

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	

1. Earned Income

Month 1				Month 2				Month 3			
A:		B:		A:		B:		A:		B:	
<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check	<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check	<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check	<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check	<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check	<input type="checkbox"/> 3rd check	<input type="checkbox"/> 5th check
Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Income Used		Income Used		Income Used		Income Used		Income Used		Income Used	
2. 20% Earned Income Deduction - _____				- _____				- _____			
3. Subtotal = _____				= _____				= _____			
4. Child care - _____				- _____				- _____			
5. Paid court-ordered child support - _____				- _____				- _____			
6. Subtotal = _____				= _____				= _____			
7. Stepparent diversion - _____				- _____				- _____			
8. Total countable earned income = _____				= _____				= _____			

9. Unearned Income

Month 1				Month 2				Month 3			
A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check	
Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Income Used		Income Used		Income Used		Income Used		Income Used		Income Used	
10. Any remaining balance of paid court-ordered child support - _____ - _____											
11. Total countable unearned income = _____ = _____											
12. Total countable unearned and earned income (lines 8+11) = _____ = _____											
13. Deduct any remaining balance of the stepparent diversion - _____ - _____											
14. Subtotal = _____ = _____											
15. Household size _____											
16. MNIL _____											
17. Insurance premiums _____											
18. Medicare premiums + _____ + _____											
19. Total insurance = _____ = _____											

				6 months
20.	Total income for period (line 14 for months of cert)	_____		_____
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 1	Month 2	Month 3
Computations/Comments				
Worker			Date	

Calculate!

Print!