

Patient/applicant name:	SSN:
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I. 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	\$

II. 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	\$

III. RESULT

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

IV. ELIGIBILITY DETERMINATION

Date application received:	State ID:
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Start date:
Date: February 8, 2024	Completed by:

Calculate!