MEDICAID BUDGET WORKSHEET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 687 (7-2021)

Clear Fields

Recipient(s) Name:	Case Number:	Period Covered: 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 Ins. Premium							
Medicare							
Child Care							
Med Exp/Incurred Med of Inelig							
$20 Disregard							
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: