

**DEPARTMENT OF HEALTH SERVICES**

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July 2, 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.: 99-32

**CHANGES TO INCOME BUDGET FORMS; NEW DEDUCTION FOR INCOME COUNTED  
BY PUBLIC ASSISTANCE PROGRAMS**

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 98-43, 99-20, and 99-23

Revised Section 1931(b) Sneece Budget Forms: The Sneece chart showing the prorated income standards and property levels has been revised to reflect the increased Section 1931(b) income limits and is enclosed as Exhibit D.

Revised Section (Non-Sneece) 1931(b) Budget Forms: This ACWDL transmits to counties revised budget forms (Exhibits A, B, and C) for the Section 1931(b) program. These forms have been revised to include the deduction for the allocation to excluded children on the budget worksheets. Counties will recall per ACWDL 99-23 that they have the option of selecting the sets of forms from any of these Exhibits that best suits their needs, or of designing their own budget forms subject to the requirements of ACWDL 98-23.

Several counties have recently inquired whether the deduction for allocations to excluded children (see Title 22, California Code of Regulations, Section 50558) can apply when determining eligibility for the Section 1931(b) program. Although the former Aid to Families with Dependent Children (AFDC) program did not allow for such a deduction because children may be optionally excluded from the MFBU when applying for the Section 1931(b) program, the deduction for allocations to excluded children is also applicable to the Section 1931(b) program.

Deduction for Income Counted by Public Assistance Programs: Effective no later than August 1, 1999, counties will allow for a deduction for the income of the Section 1931(b) program applicant or recipient that was counted by a Public Assistance program such as California Work Opportunity and Responsibility to Kids or the Supplemental Security Income (SSI) program against his/her family members and resulted in a reduction of their cash grant. This new rule supersedes the old rule in ACWDL 98-43 which disallowed this deduction. The method for computing this deduction will be the same method used when determining the amount of this deduction for the Medically Needy program.

While the rule in ACWDL 98-43 was consistent with the old ADFC rules on which the

Section 1931(b) program was based, the Department of Health Services (Department) believes that the application of this old rule resulted in hardship. The SSI program ceased counting the income of a person once they became an AFDC recipient. However, it is the Department's understanding that the SSI program will not stop counting the income of the Section 1931(b) recipient. Therefore, without a deduction for the Section 1931(b) program applicant/recipient's income "counted" by the cash assistance program, a portion of his/her income would be "counted" both by the SSI program and the Section 1931(b) program.

Please direct questions regarding the (non-Sneede) budget forms and the Section 1931(b) program income limit to Dave Rappolee at (916) 657-0163, and questions regarding the Sneede budget forms and Income Standards Chart to Erin Lynch at (916) 654-5769.

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 Applicant Program Budget Sheet and a one-page "camera ready" version of the Recipient Program Budget Sheet.

This version adds the deduction for allocations to excluded children to the work sheet.

# **SEC. 1931 APPLICANT PROGRAM BUDGET SHEET FOR DETERMINING APPLICANT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY**

Case Name				County District		County Use	
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction				Effective Elig. Date for this budget: 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 non-exempt disability-based income here)	<b>Total MFBU Unearned Income</b> \$ _____	Unearned income MFBU member # _____ \$ _____ +	Unearned income MFBU member # _____ \$ _____ +			
2	<input type="checkbox"/> Educational Expense (§ 50547)	- \$ _____	Exempt Income (List exempt income here):				
3	<input type="checkbox"/> \$50 Support Received (§50554.5)	- \$ _____					
4	<b>Remaining non-exempt unearned income</b>	<b>Box 4</b> = \$ _____					
5	Enter earnings of each MFBU member, subtract \$90 work expense deduction from each, then total remainders for MFBU	<b>Total MFBU Earnings:</b> \$ _____	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	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____	County Use				
7	<b>Remaining Non-exempt earned Income</b>	<b>Box 7</b> = \$ _____					
8	<b>Total Remaining Income: Non-exempt unearned income &amp; Non-exempt earned income (lines 4+7)</b>	\$ _____					
9	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____					
10	<input type="checkbox"/> Allocation to excluded children (§ 50558)	- \$ _____					
11	<b>Total MFBU Net-nonexempt Income (rounded down to the nearest dollar)</b>	= \$ _____					
12	Sec. 1931 income limit for family	\$ _____					
	If income from line 10 is less than limit from line 11, family is income eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneedee-eligible class member, evaluate for other Medi-Cal programs; if Sneedee-eligible class member, evaluate for Sec. 1931 under Sneedee.				
Eligibility Worker Signature		Worker Number	Computation Date	County Use			

# **SEC. 1931 RECIPIENT PROGRAM BUDGET SHEET FOR DETERMINING RECIPIENT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY**

Case Name		County District	County Use	
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction		Effective Elig. Date for this budget:	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 non-exempt disability-based income here)	<b>Total MFBU Unearned Income</b> = \$ _____	Unearned income MFBU member # _____	Unearned income MFBU member # _____															
			\$ _____ + \$ _____	\$ _____ + \$ _____															
2	<input type="checkbox"/> Educational Expenses (§ 50547)	- \$ _____	Exempt Income (List exempt income here):																
	3	<input type="checkbox"/> \$50 Support Received (§ 50554.5)			- \$ _____														
4		<b>Remaining non-exempt unearned income</b>			<b>Box 4</b> = \$ _____														
	5	Enter disability-based income (DBI) of each MFBU member, then total for MFBU			<b>Total MFBU Disability-Based Income:</b> \$ _____	DBI of MFBU member # _____	DBI of MFBU member # _____												
\$ _____ + \$ _____			\$ _____ + \$ _____																
6	\$240 deduction	- \$240																	
7	<b>Remaining Non-exempt disability-based income (DBI)</b> (if deduction exceeds disability based income, enter "0".)	<b>Box 7</b> = \$ _____	<b>7a Unused \$240</b> (line 6-line 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)	<b>Total MFBU Earnings:</b> \$ _____	Earnings of MFBU member # _____	Earnings of MFBU member # _____															
			\$ _____ + \$ _____	\$ _____ + \$ _____															
9	<input type="checkbox"/> Unused \$240 deduction (from box 7a)	- \$ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">14</td> <td style="width:75%;"> <b>Total Remaining Non-exempt unearned income, Non-exempt disability-based income &amp; Non-exempt earned income</b>(total from box 4, 7, &amp; 13)         </td> <td style="width:20%;">\$ _____</td> </tr> <tr> <td style="text-align: center;">15</td> <td><input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)</td> <td>- \$ _____</td> </tr> <tr> <td style="text-align: center;">16</td> <td><input type="checkbox"/> Allocation to excluded children (Sec. 50558)</td> <td>- \$ _____</td> </tr> <tr> <td style="text-align: center;">17</td> <td><b>Total MFBU Net-nonexempt income</b> (rounded down to the nearest dollar)</td> <td>= \$ _____</td> </tr> <tr> <td style="text-align: center;">18</td> <td>Sec. 1931 income limit for family</td> <td>\$ _____</td> </tr> </table>		14	<b>Total Remaining Non-exempt unearned income, Non-exempt disability-based income &amp; Non-exempt earned income</b> (total from box 4, 7, & 13)	\$ _____	15	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____	16	<input type="checkbox"/> Allocation to excluded children (Sec. 50558)	- \$ _____	17	<b>Total MFBU Net-nonexempt income</b> (rounded down to the nearest dollar)	= \$ _____	18	Sec. 1931 income limit for family	\$ _____
14	<b>Total Remaining Non-exempt unearned income, Non-exempt disability-based income &amp; Non-exempt earned income</b> (total from box 4, 7, & 13)	\$ _____																	
15	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____																	
16	<input type="checkbox"/> Allocation to excluded children (Sec. 50558)	- \$ _____																	
17	<b>Total MFBU Net-nonexempt income</b> (rounded down to the nearest dollar)	= \$ _____																	
18	Sec. 1931 income limit for family	\$ _____																	
10	<b>Remaining non-exempt earned income</b> (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= \$ _____																	
11	50% deduction (divide amount in line 10 by 2)	= \$ _____																	
12	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____																	
13	<b>Remaining Non-exempt earned income</b>	<b>Box 13</b> = \$ _____																	
If income from line 16 is less than limit from line 17, family is income eligible		<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneedee-eligible class member, evaluate or other Medi-Cal programs; if Sneedee-eligible class member, evaluate for Sec. 1931 under Sneedee.																

  

Eligibility Worker Signature	Worker Number	Computation Date	County Use
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**SEC. 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS**

NAME:					
1	<b>Family's Non-exempt earned income</b>	\$ _____	\$ _____	\$ _____	\$ _____
2	<b>Non-exempt earned income of two highest earners</b>	\$ _____			
3	Unused \$240 deduction (from box 7a Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- \$ _____			
4	<b>Remaining Non-exempt earned income of two highest earners</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
5	<b>Non-exempt earned income of 3rd highest earner</b>	\$ _____			
6	\$120 deduction	- \$120			
7	<b>His/her remaining Non-exempt earned income</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	<b>Non-exempt earned income of 4th highest earner</b>	\$ _____			
9	\$120 deduction	-\$120			
10	<b>His/her remaining Non-exempt earned income</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
11	<b>Other remainder Non-exempt earned income</b> (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	<b>Non-exempt earned income Subtotal</b> (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 B**

This exhibit provides an alternative "camera ready" version of the Section 1931 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.

This version adds the deduction for allocations to excluded children to the work sheet.

# SEC. 1931 APPLICANT PROGRAM BUDGET SHEET FOR DETERMINING APPLICANT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name _____		County District _____	County Use _____	
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction		Effective Elig. Date for this budget: 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 non-exempt disability-based income here)	Total MFBU Unearned Income \$ _____	Unearned income MFBU member # _____ \$ _____ +	Unearned income MFBU member # _____ \$ _____ +		
			Unearned income MFBU member # _____ \$ _____ +	Unearned income MFBU member # _____ \$ _____ +		
2	<input type="checkbox"/> Educational Expense (§ 50547)	- \$ _____	*Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)			
3	<input type="checkbox"/> \$50 Support Rec'd (§ 50554.5)	- \$ _____				
4	Remaining non-exempt 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	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____	Exempt Income (List exempt income here):			
7	Remaining Non-exempt earned Income	Box 7 = \$ _____				
8	Total Remaining Income: Non-exempt unearned income & Non-exempt earned income (lines 4+7)	\$ _____				
9	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____				
10	<input type="checkbox"/> Allocation to excluded children (§ 50558)	- \$ _____				
11	Total MFBU Net-nonexempt Income (rounded down to the nearest dollar)	= \$ _____				
12	Sec. 1931 income limit for family	\$ _____				
	If income from line 10 is less than limit from line 11, family is income eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneed-eligible class member, evaluate for other Medi-Cal programs; if Sneed-eligible class member, evaluate for Sec. 1931 under Sneed.			
Eligibility Worker Signature _____		Worker Number _____	Computation Date _____	County Use _____		



# SEC. 1931 RECIPIENT PROGRAM BUDGET SHEET FOR DETERMINING RECIPIENT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name		County District	County Use	
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction		Effective Elig. Date for this budget: 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	Identify enter unearned income of each MFBU member, then total for MFBU (do not include non-exempt disability-based income here)	Total MFBU Earnings \$ _____	Earnings MFBU member #____ \$ _____ +	Earnings MFBU member #____ \$ _____ +
2	<input type="checkbox"/> Educational Expenses (§ 50547)*	- \$ _____	*Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)	
3	<input type="checkbox"/> \$50 Support Received (§ 50554.5)	- \$ _____		
4	Remaining non-exempt unearned income	Box 4 = \$ _____		
5	Enter disability-based income (DBI) of each MFBU member, then total for MFBU	Total MFBU Disability-Based Income: \$ _____	DBI of MFBU member #____ \$ _____ +	DBI of MFBU member #____ \$ _____ +
6	\$240 deduction	- \$240		
7	Remaining Non-exempt disability-based income (if deduction exceeds disability based income, enter "0".)	Box 7 = \$ _____ (Disability-based income)	7a Unused \$240 (line 6-line 5; if negative enter 0)	\$ _____ (Unused \$240)
8	Enter earnings for up to two MFBU members, then total for MFBU (if 3 or more persons with earnings, skip lines 8 & 9 and proceed to worksheet for 3+ earners)	Total MFBU Earnings: \$ _____	Earnings of MFBU member #____ \$ _____ +	Earnings of MFBU member #____ \$ _____
9	<input type="checkbox"/> Unused \$240 deduction (from box 7a)	- \$ _____		
10	Remaining non-exempt 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	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____		
13	Remaining Non-exempt earned income	Box 13 = \$ _____		

14	<b>Total Remaining Non-exempt unearned income, Non-exempt disability-based income &amp; Non-exempt earned income</b> (total from box 4, 7, & 13)	\$ _____	Exempt Income (List exempt received here):
15	<input type="checkbox"/> Child/Spousal Support Pymts Deduction (§ 50554)	- \$ _____	
16	<input type="checkbox"/> Allocation to excluded children (§ 50558)	- \$ _____	
17	<b>Total MFBU Net-nonexempt Income</b> (rounded down to the nearest dollar)	= \$ _____	
18	Sec. 1931 income limit for family	\$ _____	
	If income from line 16 is less than limit from line 17, family is income eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Sneedee-eligible class member, evaluate or other Medi-Cal programs; if Sneedee- eligible class member, evaluate for Sec. 1931 under Sneedee.
Eligibility Worker Signature		Worker Number	Computation Date
			County Use

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

NAME:					
1	<b>Family's Non-exempt earned income</b>	\$ _____	\$ _____	\$ _____	\$ _____
2	<b>Non-exempt earned income of two highest earners</b>	\$ _____			
3	Unused \$240 deduction (from box 7a, Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- \$ _____			
4	<b>Remaining Non-exempt earned income of two highest earners</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
5	<b>Non-exempt earned income of 3rd highest earner</b>	\$ _____			
6	\$120 deduction	- \$120			
7	<b>His/her remaining Non-exempt earned income</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	<b>Non-exempt earned income of 4th highest earner</b>	\$ _____			
9	\$120 deduction	- \$120			
10	<b>His/her remaining Non-exempt earned income</b> (if deduction exceeds earned income, enter "0.")	= \$ _____			
11	<b>Other remainder Non-exempt earned income</b> (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	<b>Non-exempt earned income Subtotal</b> (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 Applicant Program Budget Sheet and a "camera ready" version of the Recipient Program Budget Sheet. This version is very similar to the Section 1931 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.

This version adds the deduction for allocations to excluded children to the work sheet.

# **SEC. 1931 APPLICANT PROGRAM BUDGET SHEET FOR DETERMINING APPLICANT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY**

Case Name					County District		County Use		
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction					Effective Elig. Date for this budget: 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	Non-exempt unearned income (include non-exempt disability-based income here)	\$ _____ +	\$ _____ +	\$ _____ +	\$ _____
2	<b>Total non-exempt unearned income of MFBU</b>	= \$ _____			
3	<input type="checkbox"/> Educational Expense (§ 50547)	- \$ _____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)		
4	<input type="checkbox"/> \$50 Support Recv'd (§ 50554.5)	- \$ _____			
5	<b>Remaining non-exempt unearned income</b>	= \$ _____			
6	<b>Non-exempt earned income</b>	\$ _____	\$ _____	\$ _____	\$ _____
7	\$90 Work Expense Deduction	- \$90	- \$90	- \$90	- \$90
8	Remaining non-exempt earned income of each family member (enter 0 if negative amount)	= \$ _____	= \$ _____	= \$ _____	= \$ _____
9	Subtotal of family's remaining non-exempt earned income (add columns in row 8)	= \$ _____			

10	<input type="checkbox"/> Dependent Care Deduction (§ 50553.5)	- \$ _____	Exempt Income (List exempt income here):		
11	<b>Remaining Non-exempt earned Income</b>	= \$ _____			
12	<b>Total Remaining Income: Non-exempt unearned income &amp; Non-exempt earned income</b> (lines 5+11 )	\$ _____			
13	<input type="checkbox"/> Child/Spousal Support Pymts (§ 50554)	- \$ _____			
14	<input type="checkbox"/> Allocation to excluded children (§ 50558)	- \$ _____			
15	<b>Total MFBU Net-nonexempt Income</b> (rounded down to the nearest dollar)	= \$ _____			
16	Sec. 1931 income limit for family	\$ _____			
	If income from line 14 is less than limit from line 15, family is income eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible: if no Snee-de-eligible class member, evaluate for other Medi-Cal programs; if Snee-de- eligible class member, evaluate for Sec. 1931 under Snee-de.		
Eligibility Worker Signature		Worker Number	Computation Date	County Use	

# SEC. 1931 **RECIPIENT PROGRAM BUDGET SHEET FOR DETERMINING RECIPIENT NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY**

Case Name					County District		County Use		
<input type="checkbox"/> New App. <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retro Elig. <input type="checkbox"/> Correction					Effective Elig. Date for this budget: 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) .....	
								(1) ..... (2) .....	
RECIPIENTS/CONTINUING CASES					Name:	Name:	Name:	Name:	
1	Non-exempt unearned income (do not include non-exempt disability-based income here)				\$ _____ +	\$ _____ +	\$ _____ +	\$ _____	
2	<b>Total non-exempt unearned income of MFBU</b>				= \$ _____				
3	<input type="checkbox"/> Educational Expenses (§ 50547)				- \$ _____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)			
4	<input type="checkbox"/> \$50 Support Received Deduction (§50554.5)				- \$ _____				
5	<b>Remaining non-exempt unearned income</b>				= \$ _____				
6	<b>Non-exempt disability-based income</b>				\$ _____ +	\$ _____ +	\$ _____ +	\$ _____	
7	<b>Total non-exempt disability-based income of MFBU</b> (total of amounts in each column in line 6)				= \$ _____				
8	\$240 deduction				- \$240				
9	<b>Remaining Non-exempt disability-based income</b> (if deduction exceeds disability based income, enter "0".)				= \$ _____ (Disability-based income)		9a <b>Unused \$240</b> (line 8-line 7; if negative enter 0)	\$ _____ (Unused \$240)	

10	<b>Non-exempt earned income</b> (if 3 or more persons with earnings, skip lines 10 thru 12 and proceed to worksheet for 3+ earners)	\$ _____ +	\$ _____		
11	<b>Total non-exempt earned income of MFBU</b> (total of amounts in each column of line 10)	= \$ _____			
12	<input type="checkbox"/> Unused \$240 deduction (from box 9a)	- \$ _____			
13	<b>Remaining non-exempt earned income</b> (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= \$ _____			
14	50% deduction (divide amount in line 13 by 2)	= \$ _____			
15	<input type="checkbox"/> Dependent Care Deduction (\$ 50553.5)	- \$ _____			
16	<b>Remaining Non-exempt earned income</b>	= \$ _____			
17	<b>Total Remaining Non-exempt unearned income, Non-exempt disability-based income &amp; Non-exempt earned income</b> (total of columns from lines 5, 9, & 16)	\$ _____	Exempt Income (List exempt income here):		
18	<input type="checkbox"/> Child/Spousal Support Pymts Deduction (\$ 50554)	- \$ _____			
19	<input type="checkbox"/> Allocation to excluded children (\$ 50558)	- \$ _____			
19	<b>Total MFBU Net-nonexempt Income</b> (rounded down to the nearest dollar)	= \$ _____			
20	Sec. 1931 income limit for family	\$ _____			
	If income from line 19 is less than limit from line 20, family is income eligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible			
Eligibility Worker Signature		Worker Number	Computation Date	County Use	



# SEC. 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

NAME:					
1	Family's Non-exempt earned income	\$ _____	\$ _____	\$ _____	\$ _____
2	Non-exempt earned income of two highest earners	\$ _____			
3	Unused \$240 deduction (from box 9a, Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- \$ _____			
4	Remaining Non-exempt earned income of two highest earners (if deduction exceeds earned income, enter "0.")	= \$ _____			
5	Non-exempt earned income of 3rd highest earner	\$ _____			
6	\$120 deduction	- \$120			
7	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	Non-exempt earned income of 4th highest earner	\$ _____			
9	\$120 deduction	-\$120			
10	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
11	Other remainder Non-exempt 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	Non-exempt 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 13)	= \$ _____			

## EXHIBIT D

This Exhibit contains the a "camera ready" copy of the chart showing the revised Sneede v Kizer Prorated Income Standard and Property Levels. This revised chart shows reflects the increases to the Section 1931 income limits effective July 1, 1999.

**Section 1931(b) Determinations: Sneede v. Kizer**  
**Prorated Income Standard and Property Levels**  
**- July 1, 1999 -**

**I. MBU Contains an Adult - May also Include an Unborn**

Person Type	1931(b) Income	Property
Single Parent	\$390	\$3,000
Single Parent with Unborn	639	3,000
Married Couple -Two Adults	639	3,000
Married Couple with Unborn	793	3,150
Unmarried Couple - Each Unmarried Partner	390	3,000

**II. MBU Contains Adult(s) and Child(ren)**

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

**III. MBU Contains a Nonparent Caretaker Relative, or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU**

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

**IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)**

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 320	\$1,500	\$ 265	\$1,050
2	529	2,100	471	1,650
3	707	2,475	645	2,070
4	860	2,760	806	2,400
5	1,007	3,000	948	2,679
6	1,138	3,215	1,084	2,925
7	1,265	3,413	1,219	3,150
8	1,393	3,600	1,361	3,360
9	1,531	3,780	1,404	3,437
10*	1,560	3,819	1,441	3,500

**\*NOTE:** Add \$14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$