



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

Brian J. Wing
Commissioner

INFORMATIONAL LETTER

TRANSMITTAL: 99 INF-2

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: January 22, 1999

SUBJECT: Revision to Budget Worksheet - Public Assistance
(LDSS-548)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
Welfare Management System Coordinators
Forms Coordinators
Staff Development Coordinators

CONTACT PERSON: Program Questions:
Region I-(518) 473-0332; Region II-(518) 474-9344;
Region III-(518) 474-9307; Region IV-(518) 474-9300;
Region V-(518) 473-1469; Region VI-(212) 383-1658

Forms Questions:
Bob Gullie, DTA/New Technology
1-800-343-8859, extension 4-6055 (AV1060)

ATTACHMENTS: LDSS-548: Budget Worksheet - Public Assistance (1/99)
not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
95 INF-2	95 INF-2	352.32		PASB Sections VI-B-1.3 XII-C-all	

The purpose of this release is to introduce the revised (1/99) Budget Worksheet - Public Assistance (LDSS-548). At the time a new or reopened public assistance case is approved for assistance, the applicant/recipient receives a copy of the ABEL Budget. If ABEL Budgets are not available, the applicant/recipient receives a copy of Form LDSS-548. The Budget Worksheet is also used for training and audit purposes.

Listed below is a detailed summary of the changes which were incorporated into the (1/99) revision.

I. FACE PAGE

A. The Revision Date was **changed** to 1/99.

B. In SECTION B - EARNED INCOME:

1. After #14, "Gross Income" an asterisk (*) was added.
2. Under #14, "Gross Income" the following note was added:

STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse.

3. Under line 15, "Income Disregard (\$90), Line 16, "Exempt" was deleted and the remaining lines were renumbered.
4. New line 16 now reads:
16 Sub-Total (14 minus 15)
5. New line 17 now reads:
17 Earned Income Disregard % (of 16)
6. New line 18 now reads:
18 Net Income (16 minus 17)

C. In SECTION C - OTHER INCOME:

1. Line 20 "Child Care" was deleted and the remaining lines were renumbered.
2. Line 23 "Net Income" was changed to read:
23 Net Income (21 minus 22)

3. Under #23, "Net Income" the following note was added:

STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse.

- D. In SECTION D - INCOME:

1. Line numbers 27 through 33 were renumbered to 24 through 30.
2. The "from line" reference numbers were renumbered.
3. The new line 30 "Total Income" was changed to read:

30 Total Income (24 - 29)

- E. In SECTION E - SURPLUS/DEFICIT AND GRANT

1. Line numbers 34 through 42 were renumbered 31 through 39.
2. The "Utility Restricted" and "Shelter Restricted" lines were switched.
3. New lines 38 and 39 were changed to read:

38 Subtotal (Lines 34 - 37)

39 Cash Grant (Lines 32 minus 38)

II. REVERSE PAGE

- A. The Revision Date was changed to 1/99.
- B. New, "Gross Income" and "Poverty Level" Test, information was added to upper left hand corner of this page.
- C. The "Remarks" section was made larger and moved to the left hand side of this page.
- D. The "Child Care Deduction" section was deleted.
- E. The "Calculation of Deemed Income" section was moved to the upper right hand corner of this page.
- F. The "Alien Sponsor" checkbox was deleted and the "Number Persons For Whom Responsible" was moved up so that a number can be entered directly beneath it.
- G. The "Mailing Address" (Sponsor) section was deleted.
- H. In SECTION A - OTHER INCOME

Line numbers 43 through 45 were renumbered 40 through 42.

- I. In SECTION B - EARNED INCOME, the "Sponsor Disregard" line # 48 was deleted and all remaining sections were renumbered accordingly.

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- J. In SECTION C - NEEDS, Line numbers 51 through 57 were renumbered to 47 through 53.

 - C. In SECTION D - PAYMENTS
Line numbers 58 through 62 were renumbered to 54 through 58.

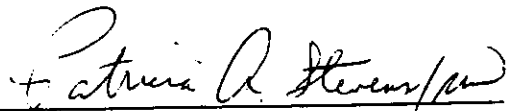
 - D. In CALCULATION OF PA HOUSEHOLD'S SHELTER COST
Line numbers 63 through 65 were renumbered to 59 through 61.

Delivery of the revised LDSS-548 to the Albany Warehouse is expected in January 1999. Your district will not automatically receive copies. Attached is a sample copy of the revised Budget Worksheet. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (12/97) supply until your stock is depleted, or until March, 1999, whichever occurs first.

Requests for supplies of LDSS-548 (Rev. 1/99) should be submitted on DSS-876 (Rev. 2/96): "Request For Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201
Attention: Document Supply Control & Distribution

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, extension 6-6223.



Patricia A. Stevens
Deputy Commissioner
Division of Temporary Assistance

BUDGET WORKSHEET - PUBLIC ASSISTANCE

CASE NAME/CO-OP CASE NAME	MAILING ADDRESS	CASE NUMBER	CASE TYPE	NO. IN PA HH	NO. IN CASE
CASE					
CO-OP					
CO-OP					

SHELTER:
 Own Home Rent - Private Section Eight Certificate Housing Actual Cost: \$
 Room & Board Rent - Public Other

FUEL Included in Shelter
 TYPE: _____

FOR HOUSEHOLD WITH STEPPARENT/GRANDPARENT, SEE SECTION IN REVERSE

R - ENTER "R" IF RESTRICTED		SECTION A - NEEDS			SECTION B - EARNED INCOME		
ITEM OF NEED	R	ALLOWANCE			13 Name/Line No.		
1 Basic Allowance					14 Gross Income *		
2 Home Energy					STOP! Before continuing, complete Gross Income and Poverty Level tests on reverse		
3 Supplemental Home Energy Allowance					15 Income Disregard (\$90)		
4 Shelter					16 Sub Total (14 minus 15)		
5 Room & Board					17 Earned Income Disregard % (of 18)		
6 Water & Sewer					18 Net Income (16 minus 17)	A	B
7 Fuel					SECTION C - OTHER INCOME		
8 Pregnancy					19 Name/Line No.		
9 Other					20 Source		
10 Other					21. Gross Income		
11 Other					22. Exempt Amount		
12 Total 1-11.....					23. Net Income (21 minus 22)	A	B

SECTION D - INCOME				SECTION F - RECOUPMENT					RECOUPMENT TYPE CODES
24 Earned Income (from 18-A)				BALANCE TYPE	TYPE	%	NO. OF MONTHS	MONTHLY AMOUNT	1 Agency Error
25 Earned Income (from 18-B)									2 Client Error
26 Other Income (from 23-A)									3 Advance Payment
27 Other Income (from 23-B)									4 PA Fraud/FS IPV
28 Other Income (from 23-C)									5 IV-D Payment
29 Deemed Income (Calc. on Reverse)									6 Shelter Expenses- Other Than Rent
30 Total Income (24 - 29)				33 Total Recoupment					

SECTION E - SURPLUS/DEFICIT AND GRANT				REMARKS:		DISPOSITION
31 Surplus (Line 30 minus line 12)						<input type="checkbox"/> OPENING
32 Deficit (Line 12 minus line 30)						<input type="checkbox"/> DENIAL
34 Recoupment (Line 33)						<input type="checkbox"/> REOPENING
35 Shelter Restricted						<input type="checkbox"/> CHANGE
36 Utility Restricted						<input type="checkbox"/> RECERTIFICATION
37 Restricted						<input type="checkbox"/> CLOSING
38 Sub-Total (Lines 34 thru 37)						
39 Cash Grant (Line 32 minus 38)						

AUTHORIZATION PERIOD	From		To		WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE
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1. GROSS INCOME TEST

The sum of all income on lines 14 and 23 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 14 and 23 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		
40 Gross Income.....		
41 Exempt Amount.....		
42 Net Other Income (40 minus 41).....		
SECTION B - EARNED INCOME		
43 Gross Income.....		
44 Stepparent/Grandparent Disregard: \$90		
45 Net Earned Income (43 minus 44).....		
46 Total Net Income (42 plus 45).....		
SECTION C - NEEDS		
47 Basic Allowance.....		
48 Home Energy.....		
49 Supplemental Home Energy Allowance.....		
50 Shelter.....		
51 Water.....		
52 Fuel.....		
53 Total Needs.....		
SECTION D - PAYMENTS		
54 Alimony/Child Support.....		
55 To Other Dependents.....		
56 Total Payments (54 plus 55)		
57 Total Deductions (54 plus 56).....		
58 Total Deemed Income (46 minus 57).....		

Enter Deemed Income on Line 29 on Face Side

CALCULATION OF PA HOUSEHOLD'S SHELTER COST	
59 Shelter Cost of Entire Household.....	
60 Stepparent's/Grandparent's Shelter Allowance (50)	
61 PA Household's Shelter Cost (59 minus 60)	

Enter Shelter Cost on Face Side