SOUTHWEST CHRONIC DISEASE SUPPORT

Grant Amounts Table - Appendix 4-4A

Applicant Name _____ Date _____

AMI $ (Adjusted Monthly Income)	Grant Amount $ per quarter
0	1000
100	964
200	928
300	892
400	856
500	820
600	784
700	748
800	712
900	676
1000	640
1100	614
1200	578
1300	542
1400	506
1500	470
1600	434
1700	398
1800	362
1900	326
2000	290
2100	254
2200	218
2300	182
2400	146
2500	110
2600	75
2700	
2800	
2900	
3000	

SOUTHWEST CHRONIC DISEASE SUPPORT

Grant Amounts Table - Appendix 4-4A