

MACM Electronic Worksheet

Date

Casehead Name

Case #

County Code

Living Arrange. (S/N)	MACM Household Size	Shelter Group	#N/A
Benefit Month	Wage Earner #1	Wage Earner #2	
Did the wage earner receive MACM in Kansas in 1 of the past 4 months? Enter 0 if no, 1 if yes.			
Earned Income			
Work Expense	0	0	
Earnings Less Work Exp	0	0	
Earnings Disregard (40%)	0	0	
Dep Care Expense			
Total Disregards	0	0	
Countable Earnings	0		
Child Support			
Other Unearned Income			
Total Net Income	0		
Payment Standard	#N/A		
Adjusted Need	#N/A		