

## M-AF Application – (Supplement 2)

Use for Parent/Caretaker of Child Under 19, Children age 19 or 20, or Children Ineligible for MIC/NC Health Choice.

First	NAME MI	Last	DATE OF BIRTH

**RESOURCES (PARENT(S), CHILDREN AGE 19 OR 20, CHILDREN INELIGIBLE FOR MIC)**  
**DO YOU HAVE ANY OF THE FOLLOWING?  YES  NO**

SOURCE	YES	NO	WHOSE / WHERE LOCATED?	VALUE	VERIFICATION
CASH					
CHECKING					
SAVINGS					
CD'S					
STOCKS/BONDS					
FARM/BUSINESS EQUIPMENT					
PERSONAL PROPERTY: (Motorcycles, Boats, Campers, Mobile homes not used as a home, Jetskis, etc.)					
OTHER					

# F/C/ BUDGET SHEET

MAF-C / 27.5%

MAF-N, M / MIC

MONTHLY GROSS EARNED INCOME	\$ _____
EITC DEDUCTIONS (-)	\$ _____
<b>TOTAL =</b>	<b>\$ _____</b>
X 27.5% = _____ (-)	\$ _____
 <b>TOTAL NET EARNED</b>	 <b>\$ _____</b>
*****	
CHILD/ALIMONY SUPPORT	\$ _____
DISREGARD (-)	\$ _____
COUNTABLE SUPPORT =	\$ _____
ALL OTHER UNEARNED (+)	\$ _____
<b>TOTAL NET UNEARNED =</b>	<b>\$ _____</b>
*****	
<b>TOTAL EARNED + UNEARNED =</b>	<b>\$ _____</b>
SUPPORT/ALIMONY PAID BY B.U. MEMBER (-) (COURT ORDERED)	\$ _____
INCOME DEEMED TO WORK FIRST CASE (-)	\$ _____
<b>TOTAL COUNTABLE INCOME =</b>	<b>\$ _____</b>
*****	
**	
# IN NEEDS UNIT =	_____
MAF – CN INCOME LEVEL =	_____
<p><b>Note: If ineligible using the 27.5% deduction and the \$90 and child/adult deductions are a higher income deduction, complete a second budget . (See budget for MAF-N, M and MIC in next column.)</b></p>	

MONTHLY GROSS EARNED INCOME	\$ _____
EITC DEDUCTIONS (-)	\$ _____
<b>TOTAL =</b>	<b>\$ _____</b>
WORK RELATED EXPENSE (-)	<b>\$ <u>90.00</u></b>
CHILD/ADULT CARE (-)	\$ _____
<b>TOTAL NET EARNED</b>	<b>\$ _____</b>
*****	
CHILD/ALIMONY SUPPORT	\$ _____
DISREGARD (-)	\$ _____
COUNTABLE SUPPORT =	\$ _____
ANY OTHER UNEARNED (+)	\$ _____
<b>TOTAL NET UNEARNED =</b>	<b>\$ _____</b>
*****	
*	
<b>TOTAL EARNED + UNEARNED =</b>	<b>\$ _____</b>
SUPPORT/ALIMONY PAID BY B.U. MEMBER (-) (COURT ORDERED)	\$ _____
INCOME DEEMED TO WORK FIRST (-)	\$ _____
<b>TOTAL COUNTABLE INCOME =</b>	<b>\$ _____</b>
*****	
# IN NEEDS UNIT =	_____
MAF/ MIC INCOME LEVEL =	_____
<p>➤ <b>IF OVER FOR MAF-C</b>, (complete separate budget for Children (MIC), and deductible amt. for adults).</p>	
Total Countable Income	\$ _____
MN Income Level (-)	_____
Excess =	\$ _____
X Month(s) _____	
<b>DEDUCTIBLE AMOUNT</b>	<b>\$ _____</b>

	<b>KINSHIP</b>	<b>*LIVING WITH</b>	<b>*This factor does not have to be verified for infant during the post partum period.</b>
<b>A.U. NO</b>	<b>Relationship to Casehead</b>	<b>Does the child live with the Specified Relative? **If yes, Enter Name and Relationship of Specified Relative Below.</b>	<b>Verification - Date and Method</b>
<b>1</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>2</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>3</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>4</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>5</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	

**\*\*SHOW RELATIONSHIP OF SPECIFIED RELATIVE IF NOT PARENT:**

**MEDICAL SUPPORT REQUIREMENTS**

**Name:** \_\_\_\_\_

**Relationship:**

Does the caretaker who is applying for herself have good cause for non-cooperation?  
(Review DSS-8104, if appropriate)

YES, give date and verification below

NO, give date and verification below

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Refer to IV-D a pregnant woman who is ineligible for MPW and is receiving Medicaid under MAF when she is receiving assistance for children other than the unborn. Do not refer her to IV-D if there are no other children receiving Medicaid.**

**The information contained above and on the Medicaid/NCHC application is an accurate report of my income and resources.**



\_\_\_\_\_

**Applicant**

\_\_\_\_\_

**Date**

**AUTHORIZATION:**

NAME	DISPOSITION	CERTIFICATION		DATES AUTHORIZED	
		FROM	THROUGH	FROM	THROUGH
	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn	-		-	
	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn	-		-	
	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn	-		-	
	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn	-		-	



\_\_\_\_\_

**Worker's Signature**

\_\_\_\_\_

**Date**

**WORKSPACE/DOCUMENTATION:**