STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

September 27, 1991
Letter No.: 91-81

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Pickle Coordinators

SUBJECT: LYNCH V. RANK FORM -- "PICKLE NEEDS TEST" (DHS 7075)

The purpose of this letter is to notify you that the revised Pickle Needs Test form (DHS 7075) revision dated April 1991, will be available August 1991 in the Department of Health Services Warehouse. Although the information is similar to the November 1987 form (DHS 7075), we have added more information. It will also ensure that Eligibility Workers will have more time for determining Pickle eligibility. The DHS 7075 was developed as a possible short cut in determining the beneficiary's financial eligibility under the "Pickle" amendment. This form is to be used when a couple or a single individual has passed the screening test and is determined eligible after completing the "Pickle Needs Test". Therefore, there is no need to complete the Financial Eligibility Worksheet (DHS 7021). Please exhaust old form before ordering the revised form. Enclosed is the revised Pickle Needs Test form (DHS 7075).

This information was previously sent out as an Informational Notice.

If you have any questions, please contact Mary Maestas-Sandoval at (916) 657-1248/Calnet 437-1248 or Sylvia Finberg at (916) 657-0080/Calnet 437-0080. Please note the new telephone numbers listed above.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

PICKLE NEEDS TEST

USE THIS FORM FOR A SINGLE INDIVIDUAL WHO PASSES SCREENING OR FOR A COUPLE WHEN BOTH SPOUSES PASS SCREENING. USE THE FINANCIAL ELIGIBILITY WORKSHEET (DHS 7021) IF ONE SPOUSE DOES NOT PASS SCREENING

e Name _____ Case No. _____

licant's Name _____

PICKLE APPLICANT'S TOTAL COUNTABLE INCOME

	a. ABD–MN	b. ABD–MN Spouse Who Passes Screening
NONEXEMPT UNEARNED INCOME		
1. RSDI		
2. Net income from property		
3. Other – Itemize		
4.		
5. Total (add 1 through 4)		
6. Combined unearned income		
7. Any income deduction	–20	
8. Countable unearned income (6 minus 7)		
ONEXEMPT EARNED INCOME		
9. Gross earned income	a.	b.
10. Combined earned income		
11. $65 earned income deduction plus $ _____ unused $20		
12. Remainder (10 minus 11)		
13. Countable earned income (divide 12 by 2)		
14. Total countable income (add 8 and 13)		

)TE: When both members of a couple pass the screening test, combine their incomes and disregard amounts when computing the needs test.
If both members of the couple pass the screening but are ineligible after completing the needs test, recompute the needs test for each individual using only his/her income and disregard.

NEEDS TEST/COUNTABLE INCOME	
15. Total income (line 14, above)	$
16. Title II COLA Disregard amount	$
17. Total Countable Income (subtract line 16 from line 15)	$
18. SSI/SSP Payment Level	$

IF LINE 17 EXCEEDS LINE 18, THIS PERSON IS NOT PICKLE ELIGIBLE.

ole Worker Signature	Worker Number	Date