Form EI-17

7/5/24	Tommy Jones	5/30/24	0123456789
Today's Date	Child's Name	Child's DOB	ETID Number

Extraordinary Medical Expenses Worksheet

Parent Name(s): Tabitha and Jerry Jones

Parent Income: ☐ Weekly (52) ☑ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family Size: 4

Pay Stub Date(s) 4/1/24

Gross Amount(s) $4515.26

Parent Income: ☐ Weekly (52) ☑ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family Size: 4

Pay Stub Date(s) 4/1/24

Gross Amount(s) $2500.00

Total Annual Income: $182,396.76

Calculations for family income at 210-401% or greater Federal Poverty Level (FPL) may be found at https://ohioearlyintervention.org/system-of-payments.

$182.396.76	x	.08	=	$14,591.74
Total Annual Income		EME		Out-of-Pocket Medical Expense

I have calculated the anticipated out-of-pocket medical expenses based on the most recent federal poverty level as determined by the US Department of Health and Human Services and published in the Federal register, and have shared this information with the parent. DODD will use this information to make the final determination of the family's extraordinary medical expenses.

Traci Keesee
EI Service Coordinator Name

7/5/24
Date

Traci Keesee
EI Service Coordinator Signature

Department of Children & Youth
Help Me Grow Early Intervention