

SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet

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|-----------------|-----------|-------------------|--------------------|----------------------|
| 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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2. Subtotal unearned income of ineligible _____

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 _____

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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8. Subtotal of eligible spouse's unearned _____

Month 1

Month 2

Month 3

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

13. Earned income of eligible spouse

| DATE | AMOUNT |
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- 14. Subtotal of eligible spouse's earned = _____
- 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
- 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

- 34. Poverty level percentage (if applicable) _____

Calculate!