STUDENT EDUCATIONAL EXPENSES (Supplement to the Medi-Cal Statement of Facts—MC 21

٥,		COUNTY USE ONLY				
0)	Case Nar	ne:				
	Case No	:				
	Date:					
n the fo	ollowing:	See MEM 50447 for allowable education expenses.				
		EXEMPT:				
□ Parl	t-time	☐ Entire amount				
☐ Undergrad		☐ Only expenses				
		VERIFICATION (List):				
		_ <u></u>				
	_					
		o				
		o				
		o				
		Transportation costs allowed (show computations):				

					Date:	
lf y	ou or any family member are in college or attending	See MEM 50447 for allowable education expenses.				
Α.	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
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B.	Grants, Loans, Scholarships, Fellowships:			-		VERIFICATION (List):
	Amount received:	\$		\$		
	Source(s) of grants, loans, etc.:					o
	How often received (monthly, quarterly, etc.)?					o
C.	Expenses Per Term:					
	Is term a semester, quarter, year?	\$				o
	Tuition/fees:	\$		\$		o
	Books, equipment, and school supplies:	\$		\$		o
	Child care necessary for school attendance:			\$		
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)	\$		\$		
	Amount paid by riders	\$		\$		
	• Parking, tolls, etc.	\$		\$		
	Is public transportation (bus, train, etc.) available?	☐ Yes	□ No	☐ Yes	□ No	
	• If yes, indicate cost:	\$		\$		