PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES

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

May 10, 1996

TO: All County Welfare Directors
     All County Administrative Officers
     All County Medi-Cal Program Specialists/Liaisons
     All County Pickle Coordinators

Letter No.: 96-22

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)

Case Name

Case Number

Applicant's Name

PART A. NEEDS TEST

1. Applicant's total earned and unearned income (MC 176M, Part I, Line 14): . . . . $ _____
2. Title II COLA disregard amount: . . . . $ _____
3. Total countable income (subtract A.2 from A.1) . . . . $ _____
   (If single applicant or couple pass the screening work sheet, proceed to Part F.):

PART B. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include public assistance income: . . . . $ _____
2. Title II COLA disregard amount: . . . . $ _____
3. Countable unearned income (subtract B.2 from B.1): . . . . $ _____
4. Allocation for ineligible children. (If no children, enter zero in B.4.c.)
   Do not include Pickle-eligible children.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Allocation (couple Federal Benefit Rate [FBR] minus individual FBR):				
b. Subtract child's income:	_	_	_	_
c. Total allocation:	_____	+ _____	_____	+ _____ = $ _____

5. Remaining unearned income (subtract line B.4.c. from B.3) (if negative, enter on C.2): . . . . $ _____

PART C. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: . . . . $ _____
2. Unused portion of allocation for ineligible child(ren): . . . . $ _____
3. Remaining earned income (subtract C.2 from C.1): . . . . $ _____

PART D. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add B.5 and C.3) *(If less than the difference between the FBR for a couple and the FBR for an individual, deeming not applicable. Make no entry for ineligible spouse's income in Part E.):* . . . . $ _____

PART 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, ISM is zero, use "household of another" SSI/SSP payment level in F.1): . . . . $ _____
2. Applicant's Title II COLA disregard amount: . . . . $ – _____
3. Applicant's countable unearned income (subtract line E.2 from line E.1): . . . . $ _____
4. Ineligible spouse's unearned income (line B.5) (if B.5 is less than 0, use 0): . . . . $ + _____
5. Combined unearned income (add lines E.3 and E.4): . . . . $ _____
6. Subtract general income exclusion: . . . . $ –20
7. Combined countable unearned income: . . . . $ _____
8. Earned income of applicant and spouse (use amount from line C.3 for ineligible spouse): $ _____   **Total Unearned**
9. Subtract balance of general exclusion not offset by unearned income (line E.6): . . . . . . $ _____
10. Remaining earned income: . . . . $ _____
11. Subtract ~~work expense~~ exclusion: . . . . $ –65
12. Remaining earned income: . . . . $ _____
13. Subtract 1/2 remaining earned income: . . . . $ – _____
14. Countable earned income: . . . . $ _____   **Total Earned**
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 individual or a couple: . . . . $ _____
2. Enter total countable income (line A.3 or E.15): . . . . $ _____

If line F.2 is less than or equal to F.1, the applicant is Pickle eligible. If ineligible, enter in Tickler System.

Eligibility Worker Signature ➤

Worker Number

Computation Date

County Use

Draft of corrections, see below:

State of California—Health and Welfare Agency

Department of Health Services

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

ASE NAME | CASE NUMBER

APPLICANT'S NAME

PART A. NEEDS TEST

1. Applicant's total earned and unearned income (MC 176M, Part I, Line 14): .... $ _____
2. Title II COLA disregard amount: .... $ _____
3. Total countable income (subtract A.2 from A.1) .... $ _____
   (If single applicant or couple pass the screening work sheet, proceed to Part F.):

PART B. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include public assistance income: .... $ _____
2. Title II COLA disregard amount: .... $ _____
3. Countable unearned income (subtract B.2 from B.1): .... $ _____
4. Allocation for ineligible children. (If no children, enter zero in B.4.c.)
   Do not include Pickle-eligible children.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Allocation (couple Federal Benefit Rate [FBR] minus individual FBR):				
b. Subtract child's income:	–	–	–	–

   c. Total allocation: .... _____ + _____ + _____ + _____ = $ _____

5. Remaining unearned income (subtract line B.4.c. from B.3): .... $ _____

PART C. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: .... $ _____
2. Unused portion of allocation for ineligible child(ren): .... $ _____
3. Remaining earned income (subtract C.2 from C.1): *(if negative, enter on C.2.)* ...... $ _____

PART D. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add B.5 and C.3) *(If less than the difference between the FBR for a couple and the FBR for an individual, deeming not applicable. Make no entry for ineligible spouse's income in Part E.):* .... $ _____

PART 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): *SSI/SSP payment level* *ISM 2U* ... $ _____
2. Applicant's Title II COLA disregard amount: .... $ –
3. Applicant's countable unearned income (subtract line E.2 from line E.1): .... $ _____
4. Ineligible spouse's unearned income (line B.5): *(If B5 is less than 0, use 0)* ..... $ +
5. Combined unearned income (add lines E.3 and E.4): .... $ _____
6. Subtract general income exclusion: .... $ –20
7. Combined countable unearned income: .... $ _____ Total Unearned
8. Earned income of applicant and spouse (use amount from line C.3 for ineligible spouse): $ _____
9. Subtract balance of general exclusion not offset by unearned income (line E.6): .... $ _____
10. Remaining earned income: .... $ _____
11. Subtract work expense exclusion: .... $ –65
12. Remaining earned income: .... $ _____
13. Subtract 1/2 remaining earned income: .... $ _____
14. Countable earned income: .... $ _____ Total Earned
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 individual or a couple: .... $ _____
2. Enter total countable income (line A.3 or E.15): .... $ _____

   If line F.2 is less than or equal to F.1, the applicant is Pickle eligible. If ineligible, enter in Tickler System.

ELIGIBILITY WORKER SIGNATURE | WORKER NUMBER | COMPUTATION DATE | COUNTY USE

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