|  |  |
| --- | --- |
| **DHS Application Cover Sheet** | **Intake**  **Service Coordination** |

|  |  |
| --- | --- |
| **To:** Choose an item. | **From:**  Name Click here to enter text.  PhoneClick here to enter text.  FaxClick here to enter text.  Email AddressClick here to enter text. |
| Attn: Click here to enter text. | Pages including cover: Click here to enter text. |
| Fax: Click here to enter text. | Re: Choose an item. |
| Applicant Name: Click here to enter text. | Applicant Social Security Number: Click here to enter text. |
| Date of Birth: Click here to enter text. | Date: Click here to enter text. |

|  |  |
| --- | --- |
| Active Case?  Yes  No | Case ID: Click here to enter text. CLSD: Click here to enter text.  Don’t Know Case ID |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Medical/Spenddown | SNAP | MSP (QMB,SLIB,QI) | Redetermination |
| No Income | Re-Fax | Cash | Spousal Impoverishment |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Phone Interview Requested | In-Person Interview Requested |
| Phone Number: Click here to enter text. | Alternative Number: Click here to enter text. |
| Preferred Language: Click here to enter text. | Preferred Times Available: Click here to enter text. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Name: Click here to enter text.

Attachments/Verifications

|  |  |
| --- | --- |
| Proof of all gross income | Social Security Award Letter |
| Proof of Identity | Current Bank Statement |
| Medicare Card/Citizenship | Other Income |
| Proof of all assets | Proof of Insurance |
| Social Security Card | Other: Click here to enter text. |

**Medical Expense Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Amount** | **Date** |
| Choose an item. | Click here to enter text. | **$** Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. | Click here to enter a date. |
| **Total:** |  | **$**Click here to enter text. | Click here to enter a date. |

***PROOF OF ALL EXPENSES MUST BE ATTACHED***

**Housing Expense Worksheet**

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Amount** |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| Choose an item. | Click here to enter text. | **$**Click here to enter text. |
| **Total:** |  | **$**Click here to enter text. |

***PROOF OF ALL EXPENSES MUST BE ATTACHED***

**Month Medical Card Begins:** Click here to enter text.

*Authorized Representative Name:* Click here to enter text.

*Authorized Representative Agency:* Click here to enter text.

*Authorized Representative Contact Information:* Click here to enter text.

***Please contact me if you do not receive the application in its entirety. Thank you!***