

**PRINCIPAL WAGE EARNER (PWE) WORKING OVER 100 HOURS
UNEMPLOYED PARENT DETERMINATION WORKSHEET**

Case Name:	Case Number:
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SECTION 1931(b) APPLICANTS AND MEDICALLY NEEDY (MN) FAMILIES		County Use:
<i>Note: If the PWE is a Section 1931(b) recipient he/she may work over 100 hours without a separate unemployment income test.</i>		
1	Earnings of Principal Wage Earner (PWE) - \$90	
2	Earnings of Second Parent/Spouse - \$90	
3	Earnings of Child #1 - \$90	
4	Earnings of Child #2 - \$90	
5	Earnings of Child #3 - \$90	
6	Countable Earned Income (lines 1+2+3+4+5)	\$
7	Dependent Care Deduction	
8	Court Ordered Child/Spousal Support Deduction	
9	Allocation to PA Member	
10	Allocation to Excluded Children	
11	Total Deductions (lines 7+8+9+10)	\$
12	Total Net Nonexempt Earned Income (lines 6-11)	\$
13	100% FPL Limit for Family Size of <u> </u> (# in MFBU)	\$
14	Is Total Net Nonexempt Earned Income at or below 100% of the FPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	<p>If line 14 is <u>Yes</u>, then the PWE is considered an Unemployed Parent.</p> <p>Evaluate family for the Section 1931(b) program if the youngest child in the home is under 18 or 18 and enrolled in school and expected to graduate prior to age 19. If not and the youngest child is under 21, then determine eligibility for the Medically Needy program.</p> <p>If line 14 is <u>No</u>, then the PWE is employed and there is no Unemployed Parent deprivation.</p>	

Eligibility Worker Name:	Worker #:	Date:
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1999 FEDERAL POVERTY LEVEL CHART

Effective 4/1/99

Persons	MMNL(\$)	% of FPL	100%(\$)	Annual(\$)	120%(\$)	Annual(\$)	133%(\$)	Annual(\$)	185%(\$)	Annual(\$)	200%(\$)	Annual(\$)
1	600	88	687	8,240	824	9,888	914	10,960	1,271	15,244	1,374	16,480
2	750	82	922	11,060	1,106	13,272	1,226	14,710	1,706	20,461	1,844	22,120
2 Adults	934	102	922	11,060	1,106	13,272	1,226	14,710	1,706	20,461	1,844	22,120
3	934	81	1,157	13,880	1,388	16,656	1,539	18,461	2,140	25,678	2,314	27,760
4	1,100	80	1,392	16,700	1,670	20,040	1,851	22,211	2,575	30,895	2,784	33,400
5	1,259	78	1,627	19,520	1,952	23,424	2,164	25,962	3,010	36,112	3,254	39,040
6	1,417	77	1,862	22,340	2,234	26,808	2,477	29,713	3,445	41,329	3,724	44,680
7	1,550	74	2,097	25,160	2,516	30,192	2,789	33,463	3,879	46,546	4,194	50,320
8	1,692	73	2,332	27,980	2,798	33,576	3,102	37,214	4,314	51,763	4,664	55,960
9	1,825	72	2,567	30,800	3,080	36,960	3,414	40,964	4,749	56,980	5,134	61,600
10	1,959	70	2,802	33,620	3,362	40,344	3,727	44,715	5,184	62,197	5,604	67,240
For each addn'l member add:	14		235	2,820	282	3,384	313	3,751	435	5,217	470	5,640

Medi-Cal maintenance need limit for person in LTC = \$35

Medi-Cal regular maintenance need level = MMNL

Qualified Medicare Beneficiary (QMB) = 100%

Children ages 6 up to 19 = 100%

Specified Low Income Beneficiaries < 120%

Children age 1 up to age 6 = 133%

Pregnant women and infants up to age 1: Income Disregard Program: use the 200% chart (the disregard is built into the 200% chart.)

Qualified Disabled Working Individuals = 200%

Transitional Medi-Cal (TMC) = 185%

*Decimals are rounded up to the nearest dollar

**Section 1931(b) Determinations: Sneede v. Kizer
Prorated FPL Income Standard and Property Levels
- March 1, 2000 -**

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	\$ 687	\$3,000
Single Parent with Unborn	922	3,000
Married Couple -Two Adults	922	3,000
Married Couple with Unborn	1,157	3,150
Unmarried Couple - Each Unmarried Partner	687	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative, or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 461	\$1,500	\$ 386	\$1,050
2	772	2,100	696	1,650
3	1,044	2,475	977	2,070
4	1,302	2,760	1,242	2,400
5	1,552	3,000	1,498	2,679
6	1,798	3,215	1,749	2,925
7	2,041	3,413	1,997	3,150
8	2,282	3,600	2,242	3,360
9	2,522	3,780	2,304	3,437
10*	2,560	3,819	2,359	3,500

***NOTE:** Add \$14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$

SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B

CASE NAME:			COUNTY DISTRICT:	COUNTY USE:		
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION			EFFECTIVE ELIG. DATE FOR THIS BUDGET; MONTH: _____ YEAR: _____			
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:		OTHER COVERAGE:		
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:				
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:				
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:				
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:				
1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME:	UNEARNED INCOME MFBU MEMBER # ____	UNEARNED INCOME MFBU MEMBER # ____		
		\$ _____	\$ _____ +	\$ _____ +		
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):			
		BOX 4				
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____				
		= \$ _____				
4	REMAINING NON-EXEMPT UNEARNED INCOME	= \$ _____	EARNINGS, MFBU MEMBER # ____	EARNINGS, MFBU MEMBER # ____	EARNINGS, MFBU MEMBER # ____	EARNINGS, MFBU MEMBER # ____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS:	- \$90 WRK EXP DED	- \$90 WRK EXP DED	- \$90 WRK EXP DED	- \$90 WRK EXP DED
		\$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
6	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	- \$ _____	COUNTY USE			
		BOX 7				
7	REMAINING NON-EXEMPT EARNED INCOME	= \$ _____				
		\$ _____				
8	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7)	\$ _____				
		- \$ _____				
9	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- \$ _____				
		- \$ _____				
10	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)	- \$ _____				
		± \$ _____				
11	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)	± \$ _____				
		= \$ _____				
12	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR).	= \$ _____				
		= \$ _____				
13	SEC. 1931 FPL INCOME LIMIT FOR FAMILY	\$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)				
	IF INCOME FROM LINE 12 IS LESS THAN LIMIT FROM LINE 13, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.			
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:		

SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME:			COUNTY DISTRICT:	COUNTY USE:
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION			EFFECTIVE ELIG. DATE FOR THIS BUDGET: MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:		OTHER COVERAGE:
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:		
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:		
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:		
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:		
1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME:	UNEARNED INCOME MFBU MEMBER # _____	UNEARNED INCOME MFBU MEMBER # _____
		\$ _____	\$ _____ +	\$ _____ +
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____		
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____		
5	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS:	DBI OF MFBU MEMBER # _____	DBI OF MFBU MEMBER # _____
		\$ _____	\$ _____ +	\$ _____ +
6	\$240 DEDUCTION	- \$240		
7	REMAINING NON-EXEMPT DISABILITY - BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER '0')	BOX 7 = \$ _____	7A UNUSED \$240 (LINE 6 - LINE 5; IF NEGATIVE ENTER 0)	\$ _____ (UNUSED \$240)
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS: \$ _____	EARNINGS OF MFBU MEMBER # _____	EARNINGS OF MFBU MEMBER # _____
9	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	- \$ _____	14	TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13)
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER '0'	= \$ _____	15	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)
11	50% DEDUCTION (DIVIDIE AMOUNT IN LINE 10 BY 2)	= \$ _____	16	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)
12	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	- \$ _____	17	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)
13	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____	18	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR)
			19	SEC. 1931 MBSAC INCOME LIMIT FOR FAMILY
	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.	
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:

DRAFT

R-25-99

(1) Amend Section 50215 to read:

50215. Deprivation-Unemployed Parent.

(a) Deprivation of parental support or care exists if a parent with whom the ~~the~~ child lives is any of the following as limited by (b), (c) and (d):

(1) Not working.

(2) Working less than 100 hours a month.

(3) Employed on an intermittent basis more than 100 hours per month and the hours in excess of 100 hours are of a temporary nature. Temporary nature is shown if the parent was under the 100 hour standard for the two prior calendar months and is expected to be under the standard during the next month.

~~(4) Unemployed and has been accepted for or is participating in an education or training program essential to future self support which is all of the following:~~

~~(A) Directed toward a specific occupation and will qualify the unemployed person for an occupation in demand in the local area.~~

~~(B) A program which will be completed by the unemployed person within a maximum of two years.~~

~~(C) Not a program which involves post baccalaureate work.~~

(4) The total net nonexempt earned income for the family is not more than 100 percent of the federal poverty level.

(5) Is a recipient of the Section 1931(b) program.

(b) For deprivation due to unemployment to exist, the unemployed parent must meet all of the following conditions:

(1) Is the principal wage earner as determined in accordance with (c).

~~(2) Has not been employed, or has worked less than 100 hours, in the last 30 days.~~

(2) Meets one of the conditions in (a).

~~(3) Is available for and actively seeking employment.~~

~~(4) Has not, without good cause, within the last 30 days either:~~

~~(A) Quit a job or employment related training.~~

~~(B) Refused a bona fide offer of employment or employment related training.~~

~~(5) Possesses, or has applied for, a Social Security number.~~

~~(6) Has not refused to apply for and accept any unemployment insurance benefits (UIB) to which he is entitled.~~

~~(7) Has established a connection with the labor force in either of the following ways:~~

~~(A) By meeting one of the following requirements in 6 calendar quarters within any 13 calendar quarter period ending within the year prior to the month of application for Medi-Cal:~~

~~1. Earns a gross income of at least \$50 during the quarter.~~

~~2. Participated for at least five days during the quarter in any activity administered under any of the following:~~

~~a. The Work Incentive (WIN) program.~~

~~b. The Work Incentive Demonstration Program (WIN Demo).~~

~~c. The Community Work Experience Program (CWEP).~~

~~The Greater Avenues for Independence (GAIN) Program.~~

~~3. A combination of 1. and 2.~~

~~(B) By having received, or having been eligible to receive, UIB within the year prior to the month of application. A person is eligible to receive UIB if either of the following conditions is met:~~

~~1. The person would have been eligible to receive unemployment compensation upon filing an application.~~

~~2. The person performed work not covered by Unemployment Compensation Law, and the coverage of such work, if combined with any covered work, would create eligibility to receive unemployment compensation upon filing an application.~~

~~(8) Is not unemployed throughout the month as a result of participation in a labor dispute.~~

(c) The principal wage earner is the parent who has earned the greater amount of income in the 24-month period immediately preceding either of the following:

(1) The month of application, reapplication or restoration.

(2) The date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent.

(d) The following persons shall be linked to AFDC on the basis of this deprivation factor:

DRAFT R-25-99

- (1) The children of the unemployed parent.
- (2) The unemployed parent.
- (3) The second parent of the children whose basis of deprivation is unemployed parent.

Repeal Section 50216 – Refusal of Employment

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code.
Reference: Sections 14005.4, 15005.7, 14008.85, and 14051, Welfare and Institutions Code and 1931u-1 Section 42 United States Code.