STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

☐ TANF ☐ MEDICAID ☐ SNAP

Date: _____
Case Name: _____
Case ID:

PARENTAL REIMBURSEMENT WORKSHEET

1. Using last year's Federal Income Tax Form 1040, or 1040A, enter your family's adjusted gross income plus any unearned income not claimed on tax return (i.e., Disability, Veterans) ..... $ _____ (Line #1)

2. Are you married to and residing with someone who is not the natural or adoptive parent of the disabled child?

   YES - Divide in one half the combined adjusted gross income as reported to the IRS for married couples and record it on line #2; OR ..... $ _____ (Line #2)

   NO - Record the adjusted gross income reported on line #1 as the figure for line #2

3. Enter the annual amount paid last year by the natural/adoptive parent(s) for court ordered child support and/or alimony obligation(s) ..... $ _____ (Line #3)

4. Using the Family Deduction Chart (printed on the back of this form), enter the published deduction (from the Parental Reimbursement Questionnaire) considering only natural or adoptive relatives of the disabled child living in your home as family members, OR using last year's federal income tax form 1040 or 1040A, enter the total number of exemptions claimed, whichever is greater of the two ..... $ _____ (Line #4)

5. Add lines #3 and #4 together ..... $ _____ (Line #5)

6. Subtract line #5 from line #2 ..... $ _____ (Line #6)

7. Using the net annual gross income amount recorded on line #6:

   a. Multiply the amount of net annual income (line #6) between $0 and $50,000 by 10% (or 15%)* and record the result ..... $ _____ (Line #7a)

   b. Multiply the amount of net annual income (line #6) between $50,000 and $60,000 by 13% (or 18%)* and record the result ..... $ _____ (Line #7b)

   c. Multiply the amount of net annual income (line #6) between $60,000 and $75,000 by 16% (or 21%)* and record the result ..... $ _____ (Line #7c)

   d. Multiply the amount of net annual income in excess of $75,000 by 19% (or 24%)* and record the result . $ _____ (Line #7d)

**The higher percentage is used if the natural/adoptive parent(s) has available health insurance coverage for their disabled child but has failed to secure this coverage. DO NOT use the higher percentage if the available health insurance coverage would cost the parent(s) more than 5% of the amount listed on line #2.*

8. Add lines 7a, 7b, 7c and 7d. Record the result ..... $ _____ (Line #8)

9. Using last year's federal income tax form 1040, (Medical and Dental Expenses) of Schedule A – Itemized Deductions, enter the amount of expenses ..... $ _____ (Line #9)

10. Subtract line #9 from line #8. Record the result ..... $ _____ (Line #10)

11. Divide line #10 by twelve (12). Record the result ..... $ _____ (Line #11)

12. Enter $300 if the disabled child resides in the home of the natural/adoptive parent. If the child does not live with the natural/adoptive parent, enter zero ..... $ _____ (Line #12)

13. Subtract line #12 from line #11. Record the result ..... $ _____ (Line #13)

14. Enter the amount of the monthly health insurance premium paid by the natural/adoptive parent(s) if disabled child is covered by the policy ..... $ _____ (Line #14)

15 Subtract line #14 from line #13. Record the result.
THIS IS THE PARENT(S)' MONTHLY REIMBURSEMENT AMOUNT ..... $ _____

FAMILY DEDUCTION CHART (200% of 2020 Federal Poverty Guidelines)	
Family size of 1 - $25,520	Family size of 5 - $61,360
Family size of 2 - $34,480	Family size of 6 - $70,320
Family size of 3 - $43,440	Family size of 7 - $79,280
Family size of 4 - $52,400	Family size of 8 - $88,240
(Add $8,960 for each additional family member)	

Client Signature | Print Name | Date | Telephone Number