

MIC/NC HEALTH CHOICE BUDGET WORKSHEET - Supplement 1

MATCHES - Attach printout if HIT is checked.

NAME	CNDS	ESC UI	BENDEX	SDX	SOLQ
	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit
	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit
	Date _____	Date _____	Date _____	Date _____	Date _____

NAME	CNDS	ESC UI	BENDEX	SDX	SOLQ
	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit
	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit
	Date _____	Date _____	Date _____	Date _____	Date _____

BUDGET COMPUTATION - Use Separate Columns if children have different budget/needs units.

NAME _____ Child/Spousal Support \$ _____ Child/Spousal Support Deduction \$ <u> -50.00</u> Countable Support \$ _____	NAME _____ Child/Spousal Support \$ _____ Child/Spousal Support Deduction \$ <u> -50.00</u> Countable Support \$ _____			
(Use for multiple AU's or months as needed)				
Monthly Gross Earned Income		\$	\$	\$
Earned Income Tax Credit	-	\$	\$	\$
Work Related Expense (deduct \$90 for each person who works)	-	\$	\$	\$
Child Care Expenses (Max. \$200 for child under 2, \$175 for all others)	-	\$	\$	\$
Net Countable Earned Income	=	\$	\$	\$
Unearned Income	+	\$	\$	\$
Sub Total Income	=	\$	\$	\$
Court-Ordered Child Support/Alimony	-	\$	\$	\$
Income Deemed to Work First Case	-	\$	\$	\$
Total Countable Income	=	\$	\$	\$
MIC/NCHC INCOME LEVEL				

Compare Total Countable Income to Appropriate Income Level for the Needs Unit - If income is equal to or less than income level, the applicant is eligible.

Approved

NCHC Enrollment Fee Due? **Yes** **No**
(Compare countable income to 150% of poverty)

NAME	PROGRAM (MIC/NCHC)	AUTHORIZED DATES	
		FROM	TO
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	

Ineligible for MIC/NCHC

NAME	Denied/Withdrawn	-	Reason
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		

WORKER SIGNATURE

DATE

WORKSPACE/DOCUMENTATION: