





Subtract \$90 work expense: (per employee)	-\$	Subtract \$90 work expense: (for each working member)	-\$
Subtotal:	=	Subtotal:	=
Subtract dependent care costs:	-\$	Subtract \$30 disregard: (for each working member)	-\$
Subtotal:	=	Subtotal:	=
Add countable unearned income:	+\$	Multiply subtotal by .666 and enter here:	x\$
Subtract child support / alimony paid out:	-\$	Subtract dependent care costs:	-\$
Subtract 100% standard of need for Deeming group's AFDC group:	-\$	Add total countable unearned income (child support [subtract \$50], deemed income, etc.):	+\$
TOTAL DEEMED INCOME:	=	Subtract court ordered child support / alimony paid out:	-\$
<b>Note:</b> Add "total deemed income" into the earned income amount for the 100% Standard of Need Income test.		TOTAL ADJUSTED INCOME:	=
		<b>Note:</b> Allow dependent care of \$175 per month, \$200 if under age 2 years.	

**D. INCOME AND ASSET FINDING**

<u>Yes</u>	<u>No</u>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Total Countable Assets: \$	Are the total countable assets in B. of this form less than \$10,000?
		If "Yes" this child meets the asset requirement. Proceed to question 2.	
		If "No" this child is not IV-E eligible. Enter finding in question 10. on form CFS-201, "Title IV-E Out-of-Home Care Determination", and complete the remainder of form CFS-201.	
<input type="checkbox"/>	<input type="checkbox"/>	2. Total Adjusted Income: \$	Is the "Total Adjusted Income" in C. of this form less than this child's "100% Standard of Need"?
		If "Yes" this child meets the income requirement.	
		If "No" this child is not IV-E eligible. Enter finding in question 11. on form CFS-201, "Title IV-E Out-of-Home Care Determination", and complete the remainder of form CFS-201.	

**E. SIGNATURE**

  SIGNATURE - State / County Authority		Date Completed (mm/dd/yyyy)	<input type="checkbox"/> County	<input type="checkbox"/> DHFS	<input type="checkbox"/> DJC
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