

Fiscal Estimate - 2017 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 17-0144/1	Introduction Number SB-019
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Description
 requiring child support compliance for FoodShare benefits

Fiscal Effect

State:

<input type="checkbox"/> No State Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	
<input type="checkbox"/> Increase Existing Appropriations		<input type="checkbox"/> Decrease Costs
<input type="checkbox"/> Decrease Existing Appropriations		
<input type="checkbox"/> Create New Appropriations		

Local:

<input type="checkbox"/> No Local Government Costs	3. <input type="checkbox"/> Increase Revenue	5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
<input type="checkbox"/> Indeterminate	4. <input type="checkbox"/> Decrease Revenue	
1. <input type="checkbox"/> Increase Costs	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	
2. <input type="checkbox"/> Decrease Costs	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	

Fund Sources Affected	Affected Ch. 20 Appropriations
<input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS	

Agency/Prepared By DCF/ Susan Robillard (608) 422-6350	Authorized Signature Kim Swissdorf (608) 422-6351	Date 2/3/2017
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Fiscal Estimate Narratives

DCF 2/3/2017

LRB Number	17-0144/1	Introduction Number	SB-019	Estimate Type	Original
Description requiring child support compliance for FoodShare benefits					

Assumptions Used in Arriving at Fiscal Estimate

Under this bill, noncustodial parents, custodial parents, and individuals who are not custodial parents but who live with a child and exercise parental control over a child who is under the age of 18 and who has an absent parent, who refuse, without good cause, to cooperate with determining paternity of a child or establishing or enforcing a child support order would be determined ineligible for FoodShare benefits. Custodial parents are required to cooperate fully, in good faith, with efforts directed at establishing or enforcing any support order. Noncustodial parents are exempt from the requirement if any of the following exist: 1) the child support delinquency balance equals less than three months of the court-ordered support payment amount; 2) a court or child support agency is allowing the individual to delay the child support payments; or 3) the individual is complying with a payment plan approved by a child support agency.

An interface with the child support data system would be needed. Information technology workers within the child support system estimate that a minimum of 5,000 hours at a cost of \$412,500 would be needed to build and test the interface.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2017 Session

Detailed Estimate of Annual Fiscal Effect

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Description
 requiring child support compliance for FoodShare benefits

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

An interface with the child support data system would be needed. Information technology workers within the child support system estimate that a minimum of 5,000 hours at a cost of \$412,500 would be needed to build and test the interface.

II. Annualized Costs:	Annualized Fiscal Impact on funds from:	
	Increased Costs	Decreased Costs

A. State Costs by Category		
State Operations - Salaries and Fringes	\$	\$
(FTE Position Changes)		
State Operations - Other Costs		
Local Assistance		
Aids to Individuals or Organizations		
TOTAL State Costs by Category	\$	\$

B. State Costs by Source of Funds		
GPR		
FED		
PRO/PRS		
SEG/SEG-S		

III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)

	Increased Rev	Decreased Rev
GPR Taxes	\$	\$
GPR Earned		
FED		
PRO/PRS		
SEG/SEG-S		
TOTAL State Revenues	\$	\$

NET ANNUALIZED FISCAL IMPACT

	State	Local
NET CHANGE IN COSTS	\$	\$
NET CHANGE IN REVENUE	\$	\$

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