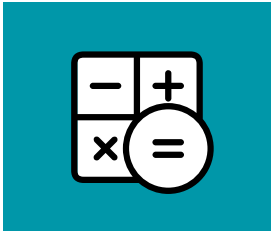


Benefits and Work Estimator: A sample SSI scenario



Use this scenario to do a sample Benefits and Work Estimator session on mn.db101.org. The information in this scenario is an example of a person who is on SSI.

If you have any questions as you work through this scenario, you can call a Hub expert at 1-866-333-2466 or chat with them online at disabilityhubmn.org.

Household information

What is your citizenship status?

- US Citizen
 Qualified Alien
 Other Legal Resident
 Undocumented or Non-immigrant

What is your disability determination status?

- I have been determined disabled
 I have been determined blind
 My determination is pending
 I am disabled without determination
 I am not disabled

Who determined that you are disabled?

- Social Security
 SMRT

Are you on MFIP, PASS, or workers' compensation?

If you answered "Yes" to any one of these, stop, and call or chat with an expert at the Hub (contact information above).

- Yes No

What zip code do you live in?

55155

Household information (continued)

Are you married and living with your spouse?

Yes No

How many children do you and/or your spouse have, who are under 21 and who live with you?

What best describes your living situation?

Group home/Foster care
 Shared home (roommates)
 My own place
 Someone else's place

Do you pay your fair share of household expenses?

Yes No

How much are you paying monthly for housing?

per month

Are you getting housing support?

Yes No

Do you get help from a housing program?

Yes No

Current income: How much monthly income do you get from the following sources?

Supplemental Security Income (SSI)

per month

MSA (Minnesota Supplemental Aid)

per month

SNAP (Supplemental Nutrition Assistance Program)
Formerly called Food Support

per month

Current income (continued)

SSDI (Social Security Disability Insurance), full amount per month

DAC (Disabled Adult Child) per month

Private short-term and long-term disability insurance per month

Unearned income not counted by SSI per month

Other unearned income counted by SSI per month

Recent work

Have you worked at all since the beginning of the year? Yes No

Health coverage

What type(s) of health coverage do you currently have? (Choose all that apply.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Free Medical Assistance (MA) | <input type="checkbox"/> Private individual health coverage through MNSure |
| <input type="checkbox"/> MA with spenddown | <input type="checkbox"/> Private individual health coverage (not through MNSure) |
| <input type="checkbox"/> MA-EPD (Medical Assistance for Employed Persons with Disabilities) | <input type="checkbox"/> Coverage through spouse or domestic partner |
| <input type="checkbox"/> MinnesotaCare | <input type="checkbox"/> Employer health plan |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> COBRA or OBRA |

Create a plan

In this plan, will you have any income from work?

Yes No

How much will you claim in monthly IRWEs?

\$0

What do you expect your monthly childcare expense to be?

\$0

How much in other expenses would you have to spend each month because of your work?

\$0

What will be the first full month of this job?

Use default date

In this job, I will be self-employed.

Yes No

What's the easiest way for you to tell us how much you'll make at work?

We can base it on the amount you'll make:

An hour A day A week Every two weeks Twice a month A month

I will have access to group health coverage through my employer.

Yes No

What will be your hourly wage?

\$12 per hour

How many hours will you work per week?

18 hours per week

How much will you make in tips per hour?

\$0 per hour