

**DEPENDENT ALLOWANCE WORKSHEET**

C.I.D.# \_\_\_\_\_

III. Dependent Allowance for \_\_\_\_\_

**Medically Needy Income Level**     \$ \_\_\_\_\_

**Monthly Income:**

Social Security     \_\_\_\_\_

V.A. Benefits     \_\_\_\_\_

Earned Income     \_\_\_\_\_

Other     \_\_\_\_\_

**Total Monthly Income**     - \_\_\_\_\_

**Dependent Allowance**     \$ \_\_\_\_\_