DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941



May 10, 1996

Letter No.: 96-22

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All County Pickle Coordinators

DHS 7021 FORM FOR 10/94 AND 2/96

This All County Welfare Directors Letter is to advise the counties that there are now two DHS 7021 forms in the Department of Health Services (DHS) Warehouse, 1037 North Market Boulevard, Suite 9, Sacramento, California 95834. One DHS 7021 form currently being used is dated 10/94 and the second is a newly edited version dated 2/96 (see camera-ready enclosure). There is a limited supply of the 10/94 version (approximately 15,000) which should be used to finish your 1996 Pickle eligibility determinations. The 2/96 version of the DHS 7021 reflects the minor, non-substantive edits made to the DHS 7021 Instructions dated 9/95 which were included in Pickle Handbook Letter No. 13, dated January 9, 1996. The new form [DHS 7021 (2/96)] will be included in Pickle Handbook Letter Number 14 at the end of the year.

Please estimate your form needs early and order the new DHS 7021 dated 2/96 in time for the 1997 Pickle determination year.

If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF Medi-Cal Eligibility Branch

Enclosures

FINANCIAL ELIGIBILITY WORK SHEET I (Individual or Couple, Applicant With an Ineligible Spouse)

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ıca	nt's N	Name				· · · · · · · · · · · · · · · · · · ·			
ART	A.	NEEDS TEST	·						
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		Applicant's total earned and une Title II COLA disregard amount	arried incom	е (МС 176М, 1	Part I, Line 14)	:	• • • • • • • • • • • • • • • • • • • •	. \$	
		3	· • • • • • • • • • •					•	
		Total countable income (subtraction) (If single applicant or couple passes)	7. A.Z. II UIII A.	'/ · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	. \$	
		, заприменя образора		my work silee	i, proceed to P	art F.):			
ART	В.	INELIGIBLE SPOUSE'S UNEARNED INCOME							
		Ineligible spouse's total unearned income—do not include public assistance income:							
		2 Title II COLA discognida manustra	income—do	not include p	ublic assistance	e income:	• • • • • • • • • • • • • • • • • • • •	. \$	
		2. Title II COLA disregard amount:			• • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•	
		3. Countable unearned income (sub	tract B.2 from	ı B.1):				\$	
		4. Allocation for ineligible children. (If no children,						
		Do not include Pickle-eligible child	L	CHILD #1	CHILD #2	CHILD #3	CHILD #4]	
			1	vany	Name	Name	Name		
		a. Allocation (couple Federal Be	nefit Rate		 	<u> </u>			
		[FBR] minus individual FBR):	·			,			
		b. Subtract child's income:							
		C. Total allocation	Ľ		1=	<u> </u>		l	
		c. Total allocation:				+		= \$	
		Remaining unearned income (sub	btract line B.4	.c. from B.3)	(if negative, en	ter on C.2):		•	
		Ineligible spouse's gross earned Inused portion of allocation for in-	income:	· · · · · · · · · · · · · · · · · · ·	•••••	• • • • • • • • • • • • • • • • • • • •			
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Department of Health Services

Draft of corrections, see below:

FINANCIAL ELIGIBILITY WORK SHEET I (Individual or Couple, Applicant With an Ineligible Spouse)

ASE NAM	đΕ		•			CASE N	JMBER				
APPLICAN	ITS !	NAME			·	1					
PART A	۸.	NEEDS TEST 1. Applicant's total earned and unearned 2. Title II COLA disregard amount: 3. Total countable income (subtract A.2 fire (If single applicant or couple pass the state)	rom A.1)				\$				
			-				· · · · · · · · · · · · · · · · · · ·				
PART E	3. 1	1. Ineligible spouse's total unearned incom 2. Title II COLA disregard amount: 3. Countable unearned income (subtract E 4. Allocation for ineligible children. (If no c Do not include Pickle-eligible children.	. . . <i></i>	\$							
			Name	Name	Name	Name					
		 a. Allocation (couple Federal Benefit F [FBR] minus individual FBR); 	Rate								
		b. Subtract child's income:	_								
-		c. Total allocation:		+	+	<u> </u>	= \$				
		Remaining unearned income (subtract)		31.			\$				
PART (D.	Ineligible spouse's gross earned incom Unused portion of allocation for ineligib Remaining earned income (subtract C INELIGIBLE SPOUSE'S TOTAL INCOME difference between the FBR for a couple.	ole child(ren):	negativ	e, enter or	(I less than the	s				
		no entry for ineligible spouse's income if	rail C.J				\$				
PART 1	E.	COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations) 1. Applicant's gross unearned income (including any applicable ISM-DHS 7044). (If VTR, enter zero and use household of another in F.1): S = S = S = S = S = S = S = S = S = S									
		Applicant's Title II COLA disregard am Applicant's countable unearned income Ineiinible spouse's unearned income (I	e (subtract line E.2 ine B.5): ()	from line E.1)	w Then o,	use O)	\$ \$ 				
		5. Combined unearned income ladd lines	: F 3 and E 4):				~				
		Subtract general income exclusion: Combined countable unearned income Earned income of applicant and spous	e (use amount fro	m line C.3 for i	neligible spouse)	: \$	\$ Total Unearned				
		9. Subtract balance of general exclusion 10. Remaining earned income: 11. Subtract work expense exclusion:		· · · · · · · · · · · · · · · · · · ·		\$ 65					
		12. Remaining earned income:13. Subtract 1/2 remaining earned income14. Countable earned income:				\$ \$					
		15. Total countable income (add lines E.7	and E.14):		•••••		. \$Combined Total				
PART	F.	PICKLE ELIGIBILITY CALCULATION 1. Current SSI/SSP payment level for an in 2. Enter total countable income (line A.3 or If line F.2 is less than or equal to F.	r F 151				. •				
			ORKER NUMBER	COMP	UTATION DATE	COUNTY US	E				
ELIGIBILIT	ry wo	DRKER SIGNATURE W	URKER HUMBER								