



711 Capitol Way S #304
Olympia, WA 98501
(360) 943-6260
(800) 260-6260
(360) 754-4578 (fax)

John Midgley, Director

December 3, 2010

**VIA EMAIL AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mary McBride
Regional Administrator
U.S. Department of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Suite 200
Seattle, WA 98104-1000

Mario Villanueva
State Director
Washington State Office
USDA Rural Development
1835 Black Lake Blvd. S.W., Suite B
Olympia, WA 98512-5715

Re: HUD/USDA Rural Development Action Needed to Ameliorate Impact of Across-the-Board Cuts in Disability Lifeline Benefits that Take Effect January 1, 2011

Dear Ms. McBride and Mr. Villanueva:

We are writing to ask that the Washington State Offices of HUD and USDA Rural Development take immediate steps to notify its local partners of across-the-board cuts in Disability Lifeline grants that take effect on January 1, 2011. These cuts will adversely impact some 39,000 Washington residents, many of whom receive federal housing assistance. Further information about these cuts is provided below. We are asking that you provide written guidance on what local partners can do to ameliorate the impact these cuts will have on Disability Lifeline recipients who now pay Brooke Amendment or similar income-based rents by promptly adjusting their rents as required by federal law.

In March of this year the Washington State Legislature enacted House Bill 2782, ending the General Assistance program and replaced it with the Disability Lifeline program. This safety net program provides cash and medical assistance to adults who cannot work and who do not

have dependent children. One of the major changes to the program included a new 24-month time limit for cash and medical benefits that was scheduled to take effect on September 1, 2010. As a result of a temporary restraining order issued by United States District Court of Washington on October 6, 2010, the Washington State Department of Social and Health Services reinstated benefits to all clients whose benefits were terminated due to the time limits and announced that it would no longer enforce the time limits. Shortly afterwards, the Department announced that it would reduce Disability Lifeline benefits for all recipients effective January 1, 2011 to achieve the savings that the 2010 Supplemental Operating Budget assumed would occur from the implementation of time limits and to implement the 6.3 percent across-the-board budget reductions that Governor Gregorie ordered last month. We are enclosing a November 22, 2010 DSHS letter explaining this further. Attachment 1.

On November 30, 2010, the Department filed a Permanent Rule with the Office of the Code Reviser that will take effect on January 1, 2011. (WSR 10-24-070). Attachment 2. As you can see, the Department will be reducing Disability Lifeline grant levels by 21.405%. A one-person grant will go from \$339.00 to \$266.00 per month effective January 1, 2011. This is a significant reduction in income, which for a one-person household whose rent is based on their income, should result in a \$22.00 per month rent decrease, absent any other change in circumstances.

In our view, notice and guidance is necessary to mitigate the negative impact this cut will have on Disability Lifeline recipients who participate in one of our federal housing programs to ensure compliance with program statutes and regulations regarding maximum allowable rent based on a tenant's income, to prevent homelessness, and to ensure that we do not spend scarce federal, state, and local homeless prevention funds on rent that should have been reduced. This notice should be sent to (1) public housing agencies who own and manage Public Housing or administer Section 8 Voucher programs; (2) all those who manage multifamily housing projects with HUD Section 8 housing assistance payment contracts, USDA Rural Development Rental Assistance Agreements, or where the rents are otherwise restricted and based on the household's monthly adjusted income; and (3) recipients of HOME, McKinney Act, or other forms of federal assistance which can be used for project based or tenant based rental assistance and where rents are based on income.

We urge both HUD and USDA Rural Development to encourage its partners to take action now to reach out to those on the Disability Lifeline program and reduce rents for January 2011 rather than wait for individual tenants to report the reduction in their grants and delaying any rent decrease until February 1, 2011 or later. As this is an across-the-board grant reduction, there is no need to delay such rent adjustments or to place the onus on individual Disability Lifeline recipients who may not have the wherewithal to request a rent reduction, and who have no savings or means of replacing this income or paying rent on income they do not have. Such action will minimize the number of Disability Lifeline recipients who might otherwise end up

homeless and in the process lose their federal rent subsidy. It will mean that we continue to spend the lion share of scarce homeless prevention funds aiding those who do not receive any federal housing assistance. It will also ensure that unnecessary resources are not spent collecting rent or evicting tenants who simply cannot continue to pay rent based on income they no longer have. We are enclosing an example of the type of notice we seek that was issued by the California HUD Office in September 1991 as a result of reduction in AFDC benefits. Attachment 3.

If you need any further information, please let us know. We look forward to your response.

Sincerely,

Columbia Legal Services



Gregory D. Provenzano
Attorney at Law

Washington Low Income Housing Alliance



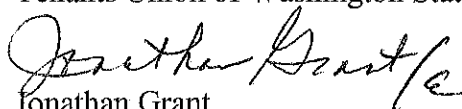
Rachael Myers
Executive Director

Washington State Coalition for the Homeless



Troy Christensen
Board President

Tenants Union of Washington State



Jonathan Grant
Executive Director



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Community Services Division
Post Office Box 45440 Olympia WA 98504-5440

November 22, 2010

Meagan Mackenzie
Northwest Justice Project
711 Capitol Way, South #704
Olympia, WA 98501

Dear Meagan:

In March of this year, the Washington State Legislature passed House Bill 2782, "Security Lifeline Act," ending the General Assistance program, one of the oldest safety net programs in Washington and creating the Disability Lifeline program. This program provides cash and medical assistance to adults who cannot work and who do not have dependent children. One of the major changes to the program included a new 24-month time limit for cash and medical benefits that went into effect September 1, 2010. This letter is to inform you about the time limits, a recent Temporary Restraining Order issued against the Department and a proposal to reduce cash grants to recipients of the Disability Lifeline program in order to stay within budget.

The Department implemented time limits (24 out of 60 months) for the Disability Lifeline (DL) program effective September 1, 2010, as required by legislation. On October 4, Judge Marsha Pechman, U.S. District Court, issued a Temporary Restraining Order (TRO) in *Elkins v. Dreyfus* preventing the Department from terminating DL benefits based on the "24 out of 60 month" time limit provision in House Bill 2782. The TRO was issued on the basis that the plaintiffs are likely to prevail on two issues:

- 1) Notices issued by the Department did not meet constitutional "due process" requirements and;
- 2) RCW 74.04.005 (5)(h)(i) (providing that a person may not be determined ineligible until a case review finds the person does not meet the federal SSI disability standard) requires the Department to follow the same 5-step sequential review that the Social Security Administration uses, and the notices must explain the review process.

The Order states the new Disability Lifeline law "implies that the case review requires the (Department) to follow the 5-step sequential review that is set out in 20 C.F.R. Section 416.920(4)." While we do not believe this was the intent of the legislation, we do believe that courts and the Office of Administrative Hearings will require this different disability review standard. The Community Services Division social workers are not trained to conduct a "full 5 step sequential review to determine SSI eligibility" and is not staffed to do so. As a result, the

Meagan Mackenzie
November 22, 2010
Page Two

Department is no longer terminating benefits due to time limits and has reinstated and reissued benefits to all clients whose benefits were previously terminated due to the time limits.

The 2010 Supplemental Operating Budget assumed a savings of over \$6 million from the implementation of time limits. Without the ability to achieve the savings from time limit terminations, the Department is proposing an additional reduction in the amount of the monthly cash benefit paid to each recipient in the program. The Department had already planned to reduce the Disability Lifeline monthly cash grant in response to the 6.3 percent across-the-board budget reductions Governor Gregoire ordered last month. To meet both the 2010 Supplemental Budget expectations and the required 6.3 percent across-the-board reductions, the Department is proposing to reduce a typical monthly cash grant from \$339 per month to \$258 per month effective January 1, 2011. A CR 102 Rule Filing Packet was filed on October 20, 2010 with the Office of the Code Reviser's (WSR 10-21-115). The public hearing is scheduled for November 23, 2010.

We fully understand the significance of these reductions and the potential impacts this causes for the individuals we serve. We will continue to review current caseload numbers and may lower the proposed ratable reduction prior to filing the permanent rule in late November. We recognize that you and your organization may be facing similar budget constraints, but hope that together we may be able to identify alternatives or additional supports for those individuals in need.

I continue to ask for your assistance and feedback. If you have any questions or concerns regarding this, please contact me at (360)725-4888 or email me at roberba@dshs.wa.gov.

Sincerely,



Babs Roberts, Acting Director
Community Services Division

cc: Susan N. Dreyfus
Troy Hutson
Pat Lashway



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Department of Social and Health Services, Economic Services Administration

Permanent Rule Only

Effective date of rule:

Permanent Rules

- ☐ 31 days after filing.
☒ Other (specify) 01-01-2011 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

☐ Yes ☒ No If Yes, explain:

Purpose: The Community Services Division is amending WAC 388-478-0030 to decrease the grant payment standards to Disability Lifeline (DL) and ADATSA recipients.

This amendment is necessary to contain costs and maintain the DL program within budget appropriations plus an additional 6.3 percent across-the-board reduction imposed by the Governor Executive Order dated September 2010.

Citation of existing rules affected by this order:

Repealed: None
Amended: WAC 388-478-0030
Suspended: None

Statutory authority for adoption: RCWs 74.04.050, 74.04.055, 74.08.090, 74.04.005, and 74.04.770

Other authority: NA

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 10-21-115 on October 20, 2010.

Describe any changes other than editing from proposed to adopted version:

The ratable reduction was changed from over 24 percent to 21.405 percent due to a recalculation of the ratable reduction needed to stay with appropriated funds and comply with the 6.3 percent across the board reductions.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: NA

Name: _____ phone () _____
Address: _____ fax () _____
e-mail _____

Date adopted:

November 29, 2010

NAME (TYPE OR PRINT)

Katherine Vasquez

SIGNATURE

TITLE

DSHS Rules Coordinator

CODE REVISER USE ONLY

**OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED**

DATE: November 30, 2010

TIME: 10:05 AM

WSR 10-24-070

(COMPLETE REVERSE SIDE)

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	1	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	1	Repealed	_____

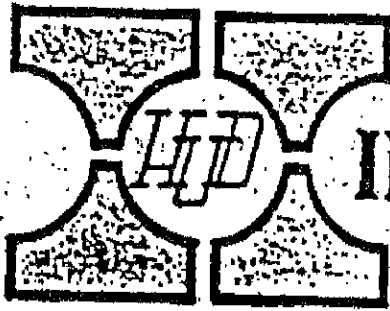
AMENDATORY SECTION (Amending WSR 98-16-044, filed 7/31/98, effective 9/1/98)

WAC 388-478-0030 Payment standards for ((GA-U)) disability lifeline and ADATSA. (1) The payment standards for ((~~general assistance-unemployable~~ (GA-U))) disability lifeline (DL) and alcohol and drug addiction treatment and support act (ADATSA) program assistance units with obligations to pay shelter costs are:

Assistance Unit Size	Payment Standard
1	\$((339)) <u>266</u>
2	((428)) <u>336</u>

(2) The payment standards for ((GA-U)) DL and ADATSA assistance units with shelter provided at no cost are:

Assistance Unit Size	Payment Standard
1	\$((206)) <u>162</u>
2	((261)) <u>206</u>



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
450 Golden Gate Avenue, Box 36003
San Francisco, CA 94102

INFORMATION BULLETIN

SEP 04 1991

No. 746

MEMORANDUM FOR: All California Public and Indian Housing
Authorities

FROM: Robert J. De Monte, Regional Administrator-Regional
Housing Commissioner, 9S

SUBJECT: Reduction in AFDC Benefits

The purpose of this bulletin is to provide information to PHAs on the procedures for an appropriate, consistent and immediate response to the 4.4% reduction in California Aid to Families with Dependent Children (AFDC) payments effective September 1, 1991. Action is necessary to mitigate any negative impact on residents and to ensure compliance with program statutes and regulations regarding maximum allowable rent based on a tenant's income.

In order to achieve the above, you should determine which tenants receive AFDC. In those instances where a tenant has no other source of income, a reduction in rent should be made effective September 1, 1991, based on the 4.4% reduction in AFDC payments effective on that date. For your information, we have attached a Notice of Action which was sent to all County Welfare Directors on the implementation of AFDC rollback regulations. Tenants affected in this manner should be notified of this change.

In those instances where tenants receive AFDC with outside income, tenants should be notified that they may be eligible for a rent reduction if their income decreased due to the AFDC reduction. These tenants should provide the Notice of Action computation from Social Services advising of the new assistance amount. For purposes of this situation, verification of other sources is not necessary at this time.

Tenants should be advised of their rights regarding rent determinations. Notices of this potential change in rents should be distributed pursuant to established policies.

Attachment

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

July 2, 1991



ALL COUNTY LETTER NO. 91-60

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF AFDC ROLLOVER REGULATIONS

REFERENCE: MPP 44-133 - TREATMENT OF INCOME - AFDC
MPP 44-315 - AMOUNT OF AID
MPP 44-352.125 - OVERPAYMENT RECOUPMENT
MS 63-504.39 - MASS CHANGES IN PUBLIC ASSISTANCE

Attached is a copy of the AFDC Rollback regulations implementing the provisions of SB 724 (Statutes of 1991) submitted on an emergency basis to the Office of Administrative Law. The effective date of these regulations is September 1, 1991.

Also attached are implementing instructions, a description of the regulation changes, and required Notices of Action for use in implementing the provisions of these regulations. Information on general mass change notices for the Food Stamp program is provided in Attachment 5.

The new regulations reduce the amount of the Maximum Aid Payment (MAP) levels by 4.4 percent. In addition, the grant computation is changed to count net nonexempt income of an applicant/recipient against the Minimum Basic Standard of Adequate Care (MBSAC) rather than the MAP. The MBSAC amounts remain unchanged.

Counties are reminded that where current State regulations base computations on MAP, the MAP rather than MBSAC is to be used. Examples of these computations are RISP payments, overpayment adjustments, and Homeless Assistance eligibility determinations.

For policy clarifications, please contact Sandra Poole-Taylor at (916) 324-2661 or ATSS 454-2661. If there are any questions about the CA 30 or CA 40, please call LeAnne Torres at (916) 324-2016 or ATSS 454-2016. For questions relating to the NOA forms and NOA messages, please call John Honeycutt at (916) 445-1131 or ATSS 485-1131.


ROBERT A. HONEL
Deputy Director

Attachments

AFDC ROLLBACK IMPLEMENTATION

INDEX OF ATTACHMENTS

1. Copy of AFDC Rollback Regulations
2. Implementation Instructions
3. Forms
4. Notice of Action Messages
5. Food Stamp Program Information

HANDBOOK BEGINS HERE

.31 Effective September 1, 1991, MBSAC and MAP levels established in Welfare and Institutions Code Sections 11450 and 11452 are:

<u>Size of AU</u>	<u>MBSAC</u>	<u>MAP</u>
1	\$ 341	\$ 326
2	560	535
3	694	653
4	824	788
5	940	899
6	1,057	1,010
7	1,160	1,109
8	1,265	1,208
9	1,371	1,306
10 or more	1,489	1,403

For MBSAC add fourteen dollars (\$14) for each additional needy person.

HANDBOOK ENDS HERE

- .32 Add Special Need Payment Add any special need payment amounts for the AU to the MBSAC.
- .33 Net Nonexempt Income Round to the next lower dollar the net nonexempt income from the budget month including in-kind income.

HANDBOOK BEGINS HERE

(See Chapter 44-100 for computing net nonexempt income.)

HANDBOOK ENDS HERE

- .34 Potential Grant Subtract the net nonexempt income amount from the MBSAC plus special need for the AU. This is the potential grant amount.
- .35 MAP Determine the Maximum Aid Payment (MAP) for the AU. The MAP and MBSAC are set forth in Welfare and Institutions Code Sections 11450 and 11452.
- .36 Add Special Need Payments Add any special need payments for the family to the MAP.
- .37 Actual Grant Amount The actual grant amount is the lesser of the potential grant amount or the sum of the MAP plus special needs.

ATTACHMENT 4

Notice of Action Messages and Instructions

Two new temporary NOA Messages and related instructions are included in this attachment.

The two new NOA Messages are used to notify all AFDC and RCA recipients of the change in the way their aid is figured as the result of the MAP reduction. Message M44-315Bt is used for recipients whose aid changes in September and Message M44-315Ct is for recipients whose aid remains the same in September.

AFDC Notice of Action Handbook Update

All AFDC Notice of Action Handbooks are to be updated with the enclosed NOA Forms and Messages. Insert copies of all of the attached NOA Forms and Messages into the Handbook and remove the NOA Message and the NOA Forms that are obsoleted by this letter.

State of California
Department of Social Services

Manual Mag. No.: M44-315Bt
Action : Change
Reason: Aid Payments
Title: 1991 MAP Rollback

Auto ID No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 44-315
State Law : W&I Code, Section 11450

Form No. : WA200
Effective Date : 09/01/91
Revision Date :

MESSAGE: As of _____, the County is changing your cash aid
from \$_____ to \$_____.

Here's why:

On September 1, 1991, a change in State law will lower the Maximum Aid
amount that you can get.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the grant when the MAP amount is rolled
back effective 9/1/91. Fill in the effective date of action along with
the old grant amount and the new grant amount. Calculate the new grant
amount in the right hand column.

This is a temporary notice to be used to notify clients of the change in
grant amount in September 1991.

State of California
Department of Social Services

Manual Msg. No.: M44-315Ct
Action : Other
Reason: Aid Payments
Title: 1991 MAP Rollback

Auto Id No. :
Flow Chart No. :
Source : Turner
Regulation Cite: 44-315
State Law : W & I Code, Section 11450

Form No. : NA 200
Effective Date : 9-1-91
Revision Date :

MESSAGE: On September 1, 1991, a change in State law will change the way we figure your cash aid, but this does not change how much you get. You will still get \$ _____.

The new way your cash aid is figured is shown on this notice.

INSTRUCTIONS: Use to notify clients of the change in the way the grant is computed when the MAP amount is rolled back effective 9/1/91. This notice is to be used only for those cases that will not have a change in grant amount as a result of the change in State law. Calculate the grant amount in the right hand column.

This is a temporary notice to be used to notify clients of the change in grant computation in September 1991.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Name	_____
Age	_____
Sex	_____
Marital Status	_____
Occupation	_____
Income	_____
Assets	_____
Other	_____

(ADDRESS)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Section A	Your Countable Income in _____ MONTHS
Total Earned Income	\$ _____
Work Expense Disregard	+ _____
\$30 Disregard	+ _____
\$30 and 1/3 Disregard	+ _____
Dependent Care Disregard	+ _____
Other Countable Income (list sources)	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Section B	Your Cash Aid in _____ MONTHS
1. Basic Need for _____ Persons	\$ _____
2. Special Needs	+ _____
3. Subtotal	= _____
4. Net Countable Income	- _____
5. Subtotal A	= _____
6. Maximum Aid for _____ Persons	\$ _____
7. Special Needs	+ _____
8. Subtotal B	\$ _____
9. Cash Aid Amount (Lesser of Subtotal A or B)	\$ _____
10. Overpayment adjustment (separate page)	- _____
11. Monthly Cash aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office.

AFDC BUDGET WORKSHEET

CASE NUMBER

WICHOIA NUMBER

Payment Month	Recipients	Class (✓)	Payment Month	Recipients	Class (✓)
ASSISTANCE UNIT	Federal		ASSISTANCE UNIT	Federal	
ADULTS			ADULTS		
CHILDREN			CHILDREN		
TOTAL			TOTAL		
A. Minimum Basic Standard of Adequate Care (MESAC) Rate for Persons	\$		A. Minimum Basic Standard of Adequate Care (MESAC) Rate for Persons	\$	
1. Special Needs (Other than Homeless Assistance)	+		1. Special Needs (Other than Homeless Assistance)	+	
2. Net Nonexempt Income (Enter item ⑧ 14 from Reverse)	-		2. Net Nonexempt Income (Enter item ⑧ 14 from Reverse)	-	
Potential Grant	\$		3. Potential Grant	\$	
B. Maximum Aid Payment (MAP) Rate for Persons	\$		B. Maximum Aid Payment (MAP) Rate for Persons	\$	
1. Special Needs (Other than Homeless Assistance)	+		1. Special Needs (Other than Homeless Assistance)	+	
2. MAP plus Special Needs	\$		2. MAP plus Special Needs	\$	
C. Aid Payment (Lesser of A3 or B2, if less than \$10, enter 0)	\$		C. Aid Payment (Lesser of A3 or B2, if less than \$10, enter 0)	\$	
Precision figure Data:	X		Precision figure Data:	X	
D. Proposed Aid Payment	\$		D. Proposed Aid Payment	\$	
E. Homeless Assistance	+		E. Homeless Assistance	+	
F. Overpayment Adjustment	-		F. Overpayment Adjustment	-	
G. Adjusted Aid Payment	\$		G. Adjusted Aid Payment	\$	

BUDGET RECOMPUTATION

H. Aid Payment Previously Authorized	\$	M. Aid Payment Previously Authorized	\$	N. Aid Payment Previously Authorized	\$
I. Correct Aid Payment	\$	L. Correct Aid Payment	\$	O. Correct Aid Payment	\$
J. Overpayment (If H larger than I)	\$	J. Overpayment (If H larger than I)	\$	P. Overpayment (If H larger than I)	\$
K. Underpayment (If I larger than H)	\$	K. Underpayment (If I larger than H)	\$	Q. Underpayment (If I larger than H)	\$
BY INITIAL AND DATE	AUTHORIZATION DATE	BY INITIAL AND DATE	AUTHORIZATION DATE	BY INITIAL AND DATE	AUTHORIZATION DATE

INCOME COMPUTATION

A 185% INCOME TEST

Budget Month for Payment Month	Budget Month for Payment Month	Budget Month for Payment Month
185% of MBSAC plus Special Needs for _____ Persons		
2. Gross Income (B3 plus B11 plus excluded persons gross income. Include child support collected by the county.)		
3. Gross Income Exceeds (A1 exceeds A2)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

B NET INCOME COMPUTATION

Budget Month for Payment Month	Budget Month for Payment Month	Budget Month for Payment Month
Person 1	Person 2	Person 3
1. Gross Earned Income		
2. Net Income from Self-Employment Earnings (If applicable, calculate below)		
3. Total Earned Income		
4. Standard Work Expense Deducted		
5. Deducted \$30 (if applicable)		
6. Subtotal		
7. Deducted 1/3 of Subtotal in 6 above (if applicable)		
8. Subtotal		
9. Dependent Care Expenses Deducted		
a) Full Time - Child(ren) over 2 years		
b) Full Time - Child(ren) under 2 years		
c) Part Time - Child(ren) over 2 years		
d) Part Time - Child(ren) under 2 years		
e) Incapacitated Individual		
10. Subtotal		
11. Other Countable Income: (Specify)		
12. Court Ordered Child/Spousal Support Paid		
13. Net Nontaxable Income		
14. Total Net Nontaxable Income (Enter in A 2 on Side 1)		
C EARNINGS FROM SELF-EMPLOYMENT		
1. Gross Earnings from Self-Employment		
2. Business Expenses: (Specify)		
3. Net Business Income (C1 minus C2. Enter in B 2 above)		