

**MA-CM Electronic Worksheet**

05-00

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

	wage earner #1	wage earner #2
<b>Did the wage earner receive TAF or MA-CM in Kansas in 1 of the past 4 months? Enter 0 if no, 1 if yes.</b>		
<b>Earned Income</b>		
<b>Work Expense</b>	0	0
<b>Earnings Less Work Exp</b>	0	0
<b>Earnings Disregard (40%)</b>	0	0
<b>Dep Care Expense</b>		
<b>Other Disregards</b>		
<b>Total Disregards</b>	0	0
<b>Countable Earnings</b>	0	
<b>Child Support</b>		
<b>Other Unearned Income</b>		
<b>Total Net Income</b>	0	
<b>Payment Standard</b>		
<b>Adjusted Need</b>	0	