

Deductions: Certain types of Medicaid budgeting allow applicants/recipients to reduce their countable income with deductions that they take on their federal taxes. These are specific expenses that the Internal Revenue Service (IRS) allows people to deduct to reduce their taxable income. Only record deductions here if you will claim them on the current year's tax return.

	YES	NO	WHO	AMOUNT/VALUE & FREQUENCY	WHO	AMOUNT/VALUE & FREQUENCY
Educator expenses 1						
Individual Retirement Account (IRA) deduction 2						
Student loan interest deduction 3						
Tuition and fees 4						
Certain business expenses (reservists, artists, fee-based government officials) 5						
Health savings account deduction 6						
Job-related moving expenses 7						
Deductible part of self-employment (S/E) tax 8						
S/E, SIMPLE & qualified plans 9						
S/E health insurance deduction 10						
Penalty on early withdrawal of savings 11						
Alimony paid 12						
Domestic production activities deduction 13						
Additional adjustments added on line 36 (IRS Form 1040 only) 14						
Archer MSA deduction 15						
Other Adjustment (Please Specify)						

SECTION 16 – STEP-PARENT/NON-CITIZEN WITH SATISFACTORY IMMIGRATION STATUS SPONSOR INFORMATION

Answer all questions listed below.

	YES	NO	WHO?
Does the step-parent of any children who live with you have any resources or receive income of any kind?			
Is anyone in your household a non-citizen with satisfactory immigration status who was sponsored for admission into the U.S.?			
NAME OF SPONSOR:		PHONE NO.:	
ADDRESS:			

NEEDED	REFERRAL	COMPLETED
	UIB	

SECTION 17 – EMPLOYMENT INFORMATION			
<div>I am currently: employed self-employed unemployed</div> <div>Gross Income \$ _____ Hours Worked Monthly _____</div> <div>(Include wages, salary, overtime pay, commissions, and tips)</div> <div>Paid: Weekly Bi-Weekly Monthly Day of the week paid: _____</div> <div>Employer's Name and Address: _____ 1</div> <div>_____ Phone No. _____</div>			
<div>Is anyone else who lives with you currently: employed self-employed</div> <div>Who: _____</div> <div>Gross Income \$ _____ Hours Worked Monthly _____</div> <div>Paid: Weekly Bi-Weekly Monthly Day of the week paid: _____ 2</div> <div>Employer's Name and Address: _____</div> <div>_____ Phone No. _____</div>			
<div>Is health insurance available through your employer? Yes No</div> <div>Does anyone who lives with you have health insurance with an employer? Yes No</div> <div>Who: _____ 3</div> <div>Name of Insurance Company: _____</div>			
<div>Do you or anyone who lives with you have a child or dependent care expenses due to employment? Yes No</div> <div>Who: _____ 4</div>			
<div>Do you or anyone who lives with you have other employment-related expenses? Yes No</div> <div>Who: _____ 5</div>			

REQUESTED	DOCUMENTATION	IN FILE
	CINTRAK/RFI/IRCS	
	1099	
	Employment Verification	
	Income Tax Return	
	Self-Employment Worksheet	
	Wage Stubs	
	Work Registration Form	
	Dependent/Child Care Form/Statement	
	Approval of Informal Child Care Provider	

NEEDED	REFERRALS	COMPLETED
	CAP	
	Disability	
	Employment	
	TPHI/COBRA	
	UIB	
	Workers' Compensation	
	Drug/Alcohol	
	Domestic Violence	
	Refugee Cash Assistance	

CONSIDER

- ✓ Limited English Proficiency
- ✓ Earned Income Tax Credit (see PUB-4786)
- ✓ Explaining Periodic Reporting Requirements
- ✓ Net Loss of Cash Income
- ✓ P.A.S.S. Income Amount and Sources
- ✓ Employment Sanctions
- ✓ Temporary Employment
- ✓ Disability Review
- ✓ Individual Development Account (IDA)
- ✓ Voluntary Quit