

NOTICE OF INTENT TO ALLOCATE INCOME

Name of Applicant or Recipient: _____

Social Security Number: _____

Name of Spouse: _____

Social Security Number: _____

I/we hereby give notice to the Kansas Department For Children and Families that we, the above-named applicant/recipient and spouse, intend to distribute our total monthly income as follows in accordance with the community spouse and/or family income allowance(s) determined on the Income Allowance Determination form.

Income to be provided to wife \$ _____

Income to be provided to husband \$ _____

Income to be provided to family member(s) \$ _____

I/we understand that these allowances will be made available to (or used for the benefit of) the appropriate individual each month. I/we also understand that we must report any changes in income or in the amount of allowance made available.

Date: _____

Applicant or Recipient

Spouse

Witness

Witness

<u>For Agency Use</u>
Case Number: _____
Date Notice Received: _____
EES Specialist: _____