

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN _____

<u>Section A – Community Spouse Income Allocation</u>			
Spouse's Name <i>Sonia Mudd</i>			
1. ENTER Maximum Community Spouse Income Allocation			\$
2. MINUS Gross Income of Community Spouse			-
3. EQUALS Community Spouse Income Allocation			=
<u>Section B – Dependent Family Member Income Allocation</u>			
<i>NA</i>	Name	Name	Name
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$ 0		
<u>Section C – Cost of Care/Cost Sharing Collection</u>			
1. ENTER Institutionalized Spouse's Gross Income			\$
2. MINUS Personal Allowance			-
3. EQUALS			=
4. MINUS Community Spouse Income Allocation			-
5. EQUALS			=
6. MINUS Total Dependent Family Member Allocation			-
7. EQUALS			=
8. MINUS Any Court-Ordered Guardian or Attorney Fees			-
9. EQUALS			
10. MINUS	<u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums		-
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/ Community Waivers Cost Sharing Amount		=