

SSI-Related (Children In Household) 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. Child A																																							
2. Needs of Child	_____	_____	_____																																				
3. Income of Child	- _____	- _____	- _____																																				
4. Unmet Needs of Child A	= _____	= _____	= _____																																				
5. Child B																																							
6. Needs of Child	_____	_____	_____																																				
7. Income of Child	- _____	- _____	- _____																																				
8. Unmet Needs of Child B	= _____	= _____	= _____																																				
9. Child C																																							
10. Needs of Child	_____	_____	_____																																				
11. Income of Child	- _____	- _____	- _____																																				
12. Unmet Needs of Child C	= _____	= _____	= _____																																				
13. Unearned income of ineligible spouse	<table border="1"> <thead> <tr> <th>DATE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	DATE	AMOUNT											<table border="1"> <thead> <tr> <th>DATE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	DATE	AMOUNT											<table border="1"> <thead> <tr> <th>DATE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	DATE	AMOUNT										
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14. Subtotal unearned income of ineligible spouse	_____	_____	_____																																				
15. Total of monthly unmet needs of children (lines 4 + 8 + 12)	- _____	- _____	- _____																																				
16. Net unearned income of ineligible spouse	= _____	= _____	= _____																																				
	Month 1	Month 2	Month 3																																				

17. Earned income of ineligible spouse

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

18. Subtotal earned income of ineligible spouse _____
19. Deduct remaining unmet needs of children from line 18 - _____
20. Net earned income of ineligible spouse = _____
21. Total net income of ineligible spouse (line 16 + 20) _____
22. Compare line 21 to needs of ineligible spouse.
Does line 21 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:**23. Unearned income of eligible spouse**

DATE	AMOUNT

DATE	AMOUNT

DATE	AMOUNT

24. Subtotal of eligible spouse's unearned income _____
25. Enter line 16 if income is to be deemed to eligible spouse + _____
26. Subtotal unearned income = _____
27. \$20 general income exclusion - 20.00
28. Total countable unearned income = _____

	Month 1	Month 2	Month 3																																				
29. Earned income of eligible spouse																																							
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30. Subtotal of eligible spouse's earned income	_____	_____	_____																																				
31. Enter line 20 if income is to be deemed to eligible spouse	+ _____	+ _____	+ _____																																				
32. Subtotal	= _____	= _____	= _____																																				
33. Deduct any remaining balance of the \$20 general income exclusion	- _____	- _____	- _____																																				
34. Subtotal	= _____	= _____	= _____																																				
35. Deduct \$65 work expense exclusion	- 65.00	- 65.00	- 65.00																																				
36. Subtotal	= _____	= _____	= _____																																				
37. Deduct 1/2 of subtotal (line 36)	- _____	- _____	- _____																																				
38. Total countable earned income	= _____	= _____	= _____																																				
39. Total countable unearned and earned income (lines 28 + 38)	_____	_____	_____																																				
40. Household size	_____	_____	_____																																				
41. MNIL	_____	_____	_____																																				
42. Insurance premiums	_____	_____	_____																																				
43. Medicare premiums	+ _____	+ _____	+ _____																																				
44. Total insurance	= _____	= _____	= _____																																				
45. Total income for period (line 39 for months of cert)	_____	_____	_____																																				
46. Total MNIL for period (line 41 for months of cert)	- _____	_____	_____																																				
47. Spenddown	= _____	_____	_____																																				
48. Less total insurance (line 44 for months of cert)	- _____	_____	_____																																				
49. Final spenddown	= _____	_____	_____																																				
	Month 1	Month 2	Month 3																																				
50. Poverty level percentage	_____	_____	_____																																				

Worker	Date
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Calculate!