

**AGED, BLIND, AND DISABLED FEDERAL POVERTY LEVEL PROGRAM  
INCOME ELIGIBILITY FORM**

CASE NAME:				CASE NUMBER:	
<b>I. UNEARNED INCOME</b>					
	<b>Applicant Individual</b>	<b>Applicant Spouse/ Child/ Parent</b>	<b>Non-applicant Family Member #1</b>	<b>Non-applicant Family Member #2</b>	
1. RSDI	\$	\$	\$	\$	
2. PROPERTY NET INCOME	\$	\$	\$	\$	
3. IN-KIND INCOME	\$	\$	\$	\$	
4. OTHER INCOME	\$	\$	\$	\$	
(source of other income)					
5. OTHER INCOME	\$	\$	\$	\$	
(source of other income)					
6. TOTAL UNEARNED INCOME	\$	\$	\$	\$	
7. COMBINED UNEARNED INCOME (add totals from row 6)				\$	
8. SUBTRACT \$20 (any income deduction)				\$	- 20.00
9. REMAINING UNEARNED INCOME				\$	
<b>II. EARNED INCOME</b>					
10. ENTER TOTAL GROSS EARNED INCOME	\$	\$	\$	\$	
11. COMBINED EARNED INCOME (add amounts in row 10)				\$	
12. \$65 EARNED INCOME DEDUCTION, PLUS \$___ FROM UNUSED \$20 deduction				-	\$
13. REMAINING EARNED INCOME (subtract line 12 from line 11)				=	\$
14. ½ EARNED INCOME DEDUCTION (divide line 13 by 2)				\$	
<b>III. NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION</b>					
15. TOTAL UNEARNED AND EARNED INCOME (add lines 9 and 14)				\$	
16. MEDICARE PART B PREMIUM DEDUCTION				-	\$
17. HEALTH INSURANCE PREMIUMS (not including Medicare Part B premiums)				-	\$
18. AGED AND DISABLED MEDICALLY NEEDY DEDUCTIONS Specify:				-	\$
19. DEDUCTION FOR ALLOCATION TO INELIGIBLE FAMILY MEMBERS (=MNIL for number of ineligible family members)				-	\$
20. NET NONEXEMPT INCOME (Subtract lines 16 – 19 from line 15)				\$	

21. PROGRAM INCOME LIMIT (138% FPL for number of individuals being evaluated for eligibility)	\$
ELIGIBLE IF LINE 20 IS LESS THAN OR EQUAL TO LINE 21:	Eligible Not eligible

**NOTE:** If ineligible, assess for eligibility for other Medi-Cal Programs. Eligibility must be determined for each group where the applicant/beneficiary has potential Medi-Cal eligibility. When an applicant or beneficiary is eligible for more than one Medi-Cal program and one is more beneficial, the applicant or beneficiary must be placed into the Medi-Cal program that is the most beneficial. For more information, see All County Welfare Directors Letter 17-03.

## MC 176 AD Instructions

This form instructs county eligibility workers on how to determine income eligibility for the Aged, Blind, and Disabled Federal Poverty Level (ABD FPL) program. This form is not an application.

### Section I. Unearned Income

For steps 1 – 10, enter in the requested information for the Applicant(s) and non-applicant family members. Non-applicant family members are spouses or the parents of a child applicant not applying for the ABD FPL program. Only include the income of responsible family members – spouse for spouse, parent for child. For instance, if an applicant's spouse chooses not to apply for Medi-Cal, the applicant's spouse would be a non-applicant. Do not include excluded household members.

1. Enter any Retirement, Survivors, or Disability Income.
2. Enter any net income from property.
3. Enter any in-kind income. **Reminder:** in-kind income only counts when the entire item of need is provided to the applicant.
4. Enter any other types of income and identify the source.
5. Enter any other types of income and identify the source.
6. Total all incomes received by recipient (lines 1 – 5).
7. Combine all recipient income (all columns in line 6).
8. Subtract the \$20 any income deduction from line 7.
9. Enter the remaining unearned income. If the amount is a negative number, enter \$0 for line 9. Enter the amount, up to \$20, as a positive in the instructions for line 12 as unused \$20. For example, if the remaining unearned income is -\$45, enter \$0 for line 9 and enter \$20 in the instructions for line 12.

### Section II. Earned Income

10. Enter total gross earned income.
11. Combine the earned income for all individuals.
12. Combine any unused portion of the \$20 any income deduction to the \$65 earned income deduction. Subtract line 12 from line 11.
13. Enter the remaining earned income. If the result is a negative number, enter \$0.
14. Divide line 13 by two and enter total for line 14.

### Section III. Net Nonexempt Income and Eligibility Determination

15. Combine the unearned income and the earned income from lines 9 and 14.
16. Enter the Medicare Part B premium.
17. Enter any Health Insurance Premiums, not including Medicare Part B premiums.
18. Enter any Medically Needy deductions. Specify which deductions are applicable and total them for line 17.
19. Enter the deduction for allocation to ineligible family members. This deduction is equal to the maintenance need level for the number of ineligible family members in the household.
20. Subtract lines 16 – 19 from line 15 to get the total net nonexempt income.

21. Compare the total from line 20 to 138 percent FPL for the number of individuals being evaluated for eligibility. If line 20 is less than 138 percent FPL, the applicant(s) are eligible for the ABD FPL program.

**NOTE:** If ineligible, assess for eligibility for other Medi-Cal programs before assessing a share of cost. Eligibility must be determined for each group where the applicant/beneficiary has potential Medi-Cal eligibility. When an applicant or beneficiary is eligible for more than one Medi-Cal program and one is more beneficial, the applicant or beneficiary must be placed into the Medi-Cal program that is the most beneficial. For more information, see ACWDL 17-03.