

**SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR
DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME
ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B**

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; MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:	
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:	
		OTHER COVERAGE:	

1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY 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)	-\$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE): 	
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	-\$ _____		
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____		
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	total mfbu disability-based income: \$ _____		
6	\$240 DEDUCTION	-\$240		
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____		
8	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 = \$ _____
9	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	\$ _____	13	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50556) -\$ _____
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = \$ _____	14	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557) + \$ _____
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7 + 10)	\$ _____	15	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR). = \$ _____
12	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	-\$ _____	16	SEC. 1931 FPL INCOME LIMIT FOR FAMILY \$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)
IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.		<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.	

ELIGIBILITY WORKERS SIGNATURE:	worker number:	COMPUTATION DATE:	COUNTY USE:
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