SEC. 1931 **APPLICANT AND RECIPIENT** BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR APPLICANTS, AND FOR RECIPIENTS UNDER ALTERNATIVE B

CASE NAME:	COUNTY DISTRICT:	COUNTY USE:
☐ NEW APP. ☐ REDETERMINATION ☐ CHANGE ☐ RETRO ELIG. ☐ CORRECTION	EFFECTIVE ELIG. DATE FOR THIS BUDGET; MONTH: _____ YEAR: _____	

NAME MFBU MEMBER #1:	NAME MFBU MEMBER #6:	OTHER COVERAGE:
NAME MFBU MEMBER #2:	NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:	NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:	NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:	NAME MFBU MEMBER #10:	

1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE). *	TOTAL MFBU UNEARNED INCOME: $ _____	UNEARNED INCOME MFBU MEMBER # ___ $ _____ + UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ + UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
2	☐ EDUCATIONAL EXPENSE (§50547)	- $ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	☐ $50 SUPPORT RECEIVED (§50554.5)	- $ _____		
4	**REMAINING NON-EXEMPT UNEARNED INCOME**	BOX 4 = $ _____		
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	TOTAL MFBU DISABILITY-BASED INCOME: $ _____	DBI OF MFBU MEMBER # ___ $ _____ + DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ + DBI OF MFBU MEMBER # ___ $ _____ +
6	$240 DEDUCTION	- $240		
7	**REMAINING NON-EXEMPT DISABILITY INCOME** (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = $ _____		
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT $90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS: $ _____	EARNINGS, MFBU MEMBER # ____ $ _____ - $90 WRK EXP DED = $ _____ / EARNINGS, MFBU MEMBER # ____ $ _____ - $90 WRK EXP DED = $ _____	EARNINGS, MFBU MEMBER # ____ $ _____ - $90 WRK EXP DED = $ _____ / EARNINGS, MFBU MEMBER # ____ $ _____ - $90 WRK EXP DED = $ _____

9	☐ DEPENDENT CARE DEDUCTION (§50553.5)	$ _____	13	☐ ALLOCATION TO EXCLUDED CHILDREN (§50558)	- $ _____
10	**REMAINING NON-EXEMPT EARNED INCOME**	BOX 10 =$_____	14	☐ ALLOCATION TO PA FAMILY MEMBER (§50557)	± $ _____
11	**TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (BOXES 4 + 7 + 10)**	$ _____	15	**TOTAL MFBU NET NON-EXEMPT INCOME** (ROUNDED DOWN TO THE NEAREST DOLLAR).	= $ _____
12	☐ CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- $ _____	16	SEC. 1931 **FPL** INCOME LIMIT FOR FAMILY	$ _____ (ENTER **FPL** INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)
	IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.	☐ ELIGIBLE	☐ NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.		

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:

SEC. 1931 **RECIPIENT** BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME:	COUNTY DISTRICT:	COUNTY USE:
☐ NEW APP. ☐ REDETERMINATION ☐ CHANGE ☐ RETRO ELIG. ☐ CORRECTION	EFFECTIVE ELIG. DATE FOR THIS BUDGET; MONTH: _____ YEAR: _____	

NAME MFBU MEMBER #1:	NAME MFBU MEMBER #6:	OTHER COVERAGE:
NAME MFBU MEMBER #2:	NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:	NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:	NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:	NAME MFBU MEMBER #10:	

1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME: $ _____	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
			UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
2	☐ EDUCATIONAL EXPENSE (§50547)	- $ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	☐ $50 SUPPORT RECEIVED (§50554.5)	- $ _____		
4	**REMAINING NON-EXEMPT UNEARNED INCOME**	**BOX 4** = $ _____		
5	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME: $ _____	DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ +
			DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ +
6	$240 DEDUCTION	- $240		
7	**REMAINING NON-EXEMPT DISABILITY – BASED INCOME** (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	**BOX 7** = $ _____	7A UNUSED $240 (LINE 6 – LINE 5; IF NEGATIVE ENTER 0)	BOX 7A $ _____ (UNUSED $240)
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS: $ _____	EARNINGS OF MFBU MEMBER # _____ $ _____	EARNINGS OF MFBU MEMBER # _____ $ _____

9	☐ UNUSED $240 DEDUCTION (FROM BOX 7A)	- $ _____	14	**TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13)** $ _____
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= $ _____	15	☐ CHILD/SPOUSAL SUPPORT PYMTS (§50554) - $ _____
11	50% DEDUCTION (DIVIDE AMOUNT IN LINE 10 BY 2)	= $ _____	16	☐ ALLOCATION TO EXCLUDED CHILDREN (§50558) - $ _____
12	☐ DEPENDENT CARE DEDUCTION (§50553.5)	- $ _____	17	☐ ALLOCATION TO PA FAMILY MEMBER (§50557) ± $ _____
13	**REMAINING NON-EXEMPT EARNED INCOME**	**BOX 13** $ _____	18	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR) = $ _____
			19	SEC. 1931 **MBSAC** INCOME LIMIT FOR FAMILY $ _____
	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	☐ ELIGIBLE	☐ NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.	

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – APPLICANT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: APPLICANT OR RECIPIENT USING FEDERAL POVERTY LEVEL (FPL) (ALTERNATIVE B)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	☐ Parent A or ☐ Caretaker Relative	☐ Parent B or ☐ Caretaker Relative	☐ Child	☐ Child	☐ Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the $50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income.					
7. Section 1931(b) $240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					

C. NONEXEMPT EARNED INCOME					
9. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
10. $90 work expense deduction.					
11. Child care deduction.					
12. Other deductions.					
13. Total deductions (add lines 10, 11 and 12).					
14. Total net nonexempt earned income (subtract line 13 from line 9).					

D. TOTAL COUNTABLE INCOME					
15. Total countable nonexempt unearned income (line 5).					
16. Total countable disability-based income (line 8).					
17. Total countable nonexempt earned income (line 14).					
18. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
19. Total countable income (add lines 15, 16, 17 and 18).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
20. Court-ordered child support or alimony.					
21. Income used to determine PA eligibility (see MC 175-6, Section B).					
22. Other deductions:					
23. Total deductions (add lines 20, 21 and 22).					
24. Total net countable income (subtract line 23 from line 19). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
25. P/S own needs (use FPL for one person).					
26. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 18).					
27. Parent's total net nonexempt income (subtract line 26 from line 24).					
28. Parent's net nonexempt income less P/S own needs (subtract line 25 from line 27); if negative, enter 0.					
29. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
30. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
31. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			☐A ☐B	☐A ☐B	☐A ☐B
32. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 28 by line 29 and enter in applicable box). Do not enter under Parent B if unmarried.					

33. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 28 by line 30 and enter in applicable box). Do not enter under Parent A if unmarried.					
34. Enter the lesser of either line 25 or 27.					
35. Parent's total net nonexempt income (add lines 26, 34 and 32 or 33).					
36. Child's total net nonexempt income (add lines 24, 32 and 33); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME

☐ Section 1931(b) Income Test ☐ Section 1931(b) Property Determination

Instructions:

1. Include unborn in the mother's MBU and property limit/FPL income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 35 or 36.

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:

☐ Excess property – FAIL

☐ Income ineligibility – exceeds FPL – Property eligible – FAIL

☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:

☐ Excess property – FAIL

☐ Income ineligibility – exceeds FPL – Property eligible – FAIL

☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:

☐ Excess property – FAIL

☐ Income ineligibility – exceeds FPL – Property eligible – FAIL

☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:

☐ Excess property – FAIL

☐ Income ineligibility – exceeds FPL – Property eligible – FAIL

☐ Income eligible – at or below FPL – Property eligible – PASS