

# 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.
<b>A. UNEARNED INCOME:</b>		
1. Enter applicant's Total GROSS Unearned Income	\$	\$
2. Subtract \$20 General Deduction (Subtract \$0 from VA Pension and payment to parent of Veteran)	-	-
<b>3. Net Unearned Income (Line 1 minus Line 2)</b>	\$	\$
<b>B. EARNED INCOME</b>		
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	- \$	- \$
<b>12. Net Earned Income (Line 10 minus Line 11)</b>	\$	\$
<b>C. TOTAL COUNTABLE INCOME:</b>		
1. Enter applicant's Net Unearned Income from VI.A.3.	\$	\$
2. Add applicant's Net Earned Income from VI.B.12.	+ \$	+ \$
<b>3. Total Countable Income (Line 1 plus Line 2)</b>	\$	\$

**INCOME DOCUMENTATION / VERIFICATION USED & SPECIAL NOTES:**



**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)	\$		\$	\$
<b>TOTAL Countable Value of Pre-Paid Burial Contracts (b)</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)
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL Countable Value of Personal Property</b>				\$

**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)
		\$	
		\$	
		\$	
<b>TOTAL Countable Value of Real Property</b>			\$

<b>TAX OFFICE</b>	Date Checked:	Checked by:
<b>REGISTER OF DEEDS</b>	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?  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.)	\$
<b>TOTAL OF ALL ITEMS TO COUNT IN RESOURCES</b>	<b>\$</b>

**Part 3: PAYMENT CALCULATION**

<b>Valid FL-2 dated:</b>	
<b>Special Assistance Level of Care TYPE:</b>	
<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	/	/
	Mo. Yr.	Mo. Yr.
<b>A. Rate</b> (For 2025 - \$1,359 Basic or \$1,743 Enhanced) (For 2024 - \$1,326 Basic or \$1,700 Enhanced)	\$	\$
<b>B. Personal Needs Allowance</b> (\$70)	+ \$	+ \$
<b>C. Maintenance Amount (A+B)</b> (For 2025 - \$1,429 Basic or \$1,813 Enhanced) (For 2024 - \$1,396 Basic or \$1,770 Enhanced)	= \$	= \$
<b>D. Total Countable Monthly Income</b>	- \$	- \$
<b>E. Equals SA Payment or SAIH payment</b>	= \$	= \$
<b>PAYMENT</b> (rounded to nearest dollar)	\$	\$

<b>CASEWORKER NOTES:</b>

**Caseworker Name:**

**Caseworker Signature:** \_\_\_\_\_

**Date:**