NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE

ABD MEDICAID PARENT TO CHILD DEEMING BUDGET SHEET

Case Name:	Case Number: IGIBLE CHILD (REN): Use in all Parent to Child	Date:				
SECTION A - ALLOCATION TO INELIG Deeming budgets.		Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	
UNEARNED INCOME	STEP 1					
1. Enter Parent(s)' GROSS UNEARNED Inco	ome					
2. Subtract Living Allowance for Ineligible C	Shild(ren) minus the Child(ren)'s Income.					
3. Ineligible Parent(s)' UNEARNED Income	to include 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 S	Section B (Line 4 minus Line 5)					
7. Total Net Countable Income (Line 3 plu	us Line 6)					
	COME CALCULATION: Use if Unearned and/or g 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	n Line 3 of Section A.					
2. Subtract \$20 General Exclusion.						
3. Net Unearned Income (Line 1 minus Lir	ne 2) Go to Line 11 if no Earned Income.					
EARNED INCOME						
4. Enter Parent(s)' Earned Gross Income	from Line 6 of Section A.					
5. Subtract remainder of \$20 General Exc	clusion if any not used by Unearned Income.					
6. Subtotal (Line 4 minus Line 5)						
7. Subtract \$65 Earned Income Exclusion	1.					
8. Subtotal (Line 6 minus Line 7)						
9. Subtract 1/2 of Line 8.						
10. Net Earned Income-Subtotal (Line 8 m	ninus Line 9)					
TOTAL INCOME						
11. Total Net Income (Line 3 plus Line 10))					
12. Subtract the Individual SSI amount if C	Dne parent, Couple SSI amount if Two Parents.				1	
13. Total Parent(s)' deemed Income to inc	clude 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
UNEARNED INCOME				
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