

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.

Number of People in Household	100% of the FPL effective 2/1/19	130% of the FPL effective 10/1/18	185% of the FPL effective 10/1/18
1	\$1041	\$1316	\$1872
2	\$1410	\$1784	\$2538
3	\$1778	\$2252	\$3204
4	\$2146	\$2720	\$3870
5	\$2515	\$3188	\$4536
6	\$2883	\$3656	\$5202
7	\$3251	\$4124	\$5868
Each Additional Participant	\$368	\$468	\$666

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