

AFDC-RELATED DETERMINATION WORKSHEET

Primary Person's Name	
Social Security Number	Case Name

	Certify From _____ To _____ New Recertification Change Date _____ Worker _____	Certify From _____ To _____ New Recertification Change Date _____ Worker _____	
1. ENTER	Number in MA Group		
	Number in Fiscal Group		
2. ENTER	Gross Monthly Earned Income		
3. ENTER	Room & Board Profit		
4. ADD	(Line 2) + (Line 3)		
5. ENTER	Earned Income (After Work Expenses Deduction)		
6. ENTER	Net Earned Income (After Dependent Care Deduction)		
7. ENTER	Total Unearned Income		
8. ENTER	(Line 6) + (Line 7)		
9. ENTER	Special Exempt Income		
10. SUBTRACT	(Line 8) – (Line 9) = Monthly Budgetable Income		
11. ENTER	CAT NDY Income Limit		
12. ENTER	MED NDY Income Limit		
13. SUBTRACT	(Line 10) – (Line 12)		
14. MULTIPLY	(Line 13) x 6 = Deductible		