

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

WV WORKS COMPUTATION SHEET

Eligibility Determination (WV WORKS and DCA)

Case Name: _____

Case Number: _____

Assistance Group Size _____

- | | | |
|----|----------|---|
| 1. | \$ _____ | Gross Monthly Non-Excluded Earned Income |
| 2. | \$ _____ | Gross Monthly Non-Excluded Unearned Income |
| 3. | \$ _____ | Total Monthly Non-Excluded Income |
| 4. | \$ _____ | 100% Standard of Need for Family Size
(Do not include any non-recipient Work-Eligible Household members.) |

If Step 3 is greater than Step 4, the family is not eligible. If Step 4 is equal to or greater than Step 3, the family is eligible. Complete Side 2.

Eligible

Ineligible



Complete Side 2

Worker Signature

Date

Determining the Amount of the WV WORKS Benefit

Case Name: _____

Case Number: _____

Assistance Group Size _____

1.	\$ _____	Gross Monthly Non-Excluded Earned Income
2.	_____ X .60	Earned Income Disregard
3.	\$ _____	Remainder
4.	- _____	Dependent Care Expense
5.	\$ _____	Countable Earned Income
6.		Gross Monthly Non-Excluded Unearned Income
	+ _____	(First \$50 of child support is disregarded.)
7.	\$ _____	Total Monthly Countable Income
8.	\$ _____	Maximum Payment Amount
9.	- _____	Total Monthly Countable Income (Line 7)
10.	\$ _____	Remainder
11.	- _____	Reduction for Sanction (circle one) 1/3 Reduction 2/3 Reduction
12.	\$ _____	Remainder
13.	- _____	Monthly Repayment
14.	\$ _____	WV WORKS Benefit Amount

MAXIMUM
\$175 - each, age 2 or above
\$200 - each, birth to age 2

Worker Signature

Date