

**Medically Needy Budget Sheet**

**Section A**

Application Budget

Change Budget

For \_\_\_\_\_ Months

Date: \_\_\_\_\_

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Number of Persons in Budget Unit: \_\_\_\_\_ MNIL \$ \_\_\_\_\_ First day of \_\_\_\_\_ Through last day of \_\_\_\_\_

**Section B NOTE: \$30 Plus 1/3 Disregards ONLY when applicable**

1 <sup>st</sup> Wage Earner	Gross Earnings	Standard Work Expense Deduction	\$30	1/3	Dependent Care	NET	Unearned		MNIL	Documentation of reason for budget (Months prior, change in circumstances or BG members)	
Month 1											
Month 2											
Month 3											
Month 4											
Month 5											
Month 6											
2 <sup>nd</sup> Wage Earner	Gross Earnings	Standard Work Expense Deduction	\$30	1/3	Dependent Care						
Month 1											
Month 2											
Month 3											
Month 4											
Month 5											
Month 6											

(Round up or down to Nearest Dollar)

**Section C**

(sources, calculations, how verified, etc.)

Total	+	=				Excess	Deficit	
			Total Income	Total MNIL		If excess income \$ Enter on reverse block D.5		
							<b>If deficit – defacto eligible</b>	

