#### Georgia Department of Human Services

## Medically Needy Budget Sheet

### Section A

<ul><li>Application</li><li>Budget</li><li>Change Budget</li></ul>	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

		Standard Work									ion of reason Months prior,
1 <sup>st</sup> Wage	Gross	Expense			Dependent					change in ci	rcumstances or
Earner	Earnings	Deduction	\$30	1/3	Care	NET	Unearned		MNIL	BG member	
Month 1											
Month 2											
WOIIIII 2											
Month 3											
Month 4										-	
Month 5											
Month 6											
Wage	Gross	Standard Work Expense			Dependent						
Earner	Earnings	Deduction	\$30	1/3	Care					-	
Month 1											
Month 2											
Month 3											
Month 4											
Month 5											
Month 6											
(Round u	p or down t	o Nearest Dollar	)								
Section	С				Total		+ =			Excess	Deficit
(sources,	calculations	, how verified, e	etc.)					Total Income	Total MNIL	If exces	s income \$
											erse block D.5
						1	1		,	If deficit – e	lefacto eligible

# Section D Complete ONLY for Spend-Down Cases

Mo/Day/Yr     DOCUMENTATION OF INCURRETATION     2. Type   3. Method of of Bill   Amethod of Verification   Image and the incurred by and the incured by and the incurred by and the incurred	Complete ONLY for Spend-Down Cases		Bud	get Period	Through				
EXPENSES     4. Medical Expenses   6. Future     4. Medical Expenses   5. Income   Spend-     2. Type   3. Method of   Date   Unpaid   Amount   \$   Medical				Budget Period Mo/Day/Yr			Ĩ	Mo/Day/Yr	
2. Type 3. Method of Date 4. Medical Expenses 6. Future   9aid 9aid 5. Income Spend-   0. Method of 0. Date 0. Method Medical									
Image: set of the	1. Incurred By:	2. Type of Bill		Date	4. Medical	Paid Unpaid		Excess	Spend- down Medical
Image: series of the series									
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#### Section E

Disp	osition:

	Approval: Medical "Begin Authoriz	zation Date" From Through	
		Mo/Day/Yr	Mo/Day/Yr
	Rejected: Never met deductable		
No	tifications:		
	To DCH Via SUCCESS on	Member is obligated to pay \$	toward Spend-down
	To Member via Notification Form.	You are obligated to pay \$ toward spe	nd-down for
			Mo/Day/Yr

Signature of Worker