

## SPOUSAL IMPOVERISHMENT INCOME ALLOCATION WORKSHEET

Primary Person Name (Last, First, MI)	Social Security Number
---------------------------------------	------------------------

### Section A – Community Spouse Income Allocation

Spouse's Name (Last, First, MI)	
1. <b>ENTER</b> Maximum Community Spouse Income Allocation	\$
2. <b>SUBTRACT</b> Gross Income of Community Spouse	-
3. <b>EQUALS</b> Community Spouse Income Allocation	=

### Section B – Dependent Family Member Income Allocation

	Name	Name	Name
1. <b>ENTER</b> – Maximum Dependent Family Member Income Allocation	\$	\$	\$
2. <b>SUBTRACT</b> – Dependent Family Member's Income	-	-	-
3. <b>EQUALS</b> – Individual Allowance	=	=	=
4. <b>ENTER</b> – Total Dependent Family Member Allocation (Add Line 3 of all columns)	Total \$		

### Section C – Cost of Care/Cost Sharing Calculation

1. <b>ENTER</b> Institutionalized Spouse's Gross Income	\$
2. <b>SUBTRACT</b> Personal Allowance	-
3. <b>EQUALS</b>	=
4. <b>SUBTRACT</b> Community Spouse Income Allocation (from Section A, Item 3)	-
5. <b>EQUALS</b>	=
6. <b>SUBTRACT</b> Total Dependent Family Member Allocation (From Section B, Item 4)	-
7. <b>EQUALS</b>	=
8. <b>SUBTRACT</b> Any Court-Ordered Guardian or Attorney Fees & any other special exempt income	-
9. <b>EQUALS</b>	=
10. <b>SUBTRACT</b> Medical/Remedial Costs and Cost of Person's Health Insurance Premiums	-
11. <b>EQUALS</b> Nursing Home Liability Amount / Community Waivers Cost Sharing Amount	=

**RETAIN COMPLETED FORM IN CASE RECORDS**