FAMILY COVERAGE BUDGET WORKSHEET

ND DEPARTMENT OF HUMAN SERVICES/MEDICAL

SFN 527 (Rev. 04-2008)

Clear Fields

Case Name:	Benefit Month of:

Budget Unit:			
1) Gross Earned Income			
2) Minus $120.00	- $120.00	- $120.00	- $120.00
3) Equals Adjusted Net Earned Income (but not less than $0)	=	=	=
4) Minus 1/3 of the Amount on Line 3	-	-	-
5) Equals Net Income Amount	=	=	=
6) Combined Net Earned Income	=		
7) Plus Unearned Income. Disregard $50 of Child Support Income.	+		
8) Equals Net Countable Income	=		
9) Minus Court Ordered Child/Spousal Support.	-		
10) Minus Support Payments, made by Stepparent or Ineligible Parents, to Dependents Outside the Home.	-		
11) Minus Child Care & Adult Dependent Care Expenses	-		
12) Minus Other Special Items of Disregard	-		
13) Minus Health Insurance Premium	-		
14) Total Deductions (Lines 9 through 13)	=		
15) Equals Countable Income	=		
16) Family Coverage Income Level	=		
	☐ **Family Coverage Eligible** (If line 15 is equal to or less than Line 16, ELIGIBLE.)	☐ **Family Coverage Ineligible** (If line 15 is greater than Line 16, INELIGIBLE.)	

NOTE: If case is ineligible under the Family Coverage Group, check eligibility under Transitional Medicaid (ongoing cases only), then MN and/or PL Group.