

Hello, JANE. Your ACCESS Online number is: 800150685



42% Complete

- Get Started
- Assets
- Income
- Expenses
- Finish & Submit

Liquid Assets

Other Assets

Real Estate

Please check the boxes to tell us the type of real estate that each person owns. If a asset has more than one owner, you only need to tell us about that asset once.

John's Real Estate



John (33 yrs)

- Burial Plot/Cemetery Lot
- Holding Mortgage
- Improved / Producing income-FMV
- Personal Property (other)
- Cemetery Lots
- Homestead Property
- Other non income producing property
- Unimproved / Income producing farm

When complete, click NEXT.

- Previous
- Save & Exit
- Next

Hello, JANE. Your ACCESS Online number is: 900150685

42% Complete

Liquid Assets Other Assets

Real Estate

Please check the boxes to tell us the type of real estate that each person owns. If a asset has more than one owner, you only need to tell us about that asset once.

John's Real Estate

 John (33 yrs)

- Burial Plot/Cemetery Lot
- Holding Mortgage
- Improved / Producing income-FMV
- Personal Property (other)
- Cemetery Lots
- Homestead Property
- Other non income producing property
- Unimproved / Income producing farm

When complete, click NEXT.

More About John's Holding Mortgage

Please tell us more about John's Holding Mortgage.

Holding Mortgage

*What is the market value of John's Holding Mortgage?

\$100000.00

How much does John owe on this Holding Mortgage?

\$50000.00

Does John have access to and use of this Holding Mortgage?

Yes No

Please check all boxes that apply to this Holding Mortgage

- Income Producing
- For sale with a signed sales agreement
- Life Estate
- Under Construction or Repair
- Produces Crops or Livestock for Home use

Someone outside of the home

Not jointly owned with anyone

If part owner, what percentage does this person own?

80

Property Address

Address Line 1:

123 George St.

Address Line 2:

City:

Tallahassee

State:

Florida

Zip:

32303

*Is John designating any of his asset for burial?

If yes, how much?

Yes No

50.00

*Does John have other real estate?

Yes No

Other Owners

*Please select the individual who owns this Holding Mortgage with John.



Josh (3 yrs)



Jane (31 yrs)

Someone outside of the home

Not jointly owned with anyone

If part owner, what percentage does this person own?

When complete, click NEXT.

Previous

Start/Exit

Next

Hello, JANE. Your ACCESS Online number is: 8001506685



Liquid Assets **Other Assets**

Additional Real Estate Details

Additional Real Estate Details

Please provide more information about the property located at:
123 George St

*Mortgage Holder Name

Address line 1

Address line 2

City

State

Zip

When complete, click NEXT.

Additional Real Estate Details

Additional Real Estate Details

Please provide more information about the property located at:
123 George St

*Mortgage Holder Name

John Doe

Address line 1

123 George St

Address line 2

City

Tallahassee

State

Florida

Zip

32303

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685



45% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Liquid Assets

Other Assets

Business Asset

Please check the boxes to tell us which types of business assets each person owns. Business assets include machinery, livestock, supplies and inventory. If an asset has more than one owner, you only need to tell us about that asset once.

Jane's Business Assets



Jane (31 yrs)

- Bank Account
- Farming/Live Stock
- Office Supplies and Machinery
- Restaurant or Food Service
- Beauty Supply & Personal Services
- Mechanical/Construction
- Other

When complete, click NEXT.



Hello, JANE. Your ACCESS Online number is: 800150685



Liquid Assets Other Assets

Business Asset

Please check the boxes to tell us which types of business assets each person owns. Business assets include machinery, livestock, supplies and inventory. If an asset has more than one owner, you only need to tell us about that asset once.

Jane's Business Assets

 Jane (31 yrs)

- Bank Account
- Farming/Live Stock
- Office Supplies and Machinery
- Restaurant or Food Service
- Beauty Supply & Personal Services
- Mechanical/Construction
- Other

When complete, click NEXT.

More About Jane's Restaurant Or Food Service

Please tell us more about Jane's Restaurant Or Food Service.

Asset Value

*What is the value of Jane's Restaurant Or Food Service?

Other Owners

* Please select the individual who owns this Restaurant Or Food Service with Jane.



Josh (3 yrs)



John (33 yrs)

Someone outside of the home

Not jointly owned with anyone

If part owner, what percentage does this person own?

*Does Jane have another Restaurant Or Food Service?

Yes

No

When complete, click NEXT.



More About Jane's Restaurant Or Food Service

Please tell us more about Jane's Restaurant Or Food Service.

Asset Value

*What is the value of Jane's Restaurant Or Food Service?

\$3000.00

Other Owners

* Please select the individual who owns this Restaurant Or Food Service with Jane.



Josh (3 yrs)



John (33 yrs)

Someone outside of the home

Not jointly owned with anyone

If part owner, what percentage does this person own?

50

*Does Jane have another Restaurant Or Food Service?

Yes

No

When complete, click NEXT.

< Previous

Save & Exit

Next >

Other Assets Summary

Here is a summary of what you've told us. If a section below has a check mark, you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on "Change" icon under "Options".

- If you need to add information for an individual, choose the person's name and the type of asset from the drop down boxes and then click "Add" button.

- If you would like to remove something, click the "Remove" icon under "Options".

Once you have reviewed the summary and all the information is correct, click the "Next" button at the bottom of the page.

Review Your Answers: Life Insurance

Owner	Policy Type	Policy Number	Section Complete?	Options
John (33 yrs)	Group	12345678	✓	 or 

Add Life Insurance



If someone else in your home owns a life insurance policy, please choose the name of the owner and the type of policy. Then click the "Add" button.

Name:

Type:

ADD +

Review Your Answers: Vehicles

Owner	Year	Make	Model	Section Complete?	Options
Jane (31 yrs)	2015	Toyota	Camry	✓	 or 

Add Vehicles

If someone in your home has a vehicle, please choose the name of the owner and type of vehicle. Then click the "Add" button.

Name:

Type:

ADD +

Review Your Answers: Real Estate

Owner	Type	Amount	Section Complete?	Options
John (33 yrs)	Holding Mortgage	100000.00	✓	 or 

Add Real Estate

If someone in your home owns real estate, please choose the name of the owner and type of real estate. Then click the "Add" button.

Name:

Type:

ADD +

Review Your Answers: Business Assets

Owner	Type	Amount	Section Complete?	Options
Jane (31 yrs)	Restaurant or Food Service	3000.00	✓	 or 

Add Business Assets

If someone else in your home owns a business asset, please choose the name of the owner and the type of business asset. Then click the "Add" button.

Name:

Type:

ADD +

When complete, click NEXT.

Previous

Save & Exit

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Employment Income Information

Please let us about the job information for the people in your home.
Note: Be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for your assistance. If we find that your situation does not require us to use this information, then we won't use it to determine eligibility.

*Current/New Job

Please check the box for anyone who is currently employed or is expected to start working. Do not check the box if they are paid only with goods and services. Otherwise, check "No One".

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

*Past Jobs

Please check the box for anyone who has stopped working in the last 60 days. Otherwise, check "No One".

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

*Self Employment

Please check the box for anyone who is self-employed. Otherwise, check "No One".

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

*Room and Board

Please check the box for anyone who receives payments for room and board. Otherwise, check "No One". Roomers live in your home and pay for a room. Boarders live in your home and pay for a room and meals.

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

*Room and Board

Please check the box for anyone who receives payments for room and board. Otherwise, check "No One". Roomers live in your home and pay for a room. Boarders live in your home and pay for a room and meals.

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

*Refused Jobs

Please check the box for anyone who has refused a job in the last 60 days. Otherwise, check "No One".

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

If anyone refused a job in the last 60 days, enter the reason. (Maximum 500 characters)


You have 500 characters remaining for your decision

*On Strike

Please check the box for anyone who is on strike. Otherwise, check "No One".

If anyone is on strike, enter the date the strike began. (mm/dd/yyyy)

No One

 John(33 yrs)

 Jane(31 yrs)

 Josh(3 yrs)

If anyone is on strike, enter the date the strike began. (mm/dd/yyyy)

When complete, click NEXT.

[Previous](#)

[Skip & Exit](#)

[Next](#)



Employment Income Information

Please tell us about the job information for the people in your home.
Note: Be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for your assistance. If we find that your situation does not require us to use this information, then we won't use it to determine eligibility.

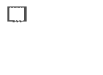
*Current/New Job

Please check the box for anyone who is currently employed or is expected to start working. Do not check the box if they are paid only with goods and services. Otherwise, check "No One".

No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

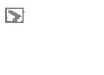
*Past Jobs

Please check the box for anyone who has stopped working in the last 60 days. Otherwise, check "No One".

No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

*Self Employment

Please check the box for anyone who is self-employed. Otherwise, check "No One".

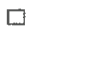
No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

*Room and Board

Please check the box for anyone who receives payments for room and board. Otherwise, check "No One". Roomers live in your home and pay for a room. Boarders live in your home and pay for a room and meals.

No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

*Refused Jobs

Please check the box for anyone who has refused a job in the last 60 days. Otherwise, check "No One".

No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No one to watch child while working

You have 485 characters remaining for your decision

*On Strike

Please check the box for anyone who is on strike. Otherwise, check "No One".

No One



John(33 yrs)



Jane(31 yrs)



Josh(3 yrs)

If anyone is on strike, enter the date the strike began. (mm/dd/yyyy)

01/01/2018

When complete, click NEXT.



VIEW ABOUT JOHN'S JOB

You have told us that John has a job or is expected to start a job. Please answer the questions below to tell us more about this job. Also enter any Work Study Income. You will be required to provide pay stubs for the last 4 weeks or have your employer complete the Employment Verification Form below.

[Click here to read or print the Income Verification Form.](#)

-Employer

* Name of Employer:

Employer Address: Address Line1:
Address Line2:

City: State: Zip Code:

Employer Phone:

* When did John start this job? (mm/dd/yyyy)

Please enter additional comments about employment. (Maximum 500 characters)

You have 500 characters remaining of your description.

* Does John have income from any other jobs?

Yes

No

When complete, click NEXT.

Previous

Save & Exit

Next

Pay Details

* How often does John get paid? This is John's pay period.

* How many hours does John work a month?

* What is John's average paycheck amount before any deductions?

Please enter additional comments about John's job. If you choose other for John's pay period, explain how often John gets paid.

You have 500 characters remaining on your description.

-Tip or Commission Pay-

If John gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

Type of pay	Amount
Tips	<input type="text"/>
Commission	<input type="text"/>

* Does John have income from any other jobs?

Yes

No

When complete, click NEXT.

More About Jane's Past Job

You have told us that Jane has stopped working in the last 60 days. Please answer the questions below to tell us more about this past job. You will be required to provide pay stubs for the last 4 weeks or have the previous employer complete the employment verification form.

[Click here to read or print the Income Verification Form.](#)

Employer

*Name of Employer:

Employer Address:

Address Line 1:

Address Line 2:

City: State: Zip Code:

Employer Phone:

*When did Jane start this job? (mm/dd/yyyy)

Please enter additional comments about employment (Maximum: 300 characters)

You have 500 characters remaining on your description.

Pay Details

*How often does Jane get paid? This is Jane's pay period. <Click here to choose> v

*How many hours does Jane work a day?

*What is Jane's gross paycheck amount before any deductions?

Please enter additional comments about Jane's job. If you choose other for Jane's pay period, explain how often Jane gets paid.

You have 500 characters remaining on your description.

Tip or Commission Pay

If Jane gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

Type of pay	Amount
Tips	<input type="text"/>
Commission	<input type="text"/>

Job End Details

*When did this job end? (mm/dd/yyyy)

*What is the date of Jane's final pay check? (mm/dd/yyyy)

*What is the gross amount before deductions that Jane will receive this month?

*What is the gross amount before deductions that Jane will receive next month?

*Does Jane have any other job income that ended in the past 60 days? Yes No

When complete, click NEXT.

< Previous

Save & Exit

Next >

More About Jane's Past Job

You have told us that Jane has stopped working in the last 60 days. Please answer the questions below to tell us more about this past job. You will be required to provide pay stubs for the last 4 weeks or have the previous employer complete the employment verification form.

[Click here to read or print the Income Verification Form.](#)

Employer

*Name of Employer:
Address Line 1:
Address Line 2:
City: State: Zip Code:
Employer Phone:

*When did Jane start his job? (mm/dd/yyyy)

Please enter additional comments about employment. (Maximum 500 characters)

You have 500 characters remaining on your description.

Pay Details

*How often does Jane get paid? This is Jane's pay period.

*How many hours does Jane work a day?

*What is Jane's gross paycheck amount before any deductions?

Please enter additional comments about Jane's job. If you chose other for Jane's pay period, explain how often Jane gets paid.

You have 500 characters remaining on your description.

Tip or Commission Pay

If Jane gets any other pay, such as tips or commission, that is not included in the pay check, please enter the amount received next to the type of pay.

Type of pay	Amount
Tips	<input type="text"/>
Commission	<input type="text"/>

Job End Details

*When did this job end? (mm/dd/yyyy)

*What is the date of Jane's final pay check? (mm/dd/yyyy)

*What is the gross amount before deductions that Jane will receive this month?

*What is the gross amount before deductions that Jane will receive next month?

*Does Jane have any other job income that ended in the past 60 days? Yes No

When complete, click NEXT.

Previous

Skip & Exit

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More About John's Self Employment

You have told us that John is self-employed. Please answer the questions below to tell us more about this self-employment.

Self Employment

* What type of self-employment does John have?

* How many hours a month is John self-employed?

* Is this income coming from farming?

Yes No

Income & Expenses

Please choose at least one income or expense type.

Type of Income/Expense	Amount of Monthly Income or Expense
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
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<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>
<Click here to choose>	<input type="text"/>

* Does John have any other self employment?

Yes No

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

More About John's Self Employment

You have told us that John is self employed. Please answer the questions below to tell us more about this self-employment.

Self Employment

* What type of self-employment does John have?

Food Service

* How many hours a month is John self-employed?

100

* Is this income coming from farming?

Yes No

Income & Expenses

Please choose at least one income or expense type.

Type of Income/Expense	Amount of Monthly Income or Expense
Income-Other Income	\$1000.00
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
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<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	
<Click here to choose>	

* Does John have any other self employment?

Yes No

When complete, click NEXT.

< Previous

Save & Exit

Next >

More About Jane's Room and Board Income

A roomer is an individual who lives in your home and pays rent for room. A boarder is an individual who rents a room and pays you for meals. **Room and Board Details**

You have told us that Jane has income from room and board. Please answer the question below to tell us more about this income. Remember that a roomer is an individual who lives in your home and pays rent for a room. A boarder is an individual who rents a room and pays you for meals.

* Who is paying the room and board to Jane?

* How many meals does Jaime provide each day?

What is the amount received if the roomer is paying for room only?

What is the amount received if the boarder is paying for room and meals?

What is the amount Jaime spends to prepare meals for this individual?

* Does Jane have any other room and board income?

 Yes No

When complete, click NEXT.

More About Jane's Room and Board Income

A roomer is an individual who lives in your home and pays rent for room. A boarder is an individual who rents a room and pays you for meals.

Room and Board Details

You have told us that Jane has income from room and board. Please answer the question below to tell us more about this income. Remember that a roomer is an individual who lives in your home and pays rent for a room. A boarder is an individual who rents a room and pays you for meals.

* Who is paying the room and board to Jane?

John Doe ▾

* How many meals does Jane provide each day?

Three Meals / Day ▾

What is the amount received if the roomer is paying for room only?

1000.00

What is the amount received if the boarder is paying for room and meals?

What is the amount Jane spends to prepare meals for this individual?

1000.00

* Does Jane have any other room and board income?

Yes No

When complete, click NEXT.

← Previous

Save & Exit

Next →

Job Income Summary



Here is a summary of what you've told us. If a section below has a checkmark, you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- if you would like to change your answers, click on "Change" icon under "Options"
- if you need to add information for an individual, choose the person's name from the dropdown box and then click the "Add" button.
- if you would like to remove something, click the "Remove" icon under "Options"

Once you've reviewed this summary and all the information is correct, click the "Next" button at the bottom of the page.

Review Your Answers: Current/ New Job Summary

Who	Employer	Pay Type	How Much?	Hours Worked?	Section Complete?	Options
 John (33 yrs)	John Doe BSO	Every Other Week	\$3,000.00	400	✔	 or 

Add a Current/New Job

To add a current/new job for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

< Click here to choose >

Review Your Answers: Past Employment Summary

Who	Employer	Pay Type	How Much?	Hours Worked?	Section Complete?	Options
 Jane (31 yrs)	DCF Daycare	Every Other Week	\$1,000.00	8	✔	 or 




Add a Past Job

To add past job details for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

< Click here to choose >

Review Your Answers: Self-Employment Summary

Who	What Type	How Much?	Expenses	Section Complete?	Options
 John (33 yrs)	Food Service	\$1,000.00	\$0.00	✔	 or 



Add Self-Employment

To add a type of self-employment for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

< Click here to choose >

Review Your Answers: Room and Board Summary

Who	Payer	Income from Room only	Income from Room and Meals	Section Complete?	Options
 Jane (31 yrs)	John	\$100.00	N/A	✔	 or 

Add a Room and Board Income

To add room and board income for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.




Name:

< Click here to choose >

Review Your Answer: Refused Jobs

Please review your answers for anyone who has refused a job in the last 60 days and modify your selection as needed.

No One

Jane (31 yrs) John (33 yrs) John (3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No one to reach child while working

You have 500 characters remaining for your decision

Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.

Review Your Answer: Refused Jobs

Please review your answers for anyone who has refused a job in the last 60 days and modify your selection as needed.

No One



Jane(31 yrs)



John(33 yrs)



Josh(3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)

No one to watch child while working

You have 500 characters remaining for your decision

Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.

No One



Jane(31 yrs)



John(33 yrs)



Josh(3 yrs)

If anyone is on strike, enter the date the strike began.(mm/dd/yyyy)

11/12/2018

When complete, click NEXT.

< Previous

Save & Exit

Next >



Other income

Please tell us about the money that the people in your home receive or are expected to receive from other sources other than a job or self-employment. Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won't use it to determine your eligibility.

Child Support

Please check the box for anyone who is receiving or will receive Child Support income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Alimony

Please check the box for anyone who is receiving or will receive Alimony income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Supplemental Security Income (SSI)

Please check the box for anyone who is receiving or will receive Supplemental Security Income (SSI) income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Social Security Administration (SSA)

Please check the box for anyone who is receiving or will receive Social Security Administration (SSA) income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Other income

Please check the box for anyone who is receiving or will receive any type of income or payments from a source other than job, child support, alimony, Supplemental Security or Social Security. Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Benefits Applied For But Not Been Approved

Please check the box for any benefits applied for but have not received a decision. Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Educational Aid and Expenses

Please check the box for anyone who is receiving or will receive educational aid (scholarships, fellowships, grants and loans) or educational expenses (tuition, fees, books and supplies). Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Deductions

Please check the box for anyone who has expenses that can be claimed as a tax deduction. Otherwise, select "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

When complete, click NEXT.

Previous

Save & Exit

Next



INCOME FROM OTHER SOURCES

Please tell us about the money that the people in your home receive or are expected to receive from other sources other than a job or self-employment. (Note: Please be sure to answer the questions for everyone in your home, even if they are not applying for assistance. Depending on your situation, we may need this information in order to approve you for assistance. If we find that your situation does not require us to use this information, then we won't use it to determine your eligibility.)

Child Support

Please check the box for anyone who is receiving or will receive Child Support income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Alimony

Please check the box for anyone who is receiving or will receive Alimony income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Supplemental Security Income (SSI)

Please check the box for anyone who is receiving or will receive Supplemental Security Income (SSI) income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Social Security Administration (SSA)

Please check the box for anyone who is receiving or will receive Social Security Administration (SSA) income. Otherwise check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Other Income

Please check the box for anyone who is receiving or will receive any type of income or payments from a source other than job, child support, alimony, Supplemental Security or Social Security. Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Benefits Applied For But Not Been Approved

Please check the box for anyone who has not received a decision. Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Educational Aid and Expenses

Please check the box for anyone who is receiving or will receive educational aid (scholarships, fellowships, grants and loans) or educational expenses (tuition fees, books and supplies). Otherwise, check "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

Deductions

Please check the box for anyone who has expenses that can be claimed as a tax deduction. Otherwise, select "No One".

No One

John(33 yrs)

Jane(31 yrs)

Josh(3 yrs)

When complete, click NEXT.

Previous

Save & Exit

Next

More about Jane's Child Support Income

You told us that Jane receives Child Support income. Please answer the questions below to tell us more about this income.

Jane's Child Support

* When did Jane start getting Child Support income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Child Support income that Jane receives?

* How often does Jane receive Child Support income?

* Does Jane receive any other Child Support income?

Yes No

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

More about Jane's Child Support Income

You told us that Jane receives Child Support income. Please answer the questions below to tell us more about this income.

Jane's Child Support

* When did Jane start getting Child Support income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).

12/07/2015

* What is the amount of Child Support income that Jane receives?

\$100.00

* How often does Jane receive Child Support income?

Bi-Weekly

* Does Jane receive any other Child Support income?

Yes

No

When complete, click NEXT.

< Previous

Save & Exit

Next >

More about John's Alimony Income

You told us that John receives Alimony income. Please answer the questions below to tell us more about this income.

John's Alimony

* When did John start getting Alimony income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Alimony Income that John receives?

* How often does John receive Alimony income?

* Does John receive any other Alimony income?

Yes No

When complete, click NEXT.

< Previous

Save & Exit

Next >

More about John's Alimony Income

You told us that John receives Alimony income. Please answer the questions below to tell us more about this income.

John's Alimony

* When did John start getting Alimony income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).

01/01/2009

* What is the amount of Alimony income that John receives?

\$100.00

* How often does John receive Alimony income?

Bi-Weekly

* Does John receive any other Alimony income?

Yes No

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150695

4% Complete

Get Started

Assets

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Expenses

Finish & Submit

Before You Begin

People

Rights and Responsibilities

Rights and Responsibilities

YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(AD-3027\)](#) found [online](#).

Yes, I have read and understand the Rights and Responsibilities.

When complete, click NEXT.

Previous

Save & Exit

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Hello, JANE. Your ACCESS Online number is: 8007506885

4% Complete

Get Started

Assets

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Expenses

Finish & Submit

Before You Begin

People

Rights and Responsibilities

Rights and Responsibilities

YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination complete the [USDA Program Discrimination Complaint Form \(AD-3027\)](#) found online at [www.usda.gov](#).

Yes, I have read and understand the Rights and Responsibilities.

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685

4% Complete

Get Started

Assets

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Finish & Submit

Before You Begin

People

HIPAA Statement

HIPAA Statement

CFOP 60-17

Chapter 1, Attachment 2

June 2, 2008

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. *Please review it carefully.*

I. *Our Duties As They Relate to Your Protected Health Information (PHI).* Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

Yes, I have read and understand the HIPAA statement.

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 8001506885

4% Complete

Get Started

Assets

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Finish & Submit

Before You Begin

People

HIPAA Statement

HIPAA Statement

CFOP 60-17

Chapter 1, Attachment 2

June 2, 2008

MANAGEMENT AND PROTECTION OF PERSONAL HEALTH INFORMATION POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I. Our Duties As They Relate to Your Protected Health Information (PHI). Our records about you contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard your Protected Health Information (PHI) which includes individually identifiable information about:

Yes, I have read and understand the HIPAA statement.

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

Hello, JANE. Your ACCESS Online number is: 800150685

59% Complete

Get Started

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Finish & Submit

Employment Income

Other Income

Deductions

More about Josh's Supplemental Security Income

You told us that Josh receives Supplemental Security Income. Please answer the questions below to tell us more about this income.

Josh's Supplemental Security Income

* When did Josh start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess(mm/dd/yyyy).

* What is the amount of Supplemental Security Income that Josh receives?

* How often does Josh receive Supplemental Security Income?

* Does Josh receive any other Supplemental Security Income?

 Yes No

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685

59% Complete

Get Started Assets Income Expenses Finish & Submit

Employment Income Other Income Deductions

More about Josh's Supplemental Security Income

You told us that Josh receives Supplemental Security Income. Please answer the questions below to tell us more about this income.

Josh's Supplemental Security Income

* When did Josh start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess(mm/dd/yyyy).

* What is the amount of Supplemental Security Income that Josh receives?

* How often does Josh receive Supplemental Security Income?

* Does Josh receive any other Supplemental Security Income? Yes No

When complete, click NEXT

Previous Save & Exit Next

Hello, JANE. Your ACCESS Online number is: 800150685

59% Complete

Get Started

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Finish & Submit

Employment Income

Other Income

Deductions

More about Josh's Social Security Income

You told us that Josh receives Social Security income. Please answer the questions below to tell us more about this income.

Josh's Social Security

* When did Josh start getting Social Security income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Social Security income that Josh receives?

* How often does Josh receive Social Security income?

* Does Josh receive any other Social Security income?

Yes No

When complete, click NEXT.

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Hello, JANE. Your ACCESS Online number is: 800150685

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Get Started

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Finish & Submit

Employment Income

Other Income

Deductions

More about Josh's Social Security Income

You told us that Josh receives Social Security Income. Please answer the questions below to tell us more about this income.

Josh's Social Security

* When did Josh start getting Social Security Income? Note: If you don't know the exact date, please give us your best guess (mm/dd/yyyy).

01/01/2016

* What is the amount of Social Security income that Josh receives?

\$100.00

* How often does Josh receive Social Security income?

Monthly

* Does Josh receive any other Social Security income?

Yes No

When complete, click NEXT.

<< Previous

Save & Exit

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Hello, JANE. Your ACCESS Online number is: 800150685

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Get Started

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Finish & Submit

Employment Income

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Deductions

Other Types of Income

Please, check the boxes to tell us which types of other income each person receives. If you do not see the type of income you receive, please select 'Other Source'.

Jane's Other Types Of Income



Jane(31 yrs)

- Assistance in Another State
- Civil Service Annuity
- Estate/Trust Funds
- Income from Another Agency
- Military Allotment
- Other Sources
- Qualified Income Trust
- Reparation Payments
- Stipends
- Unemployment Compensation
- Veterans Benefits

- Black Lung
- Dividends
- Home care payment for the elderly
- Interest Income
- Money from Another Person
- Public Retirement
- Railroad Retirement
- Disability/Sick Benefits
- Training Allowance
- Union Funds or Pension Benefits
- Workers Compensation

When complete, click NEXT.

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Hello, JANE. Your ACCESS Online number is: 800150685

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Get Started

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Employment Income

Other Income

Deductions

Other Types of Income

Please, check the boxes to tell us which types of other income each person receives. If you do not see the type of income you receive, please select 'Other Source'.

Jane's Other Types Of Income



Jane(31 yrs)

- | | |
|---|--|
| <input type="checkbox"/> Assistance in Another State | <input type="checkbox"/> Black Lung |
| <input type="checkbox"/> Civil Service Annuity | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Estate/Trust Funds | <input type="checkbox"/> Home care payment for the elderly |
| <input type="checkbox"/> Income from Another Agency | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Military Allowment | <input type="checkbox"/> Money from Another Person |
| <input type="checkbox"/> Other Sources | <input type="checkbox"/> Public Retirement |
| <input type="checkbox"/> Qualified Income Trust | <input type="checkbox"/> Railroad Retirement |
| <input type="checkbox"/> Reparation Payments | <input type="checkbox"/> Disability/Sick Benefits |
| <input type="checkbox"/> Stipends | <input type="checkbox"/> Training Allowance |
| <input checked="" type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Union Funds or Pension Benefits |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Workers Compensation |

When complete, click NEXT.

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Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685

59% Complete

Get Started

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Finish & Submit

Employment Income

Other Income

Deductions

More about Jane's Unemployment Compensation Income

You told us that Jane receives Unemployment Compensation income. Please answer the questions below to tell us more about this income.

Jane's Unemployment Compensation

* When did Jane start getting Unemployment Compensation income? Note: if you don't know the exact date, please give us your best guess (mm/dd/yyyy).

* What is the amount of Unemployment Compensation income that Jane receives?

* How often does Jane receive Unemployment Compensation income?

* Does Jane receive any other Unemployment Compensation income?

 Yes No

When complete, click NEXT.

< Previous

Save & Exit

Next >

Hello, JANE. Your ACCESS Online number is: 800150685

59% Complete

Get Started

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Finish & Submit

Employment Income

Other Income

Deductions

More about Jane's Unemployment Compensation Income

You told us that Jane receives Unemployment Compensation income. Please answer the questions below to tell us more about this income.

Jane's Unemployment Compensation

- * When did Jane start getting Unemployment Compensation income? Note: If you don't know the exact date, please give us your best guess(mm/dd/yyyy).
- * What is the amount of Unemployment Compensation income that Jane receives?
- * How often does Jane receive Unemployment Compensation income?
- * Does Jane receive any other Unemployment Compensation income? Yes No

When complete, click NEXT.

← Previous

Save & Exit

Next →

Hello, JANE. Your ACCESS Online number is: 800150685

60% Complete

Get Started

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Finish&Submit

Employment Income

Other Income

Deductions

More About Benefits Applied For But Not Been Approved

You told us that John applied for, but is not yet receiving benefits. Please enter information about the benefits.

John's Benefits Applied For But Not Been Approved

* What type of income or benefit has John applied for?

< Click here to choose >

* When did John apply for this income or benefit(mm/dd/yyyy)?

* Has John applied for any other income or benefit?

Yes

No

When complete, click NEXT.

< Previous

Save & Exit

Next >

Hello, JANE. Your ACCESS Online number is: 800150685

60% Complete

Get Started Assets Income Expenses Finish&Submit

Employment Income

Other Income

Deductions

More About Benefits Applied For But Not Been Approved

You told us that John applied for, but is not yet receiving benefits. Please enter information about the benefits.

John's Benefits Applied For But Not Been Approved

* What type of income or benefit has John applied for?

Social Security

* When did John apply for this income or benefit(mm/dd/yyyy)?

05/01/2018

* Has John applied for any other income or benefit?

Yes

No

When complete, click NEXT

Previous

Save & Exit

Next

Employment Income

Other Income

Deductions

More about Jane's Educational Aid and Educational Expenses

Please give us more information about Jane's educational aid and educational expenses. List the total amount of the educational aid and educational expense and the beginning and end months they are intended to cover.

Educational Aid

Please choose at least one educational aid type.

* Type of Educational Aid	* Total Amount	* Begin Date MM/YYYY	* End Date MM/YYYY
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD +

Educational Expenses

Please choose at least one educational expense type.

* Type of Educational Expenses	* Total Amount	* Begin Date MM/YYYY	* End Date MM/YYYY
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<Click here to choose>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD +

When complete, click NEXT.

More about Jane's Educational Aid and Educational Expenses

Please give us more information about Jane's educational aid and educational expenses. List the total amount of the educational aid and educational expense and the beginning and end months they are intended to cover.

* Educational Aid

Please choose at least one educational aid type.

* Type of Educational Aid	* Total Amount	* Begin Date MM/YYYY	* End Date MM/YYYY
Loan	\$1000.00	01/2017	01/2019
<Click here to choose>			
<Click here to choose>			
<Click here to choose>			

ADD +

* Educational Expenses

Please choose at least one educational expense type.

* Type of Educational Expenses	* Total Amount	* Begin Date MM/YYYY	* End Date MM/YYYY
Books / Supplies	\$100.00	01/2017	01/2019
<Click here to choose>			
<Click here to choose>			
<Click here to choose>			

ADD +

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150685

63% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Employment Income

Other Income

Deductions

Deductions

You have told us that John pays for certain things that can be deducted on a federal income tax return. Please tell us about them below.

Deductible Expenses

Alimony paid

Other

Student loan interest deduction

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

Hello, JANE. Your ACCESS Online number is: 800150695



63% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Employment Income

Other Income

Deductions

Deductions

You have told us that John pays for certain things that can be deducted on a federal income tax return. Please tell us about them below.

Deductible Expenses

Alimony paid

\$100.00

Other

\$100.00

Student loan interest deduction

\$100.00

When complete, click NEXT.

< Previous

Save & Exit

Next >

Other Income Summary
















Here is a summary of what you've told us. If a section below has a checkmark you have given us all of the information we have asked for. You are not required to give all information before you submit the application.



- If you would like to change your answers, click on "Change" icon under "Options".
- If you need to add information for an individual choose the person's name from the dropdown box and then click the "Add" button.
- If you would like to remove something, click the "Remove" icon under "Options".

Once you've reviewed this summary and all the information is correct, click the "Next" button at the bottom of the page.

Review Your Answers: Other Income

Who	Type of Income	Frequency	How Much?	Income begin date	Section Complete	Options
 Josh (33 yrs)	Social Security	Monthly	\$100.00	1/1/2016	✓	 or 
	Supplemental Security Income	Monthly	\$100.00	1/1/2017	✓	 or 
	Supplemental Security Income	Monthly	\$100.00	1/1/2017	✓	 or 
 John (33 yrs)	Alimony	Every Other Week	\$100.00	1/1/2009	✓	 or 
 Jane (31 yrs)	Unemployment Compensation	Every Other Week	\$100.00	5/1/2018	✓	 or 
	Child Support	Every Other Week	\$100.00	2/1/2015	✓	 or 

Add other income

To add a type of income for someone in your home, please choose their name, type of income and click the "Add" button.

Name:

Type of income:

< Click here to choose >

< Click here to choose >

ADD +

Review Your Answers: Non-Approved Benefits

Who	Type of Income	Date Applied	Section Complete	Options
 John (33 yrs)	Social Security	5/1/2016	✓	 or 

Add Non-Approved Benefits






To add a non-approved benefit for someone in your home, please choose their name and click the "Add" button.

Name:

< Click here to choose >

ADD +

Review Your Answers: Education Aid

Who	Type	Expense	Income	Options
 Jane (31 yrs)	Loan	N/A	\$1,000.00	 or 
	Books/Supplies	\$100.00	N/A	 or 

Add a person who has Educational Aid

To add an educational aid for someone in your home, please choose their name and click the "Add" button.

Name:

< Click here to choose >

ADD +

Review Your Answers: Education Aid

Who	Type	Expense	Income	Options
Jane Jane(31 yrs)	Loan	N/A	\$1,000.00	or
	Books/Supplies	\$100.00	N/A	

Add a person who has Educational Aid

To add an educational aid for someone in your home, please choose their name and click the "Add" button.
Name:

< Click here to choose > v

ADD +

Review Your Answers: Deductions

Who	Type of Income	How Much?	Options
John John(33 yrs)	Other	\$100.00	or
	Student loan interest deduction	\$100.00	
	Alimony paid	\$100.00	

Add a person who has Deductions

To add another person who has income deductions, please choose their name and click the "Add" button.
Name:

< Click here to choose > v

ADD +

When complete, click NEXT.

< Previous

Save & Exit

Next >



Housing and Utility Expenses

Please tell us about the people in your home who pay for housing and utilities. If you pay a expense together (for example, you and your spouse), just check the box for one person. On the pages that come next, give us the total amount that you pay together.

Housing Expenses

Please check the box for anyone who is responsible for paying housing expenses even if someone outside of the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One". By housing expenses, we mean rent or mortgage, real estate tax, room rent, property tax, home owner's insurance, etc.

No One

John (33 yrs)

Jane (31 yrs)

Josh (3 yrs)

Utility Expenses

Please check the box for anyone who is responsible for paying utility expenses even if someone outside of the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One". By utility bills, we mean electricity, phone, coal/wood, gas, trash removal, water and sewer.

No One

John (33 yrs)

Jane (31 yrs)

Josh (3 yrs)

Room and Board

Please check the box for anyone responsible for paying room and board expenses. Otherwise, check "No One". This means that you are paying money to rent a room and meals are included.

No One

John (33 yrs)

Jane (31 yrs)

Josh (3 yrs)

Homeless Shelter Expense

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One".

No One

John (33 yrs)

Jane (31 yrs)

Josh (3 yrs)

Heating or Cooling Costs

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One".

No One

John (33 yrs)

Jane (31 yrs)

Josh (3 yrs)

Low Income Housing Energy Assistance

Did anyone that you are applying for receive Low Income Housing Energy Assistance (LIHEAP) in the past 12 months?

Yes No



Housing and Utility Expenses

Please tell us about the people in your home who pay for housing and utilities. If you pay a expense together (for example, you and your spouse), just check the box for one person. On the pages that come next, give us the total amount that you pay together.

Utility Expenses

Please check the box for anyone who is responsible for paying utility expenses even if someone outside of the household pays all or part of the expense, including Section 8 and HUD. Otherwise, check "No One". By housing expenses, we mean rent or mortgage, real estate tax, room rent, property tax, home owner's insurance, etc.

No One

 John (33 yrs)  Jane (31 yrs)  Josh (3 yrs)

Room and Board

Please check the box for anyone responsible for paying room and board expenses. Otherwise, check "No One". This means that you are paying money to rent a room and meals are included.

No One

 John (33 yrs)  Jane (31 yrs)  Josh (3 yrs)

Homeless Shelter Expense

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One".

No One

 John (33 yrs)  Jane (31 yrs)  Josh (3 yrs)

Heating or Cooling Costs

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One".

No One

 John (33 yrs)  Jane (31 yrs)  Josh (3 yrs)

Low Income Housing Energy Assistance

Did anyone that you are applying for receive Low Income Housing Energy Assistance (LIHEAP) in the past 12 months?

Yes No

When complete, click NEXT

<< Previous

Save & Exit

Next >>

Hello, JANE. Your ACCESS Online number is: 800150685

66% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Housing Expenses

Please check the box for all the housing expenses that each person is responsible for paying. Please select taxes or insurance only if they are not included in your rent or mortgage payments.

John 's Housing Expenses



John (33 yrs)

- Rent
- Homeowner's Ins
- Property tax

- Condo/Rent main
- Mortgage

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 8001506395



66% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Housing Expenses

Please check the box for all the housing expenses that each person is responsible for paying. Please select taxes or insurance only if they are not included in your rent or mortgage payments.

John 's Housing Expenses



John (33 yrs)

- Rent
- Homeowner's Ins
- Property tax

- Condo/Rent main
- Mortgage

When complete, click NEXT.

Previous

Save & Exit

Next

Housing Expenses Other Expenses

More about John 's Mortgage

You have told us that John makes Mortgage payments. Please answer the questions below to tell us more about this payment.

More about John 's Mortgage

*How much is John supposed to pay monthly for Mortgage?

If someone else pays part or all of the expense, enter the name of the person or organization that pays.

How much do they pay?

If section 8 or HUD pays all or part of the utility/housing, choose which one.

Section 8

or

HUD

Section 8 or HUD, enter comments about your housing expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.

Hello, JAMIE. Your ACCESS Online number is: 800150685

67% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

More about John 's Mortgage

You have told us that John makes Mortgage payments. Please answer the questions below to tell us more about this payment.

More about John 's Mortgage

¹How much is John supposed to pay monthly for Mortgage?

\$500.00

If someone else pays part or all of the expense, enter the name of the person or organization that pays.

How much do they pay?

If section 8 or HUD pays all or part of the utility/housing, choose which one.
Section 8 or HUD

Section 8 or HUD, enter comments about your housing expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685

68% Complete

Housing Expenses

Other Expenses

Utility Payments

Please check the box for all of the utility expenses that each person is responsible for paying.

More About John 's Utility



John (33 yrs)

- Coal/Wood
- Other/LIHEAP

- Electricity
- Telephone

- Fuel/Oil
- Trash Removal

- Gas
- Water/Sewer

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 900150685



68% Complete

Housing Expenses

Other Expenses

Utility Payments

Please check the box for all of the utility expenses that each person is responsible for paying.

More About John 's Utility



John (33 yrs)

- Coal/Wood
- Other/LIHEAP

- Electricity
- Telephone

- Fuel/Oil
- Trash Removal

- Gas
- Water/Sewer

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 000150685



69% Complete

Housing Expenses

Other Expenses

More About John 's Utility

You have told us that John makes Electricity payments. Please answer the questions below to tell us more about this payment.

John 's Utility Payments

*How much is John supposed to pay monthly for Electricity?

If someone else pays part or all of the expense, enter the name of the person or organization that pays

How much do they pay?

If Section 8 or HUD pays all or part of the utility expense choose which one.

Section 8

or

HUD

Section 8 or HUD, enter comments about your utility expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150685

69% Complete

Housing Expenses

Other Expenses

More About John 's Utility

You have told us that John makes Electricity payments. Please answer the questions below to tell us more about this payment.

John 's Utility Payments

¹How much is John supposed to pay monthly for Electricity?

\$100.00

If someone else pays part or all of the expense, enter the name of the person or organization that pays

How much do they pay?

If Section 8 or HUD pays all or part of the utility expense choose which one.

Section 8

or

HUD

Section 8 or HUD, enter comments about your utility expenses.

You have 500 characters remaining for your description.

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150685

70% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Jane's Room and Board Expenses Details

You have told us that Jane has a room and board expense. By room and board, we mean that you are paying money to rent a room and meals are included.

More About Jane's Room and Board Expenses

*How much does Jane pay per month for his/her room and board?

*How many meals does Jane pay for per day?

*Is the room charge included?

 Yes No

*Who does the room and board payment cover?

 Josh Doe Jane Doe John Doe

When complete, click NEXT.

< Previous

Save & Exit

Next >

Hello, JANE. Your ACCESS Online number is: 0001506895



70% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Jane's Room and Board Expenses Details

You have told us that Jane has a room and board expense. By room and board, we mean that you are paying money to rent a room and meals are included.

More About Jane's Room and Board Expenses

*How much does Jane pay per month for his/her room and board?

\$100.00

*How many meals does Jane pay for per day?

No Meals / Day

*Is the room charge included?

Yes No

*Who does the room and board payment cover?

Josh Doe

Jane Doe

John Doe

When complete, click NEXT.

< Previous

Save & Exit

Next >



Expenses Summary



Here is a summary of what you've told us. If a section below has a check mark, you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on the "Change" icon under "Options".
 - If you need to add information for an individual, choose the person's name from the dropdown box and then click the "Add" button.
 - If you would like to remove something, click the "Delete" icon under "Options".
- Once you have reviewed this summary and all the information is correct, click the "Next" button at the bottom of the page.

Review your Answer: Housing Expenses



Who Pays	What Expenses	How Much	Section Complete?	Options
John (33 yrs)	Mortgage	500.00	✔	 or 

To add a housing expense, please choose the name of the person who pays it and the type of expense. Then click the "Add" button.

Name: Type:

<Click here to choose>

Review your Answer: Utility Expenses



Who Pays	What Expenses	How Much	Section Complete?	Options
John (33 yrs)	Electricity	100.00	✔	 or 

To add a utility expense, please choose the name of the person who pays it and the type of expense. Then click the "Add" button.

Name: Type:

<Click here to choose>

Review your Answer: Room and Board Expenses

Who Pays	What Expenses	How Much	Section Complete?	Options
Jane (31 yrs)	Room & Board Expense	100.00	✔	 or 

To add a room and board expense, please choose the name of the person who pays it, then click the "Add" button.

Name: Type:

<Click here to choose>

Review your Answer: Homeless Shelter Expenses

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One".

No One

Josh (3 yrs) Jane (31 yrs) John (33 yrs)

Review your Answer: Heating or Cooling Costs

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One".

No One

Josh (3 yrs) Jane (31 yrs) John (33 yrs)

Review your Answer: Low Income Housing Energy Assistance

Did anyone that you are applying for receive Low Income Housing Energy Assistance (LIHEAP) in the past 12 months?

Yes No

When complete, click NEXT.

Previous

Save & Exit

Next



Your Other Expenses

Please tell us about some of your other expenses.

Support Payments

Please check the box for anyone who pays support payments. Otherwise, check "No One". Support payments are child support or care expenses paid by someone in the household for someone who lives outside of the household.

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Child or Adult Care Expenses

Please check the box for anyone who pays child or adult care expenses. Otherwise, check "No One". Child and adult care expenses are paid for the care of someone in the household so another person in the household can go to work, look for work, or attend training for work.

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Medical Expenses

Please check the box for anyone who has medical expenses. Otherwise, check "No One". Medical expenses include money paid or owed for prescriptions, glasses, transportation, doctor visits, dental, health aides, hospitalization nursing home care and insurance or Medicare premiums which are not covered or paid by insurance or another third-party.

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Past Medical Expenses

Please check the box for anyone who has medical expenses from the last three months. Otherwise, check "No One".

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Medicare Expenses

Please check the box for anyone who is covered by Medicare. Otherwise, check "No One". Medicare is an insurance program through the Social Security Administration. Most people who have Medicare have a "Red, White and Blue" card and pay a premium. Medicare is not the same as Medicaid.

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Blind Work Related Expenses

Please check the box for anyone who is blind and employed with work related expenses. Otherwise, check "No One".

No One

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Health Insurance Expenses

Does anyone have or pay for health insurance? Health insurance pays for doctor, hospital, or any other type of medical service. Some examples of health insurance include Blue Cross Blue Shield, Humana, and TRICARE.

Yes No

Has anyone in your home been offered health insurance through their current employer but declined coverage?

Yes No

Voluntarily Cancel Health Insurance

Did anyone in this household voluntarily cancel health insurance in the past two months?

If yes, enter the cancel date(M/YYYY)

Yes No

When complete, click NEXT.

Previous

Save & Exit

Next

Housing Expenses Other Expenses

John's Support Payment

You have told us that John pays child support or daycare expenses. These are expenses paid by someone in the household for someone who lives outside of the household. Please enter the information below. If John makes multiple payments, please enter one at a time.

John's Support Payment

* How much does John pay each month for child support or daycare expenses?

* What is the payment type?

* Is the payment court ordered?

Is the court ordered amount paid?

What is the amount of the court order?

* What is the relationship of the dependent to the individual making the payment?

Dependent's name and address:

* First name

Middle initial

* Last name

* Address line 1

* Address line 2

* City

* State

* Zip

Phone number

* Does John have another child support or care expense?

Yes No

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150085

73% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

John's Support Payment

You have told us that John pays child support or daycare expenses. These are expenses paid by someone in the household for someone who lives outside of the household. Please enter the information below. If John makes multiple payments, please enter one at a time.

John's Support Payment

* How much does John pay each month for child support or daycare expenses?

\$100.00

* What is the payment type?

Dependent Care

* Is the payment court ordered?

No

is the court ordered amount paid?

No

What is the amount of the court order?

* What is the relationship of the dependent to the individual making the payment?

Son

Dependent's name and address:

* First name

Josh

Middle initial

* Last name

Doe

* Address line 1

1317 Winewood Blvd

Address line 2

* City

Tallahassee

* State

Florida

* Zip

32309

Phone number

* Does John have another child support or care expense?

Yes No

When complete, click NEXT.

Previous

Save & Exit

Next

More about Jane's Child or Adult Care expense

You have told us that Jane is paying for child or adult care expenses for a person living in your home. Please answer the questions below to tell us more about this expense.

Child or Adult Care Details

* Please choose a person to whom Jane pays for care.



Josh (3 yrs)



Jane (31 yrs)



John (33 yrs)

* Please tell us how much Jane pays monthly. Do not include the amount paid by others (ex. Friend or relative etc.).

Child or Adult Care Details

* Please choose a person to whom Jane pays for care.



Josh (3 yrs)



Jane (31 yrs)



John (33 yrs)

* Provide the name of person caring for the child or adult.

* First name

Middle initial

* Last name

Please provide caregivers address and phone number.

* Address line 1

Address line 2

* City

* State

<Click here to choose>

* Zip

Phone number

* Does Jane pay care expenses for another child or adult? Yes No

When complete, click NEXT.

More about Jane's Child or Adult Care expense

You have told us that Jane is paying for child or adult care expenses for a person living in your home. Please answer the questions below to tell us more about this expense.

Child or Adult Care Details

* Please choose a person for whom Jane pays for care.



Josh (3 yrs)



Jane (31 yrs)



John (33 yrs)

* Please tell us how much Jane pays monthly. Do not include the amount paid by others(ex. Friend or relative etc.).

\$100.00

Child or Adult Care Details

* Please choose a person to whom Jane pays for care.

Other



Josh (3 yrs)



Jane (31 yrs)



John (33 yrs)

* Provide the name of person caring for the child or adult.

* First name

Janet

* Middle initial

* Last name

Doe

Please provide caregivers address and phone number.

* Address line 1 1315 Winewood Blvd

Address line 2

* City

Tallahassee

* State

Florida

* Zip

32399

Phone number

* Does Jane pay care expenses for another child or adult?

Yes

No

When complete, click NEXT.

Previous

Save & Exit

Next

Hello, JANE. Your ACCESS Online number is: 800150685



75% Complete

Get Started

Assets

Income

Expenses

Finish&Submit

Housing Expenses

Other Expenses

Medical Expenses

Please check the medical bills that you have to pay.

John's Medical Expenses



John (33 yrs)

- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Attendant |
| <input type="checkbox"/> Cost of care in a Nursing Home or other Long Term Care Facility | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Drug supplies |
| <input type="checkbox"/> Eye Glasses | <input type="checkbox"/> Global Prenatal Bill |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Other, not covered by insurance or other third party payment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Personal Care in Home |
| <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Telephone Fees | <input type="checkbox"/> Transportation (Public) |
| <input type="checkbox"/> Unpaid High Hospital Bill | <input type="checkbox"/> Veterinarian Bills/Dog Food (service animal) |

When complete, click NEXT.



Hello, JAIME. Your ACCESS Online number is: 8001506885

75% Complete

Housing Expenses

Other Expenses

Medical Expenses

Please check the medical bills that you have to pay.

John's Medical Expenses



John (33 yrs)

- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Attendant |
| <input type="checkbox"/> Cost of care in a Nursing Home or other Long Term Care Facility | <input checked="" type="checkbox"/> Dental care |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Drug supplies |
| <input type="checkbox"/> Eye Glasses | <input type="checkbox"/> Global Prenatal Bill |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Other, not covered by insurance or other third party payment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Personal Care in Home |
| <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Telephone Fees | <input type="checkbox"/> Transportation (Public) |
| <input type="checkbox"/> Unpaid High Hospital Bill | <input type="checkbox"/> Veterinarian Bills/Dog Food (service animal) |

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150685



76% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

More About John's Dental care Medical expense

You've told us that John has ongoing medical expenses. Please provide the following information.

John's Medical Expense Details

* What is the total amount billed?

* What is the monthly payment?

* What is the name of the service provider?

* Does John have another Dental care medical expense?

Yes No

When complete, click NEXT.



Hello, JANE. Your ACCESS Online number is: 800150685



76% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

More About John's Dental care Medical expense

You've told us that John has ongoing medical expenses. Please provide the following information.

John's Medical Expense Details

* What is the total amount billed?

\$100.00

* What is the monthly payment?

\$25.00

* What is the name of the service provider?

DCF Dental

* Does John have another Dental care medical expense?

Yes No

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

Hello, JANE. Your ACCESS Online number is: 8001506695

77% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Past Medical Expense Details

More About Jane's Medical expenses

You have told us that Jane has unpaid medical expenses from the past 3 months. Please provide the following information. You may need to provide proof of income, assets and expenses for these months.

Jane's Past Medical Expenses Detail

* Choose which of the past 3 months Jane has unpaid medical expenses.

February

March

April

When complete, click NEXT.

Previous

Save & Exit

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Hello, JANE. Your ACCESS Online number is: 800150685



77% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

Past Medical Expense Details

More About Jane's Medical expenses

You have told us that Jane has unpaid medical expenses from the past 3 months. Please provide the following information. You may need to provide proof of income, assets and expenses for these months.

Jane's Past Medical Expenses Detail

* Choose which of the past 3 months Jane has unpaid medical expenses.

February

March

April

When complete, click NEXT.

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Save & Exit

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Housing Expenses

Other Expenses

More About John's Medicare Expense

Please tell us more about John's Medicare. If you get one type of Medicare, leave the other questions blank. If you are entitled to Medicare, but are not actually getting it, please enter 0 for your premium amount.

Medicare Number

* Enter John's Medicare number. The number is on the "Red, White and Blue card".

 I don't know

John's Medicare Part A

* Is John entitled to or receiving Medicare Part A?

 Yes No

When did John's Medicare Part A begin? Note: If you do not know the exact date, give us your best guess.

 Ex: mm/dd/yyyy

How much is John's Medicare Part A premium?

Who pays Medicare Part A premium?

 <Click here to choose>

John's Medicare Part B

* Is John entitled to or receiving Medicare Part B?

 Yes No

When did John's Medicare Part B begin? Note: If you do not know the exact date, give us your best guess.

 Ex: mm/dd/yyyy

How much is John's Medicare Part B premium?

Who pays Medicare Part B premium?

 <Click here to choose>

When complete, click NEXT.

More About John's Medicare Expense

Please tell us more about John's Medicare. If you get one type of Medicare, leave the other questions blank. If you are entitled to Medicare, but are not actually getting it, please enter 0 for your premium amount.

Medicare Number

* Enter John's Medicare number. The number is on the "Red, White and Blue card".

I don't know

John's Medicare Part A

* Is John entitled to or receiving Medicare Part A?

Yes No

When did John's Medicare Part A begin? Note: if you do not know the exact date, give us your best guess.

Ex: mm/dd/yyyy

How much is John's Medicare Part A premium?

Who pays Medicare Part A premium?

John's Medicare Part B

* Is John entitled to or receiving Medicare Part B?

Yes No

When did John's Medicare Part B begin? Note: if you do not know the exact date, give us your best guess.

Ex: mm/dd/yyyy

How much is John's Medicare Part B premium?

Who pays Medicare Part B premium?

When complete, click NEXT.

< Previous

Save & Exit

Next >

Hello, JANE. Your ACCESS Online number is: 800150685

79% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

More About John's Blind Work Related Expense

You have told us that John has a blind work related expense. Please complete the information below.

John's Blind Work Related Expense Details

* What is the expense type?

<Click here to choose>

* How much is John's monthly blind work related expense?

* Does John have another blind work related expense?

Yes No

When complete, click NEXT.

<< Previous

Save & Exit

Next >>

Hello, JANE. Your ACCESS Online number is: 800150685



79% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Housing Expenses

Other Expenses

More About John's Blind Work Related Expense

You have told us that John has a blind work related expense. Please complete the information below.

John's Blind Work Related Expense Details

* What is the expense type?

Child Care Cost



* How much is John's monthly blind work related expense?

\$100.00

* Does John have another blind work related expense?

Yes No

When complete, click NEXT.

< Previous

Save & Exit

Next >

Health Insurance Expense

You've told us that someone in your home has health insurance expense. Please complete the information below.

Health Insurance Details

* Health insurance type:

* Health insurance coverage type:

* If pays a premium, how much is it?

Group name:

Group number:

* Policy number:

* Health coverage start date:


* Please check the box for anyone who is covered through this policy.


 John (33 yrs)


 Jane (31 yrs)

 Josh (3 yrs)

* Please choose who pays for this policy.

 John (33 yrs)

 Jane (31 yrs)

 Josh (3 yrs)

Other

Is this insurance provided through a job?

Yes No

Health Insurance Company

Please tell us more about health insurance company

* Name:

Address line 1:

Address line 2:

City:

State:

Zip Code:

* Does anyone in your home own another health insurance policy? Yes No

When complete, click NEXT.

Housing Expenses Other Expenses

Health Insurance Expense

You've told us that someone in your home has health insurance expense. Please complete the information below.

Health Insurance Details

* Health insurance type:

* Health insurance coverage type:

* If you pay a premium, how much is it?

Group name:

Group number:

* Policy number:

* Please check the box for anyone who is covered through this policy.

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

* Please choose who pays for this policy.

John (33 yrs) Jane (31 yrs) Josh (3 yrs)

Other

Is this insurance provided through a job? Yes No

Health Insurance Company

Please tell us more about health insurance company

* Name:

Address line 1:

Address line 2:

City:

State:

Zip Code:

* Does anyone in your home own another health insurance policy? Yes No

When complete, click NEXT.

Other Expenses Summary



Here is a summary of what you've told us. If a section below has a check mark you have given us all of the information we have asked for. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on the "Change" icon under "Options".
- If you need to add information for an individual, choose the person's name and the type of expenses from the dropdown box and then click the "Add" button.
- If you would like to remove something, click the "Remove" icon under "Options".

Once you've reviewed the summary and all the information is correct click the "Next" button at the bottom of the page.

Review Your Answers: Support Payments

Who pays	Monthly Amount	Section Complete?	Options
John	100.00	✓	 or 

John (33 yrs)

Add another Support Payment



To add another support payment, please choose the person's name and click the "Add" button.

Name:

<Click here to choose>

ADD +

Review Your Answers: Dependent Care

Who pays	Person Receiving Care	Amount	Section Complete?	Options
Jane	Josh Doe	100.00	✓	 or 

Jane (31 yrs)

Add another Dependent Care Payment



To add another dependent care payment, please choose the person's name who pays it, and click the "Add" button.

Name:

<Click here to choose>

ADD +

Review Your Answers: Medical Expenses

Who	Expense Type	Amount	Section Complete?	Options
John	Dental care	100.00	✓	 or 

John (33 yrs)

Add a Medical Expense

To add another medical expense, please choose the person's name and type, then click the "Add" button.

Name:

<Click here to choose>

ADD +

Review Your Answers: Past Medical Expenses

Who	Months	Section Complete?	Options
Jane	April	✓	 or 

Jane (31 yrs)

Add a Past Medical Expense

To add another past medical expense, please choose the person's name and click the "Add" button.

Name:

<Click here to choose>

ADD +

Review Your Answers: Medicare Premium Summary

Who	Type	Premium Amount	Section Complete?	Options
John	Part A Part B	100.00 100.00	✓	 or 

John (33 yrs)

Add Medicare Premium

To add another medicare premium, please choose the person's name and click the "Add" button.


Name:

<Click here to choose>

ADD +

Review Your Answers: Blind Work Related Expense

Review Your Answers: Medicare Premium Summary

Who	Type	Premium Amount	Section Complete?	Options
John	Part A Part B	100.00 100.00	✓	


John (63 yrs)

Add Medicare Premium

To add another medicare premium, please choose the person's name and click the "Add" button.

Name:

Review Your Answers: Blind Work Related Expense

Who	Monthly Amount	Reason For Expense	Section Complete?	Options
John	100.00	Child Care Cost	✓	

John (63 yrs)

Add Blind Work Related Expense

To add another blind work related expense, please choose the person's name and click the "Add" button.

Name:

Review Your Answers: Health Insurance Expense

Insurance Type	Insurance Coverage	Members Covered	Premium	Section Complete?	Options
Group	Basic Hospital	John Doe, Jane Doe, Josh Doe	100.00	✓	

Add Health Insurance Expense

To add another health insurance expense, please click the "Add" button.

Voluntarily Cancel Health Insurance

Did anyone in the household voluntarily cancel health insurance in the past two months?

If yes, enter the cancel date (MM/YY):

Yes No

Review Your Answers: Declined Employer Provided Health Coverage

Review Your Answers: Declined Employer Provided Health Coverage

Employer	Individual	Individual Covered	Section Complete?	Options
				<input type="button" value="ADD"/>

Add Blind Work Related Expense

Add Declined Employer Provided Health Coverage

When complete, click NEXT.



Final Summary

Review Your Answers: People in Your Home Summary

Who	Gender	Date of Birth	Living Arrangement	Citizen	Florida Resident?	Section Complete?	Options
John (33 yrs)	Male	01/01/1985	Home/apartment/trailer	Yes	Yes	✓	or
Jane (31 yrs)	Female	01/01/1987	Home/apartment/trailer	Yes	Yes	✓	
Josh (3 yrs)	Male	11/01/2015	Home/apartment/trailer	Yes	Yes	✓	or

Yes No
 Yes No

Rights and Responsibilities reviewed?
 HIPAA statement reviewed?

Add a Person to the Household
 To add another person to the household, click the "Add" button.

ADD

Review Your Answers: Program selection

Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they are not correct, click on the edit icon to change your answers.

You have selected to apply for the following benefits:

- Food Assistance (SNAP)
- Medical Assistance for Children, their Parents or Caretakers, Pregnant Women, and individuals who aged out of Florida Foster Care who are under age 21.
- Cash Assistance
- Cash assistance for myself or myself and my family
- Cash assistance for a child the court placed with me
- Cash assistance for a child that is not mine but is related to me
- Cash assistance for refugees or some legal noncitizens who just came to the United States

Review Your Answers: Disability Details

Who	Disability Decided?	Denied by SSA?	Denial Date	Section Complete?	Options
Josh (3 yrs)	Yes	Yes	2/24/2018	✓	or
Jane (31 yrs)	Yes	Yes	2/24/2018	✓	or
John (33 yrs)	Yes	Yes	12/24/2017	✓	or

Review Your Answers: Alias Name or Social Security Number Details

Who	Alias Name	Alias SSN	Section Complete?	Options
Jane (31 yrs)	Jane Dow	123456789	✓	or

Add an Alias for a Person
 To add another alias for a person, click the "Add" button.

Name:

ADD

Review Your Answers: Pregnancy

Add Pregnancy for a Person
 To add a pregnancy for a person, click the "Add" button.

Name:

ADD

Review Your Answers: Relationship Summary

Review Your Answers: Relationship Summary

Target	Relationships	Buys and eats food with?	Section Complete?	Options
John (33 yrs)	Father	Yes	✓	
Jane (31 yrs)	Wife	Yes	✓	
Jane (31 yrs)	Mother	Yes	✓	

Review Your Answers: Tax Information

Who	Files Taxes?	Jointly?	Dependents	Section Complete?	Options
John	Yes	Yes		✓	
Jane	Yes	Yes	John Doe	✓	

Review Your Answers: Tax dependents Outside of the Household

Add Tax dependent Outside the Household
 To add another tax dependent outside of the household for a tax filer, click the "Add" button.

Name:

ADD

Review Your Answers: School Enrollment

School Name	School Type	Section Complete?	Options
DCF University	Graduate school	✓	

Review Your Answers: School Enrollment

School Name	School Type	Section Complete?	Options
DCF University	Graduate school	✓	

Jane (31 yrs)

Add a person who is enrolled in school
 To add another person who is enrolled in school, click the "Add" button.

Name:

ADD

Supplemental Security Income (SSI) Details

Name	SSI and SSA Benefits	SS Widow (widower) Benefits	SSI Benefits Prior to Age 60	Section Complete?	Options
John	Yes	Yes	Yes	✓	

John (33 yrs)

Add a person who has SSI benefits
 To add another person who has SSI benefits, click the "Add" button.

Name:

ADD

Review Your Answers: Migrant Details

Household Income Stopped?	New Source?	Amount	Section Complete?	Options
Yes	Yes	\$100.00	✓	

Review Your Answers: Discounted Phone Service Details

Review Your Answers: Migrant Details

Household Income Stopped?	New Source?	Amount	Section Complete?	Options
Yes	Yes	\$100.00	<input checked="" type="checkbox"/>	

Review Your Answers: Discounted Phone Service Details

Who	Who	Service Provider	Section Complete?	Options
Jane (31 yrs)	Jane	ACCESS Wireless (Cell phone)	<input checked="" type="checkbox"/>	

Review Your Answers: Renal Dialysis

Please review your answers for anyone who is in renal dialysis and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

Review Your Answers: Fleeing Felon/Probation/Parole violation

Please review your answers for anyone who is fleeing the law due to felony or probation or parole violation and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)

Review Your Answers: Drug Trafficking or Trading Food Assistance

Please review your answers for anyone who has been convicted of drug trafficking felony or trading food assistance and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)

Review Your Answers: Food/Cash/Medical Assistance Conviction

Please review your answers for anyone who has been convicted of receiving Food, Cash or Medical Assistance in more than one state at the same time and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)

Review Your Answers: Benefits Received

Please review your answers for anyone who has received Food, Cash or Medical Assistance from another state and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

Review Your Answers: Daily Living Assistance

Please review your answers for anyone that needs help with activities of daily living through personal assistance services, a nursing home or other medical facility and modify your selection as needed.

- No One
- John (33 yrs)
- Jane (31 yrs)
- Josh (3 yrs)

Review Your Answers: Children Related

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please review your answers for any children who are limited in any way in ability to do things most children of the same age can do and modify your selection as needed.

- No One
-

REVIEW YOUR ANSWERS: CHILDREN RESIDES

To help you get access to specialized care, please answer the next three questions for children 20 or younger. Answer "yes" if they have a chronic and serious medical, behavioral, or other medical condition that has lasted or is expected to last at least 12 months and they meet the conditions described in the question.

Please review your answers for any children who are limited in any way in ability to do things most children of the same age can do and modify your selection as needed.

No One



Josh (3 yrs)

Please review your answers for any children who need special therapy for emotional, developmental or behavioral problems and modify your selection as needed.

No One



Josh (3 yrs)

Please review your answers for any children who need or use medical, mental or educational services that are usual for children of the same age and modify your selection as needed.

No One



Josh (3 yrs)

REVIEW YOUR ANSWERS: MORE INFORMATION ABOUT CHILDREN IN YOUR HOME

Please review your answers for any children who are current with their immunization (shot) requirements and modify your selection as needed.

No One



Josh (3 yrs)

Please review your answers for anyone who a judge declared an adult and modify your selection as needed.

No One



Josh (3 yrs)

Please check the box for any child who is a foster child. Otherwise check "No One".

No One



Josh (3 yrs)

REVIEW YOUR ANSWERS: CASH

Who	Amount	Section Complete?	Options
-----	--------	-------------------	---------

Jane 100.00



Jane (31 yrs)

Add a Person Who Has Cash

To add a person in your household who has cash, please choose their name. Then click the "Add" button.

Name:

< Click here to choose >

ADD +

REVIEW YOUR ANSWERS: BANK ACCOUNTS

Who	Account Type	Amount	Bank/Company Name	Account Number	Section Complete?	Options
-----	--------------	--------	-------------------	----------------	-------------------	---------

John 100.00 DCF Federal



John (33 yrs)

Add a Person Who Has a Bank Account

To add a person in your household who has cash, please choose their name. Then click the "Add" button.

Name:

< Click here to choose >

ADD +

REVIEW YOUR ANSWERS: OTHER LIQUID ASSETS

Who	Account Type	Amount	Bank/Company Name	Account Number	Section Complete?	Options
-----	--------------	--------	-------------------	----------------	-------------------	---------

Review Your Answers: Sold, Traded, Transferred or Given Away Assets

Owner	Value	Amount Received	Reason for transfer	Section Complete?	Options
John	Vehicles	5000.00	No longer needed it	✓	or
John	Vehicles	5000.00	No longer needed it	✓	or

John (63 yrs)

Add Another Transaction

If someone else sold, traded, transferred or gave away another asset, please select the person. Then click the "Add" button.

Name:

Type:

Review Your Answers: Cash Settlements

Owner	Asset Type	Amount	Section Complete?	Options
Jane	Inheritance	10000.00	✓	or

Jane (31 yrs)

Add a Cash Settlement

If someone else in your home has cash settlements, please choose the name of the owner and type of cash settlement. Then click the "Add" button.

Name:

Type:

Review Your Answers: Release of Financial Information

Owner	Policy Type	Policy Number	Section Complete?	Options
John	Group	12345678	✓	or

John (33 yrs)

Add Real Estate

If someone in your home owns real estate, please choose the name of the owner and type of real estate. Then click the "Add" button.

Name:

Type:

Review Your Answers: Life Insurance

Owner	Policy Type	Policy Number	Section Complete?	Options
John	Group	12345678	✓	or

John (63 yrs)

Add Life Insurance

If someone else in your home owns a life insurance policy, please choose the name of the owner and the type of policy. Then click the "Add" button.

Name:

Type:

Review Your Answers: Vehicles

Owner	Year	Make	Model	Section Complete?	Options
Jane	2015	Toyota	Camry	✓	or

Jane (31 yrs)

Add Vehicles

If someone in your home has a vehicle, please choose the name of the owner and type of vehicle. Then click the "Add" button.

Name:

Type:

Review Your Answers: Real Estate

Owner	Type	Amount	Section Complete?	Options
John	Holding Mortgage	100000.00	✓	or

John (33 yrs)

Add Real Estate

If someone in your home owns real estate, please choose the name of the owner and type of real estate. Then click the "Add" button.

Name:

Type:

Review Your Answers: Business Assets

Owner	Type	Amount	Section Complete?	Options
Jane Jane (31 yrs)	Restaurant or Food Service	3000.00	✓	or

Add Business Assets
 If someone else in your home owns a business asset, please choose the name of the owner and the type of business asset. Then click the "Add" button.

Name: Type:

Review Your Answers: Current/ New Job Summary

Who	Employer	Pay Type	How Much?	Hours Worked?	Section Complete?	Options
Jane Jane (33 yrs)	John Doe BSO	Every Other Week	\$5,000.00	100	✓	or

Add a Current/New Job
 To add a current/new job for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

Review Your Answers: Past Employment Summary

Who	Employer	Pay Type	How Much?	Hours Worked?	Section Complete?	Options
Jane Jane (31 yrs)	DCF Daycare	Every Other Week	\$1,000.00	8	✓	or

Add a Past Job
 To add past job details for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

Review Your Answers: Self-Employment Summary

Who	What Type	How Much?	Expenses	Section Complete?	Options
John John (33 yrs)	Food Service	\$1,000.00	\$0.00	✓	or

Add Self-Employment
 To add a type of self-employment for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

Review Your Answers: Room and Board Summary

Who	Payor	Income from Room and Meals	Income from Room and Meals	Section Complete?	Options
Jane Jane (31 yrs)	John	\$100.00	N/A	✓	or

Add a Room and Board Income
 To add room and board income for someone in your home, please choose the person's name from the dropdown box and click the "Add" button.

Name:

Review Your Answer: Refused Jobs

Please review your answers for anyone who has refused a job in the last 60 days and modify your selection as needed.

No One

Jane (31 yrs) John (33 yrs) Josh (3 yrs)

If anyone refused a job in the past 60 days, enter the reason. (Maximum 500 characters)
 No one to watch child while working

You have **500** characters remaining for your decision

Review Your Answers: On Strike

Click on the link under each section for answers that are not within your available character count.

Review Your Answers: On Strike

Please review your answers for anyone who is on strike and modify your selection as needed.

No One

Jane(31 yrs) Jane(33 yrs) John(3 yrs) John(3 yrs)

If anyone is on strike, enter the date the strike began (mm/dd/yyyy)

Review Your Answers: Other Income

Who	Type of Income	Frequency	How Much?	Income begin date	Section Complete	Options
Josh	Social Security	Monthly	\$100.00	1/1/2016	✓	or
Josh	Supplemental Security Income	Monthly	\$100.00	1/1/2017	✓	or
Josh	Supplemental Security Income	Monthly	\$100.00	1/1/2017	✓	or
John	Alimony	Every Other Week	\$100.00	1/1/2009	✓	or
Jane	Unemployment Compensation	Every Other Week	\$100.00	5/1/2018	✓	or
Jane	Child Support	Every Other Week	\$100.00	2/1/2015	✓	or

Add other income

To add a type of income for someone in your home, please choose their name, type of income and click the "Add" button.

Name:

< Click here to choose >

< Click here to choose >

< Click here to choose >

ADD +

Review Your Answers: Non Approved Benefits

Who	Type of Income	Date Applied	Section Complete	Options
John	Social Security	5/1/2018	✓	or

Add Non Approved Benefits

To add a non-approved benefit for someone in your home, please choose their name and click the "Add" button.

Name:

ADD +

Review Your Answers: Educational Aid

Who	Type	Expense	Income	Options
Jane	Loan	N/A	\$1,000.00	or
Jane(31 yrs)	Social Supplies	\$100.00	N/A	or

Add a person who has Educational Aid

To add an educational aid for someone in your home, please choose their name and click the "Add" button.

Name:

< Click here to choose >

ADD +

Review Your Answers: Deductions

Who	Type of Income	How Much?	Options
John	Other	\$100.00	or
John(33 yrs)	Student loan interest deduction	\$100.00	or
John(33 yrs)	Alimony paid	\$100.00	or

Add a person who has Deductions

To add another person who has income deductions, please choose their name and click the "Add" button.

Name:

< Click here to choose >

ADD +

Review your Answer: Housing Expenses

Who Pays	What Expenses	How Much	Section Complete?	Options
John	Mortgage	500.00	✓	or

Add a Housing Expenses

To add a housing expense, please choose the name of the person who pays it and the type of expense, then click the "Add" button.

Name:

< Click here to choose >

Type:

< Click here to choose >

ADD +

Review your Answer: Utility Expenses

Who Pays	What Expenses	How Much	Section Complete?	Options
John (33 yrs)	Electricity	100.00	✓	or

To add a utility expense, please choose the name of the person who pays it and the type of expense, then click the "Add" button.
 Name: Type:

No Yes

Add a Utility Expense

Review your Answer: Room and Board Expenses

Who Pays	What Expenses	How Much	Section Complete?	Options
Jane (31 yrs)	Room & Board Expense	100.00	✓	or

To add a room and board expense, please choose the name of the person who pays it, then click the "Add" button.
 Name:

No Yes

Add a Room and Board Expense

Review your Answer: Homeless Shelter Expenses

Please check the box for anyone who is homeless and billed for or pays a housing expense such as shelter, mission or hotel cost. Otherwise, check "No One".

No One One

<input checked="" type="checkbox"/>	John (33 yrs)
<input checked="" type="checkbox"/>	Jane (31 yrs)
<input type="checkbox"/>	Josh (33 yrs)

Review your Answer: Heating or Cooling Costs

Please check the box for anyone who pays or is billed for heating or cooling costs. Otherwise, check "No One".

No One One

<input checked="" type="checkbox"/>	John (33 yrs)
<input checked="" type="checkbox"/>	Jane (31 yrs)
<input type="checkbox"/>	Josh (33 yrs)

Review your Answer: Low Income Housing Energy Assistance

Did anyone that you are applying for receive Low Income Housing Energy Assistance (LIHEAP) in the past 12 months?

Yes No

Review Your Answers: Support Payments

Who pays	Monthly Amount	Section Complete?	Options
John	100.00	✓	or

Add another Support Payment

To add another support payment, please choose the person's name and click the "Add" button.
 Name:

Review Your Answers: Dependent Care

Who pays	Person Receiving Care	Amount	Section Complete?	Options
Jane	Josh Doe	100.00	✓	or

Add another Dependent Care Payment

To add another dependent care payment, please choose the person's name who pays it, and click the "Add" button.
 Name:

Review Your Answers: Medical Expenses

Who	Expense Type	Amount	Section Complete?	Options
John	Dental care	100.00	✓	or

Add a Medical Expense

JOHN (33 yrs)

Add a Medical Expense

To add another medical expense, please choose the person's name and type, then click the "Add" button

Name: Type:

Review Your Answers: Past Medical Expenses

Who	Months	Section Complete?	Options
Jane	April	✓	

Jane (31 yrs)

Add a Past Medical Expense

To add another past medical expense, please choose the person's name and click the "Add" button

Name:

Review Your Answers: Medicare Premium Summary

Who	Type	Premium Amount	Section Complete?	Options
John	Part A Part B	100.00 100.00	✓	

John (33 yrs)

Add Medicare Premium

To add another medicare premium, please choose the person's name and click the "Add" button

Name:

Review Your Answers: Blind Work Related Expense

Who	Monthly Amount	Reason For Expense	Section Complete?	Options
John	100.00	Child Care Cost	✓	

John (33 yrs)

Add Blind Work Related Expense

Review Your Answers: Blind Work Related Expense

Who	Monthly Amount	Reason For Expense	Section Complete?	Options
John	100.00	Child Care Cost	✓	

John (33 yrs)

Add Blind Work Related Expense

To add another blind work related expense, please choose the person's name and click the "Add" button.

Name:

Review Your Answers: Health Insurance Expense

Insurance Type	Insurance Coverage	Members Covered	Premium	Section Complete?	Options
Group	Basic hospital	John Doe , Jane Doe , Josh Doe	100.00	✓	

Add Health Insurance Expense

To add another health insurance expense, please click the "Add" button.

Voluntarily Cancel Health Insurance

Did anyone in the household voluntarily cancel health insurance in the past two months?

Yes No

Review Your Answers: Declined Employer Provided Health Coverage

Employer	Individual	Individual Covered	Section Complete?	Options
Add Declined Employer Provided Health Coverage				<input type="button" value="Add"/>

When complete, click NEXT.

Hello, JANE. Your ACCESS Online number is: 800150685

97% Complete

Get Started

Assets

Income

Expenses

Finish & Submit

Finish

Submit



Before You Submit the Application

Before You Submit the Application

Below is a summary of your application. To view your answers for a section, click on the Go Back link for that section.

Section	Section Complete?	Go Back
People	Yes	Go Back to People
Assets	Yes	Go Back to Assets
Other Assets	Yes	Go Back to Other Assets
Job Income	Yes	Go Back to Income
Other Income	Yes	Go Back to Other Income
Expenses	Yes	Go Back to Expenses
Other Expenses	Yes	Go Back to Other Expenses

When complete, click NEXT.

Previous

Save & Exit

Next

Finish

Submit

Statement of Understanding

Read the following carefully. It explains what the Department of Children and Families (DCF) can do with the information you provide and what may happen if you give incorrect information. When you finish reading this section click on the "I Understand" button. If you have any questions, contact DCF for help.

The information given on this application and, at any interview, and information the Department of Children and Families gets from other agencies using computerized data matches, may be checked by DCF, and federal and state agencies including the office of Public Assistance Fraud (PAF).

I understand and agree to the following:

- DCF, PAF, and authorized federal and state agencies may check the information I give on this application and at any interview.
- My signature on this application authorizes DCF and PAF to contact my current and past employers to check the information I have provided.
- To get Medicaid, I give the state Medicaid office permission to look at and share all medical records necessary under its auditing and investigatory authority.
- If any information I give on this application or during any interview is not correct, my benefits may be reduced or denied.
- If it is found that I gave incorrect information on purpose, I may be subject to criminal prosecution and/or disqualified from getting Food Assistance (SNAP), Temporary Cash assistance, or Medicaid Programs.
- I was given a chance to read My [Rights and Responsibilities](#), explaining what I can expect from DCF and what DCF expects from me.
- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or non-citizen status of those applying for benefits.
- I was given information about DCF's operating procedure CFOP 60-17 Chapter 1, Attachment 2, [Management and Protection of Personal Health Information](#), explaining how DCF can use and protect my medical information.

Privacy Act Statement

Collecting the information on your application, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, will be verified through computer matches, and is voluntary. We will use the information to determine initial and ongoing eligibility for public assistance, to check on compliance with program rules, and will deny public assistance under Federal benefit programs for each person who fails to provide an SSN. We will use any SSNs you provide the same way we use SSNs of eligible household members. We may give this information to Federal and State agencies for official investigation and to law enforcement so they can find people running away from the law. If you get benefits for which you are not eligible, we may refer your information to Federal and State agencies or private collection agencies to collect the overpayment.

Florida Department of Children and Families Non-Discrimination Statement

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Building 1, Room 101, Tallahassee, Florida 32399-0700 or call 1-850-487-1901 or TDD 1-850-922-9220.

USDA-HHS Non-Discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442; or (3) email: program.intakes@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at:

http://www.ascr.usda.gov/snapcontact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442; or (3) email: program.intakes@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.ascr.usda.gov/snapcontact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

Privacy Act Statement

Collecting the information on your application, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, will be verified through computer matches, and is voluntary. We will use the information to determine initial and ongoing eligibility for public assistance, to check on compliance with program rules, and will deny public assistance under Federal benefit programs for each person who fails to provide an SSN. We will use any SSNs you provide the same way we use SSNs of eligible household members. We may give this information to Federal and State agencies for official investigation and to law enforcement so they can find people running away from the law. If you get benefits for which you are not eligible, we may refer your information to Federal and State agencies or private collection agencies to collect the overpayment.

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No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Building 1, Room 101, Tallahassee, Florida 32399-0700 or call 1-850-487-1901 or TDD 1-850-922-9220.

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You must check YES to continue

Yes, I have read and understand the "Statement of Understanding"

When complete, click NEXT.



Statement of Understanding

Read the following carefully. It explains what the Department of Children and Families (DCF) can do with the information you provide and what may happen if you give incorrect information. When you finish reading this section click on the "I Understand" button. If you have any questions, contact DCF for help.

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I understand and agree to the following:

- DCF, PAF, and authorized federal and state agencies may check the information I give on this application and at any interview.
- My signature on this application authorizes DCF and PAF to contact my current and past employers to check the information I have provided.
- To get Medicaid, I give the state Medicaid office permission to look at and share all medical records necessary under its auditing and investigatory authority.
- If any information I give on the application or during any interview is not correct, my benefits may be reduced or denied.
- If it is found that I gave incorrect information on purpose, I may be subject to criminal prosecution and/or disqualified from getting Food Assistance (SNAP), Temporary Cash assistance, or Medicaid Programs.
- I was given a chance to read My Rights and Responsibilities, explaining what I can expect from DCF and what DCF expects from me.
- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.
- I was given information about DCF's operating procedure CFOP 60-17 Chapter 1, Attachment 2, [Management and Protection of Personal Health Information](#), explaining how DCF can use and protect my medical information.

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No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Building 1, Room 101, Tallahassee, Florida 32399-0700 or call 1-850-487-1901 or TDD 1-850-522-9220.

USDA-HHS Non-Discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at:

http://www.ase.usda.gov/complaint_files_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 632-9952. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442, or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5669, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State), found online at:

http://www.fns.usda.gov/snapscontact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

You must check YES to continue

Yes, I have read and understood the "Statement of Understanding"

You must check YES to continue

Yes, I have read and understood the "Statement of Understanding"

When complete, click NEXT.

Previous

Save & Exit

Next

CF-ES-2003 10/2013 06-4-1203 F.A.C.

Customer Authentication Questions

Customer Authentication Questions

Please complete the questions below for Jane Doe to the best of your ability. We are asking these questions to protect your identity. Answering the questions will help the Department of Children and Families verify your identity for assistance and reduce identity theft. Completing these questions will assist the Department in processing your application more quickly.

Which property have you NEVER owned?

- 7711 EISENHOWER ST
- 597 FARM POND WAY
- 15 MOCKINGBIRD WAY NW
- All of the above

Which phone number do you use now or have you used in the past?

- 449-4249
- 439-9365
- 946-1097
- None of the above

In what COUNTY do you currently live?

- LEON
- JACKSON
- CHARLOTTE
- None of the above

Which of the following people have NEVER lived with you or used the same address as you?

- MICHAELA BREWER
- GARY WESTMORELAND
- WARNER JENKINS
- All of the above

If you choose not to answer the authentication questions, please check the box.

When complete, click NEXT.

Next >

Customer Authentication Questions

Customer Authentication Questions

Please complete the questions below for Jane Doe to the best of your ability. We are asking these questions to protect your identity. Answering the questions will help the Department of Children and Families verify your identity for assistance and reduce identity theft. Completing these questions will assist the Department in processing your application more quickly.

Which property have you NEVER owned?

- 7711 EISENHOWER ST
- 597 FARM POND WAY
- 15 MOCKINGBIRD WAY NW
- All of the above

Which phone number do you use now or have you used in the past?

- 449-0249
- 439-9365
- 946-1097
- None of the above

In what COUNTY do you currently live?

- LEON
- JACKSON
- CHARLOTTE
- None of the above

Which of the following people have NEVER lived with you or used the same address as you?

- MICHAELA BREWER
- GARY WESTMORELAND
- WARNER JENKINS
- All of the above

If you choose not to answer the authentication questions, please check the box.

When complete, click NEXT.

Next >

Hello, JANE. Your ACCESS Online number is: 800150685

99% Complete

Get Started

Assets

Income

Expenses

Finish&Submit

Finish

Submit

Additional Information

Additional Information

In the box below, you may provide us with any information related to the changes that you have reported. Space is limited, so please be brief.

You have **500** characters remaining for your description.

When complete, click NEXT.



Previous

Save & Exit



Next

Finish

Submit



Signing Your Application

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Check the signature box below to sign your application.
- Save & Edit if you are not ready to submit your application. However, your application will be deleted in 90 days if it is not updated.

Florida Voter Registration

Register to vote or update your voter registration?

- Yes, I would like to apply to register to vote. (We will send you an application.)
- No, I do not want to register to vote. (You will be considered to have decided not to register to vote or update your voter registration information.)

If "Yes", we will send you an application.

If "No", you will be considered to have decided not to register to vote or update your voter registration information.

For complaints not related to voter registration, see "USDA-HHS NON-DISCRIMINATION STATEMENT".

Signature Declaration

BY MY SIGNATURE, I DECLARE:

- Clicking on the "SIGN NOW" button means that you accept responsibility that all the information given on this application is correct. Clicking on the "SIGN NOW" button allows DCF to accept and finish working on your online application. If you do not click the "SIGN NOW" button the Department has not received a completed application.
- If you do not submit the online application within 60 days, you will have to start the process over. If you have any questions about the online application, you may call or visit a DCF office for additional information. If you chose not to sign and submit your application electronically, you may file a paper application.
- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.

Signature Declaration

BY MY SIGNATURE, I DECLARE:

- Clicking on the "SIGN NOW" button means that you accept responsibility that all the information given on this application is correct. Clicking on the "SIGN NOW" button allows DCF to accept and finish working on your online application. If you do not click the "SIGN NOW" button the Department has not received a completed application.
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- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

If I completed, or assisted in completing the application form and asked and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

SIGN NOW. By checking this box, I am electronically signing my application. After signing your application click on the NEXT button below.

When complete, click NEXT.

Previous

Save & Exit

Next

Florida Voter Registration

Register to vote or update your voter registration?

- Yes, I would like to apply to register to vote. (We will send you an application.)
 No, I do not want to register to vote. (You will be considered to have decided not to register to vote or update your voter registration information.)

If "Yes", we will send you an application.

If "No", you will be considered to have decided not to register to vote or update your voter registration information.

For complaints not related to voter registration, see ["USDA-HHS NON-DISCRIMINATION STATEMENT"](#).

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- If you do not submit the online application within 60 days, you will have to start the process over. If you have any questions about the online application, you may call or visit a DCF office for additional information. If you chose not to sign and submit your application electronically, you may file a paper application.
- I certify under penalty of perjury, the information on this application is true to the best of my knowledge, including the citizenship or noncitizen status of those applying for benefits.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

If I completed, or assisted in completing this application form and signed and submitted the application to obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

SIGN NOW: By checking this box, I am electronically signing my application. After signing your application click on the **NEXT** button below.

When complete, click NEXT.





Your electronic application for assistance (00150005), dated 05/29/2018 has been received.
[Click here for What's Next](#)

Keep Track of Your Application

You may check the status of your application online at anytime by logging into your MyACCESS account. If you haven't heard back about this application within two weeks, please contact the department before submitting another online application for the same benefits. If you give us your ACCESS number when you call, we can give you the information more quickly.

Would you be willing to complete a survey? Yes No

Email Confirmation

Would you like to get an email confirmation? Yes No

We will send an email confirmation to the email address you entered. By entering your email address you are saying it is okay for the department to send emails to you about your case.

Email Address: Resync email address:

Eligibility

We are unable to make a decision about John's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on John's Florida Medicaid application.

We are unable to make a decision about Jane's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Jane's Florida Medicaid application.

We are unable to make a decision about Josh's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Josh's Florida Medicaid application.

Expedited Food Assistance

We have determined that you are not eligible for an expedited interview. You do not appear to meet expedited food stamp criteria.

Print Your Application

If you would like to print or save a copy of your application for your files, please click the View/Print My application button below.

Eligibility

We are unable to make a decision about John's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on John's Florida Medicaid application.

We are unable to make a decision about Jane's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Jane's Florida Medicaid application.

We are unable to make a decision about Josh's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Josh's Florida Medicaid application.

Expedited Food Assistance

We have determined that you are not eligible for an expedited interview. You do not appear to meet expedited food stamp criteria.

Print Your Application

If you would like to print or save a copy of your application for your files, please click the View/Print My application button below. If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Advisory-Please read:

The account and application you just created are secure, but if you are using a computer in a library, community center or other public place, please take the additional steps: if you print anything, remember to get the printed copies of your application. If the printer jams or your application fails to print, contact someone at the location for help. And, after you have completed your application(s), shut down the internet program and if possible ask the staff to reset the computer.



You will need to have a program called Adobe Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking:



Keep Track of Your Application

You may check the status of your application online at anytime by logging into your MyACCESS account.

If you haven't heard back about this application within two weeks, please contact the department before submitting another online application for the same benefits. If you give us your ACCESS number when you call, we can give you the information more quickly.

Would you be willing to complete a survey?

Yes No

Email Confirmation

Would you like to get an email confirmation?

Yes No

We will send an email confirmation to the email address you entered.

By entering your email address you are saying it is okay for the department to send emails to you about your case.

Email Address

Retype email address

Eligibility

We are unable to make a decision about John's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on John's Florida Medicaid application.

We are unable to make a decision about Jane's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Jane's Florida Medicaid application.

We are unable to make a decision about Josh's Medicaid application. We are sending the application to an eligibility specialist for review. They will contact you if additional information is needed. Otherwise, you will receive an official notice from the Department of Children and Families-ACCESS Florida Program that will explain the final decision on Josh's Florida Medicaid application.

Expedited Food Assistance

We have determined that you are not eligible for an expedited interview. You do not appear to meet expedited food stamp criteria.

Print Your Application

If you would like to print or save a copy of your application for your files, please click the View/Print My application button below. If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Advisory: Please note:

The account and application you just created are secure, but if you are using a computer in a library, community center or other public place, please take the additional steps: If you print anything, remember to get the printed copies of your application. If the printer jams or your application fails to print, contact someone at the location for help. And, after you have completed your application(s), shut down the internet program and if possible ask the staff to restart the computer.



ACCESS Online Survey

Thank you for agreeing to complete our survey. This will only take you a few minutes.
Please tell us about your experience using the ACCESS ONLINE Web Application.

Please rate your experience with our screens:

- How long did it take to complete the application ?
- Did you need help using the Web application?
- If you needed help, was the help available?
- If you received help, where did you get the help?
- If you had problems completing the application, where was the problem?
- Where were you when you completed the application
- How much computer experience do you have?
- Would you use this web application again?
- Easy Fair Difficult
- 1-30 minutes 30-60 minutes more than 1 hour
- Yes No
- Yes No
- Help screens Staff or other person Both
- Adding Persons Completing Relationships Income questions
- Asset questions Expense questions Other
- In a DCF Office Other Location
- First time user Use occasionally Use frequently
- Yes No

Thank you for completing this survey.

Next >

ACCESS Online Survey

Thank you for agreeing to complete our survey. This will only take you a few minutes.
Please tell us about your experience using the ACCESS ONLINE Web Application.

- Please rate your experience with our screens:
- How long did it take to complete the application ?
- Did you need help using the Web application?
- If you needed help, was the help available?
- If you received help, where did you get the help?
- If you had problems completing the application, where was the problem?
- Where were you when you completed the application
- How much computer experience do you have?
- Would you use this web application again?
- Easy Fair Difficult
- 1-30 minutes 30-60 minutes more than 1 hour
- Yes No
- Yes No
- Help screens Staff or other person Both
- Adding Persons Completing Relationships Income questions
- Asset questions Expense questions Other
- In a DCF Office Other Location
- First time user Use occasionally Use frequently
- Yes No

Thank you for completing this survey.



Application Completed

Electronic Benefits Transfer (EBT) Card Issuance

- If you are applying for food assistance or cash benefits for the first time, once your case is approved, you will be mailed an EBT card with instructions on how to use your card.
- If you received benefits in the past 24 months and still have your EBT card, you can still use that card if your case number has stayed the same and the card has not expired. Please check the Good Thru date on your card. If you do not have your card or if your card has expired, you may need to request a new one by clicking on the "Replace My EBT Card" Section.
- If you are reapplying for benefits and it has been more than 24 months since you last received your food assistance or cash benefits, a new EBT card will automatically be mailed to you.
- Reporting and submitting a change is not considered a renewal of your current benefits.

Exit

Hello JANE05, You are logged in.

[Manage My Account](#)

[Logout](#)

[Print](#)

[Apply for Benefits](#)

My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

My Applications

To view a PDF copy of your submitted applications click the Details icon.

Submitted By	Application Number	Status	Date Received by Agency	Details	Appointments	Verifications	Notices
JANE DOE	800150685	Submitted	05/29/2018		click here	click here	click here

