

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:)

	Mo. / Yr.	Mo. / Yr.
A. UNEARNED INCOME:		
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		
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. 1/2 of Line 10	- \$	- \$
12. Net Earned Income (Line 10 minus Line 11)	\$	\$
C. TOTAL COUNTABLE INCOME:		
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:

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:
NOTES:		

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? YES NO Applicant Alleged Incompetent/Defrauded? YES NO
 If Yes, Allowable Transfer Reason: _____ If Yes, Guardian/POA? YES 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	<u> / </u> Mo. Yr.	<u> / </u> Mo. Yr.
A. Rate (\$1,397 Basic or \$1,792 Enhanced)	\$	\$
B. Personal Needs Allowance (\$70)	+ \$	+ \$
C. Maintenance Amount (A+B) (\$1,467 Basic or \$1,862 Enhanced)	= \$	= \$
D. Total Countable Monthly Income	- \$	- \$
E. Equals SA Payment or SAIH payment	= \$	= \$
PAYMENT (rounded to nearest dollar)	\$	\$

CASEWORKER NOTES:

DON'T FORGET TO ENSURE THAT ANY AUTHORIZED REPRESENTATIVE NAMES/ADDRESSES ARE INCLUDED AND UP TO DATE IN CONTACTS ON THE 'PERSON LEVEL' IN NC FAST, AND THAT A COPY OF NOTICES HAS BEEN/IS BEING SENT TO THEM!!

Caseworker Name:

Caseworker Signature: _____

Date: