

ELIGIBILITY ITEMS

DOCUMENTATION

3. Residence

A. Is each CIHCP household member a county resident?.....
 Yes No

B. Does each CIHCP household member plan to remain in the county?
 Yes No

[Verify residence if questionable.]

4. Resources *[Exempt all resources of the Medicaid recipients listed in 2C.]*

A. Does any CIHCP household member own the following?

Resource	Yes	No	Countable Value
1. Cash on Hand			
2. Certificates of Deposit			
3. Checking Accounts			
4. Insurance Settlements			
5. Lawsuit Settlements			
6. Livestock			
7. Lump Sum Payments			
8. Notes, Bonds, Stocks			
9. Prepaid Burial Insurance			
10. Real Estate (excluding homestead)			
11. Retirement (including IRAs)			
12. Savings Accounts			
13. Vehicles			
14. Alien Sponsor's Resources			
15. Other Resources			
16. TOTAL COUNTABLE RESOURCES <i>[This amount is not rounded.]</i>			\$

B. Has any CIHCP household member transferred a countable resource within 3 months before application? . Yes No

[Document regarding countable resources for the application month and the 3 months prior. Verify resources if questionable or if the countable value is close to the resource limit.]

5. Income *[Exempt all income of the Medicaid recipients listed in 2C.]*

A. Does any CIHCP household member have terminated income in the application month or the 3 months prior? Yes No

B. Does any CIHCP household member have any other countable income in the application month or the 3 months prior?.....
 Yes No

[Document and verify all countable income, including terminated income, for the application month and the 3 months prior.]

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6. Budget Calculation

A. Determine the household's monthly total countable income.

Type of Income	Name of Member(s) w/ Income	
Earned Income (#1 through #7)		
1. Monthly Gross Earned Income		
2. Standard Work-Related Expense	-	-
3. Subtotal (Line 1 minus Line 2)	=	
4. Calculate 1/3 of Line 3	-	-
5. Subtotal (Line 3 minus Line 4)	=	
6. Child / Incapacitated Adult Care	-	-
7. Countable Earned Income	=	
Unearned Income (#8 through #17)		
8. Alien Sponsor's Income		
9. Cash Gifts, Contributions, Prizes		
10. Child Support Payments		
11. Interest and Dividend Payments		
12. Retirement Benefit Payments		
13. Social Security Benefit Payments		
14. Unemployment Benefit Payments		
15. V. A. Benefit Payments		
16. Worker's Compensation Payments		
17. Other Unearned Income		
(Add Line 7 plus Lines 8 through 17.)		
18. TOTAL COUNTABLE INCOME	+	+ = \$

B. Complete 6B if anyone in the CIHCP household is making child support payments, alimony payments, other payments to persons they can claim as tax dependents or are legally obligated to support and who reside outside the CIHCP home, or if a household member was disqualified due to receiving Medicaid (refer to section 2C page1). If none of these exist, then proceed to 6C.

1. Total countable Income from 6A, Line 18	\$
2. Deduction for the support of the Medicaid recipients listed in 2C (See Handbook, Section 2, Page 29.)	-
3. Deduction for the actual amount of household member's payments made to dependents outside the household group including child support, alimony, and other payments made to persons they can claim as tax dependents or are legally obligated to support.	-
4. Net Countable Income (Line 1 minus Lines 2 and 3)	= \$

C. Compare the CIHCP Household's Net Countable Income to the CIHCP Monthly Income Standard.

1. NET COUNTABLE INCOME (from 6A, Line 18 or from 6B, Line 4) with cents rounded down.	\$
2. CIHCP Monthly Income Standard for the CIHCP household (See Handbook, Section 2, Page 30.)	\$

If the Line 1 amount is equal to or less than the Line 2 amount, the CIHCP household is income eligible.

If the Line 1 amount is greater than the Line 2 amount, the CIHCP household is not income eligible.

