

**NORTH CARLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
SPECIAL ASSISTANCE PROGRAM**

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	<u>Amount</u>	STEP 2: Monthly Requirements	<u>Amount</u>
A. <u>Total Net Earned Income</u>	\$ _____	A. Personal Needs Allowance	\$ _____
B. Unearned Income		B. Licensed Facility Rate	\$ _____
1. SSI	\$ _____	C. <u>Medical Care Special</u> costs	\$ _____
2. RSDI	_____	<small>(Monthly amount verified on completed <i>Medical Expense Form, DSS-3006</i>)</small>	
3. Other unearned	_____	D. <u>Total</u> of A, B, and C equals	\$ _____
<u>Total Unearned Income</u>	\$ _____	the Variable Maintenance	
C. <u>TOTAL INCOME</u>	\$ _____	Amount	
<small>(Total Net Earned Income + Total Unearned Income)</small>			
D. Subtract any Applicable (-)	\$ _____		
income exclusions			
E. Equals <u>TOTAL COUNTABLE</u>			
<u>MONTHLY INCOME (TCMI)</u>	\$ _____		

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:
