

**SSI ELIGIBILITY DETERMINATION WORKSHEET
2001**

01-01

Case Name: _____ Child: _____

Case Number: _____ Date: _____

Earned Income	
Unearned Income (not including SSI Child)	
Allocation for Inelig Child- Number of Ineligible Children in HH	0
Remaining Unearned Income	0
Remaining Earned Income	0
General Exclusion	-20
Adjusted Unearned	0
Adjusted Earned	-20
Earned Income Exclusion	-65.00
Earned Income Disregard	0
Total Income	0
Parental Living Allowance- Number of Parents in HH	
Total Allowance	0
Total Deemed Income	0
Childs Unearned Income:	0
Amount of Child Support	
Other Unearned Income	
Net Countable Income	0
General Exclusion	-20
Countable Income	0
Current SSI Benefit	530
Net Benefit	ELIGIBLE