

Name (print) _____

App. Reg/Case Number _____

Based on the information you provided on your Medicaid application, it appears that your income does not support your monthly living expenses. Please use the space below to list your monthly living expenses and explain how you pay for these expenses. We need this information to make a decision on your application.

Monthly Living Expenses

Please check the box in front of any item listed in the "Monthly Living Expenses" column for expenses you have and give the monthly amount spent on each item.

Explanation of Expenses

Explain how you pay for each of the monthly living expenses (such as cash on hand, checking/savings account monies, income/wages, credit cards, help from others (list their name and relationship to you) or make a note if the expense has not been paid and how long it has not been paid).

<input type="checkbox"/>	Rent/Mortgage/Property Taxes	\$ _____	_____
<input type="checkbox"/>	Water	\$ _____	_____
<input type="checkbox"/>	Childcare	\$ _____	_____
<input type="checkbox"/>	Cable	\$ _____	_____
<input type="checkbox"/>	Phone	\$ _____	_____
<input type="checkbox"/>	Heat	\$ _____	_____
<input type="checkbox"/>	Electricity	\$ _____	_____
<input type="checkbox"/>	Food	\$ _____	_____
<input type="checkbox"/>	Transportation	\$ _____	_____
<input type="checkbox"/>	Credit Card Payments	\$ _____	_____
<input type="checkbox"/>	Other	\$ _____	_____

To be filled out by the worker:

Total Monthly Living Expenses \$ _____

Total Gross Monthly Income \$ _____

Applicant/Recipient must read the following and sign below:

I certify that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for Public Health Insurance Programs. I also understand that if I intentionally misrepresent my situation, I may have to repay benefits received and may be subjected to prosecution under State law.

Signature of Applicant/Recipient _____ Date _____

Facilitated Enrollers must read the following and sign below:

The information reported on this form was provided solely by the applicant/recipient. I did not modify the information in any way. I understand that if I intentionally falsified information on this form or if I assisted the applicant in falsifying any information that I may lose my job and be prosecuted under State law.

Name _____ Signature _____ Date _____