

CASE NAME: _____ CASE NUMBER: _____ DATE: _____

ADMINISTRATIVE REVIEW CONTACT DOCUMENTATION

Household Changes:

Income Changes:

Other Changes:

TAX FILING /DEPENDENT STATUS: In the first column write the name of each person in the HH and put an "X" for each person's tax filing status for the current calendar year and/or indicate tax dependent and claiming status.

Name of HH Member	Not a tax filer	Filing Married Filing Jointly	Married Filing Separately	Filing Taxes Single	Tax Dependent of someone in HH (List Person)	Tax Dependent of someone outside the HH (List Person/Relationship)

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EARNED INCOME

Name of Person Working	Employer	Gross Monthly Income

ALL OTHER TYPES OF INCOME-INCLUDING SELF-EMPLOYMENT

Type/Source	First name of person who gets the income	Gross Monthly	Type/Source	First name of person who gets the income	Gross Monthly

Name of Person Reporting Changes: _____ Specialist Name: _____