NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Personal Needs Eligibility Worksheet

Individual: _____ Medicaid #: _____

FCP Name: _____ Sponsoring Agency: _____

PART I- Supplemental Security Income and/or Medicaid Status

1. Is the individual currently receiving SSI? ☐ Yes ☐ No
   If yes, skip to Part III and enter $250. If no, answer question 2 below.
2. Is the individual currently enrolled in Medicaid? ☐ Yes ☐ No
   If yes, skip to Part III and enter $250. If no, complete Part II.

PART II- Asset/Income Evaluation

1. a. Evaluation is based on assets and/or income for _____ (month/year).

2. a. Total assets from all sources: $_____
   b. Current Medicaid asset limit: $_____
   c. Excess assets (2a minus 2b; enter $0 if negative) $_____
   d. If line 2c is $250 or more, skip to Part III and enter $0.
   e. If line 2c is less than $250, complete questions 3-6 below.

3. a. Total gross unearned income: $_____
   b. Income disregard: $ 20
   c. Net unearned income (3a minus 3b): $_____

4. a. Total gross wages: $_____
   b. Income disregard (if not used in item 3 above): $_____
   c. Work related exemption: $ 65
   d. Sub-balance: $_____
   e. One-half sub-balance (net wages): $_____

5. a. Total net income (3c plus 4e): $_____
   b. OPWDD allowance: $_____
   c. Adjusted net income (5a minus 5b): $_____
   d. Current provider payment: $_____
   e. Excess income (5c minus 5d; enter $0 if negative): $_____
   f. Health insurance premiums paid by individual: $_____
   g. Adjusted excess income (5e minus 5f): $_____
   h. Semi-annual adjusted excess income (six times the amount of line 5g): $_____

6. a. Full semi-annual payment: $ 250
   b. Total excess assets and income (2c plus 5h): $_____
   c. Payment due (6a minus 6b; enter $0 if negative): $_____
   d. If line 6c is $0, enter $0 in Part III also.
   e. If line 6c is greater than $0, enter the amount in Part III.

Part III- Payment Amount

Enter amount in Part III-A or IV-A on the *Family Care Payment Authorization* form. $_____

_____ _____
Print Name Print Title

_____ _____
Signature Date