

Unreported Federal Income Spreadsheet

DHCS Provided Information										CWD Provided Information					
#	MEDS ID	CIN	First Name	Last Name	DOB	Aid Code	Elig Stat	Record Type**	Monthly Federal Income (\$)	Reported Monthly Income (\$)	Was County Notified of Federal Income (Y/N)?	Discrepancies? (Y/N)	Discrepancy Total (Monthly \$)	Reevaluation Results (A, B, C) ***	Notes/Comments
1	123456789	123456A	John	Doe	1/1/2001	34	301	MR	\$2,000.00	*	*	*	*	*	*
2															
3															
4															
5															
6															
7															
8															
9															
10															

* These are to be filled out by CWD
 ** Record Type values are:
 MR: Military Retired
 CR: Civilian Retired
 MV: Military Reservists
 *** Acceptable values are:
 A: Discontinued
 B: SOC Adjusted
 C: No Change