

# MIC/NC HEALTH CHOICE BUDGET WORKSHEET - Supplement 1

**MATCHES - Attach printout if HIT is checked.**

NAME	CNDS	ESC UI	BENDEX	SDX	SOLQ
	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit
	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit
	Date _____	Date _____	Date _____	Date _____	Date _____

  

NAME	CNDS	ESC UI	BENDEX	SDX	SOLQ
	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit	<input type="checkbox"/> Hit
	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit	<input type="checkbox"/> No Hit
	Date _____	Date _____	Date _____	Date _____	Date _____

**BUDGET COMPUTATION - Use Separate Columns if children have different budget/needs units.**

NAME _____ Child/Spousal Support \$ _____ Child/Spousal Support Deduction \$ <u>      -50.00</u> Countable Support \$ _____	NAME _____ Child/Spousal Support \$ _____ Child/Spousal Support Deduction \$ <u>      -50.00</u> Countable Support \$ _____			
(Use for multiple AU's or months as needed)				
<b>Monthly Gross Earned Income</b>		\$	\$	\$
<b>Earned Income Tax Credit</b>	-	\$	\$	\$
<b>Work Related Expense (deduct \$90 for each person who works)</b>	-	\$	\$	\$
<b>Child Care Expenses (Max. \$200 for child under 2, \$175 for all others)</b>	-	\$	\$	\$
<b>Net Countable Earned Income</b>	=	\$	\$	\$
<b>Unearned Income</b>	+	\$	\$	\$
<b>Sub Total Income</b>	=	\$	\$	\$
<b>Court-Ordered Child Support/Alimony</b>	-	\$	\$	\$
<b>Income Deemed to Work First Case</b>	-	\$	\$	\$
<b>Total Countable Income</b>	=	\$	\$	\$
<b>MIC/NCHC INCOME LEVEL</b>				

**Compare Total Countable Income to Appropriate Income Level for the Needs Unit - If income is equal to or less than income level, the applicant is eligible.**

Approved

NCHC Enrollment Fee Due?  Yes  No  
(Compare countable income to 150% of poverty)

NAME	PROGRAM (MIC/NCHC)	AUTHORIZED DATES	
		FROM	TO
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	

Ineligible for MIC/NCHC

NAME	Denied/Withdrawn	-	Reason
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		
	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn		

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WORKER SIGNATURE

DATE

WORKSPACE/DOCUMENTATION: