IOWA | 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:

		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

DATE	AMOUNT		DATE	AMOUNT		DATE	AMOUNT

		Month 1	Month 2	Month 3
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   -   20.00   -   20.00

28. Total countable unearned income   =   =   =

470-2626 (Rev. 01/26)

		Month 1		Month 2		Month 3

29. Earned income of eligible spouse

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

No.	Item	Month 1	Month 2	Month 3
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	= _____		

No.	Item	Month 1	Month 2	Month 3
50.	Poverty level percentage	_____	_____	_____

Worker	Date

470-2626 (Rev. 01/26)

Calculate!