

INDIGENT EXCEPTION WORKSHEET

Customer's Name (Last, First, M.I.): _____ Number: _____

Family Size (Count the following individuals who live in the customer's household: the customer, the customer's spouse, dependent children of the customer or the customer's spouse).

Total Family size = _____

Programs	NA / CA	MA
Cash provided by sponsor	\$	\$
Value of vendor payments for the customer's food and/or shelter +	\$	\$
Customer's other gross income (earned and unearned) +	\$	\$
Customer's spouse's gross income +	\$	\$
Total =	\$	\$
130% of FPL for customer's family size (NA/CA)	\$	
100% of FPL for customer's family size (MA)		\$

If the Total is...

Greater than 130% of the FPL (NA/CA)

Greater than 100% of the FPL (MA)

Equal to or less than 130% of the FPL (NA/CA)

Equal to or Less than 100% of the FPL (MA)

Then...

▶ The customer is not indigent. Deem the sponsor's income to the customer.

▶ The customer is indigent and qualifies for the Indigent Exception.