

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SCHEDULE A

The _____ Trust

The following identifies the source and amount of income that is to be deposited in the trust account each month. The amount listed is the income that has been verified by the Department of Health and Human Services during the eligibility determination process for Medicaid benefits. The amount of income may change in the future based on increases in income.

Source of Income	Amount of Income

SIGNATURE OF TRUSTEE: _____

DATE: _____