

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

**WARNING:**

**COMPLETE, SIGN, AND RETURN THE ENCLOSED FORM IMMEDIATELY. IF THIS FORM IS NOT RETURNED, IS LATE, OR IS INCOMPLETE, YOUR MEDICAL ASSISTANCE COVERAGE MAY BE DELAYED, REDUCED OR DISCONTINUED. IF YOU CANNOT COMPLETE OR RETURN THE FORM ON TIME, PLEASE CONTACT YOUR WORKER.**

**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.**

QUESTIONS?  
CALL:

THIS IS YOUR  
REPORT FOR:

WE MUST RECEIVE YOUR  
COMPLETED REPORT BY:

CASE NAME		CASE NUMBER
OFFICE	UNIT	WORKER

**GENERAL INSTRUCTIONS**

- 1 ANSWER ALL 3 QUESTIONS
- 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.
- 3 Return this form in the enclosed business reply envelope by the above date, or your case may be closed.
- 4. If you do not answer a question or sign the form, your case may be closed.

**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