

Certain Populations Additional Household Member

Continued from Question 12.

Is anyone in the household blind, or does anyone have a disability?			
<input type="radio"/> Yes - fill in the information <input type="radio"/> No			
Name	Does this person have work expenses?	If yes, type of expenses	Monthly amount
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$
	<input type="radio"/> Yes <input type="radio"/> No Not applicable		\$

You must provide proof of these work expenses.