

FOOD ASSISTANCE WORKSHEET

Case Name
Case Number

WORK REGISTRATION/EMPLOYMENT AND TRAINING/ABAWD

HOUSEHOLD MEMBER	Mandatory Registrant?			Mandatory FSET?			ABAWD?		IABC Code
	Yes	No	Code	Yes	No	Code	Yes	No	Code Status
1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

EXEMPTIONS FROM WORK REGISTRATION

Under age 16 or age 60 or over.
Age 16 or 17, not CASE NAME or is a student.
Physically or mentally unfit for work.
FIP recipient.
Cares for child under age 6 or incapacitated person.
Unemployment compensation. Registered for or receiving.
Substance abuse treatment program participant.
Works at least 30 hours weekly or receives weekly earnings equal to the federal minimum wage (or training wage) x 30.
Student/training program exemption.
SSI/Food Assistance joint application processing.

If **not exempt** from work registration, the person **must** agree to register for work.

Exempt From Work Registration	Stop here, use IABC code 9
If not exempt from work registration, go on to FSET and ABAWD sections.	

FSET EXEMPTIONS FOR MANDATORY WORK REGISTRANTS

	IABC Code
Pregnant, 2nd or 3rd trimester	P
Strike or lockout	S
Recall expected within 90 days	U
Works 60 or more hours per month	E
General Delivery mailing address	G
Served by battered spouse organization	A
Accepted job to begin within 60 days	E
Commuting time exceeds 2 hours or no transportation	H
Good cause for not beginning component will last for 60 days or longer	M
Mandatory work registrant AND mandatory FSET	3

ABAWD SECTION

	IABC Code
ABAWD exemptions discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ABAWD not meeting work requirements	L
ABAWD meeting work requirements	V

STUDENTS List only post secondary students.

HOUSEHOLD MEMBER	Eligible?		
	Yes	No	Code
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	

◆ If either A, B, C, D, or E is met, **stop here**. Student is eligible.

- A. Under age 18 or age 50 or over.
- B. Physically or mentally unfit for work.
- C. Not attending an institution of higher education.
- D. Less than half time student.
- E. Single parent of a household member under age 12.

◆ Other students must meet one of the conditions 1 - 6 below to be eligible.

1. Paid for at least 20 hours per week or self employed for 20 or more hours per week and weekly earnings are equal to the federal minimum wage x 20.
2. Expects to work in a state or federally financed work study program during the school year.
3. Responsible for care of household member under six or up to 12, if no adequate child care to allow school and working 20 hours weekly.
4. FIP recipient (including just approved or grant under \$10).
5. Placed by WIA or a program under Section 236 of the Trade Act of 1974.
6. FSET participant or in a state or local government employment and training program.
7. None of the above. Ineligible student.

VEHICLES (If the household is categorically eligible, skip this section.)

Exclude one licensed or unlicensed vehicle per household. For other **licensed vehicles**, the \$4,650 market value limit applies, except when a vehicle is used to transport a physically disabled household member, used to produce income (taxi, tractor, etc.), used as the household's home, used to carry fuel for heating or water for home use, or would give a profit of \$1,500 or less, if sold.

Excluded vehicles.

Make	_____	_____	_____
Model	_____	_____	_____
Year	_____	_____	_____
Reason excluded	_____	_____	_____

One vehicle for each adult household member and one other vehicle used by a household member under age 18 to go to or from work, training, or education to prepare for work or used to look for work. Use fair market value test only. Equity value excluded.

Make	_____	Fair market value	\$	_____
Model	_____	Minus value limit	-	4,650.00
Year	_____	Excess value	\$	_____
Make	_____	Fair market value	\$	_____
Model	_____	Minus value limit	-	4,650.00
Year	_____	Excess value	\$	_____
Make	_____	Fair market value	\$	_____
Model	_____	Minus value limit	-	4,650.00
Year	_____	Excess value	\$	_____

Other licensed vehicles. Count either the fair market value or equity value, whichever is greater. (If the equity value is \$1,500 or less, the vehicle is excluded.)

Make	_____	Fair market value	\$	_____	Fair market value	\$	_____
Model	_____	Minus value limit	-	4,650.00	Minus amount owed	-	_____
Year	_____	Excess value	\$	_____	Equity value	\$	_____
Make	_____	Fair market value	\$	_____	Fair market value	\$	_____
Model	_____	Minus value limit	-	4,650.00	Minus amount owed	-	_____
Year	_____	Excess value	\$	_____	Equity value	\$	_____

RESOURCES If the household is categorically eligible, skip this section. (Do not enter the value of excluded resources.) List owner and location of accounts or property.

Liquid Resources		Nonliquid Resources	
Cash on hand	\$	Countable value of licensed vehicles (from above)	\$
Savings accounts	\$	Countable value of unlicensed vehicles	\$
Checking accounts	\$	Real estate (equity) value	\$
Stocks, bonds	\$	Other:	\$
Savings certificates	\$	Countable nonliquid resources =	\$
IRAs or Keogh Plans	\$	Countable liquid resources +	\$
Other:	\$	Total countable resources =	\$
TOTAL =	\$		
Subtract current month's income or prorated income -	\$		
Countable liquid resources =	\$	Applicable resource limit	\$

TYPE OF VERIFICATION USED

Identity	Income
Residency (Skip if the household is categorically eligible.)	Dependent care
	Medical expenses
Social Security Numbers (Skip if the household is FIP or SSI categorically eligible.)	Child support payment expense
	Shelter
	Shared Shelter
Household composition	Utilities: Big Standard
	Liheap
Citizenship/Alien status	Little Standard
	Excess or flat fees for utilities
Resources	<input type="checkbox"/> Heat or air conditioning
	<input type="checkbox"/> Other utility
Disqualifications	Phone only standard (basic fee)
Other	

Authorized Representative: Name	Purpose	Give EBT card? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN (If EBT card given)	Date of Birth (If EBT card given)	Form 470-3983 signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Identity	Date

Subject to Simplified Reporting? Yes No
 Simplified Reporting discussed? Yes No
 Form 470-2960, Changes: How and When to Tell Us, given? Yes No
 Change Report Form discussed and given? Yes N/A Work registration discussed? Yes N/A

Application Date	Interview Date
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DISPOSITION

<input type="checkbox"/> Pended <input type="checkbox"/> Denied Reason:	
<input type="checkbox"/> Approved	
Worker	Date
Certification period: From (M/D/Y): _____ To (M/D/Y): _____	
Eligible for expedited service? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: _____	

Calculate!