

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

**INCOME ALLOWANCE DETERMINATION FORM**

Applicant/Recipient Name \_\_\_\_\_

Name of 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 sheet 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 insurance, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income received jointly, list both spouses' names.

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

**B. UNEARNED INCOME (CONTINUED)**

- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

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

- 1. Income Received by Wife ..... \$ \_\_\_\_\_
- 2. Income Received by Husband ..... \$ + \_\_\_\_\_
- 3. Income Received Jointly ..... \$ + \_\_\_\_\_
- 4. Total Income of Couple ..... \$ = \_\_\_\_\_

If total income is less than or equal to \$1,967 go to Section III. If total income is greater than \$1,967 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 ..... \$ - 219
- 6. Total Excess Shelter ..... \$ = \_\_\_\_\_

**SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE**

The community spouse may retain up to \$1,967 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 \$2,931 per month.

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

1.	\$1,967 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 \$656 per month of the income of the spouse in long term care as long as that member’s gross monthly income does not exceed \$1,967. If the income is in excess of \$1,967 no income allowance can be provided to that member. A family member is defined as a minor or 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.

<u>Name</u>	<u>Dependency</u>	<u>Amount of Gross Income</u>
Total Qualifying Members		

