## NORTH CAROLINA DIVISION OF HEALTH BENEFITS

## ABD MEDICAID PARENT TO CHILD DEEMING BUDGET SHEET

Case Name:	Case Number: GIBLE CHILD (REN): Use in all Parent to Child	Date:			
SECTION A - ALLOCATION TO INELIGIE Deeming budgets.		Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
UNEARNED INCOME	STEP 1				
1. Enter Parent(s)' GROSS UNEARNED Incom	e				
2. Subtract Living Allowance for Ineligible Chil	d(ren) minus the Child(ren)'s Income.				
3. Ineligible Parent(s)' UNEARNED Income to a	nclude in Section B (Line 1 minus Line 2)				
EARNED INCOME					
4. Enter Parent(s)' GROSS EARNED Income.					
5. Subtract any portion of Living Allowance not	subtracted from Unearned Income.				
6. Parent(s)' EARNED Income to include in Sec	tion B (Line 4 minus Line 5)				
7. Total Net Countable Income (Line 3 plus	Line 6)				
SECTION B - PARENT(S)' DEEMED INCO Earned Income remain after completing S	ME CALCULATION: Use if Unearned and/or section A (Lines 3 and 6 of Section A).	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
UNEARNED INCOME					
1. Enter Parent(s)' Unearned Income from L	ine 3 of Section A.				
2. Subtract \$20 General Exclusion.					
3. Net Unearned Income (Line 1 minus Line	2) Go to Line 11 if no Earned Income.				
EARNED INCOME					
4. Enter Parent(s)' Earned Gross Income fro	om Line 6 of Section A.				
5. Subtract remainder of \$20 General Exclu	sion if any not used by Unearned Income.				
6. Subtotal (Line 4 minus Line 5)					
7. Subtract \$65 Earned Income Exclusion.					
8. Subtotal (Line 6 minus Line 7)					
9. Subtract 1/2 of Line 8.					
10. Net Earned Income-Subtotal (Line 8 min	us Line 9)				
TOTAL INCOME					
11. Total Net Income (Line 3 plus Line 10)					
12. Subtract the Individual SSI amount if One	e parent, Couple SSI amount if Two Parents.				
13. Total Parent(s)' deemed Income to includ	de on Line 1 of Section C				

SECTION C - CHILD'S CALCULATION: Use in all Parent to child Deeming budgets.	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
1. Enter Gross Unearned Income of Medicaid Child.				
2. Enter Income deemed from Parent(s) (From Line 13 of Section B.)				
3. Total Line 1 and 2.				
4. Subtract \$20 General Exclusion				
5. Net Unearned Income (Line 3 minus Line 4).				
EARNED INCOME (Go to Line 11 if no Earned Income				
6. Enter Total GROSS Earned Income of Medicaid Child				
7. Subtract remainder of \$20 General Exclusion if any not used by Unearned Income.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract \$65 Work Expense Exclusion				
10. Subtotal (Line 8 minus Line 7)				
11. Subtract 1/2 of Line 10				
12. Net Earned Income (Line 10 minus Line 11)				
TOTAL INCOME				
13. Total Net Income (Line 5 plus Line 12)				
14. INDIVIDUAL Maintenance Amount (CN/MN/M-QB)				
15. Excess (Line 13 minus Line 14) (for MNx6=6 month deductible)				

## **DOCUMENTATION/COMPUTATION SPACE**