Clear Form

Minnesota Department of **Human Services**

DHS-0029A-ENG 8-11

Minnesota Health Care Programs

Adults without Children Income Computation Worksheet – MA

CASE NAME	CASE NUMBER	WORKER	DATE
Adelle Wonder	08675309	That's me!	CM/CD/CY

INCOME CONSIDERED FOR	APPLICATION DATE
Adelle	CM/CD/CY

ELIG TYPE	STANDARD	ELIGIBILITY CONSIDERED
AX	H	FROM Month 1 TO Month 6

Actual Income = A (Check one)
Future (Anticipated) Income = F

		☐A ☐F	☐A ☐F	☐A ☐F	☐A ☐F	☐A ☐F	☐A ☐F
		DATE (MM/YY) CM	DATE (MM/YY) CM + 1	DATE (MM/YY) CM + 2	DATE (MM/YY) CM + 3	DATE (MM/YY) CM + 4	DATE (MM/YY) CM + 5
Gross Unearned Income [_____] type(s)	1	$	$	$	$	$	$
Deemed Gross Spousal Income	2	$ 684.20	$ 684.20	$ 684.20	$ 684.20	$ 684.20	$ 684.20
Gross Earned Income	3	$ 180.00	$ 180.00	$ 225.00	$ 180.00	$ 180.00	$ 180.00
Total Gross Income (1 + 2 + 3) (Truncate)	4	A $ 864	B $ 864	C $ 909	D $ 864	E $ 864	F $ 864
Monthly Income Standard (Household Size 2)	5	$ 947	$ 947	$ 947	$ 947	$ 947	$ 947
Excess Income (4 – 5)	6	$ -83	$ -83	$ -38	$ -83	$ -83	$ -83

SIX-MONTH INCOME COMPUTATION	
Gross Six-month Income (Line 4 Total columns A–F)	$ 5,229
Household Size 2 = Six-month Income Standard (Standard H)	$ 5,682.00
Excess Six-month Income	$ 0.00

MA/AX Adults Without Children has no spenddown provisions. If the person's income is over the six-month income standard, refer to MinnesotaCare.

COMMENTS

Adelle is under the MA Adults Without Children income guideline and is income eligible for MA.