

DEPARTMENT OF HEALTH SERVICES

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September 19, 1997

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

Letter No.: 97-36

FORM REVISIONS: SNEEDE V. KIZER AND STEPPARENT COMPUTATION

Ref.: All County Welfare Directors Letter Nos. 97-33 and 96-29

The purpose of this letter is to transmit camera-ready copies of the newly revised:

- | | |
|------------------|---|
| MC 175-3I (5/97) | Sneede v. Kizer Net Nonexempt Income Determination |
| MC175-4 (4/97) | Sneede v. Kizer Mini Budget Units |
| MC 175-5 (5/97) | Sneede v. Kizer Federal Poverty Level (FPL) programs for Pregnant Women and Infants, Children Ages 1 Through 5, and Children Ages 6 through 18 Born After 9/30/83 |
| MC 175-7 (6/97) | Sneede V. Kizer Allocation Work Sheet Board and Care Person to Spouse And/or Children at Home or LTC Person (AFDC MI/MN) With No Community Spouse to Children at Home |
| MC176 W.1 (5/97) | Stepparent Computation When Only the Separate Children of One Spouse Want Medi-Cal |

REVISIONS:**MC 175-3I Sneede v. Kizer Net Nonexempt Income Determination**

- Information regarding deductions has been relocated to the instructions part of the form.
- Section F has been revised to allow the \$600 Parental/Spousal Allocation and deeming computation as a result of the Gamma v. Belshé court order.

MC 175-4 Sneede v. Kizer Mini Budget Units and Share of Cost Determinations/Property Determination

- Item 7 under instructions has been changed to reflect the revisions made to the MC 176 W.1. It now references lines 26, 28, and 29 of the newly revised MC 176 W.1.

MC 175-5 Sneede v. Kizer Federal Poverty Level (FPL) programs for Pregnant Women and Infants, Children Ages 1 Through 5, and Children Ages 6 through 18 Born After 9/30/83

Note: There were two versions of the 4/87 revision. One version listed 2c under the instruction portion of the form. The other revision incorrectly omitted 2c.

- All references to the 185 percent program have been removed.
- Instruction 2c has been modified. A reference to line 30 of the MC 176 W.1 (Rev. 5/97) has been added. Also, full net nonexempt **family** income was changed to full net nonexempt **parental** income.
- The eligibility determination section was simplified. The determination for the 185 percent program computation under Section B has been eliminated. The Income Disregard program (200 percent) replaced the 185 percent program computation. Lines 9 through 11 have been renumbered as lines 6-8.

MC 175-7 Sneede V. Kizer Allocation Work Sheet Board and Care Person to Spouse And/or Children at Home or LTC Person (AFDC MI/MN) With No Community Spouse to Children at Home

- Line C 1 has been correct. The reference to Section II has been changed to Section III.

MC 176 W.1 Stepparent Computation When Only the Separate Children of One Spouse Want Medi-Cal

- To eliminate confusion the phrase “for use on non-sneede cases” has been deleted from the title, as some of these cases may result in application of the Sneede rules.

All County Welfare Directors
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Page 3

- The instructions regarding deductions were moved to the top of page 3 with the other instructions to provide additional space for child/spousal support and unearned inkind computations
- Section F, page 4, has been revised to allow a \$600 Parental Needs Deduction. An additional step was added to provide the total net nonexempt income of the parent after allocation to non-MFBU members (line 30). The instructions at the bottom of the page were modified to include the changes made to Section F. separate children who want Medi-Cal.
- The instructions following Section F have been changed to incorporate the line number changes on the MC 176 W.1.

Counties are instructed to begin using the MC 175-3I (Rev. 5/97), the MC 175-4 (Rev. 4/97), the MC 175-5 (Rev. 5/97), the MC 175-7 (Rev. 6/97), and the MC 176 W.1 (Rev. 5/97) no later than November 1, 1997. Counties must discard all previous versions of these forms. Camera-ready copies have been included with this letter for your convenience. The revised forms will be available in the warehouse by September 15, 1997. *The MC 175-3.1 (Rev. 8/91) Sneeve v. Kizer Net Nonexempt Income Determination -- Continuation Sheet is under current revision and should be available soon. Please use the MC 175-31 (5/97) until this form is available.*

If you have any questions, please call Kathy Harwell at (916) 657-0146 or Marge Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION

name	County district	County use
number	Effective date Month Year	

INSTRUCTIONS

- Child/spousal support payments received** Child support is income to the child, not to the parent or caretaker relative.

- For AFDC-MN/MI only** Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.

- For ABD-MN only** Each ABD-MN child for whom absent parent support payments are intended will receive a one-third deduction from this income.

- Unearned in-kind income** Prorate the unearned in-kind among the persons who receive the income. Example: MFBU of four receives free housing. Use in-kind income for four and each person receives one-fourth of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If the pregnant woman is PA/other PA and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.

- ABD-MN deductions** Allow each ABD-MN child: \$20, any income deduction, and \$65 and one-half earned income deduction. Allow each ABD-MN *adult or spouse* of an ABD-MN adult, or *parent* of an ABD-MN child: \$20, any income deduction, and \$65 plus one-half earned income deduction.

E: If any of the following deductions apply, complete MC 176W, part VI, before completing Sections A or B.

- | | |
|-----------------------------|-----------------|
| Educational Expenses | Section 50547 |
| Student Deduction | Section 50551 |
| \$30 Plus 1/3 | Section 50551.1 |
| Work Expenses for the Blind | Section 50551.4 |
| Income for Self-support | Section 50551.5 |

FULL NAME OF EACH MFBU MEMBER (do not list unborns)	Name	Name	Name	Name	Name
RELATIONSHIP TYPE	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
NONEXEMPT UNEARNED INCOME					
AFDC-MN/MI and/or ABD-MN					
1. RSDI					
2. Net income from property					
3. *Net child/spousal support received					
4. **In-kind income					
5. Income available from PA or other PA (MC 175-6, line A.4.)					
6. Other:					
7. Other:					
8. Total (add line 1 through line 7)					
9. ***ABD-MN \$20 and any income deduction (skip if AFDC-MN/MI)					
10. Countable unearned income (line 8 minus line 9; enter on section D, line 16)					

computation for child/spousal support and/or unearned in-kind income:

SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

- SHARE OF COST DETERMINATIONS
 PROPERTY DETERMINATIONS

Name	County district	County use
Number	Effective date Month	Year

Instructions:

Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If pregnant woman is PA/Other PA, include the unborn in the spouse's or father's MBU.

Do not include an excluded child.

Do not list MBU members in more than one MBU.

If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.

Property Determinations: Enter the allocation for each spouse from MC 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.

Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.

If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 26 and 29 or line 28 of the MC 176W.1 for share of cost determinations.

MBU # _____			
Person Name/Number	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/Number	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker signature

Worker number

Date of computation

MBU # _____

Person Name/Number _____
 Property Net Aid Nonexempt Income

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL		
MBU's	<input type="checkbox"/> Property Limit	<input type="checkbox"/> Maintenance Need
(Check one)		
Excess Property	<input type="checkbox"/>	<input type="checkbox"/> Share of Cost for
property-eligible persons	Rounded Share of Cost	
(Check one)		
MBU's	<input type="checkbox"/> Property Limit	<input type="checkbox"/> Maintenance Need
(Check one)		
Excess Property	<input type="checkbox"/>	<input type="checkbox"/> Share of Cost for
property-eligible persons	Rounded Share of Cost	
(Check one)		

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?
 No; stop here. Yes; go to MC 175-5

MBU # _____

Person Name/Number _____
 Property Net Aid Nonexempt Income

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL		
MBU's	<input type="checkbox"/> Property Limit	<input type="checkbox"/> Maintenance Need
(Check one)		
Excess Property	<input type="checkbox"/>	<input type="checkbox"/> Share of Cost for
property-eligible persons	Rounded Share of Cost	
(Check one)		

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?
 No; stop here. Yes; go to MC 175-5

MBU # _____

Person Name/Number _____
 Property Net Aid Nonexempt Income

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL		
MBU's	<input type="checkbox"/> Property Limit	<input type="checkbox"/> Maintenance Need
(Check one)		
Excess Property	<input type="checkbox"/>	<input type="checkbox"/> Share of Cost for
property-eligible persons	Rounded Share of Cost	
(Check one)		

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?
 No; stop here. Yes; go to MC 175-5

MBU # _____

Person Name/Number _____
 Property Net Aid Nonexempt Income

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL		
MBU's	<input type="checkbox"/> Property Limit	<input type="checkbox"/> Maintenance Need
(Check one)		
Excess Property	<input type="checkbox"/>	<input type="checkbox"/> Share of Cost for
property-eligible persons	Rounded Share of Cost	
(Check one)		

If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?
 No; stop here. Yes; go to MC 175-5

SNEEDE V. KIZER
FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR
PREGNANT WOMEN AND INFANTS [INCOME DISREGARD, 200 PERCENT(%)],
CHILDREN AGES 1 THROUGH 5 [133 PERCENT (%)], AND
CHILDREN AGES 6 THROUGH 18 BORN AFTER 9/30/83 [100 PERCENT (%)]

Case name	County district	County use
Case number	Effective date Month Year	

INSTRUCTIONS:

Complete this form for *all* of the potential percentage program eligibles whose MBU has a share of cost.

Net Nonexempt Family Income: enter the *full* net nonexempt income of the percent (%) program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the *Sneede* allocations.

a. **If the potential percent (%) program eligible is:**

- an unmarried pregnant woman, use only her income;
- a pregnant minor, use her income and her parents' income, if they are in the home;
- a married pregnant woman, use her and her spouse's income;
- a child, use the child's and natural/adoptive parents' income, if they are in the MFBU.

b. **If the potential percent (%) program eligible and/or his/her responsible relatives are:**

- AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
- ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 and 25.

c. **When only the separate children of one spouse want Medi-Cal, full net nonexempt parental income does NOT include income allocations to persons outside of the MFBU.** (Use amount from MC 176 W.1, line 30, for responsible relative net nonexempt income.)

NET NONEXEMPT FAMILY INCOME DETERMINATION

1. Name of potential percent (%) program eligible in MBU with SOC					
2. Name of responsible relative number 1					
3. Name of responsible relative number 2					
4. Full net nonexempt income of percent (%) program eligible	\$	\$	\$	\$	\$
5. Full net nonexempt income of responsible relative number 1	\$	\$	\$	\$	\$
6. Full net nonexempt income of responsible relative number 2	\$	\$	\$	\$	\$
Total net nonexempt family income (add lines 4, 5, and 6 and enter on B.4.)	\$	\$	\$	\$	\$

B. ELIGIBILITY DETERMINATION Number of persons in MFBU _____

1. Name of potential percent (%) program eligible					
2. Potential percent (%) program (check one)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)
3. Enter FPL for percent (%) program shown in B.2. based on the number of persons in MFBU.	\$	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A.7.)	\$	\$	\$	\$	\$
5. Is total net nonexempt family income (B.4.) less than or equal to amount in B.3.?	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program
6. Person number (optional)					
7. Aid code (optional)					
8. MBU number (optional)					

Eligibility Worker signature	Worker number	Computation date
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SNEEDE V. KIZER
ALLOCATION WORK SHEET
BOARD AND CARE PERSON TO SPOUSE AND/OR CHILDREN AT HOME
OR
LTC PERSON (AFDC-MN/MI) WITH NO COMMUNITY SPOUSE TO CHILDREN AT HOME

Name	County district	County use
Number	Effective date Month	Year

INSTRUCTIONS

Complete this form only if Section III on MC 176 W is completed and line 13 of that section shows an amount greater than zero.

A. NAME OF LTC/BOARD AND CARE PERSON: _____

B. RESPONSIBLE RELATIVE DETERMINATION

List the persons in the MFBU for whom the LTC/Board and Care person is responsible (do not list unborns, PA/Other PA persons, or excluded persons):

1. Spouse (leave blank if unmarried) _____

2. Natural/adopted children _____

Total number of persons listed in Sections B.1 and B.2 (do not include the LTC/Board and Care person):

C. LOCATION

Enter from line 13 of Section III on MC 176 W. _____

Allocation to each person for whom responsible (divide line C.1 by line B.3)
Enter this amount onto MC 175-31, Section D, line 18.

Worker signature	Worker number	Date of computation
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STEPARENT COMPUTATION WHEN ONLY THE SEPARATE CHILDREN OF ONE SPOUSE WANT MEDI-CAL

se name	County district	County use
se number	Effective date Month	Year

Instructions:

This work sheet is to be used when only the separate children of one spouse want Medi-Cal. The MFBU will consist of only the natural/adoptive parent (as an ineligible person) and his/her separate children who want Medi-Cal. **IMPORTANT: IF PARENT IS PA/OTHER PA, DO NOT COMPLETE THIS FORM; THE MFBU WILL CONSIST OF ONLY THE SEPARATE CHILDREN WHO WANT MEDI-CAL.**

Do not include in this MFBU the parent's spouse, mutual children, spouse's separate children, or the parent's other separate children who do not want Medi-Cal.

Only a portion of the natural/adoptive parent's income and property will be used in these determinations. The rest will be considered as allocations to the spouse and to the parent's other natural/adopted children who do not want Medi-Cal.

Enter exempt property and/or income on a separate sheet of paper.

RESPONSIBLE RELATIVE DETERMINATION—Do *not* list PA/Other PA, Unborns, or Stepchildren

A. Enter name of parent who wants Medi-Cal for only his/her separate children: _____

B. Enter name of spouse: _____

C. Enter the names of ALL the parent's natural/adopted children (include both the children who do and who do not want Medi-Cal):

D. Total number of persons in lines I.A. through I.C. _____

II. PROPERTY DETERMINATION

A. Allocation from Natural/Adoptive Parent

- Consider only the natural/adoptive parent's separate and 1/2 community property; enter the total amount in Column II.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to the MFBU, do not count the money in a joint account against the MFBU more than once. Equally divide the bank account by the number of owners in the MFBU (subject to rebuttal).

List Only the Parent's Nonexempt Property	Value
1. Excess other real property	
2. Checking	
3. Savings	
4. Life insurance (CSV)	
5. Cash	
6. Nonexempt vehicle	
7. Other	
8.	
9.	
10.	
11. Total net nonexempt property	
12. Number of persons for whom parent is responsible (enter total from section I.D.)	
13. Allocation to each person for whom parent is responsible (divide line 11 by line 12)	

B. Net Nonexempt Property of Children in MFBU

Enter Name of Each Child in the MFBU	1.	2.	3.
14. Checking			
15. Savings	\$	\$	\$
16. Nonexempt vehicle			
17. Nonexempt ORP			
18. Other			
19.			
20.			
21. TOTAL			
22. Allocation from parent (enter amount from line 13 in each child's box)			
23. Subtotal net nonexempt property for MFBU (add lines 21 and 22)			
24. Total net nonexempt property for MFBU (add all the subtotals from lines 13 and 23)			
25. Enter property limit for MFBU			
26. Excess property			

If ineligible due to excess property and the separate child(ren) who want Medi-Cal has own nonexempt property, Sneed case or Complete MC 175-4 next. Establish a single mini budget unit for the parent and his/her separate children who have no (or only excess) property of his/her own. Establish a separate mini budget unit for each child with own nonexempt property. Enter amount from line 1 parent's net nonexempt property on MC 175 S-4. Enter amount from line 23 as child's net nonexempt property on MC 175 S-4.

If property eligible, continue.

SHARE OF COST DETERMINATION

INSTRUCTIONS:

Do not consider community income; use "name on the check" rule. Consider only the parent's income and income of the separate child who wants Medi-Cal.

Child/Spousal Support Payments Received: Child support is income to the child, not to the parent or caretaker relative.

For AFDC-MN/MI only: Divide the \$50 per month deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.

For ABD-MN only: Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.

Unearned In-Kind Income: Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of four (4) gets free housing. Use in-kind income for four (4) and each person gets 1/4 of the in-kind income. If pregnant minor in MFBU, add unborn's share to the pregnant minor's share of in-kind income.

ABD-MN Deductions: **Allow the ABD-MN child:** \$20 any income deduction and \$65 plus 1/2 earned income deduction.

Allow each ABD-MN adult or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

Note: If any of the following deductions apply, complete MC 176 W, Part VI before completing Sections A or B.

- Educational Expenses.....Section 50547
- Student Deduction.....Section 50551
- \$30 Plus 1/3.....Section 50551.1
- Work Expenses for the Blind.....Section 50551.4
- Income for Self-Support.....Section 50551.5

PERSON TYPE	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
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A. NONEXEMPT UNEARNED INCOME:
AFDC-MN/MI and/or ABD-MN

1. RSDI				
2. Net income from property				
3. *Net child/spousal support received				
4. **In-kind income				
5.				
6.				
7. Total (add 1 thru 6)				
8. ***ABD-MN \$20 any inc. deduction (skip if AFDC-MN/MI)				
9. Countable unearned income (7 minus 8; enter on section D, line 15)				

B. *NONEXEMPT EARNED INCOME— ABD-MN ONLY**

10. Gross earned income				
11. \$65 Earned Inc. Deduction PLUS \$ _____ unused \$20 (line 8)				
12. Remainder (10 minus 11)				
13. Countable earned income (divide line 12 by 2) (enter on section D, line 16)				

C. NONEXEMPT EARNED INCOME— AFDC-MN/MI ONLY

14. Net earned income (MC176 W, Part IV, Line 10) (enter on section D, line 16)				
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FORMER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

III. SHARE OF COST DETERMINATION (continued)

D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN		Name:	Name:	Name:	Name:
15.	Countable unearned income (from line 9)				
16.	Countable earned income (from line 13 or 14)				
17.	Total countable income (add lines 15 and 16)				
E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN					
18.	Health insurance				
19.	Child support/alimony paid				
20.					
21.					
22.	Total allocation/deductions (add 18 through 21)				
23.	Total net countable income (line 17 minus line 22) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.				
F. PARENTAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)			Enter net countable income (line 23)		
		-\$600	Less Parental Needs Deduction		
24.	Parent's total net nonexempt income LESS in-kind income and P/S Needs (line 23 minus line 4 minus \$600)				
25.	Number of persons for whom parent is responsible (see section I.D.) DO NOT INCLUDE PARENT.				
26.	Parent's allocation to separate children who want Medi-Cal (divide line 24 by line 25) (enter in each applicable box)				
27.	Enter child's net nonexempt income (from line 23)				
28.	Child's total net nonexempt income (add lines 26 and 27)				
29.	Parental Needs Deduction (the lesser of \$600 or the amount on line 23, plus line 4)				
30.	Total net nonexempt income of the parent (add all totals from Lines 26 and 29)		Note: This line establishes the parent's net nonexempt income after allocating to non-MFBU members.		
31.	Total net nonexempt income for MFBU (add all totals from lines 27 and 30)				
32.	Maintenance need for MFBU				
33.	Share of cost (line 31 minus line 32)				
34.	Underpayment adjustment				
35.	Rounded share of cost				

If SOC and separate children have own income, Sneed case exists. Next, complete MC 175-4 and establish separate mini budget unit for parent and his/her children who have no (or exempt) income of their own. Enter amounts from line 26 (for each child in parent's MBU) at the amount from line 29 (for the parent). Establish a separate mini budget unit for each child with own nonexempt income. Enter amount from line 28 as child's total net income.

If SOC and separate children are under 6, or age 6 through 18 (born after September 30, 1983), and do not have separate income (i.e., not a Sneed case), consider Federal Poverty Level Programs (100 percent, 133 percent, 200 percent). Use parent's income after allocation to persons outside of the MFBU (i.e., only consider income which is used in determining the share of cost). (Line 30)

Eligibility Worker signature	Worker number	Date of computation
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