



Income Documentation Tool

470-4823 (Rev. 8/11)

Income

Case Information

Case Number	<input type="text"/>	Action	<input type="text"/>		
State ID (CNID)	<input type="text"/>	App Date	<input type="text"/>	30 Prior Days	Special Features
First Name	<input type="text"/>	Interview Date	<input type="text"/>		
Last Name	<input type="text"/>	New Info Recd	<input type="text"/>		
Your County #	<input type="text"/>	Date Change Reported	<input type="text"/>		
Your Worker #	<input type="text"/>				

Please enter the amounts that you plan on using on the BCW screens. These numbers should match values in the spreadsheet or an explanation is necessary below.

People With Income

Client Name	Employer Name or Income Type	Pay Schedule	Pay Day	Weekly Hours	Hourly Rate	Weekly Pay	Monthly Pay	BCW App Month	BCW Month 1	BCW Month 2
							Earned Sums	0.00	0.00	0.00
							Unearned Sums	0.00	0.00	0.00

Income Information

*Client Name	*Employer Name or Income Type	Date	Countable Amount	Tips	*Actual or Estimated	*Income Counted For:	Sums	Average	Convert Weeks	Convert Value

Comments

Note: Fields in the Income Information table marked with an * can be left blank and the value from the preceding line will be used.



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Deductions				
State ID		First Name		Last Name
Food Assistance Deductions		Payment	Frequency	Comments
Rent/Mortgage				
Property Taxes (if not included in mortgage payment above)				
Homeowners Insurance (if not included in mortgage payment above)				
Monthly Rent/Mortgage Amount				
Utilities				
Medical Deduction				
Deduction Type				
Deduction Type	Deduction Amount	Person Who Pays	Comments	



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Retro Medicaid Income						
State ID		First Name			Last Name	
Client Name	Employer Name or Income Type	Date	Amount	Income Counted for	Totals	Comments
Monthly Total						
Grand Total						