

MEDICAID ELIGIBILITY DEPENDENT CARE WORKSHEET

Primary Person Name	Social Security Number	Payment Month and Year
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Section I – Dependent Information

1. Dependent Names			
2. Dependent Ages			
3. Dependent Care Limits	\$	\$	\$
4. Payor Names			
5. Amount Paid	\$	\$	\$
6. Lesser of Lines 3 & 5			

Section II – Deductions

Maximum Dependent Care Deduction (from all lines)	\$
Minus Deduction	-
Equal Remaining Deduction	=
Minus Deduction	-
Equal Remaining Deduction	=
Minus Deduction	-
Equal Remaining Deduction	=

Section III – Net Income

Payor			
Net Earned Income (earnings minus \$90)	\$	\$	\$
Minus Deduction	-	-	-
Equal Remaining Net Income	=	=	=
Minus Deduction	-	-	-
Equal Remaining Net Income	=	=	=