DEPARTMENT OF HEALTH SERVICES
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May 12, 1999

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

Letter No.: 99-23

SECTION 1931(b) INCOME AND SNEEDE BUDGET FORMS AND WORKSHEETS

Ref.: All County Welfare Directors Letters (ACWDL) Nos. 98-43 and 99-02

The purpose of this letter is to transmit camera-ready copies of the Section 1931(b) income and Sneede budget forms. These forms are modified versions of the attachments to ACWDL 98-43.

SECTION 1931(b) APPLICANT/RECIPIENT PROGRAM BUDGET SHEET FOR DETERMINING NET NONEXEMPT INCOME - MC 176M

At the Section 1931(b) training sessions, counties requested that the Department of Health Services provide a one-page Applicant and one page Recipient Budget Sheet for the Section 1931(b) program. Camera-ready copies of these Section 1931(b) Applicant and Recipient Budget sheets, enclosed as Exhibit A, are provided for those counties that wish to adopt it. In addition, two other alternative camera-ready, sample Section 1931(b) Applicant and Recipient Budget forms are enclosed (see Exhibit B and Exhibit C). Counties may select the form that meets their needs, or continue to employ county-modified Section 1931(b) budget forms provided such forms meet the requirements described in the section below.

Both of the Section 1931(b) Program Applicant and Recipient Budget Sheets for Determining Net Nonexempt Income and Section 1931(b) Income Eligibility from Exhibit A in Attachment 1 of ACWDL 98-43 erroneously identified (at the bottom of the respective budget sheets) as applicable to the Section 1931(b) program the following two income disregards: the "Absent Parent Support" deduction (Section 50549.1), and "Part Student Deduction" (sic) (Section 50551). These two income disregards, applicable only to aged, blind, and disabled persons, do not apply to the Section 1931(b) program, and should not appear on any Section 1931(b) budget form. The sample budget forms attached to Exhibit C of this ACWDL are the same forms

originally transmitted to counties by ACWDL 98-43 except they have been revised to eliminate reference to the two deductions identified above. The Educational Expense (Section 50547) deduction still applies to the Section 1931(b) program.

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME AND MINI BUDGET UNIT DETERMINATION FORMS - MC 175-3I.2A AND MC 175-3I.2R

The Section 1931(b) Sneede Net Nonexempt Income Determination form as provided in Attachment 3.3 of ACWDL 98-43 has also been modified to reflect the deletion of the Absent Parent Support and Student Deduction disregards. Further, the form has been split to accommodate applicants and recipients. Other modifications include:

- the nonexempt unearned income is being counted before disability-based income;
- the disability-based income section no longer specifies types of income to be used; and
- a space has been added to add in-kind income back in after the allocations are made.

These forms are identified as Exhibit D in this letter. With the input from counties, the forms have been streamlined to make the Sneede computations seem less complicated.

COUNTY OPTION TO MODIFY FORMS

During the Section 1931(b) county training sessions, county staff contributed comments and suggestions for modifications of the Section 1931(b) budget sheets that accompanied ACWDL 98-43. Counties were advised, and this ACWDL confirms, that they could modify the Applicant and Recipient Budget Sheets for the Section 1931(b) program to suit their needs provided that such modifications:

- do not result in computations of net nonexempt income or determinations of income eligibility that would differ from those produced by using the enclosed forms;
- maintain computational steps and sequences as provided in the enclosed forms; and
- maintain an itemization of the computational steps used in computing the net nonexempt income and determining eligibility for purposes of quality control or other review.

STATE ASSISTANCE

The MC 175-3I.2A and MC 175-3I.2R forms will be available for ordering through the warehouse. The MC 176M will not. If you have any questions regarding the Sneede Income forms (MC 175-3I.2A and MC 175-3I.2R), please call Erin Lynch at (916) 654-5769. If you have any questions regarding the Applicant/Recipient Program Budget Sheets (MC 176M), please call Dave Rappolee at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

EXHIBIT A

This exhibit provides a one-page camera-ready version of the Section 1931(b) Applicant Program Budget Sheet and a one-page camera-ready version of the Recipient Program Budget Sheet.

SECTION 1931(b) **APPLICANT** PROGRAM BUDGET SHEET FOR DETERMINING **APPLICANT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

Name MFBU Member #1:	Name MFBU Member #6:	Other Coverage
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:	

1	Enter unearned income of each MFBU member, then total for MFBU (include nonexempt 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	☐ Educational Expense Deduction	- $_____		
3	☐ $50 Support Received Deduction	- $_____		
4	**Remaining nonexempt unearned income**	**Box 4** = $ _____		
5	Enter earnings of each MFBU member, subtract $90 work expense deduction from each, then total remainders for MFBU	**Total MFBU Earnings:** $_____	Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____	Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____ / Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____ / Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____
6	☐ Dependent Care Deduction	- $_____		
7	**Remaining Nonexempt earned income**	**Box 7** = $_____		
8	**Total remaining income: nonexempt unearned income and nonexempt earned income** (lines 4+7)	$ _____		
9	☐ Child/Spousal Support Payments	- $ _____		
10	**Total MFBU net nonexempt income** (rounded down to the nearest dollar)	= $ _____		
11	1931(b) income limit for family	$ _____		
	If income from line 10 is less than limit from line 11, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Section 1931(b) under Sneede.	

Exempt Income (List exempt income here):

County Use

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget:	Mo. / Yr.

Name MFBU Member #1:	Name MFBU Member #6:	Other Coverage
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:	

1	Enter unearned income of each MFBU member, then total for MFBU (do not include nonexempt 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	☐ Educational Expense Deduction	- $ _____	Exempt Income (List exempt income here):	
3	☐ $50 Support Received Deduction	- $ _____		
4	**Remaining nonexempt 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 nonexempt disability-based income (DBI)** (if deduction exceeds disability-based income, enter 0.)	**Box 7** = $ _____	7a **Unused $240** (lines 6 - 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	☐ Unused $240 deduction (from box 7a)	- $ _____		
10	**Remaining nonexempt earned income** (or from line 12 worksheet); if deduction exceeds earned income, enter 0.)	= $ _____		
11	50% deduction (divide amount in line 10 by 2)	= $ _____		
12	☐ Dependent Care Deduction	- $ _____		
13	**Remaining nonexempt earned income**	**Box 13** = $ _____		

14	**Total remaining nonexempt unearned income, nonexempt disability-based income and nonexempt earned income** (total from boxes 4, 7, & 13)	$ _____
15	☐ Child/Spousal Support Payments Deduction	- $ _____
16	**Total MFBU net nonexempt income** (rounded down to the nearest dollar)	= $ _____
17	1931(b) income limit for family	$ _____

	If income from line 16 is less than limit from line 17, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate or other Medi-Cal programs; if Sneede-eligible class member, evaluate for Section 1931(b) under Sneede.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH THREE OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's nonexempt earned income**	$_____	$_____	$_____	$_____
2	**Nonexempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 7a Recipient Budget Sheet [MC176M-A]; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining nonexempt earned income of two highest earners** (if deduction exceeds earned income, enter 0.)	= $ _____			
5	**Nonexempt earned income of third highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining nonexempt earned income** (if deduction exceeds earned income, enter 0.)	= $ _____			
8	**Nonexempt earned income of fourth highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining nonexempt earned income** (if deduction exceeds earned income, enter 0.)	= $ _____			
11	**Other remainder nonexempt earned income** (If 5 or more persons with earnings, enter total of their remainder earned income after subtracting $120 from earnings of each. If deduction exceeds earned income, enter 0.)	= $ _____			
12	**Nonexempt earned income subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on 1931(b) Program Budget Sheet (line 10)	= $ _____			

EXHIBIT B

This exhibit provides an alternative camera-ready version of the Section 1931(b) Applicant Program Budget Sheet and Recipient Program Budget Sheet. This version allows additional space for county use, and provides a review of the Educational Expense Deduction. In contrast to Recipient Budget Sheet in Exhibit A, the primary computations in the Recipient Budget Sheet in Exhibit B are contained in a single column. However, this requires extra space and so the Recipient Budget Sheet in Exhibit B is two pages. The Recipient Budget Sheet in Exhibit A is a one page form.

SECTION 1931(b) **APPLICANT** PROGRAM BUDGETSHEET FOR DETERMINING **APPLICANT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

Name MFBU Member #1:	Name MFBU Member #6:	Other Coverage
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:	

County Use:

1	Enter unearned income of each MFBU member, then total for MFBU (include nonexempt 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	☐ Educational Expense Deduction	- $_____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Section 50547)	
3	☐ $50 Support Received Deduction	- $_____		
4	**Remaining nonexempt unearned income**	**Box 4** = $ _____		
5	Enter earnings of each MFBU member, subtract $90 work expense deduction from each, then total remainders for MFBU	**Total MFBU Earnings:** $_____	Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____	Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____ / Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____ / Earnings, MFBU member #_____ $_____ - $90 wrk exp ded = $_____
6	☐ Dependent Care Deduction	- $_____	Exempt Income (List exempt income here):	
7	**Remaining nonexempt earned income**	**Box 7** = $_____		
8	**Total remaining income: nonexempt unearned income and nonexempt earned income** (lines 4+7)	$ _____		
9	☐ Child/Spousal Support Payments	- $ _____		
10	**Total MFBU net nonexempt income** (rounded down to the nearest dollar)	= $ _____		
11	1931(b) income limit for family	$ _____		
	If income from line 10 is less than limit from line 11, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Section 1931(b) under Sneede.	

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

Name MFBU Member #1:	Name MFBU Member #6:	Other Coverage
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:	

County Use

1	Enter unearned income of each MFBU member, then total for MFBU (do not include nonexempt disability-based income here)	**Total MFBU Earnings** $ _____	Earnings MFBU member #___ $_____ +	Earnings MFBU member #___ $_____ +
			Earnings MFBU member #___ $_____ +	Earnings MFBU member #___ $_____ +
2	☐ Educational Expense Deduction*	- $ _____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)	
3	☐ $50 Support Received Deduction	- $ _____		
4	**Remaining nonexempt 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 nonexempt disability-based income** (if deduction exceeds disability based income, enter 0.)	**Box 7** = $ _____ (Diability-based income)	7a **Unused $240** (lines 6 - 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	☐ Unused $240 deduction (from box 7a)	- $ _____		
10	**Remaining nonexempt earned income** (or from line 12 worksheet) if deduction exceeds earned income, enter 0.	= $ _____		
11	50% deduction (divide amount in line 10 by 2)	= $ _____		
12	☐ Dependent Care Deduction	- $ _____		
13	**Remaining nonexempt earned income**	**Box 13** = $ _____		

14	**Total remaining nonexempt unearned income, nonexempt disability-based income & nonexempt earned income** (total from box 4, 7, & 13)	$ _____		Exempt Income (List exempt received here):
15	☐ Child/Spousal Support Payments Deduction	- $ _____		
16	**Total MFBU net nonexempt income** (rounded down to the nearest dollar)	= $ _____		
17	1931(b) income limit for family	$ _____		
	If income from line 16 is less than limit from line 17, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate or other Medi-Cal programs; if Sneede- eligible class member, evaluate for Section 1931(b) under Sneede.	

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH THREE OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's nonexempt earned income**	$_____	$_____	$_____	$_____
2	**Nonexempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 7a, Recipient Budget Sheet [MC176M-B]; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining nonexempt earned income of two highest earners** (if deduction exceeds earned income, enter 0.)	= $ _____			
5	**Nonexempt earned income of third highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining nonexempt earned income** (if deduction exceeds earned income, enter 0.)	= $ _____			
8	**Nonexempt earned income of fourth highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining nonexempt earned income** (if deduction exceeds earned income, enter 0.)	= $ _____			
11	**Other remainder nonexempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each.) (If deduction exceeds earned income, enter 0)	= $ _____			
12	**Nonexempt earned income subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= $ _____			

EXHIBIT C

This exhibit provides an alternative camera-ready version of the Section 1931(b) Applicant Program Budget Sheet and a camera-ready version of the Recipient Program Budget Sheet. This version is very similar to the Section 1931(b) Program Income Budget Sheets that accompanied Attachment 1 to ACWDL 98-43. A review of the Educational Expense deduction is provided in the budget sheet, and a box (9a) has been added for computation of the "unused" $240 deduction. The box for listing exempt income has been moved.

SECTION 1931(b) **APPLICANT** PROGRAM BUDGET SHEET FOR DETERMINING **APPLICANT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

State Number					Name	Birth Date	Sex	SSN & Hlth Ins Claim No. Or RR No.	Other Coverage
Co.	Aid	7 digit serial no.	MFBU	Pers. No.					
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	

County Use:

	APPLICANTS/NEW CASES	Name:	Name:	Name:	Name:
1	Nonexempt unearned income (include nonexempt disability-based income here)	$ _____ +	$ _____ +	$ _____ +	$ _____
2	**Total nonexempt unearned income of MFBU**	=$_____			
3	☐ Educational Expense Deduction	- $_____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)		
4	☐ $50 Support Received Deduction	- $_____			
5	**Remaining nonexempt unearned income**	= $ _____			
6	**Nonexempt earned income**	$ _____	$ _____	$ _____	$ _____
7	$90 Work Expense Deduction	- $90	- $90	- $90	- $90

8	Remaining nonexempt earned income of each family member (enter 0 if negative amount)	=$_____	=$_____	=$_____	=$_____
9	Subtotal of family's remaining nonexempt earned income (add columns in row 8)	= $_____			
10	□ Dependent Care Deduction	- $_____	Exempt Income (List exempt income here):		
11	**Remaining nonexempt earned Income**	= $_____			
12	**Total remaining income: nonexempt unearned income & nonexempt earned income** (lines 5+11)	$ _____			
13	□ Child/Spousal Support Pymts	- $ _____			
14	**Total MFBU net nonexempt income** (rounded down to the nearest dollar)	= $ _____			
15	1931(b) income limit for family	$ _____			
	If income from line 14 is less than limit from line 15, family is income eligible	□ Eligible	□ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Section 1931(b) under Sneede.		

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NONEXEMPT INCOME AND SECTION 1931(b) INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

State Number					Name	Birth Date	Sex	SSN & Hlth Ins Claim No. Or RR No.	Other Coverage
Co.	Aid	7 digit serial no.	MFBU	Pers. No.					
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	

	RECIPIENTS/CONTINUING CASES	Name:	Name:	Name:	Name:
1	**Nonexempt unearned income** (do not include nonexempt disability-based income here)	$ _____ +	$ _____ +	$ _____ +	$ _____
2	**Total nonexempt unearned income of MFBU**	=$ _____			
3	☐ Educational Expense Deduction	- $ _____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)		
4	☐ $50 Support Received Deduction	- $ _____			
5	**Remaining nonexempt unearned income**	= $ _____			
6	**Nonexempt disability-based income**	$ _____ +	$ _____ +	$ _____ +	$ _____
7	**Total nonexempt disability-based income of MFBU** (total of amounts in each column in line 6)	= $ _____			
8	$240 deduction	- $240			
9	**Remaining nonexempt disability-based income** (if deduction exceeds disability based income, enter 0.)	= $ _____ (Disability-based income)		9a **Unused $240** (lines 8 - 7; if negative enter 0)	$ _____ (Unused $240)

10	**Nonexempt earned income** (if 3 or more persons with earnings, skip lines 10 thru 12 and proceed to worksheet for 3 or more earners)	$ _____ +	$ _____
11	**Total nonexempt earned income of MFBU** (total of amounts in each column of line 10)	= $ _____	
12	☐ Unused $240 deduction (from box 9a)	- $ _____	
13	**Remaining nonexempt earned income** (or from line 12 worksheet); if deduction exceeds earned income, enter 0)	= $ _____	
14	50% deduction (divide amount in line 13 by 2)	= $ _____	
15	☐ Dependent Care Deduction	- $ _____	
16	**Remaining nonexempt earned income**	= $ _____	
17	**Total remaining nonexempt unearned income, nonexempt disability-based income & nonexempt earned income** (total of columns from lines 5, 9, & 16)	$ _____	Exempt Income (List exempt income here):
18	☐ Child/Spousal Support Payments Deduction	- $ _____	
19	**Total MFBU net nonexempt Income** (rounded down to the nearest dollar)	= $ _____	
20	1931(b) income limit for family	$ _____	
	If income from line 19 is less than limit from line 20, family is income eligible	☐ Eligible ☐ Not Eligible	

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SECTION 1931(b) PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH THREE OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's nonexempt earned income**	$_____	$_____	$_____	$_____
2	**Nonexempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (From box 9a, Recipient Budget Sheet [MC176M -C]. If result is 0 or less, enter 0)	- $ _____			
4	**Remaining nonexempt earned income of two highest earners** (If deduction exceeds earned income, enter 0.)	= $ _____			
5	**Nonexempt earned income of third highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining nonexempt earned income** (If deduction exceeds earned income, enter 0.)	= $ _____			
8	**Nonexempt earned income of fourth highest earner**	$ _____			
9	$120 deduction	- $120			
10	**His/her remaining nonexempt earned income** (If deduction exceeds earned income, enter 0.)	= $ _____			
11	**Other remainder nonexempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each. If deduction exceeds earned income, enter 0.)	= $ _____			
12	**Nonexempt earned income subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on 1931(b) Program Budget Sheet (line 13)	= $ _____			

EXHIBIT D

This exhibit provides a camera-ready version of the Section 1931(b) Sneede v. Kizer Net Nonexempt Income and Mini Budget Unit Determination forms (MC 175-3I.2A and MC 175-3I.2R).

SECTION 1931 (b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION - APPLICANT

Case Name	County District	County use
Case Number	Effective Date Month Year	

CASE TYPE: APPLICANT

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for Educational Expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	☐ Parent A or ☐ Caretaker Relative	☐ Parent B or ☐ Caretaker Relative	☐ Child	☐ Child	☐ Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income *:					
2. Net child/spousal support received.①					
3. In-kind income (IKI).②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3 and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

①	Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. 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.
②	Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal Family Budget Unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (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.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based Income.					
C. NONEXEMPT EARNED INCOME					
7. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
8. $90 work expense deduction.					

9. Remaining nonexempt earned income (subtract line 8 from line 7).					
10. Child care deduction.					
11. Other deductions.					
12. Total deductions (add lines 10 and 11).					
13. Total net nonexempt earned income (subtract line 12 from line 9).					
D. TOTAL COUNTABLE INCOME					
14. Total countable nonexempt unearned income (line 5).					
15. Total countable disability-based income (line 6).					
16. Total countable nonexempt earned income (line 13).					
17. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
18. Total countable income (add lines 14, 15, 16 and 17).					
E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
19. Court-ordered child support or alimony.					
20. Income used to determine PA eligibility (MC 175-6, line B.3 or B.4).					
21. Other deductions:					
22. Total deductions (add lines 19, 20 and 21).					
23. Total net countable income (subtract line 22 from line 18). Enter this amount on MC 175-4 if no parent in MFBU. If parent In MFBU, continue.					
F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
24. P/S allocation (subtract $1 from MBSAC for one person).					
25. Total unearned in-kind income, income from PA or income allocated from LTC/B&C spouse (add lines 3, 4 and 17).					
26. Parent's total net nonexempt income (subtract line 25 from line 23).					
27. Parent's net nonexempt income less P/S allocation (subtract line 24 from line 26); if negative, enter 0.					
28. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
29. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
30. Child's natural/adoptive parent - check if Parent A and/or B (see MC 175-2).			☐A ☐B	☐A ☐B	☐A ☐B
31. Parent A's allocation to spouse (if any) and natural /adopted children (divide parent A's line 26 by line 28 and enter in applicable box). Do not enter under Parent B if unmarried.					

32. Parent B's allocation to spouse (if any) and natural /adopted children (divide parent B's line 26 by line 29 and enter in applicable box). Do not enter under Parent A if unmarried.					
33. Enter the lesser of either line 24 or 26.					
34. Parent's total net nonexempt income (add lines 25, 33, and 31 or 32).					
35. Child's total net nonexempt income (add lines 23, 31 and 32) enter on MC 175-4.					

PART 2

SECTION 1931(b) MBU DETERMINATION - PROPERTY AND MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC)

❒ SECTION 1931(B) MBSAC TEST ❒ SECTION 1931(B) PROPERTY DETERMINATION

INSTRUCTIONS

1. Include unborn in the mother's MBU and property limit/MBSAC 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.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 34 or 35.

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

SECTION 1931 (b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION - RECIPIENT

Case Name	County District	County use
Case Number	Effective Date Month Year	

CASE TYPE: RECIPIENT

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for Educational Expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	☐ Parent A or ☐ Caretaker Relative	☐ Parent B or ☐ Caretaker Relative	☐ Child	☐ Child	☐ Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income *:					
2. Net child/spousal support received.①					
3. In-kind income (IKI).②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3 and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

①	Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. 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.
②	Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal Family Budget Unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (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.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income. (Continue to line 7, even if no disability income.)					
7. Section 1931(b) $240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					
9. Unused Section 1931(b) deduction. (If line 6 is 0, enter $240. Otherwise, subtract line 6 from line 7. Enter 0 if negative.)					

C. NONEXEMPT EARNED INCOME					
10. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
11. Section 1931(b) deduction from line 9.					
12. Remaining nonexempt earned income (subtract line 11 from line 10).					
13. 50% earned income deduction (one-half of line 12).					
14. Child care deduction.					
15. Other deductions.					
16. Total deductions (add lines 13, 14 and 15).					
17. Total net nonexempt earned income (subtract line 16 from line 12).					
D. TOTAL COUNTABLE INCOME					
18. Total countable nonexempt unearned income (line 5).					
19. Total countable disability-based income (line 8).					
20. Total countable nonexempt earned income (line 17).					
21. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
22. Total countable income (add lines 18, 19, 20 and 21).					
E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
23. Court-ordered child support or alimony.					
24. Income used to determine PA eligibility (MC 175-6, line B.3 or B.4).					
25. Other deductions:					
26. Total deductions (add lines 23, 24 and 25).					
27. Total net countable income (subtract line 26 from line 22). Enter this amount on MC 175-4 if no parent in MFBU. If parent In MFBU, continue.					
F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
28. P/S allocation (subtract $1 from MBSAC for one person).					
29. Total unearned in-kind income, income from PA or income allocated from LTC/B&C spouse (add lines 3, 4 and 21).					
30. Parent's total net nonexempt income (subtract line 29 from line 27).					
31. Parent's net nonexempt income less P/S allocation (subtract line 28 from line 30); if negative, enter 0.					
32. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					

33. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
34. Child's natural/adoptive parent - check if Parent A and/or B (see MC 175-2).			❐ A ❐ B	❐ A ❐ B	❐ A ❐ B
35. Parent A's allocation to spouse (if any) and natural /adopted children (divide parent A's line 31 by line 32 and enter in applicable box). Do not enter under Parent B if unmarried.					
36. Parent B's allocation to spouse (if any) and natural /adopted children (divide parent B's line 31 by line 33 and enter in applicable box). Do not enter under Parent A if unmarried.					
37. Enter the lesser of either line 28 or 30.					
38. Parent's total net nonexempt income (add lines 29, 37, and 35 or 36).					
39. Child's total net nonexempt income (add lines 27, 35 and 36) enter on MC 175-4.					

PART 2

SECTION 1931(b) MBU DETERMINATION - PROPERTY AND MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC)

❐ SECTION 1931(B) MBSAC TEST ❐ SECTION 1931(B) PROPERTY DETERMINATION

INSTRUCTIONS

1. Include unborn in the mother's MBU and property limit/MBSAC 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.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 38 or 39.

MBU NUMBER _____	
Person name/number	Net Nonexempt ❐ Property ❐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❐ Property Limit ❐ MBSAC	

(Check one)
❐ Excess property - FAIL
❐ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❐ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❐ Property ❐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❐ Property Limit ❐ MBSAC	

(Check one)
❐ Excess property - FAIL
❐ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❐ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ❒ Property ❒ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU's ❒ Property Limit ❒ MBSAC	

(Check one)
❒ Excess property - FAIL
❒ Income ineligibility at or exceeds MBSAC - Property eligible - FAIL
❒ Income eligible - below MBSAC - Property eligible - PASS