Iowa Department of Health and Human Services

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:

	ecci iline il iliengible spous	Month I		Month	2	Month 3		
I.	Child							
2.	Needs of Child							
3.	Income of Child	-		-		-		
4.	Unmet Needs of Child A	=		=		=		
5.	Child							
6.	Needs of Child							
7.	Income of Child	-		-		-		
8.	Unmet Needs of Child B	=		=		=		
9.	Child							
10.	Needs of Child							
11.	Income of Child	-		-		-		
12.	Unmet Needs of Child C	=		=	=		=	
13.	Unearned income of inelig							
		DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	
	-							
	_							
14.	Subtotal unearned income of ineligible spouse							
15.	Total of monthly unmet needs children (lines 4 + 8 + 12)	of -		-		-		
16.	Net unearned income of inelig	rible =		=		=		

			Month I		Month 2		Month 3
17.	Earned income of ineligible	e spouse					
		DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
18.	L Subtotal earned income of ine	ligible					
19.	Deduct remaining unmet need children from line 18	ls of		-		-	
20.	Net earned income of ineligible	e =		=		=	
21.	Total net income of ineligible (line 16 + 20)	spouse					
22.	Compare line 21 to needs of i needs? If yes, ineligible spouse's incom If no, ineligible spouse's incomermine spenddown of eligible	ne is deeme e is not de	ed to eligible sp emed to eligible	ouse.	∐ Yes	∐ No	
23.	Unearned income of eligib	le spouse					
		DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
24.	Subtotal of eligible spouse's ur income	nearned					
25.	Enter line 16 if income is to be	2				<u>-</u>	
25.	deemed to eligible spouse	+		+		+	
26.	Subtotal unearned income	=		=		=	
27.	\$20 general income exclusion	-	20.00	-	20.00	-	20.00
28.	Total countable unearned inco	ome =		=		=	

29.	Earned income of eligible spous	е						
	DAT	Έ	AMOUNT		DATE	AMOUNT	DATE	AMOUNT
30.	Subtotal of eligible spouse's earned	-	0.00	_			<u>.</u>	
31.	Enter line 20 if income is to be deemed to eligible spouse	+	0.00		+			+
32.	Subtotal	=	0.00	-"	=			=
33.	Deduct any remaining balance of the \$20 general income exclusion	_	0.00	-	_		•	_
34.	Subtotal	=	0.00	-	=		•	=
35.	Deduct \$65 work expense exclusion		65.00	-	_	65.00	•	- 65.00
36.	Subtotal	' - =	0.00	-	=	03.00	-	
30. 37.			0.00	-				
	Deduct 1/2 of subtotal (line 36)			=			-	- -
38.	Total countable earned income	= .	0.00	-	=		-	
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	=		-				
	sponddo ;;;;	-	Month I	-		Month 2		Month 3
50.	Poverty level percentage	-	i ionai i	-				
Wor	Worker			Date				

Month I

Month 2

Month 3

Calculate!