



Patient/applicant name:

SSN:

1. Patient/Applicant's Income

Unearned Income

	Benefit Amount	Monthly Total
Unemployment	\$	\$
Social Security	\$	\$
Child support	\$	\$
Other, list what:	\$	\$

Earned Income

Employer's name:

Date Paid	Gross	Tips	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total gross earned income			\$

Section A

1. Total earned income	\$
2. 20% earned income deduction	—
3. Allowable adult or child care	—
4. Total unearned income	+
5. Any payments made for court-ordered child support, alimony, or spousal support	—
6. Applicant's countable income	\$

2. Spouse's Income

Unearned Income

	Benefit Amount	Monthly Total
Unemployment	\$	\$
Social Security	\$	\$
Child support	\$	\$
Other, list what:	\$	\$

Earned Income

Employer's name:

Date Paid	Gross	Tips	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total gross earned income			\$

Section B

1. Total earned income	\$
2. 20% earned income deduction	—
3. Allowable adult or child care	—
4. Total unearned income	+
5. Any payments made for court-ordered child support, alimony, or spousal support	—
6. Spouse's countable income	\$

3. Result

Family size:	Total countable income: \$
Percent of poverty level: %	Income Limit: \$

4. Eligibility Determination

Date application received:	State ID:
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Start date:
Date: April 1, 2025	Completed by:

Calculate!