



State of Connecticut
Department of Economic and
Community Development

Compliance Office and Planning/Program Support

**All Sponsors – Congregate with Assisted
Living Services**

Notice: COPS 07-12

Distribution Date: March 30, 2007

Effective: April 1, 2007

SUBJECT: REVISED TENANT CONGREGATE HOUSING WORKSHEET

Please be advised that the W-1523 Applied Income Worksheet has been revised effective April 1, 2007.

Enclosed for your use are revised sample forms for calculating the Tenant Contribution for persons receiving assisted living services updated to match the Department of Social Services revised applied income.

Please note that the form is available in an electronic format upon request, either by diskette or via e-mail.

Should you have any question, please do not hesitate to contact Michael Santoro at 860-270-8171 or Christina Keune at 860-270-8204

Enclosures

Congregate Housing Worksheet -

SAMPLE

No. of Tenants _____
 No. Receiving ALSA _____
 Effective Date _____

RENT CALCULATION

- 1 Family Gross Income _____
- Medical Deduction Calculation: _____
- 2 **For NON ALSA tenant:**
 - a.) Total Medical Expenses from previous year _____
 - b.) Less: Amounts Reimbursed to the tenant _____
 - c.) Total Non Reimbursed Medical Expenses _____
- 3 **For ALSA tenant:**
 - a.) Medical Expenses from previous year _____
 - b.) Plus: Tenants Cost/ALSA services ANNUALIZED current yr _____
 - c.) Less: Amounts Reimbursed to the tenant _____
 - d.) Total Non Reimbursed Medical Expenses _____
- 4 Calculate 3% of Family Gross Income (Line 1 x .03) _____
- 5 TOTAL MEDICAL ALLOWANCE (Lines 2c OR 3d minus line 4) _____
- 6 Adjusted Gross Income (Line 1 minus Line 5) _____
- 7 Adjusted Monthly Income (Line 6 divided 12) _____
- 8 30% of Adjusted Monthly Income (Line 7 x .30) _____
- 9 Utility Allowance: Efficiency unit _____
 Utility Allowance: 1 BR unit _____
- 10 Adjusted Mo. Income Available for Rent (Line 8 minus Line 9) _____
- 11 Base Rent (from Management Plan) _____
- 12 **Mo. Income Towards Rent (Lesser of Line 10 or Line 11)** _____

SERVICES CALCULATION

- 13 Family Income (Same as Line 1) _____
- 14 50% of non Reimbursed Medical expenses (Line 2c OR 3d x .50) _____
- 15 Adjusted Gross Income (Line 13 minus Line 14) _____
 Adjusted Monthly Income (Line 15 divided by 12) _____
- 17 Monthly Allowable Deductions:
 - a.) 15% of Adjusted Monthly Income (Line 16 x .15) _____
 - b.) Personal 1person \$ 93 _____
 2persons 153 _____
 - c.) Food 1person 162 _____
 2persons 230 _____
 - d.) Medical 1person 40 _____
 2persons 77 _____
- 18 Total Monthly Deductions (Add lines 17 a,b,c,d) _____
- 19 Tenant Paid Utilities (same as Util.Allow. On Line 9) _____
- 20 **Mo. Income Towards Services-THE LESSER OF:** _____
 Line 16 minus Lines 12 & 18 & 19 OR _____
 Line 22 _____

**ALSA Program
 DECD Clients ONLY**
(DSS will calculate tenant contribution for their clients. The figure for #3b will be provided to you.)

DSS Allowable Level of Income	
Protected Monthly	1,702.00
+ Medicare Part B Prem.	93.50
+ Medical Insurance	
Monthly Premium	_____
= Amount of income "protected"	_____
Gross Monthly Income _____	
Less: protected amount _____	
= income Available to pay towards ALSA cost _____	
Level	_____
Monthly Rate	_____
Tenant Pmt/Income	_____
DECD Subsidy (Maximum \$831)	_____
Balance due from Tenant's Assets/other sources	_____
Annualized Tenant Cost of ALSA from ALL sources (carry to line 3b)	_____
Note: the monthly amount due from the tenant for ALSA services will be collected by the MRC and paid to the service provider on behalf of tenant	

- 21 **Monthly Rent (PUM from Management Plan)** _____
- 22 **Monthly CORE Service (PUM from Cong.Serv. M.Plan)** _____
- 23 **TOTAL RENT AND CORE SERVICES (Line 21 + Line 22)** _____

- 24 **Monthly ALSA fee (from rate schedule)** _____
- 25 **Total All Costs and Source of Payment** _____
 Note: maximum ALSA subsidy for DECD client is \$831

Actual Costs Tenant Contribution DECD Subsidy

Total Assets _____ **Assets of ALSA Receptient** _____
 (Note: if joint ownership of these assets, list seperately the portion belonging to the ALSA receptient)

Prepared By: _____ Date: _____
 Verified By: _____ Date: _____