

St. Clair County Community Mental Health Authority
Earned Income Worksheet

R.330.8242(b)(1)(B): EARNED INCOME – You **must** protect the first \$65/month **PLUS ½ of earned** income over \$65/month.

Individual: _____ Case #: _____

Effective Date: _____

- | | |
|---|---------------------------------|
| 1. Earned Income (form #119, line 1.a divided by 12) | \$ _____ |
| 2. Subtract 1 ST \$65 Protected Income | <u>(65.00)</u> Protected |
| 3. Subtotal | \$ _____ |
| 4. Additional Protected Income (line 3 divided by 2) | \$ _____ Protected |
|
 | |
| 5. 1 ST \$65 Protected Income (from line 2) | <u>\$65.00</u> |
| 6. Additional Protected Income (from line 4) | \$ _____ |
| 7. Total Monthly Protected Income (line 5 + line 6) | \$ _____ Protected Income/Month |
| 8. Total Annual Protected Income (line 7 x 12 mo.) | \$ _____ Protected Income/Year |
| 9. Total Annual Personal Allowance (**) | \$ _____ |
| 10. Total Annual Protected Income
and Personal Allowance (line 8 + line 9) | \$ _____ |

Enter amount from Line 10 on Line 1.b. of form #118, "Fee Determination for Mental Health Services for Monthly Payments-Specialized Group/Foster Homes or Inpatient >60 Days".

****The personal allowance can be any amount from \$44.00 through \$64.00 a month. Enter this amount on form #116, "Summary and Signature Page".**