

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 |

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 _____

Living With Others: YES NO

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

7. \$ _____ Total Monthly Countable Income

8. \$ _____ Maximum Payment Amount

9. - _____ Countable Income

10. \$ _____ Remainder

11. - _____ Subtract 25% for Living With Others

12. \$ _____ Remainder

13. - _____ Reduction for Sanction (circle one) 1/3 Reduction 2/3 Reduction

14. \$ _____ Remainder

15. - _____ Monthly Repayment

16. \$ _____ Remainder

17. _____ Special Needs

18. _____ WV WORKS Benefit Amount

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

Worker Signature

Date