

Income Calculation Worksheet: Aged & Disabled FPL Program

STEP 1
Calculate
EARNED Income

Countable Earned Income: Applicant _____		
	Amount	Total
Once a Month		\$
Twice a Month (multiply by 2)		\$
Every two Weeks (multiply by 2.167)		\$
Every Week (multiply by 4.33)		\$
TOTAL EARNED INCOME :		\$

STEP 2
Calculate
EXCLUSIONS
for EARNED income

Exclusions (Deductions)		
	Deduct:	Total
Earned Income Exclusion	\$65	\$
General Income Exclusion <small>*If applicant does not receive unearned income, deduct amount from earned income.</small>	\$20	\$
Impairment Related Work Expenses	amount paid by applicant	\$
TOTAL EXCLUSIONS		\$

STEP 3
Calculate Total
Countable EARNED
Income

Total Earned Income	\$
—	
Total Exclusions	\$
÷	
2	\$
—	
Blind Work Expense*	\$
<small>*Applicants receiving SSI based on blindness, deduct all BWE from total calculated above (see page 10-1)</small>	
TOTAL COUNTABLE EARNED INCOME	\$

STEP 4

Enter UNEARNED
Income

TOTAL UNEARNED INCOME	\$
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STEP 5

Calculate EXCLUSIONS
For UNEARNED
Income

Exclusions (Deductions)		
	Deduct:	Total
General Income Exclusion <i>*If applicant does not receive unearned income, deduct amount from earned income.</i>	\$20	\$
TOTAL EXCLUSIONS		\$

STEP 6

Calculate
Total Countable
UNEARNED Income

TOTAL COUNTABLE UNEARNED INCOME (Unearned Income minus Exclusions)	\$
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STEP 7

Calculate
Total Countable Income

Total Earned Countable Income	\$
+	
Total Unearned Countable Income	\$
TOTAL COUNTABLE INCOME	\$

STEP 8

Calculate Total Monthly Income for Program:

Total Countable Income	\$
Take the number of people in your household who are NOT applying for the A&D FPL program, and figure out your Maintenance Need Level (MNL). Subtract this amount from your total countable income. (Refer to page 2-7)	\$ —
Subtract any health insurance premiums that you pay. (Medicare, health, vision, and dental insurance premiums).	\$ —
If you are living in a board and care facility, subtract \$315.	\$ —
TOTAL MONTHLY INCOME COUNTED BY THE A&D FPL PROGRAM	\$

Income Calculation Worksheet: Aged, Blind & Disabled Medically Needy Program

STEP 1
Calculate
EARNED Income

Countable Earned Income: Applicant _____		
	Amount	Total
Once a Month		\$
Twice a Month (multiply by 2)		\$
Every two Weeks (multiply by 2.167)		\$
Every Week (multiply by 4.33)		\$
TOTAL EARNED INCOME :		\$

STEP 2
Calculate
EXCLUSIONS
for EARNED income

Exclusions (Deductions)		
	Deduct:	Total
Earned Income Exclusion	\$65	\$
General Income Exclusion <small>*If applicant does not receive unearned income, deduct amount from earned income.</small>	\$20	\$
Impairment Related Work Expenses	amount paid by applicant	\$
TOTAL EXCLUSIONS		\$

STEP 3
Calculate Total
Countable EARNED
Income

Total Earned Income	\$
—	
Total Exclusions	\$
÷	
2	\$
—	
Blind Work Expense*	\$
<small>*Applicants receiving SSI based on blindness, deduct all BWE from total calculated above (see page 10-1)</small>	
TOTAL COUNTABLE EARNED INCOME	\$

STEP 4

Enter UNEARNED
Income

TOTAL UNEARNED INCOME	\$
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STEP 5

Calculate EXCLUSIONS
For UNEARNED
Income

Exclusions (Deductions)		
	Deduct:	Total
General Income Exclusion *If applicant does not receive unearned income, deduct amount from earned income.	\$20	\$
TOTAL EXCLUSIONS		\$

STEP 6

Calculate
Total Countable
UNEARNED Income

TOTAL COUNTABLE UNEARNED INCOME (Unearned Income minus Exclusions)	\$
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STEP 7

Calculate
Total Countable Income

Total Earned Countable Income	\$
+	
Total Unearned Countable Income	\$
TOTAL COUNTABLE INCOME	\$

STEP 8

Calculate Share of Cost for Program:

Total Countable Income	\$
Subtract the Maintenance Need Level (MNL) for your family size. (For this program, you include yourself in the family. So, if you have a spouse and 2 children, your family size is 4.) (refer to page 2-7)	— \$
Subtract any health, vision, and dental insurance premium payments.	— \$
The resulting amount is the SHARE OF COST FOR THAT MONTH . If you get a number that is 0 or less, then you have no share of cost for that month.	\$

Income Calculation Worksheet: 250% Working Disabled Program

STEP 1
Calculate
EARNED Income

Countable Earned Income: Applicant _____		
	Amount	Total
Once a Month		\$
Twice a Month (multiply by 2)		\$
Every two Weeks (multiply by 2.167)		\$
Every Week (multiply by 4.33)		\$
TOTAL EARNED INCOME :		\$

STEP 2
Calculate
EXCLUSIONS
for EARNED income

Exclusions (Deductions)		
	Deduct:	Total
Earned Income Exclusion	\$65	\$
General Income Exclusion <small>*If applicant does not receive unearned income, deduct amount from earned income.</small>	\$20	\$
Impairment Related Work Expenses	amount paid by applicant	\$
TOTAL EXCLUSIONS		\$

STEP 3
Calculate Total
Countable EARNED
Income

Total Earned Income	\$
—	
Total Exclusions	\$
÷	
2	\$
—	
Blind Work Expense*	\$
<small>*Applicants receiving SSI based on blindness, deduct all BWE from total calculated above (see page 10-1)</small>	
TOTAL COUNTABLE EARNED INCOME	\$

STEP 4

Calculate UNEARNED
Income

TOTAL UNEARNED INCOME *If applying for the 250% WDP, do not count disability income.	\$
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STEP 5

Calculate EXCLUSIONS
For UNEARNED
Income

Exclusions (Deductions)		
	Deduct:	Total
General Income Exclusion *If applicant does not receive unearned income, deduct amount from earned income.	\$20	\$
TOTAL EXCLUSIONS		\$

STEP 6

Calculate
Total Countable
UNEARNED Income

TOTAL COUNTABLE UNEARNED INCOME (Unearned Income minus Exclusions)	\$
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STEP 7

Calculate
Total Countable Income

Total Earned Countable Income	\$
+	\$
Total Unearned Countable Income	
TOTAL COUNTABLE INCOME	\$

STEP 8

Calculate Total Monthly Income for Program

- Remember not to include disability income in the calculations above. This means that SSDI, Worker's Compensation, California State Disability Insurance, and any federal, state, or private disability benefits are not considered as income for this program.
- If your spouse is not eligible for 250% WDP, then Medi-Cal uses deeming rules to determine if you are eligible for the program.