

**MEDICAL EXPENSE PROJECTIONS  
(ELDERLY/ HANDICAPPED/ DISABLED ONLY)**

LIST ALL MEDICAL EXPENSES (not covered by Medicare or Insurance)

	<u>FOR LAST 12 MONTHS</u>	<u>FOR NEXT 12 MONTHS</u>
Prescription Medicines.....	+\$ _____	+\$ _____
Non Prescription Medicines ..... (Prescribed by a physician for a medical reason)	+\$ _____	+\$ _____
Dental Expenses.....	+\$ _____	+\$ _____
Eyeglasses.....	+\$ _____	+\$ _____
Hearing aids and batteries.....	+\$ _____	+\$ _____
Medical related travel costs (IRS Allowance)..... (Provide provider name, mileage and date of visit)	+\$ _____	+\$ _____
Cost of live-in resident assistant (Receipts required).....	+\$ _____	+\$ _____
Monthly payment on accumulated major medical bills.....	+\$ _____	+\$ _____
Cost of nursing home care (for person who would otherwise live in unit) (Receipts required).....	+\$ _____	+\$ _____
Attendant care and auxiliary apparatus expenses for handicapped member (only if required to allow family member to be employed) (Receipts required).....	+\$ _____ .....	+\$ _____ .....
<b>TOTAL MEDICAL EXPENSES NOT COVERED BY INSURANCE</b>	<b>=\$ _____</b>	<b>=\$ _____</b>
Annual Medical Insurance Premiums.....	\$ _____	+\$ _____ .....
<b>TOTAL ESTIMATED MEDICAL COST PROJECTION FOR NEXT 12 MONTHS.....</b>	<b>=\$ _____</b>	
PROJECTED YEARLY GROSS FAMILY INCOME \$ _____ x .03.....		-\$ _____
<b>TOTAL MEDICAL DEDUCTION ALLOWED FOR CERTIFICATION</b>		<b>=\$ _____</b>

_____	_____	_____	_____
TENANTS SIGNATURE	DATE	CO-TENANT'S SIGNATURE	DATE

“This institution is an equal opportunity provider.”

