# Iowa Department of Health and Human Services HS FMAP-Related Medically Needy Spenddown Computation Worksheet

Case Name		Case Number	Retroactive Period	Certification Period			
Household Member A		Household Member B					
Income Source	Frequency	Income Source		Frequency			

### I. EARNED INCOME

	Month March			Month April 2			Month 3					
			Ch	3rd		B: 3rd check		A: 3rd check		B: 3rd check 5th		
	check DATE AMOUNT		check DATE AMOUNT		check DATE AMOUNT		check DATE AMOUNT		check DATE AMOUNT		check DATE AMOUNT	
2.	Income Used 20% Earned		Income Used		Income Used		Income Used		Income Used		Income Used	
	Income Deduction _		_				_		-		_	
3.	Subtotal =		=		= .		=		=		=	
4.	Child care –		_				_		_		_	
5.	Paid court- ordered child support		_		_		_		_		_	
6.	Subtotal =		=		=		=		=		_ =	
7.	Stepparent diversion _		_		-		_		-		_	
8.	Total countable =		=		=		=		=		=	

#### **UNEARNED INCOME** Month Month Month 2 3 3rd ☐ 3rd 3rd ☐ 3rd 3rd 3rd A: B: B: B: check check check check check check \_\_\_\_ 5th \_\_\_\_ 5th 5th 5th ☐ 5th 5th check check check check check check DATE AMOUNT DATE **AMOUNT** DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT Income Income Income Income Income Income Used Used Used Used Used Used 10. Any remaining balance of paid court-11. Total countable unearned 12. Total countable unearned and earned 13. Deduct any remaining balance of the stepparent Subtotal 15. Household 16. MNIL 17. Insurance premiums 18. Medicare premiums 19. Total 6 months Total income for period (line 14 for months of cert) 20. 21. Total MNIL for period (line 16 for months of cert) 22. Spenddown 23. Less total insurance (line 19 for months of cert) 24. Final spenddown 25. Poverty level percentage (if applicable) Month I Month 2 Month 3 Computations/Comments Worker Date

## Calculate!

## Print!