|  |  |
| --- | --- |
| **APPLICATION DATE:** |  |
| **INITIAL/RRR DATE w/ NEW BENEFIT BEGIN DATE:** |  |
| **CASE NUMBER:**  |  |
| **CLIENT/HOH INFO:** |  |
| **PHONE NUMBER(S):** |  |
| **ADDRESS:** |  |
| **INTERVIEW DATE/TIME/TYPE:** |  |
| **PROGRAMS REQUESTED:**  |  |
| **COMPANION CASES:** |  |
| **PRIOR AID/TANF CLOCK COUNT (USED):** |  |
| **DRUG/FLEEING FELON ADDRESSED:** |  |
| **HH COMPOSITION:**  |  |
| **OTHER INDVIDUALS IN THE HOME:**  |  |
| **TAX FILER QUESTIONS:**  |  |
| **IDENTIFICATION/ CITIZENSHIP or NON-U.S. CITIZENSHIP w/ VERIFICATION SOURCE:**  |  |
| **SAVE:**  |  |
| **SPONSOR’S INFORMATION:**  |  |
| **AUTHORIZED REP:**  |  |
| **PREGNANT/DUE DATE:**  |  |
| **EARNED INCOME/ SELF-EMPLOYMENT** |   |
| **UNEARNED INCOME:**  |   |
| **RESOURCES** (Name, Type and Value)**:** |  |
| **RENT, MORTGAGE, HOA, HOMEOWNER’S INSURANCE:** |   |
| **TYPE OF UTILITIES PAID/Received LEAP:** |  |
| **DEDUCTIONS** (Medical/Day Care/Child Support)**:** |  |
| **STUDENT INFO:**  |  |
| **DISABILITY DETERMINATION** (referred)/MED 9/DATE IM-14 ENTERED/DATE IAR ENTERED/ARG: |  |
| **DSS1/ULTC 100.2:** |  |
| **OTHER HEALTH INSURANCE:**  |  |
| **DOLE/UIB:** |  |
| **WORK NUMBER:**  |  |
| **IEVS RUN DATE/DATE CLEARED:** |  |
| **INTERFACES REVIEWED:**(SVES; SDX/BENDEX; DRS; NDHR; PARIS; EDMS; HSC; EBT) |  |
| **CLAIMS GENERATED?:** |  |
| **EBT/EPPIC(CCAP ONLY) CARD:**  |  |
| **VERIFICATIONS REQUESTED & DUE DATE:** |  |
| **REFERRALS** (Date Given/Mailed) **EF102: WORKFORCE/ROADMAP/CCO2:** **OAP:** **WIC:****ARAPASOURCE:** |  |
| **HOW MEETING EXPENSES?** |  |
| **RIGHTS AND RESPONSIBILITIES DISCUSSED:** |  |
| **ADDITIONAL COMMENTS** (Wrap Up Information)**:** |  |
| **NEW RRR DUE DATES:**  |  |
| **TECH NAME/ DATE:** |  |