

YOU MUST FILL OUT THIS REPORT, SIGN THE BACK OF THE FORM, AND RETURN IT TO THE ADDRESS LISTED ON THE BACK BY TO CONTINUE GETTING BENEFITS.

WHEN YOU RETURN THIS REPORT, MAKE SURE THAT THE **LOCAL DISTRICT ADDRESS ON THE BACK** OF THIS REPORT SHOWS IN THE RETURN ENVELOPE WINDOW.

QUESTIONS?
CALL:

THIS IS YOUR
REPORT FOR:

WE MUST RECEIVE YOUR
COMPLETED REPORT BY:

CASE NAME	CASE NUMBER	
OFFICE	UNIT	WORKER

GENERAL INSTRUCTIONS

- | | |
|---|---|
| <p>1 ANSWER ALL 3 QUESTIONS</p> <p>2 If you answer "Yes" to a question, you must give more information in the space next to the question. If you need more space enclose a separate sheet of paper.</p> | <p>3 Return this form in the enclosed business reply envelope by the above date, or your case may be closed.</p> <p>4. If you do not answer a question or sign the form, your case may be closed.</p> |
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QUESTION 1

Did you or anyone in the Medical Assistance case (including step-parents) receive income during the period (previous 4 weeks)?

NO **YES** If Yes, complete

1. If anyone in the household received income during the period (previous 4 weeks):
- Write in the person's name.
 - Write in the source of the income. This can include wages (or pay) received from a job, or other kinds of income such as unemployment benefits, Social Security, child support, Veteran's benefits, boarder/lodgers, and money from friends and relatives.
 - Write in the dates that income was received during the period.
 - Write in the gross amount (before taxes) the person received on the dates listed.
 - If employed, write in the number of hours the person worked each pay period.

Who receives income? _____			Who receives income? _____		
Source of income? _____			Source of income? _____		
DATES RECEIVED	GROSS AMOUNT RECEIVED	NUMBER OF HOURS WORKED	DATES RECEIVED	GROSS AMOUNT RECEIVED	NUMBER OF HOURS WORKED

2. If anyone in the household is an alien with a sponsor, write in the sponsor's name, income and resources.
3. IF SOMEONE IS WORKING, YOU MUST SEND IN PROOF OF HOW MUCH THAT PERSON MADE DURING THE REPORT PERIOD (include **ALL** pay stubs or other proof of income received during the period). If someone has other income, send in proof of the income. Photo-copies are allowed.
4. If someone in the household stopped working, stopped receiving income, or did not work in any of the previous three months, send in proof.