

**Medicaid for Kids With Special Needs (MKSN)  
Income Worksheet**

1. Name of child	2. Case number
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Household members include all children who are applicants or recipients for Medicaid for Kids With Special Needs (MKSN), parents living with the child, the spouse of the MKSN applicant or recipient, unmarried siblings under 18 living in the same home, and any child of the MKSN applicant or recipient.

The household does not include family members who are eligible for Medicaid under separate full Medicaid case. ("Full" Medicaid **does not** include: IowaCare, Family Planning, QMB, SLMB, E-SLMB, and Medically Needy with a spenddown.)

<b>Unearned Income</b>												
	Disabled Child		Parent A		Parent B		Sibling		Sibling		Combine All Other Household Members Not	
	Monthly Amount		Monthly Amount		Monthly Amount		Monthly Amount		Monthly Amount		Monthly Amount	
3.	Source 1		Source 1		Source 1		Source 1		Source 1		Source 1	
	Source 2		Source 2		Source 2		Source 2		Source 2		Source 2	
	Source 3		Source 3		Source 3		Source 3		Source 3		Source 3	
	Source 4		Source 4		Source 4		Source 4		Source 4		Source 4	
	Child Support*		Child Support*		Child Support*		Child Support*		Child Support*		Child Support*	
	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00
	4. Subtotal unearned incomes					0.00						
5. Less \$20 disregard					0.00							
6. Subtotal unearned income					0.00							

\* Enter the total amount of child support. The *Total* will include only two-thirds of the child support amount.

<b>Gross Earned Income</b>												
	Disabled Child		Parent A		Parent B		Sibling		Sibling		HH Members Not Listed	
	Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount	
7.	Source 1		Source 1		Source 1		Source 1		Source 1		Source 1	
	Source 2		Source 2		Source 2		Source 2		Source 2		Source 2	
	Source 3		Source 3		Source 3		Source 3		Source 3		Source 3	
	Source 4		Source 4		Source 4		Source 4		Source 4		Source 4	
	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00	<i>Total</i>	0.00

	Disabled Child	Parent A	Parent B	Sibling	Sibling	HH Members Not Listed
8. Total earned income from previous page	0.00	0.00	0.00	0.00	0.00	0.00
9. Less \$20 disregard (If not deducted from unearned income)	0.00	0.00	0.00	0.00	0.00	20.00
10. Subtotal earned income	0.00	0.00	0.00	0.00	0.00	0.00
11. Deduct \$65 work expense	65.00	0.00	0.00	0.00	0.00	0.00
12. Subtotal earned income	0.00	0.00	0.00	0.00	0.00	0.00
13. Deduct any impairment-related work expense (Disabled only)						
14. Subtotal earned income	0.00	0.00	0.00	0.00	0.00	0.00
15. 1/2 earned income exclusion	0.00	0.00	0.00	0.00	0.00	0.00
16. Subtotal earned income	0.00	0.00	0.00	0.00	0.00	0.00
17. Deduct work expenses for the blind						
18. Subtotal earned income	0.00	0.00	0.00	0.00	0.00	0.00
19. Countable income	0.00					
20. Deduct plan for achieving self-support						

<b>21. Family Size</b>	<b>22. Number of Eligible Children in the Family</b>
<b>Total Countable Family Income</b> \$ 0.00	<b>Medicaid for Kids With Special Needs Poverty Level</b> %
<b>Income for Your Family Size Must Be No More Than</b> \$	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible (Meets 300% Test)

Does the employer pay at least half of the annual cost of health insurance premiums?  Yes  No

If yes, is the child enrolled in the health insurance?  Yes  No If no, then explain:

Calculate!

Print!