

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

DATE	AMOUNT

DATE	AMOUNT

2. Subtotal unearned income of ineligible spouse _____

3. Earned income of ineligible spouse

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

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**

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

8. Subtotal of eligible spouse's unearned income

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

- 20.00

- 20.00

12. Total countable unearned income

= _____

= _____

= _____

13. Earned income of eligible spouse

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

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	_____		
	Month 1	Month 2	Month 3
34. Poverty level percentage (if applicable)	_____	_____	_____

Worker
Date

Calculate!