| MANUAL MATERIAL TRANSMITTED | | | | | | | | | |
|-----------------------------|--------|---------|----------------|------------------|-------------|--------|--|--|--|
| MANUAL: Income Maintenance | | | CHANGE NUMBER: | 35 | | | | | |
| | I | ELETE | | INSERT OR CHANGE | | | | | |
| PAGES | | CHAPTER | DATED | PAGES | CHAPTER | DATED | | | |
| ES-NL-0 | C/U-1 | FORM | 10/89 | ES-NL-C/U-1 | FORM | 6/96 | | | |
| DATE: | April, | 1996 | TO: All | Income Maintenan | ce Manual H | olders | | | |

This changes is being made to revise form ES-NL-C/U-1. The old forms may be used until the stock is depleted.

NOTE: In items I, Steps 1 and 3; II, Steps 1 and 7; III, Steps 1 and 8, there is a new blank line to be completed by the Worker. These lines are to be completed with the names of people who are not included in the AFDC/U check, but whose income must be counted.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

|) | Date Completed: | | | | | | |
|-----|--|----------|--|--|--|--|--|
| | | West V | irginia Department of AFDC/U Need | Health and Human Resources I Computations | | | |
| I. | 185 % of Nea | ed Test | | | | | |
| | | | No. Of Persons Included in Check | | | | |
| | Step 1: | | Gross Earnings of Pe | ersons In Check and | | | |
| | Step 2: <u>+</u> | | Countable Child Support | | | | |
| | Step 3: <u>+</u> | | Other Gross Unearned Income of Persons Included in Check and | | | | |
| | Step 4: | | | | | | |
| | Step 5: | | Compare Step 4 Amo | ount to \$ | | | |
| | • | <i>y</i> | If Step 4 is more than Step 5, you are not eligible. If Step 5 is more than Step 4, more calculations are performed. | | | | |
| | E | LIGIBLE | NOT ELIGI | IBLE (Circle One) | | | |
|) | | | | | | | |
| II. | 100% of Nee | ed Test | Applicable | Not Applicable (Circle One) | | | |
| | Step 1: | | Gross Earnings of Pe | ersons In Check and | | | |
| | Step 2: | | Standard Work Dedu | x No. working person Total Deduction | | | |
| | Step 3: | | Remainder | 5 Ioai Deduction | | | |
| | Step 4: | | Dependent Care Ded | uction MAXIMUMS = Under age 2 - \$200 Age 2 and above - \$175 | | | |
| | Step 5: | | Countable Earnings | Tigo 2 and above \$175 | | | |
| | Step 6: <u>+</u> | | Countable Child Support | | | | |
| | Step 7: <u>+</u> | | Other Gross Unearned Income of Persons in Check and | | | | |
| | Step 8: | | Total Countable Income | | | | |
| | Step 9: | | Compare Step 8 Amount to \$ | | | | |
| | If Step 8 is more than Step 9, you are not eligible. If Step 9 is more than Step 8, more calculations are performed. | | | | | | |
| | ELIGIBLE TO PROCEED NOT ELIGIBLE (Circle One) | | | | | | |

Case Name:

Case Number: