

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
SPECIAL ASSISTANCE**

**AMBULATION CODE 'M' CASES VERIFICATION OF ELIGIBILITY/BUDGET**

REVISION IN PAYMENT:                      Redetermination [ ]                      Desk Revision [ ]  
 COUNTY \_\_\_\_\_ Date \_\_\_\_\_ EIS Case ID \_\_\_\_\_  
 CLIENT Last Name \_\_\_\_\_ First Name \_\_\_\_\_

	<u>Amount</u>		<u>Amount</u>
1. Monthly Requirements		2. Monthly Income	
a. Personal Needs Allowance	\$ _____	a. Total Net Earned Income	\$ _____
b. Licensed Facility Rate	\$ _____	b. Unearned Income	
<b>c. Medical Care Special</b>	\$ _____	1. SSI	\$ _____
<small>(Monthly amount verified on completed Medical Expense Form)</small>		2. RSDI	_____
		3. Other unearned	_____
<b>d. Total of a, b, and c Equals the Variable Maintenance Amount</b>	<b>\$ _____</b>	4. Total Unearned Income	\$ _____
		<b>c. TOTAL INCOME</b>	<b>\$ _____</b>
		<small>(Total Net Earned + Total Unearned)</small>	-
		d. Subtract any Applicable income exclusions	\$ _____
		(-)	
		<b>E. Equal Total Countable Monthly Income (TCMI)</b>	<b>\$ _____</b>

**Variable Maintenance Amount (1. d.)**                      \$ \_\_\_\_\_

**Subtract TCMI (2.e.)**    (-)                      \$ \_\_\_\_\_

**Note:** If TCMI is greater than Variable Maintenance Amount, a/r is not eligible for SA.

**Deficit**                      \$ \_\_\_\_\_

**SA Payment**                      \$ \_\_\_\_\_

**Note:** For "M" Cases: In EIS the TCMI plus SA Payment **must equal** the Maintenance Amount

**Additional Explanation/Comments:** \_\_\_\_\_