

Name of disabled person	Social security number
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SGA WORK SHEET
(Used when gross earned* income is over the current SGA amount.)

1. Earned Income
 - a. Gross average monthly earnings \$ _____
 - b. Payment in kind (e.g., room and board) which is **not** a condition of employment (use current market value) _____
 - c. Other _____
 - d. **TOTAL GROSS EARNINGS** (add a, b, and c) \$ _____

2. Impairment-Related Work Expenses (IRWEs)
 (see MEPM, Article 22, 22C-2)
 - a. Attendant care services \$ _____
 - b. Transportation costs _____
 - c. Medical devices _____
 - d. Work-related equipment _____
 - e. Prosthesis _____
 - f. Residential modifications _____
 - g. Routine drugs and routine medical services _____
 - h. Diagnostic procedures _____
 - i. Nonmedical applications and devices _____
 - j. Assistants (e.g., if visually impaired, cost to hire reader) _____
 - k. Other items and services _____

3. **TOTAL IRWEs:** Add (total of 2a through 2k) \$ _____

4. **TOTAL SUBSIDY** (e.g., some employers employ disabled persons and subsidize their wages by paying them the same wages as a nondisabled employee though they may be performing less strenuous work, or working less hours) (from MC 273, number 7) \$ _____

5. **NET COUNTABLE EARNINGS** (subtract 3 and 4 from 1d) \$ _____
 - Are current countable earnings greater than \$ _____? Yes No
 (Insert current SGA amount)
 - If the answer is No, send a disability referral to SP-DAPD. In Item 10 of the MC 221, Disability Determination and Transmittal, write in "No SGA issue." Attach copy of MC 272 to the MC 221.
 - If the answer is Yes, the client is engaging in SGA. Deny the disability claim. (Evaluate client for the Working Disabled Program.)

***NOTE:** Income information obtained from completed MC 273 (Work Activity Report).

Eligibility Worker signature	Worker number	Date completed
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