## Iowa Department of Human Services

## **SSI-Related Income Worksheet**

1. Case N	Name					2. Case N	Number					
3. House	hold Membe	er A				Househol	d Member E	3				
4. Source	e					Source						
5. Freque	ency of Pay					Frequenc	y of Pay					
						6. Month	of Eligibility	′				
Unearn	ed Incom	е		,				•				
						T 5						
	son A		son B		son A		son B		son A		son B	
Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
Total		Total		Total		Total		Total		Total		
Unearned		Unearned		Unearned		Unearned		Unearned		Unearned		
For earne	Income								 onthly" will t entered.	total all the	– – e amounts	
						П	_					
Person A		Person B		Person A		Person B		Person A		Person B		
☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		☐ Monthly ☐ Weekly (4.3) ☐ Twice a month ☐ Every 2 weeks (2.15)		
Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
Total		Total		Total		Total		Total		Total		
Earned		Earned		Earned		Earned		Earned		Earned		

7.

8.

9. 10.

11.

for Ineligible Children (Spouse) Subtotal Earned Income \$20 Disregard (if not deducted frounearned income) Deduct \$65 Work Expense Subtotal Earned Income 1/2 Earned Income	om		
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Deduct \$65 Work Expense Subtotal Earned Income 1/2 Earned Income	om 		
Work Expense Subtotal Earned Income 1/2 Earned Income			
Earned Income 1/2 Earned Income			
1/2 Earned Income			
Exclusion	e		
Subtotal Earned Income			
Countable Income (Lines 10 + 18)	·		
Household Size			
QMB Income Limi (100% of Poverty)	t		
Poverty Level (Line 19 / Line 21)	%	%	%
Enter on TD03	%	%	%
Medicare Savings Program			
Computations	s/Comments		