

Iowa Department of 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

= _____

= _____

= _____

13. Earned income of eligible spouse

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

14. Subtotal of eligible spouse's

= _____

= _____

= _____

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

- _____

- _____

- _____

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	_____	<table border="1"> <tr> <td>Worker</td> </tr> <tr> <td>Date</td> </tr> </table>		Worker	Date
Worker					
Date					
31. Spenddown	_____				
32. Less total insurance (line 28 for	_____				
33. Final spenddown	_____				
	Month 1	Month 2	Month 3		
34. Poverty level percentage (if applicable)	_____	_____	_____		

Calculate!