

SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME:		COUNTY DISTRICT:	COUNTY USE:
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION		EFFECTIVE ELIG. DATE FOR THIS BUDGET; MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:	
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:	
		OTHER COVERAGE:	

1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME: \$ _____	UNEARNED INCOME MFBU MEMBER # ____ \$ _____ +	UNEARNED INCOME MFBU MEMBER # ____ \$ _____ +	
			UNEARNED INCOME MFBU MEMBER # ____ \$ _____ +	UNEARNED INCOME MFBU MEMBER # ____ \$ _____ +	
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	-\$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):		
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	-\$ _____			
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____			
5	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME: \$ _____	DBI OF MFBU MEMBER # ____ \$ _____ +	DBI OF MFBU MEMBER # ____ \$ _____ +	
			DBI OF MFBU MEMBER # ____ \$ _____ +	DBI OF MFBU MEMBER # ____ \$ _____ +	
6	\$240 DEDUCTION	-\$240			
7	REMAINING NON-EXEMPT DISABILITY – BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____	7A UNUSED \$240 (L NE 6 – L NE 5; IF NEGATIVE ENTER 0)	\$ _____ (UNUSED \$240)	
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS: \$ _____	EARNINGS OF MFBU MEMBER # ____ \$ _____	EARNINGS OF MFBU MEMBER # ____ \$ _____	
9	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	-\$ _____	14	TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13)	\$ _____
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= \$ _____	15	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	-\$ _____
11	50% DEDUCTION (DIVIDE AMOUNT IN L NE 10 BY 2)	= \$ _____	16	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)	-\$ _____
12	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	-\$ _____	17	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)	+ \$ _____
13	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____	18	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR)	= \$ _____
			19	SEC. 1931 MBSAC INCOME LIMIT FOR FAMILY	\$ _____
	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.		

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:
--------------------------------	----------------	-------------------	-------------