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Date of Change	Version	Tab	Description of Change	Author
2/4/2019	F.01	IEG	Initial - IEG fields for programs in D0/OOTB	Debie
2/20/2019	F.02	IEGv2 new tab	R1 - HCR application (existing)	Debie
	F.02		R2 - Cash/Food application (existing)	
	F.02		QOTB - Traditional Medicaid (existing)	
	F.02		QMB derived from existing MAGI/Non-MAGI application (proposed)	
	F.02		Combined Medical Assistance application (MAGI/Non-MAGI) (proposed)	
	F.02		Combined Food/Cash/Medical Assistance application (proposed)	
4/2/2020	F.02	IEG Cash/Food/MA	Hid rows 601-613 because domestic violence questions should not be included in this application.	Kymberlee Williams - Hassan
	F.02	IEG Retro & Non-MAGI	Hid rows 286 -298 domestic violence OOTB questions should not be part of	
6/1/2020	F.02	QMB	CR 134081: Added rows 240, 244	Nikita Iakovel
6/1/2020	F.02	Retro And non-MAGI App(2)	CR 134081: Added rows 420, 424	Nikita Iakovel
6/2/2020	F.02	Cash/Food/MA - Combined	CR 134081: Added rows 742	Nikita Iakovel
			Updated line 15 (QMB) - ensure the example for residency is removed was overwritten by subsequent changes Updated line 21 (MAGI) -to remove the example that was overwritten by other changes.	Kymberlee Williams - Hassan
6/25/2020	F.03	QMB, MAGI, Non-MAGI		
6/27/2020	F.03	MAGI, Non-MAGI	CR 161424 Retroactive Details updated for MAGI to add month 1, month 2, and month 3. For Non-MAGI removed the Retroactive question because not needed	Kymberlee Williams-Hassan
7/13/2020	F.04	QMB,Non-MAGI, Cash/Food/MA Combined	Defect repeated Insurance information has been corrected , updated question of policy start to 'end'	Kymberlee Williams-Hassan
			Defect # 2728 Updated the code table references for benefit type, frequency and method of delivery	
7/15/2020	F.05	Non-MAGI, Cash/Food/MA	Defect #2744 Updated the code table reference for frequency for child support payment	Kymberlee Williams-Hassan
11/4/2020	F.06	QMB tab: 'About the Applicant' row: Column I, Field Values	CR 187145:  Added comment mentioning: Other application sources such as External system, Low Income Subsidy and online should not be selectable or presented to the caseworker. These selections should only be selected by the interface for external system and Universal Access for online applications. Application source equal to fax, paper, In-Person, LIS application, and other should not display RIDP questions for the caseworker.	
11/11/2020	F.07	Non-MAGI, Cash/Food/MA	CR 172716: Updated row 719 for Annuity Details to ask the mandatory question for Medicaid if annuity was paid in equal payments. Added the same row information to the combined MA tab on 1033.	Kymberlee Williams-Hassan
11/11/2011	F.08	Retro and MAGI HBX App, QMB	CR 134082: Added Absent Parent Information and Absent Parent Details sections to IEG	Nikita Iakovel
11/25/2020	F.09	Non-MAGI App, Cash/Food/MA - Combined	CR 159330 - Added Retro Medicaid questions, documented existing questions where necessary for context	Nikita Iakovel
12/16/2020	F.09	Non-MAGI App, Cash/Food/MA - Combined	CR 159330 - Removed the question "Was the Retroactive Medicaid Form provided by the client?..." in previous Row 8 for 'Non-MAGI App' and row 340 of 'Cash/Food/MA - Combined'	Nikita Iakovel
1/22/2021	F.10	Retro and MAGI-HBX App row 185 QMB row 163 Non-MAGI App row 266 Cash/Food/MA Combined row 573	CR 194477 - Noted change in mapping of Child Support Enforcement evidence	Nikita Iakovel
2/3/2021	F.11	MAGI Emergency, Non-MAGI Emergency	CR 166057 - Added MAGI Emergency and Non-MAGI Emergency tabs to document new questions required for the separate Emergency Medical Assistance application	Kymberlee Williams-Hassan
3/8/2021	F.12	Non-MAGI App (2), Cash/Food/MA - Combined	Added Breast and Cervical Cancer Screening Specific question and the Breast and Cervical Cancer Details questions	Varun Kachroo
3/10/2021	F.13	QMB, Retro and MAGI-HBX, Non-MAGI, MAGI Emergency, Non-MAGI Emergency		Kymberlee Williams-Hassan
			CR 187961Highlighted and changed all Authorized Representative sections to	
3/25/2021	F.14	Spousal Assessment	Deployment 3, Sprint 9: Added the script which will be used for a Spousal Assessment outside of an application.	Advaita Ramesh
	F.15	Non-MAGI, Cash/Food/MA - Combined, Non-MAGI Emergency	Deployment 3, Sprint 10: Added the Guardian/Conservatorship Guardian Address detail fields. Added the additional needs question for activities of daily living. Updated the Resource transfer details and the recipient details information.	Advaita Ramesh
4/12/2021	F.16	Long Term Care Supplemental	Deployment 3, Sprint 10: Added the Long Term Care Supplemental script in a new tab	Advaita Ramesh
4/13/2021	F.17		Deployment 3, Sprint 10: removed duplicate address fields, updated question to 'Is Mailing Address different than residency address?'	Advaita Ramesh
4/20/2021	F.18	Spousal Assessment		Advaita Ramesh
		Cash/Food/MA - Combined	Deployment 3, Sprint 10: Added question for 'Do you share a room in the medical institution with your spouse?' in Living Arrangement Details	Advaita Ramesh
				Varun Kachroo
5/4/2021	F.19	Non-MAGI, Cash/Food/MA-Combined	Deployment 3, Sprint 10: Information was added for certain columns (Validations, Response group, Associated Evidence) for BCC questions and Deployment/Sprint number along with additional context in column M for rows 300-301 and 383-385.	

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## **Supporting Documents**

1. DCAS Functional EAR Medicaid Requirements Document
2. Business Rule Logic Template
3. DCAS R1-R2 Prepopulation Document
4. Motor Voter Registration Document
5. Medicare Savings Program paper application (QMB only)
6. Policy - QMB and QMB+ Document
7. Combined Application for DC (paper version) including:
  - Food Stamps (SNAP Benefits)
  - Cash Assistance (TANF for Families with Children or Interim Disability Assistance for the Disabled)
  - Medicaid (for the Elderly or Disabled)
8. DCAS Functional Design - Intake v2.5
9. DCAS\_R3\_Integration Options
10. MAGI/Non-MAGI Eligibility Groups Document
11. Department of Health Care Finance - DHCF Website
12. Application Intake Case Listing document
13. DCAS R1 Functional Design - Intake v3.5 (validations)

## **System Reference**

1. R1 v6 - HCR application IEG
2. R2 v6 - Cash application IEG
3. R2 v6 - Food application IEG
4. OOTB v7 - Traditional Medicaid application
5. D0 v7 - Combined environment - Cash/Food; HCR application

Conditional	Indicates questions will appear with any selections made
Conditional, If Yes	Indicates additional questions will appear only if Yes is selected
Conditional If No	Indicates additional questions will appear only if No is selected
Conditional {If <other vaue>}	Indicates question will appear only if specified value is selected
Control	Indicates a new page will be triggered depending on the selected value
Control loop	Indicates the same page will appear for other household members, or to add additional information of the evidence type
Green	New question/info added to IEG, including from OOTB
Gray	Information will be prepopulated from HCR application
Orange	Need clarification from business
Yellow	Segway from HCR application to Traditional Medicaid or Cash/Food/MA

## Requirements for IEG Script - QMB Application

1	CO 139.01	The system shall populate any application script with information available from the person evidence for persons already known to the organization.
2	CO 139.02	The system shall populate any application script with <u>registration information</u> for a person if the person is not known to the organization.
3	EE 161.02	The system must support the capture of the following information in the application script: 1. Program(s) or benefit(s) a client declined 2. Date the program(s) or benefit(s) were declined
4	EE 50	The system must automatically determine, set and capture application date timestamp.
5	EE 50.01	The system must provide a field for capture for when the application was received by the agency.
6	EE 53	The system must be able to record and store an electronic signature for an application.
7	EE 47	The system must be compatible with Electronic signature pad technology
8	EE 47.01	The system must have the capability to capture telephonic signature.
9	EE 54	The system must be able to support application intake for all the in scope programs.
10	EE 55	The system must be able to capture actual assets in the streamlined application needed for in scope programs.
11	EE 55.01	The system must be able to capture assets information per policy per specified program.
12	EE 66	The system must incorporate dynamic supplemental application questions for all programs.
13	EE 66.01	The system must permit the entry of Health Information Claim Number and Medicare Beneficiary Identifier if Medicare is selected as a current enrolled benefit.
17	EE 71	The system must have a simplified application for QMB only, BCC, and ADAP. (Case Worker Portal).
18	EE 71.02	The system must support presenting data gathering questions for each member to be determined for QMB.
19	EE 81	The system must incorporate the list of District spoken languages (English, Amharic, Korean, Mandarin Chinese, Vietnamese, Spanish, French) during the Application Intake, to enable applicants to indicate a preferred spoken language. (Case Worker Portal).
20	EE 72	The system must provide a function to capture the voting preference using the Motor Voter Registration
21	EE 72.01	The system shall capture user's party affiliation
22	CFCW 29	The system must be able to capture previous asset activity in the streamlined application in order to calculate Restricted Eligibility for specific programs
23	EE 49	The system must reuse data gathered in the application process for multiple programs, i.e., no need to ask the same question multiple times just because multiple programs need the same data.
24	CFCW 15	The system must prepopulate the Cash & Food application Intake script with the answers already provided from MAGI Medicaid intake script (Cúram HCR)
25	EE 115	The system must support opting out of the subsidy or Medicaid programs.



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Additional Application  
Group - Expense:

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**Deployment Details**

☐ Use the application's default integration status when it is created ☐ Custom Status

☐ Set as beta ☐ Yes ☐ No

☐ Plan for application to be in beta for other regions (US, EU) ☐ Yes ☐ No

☐ Is the application automatically deployed when it is in beta (without the need for a manual trigger)? ☐ Yes ☐ No

☐ Is the application configured to be deployed only when it is released or undeployed to another beta region? ☐ Custom Status

**Suggesting Deployment Details**

Add Reason

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The screenshot shows the 'New Project' dialog in Jira. The 'Project Name' field is filled with 'New Project' and the 'Project Key' field is filled with 'NEWPROJ'. The 'Project Type' is set to 'Software Development' and the 'Project Lead' is 'John Doe'. The 'Create Project' button is highlighted in blue.

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The screenshot shows the AWS IAM console interface. On the left, the 'Users' group is selected under the 'Groups' tab. The main content area displays the 'Permissions' tab for the 'Users' group. Under the 'Attach permissions' section, the 'AmazonS3ReadOnlyAccess' policy is listed as attached. The 'Permissions summary' section indicates that the group has 1 policy attached, which grants read-only access to S3 buckets. The 'Users' group is highlighted in the left-hand navigation pane.

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The screenshot shows the 'Customer - Change' transaction in SAP S/4HANA. The 'Customer Data' tab is selected, and the 'Customer Data' section is expanded. The 'Customer Name' field is highlighted with a red box, and the 'Customer Address' field is also highlighted with a red box. The 'Customer Name' field is labeled 'Customer Name' and the 'Customer Address' field is labeled 'Customer Address'.

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The top screenshot shows the 'Sharing' tab of the 'Properties' dialog for a folder named 'C:\Users\user\Documents\My Documents'. The 'Share this folder' checkbox is checked. The 'Share name' is 'My Documents'. The 'Permissions' section shows 'Full Control' for 'Everyone'.

The bottom screenshot shows the same 'Sharing' tab, but the 'Share this folder' checkbox is unchecked. The 'Share name' is 'My Documents'. The 'Permissions' section shows 'Full Control' for 'Everyone'.

1. **Introduction**  
 2. **Background**  
 3. **Methodology**  
 4. **Results**  
 5. **Discussion**  
 6. **Conclusion**  
 7. **References**  
 8. **Appendix**  
 9. **Figure 1**  
 10. **Figure 2**  
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#### About The Author

**Application Details**

Previous Investigation Status:

What was the most serious offense investigated (describe the current offense)?

Previous Investigation Date:

What was the most serious in the applicant's criminal history?

Race:

Age:

Sex:

Date of Birth:

Are you an applicant for the 10 or 20 year August 1st, 1997?

Is the applicant a transfer from another jurisdiction or another state member of the AUSA?

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City	Evidence Gathering	If No	Is the mailing address the same as your home address?	Yes	Existing	Freeform text		JCR		If it state is DC, then City must be Washington. If City Name must not contain any special characters or numbers. For example, Washington D.C. should be written just as Washington.
State	Evidence Gathering	If No	Is the mailing address the same as your home address?	Yes	Existing	Dropdown	All States	HCR		If state is DC then City must be Washington.
Zip Code	Evidence Gathering	If No	Is the mailing address the same as your home address?	Yes	Existing	Freeform text		HCR		The Zip Code entered is not in a valid format. It must either be in the following five digit format: xxx-xxxx or the following nine digit format: xxx-xxxx-xxxx. Zip Code must also not be 00000.
Do you wish to update Contact Details?	Evidence Gathering					Heading				
Home Phone Number			Do you wish to update Contact Details?							The Phone Number entered is not in a valid format. It must be in the following ten digit format: (area code) (phone number) xxx-xxxx.
Work Phone Number	Evidence Gathering	If Yes		No	Existing	Text		HCR		
Cell Phone Number	Evidence Gathering	If Yes	Do you wish to update Contact Details?	No	Existing	Text		HCR		The Phone Number entered is not in a valid format. It must be in the following ten digit format: (area code) (phone number) xxx-xxxx.
Other Phone Number	Evidence Gathering	If Yes	Do you wish to update Contact Details?	No	Existing	Text		HCR		The Phone Number entered is not in a valid format. It must be in the following ten digit format: (area code) (phone number) xxx-xxxx.
Email address	Evidence Gathering	If Yes	Do you wish to update Contact Details?	No	Existing	Text		HCR		Enter valid Email Address.
Special Needs	Evidence Gathering	If Yes	Do you wish to update Contact Details?	No	Existing	Text		HCR		
Does the applicant have any special requirements or need any assistance in completing this application?	Evidence Gathering			Yes	Modified	Text		CGISB	Previously, "Does the applicant have any special requirements?"	
Does the applicant require an interpreter?	Conditional, If Yes			Yes	Existing	Dropdown	Yes/No	CGISB		
Language	Conditional, If Other	If Yes	Does the applicant require an interpreter?	No	Existing	Dropdown	All Languages	CGISB		
Language	Evidence Gathering	If Other	Interpreter language	No	Existing	Text		CGISB		
Additional Needs	Evidence Gathering			Yes	New	Dropdown	Yes/No	CGISB	Yes to this question is the trigger for populating the question asking if there were insurance transfers over the past 60 months.	
Does anyone in the applicant's household have any health issues, including chronic health issues, or other health issues?	Evidence Gathering			Yes	New	Dropdown	Yes/No	CGISB		
What is the applicant's preferred method of communication?	Control	Control, If Yes		Yes	Existing	Dropdown	All Languages			
Other	Evidence Gathering	If Other	What is the applicant's preferred method of communication?	No	Existing	Text				
What is the applicant's preferred method of communication?	Evidence Gathering	Evidence Gathering		Yes	Existing	Dropdown	All Languages			
Does the applicant have an SSN?	Evidence Gathering	If Yes	Does the applicant have an SSN?	Yes	New	Text		CGISB	CR 19330 - New page	
Does the applicant have an SSN?	Conditional, If NA or No	If No	Does the applicant have an SSN?	Yes	New	Dropdown	NA	CGISB	CR 19330 - New page	
Reason the applicant does not have an SSN?	Evidence Gathering	If NA or No	Reason the applicant does not have an SSN?	Yes	New	Dropdown	Can be issued for non-work, Making test, No good cause for not having SSN, No SSN due to religious objections, Not eligible for SSN	CGISB	CR 19330 - New page	
Date of Birth	Evidence Gathering			NA	Existing	Text		CGISB	CR 19330 - Documenting existing flow	
Date of Death	Evidence Gathering			NA	Existing	Text		CGISB		
Marital Status	Evidence Gathering			NA	Existing	Dropdown	Common Law, Divorced, Domestic Partner, Married, Separated, Single, Widowed	CGISB		
Gender	Evidence Gathering			NA	Existing	Text		CGISB	CR 19330 - Documenting existing flow	
Does the applicant have a nickname, alias, prior or other name?	Conditional, If Yes			No	Existing	Dropdown	Yes/No	CGISB	CR 19330 - Documenting existing flow	
First Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	Yes	Existing	Text		CGISB	CR 19330 - Documenting existing flow	
Middle Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	No	Existing	Text		CGISB	CR 19330 - Documenting existing flow	
Last Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	Yes	Existing	Text		CGISB	CR 19330 - Documenting existing flow	
Do you wish to update the Citizen Status?	Conditional, If Yes			No	Existing	Dropdown	Yes/No			
Is the applicant a US Citizen or US National?	Conditional	If Yes	Is the applicant a US Citizen or US National?	Yes	Existing	Dropdown	Yes/No	CGISB		
Previous Immigration Status	Conditional	If Yes	Is the applicant a US Citizen or US National?	Yes	Existing	Dropdown	Yes/No	CGISB		
Date of Entry	Evidence Gathering	If Yes	Is the applicant a naturalized citizen?	Yes	Existing	Date field		CGISB		
Document Type	Conditional	If Yes	Is the applicant a naturalized citizen?	Yes	Existing	Dropdown	Certificate of Citizenship, Naturalization Certificate	CGISB		
Has the applicant lived in the US On or after August 22, 1967?	Evidence Gathering	If Yes	Is the applicant a naturalized citizen?	Yes	Existing	Dropdown	Yes/No	CGISB		

Information About The Applicant

NAME: [First Name] [Last Name] [City] [State] [Zip Code]

Do you wish to update Mailing Address details?

Does the applicant have a mailing address?

Do you wish to update Contact Details?

Contact Details

Home phone number: [Text] Work phone number: [Text]

Cell phone number: [Text] Other phone number: [Text]

Email address: [Text]

Special Needs

Does the applicant have any special requirements?

Does the applicant require an interpreter?

Additional Needs

Does anyone in the applicant's household have any health issues, including chronic health issues, or other health issues?

Language Proficiency

What is the applicant's preferred method of communication?

What is the applicant's preferred method of communication?

Save & Exit

Applicant Details

Applicant Details

Does the applicant have an SSN?

Reason the applicant does not have an SSN?

Date of Birth: [Text]

Date of Death: [Text]

Marital Status: [Text]

Gender: [Text]

Does the applicant have a nickname, alias, prior or other name?

First Name: [Text]

Middle Name: [Text]

Last Name: [Text]

Do you wish to update the Citizen Status?

Is the applicant a US Citizen or US National?

Previous Immigration Status: [Text]

Date of Entry: [Text]

Document Type: [Text]

Has the applicant lived in the US On or after August 22, 1967?

Save & Exit

Alien Number	Evidence Gathering	<p>If I-527 (Resentry Permit)</p> <p>If I-525 (Permanent Resident Card)</p> <p>If I-766 (Employment Authorization Card)</p> <p>If I-21 (Refugee Travel Document)</p> <p>If Temporary I-551 Stamp</p> <p>Machine Readable Immigrant Visa (with Temporary I-551 Language)</p> <p>If Other</p>	Supporting Document	Yes	Existing	Text		<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for I-527 (Resentry Permit)</p> <p>Field required for I-551 (Permanent Resident Card)</p> <p>Field required for I-571 (Refugee Travel Document)</p> <p>Field required for I-766 (Employment Authorization Card)</p> <p>Field required for Temporary I-551 Stamp</p> <p>Field required for Machine Readable Immigrant Visa (with Temporary I-551 Language)</p>	CGSS	As per RIR's email, this field is accounted for in the combined cash/flood/need application as it is specific to cash and food only	1. When entering an alien number, only include the numbers. Do not enter the "AC" or any other characters or spaces. For example, if your Alien Number is "A123456789", then please enter "123456789". You must enter exactly 9 digits into the Alien Number field. For Alien Numbers with fewer than 9 digits, add one zero (0) in the beginning of an 8-digit Alien Number and two zeros (00) to the beginning of a 7-digit Alien Number. For example, if your Alien Number is "A12345678", then please enter "0012345678".
Alien Registration Number	Evidence Gathering	<p>If DSD19 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</p> <p>If I-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status)</p> <p>If Temporary I-551 Stamp</p> <p>If Unexpired Foreign Passport</p> <p>If Other</p> <p>If I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	Supporting Document	Yes	Existing	Text		<p>Field required for Unexpired Foreign Passport</p> <p>Field required for Machine Readable Immigrant Visa (with Temporary I-551 Language)</p> <p>Field required for I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	CGSS		1. When entering a Passport Number, include all numbers and letters. Do not enter any other characters or spaces. The Passport Number that you enter must have between 9 and 12 numbers and letters.
Passport Expiration Date	Evidence Gathering	<p>If DSD19 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</p> <p>If I-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status)</p> <p>If Unexpired Foreign Passport</p>	Supporting Document	Yes	Existing	Date field		<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for Unexpired Foreign Passport</p>	HCR		
Visa Number	Evidence Gathering	<p>If Unexpired Foreign Passport</p> <p>Machine Readable Immigrant Visa (with Temporary I-551 Language)</p> <p>If I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	Supporting Document	No	Existing	Text		<p>Pre-populate value entered in HCR application if applicable or available</p>	HCR		1. Please enter the Visa Number exactly as it appears in the document. You must enter exactly eight letters and numbers. You may not enter any special characters.
SEVIS ID	Evidence Gathering	<p>If DSD19 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</p> <p>If I-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status)</p> <p>If I-94 (Arrival/Departure Record)</p> <p>If Other</p> <p>If I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	Supporting Document	Yes	Existing	Text		<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for DSD19 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</p>	CGSS		1. When entering a SEVIS ID, only include the numbers. Do not enter the "AC" or any other characters or letters. For example, if your SEVIS ID is "N234567891", then please enter "234567891". The SEVIS ID entered must have 10 digits, non-character to find the SEVIS ID was on the DS-2019, the number on the top right hand side of this page or the box above the
Card Number	Evidence Gathering	<p>If I-551 (Permanent Resident Card)</p> <p>If I-766 (Employment Authorization Card)</p>		Yes	Existing	Text		<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for I-551 (Permanent Resident Card)</p> <p>Field required for I-766 (Employment Authorization Card)</p>	HCR	As per RIR's email, this field is accounted for in the combined cash/flood/need application as it is specific to cash and food only	1. Please enter the Card Number. The Card Number is exactly 13 letters and numbers. You must enter three zeros followed by 10 numbers. You may not enter any special characters. Do not use a Resident Alien Card issued prior to December 1997. It does not contain a Card Number in that case, please enter three 0's followed by 10 zeros (e.g., AA000000000000) or tell you enter exactly 13 characters. Do not use a Resident Alien Card issued prior to December 1997. It does not contain a Card Number. For the documented number, also called a Card Number, is printed on the back of the card. It is a 10 digit number followed by a letter or number in 10th digit and number in 11th digit. It is "12345678910" or "000000101A1" etc. If you must enter exactly 11 digits into the I-94 Number field, do not use a letter to find the I-94 Number. Do not use the I-94 Number is also called an admission number. It is an 11 digit number found on the Arrival/Departure Record, if Form I-94 or Form I-94A can also be found on Form I-94.
I-94 Number	Evidence Gathering	<p>If DSD19 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</p> <p>If I-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status)</p> <p>If I-94 (Arrival/Departure Record)</p> <p>If Unexpired Foreign Passport</p> <p>If Other</p> <p>If I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	Supporting Document	No	Existing	Text		<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for I-94 (Arrival/Departure Record)</p> <p>Field required for I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	CGSS		1. Acquisition I-94 format: 9 digits (number) followed by a letter or number in 10th digit and number in 11th digit. It is "12345678910" or "000000101A1" etc. If you must enter exactly 11 digits into the I-94 Number field, do not use a letter to find the I-94 Number. Do not use the I-94 Number is also called an admission number. It is an 11 digit number found on the Arrival/Departure Record, if Form I-94 or Form I-94A can also be found on Form I-94.
Country of Issuance	Evidence Gathering	<p>If Temporary I-551 Stamp</p> <p>If Unexpired Foreign Passport</p> <p>Machine Readable Immigrant Visa (with Temporary I-551 Language)</p> <p>If I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	Supporting Document	Yes	Existing	Dropdown	All Countries	<p>Pre-populate value entered in HCR application if applicable or available</p> <p>Field required for Temporary I-551 Stamp</p> <p>Field required for Unexpired Foreign Passport</p> <p>Field required for Machine Readable Immigrant Visa (with Temporary I-551 Language)</p> <p>Field required for I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</p>	CGSS		



Country of Citizenship	Evidence Gathering	F155019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) F1-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status) F1-551 (Permanent Resident Card) F Temporary I-551 Stamp F Unexpired Foreign Passport F Machine Readable Immigrant Visa with Temporary I-551 Language F Other F1-9a (Arrival/Departure Record) if Unexpired	Supporting Document	Yes	Existing	Dropdown	All Countries	Field required for I-551 (Permanent Resident Card)  Field required for Unexpired Foreign Passport  Field required for Machine Readable Immigrant Visa with Temporary I-551 Language  Field required for I-94 (Arrival/Departure Record) if Unexpired Foreign Passport	CGSS	As per RIC's email, this field is accounted for in the combined cash/food/med application as it is specific to cash and food only	
Document Expiration Date	Evidence Gathering	F155019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) F1-20 (Certificate of Eligibility for Non-Immigrant (F-1) Student Status) F1-9a (Arrival/Departure Record) F1-327 (Security Permit) F1-551 (Permanent Resident Card) F1-521 (Refugee Travel Document) F1-768 (Employment Authorization Card) F Temporary I-551 Stamp F Unexpired Foreign Passport	Supporting Document	Yes	Existing	Date field		Pre-populate value entered in HCR application if applicable or available  Required for all supporting document except when 'Other' is selected	CGSS	As per RIC's email, this field is accounted for in the combined cash/food/med application as it is specific to cash and food only	
Other Document Description	Evidence Gathering	F Other	Supporting Document	Yes	Existing	Text		Pre-populate value entered in HCR application if applicable or available  Field required if supporting document 'Other' is selected	CGSS		
Supporting Document Details								Pre-populate value entered in HCR application if applicable or available	CGSS		
Naturalization Number	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		1. When entering a Naturalization Number, include all numbers and letters. Do not enter any other characters or spaces  The Naturalization Number entered must have between 8 and 12 numbers and letters  How to find the Naturalization Number  The Naturalization Certificate Number is most often in the upper right hand corner of the Certificate  The Naturalization Certificate Number is printed in red on all US Certificates of Citizenship issued since September 27, 2000
First Name	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Middle Name	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Last Name	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CGSS		
Date of Birth	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Additional Information	Evidence Gathering	F Naturalization Certificate	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Citizen Certification Number	Evidence Gathering	F Certificate of Citizenship	Document Type	Yes	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		1. When entering a Citizenship Certification Number, include all numbers and letters. Do not enter any other characters or spaces  The Citizenship Certification Number entered must have between 8 and 12 characters  How to find the Citizenship Certification Number  The Citizenship Certification Number is most often in the upper right hand corner of the Certificate  The Citizenship Certification Number is printed in red on all US Certificates of Citizenship issued since September 27, 2000
First Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Middle Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Last Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CGSS		
Date of Birth	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Additional Information	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-populate value entered in HCR application if applicable or available	CGSS		
Does the applicant have an eligible immigration status?	Conditional	If No	Is the applicant a US Citizen or US National?	Yes	Existing	Dropdown	Yes/No	Pre-populate value entered in HCR application if applicable or available	CGSS		
Does the applicant have a sponsor?	Conditional, If Yes	If Yes	Does the applicant have an eligible immigration status?	Yes	New	Date field		Create 'Issuer' in Evidence Dashboard for participant to enter initials for Non-Citizen Sponsor if 'Yes' is selected  Issues tab Under Evidence Type: Display Non-Citizen Sponsor  Under subject, display information requires information entered on their Citizen Documentation	DOTB		
Is the applicant the sponsor of an applicant?	Conditional, If Yes	If Yes	Does the applicant have a sponsor?	Yes	New	Dropdown	Yes/No		DOTB		
Sponsor Start Date	Evidence Gathering	If Yes	Is the applicant the sponsor of an immigrant?	No	New	Dropdown	Yes/No		DOTB		1. 'Sponsor Start Date' must be entered

Do you wish to know your immigration status to decide if you are eligible. What is the applicant's current immigration status?	Evidence Gathering	If Yes	Does the applicant have an eligible immigration status?	Yes	Existing	Dropdown	ACCORD converted qualified Alien American immigrant Asylee Asylee Parolee Battered Alien Battered Spouse, child and parent Child of deceased Hmong, Men, Lao Child of Hmong, Men, Lao Control Entrant granted before 1980 Cuban-Haitian Entrant Hmong or Highland Lanten individual granted Wideroadings of Deportation or Withdrawal of Removal Individual <a href="#">available table 7b.</a>	Pre-populate value entered in HCR application if applicable or available	CIGIS		
Supporting Document	Evidence Gathering	If Yes	Does the applicant have an eligible immigration status?	Yes	Existing	Dropdown	ID2019 Certificate of Eligibility for Exchange Visitor (J-1) (Status) L-1D Certificate of Eligibility for non-immigrant (F-1) Student Status I-94 Arrival/Departure Record(s) I-207 (Readily Permit) S-1 (Permanent Resident Card) I-271 (Refugee Travel Document) T-161 (Employment Authorization Card) Temporary I-551 Stamp Unexpired Foreign Passport Machine Readable	Pre-populate value entered in HCR application if applicable or available	CIGIS	As per RCR's email, this field is accounted for in the combined cash/flooded application.	
Did the applicant have a different immigration status before the current immigration status?	Conditional	If No	Is the applicant a US Citizen or US National?	Yes	Existing			Pre-populate value entered in HCR application if applicable or available	CIGIS		
		If Yes	Does the applicant have an eligible immigration status?	Yes	Existing		ACCORD converted qualified Alien American immigrant Asylee Asylee Parolee Battered Alien Battered Spouse, child and parent Child of deceased Hmong, Men, Lao Child of Hmong, Men, Lao Control Entrant granted before 1980 Cuban-Haitian Entrant Hmong or Highland Lanten individual granted Wideroadings of Deportation or Withdrawal of Removal Individual <a href="#">available table 7b.</a>	Pre-populate value entered in HCR application if applicable or available	CIGIS		
What was the period when the applicant had this status?								Pre-populate value entered in HCR application if applicable or available	CIGIS		
From	Evidence Gathering	If Yes	Did the applicant have a different immigration status before the current immigration status?	Yes	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CIGIS		
To	Evidence Gathering	If Yes	Did the applicant have a different immigration status before the current immigration status?	Yes	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CIGIS		
Date of Entry	Evidence Gathering	If No	Did the applicant have a different immigration status before the current immigration status?	Yes	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CIGIS	As per RCR's email, this field is accounted for in the combined cash/flooded application as it is specific to cash and food only.	
		If Yes	Does the applicant have an eligible immigration status?	No							
Do you wish to update your Living Arrangement Details	Evidence Gathering			No		Dropdown	Yes/No		CIGIS		
Where the Person Lives	Evidence Gathering	If Yes	Do you wish to update your Living Arrangement Details	No	Existing	Dropdown	Home Hospital over 30 days Hotel or Motel ICF/IID IOD-IOD Residential Supportive IOD-Other Involuntary Public Non-Medical Institution Jail Nursing Homes Prison Rental Shoring apartment or home Adult Care Home Adult Relative Alcohol and Drug Treatment Center Educational or vocational facility Palliative Care Group Home Halfway House Males-only Other Part-Time Permanent Temporary		CIGIS		
Why you a member of a federally recognized American Indian/Native subject	Evidence Gathering	If Yes	Do you wish to update your Living Arrangement Details	No	Existing	Date field		OR 102533 - Pre-populate with last day of month of latest month for which Medical Bills were entered for anyone in the household.	CIGIS		OR 102533 - Modified pre-population logic
What is the status of this living arrangement?	Evidence Gathering	If Yes	Do you wish to update your Living Arrangement Details	No	Existing	Dropdown	Males-only Other Part-Time Permanent Temporary		CIGIS		
When did this living arrangement begin?	Evidence Gathering	If Yes	Do you wish to update your Living Arrangement Details	No	Existing	Date field			CIGIS		
Title Detail	Conditional, If Yes			Yes	Existing	Males-only Dropdown	Yes/No		CIGIS		
Are you a member of a federally recognized American Indian/Native subject?	Evidence Gathering	If Yes	Are you a member of a federally recognized American Indian/Native subject?	No	Existing	Text			CIGIS	This field does not currently exist in R1 application today. Field exists in R2.	
Spouse & Family							Headline		HCR		
Check all options from below that best describe you. This information is captured for statistical purposes only. The response will not impact the applicant's eligibility for assistance (OPTIO)											OR 102533 - Modified pre-population logic



The HHS/CDC's Role	How have calculated what we expect the income for this person to be based on the information you have provided us. Additionally, if you want to change your monthly income, please go back to the Adjustments screen and make the change.									HCR - Retrospective		
	Based on the information you have provided, the expected monthly income for members are listed below.									HCR - Retrospective		
	Refno month 1	Evidence Gathering			No	Existing	Text	Display calculated value	Display retro 3 months values from date of application	HCR - Retrospective		
	Refno month 2	Evidence Gathering			No	Existing	Text	Display calculated value	Display retro 3 months values from date of application	HCR - Retrospective		
	Refno month 3	Evidence Gathering			No	Existing	Text	Display calculated value	Display retro 3 months values from date of application	HCR - Retrospective		
	Participant Answer member why not?											
	Please provide details of the most Application Group member											
	First Name	Evidence Gathering			Yes	Existing	Freeform text		Loop this page for each household member indicated			
	Middle Name	Evidence Gathering			No	Existing	Freeform text			HCR		Please enter valid First Name
	Last Name	Evidence Gathering			Yes	Existing	Freeform text			HCR		Please enter valid Middle Name
Address Line 1	Evidence Gathering	If No	Is this person homeless?	Yes	Existing	Freeform text			HCR		Please enter valid Last Name	
Address Line 2	Evidence Gathering	If No	Is this person homeless?	Yes	Existing	Freeform text			HCR			
Appt Date	Evidence Gathering	If No	Is this person homeless?	No	Existing	Freeform text			HCR			
City	Evidence Gathering	If No	Is this person homeless?	Yes	Existing	Freeform text			HCR			
State	Evidence Gathering	If No	Is this person homeless?	Yes	Existing	Dropdown	All States		HCR		If state is DC then City must be Washington	
Zip Code	Evidence Gathering	If No	Is this person homeless?	Yes	Existing	Freeform text			HCR		The Zip Code entered is not in a valid format. It must either be in the following five digit format xxxxx or the following nine digit format xxxxx-xxxx. Zip Code must also not be 00000.	
Does the applicant have an SSN?	Evidence Gathering	If Yes	Does the applicant have an SSN?	Yes	New	Text						
Has the applicant applied for an SSN?	Conditional, if N/A or No	If No	Does the applicant have an SSN?	Yes	New	Dropdown	N/A Yes No	Pre-populate with status populated for ongoing	CGSS	CR 159330 - New page		
Reason the applicant does not have an SSN?	Evidence Gathering	If N/A or No	Has the applicant applied for an SSN?	Yes	New	Dropdown	Can be based for non-work reason only Making best effort to supply Headshot without Documented At Birth No SSN due to a religious objection Not eligible for SSN	Pre-populate with status populated for ongoing	CGSS	CR 159330 - New page		
Date of Birth	Evidence Gathering			Yes	Existing	Date			HCR		1. The participant date of birth must not be in the Future. 2. The participant date of birth must not be after the Application Date	
Date of Death	Evidence Gathering			No	Existing	Date			HCR			
Gender	Evidence Gathering			No	Existing	Dropdown	Male Female		HCR			
Marital Status	Evidence Gathering			N/A	Existing	Dropdown	Common Law Divorced Domestic Partner Married Separated Single Widowed	Pre-populate with status populated for ongoing	CGSS			
Does the applicant have a nickname, alias, prior or other name?	Conditional, if Yes	If Yes	Does the applicant have a nickname, alias, prior or other name?	No	Existing	Dropdown	Yes/No		CGSS	CR 159330 - Documenting existing flow		
First Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	Yes	Existing	Text			CGSS	CR 159330 - Documenting existing flow		
Middle Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	No	Existing	Text			CGSS	CR 159330 - Documenting existing flow		
Last Name	Evidence Gathering	If Yes	Does the applicant have a nickname, alias, prior or other name?	Yes	Existing	Text			CGSS	CR 159330 - Documenting existing flow		
Is the applicant a US Citizen or US National?	Conditional			Yes	Existing	Dropdown	Yes/No	Pre-populate value entered in HCR application if applicable or available	CGSS			
Previous Immigration Status								Pre-populate value entered in HCR application if applicable or available	CGSS			
Is the applicant a naturalized citizen?	Conditional			Yes	Existing	Dropdown		Pre-populate value entered in HCR application if applicable or available	CGSS			
Date of Entry	Evidence Gathering			Yes	Existing	Date field		Pre-populate value entered in HCR application if applicable or available	CGSS			
Document Type	Conditional	If Yes	Is the applicant a naturalized citizen?	Yes	Existing	Dropdown	Certificate of Citizenship Naturalization Certificate	Pre-populate value entered in HCR application if applicable or available	CGSS			
Has the applicant lived in the U.S. On or after August 22, 1996?	Evidence Gathering	If Yes	Is the applicant a naturalized citizen?	Yes	Existing	Dropdown	Yes/No	Pre-populate value entered in HCR application if applicable or available	CGSS			
Alien Number	Evidence Gathering	F-1327 (Resentry Permit) F-1451 (Permanent Resident Card) F-1766 (Employment Authorization Card) F-1471 (Refugee Travel Document) F-1561 (Temporary I-551 Stamp) Machine Readable Immigrant Visa (with Temporary I-551 Language) I-Other	Supporting Document	Yes	Existing	Text		Pre-populate value entered in HCR application if applicable or available Field required for F-1327 (Resentry Permit) Field required for F-1451 (Permanent Resident Card) Field required for F-1471 (Refugee Travel Document) Field required for F-1766 (Employment Authorization Card) Field required for F-1561 (Temporary I-551 Stamp) Field required for Machine Readable Immigrant Visa (with Temporary I-551 Language) Field required for F-1471 (Refugee Travel Document)	CGSS	As per RC's email, this field is accounted for in the count used/modified application as it is specific to cash and food only.	When entering an Alien Number, do not enter the "X" or any other characters. If your Alien Number is "A123456789" then please enter "123456789" only. You must enter exactly 9 digits in the Alien Number field. For Alien Numbers with fewer than 9 digits add one zero (0) to the beginning of a 9 digit Alien Number and two zeroes (00) to the beginning of a 7 digit Alien Number. For example, if your Alien Number is "A1234567" then please enter "00A1234567".	
Alien Registration Number	Evidence Gathering		Supporting Document	Yes	Existing	Text			CGSS			

[illegible]

**Name Member information**

**Is he/ she a member of a US or EU National?**  **Phone Number**

**What did the person receive as a condition of the loan?**  **US Dollar**

**Where the Person Lives** **Phone**

**Is he/ she a member of a student of Education?**  **Phone Number**

**Living arrangements details** **Phone**

**What is the purpose he is being arranged?**  **Phone Number**

**What is the value of his being arranged?**  **Phone Number**

**How did he live being arranged?**  **US Dollar**

**Does the person do any work for a company?** **Phone Number**

**True Details**

**Are you a member of a religiously recognized American religious body?**  **Phone Number**

**Place of Birth**

Please provide your address from the drop down lists. This information is necessary, in order to allow religious and/or political affiliations to be determined. This information is necessary to protect against fraud and to ensure that the person is not a member of a religious group.

**Black or African American** ☐ **Residence in Africa** ☐

**Asian** ☐ **Residence in Pacific Islands** ☐

**Hispanic or Latin American** ☐ **Residence in South America** ☐

**Other**

**Save & Add** **Save** **New**



000106



Please check the box for anyone who is pregnant.	Control	If Yes		Please check the box for anyone who is pregnant.	No	Existing	Checkbox				CGSS		
Does anyone have a disability?	Conditional, If Yes			Does anyone have a disability?	Yes	Existing	Dropdown	Yes/No			CGSS		
Please check the box for anyone who has a disability status.	Control	If Yes		Does anyone have a disability status?	Yes	Existing	Checkbox				CGSS		
Does anyone in the application need assistance in paying for Long Term Care services through a Nursing Home or Medicaid Institution (LTC)?	Conditional, If Yes				Yes	New	Dropdown						
Please check to see if anyone needs assistance in paying for Long Term Care services through a Nursing Home or Medicaid Institution (LTC)?	Control	If Yes			Yes	New	Checkbox						
Are you living in a Medical Institution?	Conditional, If Yes				Yes	New	Dropdown	Yes/No					
Please check the box for anyone who needs Medical Institution.	Control	If Yes			Yes	New	Checkbox						
We need to know a few details. Please answer the questions below.										Display page for all members who were indicated as "Widow" in General Information page.			
Parent Details													
Who made the determination that member is blind?	Evidence Gathering				Yes	Existing	Date field			Caseworker Client Statement - OCTB Disability Determinations Service (DDS) - OCTB Federal/State Supplemental Individual Rights Unit (FSIRU) - OCTB Local Education Authority - OCTB Not established - OCTB Railroad Retirement Board SSA Blindness/Disability SSA disability recipient State aid to the blind - OCTB State Approved Disability Determination Unit.	OCTB OCTB	OCTB has additional values + the 8 from CGSS.	
We need to know a few details. Please answer the questions below.										Display page for all members who were indicated as "Disabled" in General Information page.			
Disability Details													
What is member's disability type?	Conditional, If Brain Injury				Yes	Existing	Dropdown			Acquired Brain Injury Blind Deaf Developmentally Disabled Long Term Care Mental Retardation Mentally Disabled/Scope related Physically Disabled/Scope related Pregnancy Pregnancy Reproductive Reproductive Severe Mentally Disabled Severe Physically Disabled Traumatic Brain Injury	CGSS		
What is the category of brain injury?	Evidence Gathering	If Brain Injury		What is member's disability type?	Yes	Existing	Dropdown			Alcohol Brain Injury which Produces a Cognitive/Behavioral Defect Brain Injury which Produces an Altered State of Consciousness Brain Injury which Produces an Anatomic Defect Brain Injury which Produces a Motor Defect Hemiparesis Disease - Injury Caused by Cancer Injury Caused by Substance Abuse Injury to the Brain Covering from External Trauma Injury to the Brain from Stroke	OCTB	Please retain the OCTB notation of taking if the disability type is "Traumatic Brain Injury" or "Acquired Brain Injury"	
What Date	Evidence Gathering				Yes	Existing	Date field				CGSS		
Who made the determination that the member is disabled?					Yes	Existing				Caseworker Client Statement - OCTB Disability Determinations Service (DDS) - OCTB Federal/State Supplemental Individual Rights Unit (FSIRU) - OCTB Local Education Authority - OCTB Not established - OCTB Railroad Retirement Board SSA Blindness/Disability SSA disability recipient State aid to the blind - OCTB State Approved Disability Determination Unit.	CGSS		
Does member have any other disabilities?	Control				No	Existing	Dropdown	Yes/No		Loop Disability page if Yes is selected	CGSS		
We need to know a few details. Please answer the questions below.										Display page for all disabled members that were indicated as "Pregnant" in General Information page.			
Pregnancy Details													
What is member's expected due date?	Evidence Gathering					Existing	Date field				CGSS		
What is the date of conception of the pregnancy?	Evidence Gathering					New	Date field				OCTB	We be asked from OCTB	
How many babies is member carrying in this pregnancy?	Evidence Gathering					Existing	Text				OCTB		
Is the father of this child a member of the applicant's household?	Conditional					Existing	Dropdown	Yes/No			CGSS		
Parent Details					No	Existing	Dropdown	Yes/No			CGSS		
Is the father of this child a member of the applicant's household?	Conditional				No	Existing	Dropdown	Yes/No			CGSS		
Please check the box for the father of this child.	Evidence Gathering	If Yes		Is the father of this child a member of the applicant's household?	No	Existing	Checkbox				CGSS		
First Name	Evidence Gathering	If No		Is the father of this child a member of the applicant's household?	No	Existing	Text				CGSS		
Last Name	Evidence Gathering	If No		Is the father of this child a member of the applicant's household?	No	Existing	Text				CGSS		
Address													



Street 1	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
Apartment	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
Street 2	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
City	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
State	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
Zip	Evidence Gathering	If No	Is the father of this child a member of the applicant's household?	No	Existing	Text			CGSS		
Military Service	We need to know a few details. Please answer the questions below.										Display page for all members that were indicated as serving the military in General Information section.
Veteran/Military Status	What is member's Military Status?	Conditional, If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran		Yes	Existing	Dropdown	CTX - Veteran Status		CGSS		
Name of Service Member	If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Veteran	What is member's Military Status?		Yes	Existing	Text			CGSS	Conditional field displays in HQ only.	
Veteran Name	If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?		Yes	Existing	Text			OOTB	Conditional field displays in OOTB only.	
Veteran Address											
Street 1		If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?	Yes	Existing	Text			OOTB	Conditional field displays in OOTB only.	
Street 2		If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?	No	Existing	Text			OOTB	Conditional field displays in OOTB only.	
City		If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?	Yes		Text			OOTB		
State		If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?	Yes	Existing	Dropdown			OOTB	Conditional field displays in OOTB only.	
Zip		If Philippine Commonwealth Army, If Spouse/Child of Active Duty, If Spouse/Child of Deceased Active Armed Forces, If Spouse/Child of Deceased Veteran, If Spouse/Child of Retired Veteran, If Spouse/Child of Veteran	What is member's Military Status?	Yes	Existing	Text			OOTB	Conditional field displays in OOTB only.	
On what date did member leave the service?	Evidence Gathering			Yes	Existing	Date field			CGSS		
What was member's Branch of Service?	Evidence Gathering			Yes	Existing	Dropdown	Air Force, Army, Coast Guard, Marines, National Guard, Navy, Reserves		CGSS		
Is member still in the service?	Conditional, If No			No	Existing	Dropdown	Yes/No		CGSS		
On what date did member leave the service?	Evidence Gathering	If No	Is member still in the service?	Yes	Existing	Date field			CGSS		
Does member have any other Military Service?	Control			No	Existing	Dropdown	Yes/No		CGSS	Link and display Military Service Details page. If Yes is selected.	
Medical Institution											

Medical Institution

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The applicant has told us that "applicant" has received benefits in the past in this or another state. please enter the state below.							Display page for all members who indicated as receiving benefits in another state in the past 3 months in benefit information page.		
<b>Cost Benefit Details</b>									
Did applicant receive "benefit"?	Evidence Gathering			No	Existing	Dropdown	Cost BenefitType	CGSB	
In which state did "benefit" receive?	Evidence Gathering		Yes	Existing	Dropdown	All States	CGSB		
Over what period of time was "benefit" receiving benefit?									
Start Date	Evidence Gathering		Yes	Existing	Date field			CGSB	
End Date	Evidence Gathering		Yes	Existing	Date field			CGSB	
Benefit Payment									
Benefit Amount	Evidence Gathering		Yes	Existing	Text			CGSB	
Benefit Frequency	Evidence Gathering		Yes	Existing	Text	CDL - FrequencyCode		CGSB	
Delivery Method	Evidence Gathering		Yes	Existing	Text	CDL - BeneficiaryDelivery		CGSB	
Has "member" received any other benefits in the past 3 months?	Control		No	Existing	Dropdown	Yes/No	Loop Field Benefit Details page if Yes is selected.	CGSB	
Has "member" applied for a benefit?									
Here's a summary of what the applicant has told us about the benefits the applicant currently receives or has received in the past. If the applicant would like to add further answers, please click "Edit". If the applicant would like to delete information for any home member, please click "Delete".							Summary page is generated from above answered questions and displayed on this page. Edit/Delete action is displayed in each toggle section to make any changes necessary in the IES.		
<b>Employment</b>									
Please tell us about the person in the applicant's home who has job or are self-employed.							Display page for all members. Display respective pages for users indicating Yes for Conditional questions.	CGSB	
<b>Employment Information</b>									
Does anyone in the applicant's home have a job that has income?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No		CGSB	
Please check the box for anyone who has a job.	Evidence Gathering	If Yes	Does anyone in the applicant's home have a job that has income?	Yes	Existing	Checkbox		CGSB	
Did anyone in the applicant's home have a job in the past 3 months, but is no longer employed there?				No			Display only if at least one applicant has Medical Bills.	CR 159330 - New question	
Please check the box for anyone who has a job.	Evidence Gathering	If Yes	Did anyone in the applicant's home have a job in the past 3 months, but is no longer employed there?	Yes	New	Checkbox	Display only if at least one applicant has Medical Bills.	CGSB	CR 159330 - New question
Is anyone in the applicant's home self-employed with income?	Conditional, if Yes			Yes	Existing	Dropdown	Yes/No	CGSB	
Please check the box for anyone who is self-employed.	Control	If Yes	Is anyone in the applicant's home self-employed with income?	Yes	Existing	Checkbox		CGSB	
Was anyone in the applicant's home self-employed with income in the past 3 months, but is no longer self-employed?	Conditional, if Yes			Yes	New	Dropdown	Yes/No	CGSB	CR 159330 - New question
Please check the box for anyone who was self-employed.	Control	If Yes	Was anyone in the applicant's home self-employed with income in the past 3 months, but is no longer self-employed?	Yes	New	Checkbox	Display only if at least one applicant has Medical Bills.	CGSB	CR 159330 - New question
<b>Paid Employment</b>									
The member has told us that "member" is employed, please enter "member" employment details below.							Display page for each member that indicated having a job that has income from Employment information page.	CGSB	
<b>Employment Details</b>									
Employer Name	Evidence Gathering		Yes	Existing	Text			CGSB	
Employer Address									
Employer 1	Evidence Gathering		Yes	Existing	Text			CGSB	
Employer 2	Evidence Gathering		No	Existing	Text			CGSB	
Employer 3	Evidence Gathering		No	Existing	Text			CGSB	
Employer 4	Evidence Gathering		Yes	Existing	Text			CGSB	
Employer 5	Evidence Gathering		Yes	Existing	Text			CGSB	
Employment Details									
Please enter the details of "member's" job below.								CGSB	
What is "member's" Employment Type?	Evidence Gathering		Yes	Existing	Dropdown	Full-Time - OOTB Part-Time - OOTB Seasonal - OOTB On-call		CGSB	
When did "member" start this job?	Evidence Gathering		Yes	Existing	Date field			CGSB	
How many hours per week does "member" work?	Evidence Gathering		Yes	Removed	Text			CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
How many days per week does "member" work at this employment?	Evidence Gathering		No	Removed	Text			CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Amount (Before taxes and deductions)	Evidence Gathering		Yes	Removed	Text			CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
What portion of this amount is tax exempt?	Evidence Gathering		No	Removed	Text			CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Frequency	Evidence Gathering		Yes	Removed	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly Yearly		CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Start Date	Evidence Gathering		Yes	Existing	Date field			CGSB	
End Date	Evidence Gathering		No	Existing	Date field			CGSB	
Is "member" currently participating in a job?	Conditional, if Yes		No	Removed	Dropdown	Yes/No		CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Reason Dispute Reason	Evidence Gathering	If Yes	Is "member" currently participating in a job?	No	Removed	Dropdown	Locked - Others Unable to work due to illness Employee Fear of Personal Injury/Death Disability/Death	CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Reason Dispute Start Date	Evidence Gathering	If Yes	Is "member" currently participating in a job?	No	Removed	Date field		CGSB	CR 159330 - Having field not present in actual application, not necessary for Medicaid.
Does "member" have any other employment?	Control		No	Existing	Dropdown	Yes/No	Loop Field Employment Details page if Yes is selected.	CGSB	
<b>Employer Address</b>									
Do you want to accept the suggested employer address?					Checkbox		Loop page for each member employment address.		
<b>Paid Paid Employment</b>									
The member has told us that "member" was employed, please enter "member's" employment details below.							Display page for each member that was selected for the question, "Did anyone in the applicant's home have a job in the past 3 months, but is no longer employed there?"	CGSB	CR 159330 - New page
<b>Employment Details</b>									
Employer Name	Evidence Gathering		Yes	New	Text			CGSB	CR 159330 - New page
Employer Address									CR 159330 - New page
Employer 1	Evidence Gathering		Yes	New	Text			CGSB	CR 159330 - New page
Employer 2	Evidence Gathering		No	New	Text			CGSB	CR 159330 - New page
Employer 3	Evidence Gathering		No	New	Text			CGSB	CR 159330 - New page
Employer 4	Evidence Gathering		Yes	New	Text			CGSB	CR 159330 - New page
Employer 5	Evidence Gathering		Yes	New	Text			CGSB	CR 159330 - New page

Are you a member of a household?	Evidence Gathering		Yes	New	Text			CGSS	CR 199330 - New page	
Please enter the details of member's job below.					New			CGSS	CR 199330 - New page	
What is member's Employment Type?	Evidence Gathering		Yes	New	Dropdown	Full-Time / OOTB Part-Time / OOTB Seasonal / OOTB Unpaid		CGSS	CR 199330 - New page	
When did member start this job/assignment?	Evidence Gathering		Yes	New	Date field			CGSS	CR 199330 - New page	
Start Date	Evidence Gathering		Yes	New	Date field			CGSS	CR 199330 - New page	
Does member have any other past employment?	Control		No	New	Dropdown	Yes/No	Loop Past Paid Employment Details page if Yes is selected	CGSS	CR 199330 - New page	
Employer Address										
Do you want to accept the suggested employer address?					Checkbox		Loop page for each member employment added.		CR 199330 - New page	
Self-Employment Details										
The applicant has told us that member is self-employed. Please enter member's self-employment details below.							Display page for each member that indicated being self-employed in Employment Information page.			
Self-Employment Details										
Employer Name	Evidence Gathering		Yes	Existing	Text			CGSS		
Employer Address										
State	Evidence Gathering		No	Existing	Text			CGSS		
City	Evidence Gathering		No	Existing	Text			CGSS		
State	Evidence Gathering		Yes	Existing	Text			CGSS		
Is member the sole owner of this business?	Conditional		Yes	Existing	Dropdown	All States		CGSS		
Partnership Type	Evidence Gathering	If Yes	No	Existing	Dropdown	Partnership Individual Corporation		CGSS		
What is the status of member's employment?	Evidence Gathering		Yes	Existing	Dropdown	Full-Time Part-Time Seasonal Temporary		CGSS		
Employment Information										
When did member start this job/assignment?	Evidence Gathering		Yes	Existing	Date field			CGSS		
Does member or anyone else in the household have any other self-employment?	Control		No	Existing	Dropdown	Yes/No	Loop Self-Employment Details page if Yes is selected.	CGSS		
Self-Employment Details										
The applicant has told us that member was self-employed in the past. Please enter member's self-employment details below.							Display page for each member that was self-employed with income in the past 3 months, but is no longer self-employed?		CR 199330 - New page	
Self-Employment Details									CR 199330 - New page	
Employer Name	Evidence Gathering		Yes	Existing	Text			CGSS	CR 199330 - New page	
Employer Address									CR 199330 - New page	
State	Evidence Gathering		No	Existing	Text			CGSS	CR 199330 - New page	
City	Evidence Gathering		Yes	Existing	Text			CGSS	CR 199330 - New page	
State	Evidence Gathering		Yes	Existing	Text			CGSS	CR 199330 - New page	
Is member the sole owner of this business?	Conditional		Yes	Existing	Dropdown	All States		CGSS	CR 199330 - New page	
Partnership Type	Evidence Gathering	If Yes	No	Existing	Dropdown	Partnership Individual Corporation		CGSS	CR 199330 - New page	
What is the status of member's employment?	Evidence Gathering		Yes	Existing	Dropdown	Full-Time Part-Time Seasonal Temporary		CGSS	CR 199330 - New page	
Employment Information									CR 199330 - New page	
When did member start this job/assignment?	Evidence Gathering		Yes	Existing	Date field			CGSS	CR 199330 - New page	
When did member start this job/assignment?	Control		No	Existing	Dropdown	Yes/No	Loop Past Self-Employment Details page if Yes is selected.	CGSS	CR 199330 - New page	
Income Information										
Please tell us about the people in the applicant's home who receive income.							Display page for each member. Display respective page for members indicated Yes to Conditional questions.			
Income Information										
Do any household members have earned income from a job?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No		CGSS		
Please check the box for Earned Income Details.	Control	If Yes	Do any household members have earned income from a job?	Yes	Existing	Checkbox		CGSS		
Do any household members have earned income from self-employment?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No		CGSS		
Please check the box for Earned Self-Employment Income Details.	Control	If Yes	Do any household members have earned income from self-employment?	Yes	Existing	Checkbox		CGSS		
Do any household members have unearned income?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No		CGSS		
Please check the box for anyone who has unearned income.	Control	If Yes	Do any household members have unearned income?	Yes	Existing	Checkbox		CGSS		
Does anyone in the applicant's household receive child support payments?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No	Display only if there is an absent parent in the household.	CGSS		
Please check the box for anyone who receives child support payments.	Control	If Yes	Does anyone in the applicant's household receive child support payments?	No	Existing	Checkbox		CGSS		
Have any household members stopped work in the last 60 days?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No		CGSS	CR 199330 - Holding fields not present in actual application; not necessary for Medicaid	
Please check the box for anyone who has stopped work in the last 60 days.	Control	If Yes	Have any household members stopped work in the last 60 days?	Yes	Existing	Checkbox		CGSS	CR 199330 - Holding fields not present in actual application; not necessary for Medicaid	
Past Income										
Please tell us about the people in the applicant's home who received different income in the past 3 months.							Display only if at least one applicant had Medical Bills. Display respective page for members indicated Yes to Conditional questions.		CR 199330 - New page	
Did any household members have different earned income from a job in the last 3 months?	Conditional, if Yes		Yes	New	Dropdown	Yes/No (Default to No)	Display only if at least one applicant had Medical Bills.	CGSS	CR 199330 - New page	
Please check the box for Earned Income Details.	Control	If Yes	Did any household members have different earned income from a job in the last 3 months?	Yes	New	Checkbox	Display only if at least one applicant had Medical Bills.	CGSS	CR 199330 - New page	
Did any household members have different earned income from self-employment in the last 3 months?	Conditional, if Yes		Yes	New	Dropdown	Yes/No (Default to No)	Display only if at least one applicant had Medical Bills.	CGSS	CR 199330 - New page	
Please check the box for Earned Self-Employment Income Details.	Control	If Yes	Did any household members have different earned income from self-employment in the last 3 months?	Yes	New	Checkbox	Display only if at least one applicant had Medical Bills.	CGSS	CR 199330 - New page	
Did any household members have different unearned income in the last 3 months?	Conditional, if Yes		Yes	New	Dropdown	Yes/No (Default to No)	Display only if at least one applicant had Medical Bills.	CGSS	CR 199330 - New page	

Please check the box for anyone who had unearned income.	Control	If Yes	Did any household members have different unearned income in the last 3 months?	Yes	New	Checkbox		Display only if at least one applicant had Medical Bills	CGSS	CR 109330 - New page	
Did anyone in the applicant's household receive different child support payments in the last 3 months?	Conditional, if Yes			Yes	New	Dropdown	You/No (Default to No)	Display only if at least one applicant had Medical Bills	CGSS	CR 109330 - New page	
Please check the box for anyone who received child support payments.	Control	If Yes	Did anyone in the applicant's household receive different child support payments in the last 3 months?	No	New	Checkbox		Display only if at least one applicant had Medical Bills	CGSS	CR 109330 - New page	
The applicant has told us that respondent has unearned income, please enter the details below.								Display page for each member that indicated having unearned income from income information page.			
Unearned Income Details									CGSS		
Please enter the details of member's unearned income below.											
What type of income does respondent have?	Evidence Gathering			Yes	Existing	Dropdown	Adoption payment Adoption Subsidy Agricultural and Conservation (ACSE) Payments Alimony Annuity At Risk Childcare Payments Abandonment Care Payments Awards, Winning Settlements Capital Gains Charitable Donations Child Care Payments under Social Security Act Child Nutrition Act for 1965 Child Support Income for SNAP Child Tax Credit		CGSS		
How often does respondent receive this income?	Evidence Gathering			Yes	Existing	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly Yearly		CGSS		
What is respondent's gross unearned income before deductions, such as taxes?	Evidence Gathering			Yes	Existing	Text			CGSS		
When did respondent start receiving this income?	Evidence Gathering			Yes	Existing	Date field			CGSS		
When did respondent last receive a payment?	Evidence Gathering			Yes	Existing	Date field			CGSS		
Does respondent have any additional unearned income?	Control		Yes	Existing	Dropdown	Yes/No		Loop Unearned income page if Yes is selected.	CGSS		
The applicant has told us that respondent had unearned income, please enter the details below.								Display page for each member that indicated having different paid unearned income from the Paid Income information page.		CR 109330 - New page	
Unearned Income Details									CGSS	CR 109330 - New page	
Please enter the details of member's unearned income below.											
What type of income did respondent have?	Evidence Gathering			Yes	New	Dropdown	Adoption payment Adoption Subsidy Agricultural and Conservation (ACSE) Payments Alimony Annuity At Risk Childcare Payments Abandonment Care Payments Awards, Winning Settlements Capital Gains Charitable Donations Child Care Payments under Social Security Act Child Nutrition Act for 1965 Child Support Income for SNAP Child Tax Credit		CGSS	CR 109330 - New page	
How often does respondent receive this income?	Evidence Gathering			Yes	New	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly Yearly		CGSS	CR 109330 - New page	
What was respondent's gross unearned income before deductions, such as taxes?	Evidence Gathering			Yes	New	Text			CGSS	CR 109330 - New page	
When did respondent start receiving this income?	Evidence Gathering			Yes	New	Date field			CGSS	CR 109330 - New page	
When did respondent stop receiving this income?	Evidence Gathering			Yes	New	Date field			CGSS	CR 109330 - New page	
When did respondent last receive a payment?	Evidence Gathering			Yes	New	Date field			CGSS	CR 109330 - New page	
Did respondent have any additional unearned income?	Control		Yes	New	Dropdown	Yes/No		Loop Paid Unearned income page if Yes is selected.	CGSS	CR 109330 - New page	
Child Support Details											
Please select the child for whom the payments are being made.	Evidence Gathering				New	Checkbox			CGSS	CR 134081: Adding family member selector screen to non-MAGI Medical application, as it exists on the combined Cash/Post-Medical EQ.	
Child Support Payment Details								Display Child Support Payment page for each member that indicated receiving child support payments from income information page.	CGSS		
Please enter the details of member's child support income below.											
Child Support Details											
Is the payment for a deceased child?	Yes/No Dropdown						Yes No Blank			CR 134081: Adding question to capture whether child for whom payment is received is deceased.	
How often does respondent receive this income?	Evidence Gathering			Yes	Existing	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly Yearly		CGSS		
How much does respondent receive?	Evidence Gathering			Yes	Existing	Text			CGSS		
When did respondent start receiving this income?	Evidence Gathering			Yes	Existing	Date field			CGSS		
Are these child support payments paid collectively?	Conditional, if Yes			No	Existing	Dropdown	Yes/No		CGSS		
Child Order Number	Evidence Gathering	If Yes	Are these child support payments court-ordered?	Yes	Existing	Text			CGSS		
Date Established	Evidence Gathering	If Yes	Are these child support payments court-ordered?	Yes	Existing	Date field			CGSS		
Obligated Amount	Evidence Gathering	If Yes	Are these child support payments court-ordered?	Yes	Existing	Text			CGSS		
Does respondent receive any additional child support payments?	Evidence Gathering	Control	Yes	Existing	Dropdown	Yes/No		Loop Child Support Payment page if Yes is selected.	CGSS		

<b>Past Child Support Payments</b> Child Support Details Please select the child for whom the payments were being made.																					
	Evidence Gathering				How	Checkbox		Display Child Support Payment page for each member that indicated receiving different child support payments in the past or the Past Income Information page.	CGSS	CR 199330 - New page											
Child Support Payment Details Please enter the details of member's child support income below.																					
	Evidence Gathering				How				CGSS	CR 199330 - New page											
Child Support Details Is the payment for a deceased child?										Yes/No	Dropdown										
	Evidence Gathering				How	Dropdown	Yes No Back CTX - Disability/Code		CGSS	CR 199330 - New page											
How often did member receive this income?										Yes	How	Dropdown									
	Evidence Gathering				Yes	How	Text		CGSS	CR 199330 - New page											
When did member start receiving this income?										Yes	How	Date field									
	Evidence Gathering				Yes	How	Date field		CGSS	CR 199330 - New page											
When did member stop receiving this income?										Yes	How	Date field									
	Evidence Gathering				Yes	How	Date field		CGSS	CR 199330 - New page											
Were these child support payments paid on deposit?										Conditional, if Yes	Yes/No	Dropdown	Yes/No								
	Evidence Gathering				Yes	How	Text		CGSS	CR 199330 - New page											
Court Order Number										Yes	How	Text									
	Evidence Gathering				Yes	How	Text		CGSS	CR 199330 - New page											
Date Established										Yes	How	Date field									
	Evidence Gathering				Yes	How	Date field		CGSS	CR 199330 - New page											
Obligated Amount										Yes	How	Text									
	Evidence Gathering				Yes	How	Text		CGSS	CR 199330 - New page											
Did member receive any additional child support payments?										Control	Yes	How	Dropdown	Yes/No							
	Evidence Gathering				Yes	How	Dropdown	Yes/No	CGSS	CR 199330 - New page											
Past Earned Income Details The applicant has told us that member is employed, please enter member's income details below.																					
	Evidence Gathering				Yes	Existing	Dropdown	Employer Name entered from Employment Page													
Earned Income Details Please enter the details of member's past income below.																					
	Evidence Gathering				Yes	Existing	Dropdown	Active Corps of Executives (ACE) Americorp Baby Sitting/Day Care Blood/Plasma Sales Bonus Earned Income Tax Credits Housing Fiduciary Danger Pay In Kind Income Jury Duty Payments Migrant Worker Military Pay/Allowances Non-Recurring Lump Sum On Job Training Payments under Domestic Volunteer Service Act 1973 Payments under Foster Grandparents	CGSS												
How often does member receive this income?										Yes	Existing	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly	CGSS							
What is member's gross amount before any deductions?										Yes	Existing	Text		CGSS							
When did member start receiving this income?										Yes	Existing	Date field		CGSS							
Does member have any additional income from employment?										Yes	Existing	Dropdown	Yes/No	CGSS							
Past Earned Income Details The applicant has told us that member was employed, please enter member's past income details below.																					
	Evidence Gathering				Yes	How	Dropdown	Employer Name entered from Employment Page		CR 199330 - New page											
Earned Income Details Please enter the details of member's past income below.																					
	Evidence Gathering				Yes	How	Dropdown	Active Corps of Executives (ACE) Americorp Baby Sitting/Day Care Blood/Plasma Sales Bonus Earned Income Tax Credits Housing Fiduciary Danger Pay In Kind Income Jury Duty Payments Migrant Worker Military Pay/Allowances Non-Recurring Lump Sum On Job Training Payments under Domestic Volunteer Service Act 1973 Payments under Foster Grandparents	CGSS	CR 199330 - New page											
How often did member receive this income?										Yes	How	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly	CGSS	CR 199330 - New page						
What was member's gross amount before any deductions?										Yes	How	Text		CGSS	CR 199330 - New page						
When did member start receiving this income?										Yes	How	Date field		CGSS	CR 199330 - New page						
When did member stop receiving this income?										Yes	How	Date field		CGSS	CR 199330 - New page						
Did member have any additional income from employment?										Yes	How	Dropdown	Yes/No	CGSS	CR 199330 - New page						
Self Employment Income Details The applicant has told us that member is self-employed, please enter member's income details below.																					
	Evidence Gathering				Yes	Existing	Dropdown	Employment Name entered in Self Employment Page	CGSS												







Please check the box for anyone who had a loan.	Control	If Yes	Did anyone in the applicant's home have a different loan in the last 3 months?	No	None	Checkbox			DOTB	CR 159330 - New page		
Was anyone in the applicant's home a guarantor or beneficiary of a different trust in the last 3 months?	Control			Yes	None	Dropdown	Yes/No (Default to 'No')		CGIS	CR 159330 - New page		
Was anyone in the applicant's home a beneficiary or owner of a different annuity in the last 3 months?	Control			Yes	None	Dropdown	Yes/No (Default to 'No')		CGIS	CR 159330 - New page		
Vehicle Details							Please check the box for anyone who has sold, traded or given away or transferred a residence in the last					
The applicant has told us that members had a vehicle, please enter the details below.					None		Display page for all members that that indicated having a vehicle in Residence General Information table.		Add section from DOTB, exclude the following fields: Year of registration Date of registration			
Vehicle Type	Conditional, If Other			Yes	None	Dropdown	Car Van Truck Motorcycle Autobycle Scooter Boat Snowmobile Airsplane Helicopter Camper Jet Ski Animal drawn carriage Other		Add text Vehicle Types Add the following values to drop-down for 'Vehicle Types' - Car - Van - Truck - Motorcycle - Autobycle - Scooter - Boat - Snowmobile - Airplane - Helicopter - Camper - Jet Ski - Animal drawn carriage - Other Required if 'Other' is selected			
If Other	Evidence Gathering	Vehicle Type		Yes	None	Text						
Vehicle make :	Evidence Gathering			Yes	None	Dropdown	Acura Audi BMW Buick Cadillac Chevrolet Chrysler Datsun Dodge Eagle Ford GMC Honda Hyundai Infiniti International Jaguar Jeep Kia Korean Lexus Lincoln Mazda Mercedes Mini Mitsubishi Nissan Oldsmobile Porsche Rover Subaru Suzuki Toyota Vauxhall Volvo VW Yamaha		DOTB			
How is the vehicle used?	Evidence Gathering			Yes	None	Dropdown	Commuting To Work Schooling Employment Essential Daily Activities Essential for Terrain/Climate Travel Home Income Production Living in Vehicle Long Distance Employment Travel Other than Primary Primary Physically Disabled Self Employment Teenager Selling Employment/Car Working Work/Travel Transport To Treatment Unlicensed On Reservation Used For Handicapped		DOTB	Add the following values to the drop-down list: Junked Recreational		
What is the vehicle used for?	Evidence Gathering			Yes	None	Text			DOTB			
How much is owed on this vehicle?	Evidence Gathering			No	None	Text			DOTB			
Is member the sole owner of this vehicle?	Conditional, If No			Yes	None	Dropdown	Yes/No		DOTB			
Please check the box for anyone who has a share in this vehicle.	Evidence Gathering	If No	Is member the sole owner of this vehicle?	No	None	Checkbox			DOTB			
Check members have any other vehicles?	Control			Yes	None	Dropdown	Yes/No	Loop Vehicle page if file is Selected	DOTB			
Vehicle Details							Please check the box for anyone who has sold, traded or given away or transferred a residence in the last					
The applicant has told us that members had a vehicle, please enter the details below.					None		Display page for all members that that indicated having a different vehicle on the Past Residence Information table.		CR 159330 - New page			
Vehicle Type	Conditional, If Other			Yes	None	Dropdown	- Car - Van - Truck - Motorcycle - Autobycle - Scooter - Boat - Snowmobile - Airplane - Helicopter - Camper - Jet Ski - Animal drawn carriage - Other		CR 159330 - New page			
If Other	Evidence Gathering	Vehicle Type		Yes	None	Text		Required if 'Other' is selected	DOTB	CR 159330 - New page		
Vehicle make :	Evidence Gathering			Yes	None	Dropdown	Acura Audi BMW Buick Cadillac Chevrolet Chrysler Datsun Dodge Eagle Ford GMC Honda Hyundai Infiniti International Jaguar Jeep Kia Korean Lexus Lincoln Mazda Mercedes Mini Mitsubishi Nissan Oldsmobile Porsche Rover Subaru Suzuki Toyota Vauxhall Volvo VW Yamaha		DOTB	CR 159330 - New page		
Vehicle model :	Evidence Gathering			Yes	None	Text			DOTB	CR 159330 - New page		

How was the vehicle used?	Evidence Gathering			Yes	New	Dropdown	Commuting To Work/Child Employment Essential Daily Activities Essential for Terrain/Climate Essential Spouse At Home Income Producing Living in Vehicle Long Distance Employment Travel Other Than Primary Physically Disabled Self Employment Teenager Seeking Employment/Co-mingling Work/School Transport To Treatment Uninsured On Reservation Used For Miscellaneous	DOTB	CR 100330 - New page		
What was the vehicle used for?	Evidence Gathering			Yes	New	Text		DOTB	CR 100330 - New page		
What was the vehicle used on this date?	Evidence Gathering			No	New	Text		DOTB	CR 100330 - New page		
Was member's the sole owner of this vehicle?	Conditional, if No			Yes	New	Dropdown	Yes/No	DOTB	CR 100330 - New page		
Please check the box for anyone who has a share in this vehicle?	Evidence Gathering	If No		Is member the sole owner of this vehicle?	No	New	Checkbox	DOTB	CR 100330 - New page		
When did member obtain this property?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
What did member use this property?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
Did member have any other vehicles?	Control			Yes	New	Dropdown	Yes/No	Loop Past Vehicle page if Yes is selected	DOTB	CR 100330 - New page	
Burial Plot/Space Details The applicant has told us that member has a burial plot/space, please enter the details below					Modified					Burial Plot was modified to Burial Plot/Space	
What is the fair market value of member's burial plot/space?	Evidence Gathering			Yes	Modified	Text		Display page for each member that indicated having a Burial Plot in Resource General Information page	CGSS		
What is the cash value of member's burial plot/space?	Evidence Gathering			Yes	Modified	Text			CGSS		
When did member purchase the burial plot/space?	Evidence Gathering			Yes	Modified	Date field			CGSS		
Location Name Is member the sole owner of this burial plot/space?	Evidence Gathering Conditional, if No			Yes	Modified	Text	Dropdown	Yes/No	CGSS CGSS		
Please check the box for anyone who has a share in this burial plot/space?	Evidence Gathering	If No		Is member the sole owner of this burial plot/space?	Yes	Modified	Checkbox		CGSS		
Does member have any other burial plot/space?	Control			Yes	Modified	Dropdown	Yes/No	Loop Burial Plot page if Yes is selected	CGSS		
Past Burial plot/space The applicant has told us that member has a burial plot/space, please enter the details below					Modified						
What is the fair market value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			CGSS	CR 100330 - New page	
What is the cash value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			CGSS	CR 100330 - New page	
When did member purchase the burial plot/space?	Evidence Gathering			Yes	New	Date field			CGSS	CR 100330 - New page	
When did member use the burial plot/space?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
Location Name Is member the sole owner of this burial plot/space?	Evidence Gathering Conditional, if No			Yes	New	Text	Dropdown	Yes/No	CGSS CGSS	CR 100330 - New page	
Please check the box for anyone who has a share in this burial plot/space?	Evidence Gathering	If No		Is member the sole owner of this burial plot/space?	Yes	New	Checkbox		CGSS	CR 100330 - New page	
Does member have any other burial plot/space?	Control			Yes	New	Dropdown	Yes/No	Loop Past Burial Plot/Space page if Yes is selected	CGSS	CR 100330 - New page	
Burial Plot/Space Details The applicant has told us that member has a burial plot/space, please enter the details below								Display page for each member that indicated having a Burial Plot in Resource General Information page		New questions that will be asked from DOTB. Does not currently exist in R2.	
Burial Plot/Space Details The applicant has told us that member has a burial plot/space, please enter the details below											
What is the fair market value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			DOTB		
What is the cash value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			DOTB		
When did member purchase the burial plot/space?	Evidence Gathering			Yes	New	Date field			DOTB	CR 100330 - New page	
Funeral Home Name Address	Evidence Gathering			Yes	New	Text					
Street 1	Evidence Gathering			Yes	New	Text			DOTB		
Street 2	Evidence Gathering			No	New	Text			DOTB	CR 100330 - New page	
City	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
State	Evidence Gathering			Yes	New	Dropdown	All States		DOTB	CR 100330 - New page	
Zip	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
Does member have any other burial plot/space?	Control			Yes	Existing	Dropdown	Yes/No	Loop Past Burial Plan page if Yes is selected	DOTB	CR 100330 - New page	
Past Burial plot/space The applicant has told us that member has a burial plot/space, please enter the details below								Display page for each member that indicated having a Burial Plot in Resource General Information page		CR 100330 - New page	
Burial Plot/Space Details The applicant has told us that member has a burial plot/space, please enter the details below											
What is the fair market value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
What is the cash value of member's burial plot/space?	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
When did member purchase the burial plot/space?	Evidence Gathering			Yes	New	Date field			DOTB	CR 100330 - New page	
When did member use the burial plot/space?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
Funeral Home Name Address	Evidence Gathering			Yes	New	Text				CR 100330 - New page	
Street 1	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
Street 2	Evidence Gathering			No	New	Text			DOTB	CR 100330 - New page	
City	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
State	Evidence Gathering			Yes	New	Dropdown	All States		DOTB	CR 100330 - New page	
Zip	Evidence Gathering			Yes	New	Text			DOTB	CR 100330 - New page	
Does member have any other burial plot/space?	Control			Yes	Existing	Dropdown	Yes/No	Loop Past Burial Plan page if Yes is selected	DOTB	CR 100330 - New page	
Past Burial plot/space The applicant has told us that member has a burial plot/space, please enter the details below								Display page for each member that indicated having property in Resource General Information Page			
Burial Plot/Space Details											

Properties

What type of property does member have?	Conditional, if Other		Yes	Existing	Dropdown	Appliances Buildings Clothing Engagement Ring Equipment/Tools Farm Land Furniture Home and Surrounding Property House Household Goods Jewelry Land Livestock Machinery Medical Devices Mobile Home Other Courtable Outdoor Motor Rental Home Stock Trailer Utility Trailer Vacation Home Wedding Ring		COTB	Review Board value and place in Vehicle section under Vehicle Type.  Change value 'Other' to 'Other Courtable'	
Other Courtable	Evidence Gathering	If Other Courtable	What type of property does member have?	Yes	New	Freedom text				
What is the property category?	Evidence Gathering			No	Existing	Dropdown	Personal Real		COTB	
When did member purchase this property?	Evidence Gathering			Yes	Existing	Text			COTB	
What was the fair market value of member's property?	Evidence Gathering			No	Existing	Text			COTB	
How much of anything does member use on this property?	Evidence Gathering			No	Existing	Text			COTB	
Is member the sole owner of this property?	Conditional			Yes	Existing	Dropdown	Yes/No		COTB	
What was the usage of this property?	Evidence Gathering	If Yes	Is member the sole owner of this property?	Yes	Existing	Dropdown	Home Home of Co-Owner Income Producing Maintenance/Use of Income Producing Vehicle Necessary for Employment Other Production of Goods for Home Consumption Recreational		COTB	
What is the ownership type of this property?	Evidence Gathering	If Yes	Is member the sole owner of this property?	Yes	Existing	Dropdown	Life Estate with Powers Life Estate without Powers Owner Remainder Interest Ungranted Estate		COTB	
Please check the box for anyone who has a share in this property.	Evidence Gathering	If No	Is member the sole owner of this property?	Yes	Existing	Checkbox			COTB	
Property Address:	Evidence Gathering			No	Existing	Text			COTB	
Street 1	Evidence Gathering			No	Existing	Text			COTB	
Street 2	Evidence Gathering			No	Existing	Text			COTB	
City	Evidence Gathering			No	Existing	Text			COTB	
State	Evidence Gathering			No	Existing	Dropdown	All States		COTB	
Zip	Evidence Gathering			No	Existing	Text			COTB	
Did anyone in the applicant's home receive income from this property?	Conditional, if Yes			Yes	Existing	Dropdown	Yes/No		COTB	
Please check the box for anyone who received income from this property.	Evidence Gathering	If Yes	Does anyone in the applicant's home receive income from this property?	Yes	Existing	Checkbox			COTB	
Does member have any other property?	Control			Yes	Existing	Dropdown	Yes/No	Loop Properties page if Yes is selected.	COTB	
The applicant has told us that member had a property, please enter the details below.				No				Display page for each member that indicated having property on the Past Resource Information Page	CR 159330 - New page	
Property Details:	Conditional, if Other			Yes	New	Dropdown	Appliances Buildings Clothing Engagement Ring Equipment/Tools Farm Land Furniture Home and Surrounding Property House Household Goods Jewelry Land Livestock Machinery Medical Devices Mobile Home Other Courtable Outdoor Motor Rental Home Stock Trailer Utility Trailer Vacation Home Wedding Ring		COTB	CR 159330 - New page
Other Courtable	Evidence Gathering	If Other Courtable	What type of property does member have?	Yes	New	Freedom text				CR 159330 - New page
What was the property category?	Evidence Gathering			No	New	Dropdown	Personal Real		COTB	CR 159330 - New page
When did member purchase this property?	Evidence Gathering			Yes	New	Date field			COTB	CR 159330 - New page
When did member use this property?	Evidence Gathering			Yes	New	Date field			COTB	CR 159330 - New page
What was the fair market value of member's property?	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
How much of anything did member use on this property?	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
Is member the sole owner of this property?	Conditional			Yes	New	Dropdown	Yes/No		COTB	CR 159330 - New page
What was the usage of this property?	Evidence Gathering	If Yes	Is member the sole owner of this property?	Yes	New	Dropdown	Home Home of Co-Owner Income Producing Maintenance/Use of Income Producing Vehicle Necessary for Employment Other Production of Goods for Home Consumption Recreational		COTB	CR 159330 - New page
What was the ownership type of this property?	Evidence Gathering	If Yes	Is member the sole owner of this property?	Yes	New	Dropdown	Life Estate with Powers Life Estate without Powers Owner Remainder Interest Ungranted Estate		COTB	CR 159330 - New page
Please check the box for anyone who has a share in this property.	Evidence Gathering	If No	Is member the sole owner of this property?	Yes	New	Checkbox			COTB	CR 159330 - New page
Property Address:	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
Street 1	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
Street 2	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
City	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
State	Evidence Gathering			No	New	Dropdown	All States		COTB	CR 159330 - New page
Zip	Evidence Gathering			No	New	Text			COTB	CR 159330 - New page
Did anyone in the applicant's home receive income from this property?	Conditional, if Yes			Yes	New	Dropdown	Yes/No		COTB	CR 159330 - New page
Please check the box for anyone who received income from this property.	Evidence Gathering	If Yes	Does anyone in the applicant's home receive income from this property?	Yes	New	Checkbox			COTB	CR 159330 - New page
Does member have any other property?	Control			Yes	New	Dropdown	Yes/No	Loop Past Properties page if Yes is selected.	COTB	CR 159330 - New page
The applicant has told us that member has a past resource, please enter the details below.				No				Display page for each member that indicated having resources on Resources General information page.		

Properties

What type of property does member have?

When did member purchase this property?

What was the fair market value of member's property?

How much of anything does member use on this property?

Is member the sole owner of this property?

What was the usage of this property?

What is the ownership type of this property?

Please check the box for anyone who has a share in this property.

Property Address:

Street 1

Street 2

City

State

Zip

Did anyone in the applicant's home receive income from this property?

Please check the box for anyone who received income from this property.

Does member have any other property?

The applicant has told us that member had a property. Please enter the details.

Property Details:

Other Courtable

What type of property does member have?

When did member purchase this property?

What was the fair market value of member's property?

How much of anything does member use on this property?

Is member the sole owner of this property?

What was the usage of this property?

What is the ownership type of this property?

Please check the box for anyone who has a share in this property.

Property Address:

Street 1

Street 2

City

State

Zip

Did anyone in the applicant's home receive income from this property?

Please check the box for anyone who received income from this property.

Does member have any other property?

The applicant has told us that member has a past resource. Please enter the details.

Properties

What type of property does member have?

When did member purchase this property?

What was the fair market value of member's property?

How much of anything does member use on this property?

Is member the sole owner of this property?

What was the usage of this property?

What is the ownership type of this property?

Please check the box for anyone who has a share in this property.

Property Address:

Street 1

Street 2

City

State

Zip

Did anyone in the applicant's home receive income from this property?

Please check the box for anyone who received income from this property.

Does member have any other property?

The applicant has told us that member had a property. Please enter the details.

Property Details:

Other Courtable

What type of property does member have?

When did member purchase this property?

What was the fair market value of member's property?

How much of anything does member use on this property?

Is member the sole owner of this property?

What was the usage of this property?

What is the ownership type of this property?

Please check the box for anyone who has a share in this property.

Property Address:

Street 1

Street 2

City

State

Zip

Did anyone in the applicant's home receive income from this property?

Please check the box for anyone who received income from this property.

Does member have any other property?

The applicant has told us that member has a past resource. Please enter the details.

Please enter the details of member's liquid resource below: What type of liquid resource did member have?	Evidence Gathering		Yes	Existing	Dropdown	529 Aka Account Accessible Retirement Plan- DOTB only Agent Change Settlement Payroll Burial Funds Business Account Cash Assistance Received from Voluntary Resettlement Agency - DOTB only Cash on Hand COPIC Entrance Fees (non- refundable) COPIC Entrance Fees (refundable) Certificate of Deposit Checking Account Personal Credit Card Credit Continued Fund	DOTB		
When did member obtain this liquid resource?	Evidence Gathering		Yes	Existing	Date field		DOTB		
What was the value of member's liquid resource?	Evidence Gathering		Yes	Existing	Text		DOTB		
How much of anything did member own on this liquid resource?	Evidence Gathering		No	Existing	Text		DOTB		
Is member the sole owner of this liquid resource?	Conditional, if No		Yes	Existing	Dropdown	Yes/No	DOTB		
Please check the box for anyone who has a share in this liquid resource.	Evidence Gathering	If No	Is member the sole owner of this liquid resource?	Yes	Existing	Checkbox	DOTB		
Did anyone in the applicant's home receive income from this liquid resource?	Conditional, if Yes		Yes	Existing	Dropdown	Yes/No	DOTB		
Please check the box for anyone who received income from this liquid resource.	Evidence Gathering	If Yes	Does anyone in the applicant's home receive income from this liquid resource?	Yes	Existing	Checkbox	DOTB		
Does member have any additional liquid resources?	Control		Yes	Existing	Dropdown	Yes/No	Loop Liquid Resource page if Yes is selected.	DOTB	
The applicant has told us that member had a liquid resource, please enter the details below: Liquid Resource Details				New				CR 199330 - New page	
Please enter the details of member's liquid resource below: What type of liquid resource did member have?	Evidence Gathering		Yes	New	Dropdown	529 Aka Account Accessible Retirement Plan- DOTB only Agent Change Settlement Payroll Burial Funds Business Account Cash Assistance Received from Voluntary Resettlement Agency - DOTB only Cash on Hand COPIC Entrance Fees (non- refundable) COPIC Entrance Fees (refundable) Certificate of Deposit Checking Account Personal Credit Card Credit Continued Fund	DOTB	CR 199330 - New page	
When did member obtain this liquid resource?	Evidence Gathering		Yes	New	Date field		DOTB	CR 199330 - New page	
When did member lose this liquid resource?	Evidence Gathering		Yes	New	Date field		DOTB	CR 199330 - New page	
What was the value of member's liquid resource?	Evidence Gathering		Yes	New	Text		DOTB	CR 199330 - New page	
How much of anything did member own on this liquid resource?	Evidence Gathering		No	New	Text		DOTB	CR 199330 - New page	
Was member the sole owner of this liquid resource?	Conditional, if No		Yes	New	Dropdown	Yes/No	DOTB	CR 199330 - New page	
Please check the box for anyone who had a share in this liquid resource.	Evidence Gathering	If No	Is member the sole owner of this liquid resource?	Yes	New	Checkbox	DOTB	CR 199330 - New page	
Did anyone in the applicant's home receive income from this liquid resource?	Conditional, if Yes		Yes	New	Dropdown	Yes/No	DOTB	CR 199330 - New page	
Please check the box for anyone who received income from this liquid resource.	Evidence Gathering	If Yes	Does anyone in the applicant's home receive income from this liquid resource?	Yes	New	Checkbox	DOTB	CR 199330 - New page	
Did member have any additional liquid resources?	Control		Yes	New	Dropdown	Yes/No	Loop Liquid Resource page if Yes is selected.	DOTB	CR 199330 - New page
The applicant has told us that member has a life insurance, please enter the details below: Life Insurance Details				New				Display page for each member that indicated having Life Insurance in Resource General information page.	
What is the life insurance policy number?	Evidence Gathering		Yes	New	Text		DOTB		
Insurance Type	Evidence Gathering		No	New	Dropdown	Designated for Burial Irrevocably assigned to Spouse/Heirs	DOTB		
What is the cash value of member's life insurance policy?	Evidence Gathering		Yes	New	Text		DOTB		
What is the face value of member's life insurance policy?	Evidence Gathering		Yes	New	Text		DOTB		
What is the commencement date of this life insurance policy?	Evidence Gathering		Yes	New	Date field		DOTB		
Is this insurance company's Name	Evidence Gathering		Yes	New	Text		DOTB		
Address 1	Evidence Gathering		Yes	New	Text		DOTB		
Address 2	Evidence Gathering		No	New	Text		DOTB		
City	Evidence Gathering		Yes	New	Text		DOTB		
State	Evidence Gathering		Yes	New	Dropdown	All States	DOTB		
Is member the sole owner of this life insurance policy?	Conditional, if No		Yes	New	Dropdown	Yes/No	DOTB		
Please check the box for anyone who has a share in this life insurance policy.	Evidence Gathering	If No	Is member the sole owner of this life insurance policy?	No	New	Checkbox	DOTB		
Does member have any other life insurance policies?	Control		Yes	New	Dropdown	Yes/No	Loop Life Insurance page if Yes is selected.	DOTB	
The applicant has told us that member had Life Insurance, please enter the details below: Life Insurance Details				New				Display page for each member that indicated having Life Insurance on the Past Resource information page.	CR 199330 - New page
What is the life insurance policy number?	Evidence Gathering		Yes	New	Text		DOTB	CR 199330 - New page	

**Life Insurance**

Have you ever had life insurance?

Yes No

If Yes, please provide details below:

Life Insurance Policy Number

Insurance Type

What is the cash value of this life insurance policy?

What is the face value of this life insurance policy?

What is the commencement date of this life insurance policy?

Is this insurance company's Name

Address 1

Address 2

City

State

Is member the sole owner of this life insurance policy?

Please check the box for anyone who has a share in this life insurance policy.

Does member have any other life insurance policies?

Yes No

**Life Insurance**

Have you ever had life insurance?

Yes No

If Yes, please provide details below:

Life Insurance Policy Number

Insurance Type

What is the cash value of this life insurance policy?

What is the face value of this life insurance policy?

What is the commencement date of this life insurance policy?

Is this insurance company's Name

Address 1

Address 2

City

State

Is member the sole owner of this life insurance policy?

Please check the box for anyone who has a share in this life insurance policy.

Does member have any other life insurance policies?

Yes No

**Past Life Insurance**

Have you ever had life insurance?

Yes No

If Yes, please provide details below:

Life Insurance Policy Number

Insurance Type

What is the cash value of this life insurance policy?

What is the face value of this life insurance policy?

What is the commencement date of this life insurance policy?

Is this insurance company's Name

Address 1

Address 2

City

State

Is member the sole owner of this life insurance policy?

Please check the box for anyone who has a share in this life insurance policy.

Does member have any other life insurance policies?

Yes No

[illegible][illegible]

What is the commencement date of this insurance policy?	Evidence Gathering			Yes	How	Date field				DOB			
What premium is paid on this policy?	Evidence Gathering			Yes	How	Text				DOB			
How often were premium payments made?	Evidence Gathering			Yes	How	Text	Yearly Quarterly Monthly JULY 2018			DOB			
Insurance Company Name	Evidence Gathering			Yes	How	Text				DOB			
Street 1	Evidence Gathering			Yes	How	Text				DOB			
City	Evidence Gathering			Yes	How	Text				DOB			
State	Evidence Gathering			Yes	How	Dropdown	All States			DOB			
Zip	Evidence Gathering			Yes	How	Text				DOB			
Does anyone in the applicant's household receive coverage under this policy?	Conditional, if Yes			Yes	How	Dropdown	Yes/No			DOB			
Please check the box for anyone who received coverage under this insurance policy.	Evidence Gathering	If Yes	Does anyone in the applicant's household receive coverage under this policy?	Yes	How	Checkbox				DOB			
Does anyone in the applicant's home have any other general insurance policies?	Control			Yes	How	Dropdown	Yes/No	Loop Insurance Policy page if Yes is selected.		DOB			
Policy Holder Name													
Street 1	Evidence Gathering			How				Display page for each member that indicated having a General Insurance Policy on the Past Resource Information page.		CR 109330 - New page			
City	Evidence Gathering			How									
State	Evidence Gathering	Conditional, if Yes		How		Dropdown	Yes/No			DOB	CR 109330 - New page		
Zip	Evidence Gathering	If Yes	Is the insurance policy holder a member of the applicant's household?	No	How	Checkbox				DOB	CR 109330 - New page		
Policy Holder Name	Evidence Gathering	If No		No	How	Text				DOB	CR 109330 - New page		
Street 1	Evidence Gathering	If No	Is the insurance policy holder a member of the applicant's household?	No	How	Text				DOB	CR 109330 - New page		
Street 2	Evidence Gathering	If No	Is the insurance policy holder a member of the applicant's household?	No	How	Text				DOB	CR 109330 - New page		
City	Evidence Gathering	If No	Is the insurance policy holder a member of the applicant's household?	No	How	Text				DOB	CR 109330 - New page		
State	Evidence Gathering	If No	Is the insurance policy holder a member of the applicant's household?	No	How	Dropdown	All States			DOB	CR 109330 - New page		
Zip	Evidence Gathering	If No	Is the insurance policy holder a member of the applicant's household?	No	How	Text				DOB	CR 109330 - New page		
What type of insurance was this?	Evidence Gathering			Yes	How	Dropdown	Automobile Liability Homeowner Liability			DOB	CR 109330 - New page		
What was the insurance policy number?	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
What was the commencement date of this insurance policy?	Evidence Gathering			Yes	How	Date field				DOB	CR 109330 - New page		
What was the date of this insurance policy?	Evidence Gathering			Yes	How	Date field				DOB	CR 109330 - New page		
What premium was paid on this policy?	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
How often were premium payments made?	Evidence Gathering			Yes	How	Text	Yearly Quarterly Monthly Bi-weekly JULY 2018			DOB	CR 109330 - New page		
Insurance Company Name	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
Insurance Company Name	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
Street 1	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
City	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
State	Evidence Gathering			Yes	How	Dropdown	All States			DOB	CR 109330 - New page		
Zip	Evidence Gathering			Yes	How	Text				DOB	CR 109330 - New page		
Does anyone in the applicant's household receive coverage under this policy?	Conditional, if Yes			Yes	How	Dropdown	Yes/No			DOB	CR 109330 - New page		
Please check the box for anyone who received coverage under this insurance policy.	Evidence Gathering	If Yes	Does anyone in the applicant's household receive coverage under this policy?	Yes	How	Checkbox				DOB	CR 109330 - New page		
Does anyone in the applicant's home have any other general insurance policies?	Control			Yes	How	Dropdown	Yes/No	Loop Past Insurance Policy page if Yes is selected.		DOB	CR 109330 - New page		
Policy Holder Name													
Street 1	Evidence Gathering			Yes	How	Text		Display page for each member that indicated having a Policy Holder in Resource General Information page.					
City	Evidence Gathering			Yes	How	Text							
State	Evidence Gathering	Conditional, if Yes		Yes	How	Dropdown	Yes/No			DOB			
Zip	Evidence Gathering	If Yes	Is the Policy Holder a member of the applicant's household?	Yes	How	Checkbox				DOB			
Policy Holder Name	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	How	Text				DOB			
Street 1	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	How	Text				DOB			
Street 2	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	No	How	Text				DOB			
City	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	How	Text				DOB			
State	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	How	Dropdown	All States			DOB			
Zip	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	How	Text				DOB			
Medical Insurance													
The applicant has indicated that they have an insurance policy. Please enter the details below.													
Medical Insurance Policy Details													

What is the Medical Insurance Type?	Evidence Gathering			Yes	New	Dropdown	Armed Forces Reservists Children's Special Health Care Services (CHSCTS) Civilian Health and Medical Program of the Dept. of Veteran Affairs (CHAMPVA) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Employer Based Plans Group Health Insurance Plan Health Care for Peace Corps Volunteers Indemnity Indian Health Service Native American Health Services Private Insurance		COIB		
What is the insurance policy selected?	Evidence Gathering			Yes	New	Text			COIB		
Insurance Company Name	Evidence Gathering			Yes	New	Text			COIB		
Check anyone in the household receives coverage under this policy?	Conditional, If Yes			Yes	New	Dropdown	Yes/No		COIB		
Please check the box for anyone who receives coverage under this insurance policy.	Evidence Gathering	If Yes	Does anyone in the applicant's household receive coverage under this policy?	No	New	Checkbox			COIB		
Does anyone in the applicant's home have any other medical insurance?	Control			Yes	New	Dropdown	Yes/No	Link Medical Insurance page if Yes is selected.	COIB		
Policy Holder Details											
The applicant has told us that someone had medical insurance, please enter the details below.					New			Display page for each member that indicated having Medical Insurance on the Past Resource Information page.	CR 100330 - New page		
Was the Policy Holder a member of the applicant's household?	Conditional, If Yes			Yes	New	Dropdown	Yes/No		COIB	CR 100330 - New page	
Please check the box for the applicant who owned the insurance policy.	Evidence Gathering	If Yes	Is the Policy Holder a member of the applicant's household?	Yes	New	Checkbox			COIB	CR 100330 - New page	
Please provide the policy holder details.	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	No	New	Text			COIB	CR 100330 - New page	
Policy Holder Name	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	New	Text			COIB	CR 100330 - New page	
Street 1	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	New	Text			COIB	CR 100330 - New page	
Street 2	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	No	New	Text			COIB	CR 100330 - New page	
City	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	New	Text			COIB	CR 100330 - New page	
State	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	New	Dropdown	All States		COIB	CR 100330 - New page	
Zip	Evidence Gathering	If No	Is the Policy Holder a member of the applicant's household?	Yes	New	Text			COIB	CR 100330 - New page	
Medical Insurance					New					CR 100330 - New page	
The applicant has told us that someone had an insurance policy, please enter the details below.											
Medical Insurance Policy Details											
What was the Medical Insurance Type?	Evidence Gathering			Yes	New	Dropdown	Value from Medicare/Medicaid type code table.		COIB	CR 100330 - New page	
What was the insurance policy selected?	Evidence Gathering			Yes	New	Text			COIB	CR 100330 - New page	
When did the insurance policy start?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
When did the insurance policy end?	Evidence Gathering			Yes	New	Date field			CR 100330 - New page		
Insurance Company Details											
Insurance Company Name	Evidence Gathering			Yes	New	Text			COIB	CR 100330 - New page	
Check anyone in the applicant's household receives coverage under this policy?	Conditional, If Yes			Yes	New	Dropdown	Yes/No		COIB	CR 100330 - New page	
Please check the box for anyone who receives coverage under this insurance policy.	Evidence Gathering	If Yes	Does anyone in the applicant's household receive coverage under this policy?	No	New	Checkbox			COIB	CR 100330 - New page	
Did anyone in the applicant's home have any other medical insurance?	Control			Yes	New	Dropdown	Yes/No	Link Past Medical Insurance page if Yes is selected.	COIB	CR 100330 - New page	
Trust											
The applicant has told us that the applicant's household has a trust, please enter the details below.								Display page for each member that indicated having a Trust in Resource General Information section.			
Trust Details											
What is the trust type?	Evidence Gathering			Yes	Existing	Dropdown	Barred Trust Indian Trust Property Medical Or Private Special Needs Revocable Irrevocable		CGISB		
What is the trust category?	Conditional, If Revocable	If Revocable	What is the trust category?	No	Existing	Dropdown	Revocable Irrevocable		CGISB		
When was the trust established?	Evidence Gathering	If Revocable	What is the trust category?	No	Existing	Date field			CGISB		
What is the source of the trust's funds?	Evidence Gathering	If Revocable	What is the trust category?	No	Existing	Dropdown	Beneficiary Grantor Grantor's Spouse Other		CGISB		
What is the value of the trust?	Evidence Gathering	If Revocable	What is the trust category?	No	Existing	Text			CGISB		
How much of the trust is available to the applicant?	Evidence Gathering	If Revocable	What is the trust category?	No	Existing	Text			CGISB		
Was the trust established by will?	Evidence Gathering	If Revocable	What is the trust category?	No	Existing	Checkbox			CGISB		
Trust Details											
Is the grantor of the trust an applicant or an organization?	Evidence Gathering	If Revocable	What is the trust category?	Yes	Existing	Dropdown	Con or Administrative Body Individual Non-Profit Organization		CGISB		
Is the grantor of the trust a member of the applicant's household?	Conditional	If Revocable	What is the trust category?	Yes	Existing	Dropdown	Yes/No		CGISB		
Please check the box for the applicant who is the grantor of the trust.	Evidence Gathering	If Yes	Is the grantor of the trust a member of the applicant's household?	Yes	Existing	Checkbox			CGISB		
Please provide the grantor details.	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
Grantor Name	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
Grantor Address	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
App State	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		

Street 2:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
City:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
State:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Dropdown	All States		CGISB		
Zip:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	Existing	Text			CGISB		
Additional Information:											
Is anyone in the applicant's home a beneficiary of this trust?	Conditional	If Revocable	What is the trust category?	Yes	Existing	Dropdown	Yes/No		CGISB		
Please check the box for the applicant(s) who are beneficiaries of this trust.	Evidence Gathering	If Yes	Is anyone in the applicant's home a beneficiary of this trust?	Yes	Existing	Checkbox			CGISB		
Is anyone in the applicant's home a trustee of this trust?	Conditional, If Yes	If Revocable	What is the trust category?	Yes	Existing	Dropdown	Yes/No		CGISB		
Please check the box for the applicant(s) who are trustees of this trust.	Evidence Gathering	If Yes	Is anyone in the applicant's home a trustee of this trust?	Yes	Existing	Checkbox			CGISB		
Does anyone earn income from this trust?	Conditional, If Yes	If Revocable	What is the trust category?	Yes	Existing	Dropdown	Yes/No		CGISB		
Is this person a member of the household?	Conditional, If Yes	Does anyone earn income from this trust?	Does anyone earn income from this trust?	No	Existing	Dropdown	Yes/No		CGISB		
Please check the box for the applicant(s) who are trustees of this trust.	Evidence Gathering	If Yes	Is this person a member of the household?	No	Existing	Checkbox			CGISB		
First Name:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
Last Name:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
Street 1:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
Ap/State:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
Street 2:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
City:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
State:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Dropdown	All States		CGISB		
Zip:	Evidence Gathering	If No	Is this person a member of the household?	No	Existing	Text			CGISB		
Are there any additional trusts in the applicant's household?	Control	If Revocable	What is the trust category?	No	Existing	Dropdown	Yes/No	Link: Trust page if Yes is selected	CGISB		
The applicant has told us that the applicant's household had a trust, please enter the details below.					New			Display page for each member that indicates having a Trust on the Past Resource Information page	CR 159330 - New page		
Please enter the trust details below.					New				CGISB	CR 159330 - New page	
What was the trust for?	Evidence Gathering			Yes	New	Dropdown	Bural Educational Indian Trust Property Medical Other Pooled Special Needs		CGISB	CR 159330 - New page	
What was the trust category?				No	New	Dropdown	Removable Irrevocable		CGISB	CR 159330 - New page	
When was the trust established?	Evidence Gathering			Yes	New	Date field			CGISB	CR 159330 - New page	
When did the trust end?	Evidence Gathering			Yes	New	Date field			CGISB	CR 159330 - New page	
What was the value of the trust?	Evidence Gathering		What is the trust category?	No	New	Dropdown	Beneficiary Grantor Grantor's Spouse Other		CGISB	CR 159330 - New page	
How much of the trust was available to the grantor?	Evidence Gathering	If Revocable	What is the trust category?	No	New	Text			CGISB	CR 159330 - New page	
Was the trust established in writing?	Evidence Gathering	If Revocable	What is the trust category?	No	New	Checkbox			CGISB	CR 159330 - New page	
Is the grantor of the trust an individual or an organization?	Evidence Gathering	If Revocable	What is the trust category?	Yes	New	Dropdown	Cour or Administrative Body Individual Non-Profit Organization		CGISB	CR 159330 - New page	
Was the grantor of the trust a member of the applicant's household?	Conditional	If Revocable	What is the trust category?	Yes	New	Dropdown	Yes/No		CGISB	CR 159330 - New page	
Please check the box for the applicant who was the grantor of the trust.	Evidence Gathering	If Yes		Yes	New	Checkbox			CGISB	CR 159330 - New page	
Please provide the grantor details.					New				CGISB	CR 159330 - New page	
Grantor Name:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
Street 1:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
Ap/State:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
Street 2:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
City:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
State:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Dropdown	All States		CGISB	CR 159330 - New page	
Zip:	Evidence Gathering	If No	Is the grantor of the trust a member of the applicant's household?	No	New	Text			CGISB	CR 159330 - New page	
Additional Information:											
Was anyone in the applicant's home a beneficiary of this trust?	Conditional	If Revocable	What is the trust category?	Yes	New	Dropdown	Yes/No		CGISB	CR 159330 - New page	
Please check the box for the applicant(s) who were beneficiaries of this trust.	Evidence Gathering	If Yes	Is anyone in the applicant's home a beneficiary of this trust?	Yes	New	Checkbox			CGISB	CR 159330 - New page	
Was anyone in the applicant's home a trustee of this trust?	Conditional, If Yes	If Revocable	What is the trust category?	Yes	New	Dropdown	Yes/No		CGISB	CR 159330 - New page	
Please check the box for the applicant(s) who were trustees of this trust.	Evidence Gathering	If Yes	Is anyone in the applicant's home a trustee of this trust?	Yes	New	Checkbox			CGISB	CR 159330 - New page	
Does anyone earn income from this trust?	Conditional, If Yes	If Revocable	What is the trust category?	Yes	New	Dropdown	Yes/No		CGISB	CR 159330 - New page	
Is this person a member of the household?	Conditional, If Yes	Does anyone earn income from this trust?	Does anyone earn income from this trust?	No	New	Dropdown	Yes/No		CGISB	CR 159330 - New page	
Please check the box for the applicant(s) who were trustees of this trust.	Evidence Gathering	If Yes	Is this person a member of the household?	No	New	Checkbox			CGISB	CR 159330 - New page	
First Name:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	
Last Name:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	
Street 1:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	
Ap/State:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	
Street 2:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	
City:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text			CGISB	CR 159330 - New page	



State:	Evidence Gathering	If No	Is this person a member of the household?	No	New	Dropdown	All States	CGISB	CR 193330 - New page	
Am	Evidence Gathering	If No	Is this person a member of the household?	No	New	Text		CGISB	CR 193330 - New page	
Have there any additional funds in the applicant's possession?	Control	If Revocable	What is the trust category?	No	New	Dropdown	Yes/No	Loop Past Trust page if Yes is selected	CGISB	CR 193330 - New page
The applicant has told us that the applicant's household has an annuity, please enter the details below.								Display page for each member that indicates having annuity in Personal Financial Information		
Annuitant Details: Please enter the annuity details										
What is the annuity type?	Evidence Gathering		Yes	Existing	Dropdown	Deferred Immediate		CGISB	This question is part of the parent annuity evidence	
What is the annuity category?	Evidence Gathering		Yes	Existing	Dropdown	Revocable Non-assignable Revocable		CGISB	This question is part of the parent annuity evidence	
Is the annuity assignable?	Evidence Gathering		Yes	Existing	Dropdown	Yes/No		CGISB	This question is part of the parent annuity evidence	
Does the annuity provide a balloon or deferred payment?	Evidence Gathering		No	Existing	Dropdown	Yes/No		CGISB	This question is part of the parent annuity evidence	
When was the annuity established?	Evidence Gathering		Yes	Existing	Date field			CGISB	This question is part of the parent annuity evidence	
What is the source of the annuity funds?	Evidence Gathering		Yes	Existing	Dropdown	Annuity Annuity's Spouse Retirement Plan Other Unknown		CGISB	This question is part of the parent annuity evidence	
Was the annuity purchased through an insurance company or a financial institution?	Evidence Gathering		Yes	Existing	Dropdown	Financial Insurance Other		CGISB	This question is part of the parent annuity evidence	
Annuitant Details: Please provide details of the institution with whom the annuity is held	Evidence Gathering		No	Existing	Text				This question is part of the parent annuity evidence	
Institution Name:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
Institution Address:										
Street 1:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
Apt/Suite:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
Street 2:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
City:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
State:	Evidence Gathering		No	Existing	Dropdown	All States		CGISB	This question is part of the parent annuity evidence	
Zip:	Evidence Gathering		No	Existing	Text			CGISB	This question is part of the parent annuity evidence	
Whose funds were used to purchase the annuity?	Evidence Gathering		Yes	Existing	Checkbox			CGISB	This question is part of the parent annuity evidence	
What was the value of the annuity?	Evidence Gathering		Yes	Existing	Text			CGISB	This question is part of the parent annuity evidence	
Is the owner of the annuity part a participant on the plan?	Evidence Gathering		Yes	Existing	Dropdown	Yes/No	Show guide: members for selection if yes, if no show First and Last Name		Ownership of Annuity	
What was the percentage owned by the Annuity?	Evidence Gathering		Yes	Existing	Text				Ownership of Annuity	
Was annuity paid in equal amounts?	Evidence Gathering		Is anyone in the applicant's home a beneficiary or owner of an annuity?	Yes	New	Dropdown	Yes/No	Only present question if medical assistance is the program on that application	Mapped to Additional Annuity Details for Medicaid	
Is a beneficiary of the annuity a member of the applicant's household?	Conditional: If Yes		Yes	Existing	Dropdown	Yes/No		CGISB		
Please check the box for anyone who is a beneficiary of the annuity	Evidence Gathering	If Yes	Is a beneficiary of the annuity a member of the applicant's household?	Yes	Existing	Checkbox		CGISB		
Is an annuitant of the annuity a member of the applicant's household?	Conditional			Existing	Dropdown	Yes/No		CGISB		
First Name	Evidence Gathering	If No	Is an annuitant of the annuity a member of the applicant's household?	Yes	Existing	Text		CGISB		
Last Name	Evidence Gathering	If No	Is an annuitant of the annuity a member of the applicant's household?	Yes	Existing	Text		CGISB		
Please check the box for anyone who is an annuitant of the annuity	Evidence Gathering	If Yes	Is an annuitant of the annuity a member of the applicant's household?	Yes	Existing	Radio button		CGISB		
When did the annuitant become an annuitant?	Evidence Gathering		Yes	Existing	Date field			This date is also used as the start of the annuity income		
What is the annuity beneficiary type?	Evidence Gathering		When did the annuitant become the beneficiary?	Yes	Existing	Dropdown				
What is the relationship of beneficiary to annuity?	Evidence Gathering		When did the annuitant become the beneficiary?	Yes	Existing	Dropdown				
What is the income amount of the annuity?	Evidence Gathering		Yes	Existing	Text			CGISB	Map to the Annuity Income	
How often is the annuity paid?	Evidence Gathering		Yes	Existing	Dropdown	Frequency				
Are there any additional annuities in the applicant's possession?	Control		Yes	Existing	Dropdown	Yes/No	Loop Annuity page if Yes is selected	CGISB		
The applicant has told us that the applicant's household has an annuity, please enter the details below.				New				Display page for each member that indicates having an annuity on the First Financial Information page.	CR 193330 - New page	
Annuitant Details: Please enter the annuity details				New					CR 193330 - New page	
What was the annuity type?	Evidence Gathering		Yes	New	Dropdown	Deferred Immediate		CGISB	CR 193330 - New page	
What was the annuity category?	Evidence Gathering		Yes	New	Dropdown	Revocable Non-assignable Revocable		CGISB	CR 193330 - New page	
Was the annuity assignable?	Evidence Gathering		Yes	New	Dropdown	Yes/No		CGISB	CR 193330 - New page	
Did the annuity provide a balloon or deferred payment?	Evidence Gathering		No	New	Dropdown	Yes/No		CGISB	CR 193330 - New page	
When was the annuity established?	Evidence Gathering		Yes	New	Date field			CGISB	CR 193330 - New page	
When did the annuitant become an annuitant?	Evidence Gathering		Yes	New	Date field			CGISB	CR 193330 - New page	
What was the source of the annuity funds?	Evidence Gathering		Yes	New	Dropdown	Annuity Annuity's Spouse Retirement Plan Other Unknown		CGISB	CR 193330 - New page	
Was the annuity purchased through an insurance company or a financial institution?	Evidence Gathering		Yes	New	Dropdown	Financial Insurance Other		CGISB	CR 193330 - New page	
Annuitant Details: Please provide details of the institution with whom the annuity is held	Evidence Gathering		No	New	Text				CR 193330 - New page	
Institution Name:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
Street 1:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
Apt/Suite:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
Street 2:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
City:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
State:	Evidence Gathering		No	New	Dropdown	All States		CGISB	CR 193330 - New page	
Zip:	Evidence Gathering		No	New	Text			CGISB	CR 193330 - New page	
Whose funds were used to purchase the annuity?	Evidence Gathering		Yes	New	Checkbox			CGISB	CR 193330 - New page	
What was the value of the annuity?	Evidence Gathering		Yes	New	Text			CGISB	CR 193330 - New page	
Is the owner of the annuity a participant on the plan?	Evidence Gathering		Yes	New	Dropdown	Yes/No	Show guide: members for selection if yes, if no show First and Last Name		CR 193330 - New page	
What was the percentage owned by the Annuity?	Evidence Gathering		Yes	New	Text				CR 193330 - New page	
Was annuity paid in equal amounts?	Evidence Gathering		Is anyone in the applicant's home a beneficiary or owner of an annuity?	Yes	New	Dropdown	Yes/No	Only present question if medical assistance is the program on that application	CR 193330 - New page	
Is a beneficiary of the annuity a member of the applicant's household?	Conditional: If Yes		Yes	New	Dropdown	Yes/No		CGISB	CR 193330 - New page	
Please check the box for anyone who is a beneficiary of the annuity	Evidence Gathering	If Yes	Is a beneficiary of the annuity a member of the applicant's household?	Yes	New	Checkbox		CGISB	CR 193330 - New page	

**Resource Transfer**

The applicant has lost or had a paper asset stolen, given away or transferred a resource in the last 60 months, please enter the information:

A

**Resource Transfer Details**

Please answer the questions below about the resource(s):

What was the type of resource transferred? \*

How much was the resource & received this resource? \*

When was the resource transferred? \*

How much was this resource worth? (If the Market Value)

How much was the resource transferred from the resource transfer?

In the receipt of the resource a member of the applicant's household? \*

Has it been stolen, given away or transferred another resource in the 60 months? \*

Reason Type Item Type



What type of medical expense does respondent?	Evidence Gathering			Yes	Existing	Dropdown	Home and Community-Based Waiver Services Doctor Office Visit Acupuncture Cost of Attendance/Room Telephone Risk Cost of Prescribed Equipment Dental Care Dentures Health and Hospitalization Insurance Pharmacy Hospitalization/Outpatient Treatment Nursing Care and Nursing Home Care Maintenance Costs for Assistive Medical Care/Prosthetics/Orthotics	CGSB			
How often does respondent pay this expense?	Evidence Gathering			Yes	Existing	Dropdown	Bi-Weekly Daily Half Yearly Monthly One time Quarterly Twice a month Weekly Yearly	CGSB			
How much does respondent pay?	Evidence Gathering			Yes	Existing	Text		CGSB			
When did respondent start paying this expense?	Evidence Gathering			Yes	Existing	Date field		CGSB			
Provide Details Please provide the details of the medical service provided below.											
Provider Name	Evidence Gathering			Yes	Existing	Text		CGSB			
Provider Address	Evidence Gathering			No	Existing	Text		CGSB			
Street 1	Evidence Gathering			No	Existing	Text		CGSB			
Street 2	Evidence Gathering			No	Existing	Text		CGSB			
City	Evidence Gathering			No	Existing	Text		CGSB			
State	Evidence Gathering			No	Existing	Text		CGSB			
Zip	Evidence Gathering			No	Existing	Dropdown	All States	CGSB			
Does respondent have any other medical expenses?	Evidence Gathering			Yes	Existing	Text		CGSB			
Loop Medical Expense page if Yes is selected.											
The applicant has indicated that respondent pays utility expenses, please enter details of the expense(s) below.	Conditional	If yes	Is anyone in the applicant's home self-employed with income?					Display page for each member that indicated having Utility Expense in Expense Information page.			
Utility Expenses Please give us the details of respondent's utility expenses below.											
What type of utility expense does respondent have?	Evidence Gathering			Yes	Existing	Dropdown	Basic Service Fees From Telephone Butane Coal Cooking Fuel Disposal On Utility Electric Garbage/Trash Gas Heating/Cooling Insulation/Weather sealant Of Wells/Septic Tanks Maintenance Oil Other Phone Refrigerator Solar Water Wired Wired	CGSB			
How often does respondent pay this expense?	Evidence Gathering			Yes	Existing	Dropdown	Bi-Weekly Half Yearly Monthly Quarterly Twice a month Weekly Yearly	CGSB			
How much does respondent pay?	Evidence Gathering			No	Existing	Text		CGSB			
When did respondent start paying this expense?	Evidence Gathering			Yes	Existing	Date field		CGSB			
Does anyone other than respondent contribute to this utility expense?	Evidence Gathering			Yes	Existing	Dropdown	Yes/No	CGSB			
Provide Details Please provide the details of the utility expense below.											
Provider Name	Evidence Gathering			No	Existing	Text		CGSB			
Provider Address	Evidence Gathering			No	Existing	Text		CGSB			
Street 1	Evidence Gathering			No	Existing	Text		CGSB			
Street 2	Evidence Gathering			No	Existing	Text		CGSB			
City	Evidence Gathering			No	Existing	Text		CGSB			
State	Evidence Gathering			No	Existing	Text		CGSB			
Zip	Evidence Gathering			No	Existing	Dropdown	All States	CGSB			
Does respondent have any other utility expenses?	Evidence Gathering			Yes	Existing	Text		CGSB			
Loop Utility Expense page if Yes is selected.											
The applicant has indicated that respondent pays attorney expenses, please enter details of the expense(s) below.	Conditional	If yes	Is respondent legally obligated to pay this expense?					Display page for each member that indicated having Attorney Expenses in Expense Information page.			
Attorney Expenses Please give us the details of respondent's Attorney expense(s) below.											
How often does respondent pay this expense?	Evidence Gathering			Yes	New	Dropdown	Bi-Weekly Half Yearly Monthly Quarterly Twice a month Weekly Yearly	COIB			
How much does respondent pay?	Evidence Gathering			Yes	New	Text		COIB			
When did respondent start paying this expense?	Evidence Gathering			Yes	New	Date field		COIB			
Is respondent legally obligated to pay this expense?	Conditional, if Yes			Yes	New	Dropdown	Yes/No	COIB			
Court Name	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Text		COIB			
Docket Number	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Text		COIB			
Obligated Amount	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Text		COIB			
Issue Date	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Date field		COIB			
Effective Date	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Date field		COIB			
Expiry Date	Evidence Gathering	If Yes	Is respondent legally obligated to pay this expense?	Yes	New	Date field		COIB			
Attorney Received	Evidence Gathering			Yes	New	Text		COIB			
Recipient Name	Evidence Gathering			Yes	New	Text		COIB			
Recipient Address	Evidence Gathering			Yes	New	Text		COIB			
Street 1	Evidence Gathering			Yes	New	Text		COIB			
Street 2	Evidence Gathering			Yes	New	Text		COIB			
City	Evidence Gathering			No	New	Text		COIB			
State	Evidence Gathering			No	New	Text		COIB			
Zip	Evidence Gathering			No	New	Dropdown	All States	COIB			
Does respondent have any other attorney expenses?	Evidence Gathering			Yes	New	Text		COIB			
Loop Attorney page if Yes is selected.											
The applicant has indicated that respondent pays Self Employment expenses, please enter details of the expense(s) below.	Conditional	If yes	Is respondent self-employed with income?					Display page for each member that indicated having Self Employment Expenses in Expense Information page.			
Self Employment Expenses Please give us the details of respondent's Self Employment expense(s) below.											

What type of Self Employment expense does member have?	Evidence Gathering		Yes	Existing	Dropdown	Accident and Health These Accounting and Legal Fees Advertising Costs Bad Debt Car and Truck Expenses Commission Commission and Fees Conservation Expenses Cost of Labor Salaries or Wages Cost of Qualified Charitable Vehicle Property Cost of Utilities Custom Heat/Machines Work Day Care Provider Business Costs Debts from previous business Dependent Care Assistance		CGSB	CR 195330 - Documenting existing flow	
How often does member pay this expense?	Evidence Gathering		Yes	Existing	Dropdown	Bi Weekly Half Yearly Monthly Quarterly Twice a month Weekly Yearly		CGSB	CR 195330 - Documenting existing flow	
How much does member pay?	Evidence Gathering		Yes	Existing	Text			CGSB	CR 195330 - Documenting existing flow	
When did member last paying this expense?	Evidence Gathering		Yes	Existing	Date field			CGSB	CR 195330 - Documenting existing flow	
Does member have any other Self Employment expense?	Control		Yes	Existing	Dropdown	Yes/No	Loop Self Employment Expense if Yes is selected.	CGSB	CR 195330 - Documenting existing flow	
The applicant has told us that member pays Self Employment expenses, please enter details of the expense(s) below.				New			Display page for each member that indicated having different past Self Employment Expenses on the Expense Information page.		CR 195330 - New page	
What type of Self Employment expense did member have?	Evidence Gathering		Yes	New	Dropdown	Accident and Health These Accounting and Legal Fees Advertising Costs Bad Debt Car and Truck Expenses Commission Commission and Fees Conservation Expenses Cost of Labor Salaries or Wages Cost of Qualified Charitable Vehicle Property Cost of Utilities Custom Heat/Machines Work Day Care Provider Business Costs Debts from previous business Dependent Care Assistance		CGSB	CR 195330 - New page	
How often does member pay this expense?	Evidence Gathering		Yes	New	Dropdown	Bi Weekly Half Yearly Monthly Quarterly Twice a month Weekly Yearly		CGSB	CR 195330 - New page	
How much does member pay?	Evidence Gathering		Yes	New	Text			CGSB	CR 195330 - New page	
When did member last paying this expense?	Evidence Gathering		Yes	New	Date field			CGSB	CR 195330 - New page	
Does member have any other Self Employment expense?	Control		Yes	New	Dropdown	Yes/No	Loop Self Employment Expense if Yes is selected.	CGSB	CR 195330 - New page	
The applicant has told us that member pays Guardianship/Conservator expenses, please enter details of the expense(s) below.			Yes	New			Display page for each member that indicated having Guardianship/Conservator Expenses on the Expense Information page.			
How often does member pay this expense?	Evidence Gathering		Yes	New	Dropdown	Bi Weekly Daily Half Yearly Monthly One Time Quarterly Twice a month Weekly Yearly				
How much does member pay?	Evidence Gathering		Yes	New	Text					
When did member last paying this expense?	Evidence Gathering		Yes	New	Date					
Legal Guardian Name	Evidence Gathering		Yes	New	Text					
Address 1	Evidence Gathering				Text					
Address 2	Evidence Gathering				Text					
City	Evidence Gathering				Text					
State	Evidence Gathering				Text					
Zip	Evidence Gathering				Text					
Does member have any other Guardianship/Conservator expense?	Control		Yes	New	Dropdown	Yes/No				
If the applicant wants to add, edit, or delete any of the information, use the link to take the applicant to the page. When the applicant has finished reviewing this information, click Save.							Summary page is generated from above answered questions and displayed on this page. Edit button is displayed in each right margin section to make any changes necessary in the IEG.			
Review The Applicant's										
There is a full summary of what the applicant has told us about the applicant and the applicant's home so far.							Summary page is generated from all answered questions in the IEG and displayed on this page. Edit button is displayed in each right margin section to make any changes necessary in the IEG.			
Authorized Representative										
Would you like to name the people who can act on your behalf?	Conditional, If Yes		No	New					If user indicates 'No', no further questions or information should be collected from this section.	
Does any one in the application group require an Authorized Representative for the program/Medical Assistance?	Conditional		Yes	New	Medical Assistance			CR 197961		
Please select the member who requires an Authorized Representative	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative	Yes	New	Dropdown		CR 197961	If user indicates 'Yes' to Would you like to name the people who can act on your behalf?, then this question must be displayed.	
Representative - this person can apply for benefits, provide interview assistance, receive notices, report changes, and make inquiries. Your representative will be held liable for any user issuance that results from the representative providing incorrect information.	Informational	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		New			CR 197961		

Please enter Authorized Representative details below:	Informational	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now		Choose Person record with status selected: Default Gender to 'Unidentified' Default Marital Status to 'Single' Default Nationality to 'United States'	CR 187561	
First Name	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Last Name	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Phone	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Email	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Address 1	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now		Web service call for address	CR 187561	
Address 2	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		No	Now			CR 187561	
City	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
State	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Zip	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now			CR 187561	
Date of Birth	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now		Authorized Representative must be 18 years or age or older. Display validation "Authorized Representative" must be 18 years or older.	CR 187561	
I authorize this person to (check all that apply)	Evidence Gathering	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		Yes	Now	Checkbox	Apply for benefits Act on behalf (receive assistance) Receive notices Report changes Make decisions	CR 187561	
Do you want to add an another authorized representative?	Control, If Yes	If Medical Assistance	Please select the program in which the applicant requires an Authorized Representative		No	Now			Display question if any program is selected and top Auth Rep page if Yes is selected	
Review This applicant's answers									Medical Assistance program may have more than one and different Auth Rep designated for different individuals.	CR 187561
If the applicant needs to add, edit, or delete any of the information, use the links to take the applicant to the page. When the applicant has finished reviewing the information, click								Summary page is generated from above answered questions and displayed on this page. Edit button is displayed in each toggle section to make any changes necessary in the EDC.		
Review This applicant's answers								Summary page is generated from all answered questions in the EDC and displayed on this page. Edit button is displayed in each toggle section to make any changes necessary in the EDC.		
When completed	Conditional, If No				Yes	Now	Radio Button	Yes/No		
If the applicant answered to "yes" (Should the applicant like to apply to register to vote right now? An application will be mailed to you)	Conditional	If No	Is the applicant registered to vote?		Yes	Existing	Radio Button	Yes/No	HCR	
When the applicant want to declare their party affiliation?	Conditional, If Yes				Yes	Now	Dropdown	Yes/No		
What is the applicant's party affiliation?	Evidence Gathering	If Yes	Does the applicant want to declare their party affiliation?		No	Now	Dropdown	Democrat Republican Independent None Other	HCR	
Please Note: If you are not sure at this option, you will be considered not to have decided not to register to vote at this time. You may file a complaint if you believe that someone has interfered with your right to register or not register to vote your right to privacy in deciding whether or not to register to vote your right to choose your own political party or other political choice. To file a complaint, contact: D.C. Board of Elections, 441 4th Street, N.W. Suite 250-North Washington, D.C.										
I agree	Evidence Gathering				Yes	Existing	Checkbox		COSS	
Please enter initials here	Evidence Gathering				Yes	Existing	Text		COSS	
Revised/Recertification (I understand that eligibility for Medicaid, the DC Health Care Alliance, the Integrated Children's Program, enrollment in private health insurance, or help paying for private health insurance will be reviewed at least every year. The District of Columbia will review eligibility by checking tax records and other necessary data sources including with my consent, information about my federal tax returns from the Internal Revenue Service (IRS). The District of Columbia will send me a notice that includes the information I										

Review History

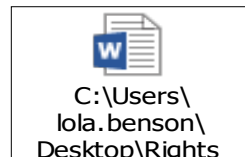
Report Changes

Make Inquiries

Save & Exit

Save

Next



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000132



000133

[illegible]

The screenshot shows the 'Additional Information' page in the Windows Security app. The page has a light blue header with the title 'Additional Information' and a subtitle 'These settings may affect your computer's security and privacy.' Below the header, there is a section titled 'Windows Defender Firewall' with a blue icon of a shield. The main content area contains a notification: 'Your Windows Defender Firewall settings may affect your computer's security and privacy. To help protect your privacy, Outlook prevented automatic download of some pictures from the Internet.' Below this notification, there is a link 'Change' with a red arrow pointing to it. The left sidebar contains navigation options: Windows Security, Windows Defender Firewall, Windows Defender, Windows Security Center, Windows Defender Firewall, Windows Defender Firewall, Windows Defender Firewall, and Windows Defender Firewall. The bottom of the page shows a list of Windows Defender Firewall settings.

[illegible]

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[illegible]

[illegible]



[illegible]

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**Authorized Representative**

☐ **Printable Form**

Would you like to know the people who contact us on your behalf?  
 You can name people to act on your behalf in a 1-5 min

Please select the property you'd like to add as Authorized Representative for:

Please select the number you register as Authorized Representative

1. **Information:** The person or group you appoint to handle, receive, coordinate, administer, deliver, and/or receive on your behalf, will be authorized to act on your behalf to the results from the representative product purchase definition.

2. **License:** We hereby authorize you to use the product under the terms of the

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[illegible]

Country of Issuance	Evidence Gathering	F Temporary L-1 F Unexpired Foreign Passport F Machine Readable F Temporary Visa (with Temporary L-1 Stamp) F-106 (Alien's/Dependent's Record in Unexpired Foreign Passport)	Supporting Document	Yes	Existing	Dropdown	All Countries	Pre-provide value entered in HCR/DCAS application if applicable or available. Field required for Temporary L-1 Stamp. Field required for Unexpired Foreign Passport. Field required for Machine Readable. Temporary Visa (with Temporary L-1 Stamp). Field required for L-106 (Formal/Dependent's Record in Unexpired Foreign Passport).	CC005		
Country of Citizenship	Evidence Gathering	F USC219 (Certificate of Eligibility for Exchange Visitor (J-1) (Blank)) F-126 (Certificate of Eligibility for Non-immigrant (F-1) Student Status) F-101 (Permanent Resident Card) F Temporary L-101 Stamp F Unexpired Foreign Passport F Machine Readable F Temporary Visa (with Temporary L-1 Stamp) F Other F-106 (Alien's/Dependent's Record)	Supporting Document	Yes	Existing	Dropdown	All Countries	Field required for L-101 (Permanent Resident Card). Field required for Unexpired Foreign Passport. Field required for Machine Readable. Temporary Visa (with Temporary L-1 Stamp). Field required for L-106 (Formal/Dependent's Record in Unexpired Foreign Passport).	CC005	As per RCR email, this field is accounted for in the combined non/conditional application as it is specific to each and listed only.	
Document Expiration Date	Evidence Gathering	F USC219 (Certificate of Eligibility for Exchange Visitor (J-1) (Blank)) F-126 (Certificate of Eligibility for Non-immigrant (F-1) Student Status) F-101 (Permanent Resident Card) F-102 (Entry Permit) F-101 (Permanent Resident Card) F-107 (Alien's Travel Document) F-106 (Employment Authorization Card) F Temporary L-101 Stamp	Supporting Document	Yes	Existing	Date field		Pre-provide value entered in HCR/DCAS application if applicable or available. Required for all supporting documentation except other "Other" is selected.	CC005	As per RCR email, this field is accounted for in the combined non/conditional application as it is specific to each and listed only.	
Other Document Description	Evidence Gathering	F Other	Supporting Document	Yes	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available. Field required if supporting document "Other" is selected.	CC005		
Supporting Document Details								Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Registration Number	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005	1. When entering a Registration Number, include all numbers with dashes. Do not enter any other characters or spaces. 2. The Registration Number should have between 8 and 12 numbers and letters. 3. The Registration Number is most often in the upper right hand corner of the Certificate. 4. The Registration Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	
First Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Middle Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Last Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Date field		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Date of Birth	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Additional Information	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Citizen Certification Number	Evidence Gathering	F Certificate of Citizenship	Document Type	Yes	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available. 1. When entering a Citizenship Certification Number, include all numbers and dashes. Do not enter any other characters or spaces. 2. The Citizenship Certification Number should have between 8 and 12 numbers and letters. 3. The Citizenship Certification Number is most often in the upper right hand corner of the Certificate. 4. The Citizenship Certification Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	CC005		
First Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Middle Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Last Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Date field		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Date of Birth	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Additional Information	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Does the individual have an eligible immigration status?	Conditional	F Yes	Is the individual a US Citizen or US Natural?	Yes	Existing	Dropdown	Yes/No	Pre-provide value entered in HCR/DCAS application if applicable or available.	CC005		
Does the individual have a sponsor?	Conditional, if Yes	F Yes	Does the individual have an eligible immigration status?	Yes	New	Date field		Pre-provide value entered in HCR/DCAS application if applicable or available. 1. When entering a Citizenship Certification Number, include all numbers and dashes. Do not enter any other characters or spaces. 2. The Citizenship Certification Number should have between 8 and 12 numbers and letters. 3. The Citizenship Certification Number is most often in the upper right hand corner of the Certificate. 4. The Citizenship Certification Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	CC076		
Is the individual the sponsor of an immigrant?	Conditional, if Yes	F Yes	Does the individual have a sponsor?	Yes	New	Dropdown	Yes/No	Pre-provide value entered in HCR/DCAS application if applicable or available. 1. When entering a Citizenship Certification Number, include all numbers and dashes. Do not enter any other characters or spaces. 2. The Citizenship Certification Number should have between 8 and 12 numbers and letters. 3. The Citizenship Certification Number is most often in the upper right hand corner of the Certificate. 4. The Citizenship Certification Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	CC076		
Sponsor Start Date	Evidence Gathering	F Yes	Is the individual the sponsor of an immigrant?	No	New	Dropdown	Yes/No	Pre-provide value entered in HCR/DCAS application if applicable or available.	CC076		1. Sponsor Start Date must be entered.

Do you need to know your investigation status to decide if you are eligible? What is the individual's current investigation status?	Evidence Gathering	If Yes	Does the individual have an eligible investigation status?	Yes	Existing	Chaperone	ACEDS converted qualified alien Immigrant temporary Asylum Pending Deferred Alien Refugee Status, child and parent Child of deceased foreign, Min, Law Child of foreign, Min, Law Control Entry granted before 1980 Cuban-Haitian Entry Entry on High/Low/Low Individual granted Withholding of Deportation or Withholding of Removal Individual passed into the U.S. for at least one year Iran and Afghan Special Immigrant Land's Permanent Resident (LPR) or "Green card" holder LPR Active Military LPR Naturalized Citizen LPR with 40 Qualifying Quarters LPR without 40 Qualifying Quarters Member of a Federally recognized Indian tribe or American born in Canada Other Phonetic Refugee Refugee Pending Residing Under Color of Law Special Immigrant Status of deceased foreign, Min, Law	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Supporting Document	Evidence Gathering	If Yes	Does the individual have an eligible investigation status?	Yes	Existing	Chaperone	Asylum Pending Deferred Alien Refugee Status, child and parent Child of deceased foreign, Min, Law Child of foreign, Min, Law Control Entry granted before 1980 Cuban-Haitian Entry Entry on High/Low/Low Individual granted Withholding of Deportation or Withholding of Removal Individual passed into the U.S. for at least one year Iran and Afghan Special Immigrant Land's Permanent Resident (LPR) or "Green card" holder LPR Active Military LPR Naturalized Citizen LPR with 40 Qualifying Quarters LPR without 40 Qualifying Quarters Member of a Federally recognized Indian tribe or American born in Canada Other Phonetic Refugee Refugee Pending Residing Under Color of Law Special Immigrant Status of deceased foreign, Min, Law	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS	As per FOIA request, this field is accounted for in the continued overwhelmed application.		
Did the individual have a different investigation status before the current investigation status?	Conditional	If No	Is the individual a DC/Chaperone or DC/Refugee?	Yes	Existing		ACEDS converted qualified alien Immigrant temporary Asylum Pending Deferred Alien Refugee Status, child and parent Child of deceased foreign, Min, Law Child of foreign, Min, Law Control Entry granted before 1980 Cuban-Haitian Entry Entry on High/Low/Low Individual granted Withholding of Deportation or Withholding of Removal Individual passed into the U.S. for at least one year Iran and Afghan Special Immigrant Land's Permanent Resident (LPR) or "Green card" holder LPR Active Military LPR Naturalized Citizen LPR with 40 Qualifying Quarters LPR without 40 Qualifying Quarters Member of a Federally recognized Indian tribe or American born in Canada Other Phonetic Refugee Refugee Pending Residing Under Color of Law Special Immigrant Status of deceased foreign, Min, Law	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
What was the period when the individual last this status?								Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
From	Evidence Gathering	If Yes	Did the individual have a different investigation status before the current investigation status?	Yes	Existing	Date last		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
To	Evidence Gathering	If Yes	Did the individual have a different investigation status before the current investigation status?	Yes	Existing	Date last		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Date of Entry	Evidence Gathering	If Yes If No If Yes	Did the individual have a different investigation status before the current investigation status? Does the individual have an eligible investigation status?	Yes	Existing	Date last		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS	As per FOIA request, this field is accounted for in the continued overwhelmed application as it is specific to each and last only.		
When did the individual become a member of the household?	Evidence Gathering			Yes	Existing	Date last		CR 15820-1 Pre-populate with 1st day of month of household needs for which Medical Bills were entered for anyone in the household.	CC/SDS	CR 15820-1 Modified pre-population logic.		
Where the Person Lives (Living arrangement) What is the residence being arrangement?	Evidence Gathering			Yes	Existing	Chaperone	Home Hospital over 30 days Hotel or Motel ED/DCS ED/DCS Residential Support ED/Chaperone Institutional Public Non-Medical Institution Jail Military Home Phonetic Phonetic Residing arrangement or home Rural Care Home Rural Residence Rural and Drug Treatment Center Residential or Institutional Facility Foster Care Group Home Halfway House Homeless or Emergency Homeless Shelter Shelter over 30 days or under Shelter over 30 days or under Shelter over 30 days or under Psychiatric Hospital 30 days or under Psychiatric Hospital Over 30 days Psychiatric Residential Treatment Facility Psychiatric Treatment Facility Shelter for Refused Women and Children Sheltered Housing for Elderly	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
What is the status of this living arrangement?	Evidence Gathering			Yes	Existing	Chaperone	Other Other Phonetic Sheltered	CR 15820-1 Pre-populate with 1st day of month of household needs for which Medical Bills were entered for anyone in the household.	CC/SDS			
When did this living arrangement begin?	Evidence Gathering			Yes	Existing	Date last		CR 15820-1 Pre-populate with 1st day of month of household needs for which Medical Bills were entered for anyone in the household.	CC/SDS	CR 15820-1 Modified pre-population logic.		
Resider This Individual's Address (Page)								Summary page is generated from above information and information on this page is included in individual's health record to make any changes necessary in the file.				
Resider Member												
First Name	Evidence Gathering			Yes	Existing	First		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Middle Name	Evidence Gathering			No	Existing	First		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Last Name	Evidence Gathering			Yes	Existing	First		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Is the person's address the same as the Primary individual's address?	Evidence Gathering			No	Existing	Chaperone	Other Other Phonetic Sheltered	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Personal Details	Conditional			Yes	Existing	Chaperone	Yes/No	Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS			
Social Security Number (SSN)	Evidence Gathering	If Yes	Does the individual have an SSN?	Yes	Existing	First		Pre-populate value entered in HCR/DCDS application if applicable or available.	CC/SDS	1. Social Security Number (SSN) must be entered. 2. Social Security Number (SSN) must be entered. 3. Social Security Number (SSN) must not start with the number 9. 4. Do not include letters, numbers or other special characters. 5. If the individual has not filed, does the individual apply for one? (mark for answer)		



Country of Issuance	Evidence Gathering	F Temporary SOI Sheet F Unexpired Foreign Passport F Machine Readable Passport (with Temporary SOI Language) F I-94 Arrival/Departure Record in Unexpired Foreign Passport	Supporting Document	Yes	Existing	Dropdown	All Countries	Pre-provide value entered in HCR/CDCS application if applicable or available. Field required for Temporary SOI Sheet. Field required for Unexpired Foreign Passport. Field required for Machine Readable Passport (with Temporary SOI Language). Field required for I-94 Arrival/Departure Record in Unexpired Foreign Passport.	CC005		
Country of Citizenship	Evidence Gathering	F USC219 Certificate of Eligibility for Exchange Visitor (J-1) (Blank) F I-26 Certificate of Eligibility for Non-immigrant (F-1 Student Status) F I-205 Permanent Resident Card F Temporary SOI Sheet F Unexpired Foreign Passport F Machine Readable Passport (with Temporary SOI Language) F Other F I-94 Arrival/Departure	Supporting Document	Yes	Existing	Dropdown	All Countries	Field required for I-205 Permanent Resident Card. Field required for Unexpired Foreign Passport. Field required for Machine Readable Passport (with Temporary SOI Language). Field required for I-94 Arrival/Departure Record in Unexpired Foreign Passport. Field required for I-205 Permanent Resident Card.	CC005	As per RCR sheet, this field is accounted for in the combined non/conditional application as it is specific to each and listed only.	
Document Expiration Date	Evidence Gathering	F USC219 Certificate of Eligibility for Exchange Visitor (J-1) (Blank) F I-20 Certificate of Eligibility for Non-immigrant (F-1 Student Status) F I-94 Arrival/Departure Record F I-207 (Security Permit) F I-201 (Permanent Resident Card) F I-207 (Alien Registration Document) F I-796 Employment Authorization Card F Temporary SOI Sheet	Supporting Document	Yes	Existing	Date field		Pre-provide value entered in HCR/CDCS application if applicable or available. Required for all supporting documentation except other "Other" is selected.	CC005	As per RCR sheet, this field is accounted for in the combined non/conditional application as it is specific to each and listed only.	
Other Document Description	Evidence Gathering	F Other	Supporting Document	Yes	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available. Field required if supporting document "Other" is selected.	CC005		
Supporting Document Details								Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Registration Number	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005	1. When entering a Registration Number, include all numbers with dashes. Do not enter any other characters or spaces. 2. The Registration Number should have between 8 and 12 numbers and letters. 3. The Registration Number is most often in the upper right hand corner of the Certificate. 4. The Registration Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	
First Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Middle Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Last Name	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Date field		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Date of Birth	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Additional Information	Evidence Gathering	F Registration Certificate	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Citizenship Number	Evidence Gathering	F Certificate of Citizenship	Document Type	Yes	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005	1. When entering a Citizenship Number, include all numbers and dashes. Do not enter any other characters or spaces. 2. The Citizenship Number should have between 8 and 12 numbers and letters. 3. The Citizenship Number is most often in the upper right hand corner of the Certificate. 4. The Citizenship Number is printed in red on all US Certificates of Citizenship issued since September 27, 1996.	
First Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Middle Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Last Name	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Date field		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Date of Birth	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Additional Information	Evidence Gathering	F Certificate of Citizenship	Document Type	No	Existing	Text		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Does the individual have an eligible immigration status?	Conditional	F Yes	Is the individual a US Citizen or US National?	Yes	Existing	Dropdown	Yes/No	Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Does the individual have a sponsor?	Conditional, if Yes	F Yes	Does the individual have an eligible immigration status?	Yes	New	Date field		Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Is the individual the sponsor of an immigrant?	Conditional, if Yes	F Yes	Does the individual have a sponsor?	Yes	New	Dropdown	Yes/No	Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		
Sponsor Start Date	Evidence Gathering	F Yes	Is the individual the sponsor of an immigrant?	No	New	Dropdown	Yes/No	Pre-provide value entered in HCR/CDCS application if applicable or available.	CC005		7. Sponsor Start Date must be entered.

[illegible]

[illegible]

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60	Extended Gathering	If No	Is the gender of the trust a member of the individual's household?	No	Existing	Fail		00000	1. The Trustor Code cannot be more than 3 characters and should be in the following 5 digit format: 01. OC State Trustor Code entered with 0 2. OC State Trustor Code entered with 0 3. The Trustor Code entered is not in a valid format. It must enter in the following 5 digit format: 4. The following zero digit format: 00000
Additional information									
Is anyone in the individual's household a beneficiary of this trust?	Conditional, If Yes	Reasonable	What is the trust category?	Yes	Existing	Disposition	Yes/No	00000	
Reasons check the box for the individual(s) who are beneficiaries of this trust	Extended Gathering	If Yes	Is anyone in the individual's household a beneficiary of this trust?	Yes	Existing	Checklist	Yes/No	00000	
Is anyone in the individual's household a beneficiary of the trust?	Conditional, If Yes	If Reasonable	What is the trust category?	Yes	Existing	Disposition	Yes/No	00000	
Reasons check the box for the individual(s) who are beneficiaries of this trust	Extended Gathering	If Yes	Is anyone in the individual's household a beneficiary of the trust?	Yes	Existing	Checklist	Yes/No	00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	Yes	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Does anyone want income from this trust?	Conditional, If Yes	If Reasonable	What is the trust category?	No	Existing	Disposition	Yes/No	00000	
Is this person member of the household?	Conditional, If Yes	Does anyone want income from this trust?	Yes	Existing	Disposition	Yes/No	00000	00000	
Reasons check the box for the individual(s) who are members of this trust	Extended Gathering	If Yes	Is this person member of the household?	Yes	Existing	Checklist	Yes/No	00000	
First Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Last Name	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 1	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Apartment	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Street 2	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
City	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
State	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text	All States	00000	
Zip	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text		00000	
Is the annuity purchased through an insurance company or financial institution?	Extended Gathering	If No	Is this person member of the household?	No	Existing	Text			

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Please enter Authorized Representative name below.	International	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes				Create Please insert only details entered.										
First Name	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Last Name	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Phone	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Email	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Address 1	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes			This service can be address.										
Address 2	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		No	Yes													
City	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
State	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Zip	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes													
Date of Birth	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes			Authorized Representative must be 18 years or age or older. Display indication. Authorized Representative must be 18.										
Indicate the person for (check all that apply)	Evidence Gathering	F-DSAP F-CASH F-Medical Assistance F-CMS	Please select the program in which the individual requires an Authorized Representative		Yes	Yes	Checkboxes	Apply for benefits Emergency assistance Preserve records Report changes Make inquiries											
<p><b>New Sponsor</b></p> <p>Signature Required Under USCIS Non-Discussion Blanket</p> <p>This institution is prohibited from disclosing on the basis of race, color, national origin, ancestry, sex, age, sex and in some cases religion or political beliefs.</p> <p>The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religion creed, ancestry, age, marital status or marital status or prohibition for prior and rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should</p>																			
Signature			Evidence	Yes	Existing	Checkboxes													
Please enter initials here			Evidence	Yes	Existing	Text													

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**Account Details**

Account ID

Account Name

Account of Interest

Account of Interest ID

Account Creation Date

Password

Password Confirmation Date

**New Record**

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The Applicant's Name	1. Name of the Applicant	2. Address	3. City	4. State	5. Zip	6. Phone Number	7. Email Address	8. Date of Birth	9. Social Security Number	10. Date of Application	11. Date of Decision	12. Status	13. Comments
The Applicant's Name	14. Date of Decision	15. Status	16. Comments	17. Date of Application	18. Date of Decision	19. Status	20. Comments	21. Date of Application	22. Date of Decision	23. Status	24. Comments	25. Date of Application	26. Date of Decision
The Applicant's Name	27. Date of Decision	28. Status	29. Comments	30. Date of Application	31. Date of Decision	32. Status	33. Comments	34. Date of Application	35. Date of Decision	36. Status	37. Comments	38. Date of Application	39. Date of Decision
The Applicant's Name	40. Date of Decision	41. Status	42. Comments	43. Date of Application	44. Date of Decision	45. Status	46. Comments	47. Date of Application	48. Date of Decision	49. Status	50. Comments	51. Date of Application	52. Date of Decision
The Applicant's Name	53. Date of Decision	54. Status	55. Comments	56. Date of Application	57. Date of Decision	58. Status	59. Comments	60. Date of Application	61. Date of Decision	62. Status	63. Comments	64. Date of Application	65. Date of Decision
The Applicant's Name	66. Date of Decision	67. Status	68. Comments	69. Date of Application	70. Date of Decision	71. Status	72. Comments	73. Date of Application	74. Date of Decision	75. Status	76. Comments	77. Date of Application	78. Date of Decision
The Applicant's Name	79. Date of Decision	80. Status	81. Comments	82. Date of Application	83. Date of Decision	84. Status	85. Comments	86. Date of Application	87. Date of Decision	88. Status	89. Comments	90. Date of Application	91. Date of Decision
The Applicant's Name	92. Date of Decision	93. Status	94. Comments	95. Date of Application	96. Date of Decision	97. Status	98. Comments	99. Date of Application	100. Date of Decision	101. Status	102. Comments	103. Date of Application	104. Date of Decision





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