

Division of Family and Children Services  
Georgia Department of Human Services

**TITLE IV-E BUDGET SHEET**

Name of AR	Number in AU	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change
Case Number	Effective Month	<b>Budget Foster Child's Income Only</b>
<p>A. IV-E INCOME CEILING TEST</p> <p>Total Nonexempt Resources: _____</p> <p>Allowable Resources Limit: <b>\$10,000</b></p> <p>Eligible based on Resources?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO		<p>C. STANDARD OF NEED TEST</p> <p>Gross Wages _____</p> <p>Less \$90 _____</p> <p>_____ Less</p> <p>Child Care _____ Plus</p> <p>Unearned Income _____ Less</p> <p>Allocation _____</p> <p>Standard of Need _____</p> <p>Surplus/Deficit _____</p> <p>Eligible for 30 and a 1/3?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>B. GROSS INCOME CEILING TEST</p> <p>Gross Income IV-E Limit: _____</p> <p>Ceiling: _____</p> <p>Surplus/Deficit: _____</p>		
<p>D. 1. IV- STANDARD OF NEED</p> <p align="center"><b>FOR ONE</b></p> <p align="right"><b>Sub-totals</b></p>		
2. Earned Income		
3. Less \$90		
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		
8. Plus Unearned Income		
9. Plus Child Support (minus \$50)		
10. Total Countable Income		
<p>11. Surplus/Deficit (SON less line 10)</p> <p align="right">\$</p>		
<b>IV-E Income Limits</b>	<p><b>Gross Income Ceiling</b></p> <p>Age 0 - 5 - 707.63</p> <p>6-12 - 749.25</p> <p>13-18 - 790.88</p>	<p><b>Standard of Need</b></p> <p>Age 0- 5 - 382.50</p> <p>6-12 - 405.00</p> <p>13-18 - 427.50</p>