



RECORD OF FINANCIAL ELIGIBILITY BUDGET FOR HOOSIER HEALTHWISE

State Form 49422 (2-00) / FI 0005B

County office

The state standard amounts shown on this form are set by State law (IC 12-15-2) and are not meant to show actual needs.

Name of case	Case number
Address (number and street, city, state, ZIP code)	
Payee (If other than applicant / recipient)	Application date
Address (number and street, city, state, ZIP code)	Effective date

PART I : PERSONS INCLUDED IN ELIGIBILITY DETERMINATION (List in order: caretaker/applicant, spouse, children)

(FIRST)	NAME (MIDDLE)	(LAST)	DATE OF BIRTH	APPLYING OR RECEIVING BENEFITS Y OR N	SOCIAL SECURITY NUMBER	RELATIONSHIP
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

PART II - DETERMINING ELIGIBILITY

SECTION I UNEARNED INCOME

NAME OR LINE		
1. Benefits (RSDI,UCB, etc.)		
2. Deemed income (from parent of a minor)		
3. Child Support minus \$50 disregard		
4. Other (Specify each below)		
a.		
b.		
c.		
TOTAL UNEARNED INCOME	\$	\$

SECTION II - BUDGET COMPUTATIONS			SECTION IV INCOME STANDARDS		
SECTION I NET EARNED INCOME	1st Person	2nd Person	CATEGORY	MANUAL SECTION	ICES TABLE
NAME OR LINE			ALL MED 2 EXCEPT MA F	3010.25.00	TAST
1. GROSS EARNED INCOME	\$	\$	MA F	3010.26.00	TMIS
2. STANDARD WORK DISREGARD	−\$90.00	−\$90.00	MA Y	3010.30.15	TMIS
			MA Z	3010.30.10	TMIS
3. DIFFERENCE	\$	\$	MA 2	3010.30.05	TMIS
4. \$30.00 DISREGARD (If applicable) (MA C only)	−\$30.00	−\$30.00	MA 9	3010.30.15	TMIS
			MA N	3010.30.15	TMIS
5. DIFFERENCE	\$	\$	MA 10	3010.30.20	TMIS
6. 1/3 DISREGARD (Divide Line 5 by 3) (If applicable) (MA C only)	− \$	− \$	SCRATCH CALCUATIONS / COMMENTS		
7. DIFFERENCE	\$	\$			
8. CHILD CARE DISREGARD	\$	\$			
9. DIFFERENCE	\$	\$			
10. TOTAL UNEARNED INCOME (Part II, Section I, Line 1)	+ \$	+ \$			
11. TOTAL INCOME	\$	\$			
12. INCOME ALLOCATED TO NON- RECIPIENTS	− \$	− \$			
COUNTABLE NET INCOME (Subtotal by individual)	\$	\$			
TOTAL COUNTABLE NET INCOME (Column 1 and Column 2)	\$				
SECTION III NET INCOME ELIGIBILITY COMPARISON					
1. INCOME STANDARD		\$			
2. COUNTABLE NET INCOME (Part II, Section II, last line)		− \$			
3. DIFFERENCE (Subtract Line 2 from Line 1)		\$			
4. RESULT ☐ INCOME DEFICIT - Eligible ☐ INCOME EXCESS - Individual eligibility determination must be made		\$.00			