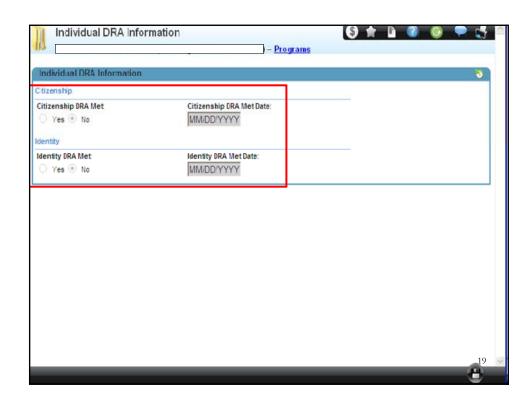
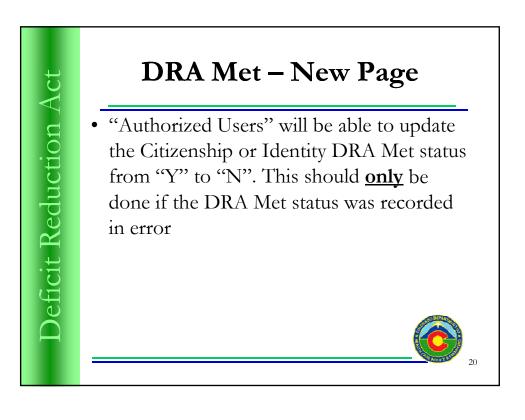
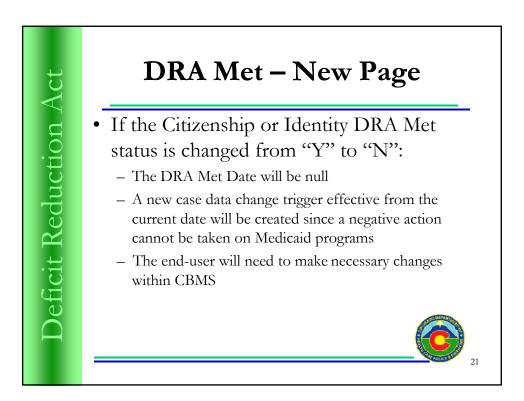
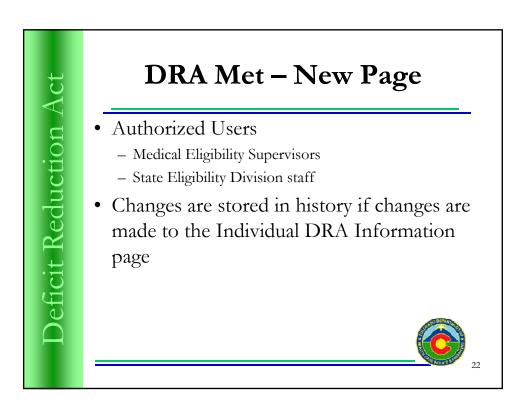


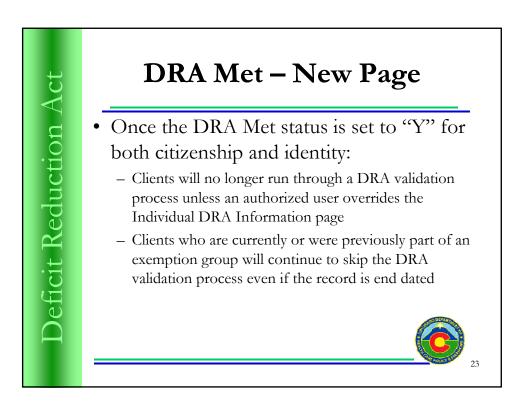
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Birth Information			
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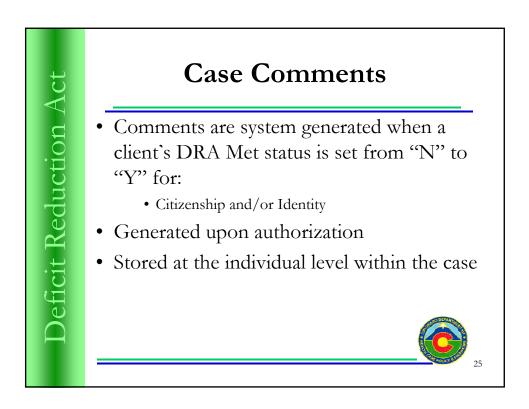


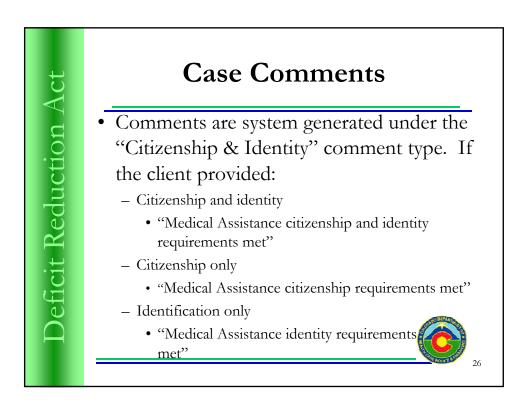








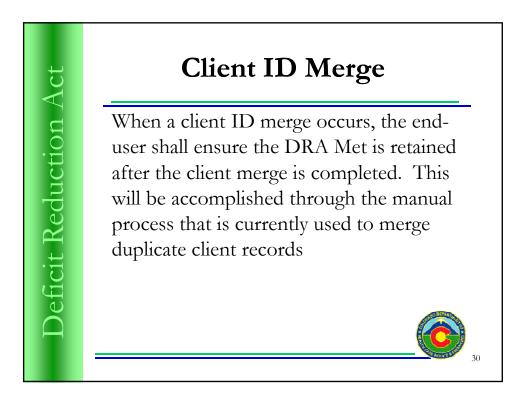




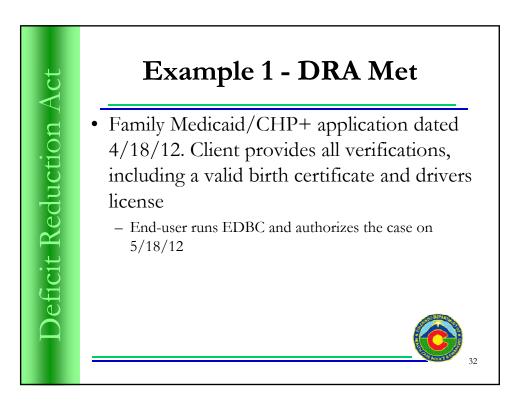
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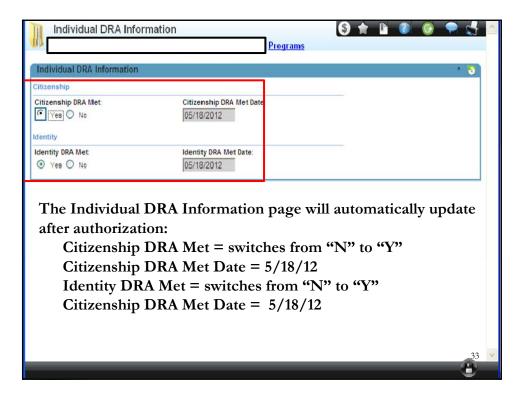
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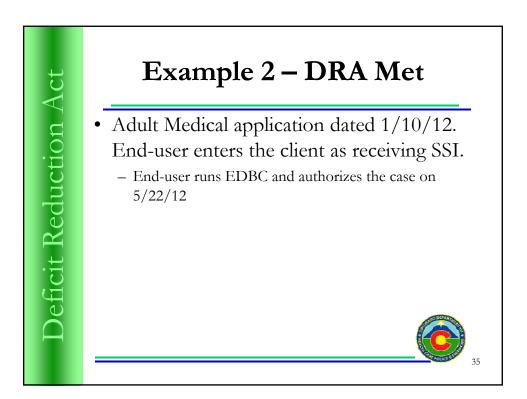






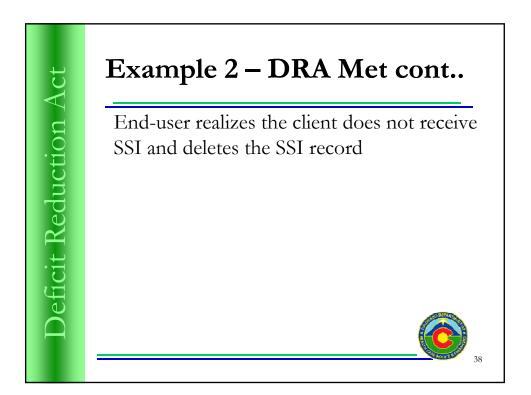


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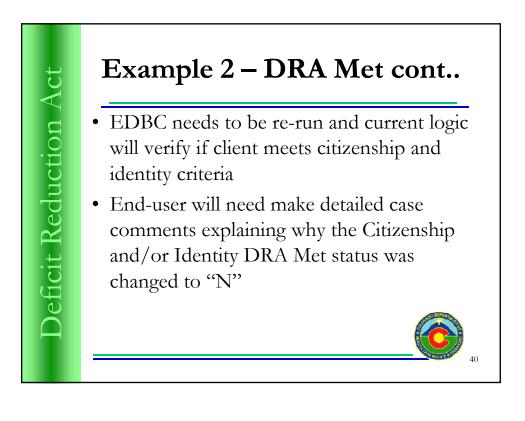


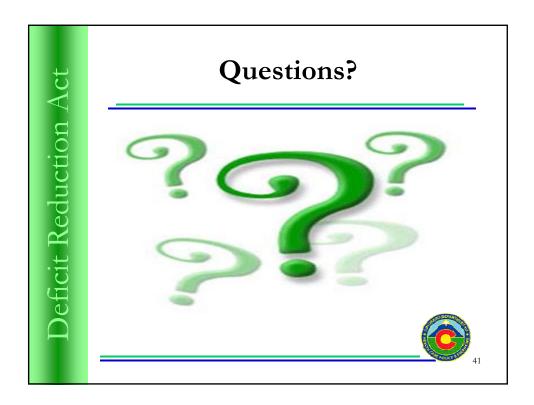
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Individual DRA Information		8
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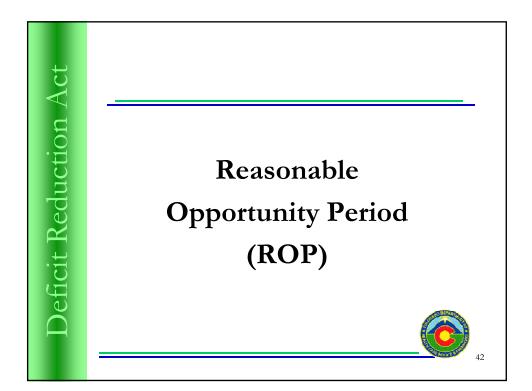
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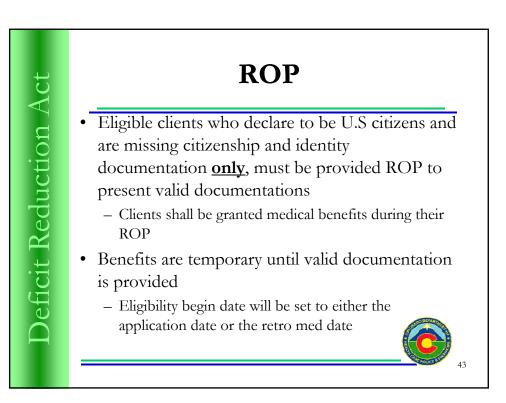


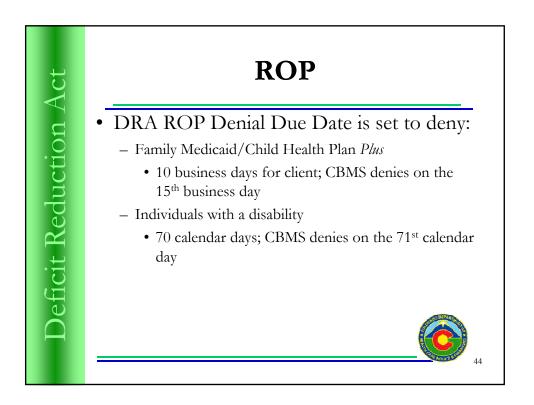
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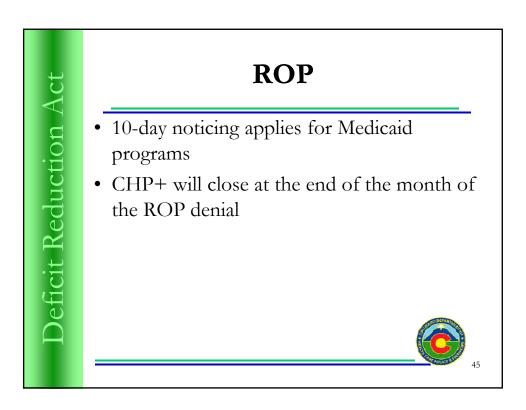


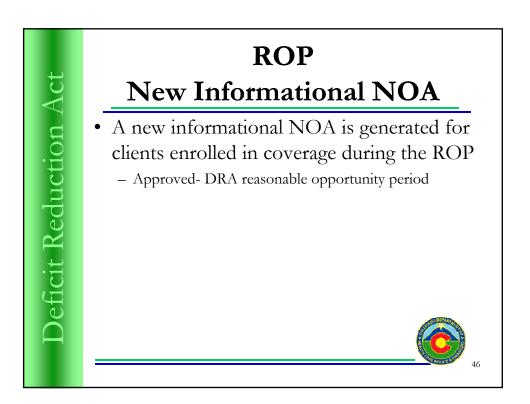




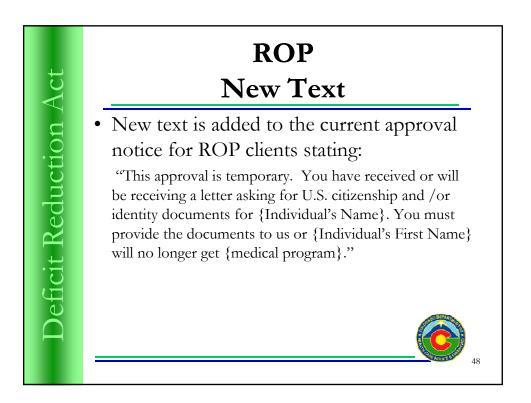






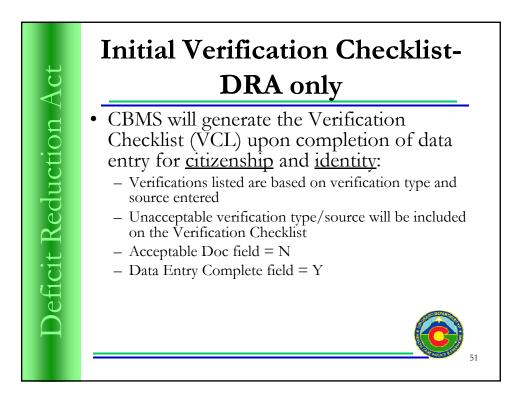


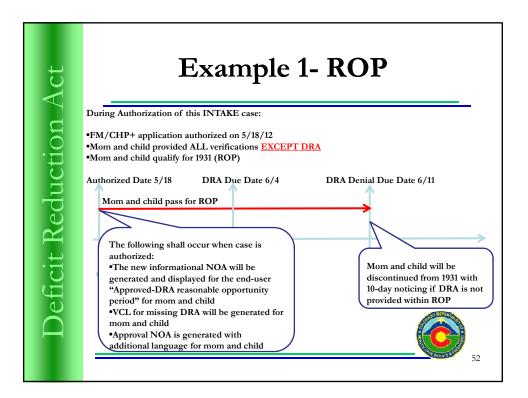
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	Include	PASS	05/01/2012	1931			
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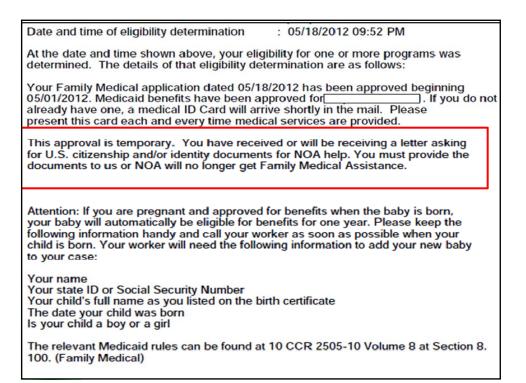


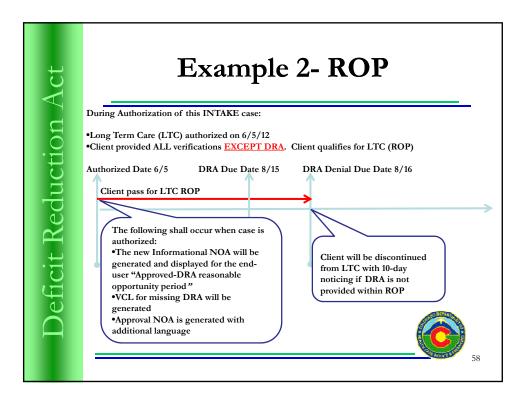
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Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date	
amily Medical Assistance	2012/05	PASS	\$0.00	\$0.00	2	05/01/2012	05/18/2012	Ī
amily Medical Assistance	2012/06	PASS	\$0.00	\$0.00	2	05/01/2012	05/18/2012	
hildrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	2		05/18/2012	
hildrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	2		05/18/2012	
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Display Individual Elig	ibility Sum	mary	– Progran	IS	S) 🚖 🕒	0	🗭 🛃 🕯
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Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	^
	Include	PASS	05/01/2012	1931			-
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Verification 0	Checklist	- Prog		2 0 🗭	4
Program Group: All	M				
Verification Checklis	st Summary				
Name	Item Description	Due Date	Program Group	Aid Code	
	U.S. Citizenship	06/04/2012	Family Medical	1931	-
ſ	Identification	06/04/2012	Family Medical	1931	
1	U.S. Citizenship	05/04/2012	Family Medical	1931	-
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			Medical	/erifications	8

NAME	NEED PROOF OF	PROGRAM	DUE
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	Identification	Family Medical Assi	stance 06/04/2012
NOTES:			
	get documents proving your U.S. cit	izenship and identity with vo	our
	We will try to get this information f		
Administra	tion (SSA). If we are unable to get the	nis from SSA, we will let you	ı know.
	Identification	Family Medical Assi	stance 06/04/2012
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	get documents proving your U.S. cit	1 / /	our
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	U.S. Citizenship	Family Medical Assi	stance 06/04/2012
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11	tion (SSA). If we are unable to get t	· · · ·	ı know.
	U.S. Citizenship	Family Medical Assis	stance 06/04/2012
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	get documents proving your U.S. ci	1 / /	our
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Program Group	Payment Month	Eligibility Status	Benefit Arnount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
.ong Term Care	2012/05	PASS	\$0.00	\$0.00	1	05/01/2012	05/01/201:
ong Term Care	2012/06	PASS	\$0.00	\$0.00	1	05/01/2012	05/01/2013
ong Term Care	2012/06	PASS	\$0.00	\$0.00	1	05/01/2012	05/01/20
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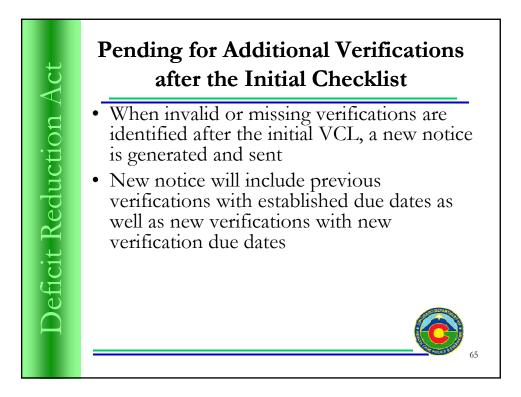
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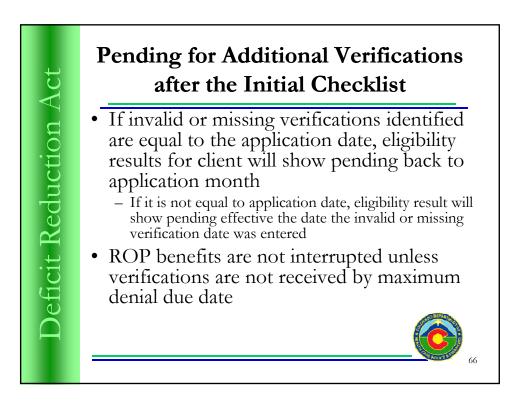
Verification Che	ecklist	– Prog	s 🔊 🖈 🗅	2 0 🗭	đ
Program Group:	]				
Verification Checklist S	ummary		_		
Name	Item Description	Due Date	Program Group	Aid Code	~
	U.S. Citizenship	08/15/2012	Long Term Care	HCBS EBD	_
	Identification	08/15/2012	Long Term Care	HCBS EBD	
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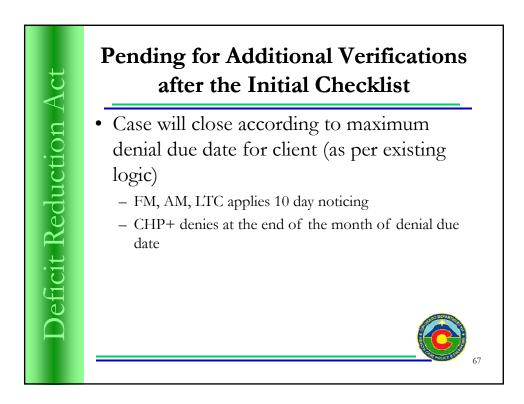
NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
NOTES	Identification	Long Term Care	08/15/2012
application. We v	ocuments proving your U.S. citizenshi will try to get this information from th SSA). If we are unable to get this from	e Social Security	
NOTES:	U.S. Citizenship	Long Term Care	08/15/2012
	locuments proving your U.S. citizensh	ip and identity with your	
We did not get d application. We	will try to get this information from the (SSA). If we are unable to get this from	ne Social Security	
We did not get d application. We	will try to get this information from th	ne Social Security	

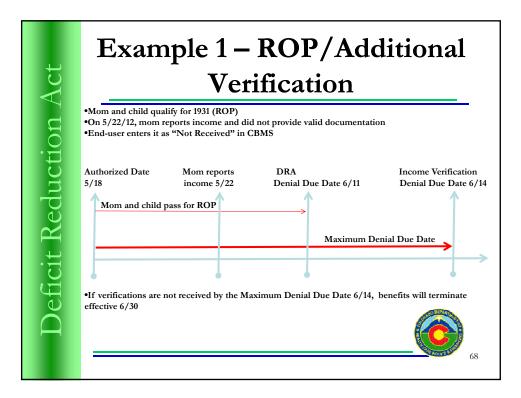
the documents to us or will no longer get Long Term Care. You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case		Call County Toch
1570 GRANT ST DENVER CO 80203-1818         (000) 000-0000         Date and time of eligibility determination         : 06/05/2012 08:17 AM         At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:         Your Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. If you do not already have one, a medical ID card will arrive shortly in the mail. Please present this card each and every time medical services are provided.         The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8 100.7 (Long Term Care)         This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care.         You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number is Please contact Call County Tech		
(000) 000-0000 Date and time of eligibility determination : 06/05/2012 08:17 AM At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows: Your Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. If you do not already have one, a medical ID card will arrive shortly in the mail. Please present this card each and every time medical services are provided. The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8 100.7 (Long Term Care) This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care. You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech		
Date and time of eligibility determination       : 06/05/2012 08:17 AM         At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:         Your Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. If you do not already have one, a medical ID card will arrive shortly in the mail. Please present this card each and every time medical services are provided.         The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8 100.7 (Long Term Care)         This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care.         You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech		DENVER CO 80203-1818
At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows: Your Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. If you do not already have one, a medical ID card will arrive shortly in the mail. Please present this card each and every time medical services are provided. The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8 100.7 (Long Term Care) This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care. You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech		(000) 000-0000
determined. The details of that eligibility determination are as follows: Your Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. If you do not already have one, a medical ID card will arrive shortly in the mail. Please present this card each and every time medical services are provided. The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8 100.7 (Long Term Care) This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for the documents to us or Will no longer get Long Term Care. You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is . Please contact Call County Tech	Date and time of eligibility determination	: 06/05/2012 08:17 AM
100.7 (Long Term Care)         This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care.         You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech		and every time medical services are
This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for You must provide the documents to us or will no longer get Long Term Care. You can now check the status of your benefits online by visiting the new Colorado PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech		at 10 CCR 2505-10 Volume 8 at Section 8.
PEAK website at: www.colorado.gov/benefits. You will need to have your case number available. Your case number is Please contact Call County Tech	This approval is temporary. You have rece for U.S. citizenship and/ <u>or ide</u> ntity docume	nts for . You must provide
number available. Your case number is . Please contact Call County Tech		
	PEAK website at: www.colorado.gov/bene	fits. You will need to have your case
Below is an explanation of your appeal rights if you disagree with this decision.	PEAK website at: www.colorado.gov/bene number available. Your case number is (000) 000-0000 with any questions or conc error in the information in this notice, pleas	fits. You will need to have your case , Please contact Call County Tech erns about this notice. If there is an e contact your worker right away.









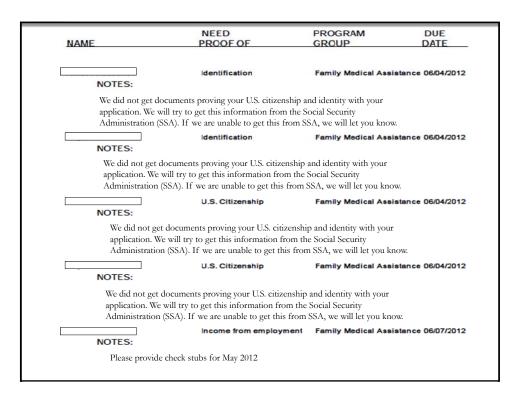


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Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date		
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	2012/05	PENDING	\$0.00	\$0.00	2		05/18/2012		
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Payment Month: 05/2012							
Family Medical CHP+							8
Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	
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	Ineligible -	PENDING		1931			
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🗄 Page Actions								
Payment Month 05/2012								
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Summary							5	
Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	<u>^</u>	
	Ineligible -	PENDING		1931				
	Ineligible -	PENDING		1931				
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Name	Item Description	Due Date	Program Group	Aid Code	^
	Identification	06/04/2012	Family Medical	1931	
	U.S. Citizenship	06/04/2012	Family Medical	1931	
	Identification	06/04/2012	Family Medical	1931	
	Income from	06/07/2012	Family Medical	1931	¥
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		Minimur	n Denial Due Date	

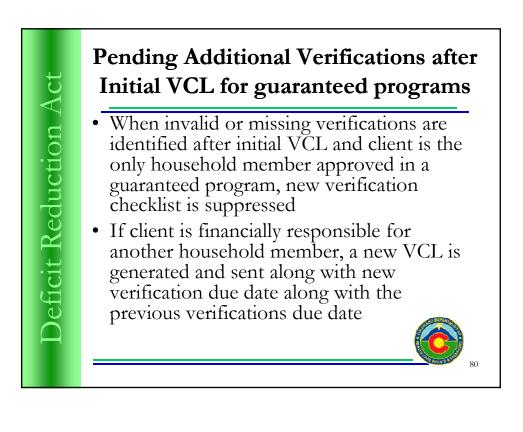
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Summary							41	3
Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date	-
Long Term Care	2012/05	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012	
Long Term Care	2012/06	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012	
Long Term Care	2012/07	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012	

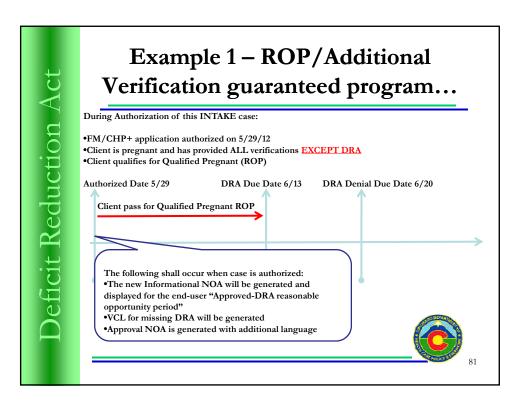
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			– <u>Programs</u>			
Page Actions						
yment Month: 5/2012 😽						
c						
Summary					-	3
Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Func 🔨 Sou
	Include	PENDING	05/01/2012	HCBS EBD		
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https://cbmsuat.state						
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Summary				-		
Summary		Re	ason	2		<u>^</u>
		Re		×		<u>^</u>
Summary missing verif. See checklist		Re		×		76

rogram Group: \	*			
Verification Check	list Summary		_	
Name	Item Description	Due Date	Program Group	Aid Code
	<ul> <li>U.S. Citizenship</li> </ul>	08/15/2012	Long Term Care	HCBS EBD
	<ul> <li>Identification</li> </ul>	08/15/2012	Long Term Care	HCBS EBD
	<ul> <li>Liquid Asset Percent or</li> </ul>	f 06/20/2012	Long Term Care	HCBS EBD
	<ul> <li>Fair Market Value</li> </ul>	06/20/2012	Long Term Care	HCBS EBD
				>
			Initiat	e Verification Queue
lotes				
system Notes:				
ser Notes:				ABC
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	i bank statements			100000

NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
NOTES:	Fair Market Value	Long Term Care	06/20/2012
NOTES: Please provide bar		of OwnLong Term Care	06/20/2012
	Identification	Long Term Care	08/15/2012
application. We w	ocuments proving your U.S. citizensl vill try to get this information from 1 SSA). If we are unable to get this fro	the Social Security	
	U.S. Citizenship	Long Term Care	08/15/2012
application. We wil	ruments proving your U.S. citizenshi l try to get this information from th A). If we are unable to get this from	e Social Security	78



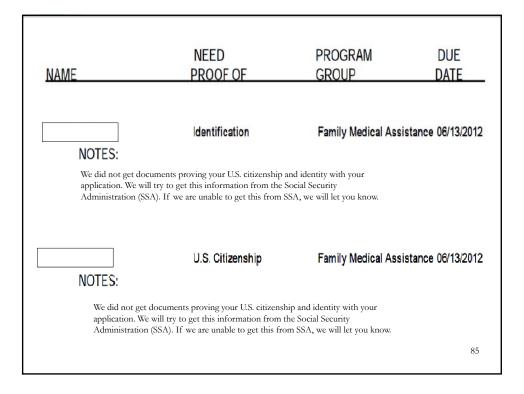




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Summary			-				
Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Family Medical Assistance	2012/05	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	2		05/29/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	2		05/29/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	2		05/29/2012

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Participation	Eligibility	Begin Date	Program	Limited to	Funding	0
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	Participation Status Mandatory Y Reason	Participation Status Mandatory PASS Y Reasons We /CBMSIDEUat/ModalPop	Participation Status PASS OF/01/2012 PASS OF/01/2012 PASS OF/01/2012 PASS Programs Programs Programs Programs Programs	Participation Status       Eligibility Result       Begin Date       Program         Mandatory       PASS       06/01/2012       Qualified         V       Reasons	Participation Status PASS DifUTIZ012 Qualified PASS DifUTIZ012 Qualified V Reason Y Reason Programs Centre Programs Reason Reason	Participation Status PASS PASS PASS PASS PASS PASS PASS PAS

Verification	Checklist		S 🚖 🖪	- 📀 🜔 🤿
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Program Group: All	×			
Verification Checkli	ist Summary			
Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant
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			Initiat	e Verification Queue
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			Medical V	erifications



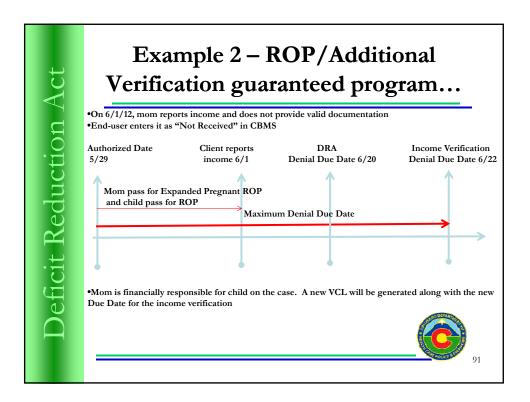
	1/12, client reports inc ser enters it as "Not R		ovide valid docu	mentation
Autho	ized Date 5/29	Client report	s income 6/1	DRA Denial Due Date 6/2
C	lient pass for Qualified	Pregnant ROP		
•Since	the client is the only he	ousehold member rec	questing assistar	ice and is approved on a gua

		- <u>Progra</u>	ms	
Program Group: All	~			
Verification Checkli				
Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant
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	Example 2 – ROP/Additional
Act	Verification guaranteed program
	During Authorization of this INTAKE case:
tion	<ul> <li>•FM/CHP+ application authorized on 5/29/12</li> <li>•Mom and her 14 year old child are applying. Mom is pregnant. Both provided ALL verifications EXCEPT DRA</li> <li>•Mom qualifies for Qualified Pregnant (ROP) and child qualifies for 1931 (ROP)</li> </ul>
nc	Authorized Date 5/29 DRA Due Date 6/13 DRA Denial Due Date 6/20
Red	Mom and child pass for ROP
Deficit Reduction Act	The following shall occur when case is authorized: •The new Informational NOA will be generated and displayed for the end-user "Approved-DRA reasonable opportunity period" for mom and child •VCL for missing DRA will be generated for mom and child •Approval NOA is generated with additional language for
	mom and child

Display Individual Elig Page Actions Payment Month: DS/2012	ibility Sum	nary	– <u>Progran</u>	ns	3 🛧 🗅	2	•
Family Medical CHP+							6
Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	<u>^</u>
	Mandatory	PASS	05/01/2012	Qualified			
	Include	PASS	05/01/2012	1931			
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Approved for Family Medical		_					_
new DRA-8 logic applied	14						89
Approved-DRA reasonable opportur	ny penaa.						07 

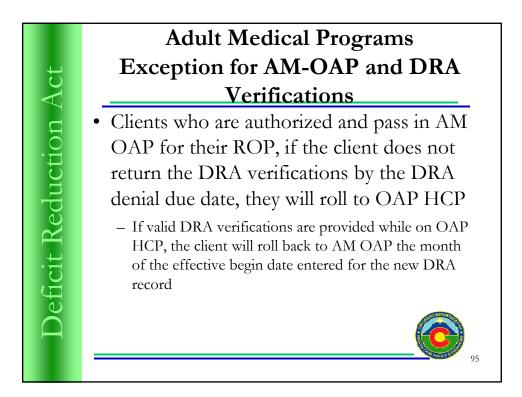
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Program Group: All	<b>_</b>			
Verification Checkl	ist Summary			
Name	Item Description	Due Date	Program Group	Aid Code
	U.S. Citizenship	06/13/2012	Family Medical	1931
	Identification	06/13/2012	Family Medical	1931
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant
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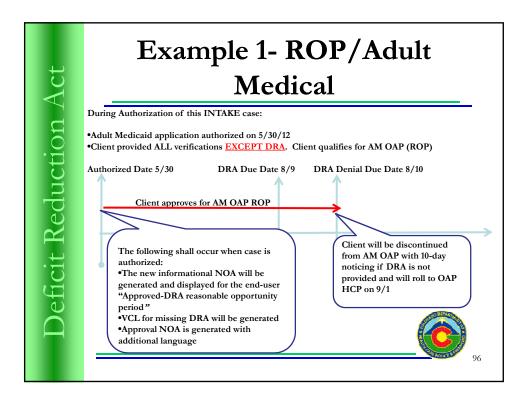


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Family Medical CHP+							
Summary Individual	Participation Status	Eligib Resu		Begin Date	Program	Limited to EMS	Funding Source
	Mandatory	PASS		05/01/2012	Qualified	[	
	Ineligible -	PEND			1931		4
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financial responsible relative pendi	na vorif		Reas	on			
missing verif. See checklist	ng venn						
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Name         Item Description         Due Date         Program Group         Aid Code           Identification         06/13/2012         Family Medical         1931           Identification         06/13/2012         Family Medical         Qualified Pregnant           U.S. Citizenship         06/13/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         Qualified Pregnant           System llotes:         Statemark         Statemark         Statemark	Verification	Checklist	- Program	S 🛧 🗈	2 🔕 🗭	
Al Verification Checklist Summary           Name         Item Description         Due Date         Program Group         Aid Code           Identification         06/13/2012         Family Medical         1931           Identification         06/13/2012         Family Medical         Qualified Pregnant           U.S. Citizenship         06/13/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         1931	Program Group					
Name         Item Description         Due Date         Program Group         Aid Code           Identification         06/13/2012         Family Medical         1931           Identification         06/13/2012         Family Medical         Qualified Pregnant           U.S. Citizenship         06/13/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         1931	All	~				
Name         Item Description         Due Date         Program Group         Aid Code           Identification         06/13/2012         Family Medical         1931           Identification         06/13/2012         Family Medical         Qualified Pregnant           U.S. Citizenship         06/13/2012         Family Medical         Qualified Pregnant           Income from         06/15/2012         Family Medical         1931						_
Identification     06/13/2012     Family Medical     1931       Identification     06/13/2012     Family Medical     Qualified Pregnant       U.S. Citizenship     06/15/2012     Family Medical     Qualified Pregnant       Income from     06/15/2012     Family Medical     1931       Income from     06/15/2012     Family Medical     1931	Verification Checkl	ist Summary		_		
Identification     06/13/2012     Family Medical     Qualified Pregnant       U.S. Citizenship     06/13/2012     Family Medical     Qualified Pregnant       Income from     06/15/2012     Family Medical     1931       Income from     06/15/2012     Family Medical     1931	Name	Item Description	Due Date	Program Group	Aid Code	~
U.S. Citizenship 06/13/2012 Family Medical Qualified Pregnant Income from 06/15/2012 Family Medical 1931 Initiate Verification Queue Notes System Notes: Jaer Notes:		Identification	06/13/2012	Family Medical	1931	
Income from 06/15/2012 Family Medical 1931		Identification	06/13/2012	Family Medical	Qualified Pregnant	
		U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant	
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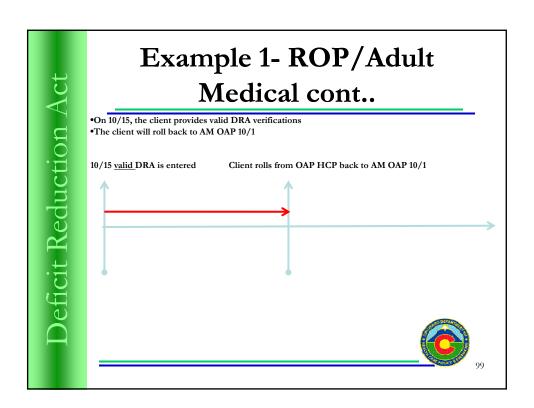


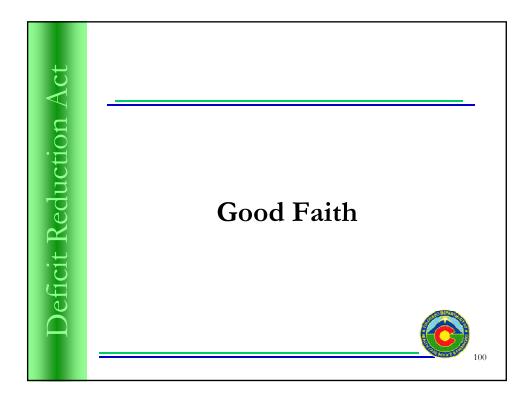


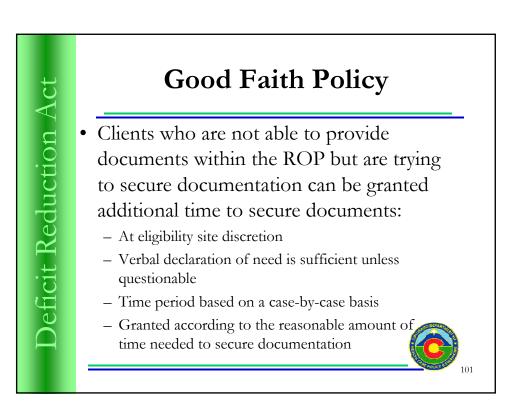


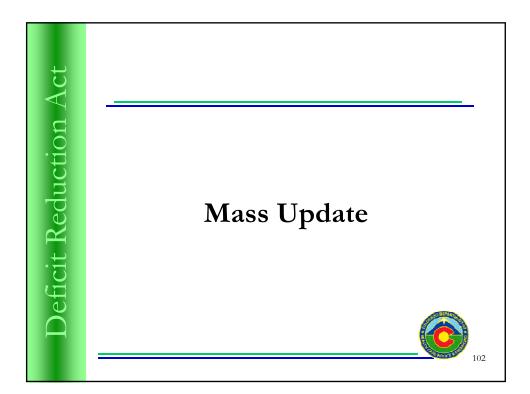
Food Stamps       Adult Finandal       Adult Medical         Summary       Participation Status       Eligibility Result       Begin Date       Program       Limited to EMS         Individual       Participation Status       Eligibility Result       Begin Date       Program       Limited to EMS         Eligible       PASS       05/07/2012       OAP Med-A       Eligibility       Model/Papup       Eligibility       Eligibility <td< th=""><th>Func Sou</th><th></th></td<>	Func Sou	
Individual Participation Status Eligibility Begin Date Program Limited to Eligibile PASS 05/07/2012 OAP Med-A CBMS Web - Display Reasons Webpage Dialog https://domsuat.state.co.us/CBMSIDEUat/ModalPopupPage.jsp Display Reasons	- 2010 C	
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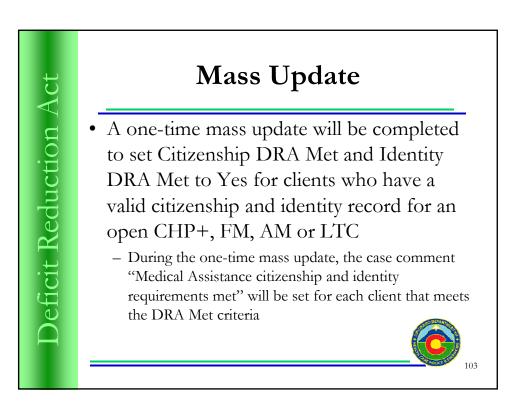
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Name	Item Description	Due Date 08/09/2012	Program Group Adult Medical Assistance	Aid Code OAP Med-A
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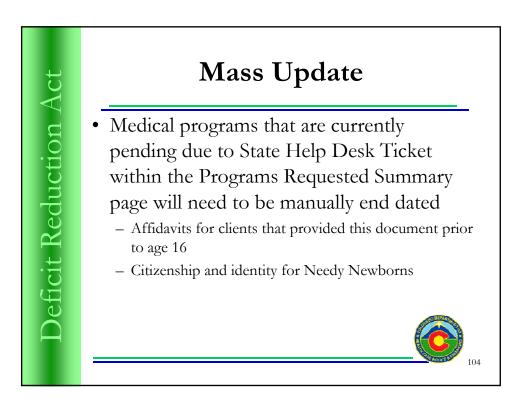


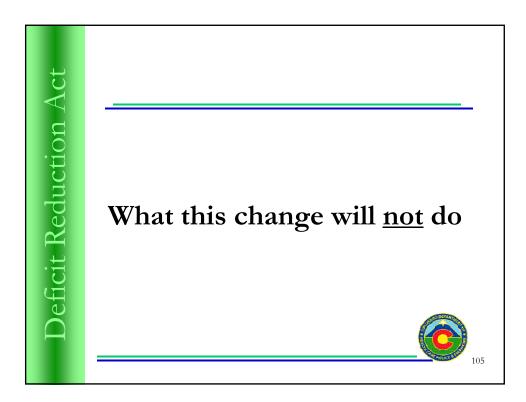


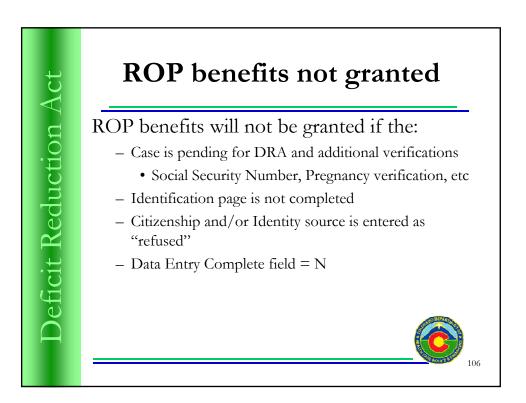


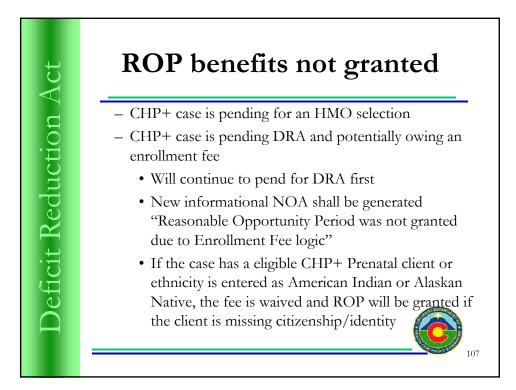












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Page Actions					
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Family Medical CHP+					6
Individual	Participation Status	Eligibility Result	Begin Date	Program	
	Ineligible	PENDING		CHP+	
	Ineligible	PENDING		CHP+	
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