



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Administrator/Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #02-181-ELI

CALCULATING SINGLE ISSUE BUDGETS FOR FAMILIES WITH INCOME IN HOMELESS SHELTERS

Date:	Sub-Topic(s):
August 5, 2002	Public Assistance, Food Stamps, Medicaid
 This procedure can now be accessed on the FIAweb.	<p>This bulletin is to remind staff of how to calculate a budget for families with earned income in homeless shelters. In this instance Workers must calculate a budget in the Welfare Management System (WMS) as follows:</p> <ul style="list-style-type: none">▪ Access the NSBL02 screen.▪ Enter shelter type 33 or 34.▪ Do not make an entry in the Shelter Amount Field.▪ Enter the Shelter Per Code to indicate how often shelter expenses are paid.▪ Do not make an entry in the Water: AMT, FSUA: IND, FUSA: AMT, FUST: IND, FUST: AMT, DISP: AMT, PHONE: IND, PHONE: AMT and INST: TYPE fields.▪ Enter the actual monthly shelter amount charged by the Homeless Shelter Facility in the PA Shelter field. Note: the PA Shelter field will highlight with the message "amount out of range." Continue with next bullet.▪ Enter the line # of the individual for whom the income and/or additional needs must be entered then press the shift and function 5 (F5) keys simultaneously. The shift + F5 will override the out of range amount in the PA Shelter field and go to the next screen.▪ On screen NSBL06 enter the income and/or special needs information and transmit. <p>If the income exceeds needs, zero will appear in the PA Grant field on the Budget Results Screen (NSBL80) and on reports WINRO46 (PA Budget Calculation) and WINRO027 (Supervisory Budget Summary).</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Call 212-331-4215/16/21 or
send an e-mail to *FIA Call Center*

Distribution: X

In instances where the calculation results in a zero budget, the case can be placed in SI status if the applicant meets all other eligibility requirements. The household would be entitled to receive FS, MA and assistance with the shelter cost.

If the participant fails the gross income test, as indicated by the message, "Ineligible - Failed Gross Income Test," and the net income test as indicated by the message, "Ineligible - Budget Surplus," reject the case.

Prepare the "Budget Worksheet for Families with income in Temporary Housing" (W-648D; Rev. 08/05/02) to determine the participant's contribution toward the housing expense.

Attachments:

W-648D Budget Worksheet for Families with Income in Temporary Housing (Rev. 08/05/02)

W-145UU Temporary Housing Facilities (07/25/02)

Effective Immediately



The CITY of NEW YORK
Human Resources Administration
Family Independence Administration

Date: _____

Case Name: _____

Address: _____

Center Number: _____

Case Type/Case Number: _____

Caseload: _____

Budget Worksheet for Families with Income in Temporary Housing

	Enter Semi-Monthly Amounts Below
Needs	
1. Preadded Allowance	
2. Home Energy Allowance	
3. Restaurant Allowance	
4. Temporary Housing Allowance	
5. Carfare Allowance	
6. Other (specify): _____	
7. Total Needs (add lines 1 - 6)	
Net Income	
8. Semi Monthly Gross Income	
9. Standard Work Deduction (\$45 semi monthly)	
10. Income applicable for 50% disregard (line 8 minus line 9)	
11. Earned Income Disregard (line 10 x 0.5)	
12. Net Earned Income (line 10 minus line 11)	
13. Unearned Income	
14. Other (specify): _____	
15. Total Net Income (add lines 12, 13 and 14)	
Budget Deficit	
16. Total Needs (line 7)	
17. Total Net Income (line 15)	
18. Budget Deficit (line 7 minus line 15)	
Participant's Contribution	
19. Actual Shelter Cost	
20. Participant's Contribution towards Shelter Cost (line 19 minus line 18)	\$

Worker: _____ Date: _____
Signature

Supervisor: _____ Date: _____
Signature

BUDGETING MANUAL PUBLIC ASSISTANCE PROGRAM

03/24/03

HOMELESS SHELTER - TIER I OR TIER II
(LESS THAN THREE MEALS PER DAY) (SHELTER TYPE 33)

BUDGET MENU SCREEN NSBL00TYPE OF ACTION 01 or 02HOUSEHOLD SCREEN NSBL02NEEDS: SHEL:TYPE 33 AMT BLANKPER 06PA SHEL
XXXXXX

Do not make an entry in the SHEL:AMT field. Enter the SHEL:PER code to indicate how often shelter expenses entered in the PA SHEL field are paid. Do not make an entry in the WATER:AMT, FSUA:IND, FSUA:AMT, FSUT:IND, FSUT:AMT, DISP:AMT, PHONE:AMT and INST:TYPE fields. Shelter Type 33 can receive a FS SUA Phone Allowance. See Page 105. Enter the actual PA Shelter amount paid to the Homeless Shelter facility in the PA SHEL field.

Shelter Type 33 can be used for all household sizes.

NOTE: IT IS ASSUMED THAT ALL PA SHELTER PAYMENTS FOR SHELTER TYPE 33 WILL BE ISSUED VIA A CENTRAL LOCATION DIRECTLY TO THE HOMELESS SHELTER FACILITY.

INDIVIDUAL SCREEN NSBL06

INCOME: SRC GROSS FREQ PROG

SPEC NDS: TY _____

If any individual has income, enter the appropriate INCOME:SRC, GROSS, FREQ & PROG. Homeless shelter recipients can receive a restaurant allowance.

BUDGET RESULTS SCREEN NSBL80

If income exceeds needs after passage of all PA eligibility tests (due to the exclusion of shelter from the PA budget results displayed on Budget Results Screen NSBL80), zero appears in the PA GRANT field on Budget Results Screen (NSBL80) and Reports WINR0146 and WINR0027. The case can be eligible for a zero PA grant issuance in this situation. Refer to HRA procedures for processing this case situation.

FS SUA Phone Allowance Page 105

BUDGETING WORKSHEET

for Homeless Families on Public Assistance

BASIC GRANT ("Personal Needs Allowance" "Special Needs Allowance" "Food & Other")
NUMBER IN HOUSEHOLD: 1 2 3 4 5 6 7

In a **domestic violence shelter serving three meals a day**, the basic grant is a "Personal Needs Allowance" of 22.50 per person: 22.50 45.00 67.50 90.00 112.50 135.00 157.50

In a **Tier II shelter serving three meals a day**, the basic grant is a "Special Needs Allowance" of \$31.50 per person: 31.50 63.00 94.50 126.00 157.50 189.00 220.50

In **any other type of emergency housing** (or in permanent housing), the basic grant is a "Food & Other" allowance: 68.55 109.25 145.50 187.85 231.85 267.60 303.85

A. Find the **BASIC GRANT** for your household above and enter it here: \$ _____

+

B. Every homeless family is entitled to an **APARTMENT SEARCH GRANT**: \$ 26.00

+

If you are sent to a place without meals and without cooking facilities OR to a place that serves meals but cannot provide food that meets your medical, religious, or other needs, you are entitled to a **RESTAURANT ALLOWANCE**. You will have to give proof of your medical or other needs to your caseworker.

C. Number of pregnant women & children in your household: ____ x \$50 = \$ _____

+

D. Number of adults in your household who are not pregnant: ____ x \$32 = \$ _____

+

If you are in your fourth or later month of pregnancy, you are entitled to a **PREGNANCY ALLOWANCE**. You must give proof to your caseworker.

E. Number of women in your household who are in their fourth or later month of pregnancy: ____ x \$25 = \$ _____

+

F. **SCHOOL TRANSPORTATION MONEY**: Enter the actual amount you spend to take your kids to school for a two-week period (a parent accompanying her children to and from school is entitled to the cost of two round trips a day): \$ _____

TOTAL: A + B + C + D + E + F = \$ _____

If this **TOTAL** is not the amount that you receive from public assistance two times each month, see your caseworker at public assistance immediately. If your worker does not correct your budget and issue any back amounts owed to you, call 1-800-342-3334 to schedule a fair hearing.

NOTE: If anyone in your family is an undocumented immigrant or receives Social Security, SSI, Wages, unemployment benefits, or other income, this worksheet might not apply to you.