



**INCOME TRUST LEDGER**

Client's Name:

State Medicaid ID:

For Year:

	<b>INCOME</b>	<b>minus*</b>	<b>minus*</b>	<b>minus</b>	<b>minus</b>	<b>minus</b>	<b>EQUALS</b>
	<b>GROSS TOTAL INCOME</b>	For Facility Care (Your Patient Payment)	For HCBS care (Your Monthly Allowance. See rates below.)	Spousal Allowance	Trust Maintenance Costs (not to exceed \$20 per month)	Approved Misc. Expenses (PETI payments)	Accumulation in Trust Account for the month
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
						Total deposited to trust:	

\*Enter either the Nursing Facility Payment OR the HCBS Monthly Allowance.

Monthly Allowance for an HCBS/PACE client. Enter the correct amount for the year you are reporting. This monthly allowance amount is published by HCPF each year, and can be accessed online: <https://www.colorado.gov/pacific/hcpf/agency-letters>

2005=\$1,737

2009=\$2,022

2013=\$2,130

2006=\$1,809

2010=\$2,022

2014=\$2,163

2007=\$1,869

2011=\$2,022

2015=\$2,199

2008=\$1,911

2012=\$2,094

2016=\$2,199