

Region 1 Alameda Contra Costa Los Angeles Marin Monterey Napa Orange San Diego San Francisco San Luis Obispo San Mateo Santa Barbara Santa Clara Santa Cruz Solano Sonoma Ventura	Region #1 PERSON	AFDC Also known as CalWORKs				
		NONEX-EMPT MAX. AID PAYMENT	EXEMPT MAXIMUM AID PAYMENT (EMAP)	80% OF AFDC NEMAP	80% OF AFDC EMAP	MINIMUM BASIC STANDARD OF NEED
	1	\$359	\$398	\$287	\$318	\$532
	2	584	653	467	522	872
	3	723	808	578	646	1080
	4	862	961	690	769	1,282
	5	980	1,094	784	875	1,464
	6	1,101	1,229	881	983	1,645
	7	1,210	1,350	968	1,080	1,807
	8	1,318	1,473	1,054	1,178	1,969
	9	1,424	1,591	1,139	1,273	2,135
	10	1,530	1,709	1,224	1,367	2,318

Region 2 All other counties.	Region #2 PERSON	AFDC Also known as CalWORKs				
		NONEX-EMPT MAX. AID PAYMENT	EXEMPT MAXIMUM AID PAYMENT (EMAP)	80% OF AFDC NEMAP	80% OF AFDC EMAP	MINIMUM BASIC STANDARD OF NEED
	1	\$340	\$378	\$272	\$302	\$504
	2	555	623	444	498	828
	3	689	771	551	617	1,026
	4	821	916	657	733	1,220
	5	934	1,045	747	836	1,392
	6	1,049	1,172	839	938	1,565
	7	1,150	1,288	920	1,030	1,717
	8	1,255	1,403	1,004	1,122	1,873
	9	1,356	1,518	1,085	1,214	2,025
	10	1,456	1,629	1,165	1,303	2,204

CalWORKs Property Limits

\$3,000 liquid resources for households with a member over 60 & **\$2,000** for all other households

\$4,650 for a motor vehicle TOTALLY EXEMPT if used for work, as a home, for fishing or for self employment. Other exception available. Call CCWRO for more information

Need Support Services?

LEGAL ASSISTANCE, ANALYSIS OR INFORMATION, TRAINING, LITIGATION SUPPORT CONCERNING

- AFDC/CalWORKs
- WtW/GAIN/WORKFARE
- FOOD STAMPS • REFUGEES
- GA/GR • MEDI-CAL

OUR STAFF

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Child Care State Median Income

75%		100%	
Family Size	Monthly Gross	Family Size	Monthly Gross
1	\$3,386	1	\$4,515
2	3,386	2	4,515
3	3,628	3	4,837
4	4,031	4	5,375
5	4,676	5	6,235
6	5,321	6	7,095
7	5,442	7	7,256
8	5,563	8	7,417
9	5,684	9	7,579
10	5,805	10	7,740

Who Is Eligible for Child Care

1. Persons who are getting CalWORKs money and working or participating in any WtW activity and need child care.
2. Persons who used to get CalWORKs money in the past 2 years if their gross income is below the 75% of the State median income (SMI).
3. Persons who used to get CalWORKs money longer than 2 years ago if their gross income is below the 75% of the SMI and there is enough money to pay for their child care.
4. Persons who have never gotten CalWORKs cash aid can still get child care if their income is below 75% of the SMI. However the eligibility (waiting) lists can be very long.

How to Compute Income

STANDARD DEDUCTION

\$225

1. Subtract the Standard Deduction from the Gross Income
2. Divide the remainder by one half
3. Subtract that number from the MAP

This will be the amount of the CalWORKs grant

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FOOD STAMPS

PERSONS	MAX. GROSS INCOME Eld./Dis.	GROSS MONTHLY INCOME 130% OF POVERTY	NET INCOME	MAXIMUM BENEFIT LEVEL
1	\$ 1,430	\$1,127	\$867	\$200
2	1,925	1,517	1,167	367
3	2,420	1,907	1,467	526
4	2,915	2,297	1,767	668
5	3,410	2,687	2,067	793
6	3,905	3,077	2,367	952
7	4,400	3,467	2,667	1,052
8	4,895	3,857	2,967	1,202
For Each Additional Person	+\$495	+\$390	+\$300	+\$150

SSI/CAPI	SINGLE		COUPLE		
	SSI	CAPI	SSI	CAPI	SSI/CAPI
BLIND	\$954	\$944	\$1,751	\$1,731	\$1,741
AGED OR DISABLED	\$870	\$860	\$1,524	\$1,504	\$1,514
DISABLED MINOR	\$756	\$746	SSI/CAPI		

RMA- Restaurant Meals Allowance - \$84 Individual; \$168 Couple

STANDARD DEDUCTION

1-4 persons - **\$144**
4 persons - **\$147**
5 persons - **\$172**
+ 6 persons - **\$197**

SHELTER DEDUCTION **\$446**
(maximum)

STANDARD UTILITY DEDUCTION **\$287**
(maximum)

DEPENDENT CARE DEDUCTION **\$200** under 2 yrs old
\$175 all others

HOMELESS HOUSING DEDUCTION **\$143**

LIMITED UTILITY ALLOWANCE **\$83**

TELEPHONE UTILITY ALLOWANCE **\$20**

2009 Annual Federal Poverty Level

1 Person	\$10,830
2 -	14,570
3 -	18,310
4 -	22,050
5 -	25,790
6 -	29,530
7 -	33,270
8 -	37,010
9 -	40,750
10	44,490

Each Additional Person 3,740

Aged & Disabled Medi-Cal Income Disregards
Couple: \$364
Individual: \$230
A&D Income Limits
Couple: \$ 1141
Individual: \$ 1081

Effective 4-1-09

2009 Federal Benefit Rate

Individual \$674
Couple \$1,101

Standard Allocation = \$337
Home Upkeep Assistance = \$209

Effective Dates	12/99	4/09	4/09	4/09	4/09	4/09	4/09
MEDI-CAL		100% OF FED. POV. LEVEL	120% FED. POV. LEVEL	133% OF FED. POV. LEVEL	185% OF FED. POV. LEVEL TMC	200% OF FED. POV. LEVEL PREGNANT WOMEN & INFANTS UP TO AGE OF 1	250% OF FED. POV. LEVEL HEALTHY FAMILIES & WORKING DISABLED PROGRAM
PERSONS	MAINTENANCE OF NEED	Substantial Gainful Activity \$ 980					
1	\$600	903	1083	1,201	1670	1805	2,257
2	750	1215	1457	1615	2247	2429	3036
2 adults	934	1215	1457	1615	2247	2429	3036
3	934	1526	1831	2030	2823	3052	3815
4	1,100	1838	2205	2444	3400	3675	4594
5	1,259	2150	2579	2859	3976	4299	5373
6	1,417	2461	2953	3273	4553	4922	6153
7	1,550	2773	3327	3688	5130	5545	6932
8	1,692	3085	3701	4102	5706	6169	7711
9	1,825	3396	4075	4517	6283	6792	8490
10	1,959	3708	4449	4931	6859	7415	9269
For Each Additional Person	+\$14	+312	+374	+ \$415	\$577	+ \$624	+ \$780

Section 1931(b)

PROPERTY LIMITS	1931(B) MBSAC TEST
1 \$3,000	1 - \$ 398
2 3,000	2 - 653
2 3,000	3 - 808
3 3,150	4 - 961
4 3,300	5 - 1094
5 3,450	6 - 1229
6 3,600	7 - 1350
7 3,750	8 - 1473
8 3,900	9 - 1591
9 4,050	10 - 1709
10 4,200	

Medicare Premiums

PART A- \$443
PART B- \$96.40
QI-1- \$96.40

Long Term Care

MN/QMB - \$35
SSI/SSP- \$50

In-Kind Support & Maintenance (ISM)

Individual Couple
VTR \$224.66 \$337
PMV \$244.66 \$357