

IHSS INCOME ELIGIBILITY - ADULT

Name _____ Case No. _____ Month/Year _____

RECIPIENT			SPOUSE		
A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B).			B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.		
	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse	\$	\$
a.	\$		2. Allowance for children not blind or disabled		
b.	\$		a. Children's needs	\$	\$
c.	\$		b. Children's income	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a - b)	\$	\$
3. Any income exclusion	\$ 20		d. Total allowance (add B2c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$ 65	6. Net income of spouse (B3 plus B5)		
8. Total exclusions (A6 plus A7)		\$	-- If equal to or less than A15 is entered in C		
9. Remaining earned income (A5 minus A8)		\$	-- If greater than complete B7 through B20	\$	
10. Net earned income (A9 x 1/2)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
11. Other earned income deductions		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
12. Total net earned income (A10 minus A11)		\$	9. Any income exclusion	\$ 20	
13. Total countable income (A4 plus A12)	\$		10. Net unearned income (B8 minus B9)	\$	
14. SSI/SSP payment level	\$		11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
15. IHSS share of cost (A13 minus A14)	\$		12. Earned income exclusion		\$ 65
			13. Total exclusions (B11 plus B12)		\$
			14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 x 1/2)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. SSI/SSP couple payment level	\$	
			20. IHSS share of cost (B18 minus B19)	\$	
			C. SHARE OF COST (higher of A15 or B20) **	\$	
			WORKER		DATE

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.