IOWA | Health and Human Services

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!