

# SHARE OF COST DETERMINATION—MFBUs WHICH DO NOT INCLUDE LTC PERSONS

Case name	County district	County use
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New application  
  Redetermination  
  Change  
  Retroactive Elig.  
  Correction

Effective eligibility date for this budget  
 Month \_\_\_\_\_ Year \_\_\_\_\_

County	Aid	STATE NUMBER		MFBU	Person Number	NAME First, Middle, Last	BIRTH DATE Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
		Seven-Digit Serial Number								
									(1) (2)	
									(1) (2)	
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I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)	II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)	III. SHARE OF COST COMPUTATION																																																																																			
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**IV. EXEMPT INCOME**

Eligibility Worker signature	Worker number	Computation date	County use
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