. Does any app./recip. have countable earned or earned or unearned income?..... Yes No

If yes, complete page 3.

b. Is any app./recip. an alien whose sponsor's income must be considered?..... Yes No

c. Does a disqualified legal parent have countable earned or unearned income?..... Yes No

d. Does a step-parent have countable earned or unearned income?..... Yes No

e. Did any individual whose income is countable receive a countable lump-sum payment in the month of application or after?..... Yes No

If the response to items b through e was yes, the Form H1100, Addendum Income Worksheet, must be completed and attached.

f. If unemployed, does app./recip. have plans to begin working? Yes No

g. Is there any income or resource that the client is legally entitled to and must pursue? Yes No

ENTER VERIFICATION FOR ANY EARNED OR UNEARNED INCOME

INCOME WORKSHEET

Complete this page for all TANF cases with countable income. Also complete Form H1100, Addendum Income Worksheet, to compute earned income of a legal parent with diverted income, applied income of a stepparent, a legal parent disqualified for citizenship or time limits, or an alien sponsor, or if the client receives a lump sum payment counted as income. Net self-employment income is the amount after deducting the cost of doing business. Enter net self-employment earned income as gross earned. **NOTE: Shaded areas transfer to form H1000-A/H1000-B.**

STEP 1 – Certified Group Earned/Unearned Income (Include all countable earned and unearned income.)

Income from Step 1 budgeted:

1. NAMES				
2. Total Gross Earned (Item 42B Entries)		+	+	= \$
3. RSDI (Item 43 Entries)				
4. Pensions, VA, and Unemployment Benefits (Item 44 Entries)				
5. Railroad Retirement (TOTAL is Item 55 Entry)		+	+	=
6. SUBTOTAL (Add 3 + 4 + 5)		+	+	=

7. Cash Contributions		+	+	=
8. Other Income		+	+	=
9. Applied Income of Legal Parent Disqualified for Citizenship or Time Limit (from Step 1, Form H1100)				=
10. Applied Income of Stepparent or Alien's Sponsor (Form H1100)				=
11. SUBTOTAL (Line 7 + 8 + 9 + 10)				=

CONTINUE FOR APPS. AND CERTAIN ONGOING CASES

12. Child Support		+	+	=
13. Minus Child Support Disregard (applications only)				=
14. Net Countable Child Support				=

15. TOTAL (Box C + D) Item 56 Entry				= \$
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STEP 2–Earned Income Deductions

1. NAMES				
2. Work Related Expense Standard	\$	\$	\$	= \$
3. Child / Incap. Care Cost	\$	\$	\$	= \$
4. Total Deductions (Add totals of Lines 2 and 3)				= \$

STEP 3–Budgetary (100%) Needs Test

(Complete for applicants who were not clients in last four months.)

1. Budgetary Needs (Enter Chart Figure)			= \$
2. Total Gross Earned Income of Certified Group (A from Step 1)		\$	
3. Total Deductions (G from Step 2)		-	
4. Net Earned Income (Line 2 – 3)		=	
5. Total Unearned Income (Add B, C, and D from Step 1)		+	
6. Subtotal (Line 4 + 5)		= \$	
7. Diverted Amounts Allowed as Deductions		-	
8. Total Net Income (Line 6 – 7)		= \$	
9. Unmet Need (Line 1 – 8)		= \$	

STEP 4 – Recognizable Needs Test

Is anyone eligible for 90% earned income deduction (EID)? Yes No
 Is client declining use of 90% EID at this time? Yes No
 If 90% EID is used, what is the first month? _____

	PART A (Not client last 4 mos.)	PART B (For all clients.)
1. Recognizable Needs (Use Chart Figure)		
2. Total Gross Earned Income of Certified Group (A from Step 1)		
3. Total WRE Standard Ded. (E from Step 2)	-	
4. Adjusted Earned Income (Line 2 – Line 3)	=	
5. a. 1/3 of Line 4 (Part A only)	-	DO NOT WRITE IN THIS SPACE
b. 90% of Line 4 (Part B only)	-	DO NOT WRITE IN THIS SPACE
c. Subtotal (Line 4 – 5.a. or 5.b.)	=	
6. Total Child/Incap. Care Costs (F from Step 2)	-	
7. Subtotal (Line 5.c. – 6)	=	
8. Total Unearned Income (H from Step 3)	+	
9. Subtotal (Line 7 + 8)	=	
10. Remaining Farm Loss (Form H1049, Pg3., Line D)	-	
11. Subtotal (Line 9 – Line 10)	=	
12. Deductible Diverted Amounts	-	
13. Adjusted Gross Income (Item 59 entry) (Line 11 – Line 12)	=	
14. Unmet Need (Line 1 – Line 13)	=	
15. Does HH have unmet need of 1¢ or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to Part A, continue to Part B. If Yes to Part B, continue to Step 5.

TOTAL DEDUCTIONS (Item 58 Entry)	\$
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STEP 5–Grant Calculation

1. Maximum Grant Amount (Use chart figure)	\$
2. Adjusted Gross Income (Step 4, Line 13 – drop cents)	- \$
3. Recommended Grant Amount	= \$
4. Sanctioned Grant Amount	- \$

To Prorate Benefits		(Use % from Part C-112.1, Texas Works HB)	
\$	(Step 5, Line 3)	X	%
a. Prorated Benefit			\$
b. PRA Penalty Amount			- \$
Sanctioned Grant Amount (a-b)		= \$	

IF LINE 9 IS 50 CENTS OR MORE, GO ON TO STEP 4

Clearance / Verification

7. Medicaid Coverage

- a. Are clients eligible for three months prior Medicaid benefits? (for applicants only) N/A Yes No
(1) If yes, list names, explain expenses, and document means of verification in the clearance/verification column.
(2) If yes, was Form H1113 completed? Yes No
(3) If yes, were clients covered by private health insurance during the prior period?..... Yes No
- b. Are clients eligible for transitional or post Medicaid coverage?
 4 months 12 months No
(1) If yes, are clients covered by insurance nor previously reported? Yes No
(a) If yes, has Form H1039 been completed and sent? Yes No
(b) If yes, was status in group code "P" used? Yes No
(2) If eligible for transitional Medicaid, were reporting requirements explained and Form H1017-B provided? Yes No
- c. Is client currently pregnant? N/A Yes No
(1) If yes, has Form H3037 been completed?..... N/A Yes No
(a) If yes, expected delivery date?..... _____
- d. Is client eligible for TP30 due to an emergency medical condition? N/A Yes No
(1) If yes, has Form H3038 been completed?..... Yes No
- e. For newborn Medicaid Eligibility, is the mother receiving Medicaid? N/A Yes No

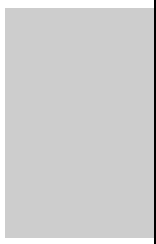
8. Third-party Medicaid Resources

- a. Does any client have private health insurance? Yes No
(1) If yes, has Form H1039 been completed and sent?..... Yes No
(2) If yes, was status in group code "P" used?..... Yes No
- b. Has private health insurance coverage changed since the last reporting period?..... Yes No
(1) If yes, has Form H1039 been completed and sent?..... Yes No
(2) If yes, was status in group code "P" deleted or used? Yes No
- c. Was the client reminded to report any accidents if any member of the certified group receives medical treatment or any accidents resulting in legal action of the client's behalf? Yes No

9. Management

Clearance / Verification

- a. Total Available Income Report by client.....\$
- b. Shelter \$
- c. Utilities
- d. Food
- e. Monthly Payments
- f. Work Related Expenses
- g. Transportation
- h. Other (explain)
- i. Total Expenses.....(b thru h) \$
- j. Difference..... (a - i) \$
- k. Was client's explanation of management accepted by advisor? Yes No



Document explanation in the Clearance/Verification column.

10. Deprivation

a. CHILD'S NAME	List the names of the parents upon whom deprivation is based	SEPARATED/DIVORCED			DECEASED			DATE
		INCAPACITATED			UNEMPLOYED			
		↓	↓	↓	↓	↓	↓	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Permanently excused
- Temp. re-exam date:
- b. For TANF-SP cases, has Form H1163 been completed? Yes No
- c. Was the child support assignment signed and witnessed? (applications only) Yes No
- d. Was Form H1701 sent? Yes No
- e. Were referrals sent to child support unit for all absent parents? Yes No
- f. Has client claimed good cause? If yes, document action taken. Yes No
- g. Has any absent parent paid child support directly to client since last periodic review? Yes No

11. Food Stamps

- a. Eligible for food stamps N/A
- b. If NPA:

NPA Case Name
NPA Case No.
- c. Form H2067 sent?

<input type="checkbox"/> Yes, as a referral	<input type="checkbox"/> No
<input type="checkbox"/> Yes, to update case information	<input type="checkbox"/> No

Clearance / Verification

12. Employment Services N/A

a. Name(s) of client(s) required to participate:

b. Has an ESP code been entered on Form H1000-A/H1000-B for each client? Yes No

c. Has an education level code been entered on Form H1000-A/H1000-B for each client age 16 or older? Yes No

d. Has a Force Change Request (Form H1075) been sent to Data Control to enter or update time limit information?..... N/A Yes No

If yes, when does 90 day period expire?..... _____

e. Was Form H2580 signed and filed in the case record?..... N/A Yes No

f. Was Form H3037 signed by physician?..... N/A Yes No

g. Are all children age 6 and over attending school full time?..... N/A Yes No

If yes, list school(s) attended.

13. Finger Imaging N/A

a. Name(s) of client(s) that require finger imaging:
Document each member's exemption code or enrollment code and VUN.

b. Has an exemption code or enrollment code and VUN been entered on Form H1000-C for each required member? Yes No
(Document the reason for allowing exemption codes and enrollment code Z.)

c. Has a Force Change Request (Form H1075) been sent to Data Control to delete code Y or Z?..... Yes No

If yes, when will the finger image code be corrected?...

14. Recoupment, Restitution,
Intentional Program Violation N/A

a. Is action on a claim needed?..... Yes No

b. Recoupment indicated?..... Yes No

If yes, were required forms submitted?..... Yes No

c. Was a referral submitted? Yes No

15. Referrals – made to:

<input type="checkbox"/> County Welfare	<input type="checkbox"/> Other State Agencies
<input type="checkbox"/> Public Housing Authority	<input type="checkbox"/> Local Health Clinics
<input type="checkbox"/> Other referrals (specify): _____	

Clearance / Verification

16. Worker Responsibilities/Reminders

- a. Was Form H1106 returned by SSA and filed for all certified people without SSNs? N/A Yes No
- b. Problems/disquals. documented?..... N/A Yes No
- c. Were required THSteps and family planning notifications given to client (applications only) Yes No
- d. Was client reminded to report changes in 10 calendar days? N/A Yes No
- e. Was client given Form H1019? N/A Yes No
- f. Does the case have a Representative Payee or Protective Payee? Yes No
- g. Form completed to request issuing of Lone Star Card, PIN, and training material?..... N/A Form H1172 Form H1175

17. Expected changes

- a. Did client indicate a potential change in circumstances? Yes No
- b. Is special review needed before the next periodic review?..... Yes No

If yes, enter date. _____

Explain purpose of special review.

