

Michigan Department of Health and Human Services  
Children's Special Health Care Services

# FINANCIAL WORKSHEET

## Purpose:

This worksheet is used to calculate a projected annual family income when there is no recent Federal Tax form or there has been a dramatic change in income from the most recent Federal Tax form. The family income as calculated below is then used to complete the Children's Special Health Care Services (CSHCS) Income Review/Payment Agreement (MSA-0738).

## Instructions:

- Use figures from the most recent pay stub when performing calculations under **WAGES FROM EMPLOYMENT**.
  - Step 1. Column A:** Enter the gross amount year-to-date shown on pay stub
  - Step 2. Column B:** Enter the number of pay weeks represented in the year-to-date gross pay
  - Step 3. Column C:** Divide the gross pay (A) by the number of pay weeks (B).
  - Step 4. Column D:** Multiply the average weekly wages (C) by 52.
- If the household receives income from sources other than job wages, provide this information in the OTHER ANNUAL INCOME section.
- Total the income from all sources and enter the amount in # 8 of this worksheet.
- Enter the amount on # 8 of this Financial Worksheet (MSA-0742) on Line 9 of the Income Review/Payment Agreement (MSA-0738).
- Keep this worksheet for your records.

If you need assistance, contact a CSHCS representative in your local health department, or call 1-800-359-3722.

## WAGES FROM EMPLOYMENT

	COLUMN A Gross Amount Year-to-Date on Pay Stub	COLUMN B Number of Weeks Year-to-Date on Pay Stub	COLUMN C Average Weekly Wages	COLUMN D Projected Annual Wages
Wages of Responsible Party #1	\$	÷	\$ x 52 =	1. \$
Wages of Responsible Party #2	\$	÷	\$ x 52 =	2. \$
Sub-Total Wages (sum of Lines 1 & 2) →				3. \$

## OTHER ANNUAL INCOME (Enter each Source and the Annual Amount)

EXAMPLES: Interest, Dividends, Alimony, Business Income, Capital Gains, IRA, Pension and Annuities, Rental Real Estate, Royalties, Farm Income, Unemployment Compensation, Social Security, Veteran's Benefits, Other	Annual Amount
Source	4. \$
Source	5. \$
Source	6. \$
Sub-Total Other Annual Income (sum of Lines 4 thru 6) →	7. \$
TOTAL ANNUAL INCOME (sum of Lines 3 and 7) →	8. \$

KEEP THIS WORKSHEET FOR YOUR RECORDS. YOU MAY BE ASKED TO VERIFY YOUR FINANCIAL INFORMATION.

Enter this amount on Line 9 of the Income Review/Payment Agreement (MSA-0738)

Prepared by:	Date
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**AUTHORITY:** Title V of the Social Security Act  
**COMPLETION:** Is Voluntary, but required if CSHCS program services are desired.

The Michigan Department of Health and Human Services is an equal opportunity employer, services, and programs provider.