MEDICAID BUDGET WORKSHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SErVICES
SFN 687 (10-2024)

Clear Fields

Recipient(s) Name

Case Number

Period Covered
From: To:

1. Monthly Gross Earned Income								
2. Yearly Income From Self-Employment								
Monthly Net Income from S/E								
3 . TOTAL EARNED INCOME								
4. Less: 65 + 1/2 (aged, blind, disabled)								
FICA								
Medicare								
Federal Withholding								
State Income Tax								
Mandatory Retirement/Union Dues								
Work/Training Allowance								
5. Total Deductions and Disregards								
6 . TOTAL NET EARNED INCOME (Line 3 less Line 5)								
7. Unearned Income:								
SSI								
Title II								
Other (specify):								
8 . TOTAL UNEARNED INCOME								
9 . TOTAL INCOME (Line 6 plus Line 8)								
10. Less: Health Insurance Premium								
Medicare								
Child Care								
Medical Expense/Incurred by Member/Ineligible Member								
$20 Desregard								
Other (specify):								
Other (specify):								
11. Total Disregards/Deductions								
12. TOTAL NET MONTHLY INCOME (Line 9 Less Line 11)								
13. Less Appropriate Income Level								
14. EXCESS INCOME								
15. Less: 75% Disregard (if applicable)								
Amount Deemed to Another Unit								
16. RECIPIENT LIABILITY								
17. Less Offset for Unpaid Medical Bills								
18. RECIPIENT LIABILITY AFTER OFFSET								
19. Plus Medical Care Payments (VA-AA, VA Medical Reimbursement)								
20. RECIPIENT LIABILITY								

Comments