

Iowa Department of Human Services

MEDICAL CLIENT PARTICIPATION WORKSHEET

Quality Control Review No. _____

Review Month _____

Date of Local Agency Estimate _____

Effective Date of Estimate _____

	COMPUTATION FROM AGENCY CASE RECORD (amount/source)	QC COMPUTATION (amount/source)
I. Income countable over review month.	_____ _____ _____ _____	_____ _____ _____ _____
	Total \$ _____	Total \$ _____
II. Less diversion and disregards other than personal allowance	_____ _____ _____ _____	_____ _____ _____ _____
	Total \$ _____	Total \$ _____
III. Net Liability	\$ _____	\$ _____
IV. Personal Needs	- _____	- _____
V. Client Participation	\$ _____	\$ _____
VI. If in error:		
	Client Participation Understated \$ _____	
	Client Participation Overstated: \$ _____	

(NOTE: Errors of under \$5 are not coded on the schedule, but are reported to local agency.)