

PICKLE NEEDS TEST

USE THIS FORM FOR A SINGLE INDIVIDUAL WHO PASSES SCREENING OR FOR A COUPLE WHEN BOTH SPOUSES PASS SCREENING. USE THE FINANCIAL ELIGIBILITY WORKSHEET (DHCS 7021) IF ONE SPOUSE DOES NOT PASS SCREENING

Case Name _____ Case No. _____

Applicant's Name _____

PICKLE APPLICANT'S TOTAL COUNTABLE INCOME

	a. ABD-MN	b. ABD-MN Spouse Who Passes Screening
A. NONEXEMPT UNEARNED INCOME		
1. RSDI		
2. Net income from property		
3. Other -- itemize		
4.		
5. Total (add 1 through 4)		
6. Combined unearned income		
7. Any income deduction	-20	
8. Countable unearned income (6 minus 7)		
B. NONEXEMPT EARNED INCOME		
9. Gross earned income	a.	b.
10. Combined earned income		
11. \$65 earned income deduction plus \$ _____ unused \$20		
12. Remainder (10 minus 11)		
13. Countable earned income (divide 12 by 2)		
14. Total countable income (add 8 and 13)		

NOTE: When both members of a couple pass the screening test, combine their incomes and disregard amounts when computing the needs test.
 If both members of the couple pass the screening but are ineligible after completing the needs test, recompute the needs test for each individual using only his/her income and disregard.

C. NEEDS TEST/COUNTABLE INCOME

15. Total income (line 14, above)	\$
16. Title II COLA Disregard amount	\$
17. Total Countable income (subtract line 16 from line 15)	\$
*18. SSI/SSP Payment Level	\$

***IF LINE 17 EXCEEDS LINE 18, THIS PERSON IS NOT PICKLE ELIGIBLE.**

Eligible Worker Signature	Worker Number	Date
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