



Work Experience/Work First/Community Service Worksheet

Client Name: _____ Date: _____

Case Name (if different): _____ Case Number: _____

Step 1 - Determine number of **Work First,** **Work Experience or** **Community Service hours starting** _____

(Month/Year)

Use the benefit amounts expected for the month to determine hours assigned to Work First, Work Experience or Community Service.

Category 04 case and caring for child under 6 (CU6)? Yes No

1. TANF Cash Benefits (Grant or code 506)	\$ _____	Determine SNAP amount to enter in #4. Must be figured manually if client receives SNAP in another case.	
2. Cash Recoupment (code 639)	+ \$ _____	SNAP Benefit	\$ _____
3. Sanction Amount (code 512)	+ \$ _____	SNAP Recoupment (code 700)	+ \$ _____
4. SNAP amount*	+ \$ _____	SNAP Total	= \$ _____
5. Total Benefits	= \$ _____	Number in SNAP Unit	÷ _____
6. State Minimum Wage	÷ \$ <u>8.25</u>	Subtotal	\$ _____
7. Divide #5 by #6	= _____	Number in TANF Unit	X _____
		*SNAP amount (enter in #4)	\$ _____

8. Monthly Work First, Work Experience or Community Service hours (drop fractions from #7): _____

9. Divide #8 by 4 (rounded up) = weekly hours _____

10. _____ WEEKLY CORE HOURS assigned to Work First, Work Experience or Community Service.

Enter hours from #9 unless: (a) CU6 = Yes and #9 is greater than 20 hours, then enter 20 hours.
(b) CU6 = No and #9 is greater than 30 hours, then enter 30 hours.

Deeming applies when hours assigned in #10 is less than 20 hours for Category 04 or less than 30 hours for Category 06. The client meets their primary core 20/30 hour participation requirement if they work the number hours assigned in #10, even when the actual hours worked is less than 20/30 hours.

Hours which may be deemed up to 20/30 hours = _____

Secondary non-core hours to be assigned = _____. Additional secondary non-core hours are assigned if CU6 = No, and hours assigned in #10 (plus deemed hours) is less than 30 hours for Category 04, or less than 35 hours for Category 06.

Step 2 - For Work First clients only, determine the hourly reduction rate:

TANF Cash Benefit (#1 plus #3) \$ _____ ÷ _____ Number of monthly assigned Work First hours (#10 x 4) = \$ _____
per hour reduction rate.

Instructions: Attach a copy of this form to the Referral (Form IL444-2151 and TANF Responsibility and Services Plan (Form IL444-4003). Complete and send Change/Progress Report (Form IL444-2151A), with a copy of this form, if the client is already participating in Work First/Work Experience/Community Service. Provide the form to the Work First provider by the beginning of the month shown in Step 1.