

SSI-RELATED (NO CHILDREN) MEDICALLY NEEDY SPENDDOWN COMPUTATION WORKSHEET

| | | | | |
|-----------------|-----------|-------------------|--------------------|----------------------|
| Case Name | | Case Number | Retroactive Period | Certification Period |
| Eligible Spouse | | Ineligible Spouse | | |
| Income Source | Frequency | Income Source | Frequency | |

To determine if ineligible spouse is a responsible relative:

Month 1

Month 2

Month 3

1. Unearned income of ineligible spouse

| DATE | AMOUNT |
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| DATE | AMOUNT |
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2. Subtotal unearned income of ineligible spouse _____

3. Earned income of ineligible spouse

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4. Subtotal earned income of ineligible spouse _____

5. Total net income of ineligible spouse (line 2 + 4) _____

6. Compare line 5 to needs of ineligible spouse. Does line 5 exceed needs? Yes No

If yes, ineligible spouse's income is deemed to eligible spouse. If no, ineligible spouse's income is not deemed to eligible spouse.

Determine spenddown of eligible spouse:

7. Unearned income of eligible spouse

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| DATE | AMOUNT |
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| DATE | AMOUNT |
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8. Subtotal of eligible spouse's unearned income _____

Month 1

Month 2

Month 3

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|-----|---|---|-------|---|-------|---|-------|
| 9. | Enter line 2 if income is to be deemed to eligible spouse | + | _____ | + | _____ | + | _____ |
| 10. | Subtotal unearned income | = | _____ | = | _____ | = | _____ |
| 11. | \$20 general income exclusion | - | 20.00 | - | 20.00 | - | 20.00 |
| 12. | Total countable unearned income | = | _____ | = | _____ | = | _____ |

13. Earned income of eligible spouse

| DATE | AMOUNT |
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| DATE | AMOUNT |
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| 14. | Subtotal of eligible spouse's earned income | = | _____ | = | _____ | = | _____ |
| 15. | Enter line 4 if income is to be deemed to eligible spouse | + | _____ | + | _____ | + | _____ |
| 16. | Subtotal | = | _____ | = | _____ | = | _____ |
| 17. | Deduct any remaining balance of the \$20 general income exclusion | - | _____ | - | _____ | - | _____ |
| 18. | Subtotal | = | _____ | = | _____ | = | _____ |
| 19. | \$65 work expense exclusion | - | 65.00 | - | 65.00 | - | 65.00 |
| 20. | Subtotal | = | _____ | = | _____ | = | _____ |
| 21. | 1/2 of subtotal of line 20 | - | _____ | - | _____ | - | _____ |
| 22. | Total countable earned income | = | _____ | = | _____ | = | _____ |
| 23. | Total countable unearned and earned income (lines 12 + 22) | | _____ | | _____ | | _____ |
| 24. | Household size | | _____ | | _____ | | _____ |
| 25. | MNIL | | _____ | | _____ | | _____ |
| 26. | Insurance premiums | | _____ | | _____ | | _____ |
| 27. | Medicare premiums | | _____ | | _____ | | _____ |
| 28. | Total insurance | = | _____ | = | _____ | = | _____ |

| | | |
|-----|--|-------|
| 29. | Total income for period (line 23 for months of cert) | _____ |
| 30. | Total MNIL for period (line 25 for months of cert) | _____ |
| 31. | Spenddown | _____ |
| 32. | Less total insurance (line 28 for months of cert) | _____ |
| 33. | Final spenddown | _____ |

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|--------|
| Worker |
| Date |

Month 1

Month 2

Month 3

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|-----|--|-------|-------|-------|
| 34. | Poverty level percentage (if applicable) | _____ | _____ | _____ |
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Calculate!