

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
SPECIAL ASSISTANCE**

**AMBULATION CODE 'M' CASES VERIFICATION OF ELIGIBILITY/BUDGET**

REVISION IN PAYMENT:                      Redetermination                       Desk Revision

COUNTY \_\_\_\_\_ Date \_\_\_\_\_ PDC# \_\_\_\_\_

CLIENT Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**STEP 1: Monthly Income**                      Amount

A. Total Net Earned Income                      \$ \_\_\_\_\_

B. Unearned Income

    1. SSI    \$ \_\_\_\_\_

    2. RSDI    \_\_\_\_\_

    3. Other unearned    \_\_\_\_\_

Total Unearned Income                      \$ \_\_\_\_\_

C. **TOTAL INCOME**                      \$ \_\_\_\_\_  
(Total Net Earned Income + Total Unearned Income)

D. Subtract any Applicable                      (-)                      \$ \_\_\_\_\_  
    income exclusions

E. Equals **TOTAL COUNTABLE**                      \$ \_\_\_\_\_  
    **MONTHLY INCOME (TCMI)**

**STEP 2: Monthly Requirements**                      Amount

A. Personal Needs Allowance                      \$ \_\_\_\_\_

B. Licensed Facility Rate                      \$ \_\_\_\_\_

C. **Medical Care Special costs**                      \$ \_\_\_\_\_  
(Monthly amount verified on completed *Medical Expense Form, DAAS-3006*)

D. **Total of A, B, and C equals**                      \$ \_\_\_\_\_  
    **the Variable Maintenance**  
    **Amount**

**STEP 3: Variable Maintenance Amount (from Step 2 D.)**                      \$ \_\_\_\_\_

**Subtract TCMI (from Step 1 E.)**                      - \$ \_\_\_\_\_

*(Note: If TCMI is greater than Variable Maintenance Amount, a/b is NOT eligible for SA.)*

**Deficit**                      \$ \_\_\_\_\_  
**SA Payment** \$ \_\_\_\_\_

*(Note: For "M" cases, the TCMI plus SA Payment must equal the Maintenance Amount)*

**Additional Explanation/Comments:** \_\_\_\_\_

\_\_\_\_\_

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