State of California—Health and Human Services Agency

STUDENT EDUCATIONAL EXPENSES					COUNTY USE ONLY	
(Supplement to the Medi-Cal S	statemei	nt of Facts		10) Case Na	ime:	
					D.:	
				Worker	No.:	
If you or any family member are in college or attending	g a similar edu	ucational instituti	ion, please fill	in the following	See MEM 50447 for allowable education expenses.	
A. Student's name(s):					EXEMPT:	
Name of institution(s):						
Status of student(s):	□ Full-time □ Grad	☐ Part-time ☐ Undergrad	□ Full-time □ Grad	☐ Part-time ☐ Undergrad	 Entire amount Only expenses 	
B. Grants, Loans, Scholarships, Fellowships:					VERIFICATION (List):	
Amount received:	\$		<u>\$</u>			
Source(s) of grants, loans, etc.:					□	
How often received (monthly, quarterly, etc.)?					o	
C. Expenses Per Term:						
Is term a semester, quarter, year?	\$					
Tuition/fees:	¢		¢			
	<u>\$</u>		\$		□	
Books, equipment, and school supplies:	<u>\$</u>		\$		□	
Child care necessary for school attendance:			<u>\$</u>			
D. Transportation to School/Child Care:					Transportation costs allowed (show computations):	
Round trip miles per day:						
School attended how many days per week:						
Type of transportation used (own car, borrowed car, car pool, bus, etc.):						
Costs (per month):						
 Amount paid by student (if not own car) 	<u>\$</u>		\$			
 Amount paid by riders 	<u></u> \$		\$			
 Parking, tolls, etc. 	\$		\$			
Is public transportation (bus, train, etc.) available?	□ Yes	🗆 No	□ Yes	🗆 No		
• If yes, indicate cost:	\$		\$			