

FOODSHARE WISCONSIN OVERPAYMENT CALCULATOR INSTRUCTIONS

The FoodShare Wisconsin Overpayment Calculator (F-16030A) can be used to calculate FoodShare overpayments for an assistance group with 10 or fewer members. If an assistance group has more than 10 members, use the FoodShare Wisconsin Under/Overissuance Worksheet (F-16030) or simulation mode in CARES Worker Web (CWW) to calculate the overpayment.

The FoodShare Wisconsin Overpayment Calculator can only be used for overpayments on or after October 1, 2009.

A copy of a completed FoodShare Wisconsin Overpayment Calculator must be retained in a member's case record. The original must be distributed to the member.

Questions about the FoodShare Wisconsin Overpayment Calculator can be emailed to the Office of the Inspector General at dhsogoptool@dhs.wisconsin.gov.

INSTRUCTIONS

Use the FoodShare budget(s) in CWW for the case under review for the time frame of the overpayment to complete the FoodShare Wisconsin Overpayment Calculator.

For the benefit month(s) under review, indicate the values from the FoodShare budget(s) in the Original column. A value entered in the Original column will populate into each subsequent Original column. If a value from the FoodShare budget(s) needs to be changed for a specific benefit month, enter the new value for that month in the Corrected column. A value entered in the Corrected column will also populate into each subsequent Corrected column. (**Note:** If a value is unknown, enter a question mark in the Corrected column. Errors will then be generated in cells that cannot be calculated. If entering a question mark, explain in the worker notes the reason the value could not be obtained.) Review the values in the Original and Corrected columns carefully to ensure appropriate values have been entered.

Use the Paycheck Calculator tab in the Excel workbook to convert income to monthly wages. Use the Prorated Deemer Calculator tab in the Excel worksheet to determine the amount of income counted for prorated deemers.

Data entries can only be made in shaded cells.

Name – Case

Enter the name of the primary person of the case under review.

CARES Case Number

Enter the CARES case number of the case under review.

Name – Worker

Enter the name of the worker who completed the form.

Date Completed

Enter the date the form was completed.

COLUMNS C THROUGH Z

Line 1 – Allotment Issued Month and Year

Enter the month and year (mmm yyyy) of the allotment (for example, Dec 2009).

Line 2 – Number in Assistance Group

Enter the number of people originally reported to be in the assistance group. Do NOT count prorated deemers.

Line 3 – Is this an elderly, blind, or disabled (EBD) household?

The form defaults to "No." Change to "Yes" where applicable.

Line 4 – Income/Determination Month and Year

Enter the month and year (mmm yyyy) of the income used to determine the allotment (for example, Dec 2009). This is the year and month the worksheet will use to find the Federal Poverty Level amounts, shelter maximum, and other figures used for subsequent calculations.

To clear information for unused months, click the first month in which information needs to be cleared, and press Delete. The information for subsequent months will also be cleared.

Line 5 – Reduced Reporting Income Limit

This is the appropriate income change reporting threshold for the group size.

COLUMN B**Lines 6 through 13 – Job Information**

Enter the business name of up to four sources of earned income (including net monthly self-employment) for the assistance group. If the assistance group has more than four sources of earned income, combine them on one or more rows and label the row to identify the source. **Note:** If a person has underreported earned income and a portion of the income qualifies for the 20% earned income deduction, the person's employment must be reported on two lines so that the timeliness question can be answered for both the properly reported and underreported income. Name the places of employment "[Business Name] – Original Wage" and "[Business Name] – Underreported Income."

COLUMNS C THROUGH Z**Lines 6, 8, 10, and 12 – Job Earnings**

Enter the earned income for each reported source of income based on the FoodShare budget for that allotment month. If an assistance group has multiple sources of earned income, use CWW or the Paycheck Calculator tab in the Excel workbook to convert income to monthly wages. **Note:** Gross deemer **earned** income should be entered on these lines.

Lines 7, 9, 11, and 13 – Were job earnings reported timely?

The form defaults to "Yes." Change to "No" where applicable.

Line 14 – Total Employee Earnings Reported Timely

This is the sum of Lines 6, 8, 10, and 12.

Line 15 – Total Employee Earnings Reported *Untimely*

This is the sum of Lines 6, 8, 10, and 12 minus Line 14.

Line 16 – Gross Employment Income

This is the sum of Lines 14 and 15.

Line 17 – All Unearned Income

Enter the unearned income that was reported and used in the original FoodShare budget(s). Use the Prorated Deemer Calculator in the Excel workbook to determine the earned and unearned income amounts from prorated deemers. **Note:** Gross deemer **unearned** income should be entered on this line.

Line 18 – Total Gross Income

This is the sum of Lines 16 and 17.

Line 19 – Gross Income Limit

The form defaults to a 200% gross income limit, which should be used for most food units, including EBD food units. Select "165%" or "130%" in the following situations:

- Select "165%" for food units that are separate from another EBD food unit when FS-E is on the case.
- Select "130%" for a food unit member who has had an intentional program violation or who has a drug felony and has received a sanction.
- Select "130%" if the primary person is disqualified for failure to comply with the work registration requirements.

Line 20 – Gross Income Limit for Group Size

This is the assistance group's total, counted income before any deductions have been made.

Line 21 – Evaluate EBD assets?

This indicates if an EBD asset test is required. An asset test is required for EBD food units that exceed the 200% gross income limit.

Line 22 – EBD asset test passed or failed?

The form defaults to "Not Tested," which should be used for non-EBD food units or for EBD food units that do not exceed the 200% gross income limit. (Line 21 will be "No.") If an EBD food unit exceeds the 200% gross income limit (Line 21 will be "Yes."), complete an asset test. After completing the asset test, select either "Passed" or "Failed" as applicable.

Line 23 – Passed gross income limit test?

This indicates if the food unit passed or failed the gross income limit test based on either the assistance group size or whether the EBD food unit passed the asset test.

Line 24 – Earned Income Deduction

This is the product of Line 14 times 20%.

Line 25 – Standard Deduction

This is the appropriate standard deduction amount for the group size.

Line 26 – EBD Medical Expenses If Over \$35

Enter the medical expenses that exceed \$35 for an elderly, blind, or disabled member.

Line 27 – Child Support Expense

Enter the allowable child support expense.

Line 28 – Dependent Care Deduction

Enter the monthly allowable dependent care expenses.

Line 29 – Total Non-Shelter Deductions

This is the sum of Lines 24 through 28.

Line 30 – Adjusted Income

This is the difference between Lines 18 and 29. If the difference is less than 0, then it will default to 0.

Line 31 – Shelter Costs

Enter the total shelter costs. Use the FoodShare budget(s) in CWW.

Line 32 – Utility Standard

Enter the appropriate utility standard deduction. Use the FoodShare budget(s) in CWW.

Line 33 – Total Shelter Costs and Utilities

This is the sum of Lines 31 and 32.

Line 34 – 50% of Adjusted Income

This is the product of Line 30 times 50%.

Line 35 – Excess Shelter and Utility Costs

This is the difference between Lines 33 and 34. If the difference is less than 0, then it will default to 0.

Line 36 – Shelter Expense Maximum

This is the maximum expense deduction amount.

Line 37 – Shelter Deduction

This equals Line 35 for EDB only. Otherwise, it is the minimum of Lines 35 and 36.

Line 38 – Net Adjusted Income

This is the difference between Lines 30 and 37. If the difference is less than 0, then it will default to 0.

Line 39 – Net Adjusted Income Limit

This is the assistance group's net income.

Line 40 – Passed net income test?

This indicates if the assistance group passed or failed the net income limit test based on the assistance group size. If Line 38 is less than Line 39, then the net income test "passed."

Line 41 – FoodShare Maximum Allotment

This is the maximum allotment for the group size.

Line 42 – 30% of Net Adjusted Income

This is the product of Line 38 times 30%.

Line 43 – FoodShare Allotment

If Lines 23 or 40 "failed," then the default is 0. Otherwise, it is the difference between Lines 41 and 42.

Line 44 – Minimum allotment rules apply?

This indicates whether or not the assistance group is eligible for a minimum allotment.

Line 45 – Calculated/Minimum FoodShare Allotment

If Line 44 is "true," then this equals whichever is greater: Line 43 or \$16. If it is "false," then it equals Line 43.

Line 46 – Prorate Date (1st for no prorate)

Enter the applicable prorate date. If no prorate, the form will default to the first of the month for the applicable year.

Line 47 –Days Remaining in the Month

This is the number of days remaining in the month, including the prorate date.

Line 48 – Prorated FoodShare Allotment

This equals Line 45 divided by the number of days in the month multiplied by Line 47. The amount is rounded to the lowest whole dollar. Amounts of \$0 or less default to \$0. **Note:** If the allotment is less than \$10 for the initial month, then a benefit amount should not be issued.

Line 49 – Recoupment Withheld From FoodShare Amount

Enter the prior recoupment deducted from the group allotment if applicable.

Line 50 – Was there a previous break in eligibility?

The form will default to "No" if the prorate date (Line 46) is the first of the month.

Line 51 – FoodShare Issuance Amount

This is the difference between Lines 48 and 49.

Line 52 – FoodShare Amount Overpaid or Underpaid

This is the difference between the Original and Corrected columns.

Line 53 – Offset Added

Enter the offset amount for cases where an offset needs to be added to the allotment (for example, when an assistance group member simultaneously collects FoodShare benefits on multiple cases).

Line 54 – Total Amount Overpaid or Underpaid

This is the sum of Lines 52 and 53 under the Corrected column.

COLUMNS D, F, H, J, L, N, P, R, T, V, X, Z**Corrected**

If data was entered in the corresponding Original column, enter changes that had to be reported by the food unit in the Corrected column (reduced reporting limit for the assistance group size is displayed in Line 5).

COLUMNS C THROUGH Z**Worker Notes**

Add notes for each month as applicable (for example, “A new job was started last month, but income was under the reporting requirement, so it was not used in the budget.”).

Overpayment

This indicates the amount of overissued benefits.

Underpayment

This indicates the amount of underissued benefits.

Total Overpayment or Underpayment

This indicates the total difference between the incorrect benefit amount and the correct benefit amount.

PAYCHECK CALCULATOR

The Paycheck Calculator tab helps convert income. Manually enter the amount(s) into the FoodShare Wisconsin Overpayment Calculator. Do not copy and paste.

PRORATED DEEMER CALCULATOR

The Prorated Deemer Calculator tab helps determine the amount of income counted for deemers. Manually enter the amount into the FoodShare Wisconsin Overpayment Calculator. Do not copy and paste.