

SPECIAL ASSISTANCE RECERTIFICATION BUDGET SHEET

CLIENT NAME:

Certification Period	
From:	To:
PDC Number:	ISC Number:
Special Assistance Program Type:	<input type="checkbox"/> SA(ACH) <input type="checkbox"/> SAIH <input type="checkbox"/> TCL(DOJ)

Required for SA/ACH cases:

Checked the 'FACILITY PARTICIPANT' FIELD in LIVING ARRANGEMENT EVIDENCE to be sure the facility shown there is correct/up-to-date and licensed

Part 1: INCOME CALCULATION (Base Period:)

	/	/
A. UNEARNED INCOME:	Mo. / Yr.	Mo./ Yr.
1. Enter applicant's Total GROSS Unearned Income	\$	\$
2. Subtract \$20 General Deduction (Subtract \$0 from VA Pension and payment to parent of Veteran)	-	-
3. Net Unearned Income (Line 1 minus Line 2)	\$	\$
B. EARNED INCOME	/	/
	Mo. / Yr.	Mo./ Yr.
4. Enter applicant's Total GROSS earned Income (This is the amount after self-employment operational expenses)	\$	\$
5. Subtract remainder of \$20 General Deduction if any not used by Unearned Income	- \$	- \$
6. Subtotal (Line 4 minus Line 5)	\$	\$
7. Subtract \$65 Earned Income Exclusion	- 65.00	- 65.00
8. Subtotal (Line 6 minus Line 7)		
9. Subtract Impairment Related Work Expenses (IRWE)	- \$	- \$
10. Subtotal (Line 8 minus Line 9)		
11. ½ of Line 10	- \$	- \$
12. Net Earned Income (Line 10 minus Line 11)	\$	\$
C. TOTAL COUNTABLE INCOME:	/	/
	Mo. / Yr.	Mo./ Yr.
1. Enter applicant's Net Unearned Income from VI.A.3.	\$	\$
2. Add applicant's Net Earned Income from VI.B.12.	+ \$	+ \$
3. Total Countable Income (Line 1 plus Line 2)	\$	\$

INCOME DOCUMENTATION / VERIFICATION USED & SPECIAL NOTES:

Part 2: RESOURCE CALCULATION *(If beneficiary is SSI recipient, skip Part 2 and move to Part 3.)*

A. LIQUID ASSETS (First moment date:)

Money in cash, resident/patient accounts, bank accounts, trust accounts, stocks, bonds, CDs, IRAs, 401Ks, money market accounts, life estate interest, annuities, lump sums, etc.

Name(s) on Account	Name of Bank/Credit Union & Branch	Account Number	Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Cash on Hand			\$
TOTAL Value of Countable Liquid Resources:			\$

B. LIFE INSURANCE (First moment date:)

Does the applicant have life insurance? (Include term insurance if it can accrue cash value.) YES NO

(If policy is irrevocably assigned to a burial plan, do not count it towards applicable Life Insurance FV limit: see SA-3200 II.M.)

Policy Number	Insurance Co.	Original Face Value (FV)	Cash Value (CV)	Date Verified	Countable Yes or No	Participating Yes or No
a)		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
b)		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
c)		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
d)		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
e)		\$	\$		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTAL LIFE INSURANCE VALUE		\$	\$			
<i>A participating policy may earn dividends annually. Dividends can be paid back to the owner, used to reduce the next premium, used to increase face value, or used to increase cash value. Contact insurance company or ask beneficiary to provide a copy of annual premium notice.</i>						

C. BURIAL PROPERTY (First moment date:)

Does the applicant have any burial property listed below? YES NO

TYPE	How many?	Designated for Whom? /Relation to applicant	Excluded	Value
Burial Spaces/plots	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Crypts/mausoleums	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Caskets/Vaults	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Urns	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
TOTAL Value of Countable Burial Property in Part 2 C:				\$

D. BURIAL CONTRACTS (First moment date:)

Does the applicant have burial contract(s)? YES NO If YES, complete the following information for each contract.

Beneficiary	Owner	Revocable or Irrevocable	Burial Plan Company	Date Purchased	Value	Verification
					\$	
					\$	
					\$	
TOTAL Countable Value of Burial Contracts (a)					\$	

Type of Resource	Value	- \$1500	Balance	Excess
Irrevocable Trust (Do Not Count Excess over \$1,500)	\$		\$	\$
Face Value of Life Insurance if F.V. is \$1,500 or less	\$		\$	\$
Revocable Contract	\$		\$	\$
Cash Value of Designated Life Ins. when F. V. is more than \$1,500	\$		\$	\$
Cash Designated for Burial (If in bank acct, funds cannot be comingled)	\$		\$	\$
TOTAL Countable Value of Pre-Paid Burial Contracts (b)				\$

E. PERSONAL PROPERTY (First moment date:)

Does the applicant have any vehicles/personal property? YES NO (cars, trucks, boats, boat trailer/motors, campers, mobile homes, motorcycles, farm equipment, or business equipment?)

Type of Vehicle	Model / Year	How Used?	Amount Owed	Countable Value (or Exclusion Reason)
			\$	\$
			\$	\$
			\$	\$
TOTAL Countable Value of Personal Property				\$

F. REAL PROPERTY (First moment date:)

Does the applicant have any real property? YES NO (Houses, cabins, land acreage, property interest, etc.)

Type of Property/Asset and Location	Type of Ownership (Tenancy-in-Common, Single Owner, Life Estate, Tenancy-by-Entirety, etc.)	Value	Property Excluded? (If YES, indicate reason)
		\$	
		\$	
		\$	
TOTAL Countable Value of Real Property			\$

TAX OFFICE	Date Checked:	Checked by:
REGISTER OF DEEDS	Date Checked:	Checked by:

G. TRANSFER OF ASSETS (SA LOOKBACK DATE:)

Has the applicant transferred, sold or given away any resources for less than current market value? YES NO

Title or Property:	Value:	\$	Date Tax Office Checked:	Tax Year:
Date Register of Deeds Checked:	Value:	\$	Date Transferred:	
Other Transferred Resources:	Value:	\$	Date Transferred:	

Allowable Transfer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant Alleged Incompetent/Defrauded? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Allowable Transfer Reason:	If Yes, Guardian/POA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Sanction Period ____ / ____ Through ____ / ____	Sanction Rebutted/Value \$

H. RESOURCE TOTAL

Total Countable Value of Liquid Resources (from Part 2 A.)	\$
Total Countable Life Insurance Cash Value (from Part 2 B.)	\$
Total Countable Burial Property (from Part 2 C.)	\$
Total Countable Value of Burial Contracts (from Part 2 D. a + b)	\$

Total Countable Value of Personal Property (from Part 2 E.)	\$
Total Countable Value of Real Property (from Part 2 F.)	\$
TOTAL OF ALL ITEMS TO COUNT IN RESOURCES	\$

Part 3: PAYMENT CALCULATION

Valid FL-2 dated:	
Special Assistance Level of Care TYPE:	
<input type="checkbox"/> SA Facility - Basic	<input type="checkbox"/> SA Facility Special Care Unit - Enhanced
<input type="checkbox"/> SA In-Home - Basic	<input type="checkbox"/> SA In-Home - Enhanced
<input type="checkbox"/> SA In-Home TCL(DOJ) - Basic	<input type="checkbox"/> SA In-Home TCL(DOJ) - Enhanced

ONGOING SA or SAIH PAYMENT	$\frac{\quad}{\text{Mo. Yr.}}$	$\frac{\quad}{\text{Mo. Yr.}}$
A. Rate (\$1,285 Basic or \$1,647 Enhanced)	\$	\$
B. Personal Needs Allowance (\$70)	+ \$	+ \$
C. Maintenance Amount (A+B) (\$1,355 Basic or \$1,717 Enhanced)	= \$	= \$
D. Total Countable Monthly Income	- \$	- \$
E. Equals SA Payment or SAIH payment	= \$	= \$
PAYMENT (rounded to nearest dollar)	\$	\$

CASEWORKER NOTES:

Caseworker Name:

Caseworker Signature: _____

Date: