![Kansas Department of Health and Environment, Division of Health Care Finance]

INCOME ALLOWANCE DETERMINATION FORM

Spouse in long-term care: _____

Community Spouse: _____

Case Number: _____

This form is to be used to determine the total amount of income received by a married couple and the amount of the community spouse and/or family member income allowance.
List all of the couple's countable income below. (Attach additional sheets if necessary.)

SECTION I – INCOME

A. EARNED INCOME – List all earned income including self-employment income.

	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)
1.	_____	_____	_____
2.	_____	_____	_____

B. UNEARNED INCOME – List all unearned income. Examples: alimony, unemployment income, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income is received jointly, list both spouses' names.

	Source	Spouse(s) Receiving Income	Monthly Gross
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

C. INCOME TOTALS – Total all earned and unearned income from page 1 and list below.

1. Income Received by Spouse in long-term care $ _____
2. Income Received by Community Spouse $ + _____
3. Income Received Jointly $ + _____
4. Total Income of Couple $ = _____

If total income is less than or equal to $2,465 go to Section III. If total income is greater than $2,465 complete Section II first.

SECTION II – SHELTER EXPENSES

List monthly shelter expenses below for the community spouse and compute the excess shelter amount.

1. Rental Cost $ _____
2. Mortgage Payment $ _____
3. Property Taxes (if not included in item 2 above) $ _____
4. Home Insurance (if not included in item 2 above) $ _____
5. Other (Condominium/Cooperative charges) $ _____

Add items 1 through 5 $ _____

Subtract $ - 297.50

6. Total Excess Shelter $ = _____

SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to $2,465 per month of the couple's total income. The community spouse's share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is $3,715.50 per month.

Calculate the total amount of income which can be allocated to the community spouse.

1. $2,465 minimum allowance $ _____
2. Total excess shelter (Line II-6) $ + _____
3. Total allowable community spouse allowance $ = _____
4. Community spouse's gross income $ - _____
5. Net community spouse income allowance which can be provided $ = _____

SECTION IV – FAMILY INCOME ALLOWANCE

Each family member who lives with the community spouse can receive $822 per month of the income of the spouse in long term care as long as that member's gross monthly income does not exceed $2,465. If the income is in excess of $2,465 no income allowance can be provided to that member. A family member is defined as a minor dependent child, dependent parent, or dependent brother or sister of either spouse.

List the dependent family members, type of dependency (minor child, disabled, etc.), and amount of gross income for each below.

Name	Dependency	Amount of Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Qualifying Members   _____

Calculate the total amount of income which can be allocated to each family member.

1. Monthly income allowance per family member $ 822 _____
2. Number of qualifying family members $ x _____
3. Total family allowance which can be provided $ = _____

SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE

Calculate the institutionalized spouse's share of the total non-exempt income.

1. Total income of the spouse in long-term care $ _____
2. Income to be allocated to the community spouse $ - _____
3. Income to be allocated to other family members $ - _____
4. Spouse in long-term care's share of total income $ = _____

SECTION VI – TOTAL ALLOCATION

Based on the total allowance amount(s) which can be provided as indicated above, the couple's income will be allocated as follows:

1. Community spouse's share of total income $ _____
2. Spouse in long-term care share of total income $ + _____
3. Family member(s) share of total income $ + _____
4. Total income of couple $ = _____
   (Should be the same as Section I, Line C-4 above)

Person Completing Form: _____

Signature: _____

Date Form Completed: _____