

SPOUSAL IMPOVERISHMENT INCOME ALLOCATION WORKSHEET

Primary Person Name (Last, First, MI)	Social Security Number
---------------------------------------	------------------------

Section A – Community Spouse Income Allocation

Spouse's Name (Last, First, MI)	
1. ENTER Maximum Community Spouse Income Allocation	\$
2. SUBTRACT Gross Income of Community Spouse	-
3. EQUALS Community Spouse Income Allocation	=

Section B – Dependent Family Member Income Allocation

	Name	Name	Name
1. ENTER – Maximum Dependent Family Member Income Allocation	\$	\$	\$
2. SUBTRACT – Dependent Family Member's Income	-	-	-
3. EQUALS – Individual Allowance	=	=	=
4. ENTER – Total Dependent Family Member Allocation (Add Line 3 of all columns)	Total \$		

Section C – Cost of Care/Cost Sharing Calculation

1. ENTER Institutionalized Spouse's Gross Income	\$
2. SUBTRACT Personal Allowance	-
3. EQUALS	=
4. SUBTRACT Community Spouse Income Allocation (from Section A, Item 3)	-
5. EQUALS	=
6. SUBTRACT Total Dependent Family Member Allocation (From Section B, Item 4)	-
7. EQUALS	=
8. SUBTRACT Any Court-Ordered Guardian or Attorney Fees & any other special exempt income	-
9. EQUALS	=
10. SUBTRACT Medical/Remedial Costs and Cost of Person's Health Insurance Premiums	-
11. EQUALS Nursing Home Liability Amount / Community Waivers Cost Sharing Amount	=

RETAIN COMPLETED FORM IN CASE RECORDS