

DEPARTMENT OF HEALTH SERVICES

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February 10, 1995

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

Letter No.: 95-12

TUBERCULOSIS (TB) PROGRAM

In the course of implementing the TB program several questions have arisen. The purpose of this letter is to provide answers and clarification on these issues, and to provide the 1995 TB Standards, except for income, i.e., the Parental Allocation, Property limits, and Parental Deduction. We are also providing worksheet examples on treatment of income and property. Enclosure 1 contains the Questions and Answers, Enclosure 2, pen and ink changes to the MC 280 and 281, Enclosure 3, budget examples.

The 1995 TB income standard is not yet available from the Health Care Financing Administration (HCFA).

In the interim, please continue to use the 1994 income standards until HCFA has given final confirmation on the 1995 income standards.

NOTE: If a client is denied because of income, please hold this case pending the implementation of the 1995 income standards. This individual may be found eligible under the 1995 income standards.

1994 TB INCOME STANDARDS:

Individual \$748.50
Couple \$971.50

1995 SUPPLEMENTAL SECURITY INCOME STANDARD ALLOCATION:

\$ 229

1995 PROPERTY LIMITS:

Individual \$ 2000
Couple \$ 3000

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All TB Coordinators
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1995 PARENTAL DEDUCTION:

Individual \$458
Couple --- \$687

If you have questions, please contact Sharon Garcia at (916) 657-5327 or Mary Maestas-Sandoval at (916) 657-1248.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

ENCLOSURE 1

QUESTION 1:

What are the eligibility requirements for the Tuberculosis (TB) Medi-Cal program?

ANSWER 1:

Section 5N of the Medi-Cal Eligibility Procedures Manual describes the following in detail. To be eligible for the TB Program, a person must:

- * Be infected with TB. This factor links a person to Medi-Cal.
- * Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- * Be a United States citizen or a person who has satisfactory immigration status.
- * Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under income in Part E of the Procedures).
- * Meet all other Medi-Cal requirements. This factor addresses nonlinking Medi-Cal requirements such as cooperation, verification, status reporting etc.

QUESTION 2:

Do deductions in Section 50549.1 through 50551.6 (Guardian and Conservatorship Fees, Student Deduction etc.) apply to the TB program? At this time there is no place for these deductions on the Eligibility worksheets (MC 280 TB 9/94) or (MC 281 TB 9/94). If allowed, how shall these be recorded?

ANSWER 2:

Yes. These deductions would apply. (See Procedures Part E, 4B (2.) Determination of Net Nonexempt Income.)

To accommodate these deductions, we suggest pen and ink changes to the MC 280 (TB Program Financial Eligibility Worksheet-Eligible Child) and the MC 281 (TB Program Income Eligibility Worksheet-Individual or Couple, Applicant with an Ineligible Spouse) and their related instructions. Enclosure 2 contains examples of these changes.

Forms will be corrected to reflect these deductions after the initial supply of the forms has been exhausted.

Example 7 contains an example of how the student deduction is listed on the MC 281.

QUESTION 3:

A child is defined as an unmarried person under the age of 18. Does this mean a person living with their parents?

ANSWER 3:

Yes, this means an unmarried person under the age of 18 living with his or her parents.

QUESTION 4:

Are TB applicants between the ages of 18 and 21 and who are full-time students considered a child under the TB program?

ANSWER 4:

No. These TB applicants would be considered adults for purposes of determining TB program eligibility.

QUESTION 5:

Does the ineligible child mean an ineligible child living with his or her parents?

ANSWER 5:

Yes.

QUESTION 6:

Do we deem stepparent's income or resources?

ANSWER 6:

No. We do not deem from a stepparent's income or resources. As in Snee procedures, we use only the parent's income which is in his/her own name and his/her share of community property and separate property.

QUESTION 7:

When a TB application is received by the county welfare department and the worker identifies potential eligibility for full-scope Medi-Cal, is the worker required to inform the TB applicant of such potential eligibility? If yes, must the county obtain a SAWS 1 and complete the face-to-face interview?

ANSWER 7:

Yes. The county must inform the TB applicant of such potential eligibility. If the applicant wishes to pursue that determination, he/she must complete a SAWS 1 and a face-to-face interview. If the person is actively infected, a family member may go into the county to apply for this individual if he desires full-scope benefits. If the actual TB-infected person has no family member, the county may complete the SAWS 1 on his/her behalf to preserve that application date. The county should continue processing the TB application but delay the face-to-face interview until the person can come to the interview. After that interview, the county can resume the eligibility determination for full-scope Medi-Cal.

QUESTION 8:

Is the worker required to redetermine ongoing TB eligibility (complete the TB income/property worksheets) with each Quarterly Status Report processed?

ANSWER 8:

Yes. This is a general Medi-Cal requirement and it is not waived under the TB program.

QUESTION 9:

Is the annual redetermination handled the same as the initial application? That is, is the face-to-face interview waived? Would the client be referred to the clinic/provider to complete the MC 274 PART C to establish that the clinic is again the client's authorized representative, and other forms such as the MC 210?

ANSWER 9:

Annual redeterminations are handled similar to the initial application. The face-to-face may be completed by the TB provider. Part A of the MC 274 contains client information and is not needed for the annual redetermination. A new certification (MC 274 Part B) is required documenting TB infection and the need for additional TB-related services. MC 274 Part C establishes the clinic as the client's authorized representative. It is valid until a determination has been made or the hearing process is over.

It is also required at the annual redetermination. Providers can line out Part A and forward completed Part B and Part C to the county.

QUESTION 10:

Will there be training for counties on using the TB forms and determining eligibility?

ANSWER 10:

No. However, counties may submit their questions to Sharon Garcia at (916) 657-5327 or Mary Maestas-Sandoval at (916) 657-1248.

QUESTION 11:

If a TB applicant must be otherwise eligible for Medi-Cal (linkage), does this include individuals who have been determined presumptively disabled and therefore eligible for Medi-Cal pending a State Disability Evaluation.

ANSWER 11:

"Otherwise eligible" refers to general nonlinking requirements not specifically listed as a TB program requirement, such as cooperation requirements, the California residency requirement, etc. A person who is TB infected is linked to Medi-Cal by being TB infected. A person who is eligible for full-scope Medi-Cal without a share of cost (SOC) does not need to be covered under the TB program regardless of how he/she is linked to Medi-Cal. However, if a TB infected person is eligible for full-scope Medi-Cal with a SOC, that person should be evaluated for the TB program, regardless of how he/she is linked to the other Medi-Cal program since that person could be eligible for the TB program and not have a SOC for outpatient TB services.

QUESTION 12:

In Example 5 in the procedures (Part L. Examples- Treatment of income and property), how do you get \$669 parental deduction for a couple in 1994 (couple Federal Benefit Rate (FBR))?

ANSWER 12:

This amount is based on the FBR for a couple (currently \$669 for a couple in 1994.) The FBR is provided by the Social Security Administration. The FBR is also used in certain income determinations in the Qualified Medicare Beneficiary (QMB), and Pickle programs.

QUESTION 13:

If the TB clinic/provider is to act on behalf of the applicant/beneficiary, would the TB granting/denial Notice of Action (NOA) be sent to the TB clinic or provider?

ANSWER 13:

The choice is the client's. It may be sent to the clinic or to any address the applicant/beneficiary, chooses. See procedures, Part M Medi-Cal TB Questions and Answers, Question 10.

QUESTION 14:

When working with homeless applicants via a TB clinic or provider, are counties required to meet the promptness requirements in Medi-Cal Eligibility Manual 50177 for determining eligibility for the TB program?

ANSWER 14:

Yes.

QUESTION 15:

How many MC 210's are required for a family applying for the TB program?

ANSWER 15:

We are requiring only one MC 210, even if one family member is age 18-21 and is an adult for purposes of the TB program. However, the 18-21 year old has the right to complete a separate MC 210 if he/she chooses. If the 18-21 year old were the only applicant, he/she would complete the MC 210.

QUESTION 16:

If the TB applicant has other family members who want RESTRICTED Medi-Cal benefits, will the clinic/provider refer the family to the county welfare office to apply for Medi-Cal ?

ANSWER 16:

Yes. This referral is made anytime family members want Medi-Cal other than the Medi-Cal TB program, unless the family member who will go to the county has active TB.

QUESTION 17:

Do we check the restricted box for TB on the MC 13?

ANSWER 17:

No. You need to check the box labeled "other" and write in "TB" in the space next to that box. If the client is requesting full-scope benefits, check the box that indicates "Full Medi-Cal benefits".

QUESTION 18:

In determining income eligibility, is actual income used or is weekly/biweekly converted to a monthly amount according to Section 50517, Title 22, CCR: i.e., the 2.167 or 4.133 factor?

ANSWER 18:

Actual income is used.

QUESTION 19:

Is a couple considered married if they are "holding out" as a married couple? Holding out means the couple has not been validly married, but has presented themselves to the community as a married couple.

ANSWER 19:

No, they are not treated as a married couple under the TB program.

QUESTION 20:

Is the value of property determined as of 12:01 A.M. of the first day of the month or at the lowest point during the month.

ANSWER 20:

Property is determined according to 20 Code of Federal Regulations Section 416.1207. Property determinations are made as of the first moment of the month.

QUESTION 21:

How many status reports are required when a person is dually eligible or has continuing eligibility under another program?

ANSWER 21:

Section 50191 requires status reports for all Medi-Cal Family Budget Units with at least one Aid to Families with Dependent Children-Medically Needy (AFDC-MN) or Medically Indigent (MI) person. However, one status report is acceptable under the Medi-Cal program, regardless of how many "programs" or aid codes the person or family is in.

Question 22:

If the clinic conducts the face-to-face interview, who should sign the MC 219 on behalf of the EW (Rights and Responsibilities).

ANSWER 22:

The clinic staff person or provider who initially goes over the form with the client should sign the MC 219.

QUESTION 23

Can the county hold a TB application for at least a month while verification of actual income is pending?

ANSWER 23

Applications are not "held", but there must be verification before eligibility can be approved. Counties must verify in the same manner that is used for any other Medi-Cal case according to a promptness requirement in Section 50177, Title 22.

QUESTION 24

Will there be separate MC 219 forms (Rights and Responsibilities) for the TB program?

ANSWER 24

No. The regular MC 219 (Rights and Responsibilities) will be used under the TB Program.

QUESTION 25

In Procedures E-2, it states that Medi-Cal beneficiaries whose coverage is mandated by federal law are not eligible for the TB program. It also states that a beneficiary eligible for full-scope, zero SOC Medi-Cal does not need coverage under the TB program. If a beneficiary had a SOC and was covered by the TB program, must the county discontinue TB program coverage if the changes to a zero-SOC full-scope aid code? For example, an individual is in another aid code such as Aid Code 87, (MI-Confirmed Pregnancy with a SOC) and is also receiving TB benefits under 7H. If in the next month this person receives no SOC Medically Indigent-Confirmed Pregnancy under Aid Code 86, may this person still remain in Aid Code 7H?

ANSWER 25

Yes. This person may remain in aid code 7H. Counties do not have to discontinue TB program coverage if a person moves to a zero-SOC full-scope aid code unless the aid code is one of the following. In that case, the Medi-Cal Eligibility Data System would generate an Alert Message indicating these aid codes were incompatible. Aid codes that are INCOMPATIBLE WITH THE TB PROGRAM ARE AS FOLLOWS:

03 Adoption Assistance Program (federal)

- 3A CAAP AFDC (FG)
- 3C CAAP AFDC (U)
- 7A Child 100 Percent Program
- 10 Aged (SSI/SSP)
- 20 Blind (SSI/SSP)
- 30 AFDC-FG (cash)

35 AFDC-U (cash)
39 Transitional Medi-Cal
4C Voluntary AFDC-FC
42 AFDC-Foster Care/Federal
44 Income Disregard Program (Pregnancy related/Postpartum)
47 Income Disregard Program (Infant-full scope)
48 Income Disregard Program (OBRA Pregnancy-related postpartum)
49 Income Disregard Program (IRCA Pregnancy related/Postpartum)
54 Four Month Continuation
59 Additional Transitional Medi-Cal
60 Disabled (SSI/SSP)
69 Income Disregard Program (OBRA Infant Emergency Services)
7C 100 Percent Program (OBRA) Emergency and Pregnancy Related Services
72 133 Percent Program
74 133 Percent Program (OBRA)

QUESTION 26

Under the TB program, what is the definition of family member?

ANSWER 26

Family member means the following persons living in the home:

- (1) A child or sibling children.**
- (2) The parents married or unmarried of the sibling children.**
- (3) The stepparents of the sibling children.**
- (4) The separate children of family member means a single person of a married couple.**

QUESTION 27

Can a TB case be transferred to another county?

ANSWER 27

This case would be transferred the same as any other Medi-Cal case.

ENCLOSURE 2:

**Pen and ink changes to the MC 280,
MC 281 and their instructions.**

ENT 1050KE 2

**TUBERCULOSIS (TB) PROGRAM
FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD
WITH INELIGIBLE PARENT OR PARENT(S)**

CASE NAME	CASE NUMBER
APPLICANT'S NAME	

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income.
Do not include parent's income if spouse is PA, other PA, or TB: \$ _____

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

 - a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):
 - b. Minus child's income:
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ _____

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

**IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.**

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part III.15.
1. Remaining unearned income (after allocation) or zero (from I.3.)	2. Eligible child's own OASDI income
2. Subtract general income exclusion -20	3. Other unearned income
3. Countable unearned income (to III.11.) <i>SUBTRACT other deductions</i>	4. Subtract general income exclusion -20
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20 - Other unearned deductions)
4. Remaining earned income (from II.3.)	6. Child's countable earned income (subtract \$55 1/2 remainder) <i>SUBTRACT other earned ded.</i>
5. Subtract balance of general income exclusion	7. Total countable income
6. Remainder	8. Current TB income standard
7. Subtract work expense exclusion -65	If line IV-7 is less than or equal to line IV.8., this person is income eligible.
8. Remainder <i>then subtract other deductions</i>	
9. Subtract 1/2 remainder	
10. Countable earned income (to III.12.)	
Deemed Income	
11. Countable unearned income (from III.3.)	
12. Add countable earned income (from III.10.)	
13. Total countable income (from III.11. + III.12.)	
14. Subtract parent deduction*	
15. Deemed income. Enter on Line IV.1.	

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

Line I.1. Enter the ineligible parent's unearned income.

Line I.2. (If no ineligible siblings, enter zero in I.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.

Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE PARENT'S EARNED INCOME

Line II.1. Enter the parent's earned income.

Line II.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I.2.c. minus line I.1.). If line I.1. is greater than line I.2.c., enter zero in line II.2.

Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line III.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

PART III. COMBINED INCOMES

Enter any remaining unearned income from line I.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

PART IV. TB ELIGIBILITY CALCULATION

Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.

Line IV.2. Enter the applicant's OASDI income.

Line IV.3. Enter any other unearned income of applicant.

Line IV.4. Enter the \$20 any income exclusion.

Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount. ~~Subtract any other unearned income deductions.~~

Line IV.6. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).

Line IV.7.. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.

Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET
(Individual or Couple, Applicant With an Ineligible Spouse)**

Enclosure 2

CASE NAME	CASE NUMBER
APPLICANT'S NAME	

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

- a. Standard SSI allocation (couple Federal Benefit Rate [FBR] minus individual FBR):
- b. Subtract child's income (evaluate for student deduction): —
- c. Total allocation: + + + = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income:

1. Applicant's gross unearned income: \$ _____
2. Ineligible spouse's unearned income (line I.3.): \$ + _____
3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
4. Subtract general income exclusion: \$ -20
5. Combined countable unearned income: \$ _____

Total Unearned

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): ... \$ _____
7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ _____
8. Remaining earned income: \$ _____
9. Subtract work expense exclusion: \$ -65
10. Remaining earned income: \$ _____
11. Subtract 1/2 remaining earned income: \$ —
12. Countable earned income: \$ _____

Total Earned

13. Total countable income (add lines IV.5 and IV.12.): \$ _____

Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ _____
2. Enter total countable income (line IV.13): \$ _____

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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INCOME ELIGIBILITY WORK SHEET MC 281 TB
(Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line I.1. Enter the ineligible spouse's unearned income.
- Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line I.3. Subtract line I.2.c from line I.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1 (countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line II.1. Enter the ineligible spouse's gross earned income.
- Line II.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I.2.c. minus line I.3.). If line I.1. is equal to or greater than line I.2.c, enter zero in line II.2.
- Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line I.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
Subtract any other unearned income deductions.
- Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line II.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
Subtract any other earned income deductions.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

ENCLOSURE 3

These examples illustrate how the TB income forms are completed. Examples 1-6 follow the examples found in the Procedures Section and narrative is not repeated. Example 7 is new and includes a narrative.

EXAMPLE 1

**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET**
(Individual or Couple, Applicant With an Ineligible Spouse)

USING 1994 STANDARDS

CASE NAME <u>Mr South</u>	CASE NUMBER
APPLICANT'S NAME <u>Mr South</u>	

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

 - a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR):
 - b. Subtract child's income (evaluate for student deduction):
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)**Unearned Income:**

1. Applicant's gross unearned income: \$ 202
2. Ineligible spouse's unearned income (line I.3.): \$ +
3. Combined unearned income (add lines IV.1. and IV.2.): \$ 202
4. Subtract general income exclusion: \$ -20
5. Combined unearned income: \$ 182

Total Unearned

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): ... \$ _____
7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ _____
8. Remaining earned income: \$ _____
9. Subtract work expense exclusion: \$ -65
10. Remaining earned income: \$ _____
11. Subtract 1/2 remaining earned income: \$ _____
12. Countable earned income: \$ _____
13. Total countable income (add lines IV.5 and IV.12.): \$ 182.00

Total Earned

Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ 248.50
2. Enter total countable income (line IV.13): \$ 182.00

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

Income Eligible

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 281 TB
(Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line I.1. Enter the ineligible spouse's unearned income.
- Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line I.3. Subtract line I.2.c from line I.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1 (countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line II.1. Enter the ineligible spouse's gross earned income.
- Line II.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I.2.c. minus line I.3.). If line I.1. is equal to or greater than line I.2.c., enter zero in line II.2.
- Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line I.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. *Subtract any other unearned income deductions.*
Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line II.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. *\$65 work expense exclusion.*
Subtract any other earned income deductions.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.
- If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.
- In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Using 1994 STANDARDS

(Individual or Couple, Applicant With an Ineligible Spouse)

Example 2

CASE NAME <u>Mr Jones</u> APPLICANT'S NAME <u>MR JONES</u>	CASE NUMBER
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PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
 2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____
- | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|----------|----------|----------|----------|
| Name | Name | Name | Name |
| | | | |
| | | | |
- a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR):
 - b. Subtract child's income (evaluate for student deduction):
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
 3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income:

1. Applicant's gross unearned income: \$ _____
2. Ineligible spouse's unearned income (line I.3.): \$ + _____
3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
4. Subtract general income exclusion: \$ -20
5. Combined countable unearned income: \$ _____

Total Unearned

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): ... \$ 2405.⁰⁰
7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ 20
8. Remaining earned income: \$ 2385.⁰⁰
9. Subtract work expense exclusion: \$ -65
10. Remaining earned income: \$ 2320
11. Subtract 1/2 remaining earned income: \$ -1160
12. Countable earned income: \$ 1160
13. Total countable income (add lines IV.5 and IV.12.): \$ 1160

Total Earned

Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ 748.⁰⁰
2. Enter total countable income (line IV.13): \$ 1160.⁰⁰

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

Income so ineligible

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 281 TB
(Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line 1.1. Enter the ineligible spouse's unearned income.
- Line 1.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line 1.3. Subtract line 1.2.c from line 1.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line 1.2.c.) exceeds line 1.1 (countable unearned income). In the latter case, the negative figure on line 1.3. is carried over to line 11.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line 11.1. Enter the ineligible spouse's gross earned income.
- Line 11.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line 1.2.c. minus line 1.3.). If line 1.1. is equal to or greater than line 1.2.c. enter zero in line 11.2.
- Line 11.3. Subtract the allocation amount on line 11.2. from line 11.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines 1.3. and 11.3. to determine the total income after allocations.

NOTE. If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines 1.3. and 11.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line 1.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. *Subtract any other unearned income deductions.* Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line 11.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
- Line IV.10. *Subtract any other earned income deductions.* Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

(Individual or Couple, Applicant With an Ineligible Spouse)

USING 1994 STANDARDS

Example 3

CASE NAME <u>Mr. Brown</u>	CASE NUMBER
APPLICANT'S NAME <u>Mr. & Mrs. Brown</u>	

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
 2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____
- | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|----------|----------|----------|----------|
| Name | Name | Name | Name |
| | | | |
| | | | |
- a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR):
 - b. Subtract child's income (evaluate for student deduction):
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)**Unearned Income:**

1. Applicant's gross unearned income: \$ _____
2. Ineligible spouse's unearned income (line I.3.): \$ + _____
3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
4. Subtract general income exclusion: \$ -20
5. Combined countable unearned income: \$ _____

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): \$ 1655
7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ 20
8. Remaining earned income: \$ 1635
9. Subtract work expense exclusion: \$ -65
10. Remaining earned income: \$ 1570
11. Subtract 1/2 remaining earned income: \$ -785
12. Countable earned income: \$ 785.00
13. Total countable income (add lines IV.5 and IV.12.): \$ 785.00

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ 991.50 *Income eligible*
2. Enter total countable income (line IV.13): \$ 785.00

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 281 TB
(Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line 1.1. Enter the ineligible spouse's unearned income.
- Line 1.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line 1.3. Subtract line 1.2.c from line 1.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line 1.2.c.) exceeds line 1.1 (countable unearned income). In the latter case, the negative figure on line 1.3. is carried over to line 11.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line 11.1. Enter the ineligible spouse's gross earned income.
- Line 11.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line 1.2.c. minus line 1.3.). If line 1.1. is equal to or greater than line 1.2.c., enter zero in line 11.2.
- Line 11.3. Subtract the allocation amount on line 11.2. from line 11.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines 1.3. and 11.3. to determine the total income after allocations.

NOTE. If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines 1.3. and 11.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line 1.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. *Subtract any other unearned income deductions.*
Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line 11.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. *\$65 work expense exclusion.*
- Line IV.10. *Subtract any other earned income deductions.*
Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

**TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
ADULT
(18 Years of Age and Older or Married)**

NAME	CASE NUMBER	MONTH
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STEP I

Determine net nonexempt property in accordance with Article 9. (1) CAR exempt

STEP II

A. Only consider the net nonexempt property of the TB applicant (and spouse);
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant (and spouse): \$ 2500⁰⁰

C. Property limit for one person (or two persons if there is a spouse): \$ 3000 Property eligible

D. Is line II.B. less than or equal to line II.C.?

☐ Yes, TB property requirement met.

☐ No, ineligible due to excess property.



Eligibility Worker Signature

Worker Number

TUBERCULOSIS (TB) PROGRAM
FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD USING 1994 STANDARDS
WITH INELIGIBLE PARENT OR PARENT(S)

Example 5

CASE NAME <i>John Doe</i>	CASE NUMBER
APPLICANT'S NAME <i>John Doe</i>	

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income.
 Do not include parent's income if spouse is PA, other PA, or TB:

\$ 0

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
<i>223</i>	<i>223</i>		
<i>- 100</i>	<i>- 100</i>		

a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):

b. Minus child's income:

c. Total allocation:

123 + 123 + _____ + _____ = \$ 246

3. Remaining unearned income (subtract line I.2.c. from line I.1.):

\$ 246

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income:

\$ 1451

2. Unused portion of allocation for ineligible child(ren):

\$ 246

3. Remaining earned income (subtract II.2. from II.1.):

\$ 1405

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
 IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part III.15. <i>0</i>
1. Remaining unearned income (after allocation) or zero (from I.3.)	2. Eligible child's own OASDI income <i>0</i>
2. Subtract general income exclusion <i>-20</i>	3. Other unearned income <i>0</i>
3. Countable unearned income (to III.11.) <i>Subtract other deductions</i>	4. Subtract general income exclusion <i>-20</i>
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20) <i>Other</i>
4. Remaining earned income (from II.3.) <i>1405</i>	6. Child's countable earned income (subtract \$65 + 1/2 remainder) <i>Subtract other income used</i>
5. Subtract balance of general income exclusion <i>20</i>	7. Total countable income <i>0</i>
6. Remainder <i>1385</i>	8. Current TB income standard <i>148.50</i>
7. Subtract work expense exclusion <i>-65</i>	If line IV-7 is less than or equal to line IV.8., this person is income eligible.
8. Remainder <i>then subtract other deductions</i> <i>1320</i>	<i>Income Eligible</i>
9. Subtract 1/2 remainder <i>660</i>	
10. Countable earned income (to III.12.) <i>660</i>	
Deemed Income	
11. Countable unearned income (from III.3.) <i>—</i>	
12. Add countable earned income (from III.10.) <i>660</i>	
13. Total countable income (from III.11. + III.12.) <i>660</i>	
14. Subtract parent deduction* <i>-669</i>	
15. Deemed income. Enter on line IV.1. <i>0</i>	

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

Line I.1. Enter the ineligible parent's unearned income.

Line I.2. (If no ineligible siblings, enter zero in I.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.

Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE PARENT'S EARNED INCOME

Line II.1. Enter the parent's earned income.

Line II.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I.2.c. minus line I.1.). If line I.1. is greater than line I.2.c., enter zero in line II.2.

Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line III.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

PART III. COMBINED INCOMES

Enter any remaining unearned income from line I.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

PART IV. TB ELIGIBILITY CALCULATION

Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.

Line IV.2. Enter the applicant's OASDI income.

Line IV.3. Enter any other unearned income of applicant.

Line IV.4. Enter the \$20 any income exclusion.

Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount.

Line IV.6. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).

Line IV.7.. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.

Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

NAME <u>John Doe</u>	CASE NUMBER	MONTH
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STEP I

1. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
2. Determine net nonexempt property in accordance with Article 9. (1) car exempt

STEP II

A. Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property: \$ 2500.⁰⁰
2. Property limit for one person (if two parents, enter property limit for two persons): \$ 3000.⁰⁰
3. Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation: \$ 0
4. Divide line A.3. by the number of TB children in the home.
TB Child's Share: \$ 0

B. TB Child's and Parent(s)' Resources

1. Child's own net nonexempt property (as determined under Article 9): \$ 0
2. Enter child's share of property from parent(s) (line A.4.): \$ 0
3. Add line B.1. and B.2.: \$ 0
4. Enter the TB property limit for one person: \$ 2000
5. Is line B.3. less than or equal to line B.4.?

☒ Yes, TB property requirement met.

☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

Property eligible

C. More Than One TB Child in the Home

1. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
3. Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

Eligibility Worker Signature

Worker Number

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

USING 1994 STANDARDS

(Individual or Couple, Applicant With an Ineligible Spouse)

Example 6

CASE NAME MR. SAMUELS	CASE NUMBER
APPLICANT'S NAME	

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
 2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____
- | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|----------|----------|----------|----------|
| Name | Name | Name | Name |
| | | | |
| | | | |
- a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR): _____
 - b. Subtract child's income (evaluate for student deduction): _____
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income:

1. Applicant's gross unearned income: \$ _____
2. Ineligible spouse's unearned income (line I.3.): \$ + _____
3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
4. Subtract general income exclusion: \$ -20
5. Combined countable unearned income: \$ _____

Total Unearned

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): \$ 1535.⁰⁰
7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ 90
8. Remaining earned income: \$ 1515
9. Subtract work expense exclusion: \$ -65
10. Remaining earned income: \$ 1450
11. Subtract 1/2 remaining earned income: \$ -725.⁰⁰
12. Countable earned income: \$ 725.⁰⁰
13. Total countable income (add lines IV.5 and IV.12.): \$ 725.⁰⁰

Total Earned

Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ 748.⁰⁰
2. Enter total countable income (line IV.13): \$ 725.⁰⁰

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

Income Eligible

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 281 TB
(Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line I.1. Enter the ineligible spouse's unearned income.
- Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line I.3. Subtract line I.2.c from line I.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1 (countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line II.1. Enter the ineligible spouse's gross earned income.
- Line II.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I.2.c. minus line I.3.). If line I.1. is equal to or greater than line I.2.c., enter zero in line II.2.
- Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line I.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
Subtract any other unearned income deductions.
- Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line II.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
Subtract any other earned income deductions.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

**TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
ADULT
(18 Years of Age and Older or Married)**

NAME <i>Mr. Samuels</i>	CASE NUMBER	MONTH
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STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant (and spouse);
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant (and spouse): \$ 2800.⁰⁰

C. Property limit for one person (or two persons if there is a spouse): \$ 2000.⁰⁰

D. Is line II.B. less than or equal to line II.C.?

☐ Yes, TB property requirement met.

☒ No, ineligible due to excess property.

*PROPERTY
Ineligible*

Eligibility Worker Signature

Worker Number

TUBERCULOSIS (TB) PROGRAM
FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD
WITH INELIGIBLE PARENT OR PARENT(S)

CASE NAME <u>R. Samuels</u>	CASE NUMBER
PARENTS NAME <u>Will Samuels</u>	

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income.
 Do not include parent's income if spouse is PA, other PA, or TB:

\$ _____

1. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):

b. Minus child's income:

c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

d. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ Ø

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 3535

2. Unused portion of allocation for ineligible child(ren): \$ Ø

3. Remaining earned income (subtract II.2. from II.1.): \$ 3535

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION		
Unearned Income			
1. Remaining unearned income (after allocation) or zero (from I.3.)	1. Deemed income from Part III.15. <u>1056</u>		
2. Subtract general income exclusion <u>-20</u>	2. Eligible child's own OASDI income <u>Ø</u>		
3. Countable unearned income (to III.11. Subtract other deductions)	3. Other unearned income <u>100</u>		
Earned Income			
4. Remaining earned income (from II.3.) <u>3535</u>	4. Subtract general income exclusion <u>-20</u>		
5. Subtract balance of general income exclusion <u>20</u>	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20) <u>1136</u>		
6. Remainder <u>3515</u>	6. Child's countable earned income (subtract \$65 + 1/2 remainder) <u>Ø</u>		
7. Subtract work expense exclusion <u>-65</u>	7. Total countable income <u>1136</u>		
8. Remainder, then subtract other deductions <u>3450</u>	8. Current TB income standard <u>1948.50</u>		
9. Subtract 1/2 remainder <u>1725</u>	If line IV-7 is less than or equal to line IV.8., this person is income eligible.		
10. Countable earned income (to III.12.) <u>1725</u>	Income Ineligible		
Deemed Income			
11. Countable unearned income (from III.3.) <u>Ø</u>			
12. Add countable earned income (from III.10.) <u>1725</u>			
13. Total countable income (from III.11. + III.12.) <u>1725</u>			
14. Subtract parent deduction* <u>-669</u>			
15. Deemed income. Enter on Line IV.1. <u>1056</u>			

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

INSTRUCTIONS
FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

Line I.1. Enter the ineligible parent's unearned income.

Line I.2. (If no ineligible siblings, enter zero in I.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.

Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE PARENT'S EARNED INCOME

Line II.1. Enter the parent's earned income.

Line II.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I.2.c. minus line I.1.). If line I.1. is greater than line I.2.c., enter zero in line II.2.

Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line III.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

PART III. COMBINED INCOMES

Enter any remaining unearned income from line I.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

PART IV. TB ELIGIBILITY CALCULATION

Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.

Line IV.2. Enter the applicant's OASDI Income.

Line IV.3. Enter any other unearned income of applicant.

Line IV.4. Enter the \$20 any income exclusion.

Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount.

Line IV.6. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).

Line IV.7.. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.

Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

NAME <u>Will Samuels</u>	CASE NUMBER	MONTH
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STEP I

- A There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B Determine net nonexempt property in accordance with Article 9.

STEP II**A. Ineligible Parental Allocation**

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

- | | |
|--|------------------------------|
| 1. Parent(s)' net nonexempt property: | \$ <u>7800.⁰⁰</u> |
| 2. Property limit for one person (if two parents, enter property limit for two persons): | \$ <u>2000.⁰⁰</u> |
| 3. Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation: | \$ <u>4800.⁰⁰</u> |
| 4. Divide line A.3. by the number of TB children in the home.
TB Child's Share: | \$ <u>4800.⁰⁰</u> |

B. TB Child's and Parent(s)' Resources

- | | |
|---|------------------------------|
| 1. Child's own net nonexempt property (as determined under Article 9): | \$ _____ |
| 2. Enter child's share of property from parent(s) (line A.4.): | \$ <u>4800.⁰⁰</u> |
| 3. Add line B.1. and B.2.: | \$ <u>4800.⁰⁰</u> |
| 4. Enter the TB property limit for one person: | \$ <u>2000.⁰⁰</u> |
| 5. Is line B.3. less than or equal to line B.4.? | |
| <input type="checkbox"/> Yes, TB property requirement met. | |
| <input checked="" type="checkbox"/> No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C. | |

*PROPERTY
Ineligible*

C. More Than One TB Child in the Home

1. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
3. Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

Eligibility Worker Signature

Worker Number

Example 7

On July 15, 1994, Mr. Appleseed, who is age 21, A student, unmarried with no children was determined TB infected at the county Medi-Cal clinic. The clinic explained about the TB program to him and Mr. Appleseed agrees to apply. The clinic informs him that he cannot work until the TB is no longer active. Mr. Appleseed received two paychecks in July totaling \$955. He has no other income.

Provider Activities

The clinic assists Mr. Appleseed in completing the TB application and MC 210. Mr. Appleseed provides the clinic with his July pay stubs and student registration that he is enrolled in school for eight hours a week. The clinic forwards the forms and a copy of his pay stubs and student registration to the county welfare department (CWD).

CWD Activities

The CWD reviews Mr. Appleseed's TB application and needs additional information about Mr. Appleseed's bank account. The CWD calls Mr. Appleseed at his home and Mr. Appleseed supplies his most recent bank statement. The CWD determines Mr. Appleseeds' eligibility. His property is determined to be less than \$2000, the property limit for one person.

Income is determined as if Mr. Appleseed were disabled. He also is entitled to a \$400 student deduction.

	955
\$955 gross earned income	<u>-20</u>
-20 any income deduction	935
-65 work expense exclusion	<u>-65</u>
	870
<u>-400 student deduction</u>	<u>-400</u>
= 470 Remaining earned income	470
\$235 1/2 remaining earned income	<u>-235</u>
= 235 total countable income	235

The CWD compares Mr. Appleseed's net nonexempt income to \$748.50, the TB standard for one. Mr. Appleseed is eligible for the TB program.

Example 7

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Using 1994 Standards

(Individual or Couple, Applicant With an Ineligible Spouse)

CASE NAME <u>Mr Appleseed</u>	CASE NUMBER
APPLICANT'S NAME <u>Mr Appleseed</u>	

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
 2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____
- | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|----------|----------|----------|----------|
| Name | Name | Name | Name |
| | | | |
| | | | |
- a. Standard SSI allocation (couple Federal Benefit Rate [FBR] minus individual FBR):
 - b. Subtract child's income (evaluate for student deduction):
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)**Unearned Income:**

1. Applicant's gross unearned income: \$ _____
2. Ineligible spouse's unearned income (line I.3.): \$ + _____
3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
4. Subtract general income exclusion: \$ -20
5. ~~Subtract other Deductions~~ Combined countable unearned income: \$ _____

Total Unearned

Earned Income:

6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): ... \$ 955
 7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ 20
 8. Remaining earned income: \$ 935
 9. Subtract work expense exclusion: \$ -65
 10. ~~Subtract other Deductions~~ Remaining earned income: \$ 870-400=470
 11. Subtract 1/2 remaining earned income: \$ = 235
 12. Countable earned income: \$ 235
- Total Earned
13. Total countable income (add lines IV.5 and IV.12.): \$ 235
- Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ 748.50
2. Enter total countable income (line IV.13): \$ 235

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

Income Eligible

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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