



With myDHR, your benefits and services are a click away!

Use myDHR to apply for benefits and services online, monitor the status of your cases, update important account information, and more.

CREATE ACCOUNT

SIGN IN

Quick Links



myDHR



myDHR



myDHR



myDHR



myDHR

Screen Shot 1

How to Use myDHR



Disability Resources

Am I Eligible for Benefits?



Food Supplement Stand-Alone Application

Applying for Benefits



Long Term Care Application

Earned Income Tax Credit



Voter Registration Link

Social Security Administration



Find a Local Office

Child Support Online

About Child Support

Start a New Application for Child Support

Update Account

Family Investment Online

About Family Investment

Start an Application Online

Update Account

Report a Change

Pre-K Information

Screen Shot 2

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 [Long Term Care Application](#)    
 [Your Registration Link](#)    
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### Child Support Online

- [About Child Support](#)
- [Start a New Application for Child Support](#)
- [Update Account](#)

### Family Investment Online

- [About Family Investment](#)
- [Start an Application Online](#)
- [Update Account](#)
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**DHR Main Office**  
 33 West Saratoga Street  
 Baltimore, MD 21201  
 1-800-332-6347  
 Call 2-1-1 for 800-735-2258 to make a TTY call through Maryland Relay.  
 Larry Hogan, Governor    Reed K. Butterberg, Lt. Governor    Amanda W. Peake, Secretary

**Child Support**  
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[Maryland Community Services Locator](#)

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Screen Shot 3

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**Department of HUMAN RESOURCES**

## myDHR Account Registration

Please complete the registration form below to set up your myDHR account. The account is free, and all information entered into your account is kept secure and confidential. Once you establish your account, you can begin applying for services, accessing your case details, and managing your account information.

*Please note that you must have an email address to create a myDHR account. If you need help finding an email provider, visit the "Registration" section of [How to Use myDHR](#).*

Required fields marked with an asterisk (\*)

Your Name

Shiva	MI	Krishna	Suffix
First*	MI	Last*	Suffix

Are you applying for yourself? \*

Yes    No

Sign-In Information

If you already have any active cases with Maryland Department of Human Resources, please use the same email address on record of active cases.

Screen Shot 4

Are you applying for yourself? \*

Yes  No

Sign-In Information

If you already have any active cases with Maryland Department of Human Resources, please use the same email address on record of active cases.

<input type="text" value="shiva.garlapati@maryland.gov"/>	<input type="text" value="shiva.garlapati@maryland.gov"/>
Email*	Confirm Email *
<input type="password" value="*****"/>	<input type="password" value="*****"/>
Password*	Confirm Password*

Personal Information:

<input type="text" value="06/12/1989"/>	<input type="text" value="XXXX-XX-XXXX"/>	<input type="text" value="Male"/>
Date of Birth*	SSN	Gender
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Cell Phone	Home Phone	Work Phone
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select One"/>	<input type="text" value=""/>
	Primary Phone	

### Screen Shot 5

Are you currently involved in any child support cases?

Yes  No

Residential Address			<input type="checkbox"/> I have no residential address
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="Apt"/>
Address			
<input type="text" value=""/>	<input type="text" value="Please Select One..."/>	<input type="text" value=""/>	
City	State	Zip Code	
Mailing Address			<input type="checkbox"/> Same as Residential Address
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="Apt"/>
Address			
<input type="text" value=""/>	<input type="text" value="Please Select One..."/>	<input type="text" value=""/>	
City	State	Zip Code	

Register

Cancel

Already have a myDHR account? Sign In

### Screen Shot 6

### myDHR Account Sign In

Email \*  
shiva.gariapati@maryland.gov

Password \*  
\*\*\*\*\*

Remember my email on this device

Sign In

No account yet? [Click here to register!](#)

[Forgot Password?](#) | [Forgot Email?](#)

[Return Home](#)

Screen Shot 7

Hello, Shiva!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

[Home](#) [Messages](#) [Applications](#) [Cases](#) [Account](#)

#### Start a New Application

[Family Investment](#) [Report A Change](#) [Child Support](#) [Organization Employee Clearance](#)

Hover over the buttons above for a brief description of the application.

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### My Saved Applications

Type	Last Updated
------	--------------


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**MARYLAND**

**HUMAN RESOURCES**



**Hello, Shiva!**

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

Home **Messages** Applications Cases Account

**Message Center**

No messages

<p><b>DHR Main Office</b> 38 West Saratoga Street Baltimore, MD 21201</p> <p>1-800-332-6247</p> <p>800-725-2258 to voice or TTY call through Maryland Relay</p>	<p><b>Child Support</b></p> <p>About Child Support Child Support Calculator Hear Application Forms Mutual Consent for Adoption Frequently Asked Questions Parent Support Enforcement</p>	<p><b>Family Investment</b></p> <p>About Family Investment Am I Eligible for Benefits? Hear Application Forms Become a Community Partner Food Pantries/Shelters Frequently Asked Questions</p>	<p><b>Other Important Links</b></p> <p>Problem Solver Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connection</p>
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Screen Shot 10

## Hello, Shiva!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

Home Messages **Applications** Cases Account

### Active Applications

Family Investment
Child Support
Organization Employee Clearance

[Click here to visit Maryland's EBT website.](#)

### Family Investment

Use the functions below to manage your applications for DHR Family Investment Administration programs.

You have up to 30 days to complete the application process and submit the application to us. You can log in and out of your application as often as you want during this 30 days. After 30 days, all the information you have entered is deleted and you will have to apply again.

#### Applications

Start Assistance Benefits Application

Report A Change

Application#

Type

Status

Date

Screen Shot 11

## Hello, Shiva!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

Home Messages Applications **Cases** Account

### Active Cases

Family Investment
Child Support

### Family Investment

Use the functions below to manage your case activity for DHR Family Investment Administration programs.

Report A Change

Link Open FIA Case(s)



We were unable to link your information to existing active Family Investment cases.

If you have existing, active cases, please ensure that your first and last name, date of birth, and SSN match with your case information.

Screen Shot 12

# Hello, Shiva!

Welcome to your personal myDHR Account Page. Use the helpful features below to manage your account, apply for DHR services, monitor your case status(es), manage your case activity, and more!

- Home
- Messages
- Applications
- Cases
- Account**

## Account Management

- Update Account Details
- Change Account Settings
- Sign Out

Shiva Krishna

Email: shiva.garlagari@maryland.gov  
Account Opened: 7/25/2018

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Shiva


Department of HUMAN RESOURCES


## Family Investment Application Household

- Application Progress**
- Household**
  - Assistance
  - Head of Household
  - Members
  - Authorized Representatives
  - Assets
  - Income
  - Expenses
  - Household Details
  - Insurance

### Assistance

Please check the box or boxes that best represent the type of assistance you are applying for.



- Food Assistance**
  - Food Assistance Programs
  - Food Supplement Program (FSP) — Household Program 
- Cash Assistance**
  - Cash Assistance Programs
  - Select at least one program
  - Temporary Cash Assistance (TCA) — Household Program 
  - Temporary Disability Assistance Program (TDAP) — Individual Program 
- Energy Assistance**
  - Energy Assistance Programs
  - Select at least one program

Screen Shot 14

- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit
- Exit Application



 Icon Legend

**Cash Assistance Programs**  
Select at least one program.

- Temporary Cash Assistance (TCA) — Household Program 
- Temporary Disability Assistance Program (TDAP) — Individual Program 

**Energy Assistance**

**Energy Assistance Programs**  
Select at least one program.

- Maryland Energy Assistance Program (MEAP) — Household Program 
- Electric Universal Service Program (EUSP) — Household Program 

**Medical Assistance**

**Medical Assistance Programs**  
Select at least one program.

- Families, children, and other adults under age 65 who are not disabled.
- Aged, Blind, and Disabled (ABD) — Medical assistance for blind, disabled, or aged (65 years of age and over) individuals who are not receiving Federal Medicare from the Social Security Administration.
- Long Term Care (9709) — Medical assistance for an individual in a nursing home.
- Long Term Care (9709S) — Medical assistance for an individual in a nursing home.

**Other Benefits & Programs**  
Do you want help paying for child care?  
**To apply or get information on Child Care Subsidy Program (CCS) benefits, please click here.**

### Screen Shot 15

 Icon Legend

Families, children, and other adults under age 65 who are not disabled.

- Aged, Blind, and Disabled (ABD) — Medical assistance for blind, disabled, or aged (65 years of age and over) individuals who are not receiving Federal Medicare from the Social Security Administration.
- Long Term Care (9709) — Medical assistance for an individual in a nursing home.
- Long Term Care (9709S) — Medical assistance for an individual in a nursing home.

**Other Benefits & Programs**  
Do you want help paying for child care?  
**To apply or get information on Child Care Subsidy Program (CCS) benefits, please click here.**

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### Screen Shot 16





## Family Investment Application [Household](#)

**Application Progress**

- [Household](#)
- Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance

**Program Questions**

- Review & Submit

**Save & Exit Application**

[Icon Legend](#)

### Food Supplement Program Information

#### SSN Information

- You must give us a Social Security number for each family member who wants benefits. If a family member will not tell us their Social Security number, that person will not get benefits. If a person who wants benefits does not have a Social Security number, that person must apply for a number. We can help applicants get their numbers. If a family member has applied for a Social Security number, we will not delay your application while you wait for the number.
- We use Social Security numbers to prove income by entering the numbers into various income verification systems such as State Data Exchange (SDX) and Maryland Automated Benefits (MABS). We also use Social Security numbers to prevent duplicate participation, to help process mass changes in Federal benefits and to determine the accuracy and/or reliability of information given by households. We do not give numbers to other agencies like Immigration and Customs Enforcement.
- Maryland is allowed to ask for your Social Security number by the authority of Title 7 of the Code of Federal Regulations (CFR), Part 273 — Certification of Eligible Households

#### Citizenship and Immigration Status

### Screen Shot 17

- You must tell us about the citizenship and immigration status for each family member who wants benefits.
- Maryland uses the Systematic Alien Verification and Eligibility or SAVE system through the United States Citizenship and Immigration Service (USCIS) to verify the status of all non-citizen households. Information received from USCIS may affect your household's eligibility and benefit amount.
- If a family member will not tell us about citizenship or immigration status that person will not get benefits. He or she must still give us proof of income, expenses and other things. The family members who give us their information will get benefits if they meet the rules.
- Some immigrants who are not eligible for the Food Supplement Program (FSP) because they have been in the USA for less than five years (qualified immigrant requirement) may be eligible for Temporary Cash Assistance (TCA). Maryland has a TCA program for qualified immigrant families with children under age 19 who have been in the USA for less than five years.

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### Screen Shot 18



## Family Investment Application Household

Application Progress

- Household
- ▶ Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance

---

- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit

Icon Legend

### Food Supplement Qualification

If you are applying for the Food Supplement Program, you can complete all of the online application form and send it to us now or you may fill in your name and address, sign the application and send it to us. You may get benefits faster if you complete the entire form now. Your Food Supplement benefit is based on the date your signed application is received in the Department of Social Services.

You may get Food Supplements right away if you meet one of the following conditions:

Is your household's monthly rent or mortgage and utilities more than your household's income and resources? \*

Yes  No

How much is your monthly rent or mortgage and utilities?

\$ 0.00

Is your household's gross monthly income less than \$150 and your resources such as bank accounts \$100 or less? \*

### Screen Shot 19

\$ 0.00

Is your household's gross monthly income less than \$150 and your resources such as bank accounts \$100 or less? \*

Yes  No

How much is your gross monthly income?

\$ 0.00

How much do you have in resources, such as bank accounts?

\$ 0.00

Is your household a migrant or seasonal farm worker household? \*

Yes  No

If you qualify to get Food Supplements right away, we will take action on your application within 7 days from the date the signed application is received in the Department of Social Services. You will not get Food Supplement benefits right away, if eligible, until we interview you and get proof of who you are.

I want to sign the application now and complete the rest at a different time. By clicking the Submit Application button, I understand that I may be interviewed and may be required to provide proof of who I am before I can get any benefits.

### Screen Shot 20

Yes  No

If you qualify to get Food Supplements right away, we will take action on your application within 7 days from the date the signed application is received in the Department of Social Services. You will not get Food Supplement benefits right away, if eligible, until we interview you and get proof of who you are.

I want to sign the application now and complete the rest at a different time. By clicking the Submit Application button, I understand that I may be interviewed and may be required to provide proof of who I am before I can get any benefits.

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**MARYLAND** Department of **HUMAN RESOURCES**

## Family Investment Application Household

### Application Progress

**Household**

Assistance

**Head of Household**

Members

Authorized Representatives

Assets

Income

Expenses

Household Details

Insurance

Your Control ID: **S646733145**

This Control ID number helps us identify you. Print this page or write this number down. You must put this number on everything you send to the local office. That will help us to keep your information together.

### Head of Household

Step 1 of 5

#### Your Name

First Name \*

Shiva

MI

Last Name \*

Krishna

Suffix

Maiden or Other Name

Social Security Number

Date of Birth \*

05/12/1989

Gender \*

Male  Female

Other Identification Type

Please Select One

Other Identification Number

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Insurance  
 Program Questions  
 Review & Submit  
 Save & Exit Application

Icon Legend

Please Select One

**Contact Information**  
 Phone \*

Home Phone:  Work Phone:  Cell Phone:

Best Time:  Best Number:



Please Select One  Please Select One


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**Department of HUMAN RESOURCES**


**Family Investment Application**  **Household**

**Application Progress**  
 Household  
 Assistance  
 Head of Household  
 Members  
 Authorized Representatives  
 Assets  
 Income  
 Expenses  
 Household Details  
 Insurance

Your Control ID: S646733145

**Head of Household** Step 2 of 5

Updating your address information here will also update your **myDHR** account information.

**Residential Address Information**  
 I have no Residential Address

**Street Address \***  [Add](#)  
**City \***  **State \***   
**Zip Code \***  **County**

Residence is a Long-Term Care Facility

**Mailing Address Information**

Screen Shot 24

[Program Questions](#)  
[Review & Submit](#)  
[Save & Exit Application](#)

**Mailing Address Information**  
 Same as Residential Address

Street Address \* Apt.  
 6800 Deerpath Rd

City \* State \*  
 Elkridge Maryland

Zip Code \* County \*  
 21075 Please Select One

**Home Information**  
 Type of Home\* Living Arrangements \*  
 Please Select One Please Select One

Do you live in subsidized housing? \*  
 Yes  No

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Screen Shot 25

**Residential Address**

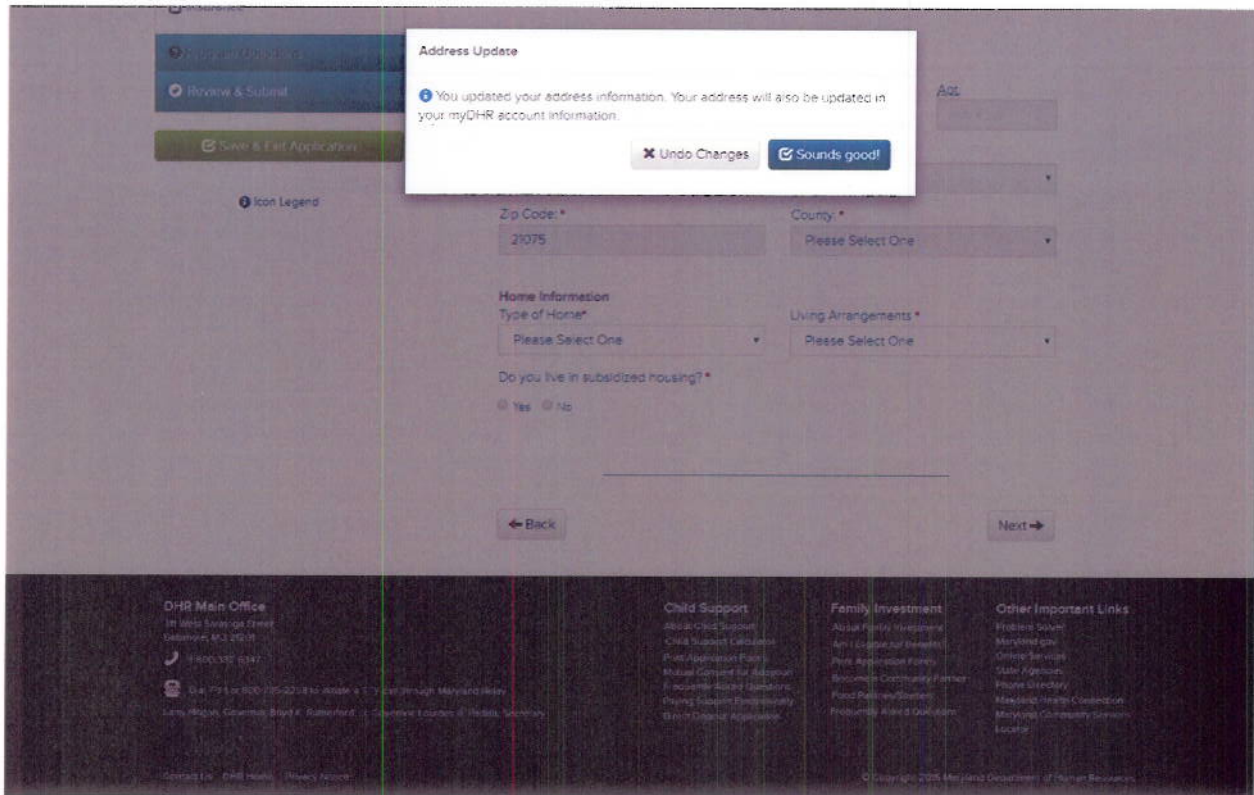
Address is valid but it also needs a secondary number (apartment, suite, etc).

Input Address  
 6800 Deerpath Rd Elkridge MD 21075

[Submit](#) [Cancel](#)

[← Back](#) [Next →](#)

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Screen Shot 27

Application Progress

- Household
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- Head of Household
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- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit

Save & Exit Application

Your Control ID: S646733145

### Head of Household

Step 3 of 5

#### Ethnicity

Hispanic/Latino  Not Hispanic/Latino

#### Primary Race

Please Select One

#### Secondary Races

- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White

You do not have to give information about your race or ethnicity. If you do, it will help show how we obey the Federal Civil Rights law. We will not use this information to decide if you are eligible. If you do not give us your race, it will not affect your application. The case manager will enter a race code for statistical purposes only. Title VI of the Civil Rights Act of 1964 allows us to ask for this information.

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# Family Investment Application Household

- Application Progress
  - Household**
  - Assistance
  - Head of Household
  - Members
  - Authorized Representatives
  - Assets
  - Income
  - Expenses
  - Household Details
  - Insurance
  - Program Questions
  - Review & Submit
- [Save & Exit Application](#)

Your Control ID: S646733145

## Head of Household

Step 4 of 5

### Student Information

Last Grade Completed: \*

No Formal Education ▾

Student Status: \*

Not a Student  Part Time  Full Time  Postsecondary  Vocational  Work Study

[Icon Legend](#)

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Screen Shot 29



## Family Investment Application Household

Application Progress

- Household**
- Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance

Program Questions

Review & Submit

Save & Exit Application

Your Control ID: S646733145

### Head of Household

Step 5 of 5

Do you need an interpreter?

Yes  No

Primary Language

Please Select One

Are you at least 16 years old? \*

Yes  No


Are you a resident of Maryland? \*

Yes  No

#### Immigration Status

Are you a U.S. Citizen? \*

Yes  No

If you are eligible to vote, a registration form will be filled out on your behalf or your voter registration information will be updated unless you select one of the following options: 

- Decline to register to vote
- Already registered to vote
- Decline to report any changes

### Screen Shot 30

- Already registered to vote
- Decline to report any changes

You must register with a political party if you want to take part in that political party's primary election, caucus, or convention.

Party Affiliation\*

Other

Are you receiving Medical Assistance (Medicaid) benefits from another State? \*

Yes  No

Please list the State \*

Maryland

Other:


Blind  Disabled

Marital Status \*

Never Married

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Baltimore, MD 21208  
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State Agencies





# Screen Shot 31


Department of HUMAN RESOURCES


Translate to Spanish Español Other Languages Help **Shiva**


## Family Investment Application Household

Application Progress

-  Household
-  Assistance
-  Head of Household
-  Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance


 Program Questions

 Review & Submit

 Save & Exit Application

Your Control ID: S646793145


### Members Step 1 of 2

Are you adding anyone else to your application? 

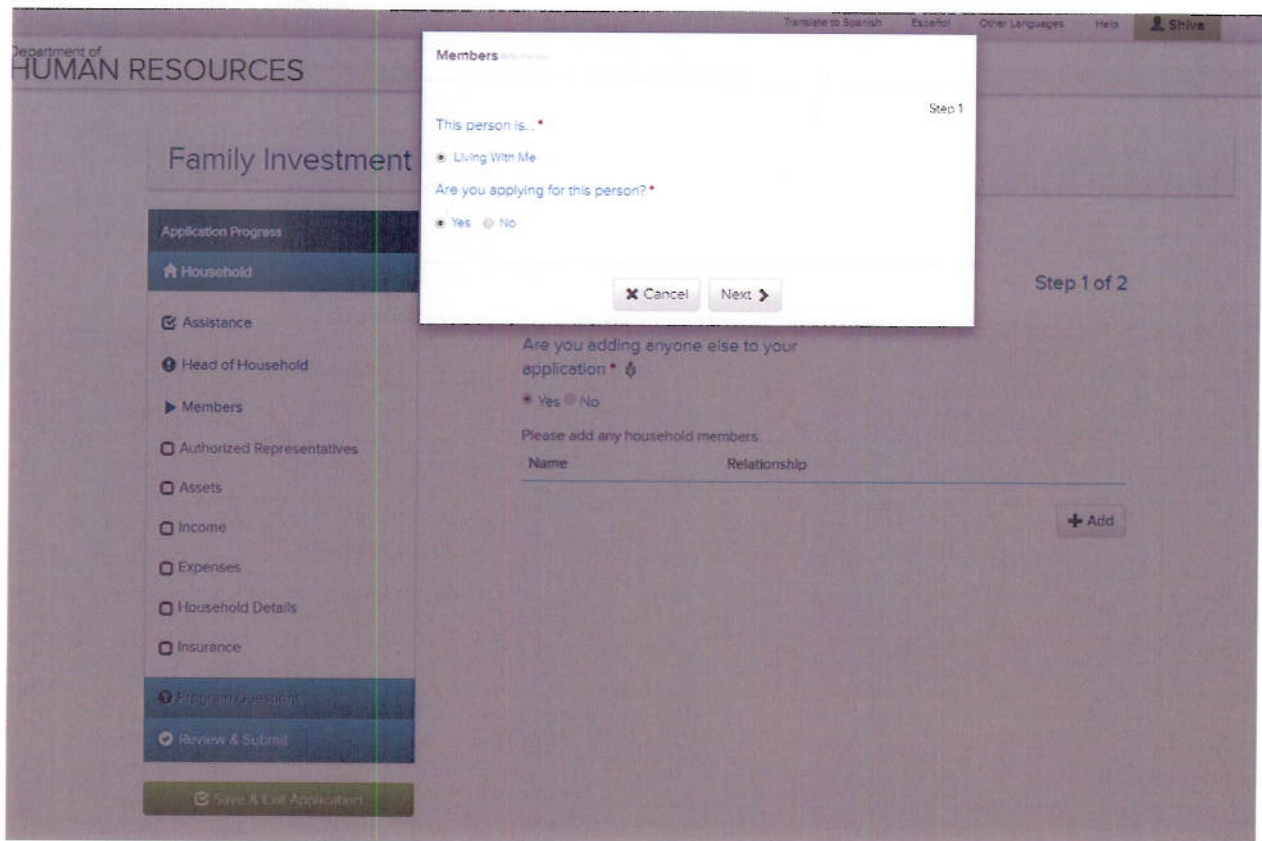
Yes  No

Please add any household members.

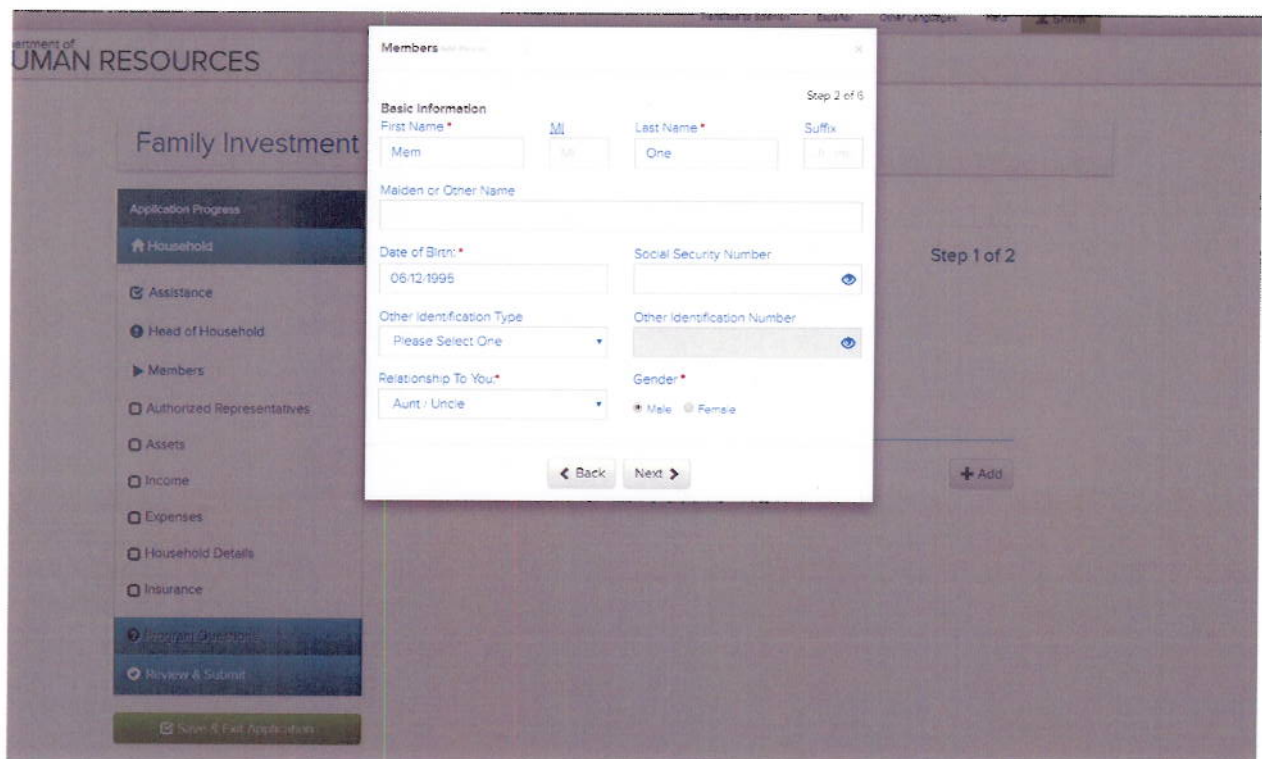
Name	Relationship
------	--------------

 Add

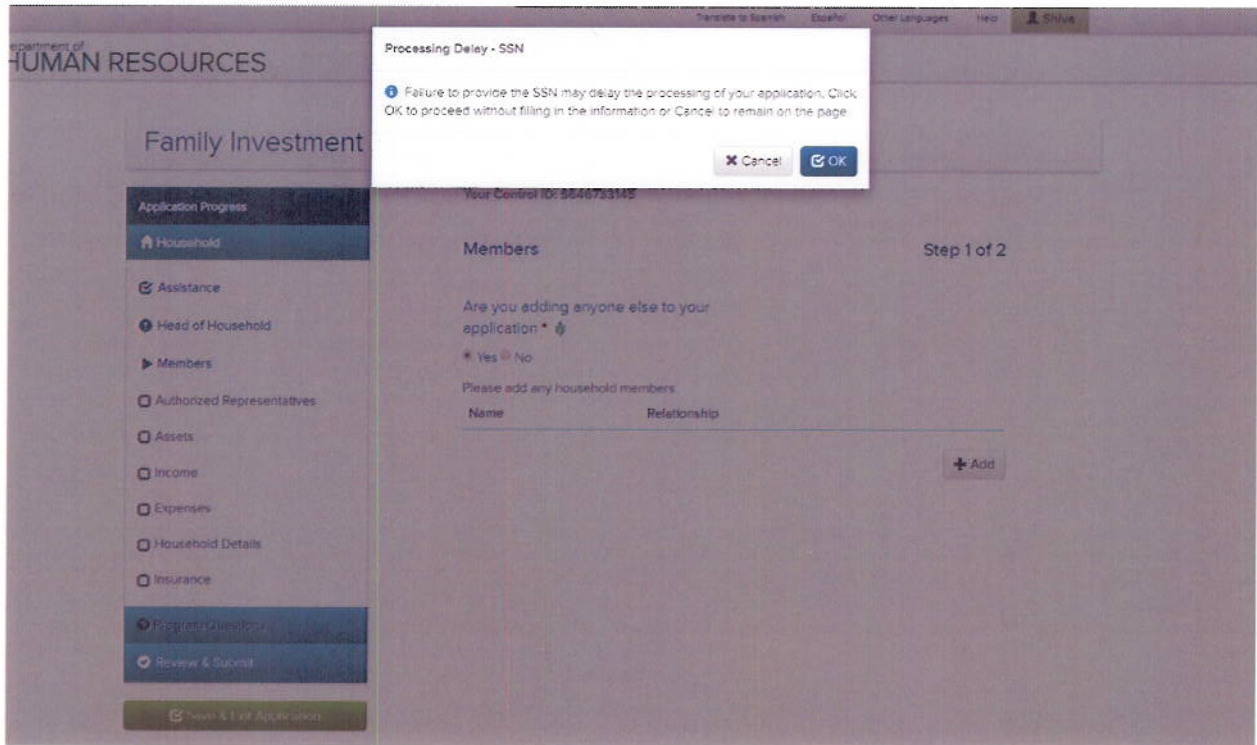
# Screen Shot 32



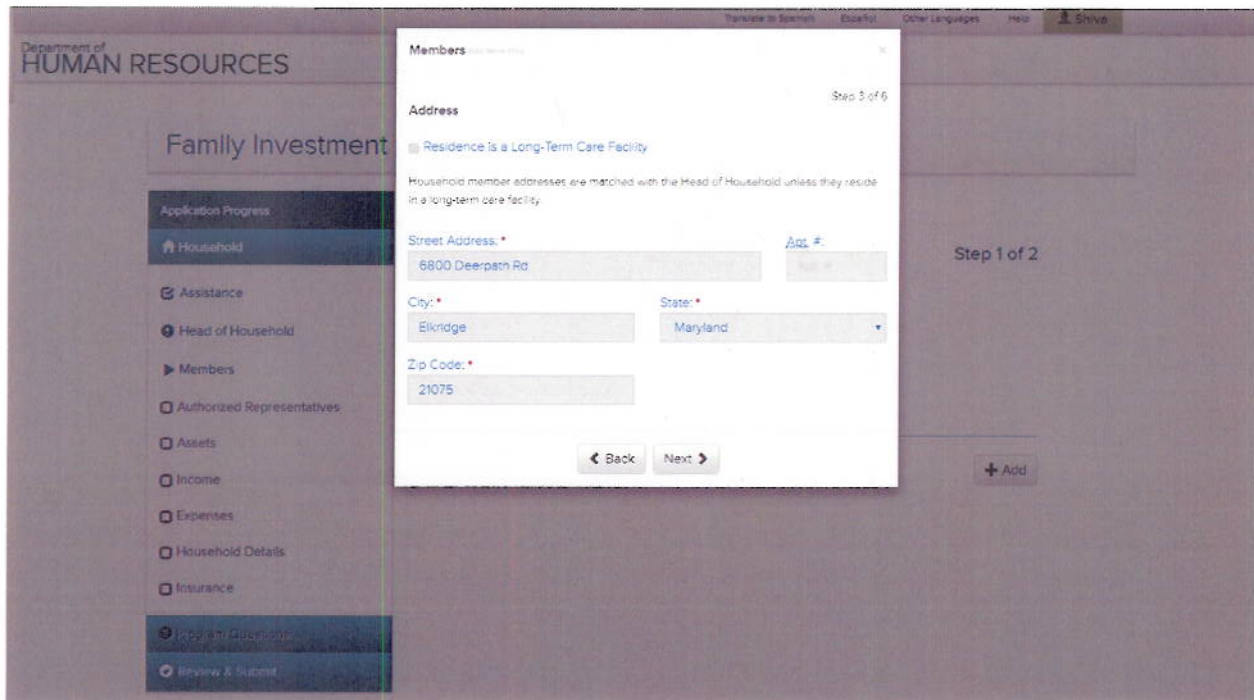
Screen Shot 33



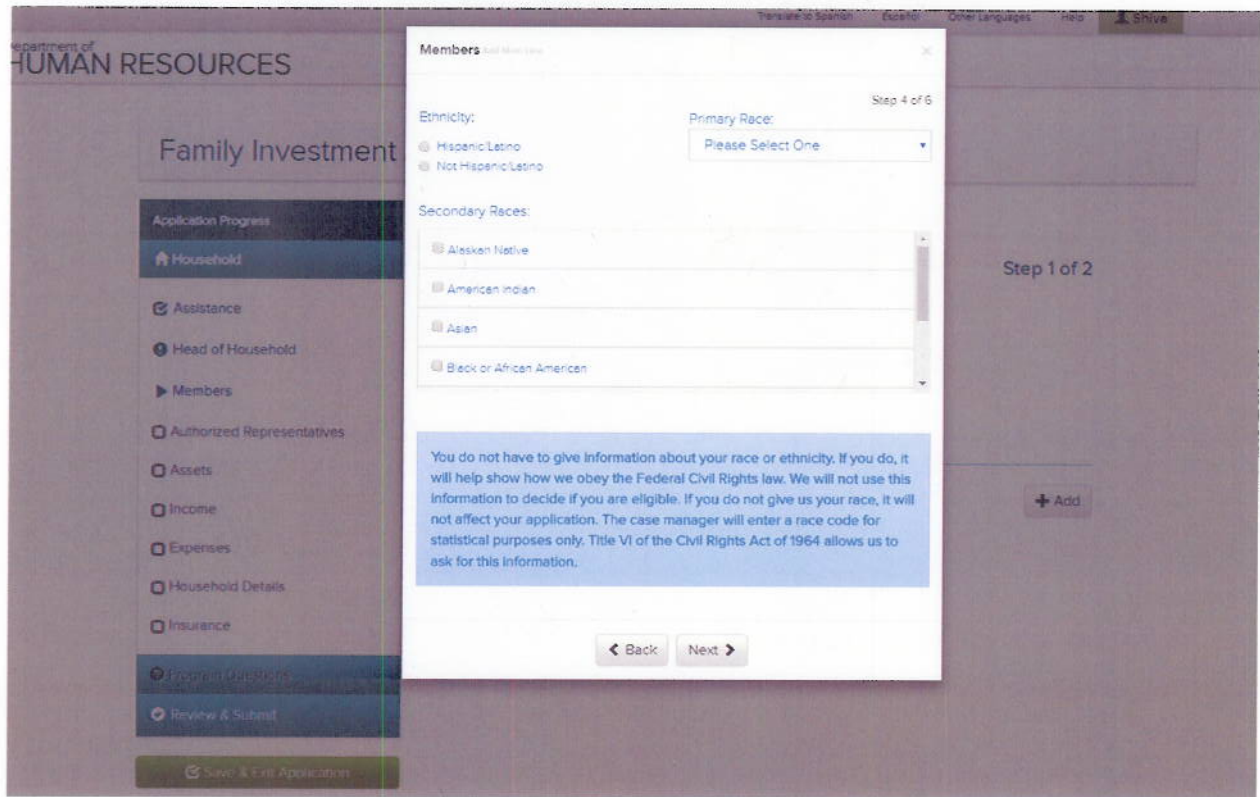
Screen Shot 34



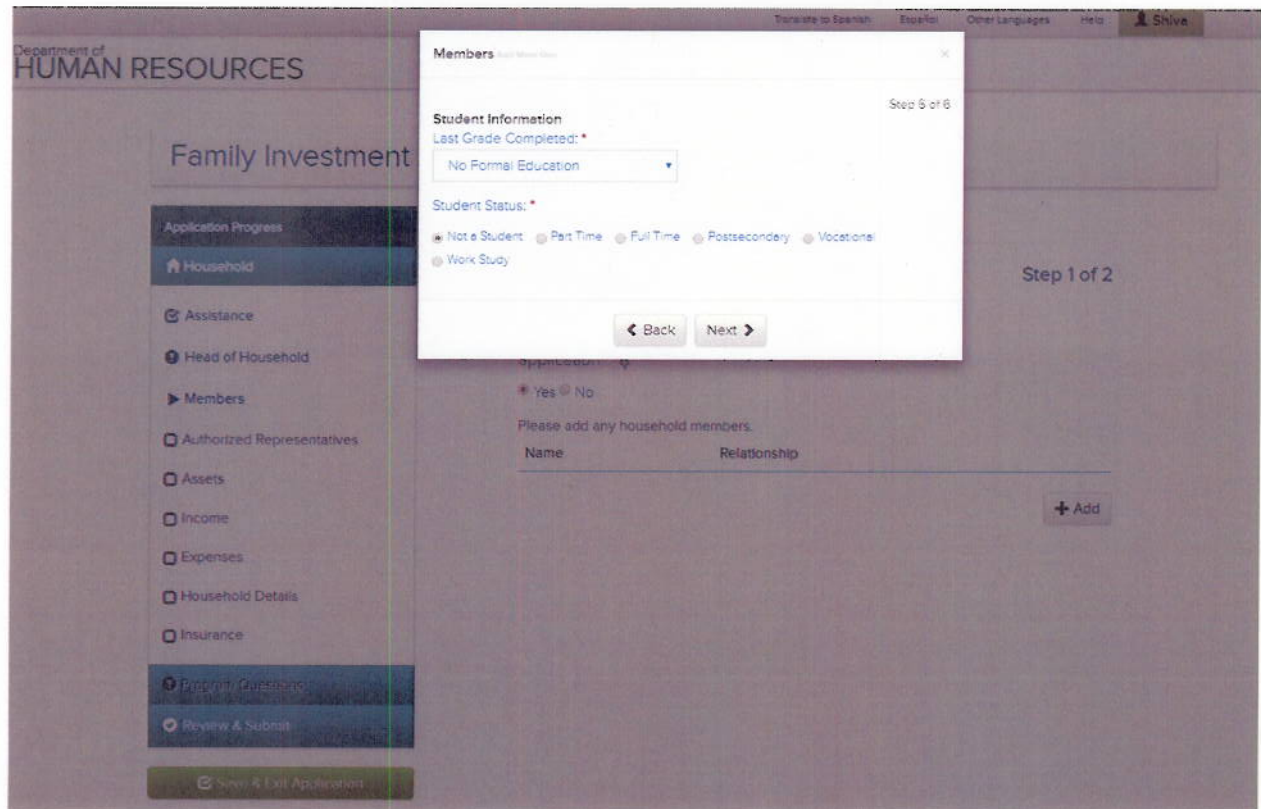
Screen Shot 35



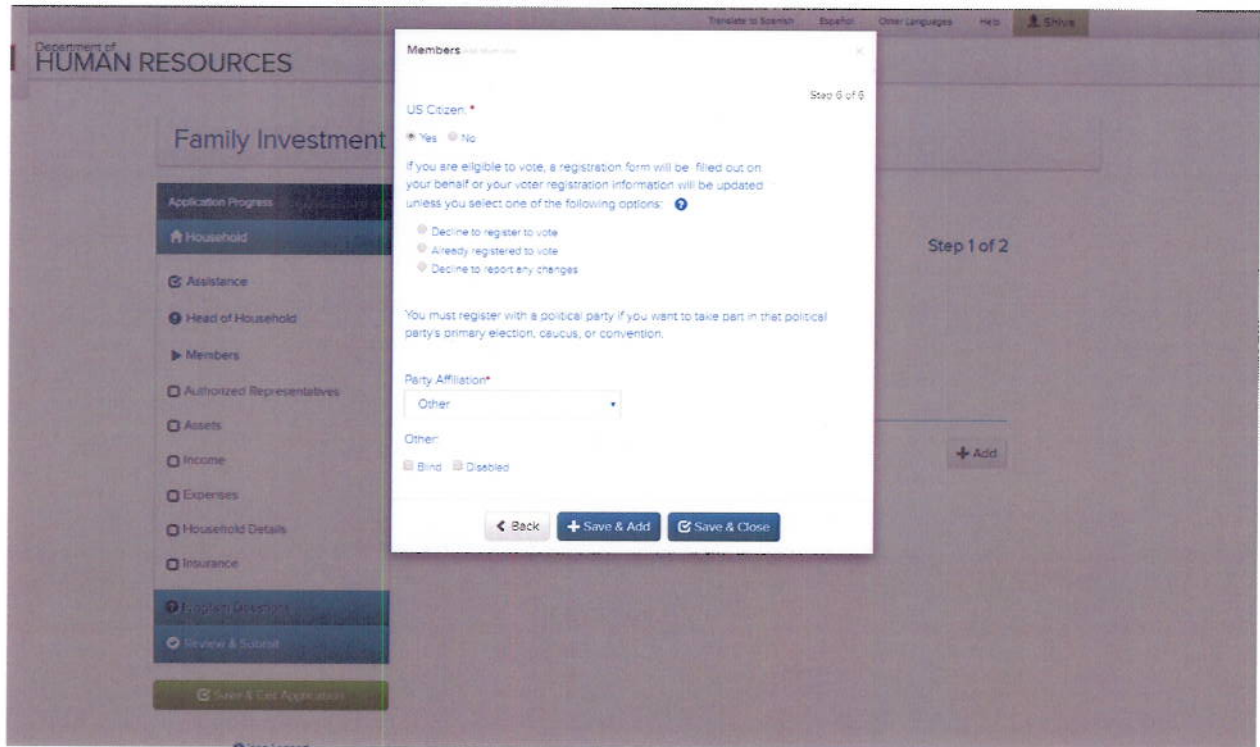
Screen Shot 36



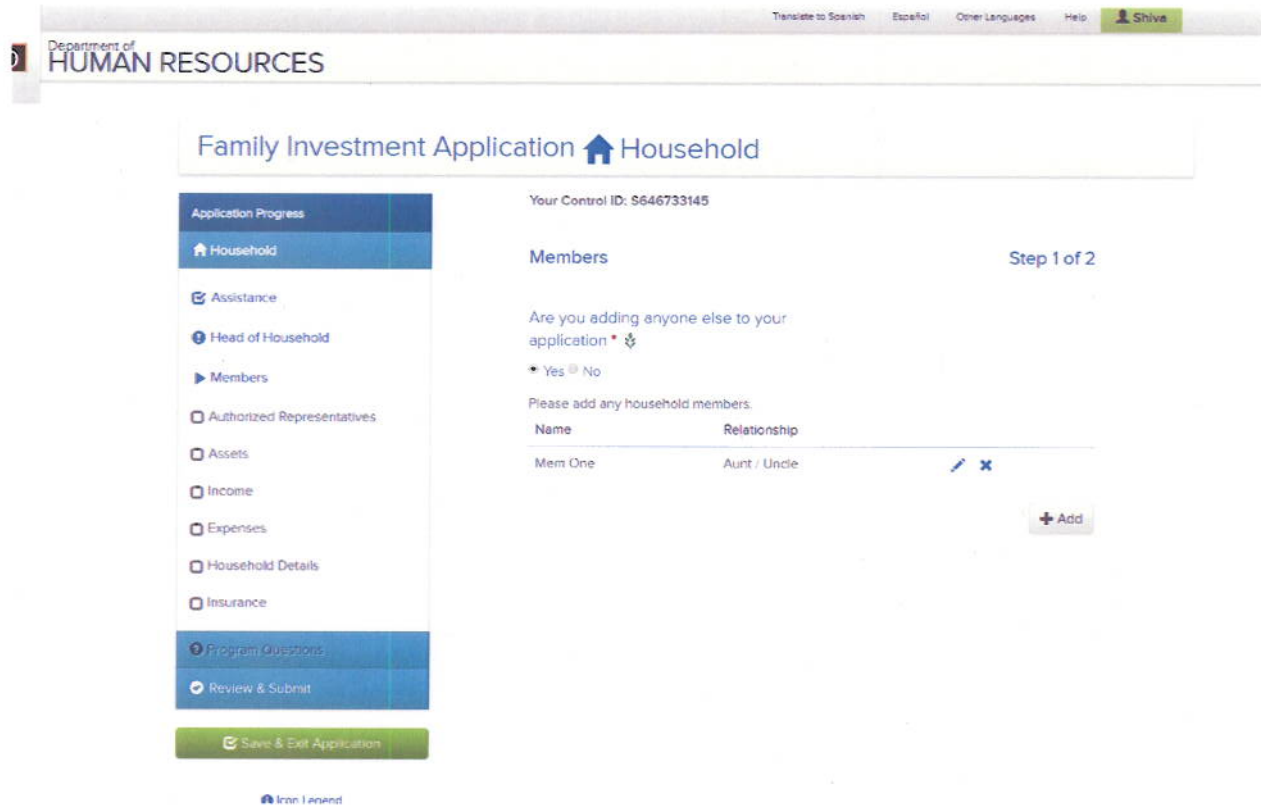
Screen Shot 37




Screen Shot 38



Screen Shot 39



Screen Shot 40

Family Investment Application  Household













Your Control ID: S646733145


**Authorized Representative**


Are you adding any Authorized Representative to your application?

Yes  No

**Application Progress**

-  Household
-  Assistance
-  Head of Household
-  Members
-  Authorized Representatives
-  Assets
-  Income
-  Expenses
-  Household Details
-  Insurance
-  Program Questions
-  Review & Submit

 Save & Exit Application

 Icon Legend

Screen Shot 41

# Family Investment

Application Progress

- Household
- Assistance
- Head of Household
- Members
- Authorized Representatives**
- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit

Save & Exit Application

Icon Legend

## Authorized Representatives Add Member

Step 1 of 4

### Basic Information

Relationship to You:

First Name \*  MI  Last Name \*  Suffix

Maiden or Other Name

Date of Birth:  Social Security Number

Other Identification Type  Other Identification Number

Gender:  Male  Female

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# Family Investment

Application Progress

- Household
- Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Selection
- Review & Submit

Save & Exit Application

Icon Legend

### Authorized Representatives

Step 2 of 4

Contact Information

Phone \*

Home Phone: (999) 999 - 9999

Work Phone:

Cell Phone:

Best Time: Please Select One

Best Number: Please Select One

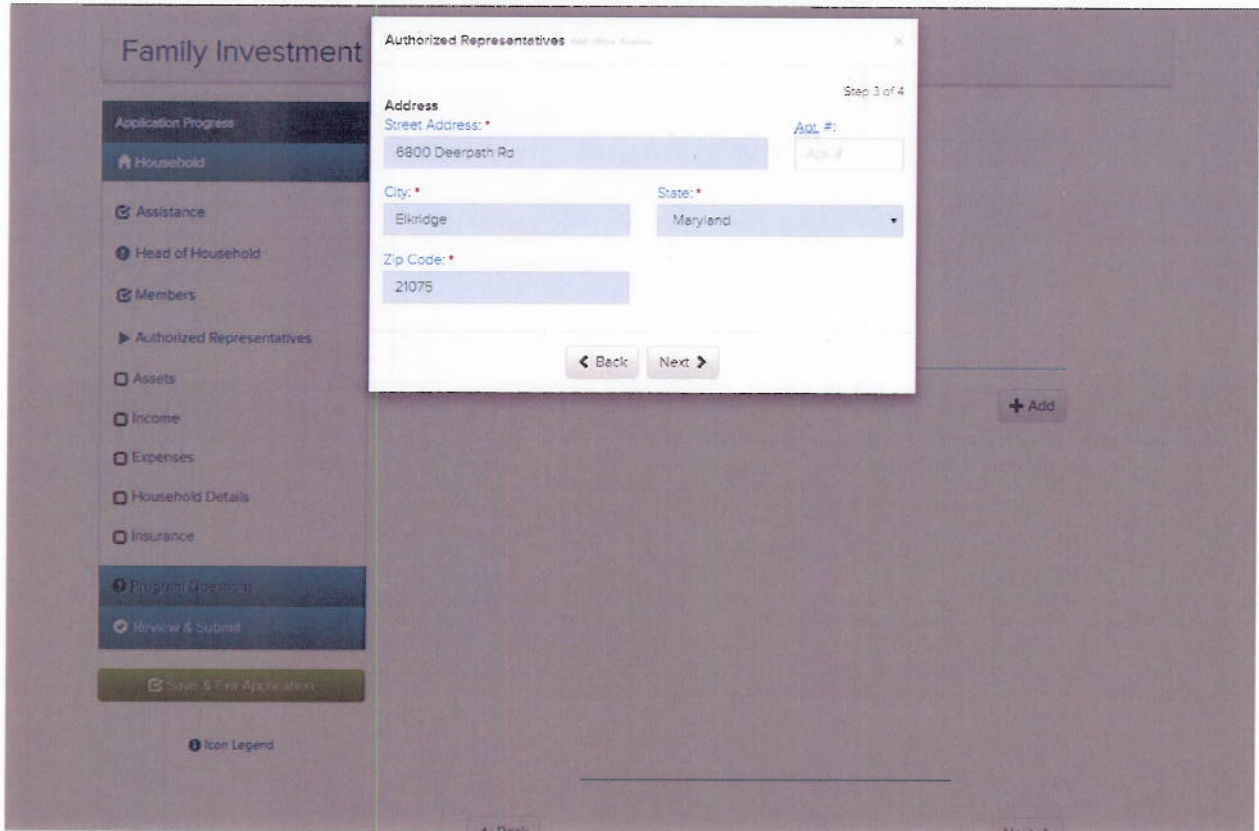
Email Address: Email Address

Confirm Email: Confirm Email

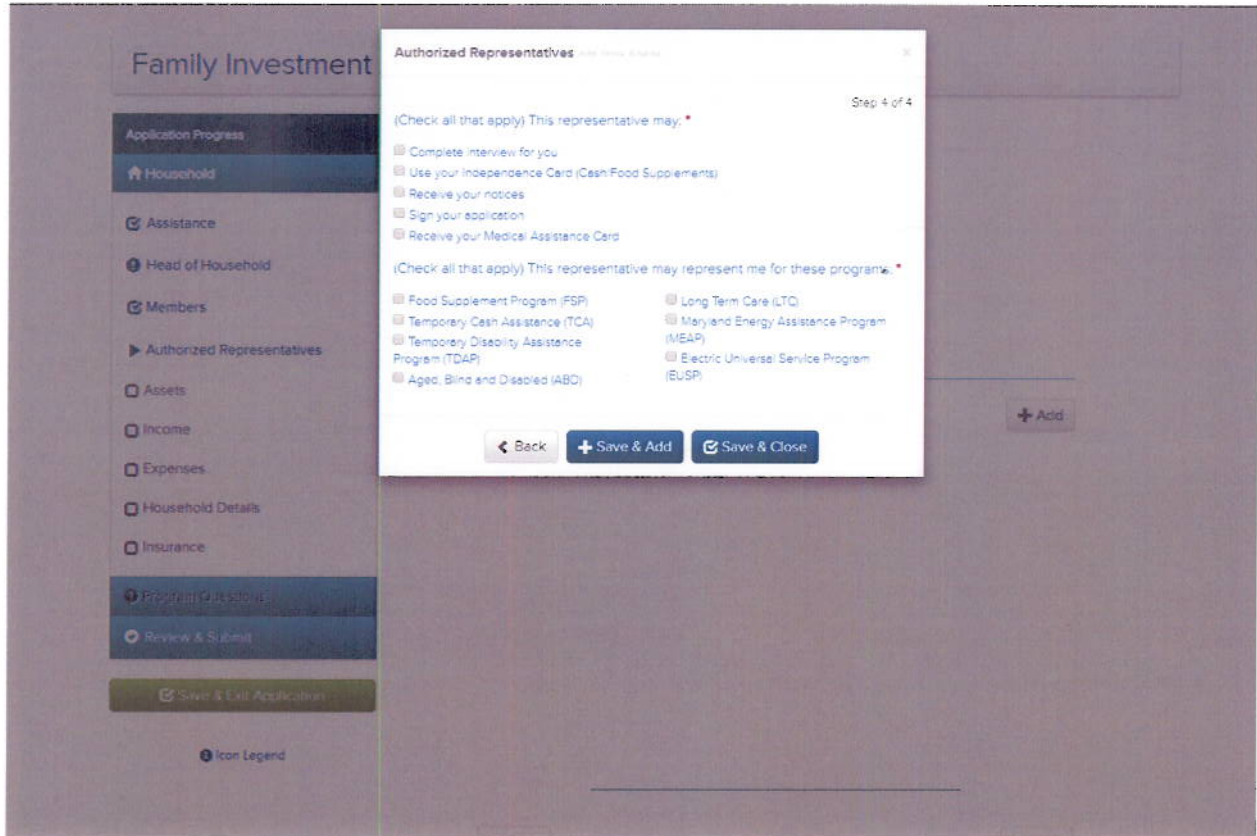
+ Add

< Back Next >

Screen Shot 43



Screen Shot 44



Screen Shot 45

Application Progress

- Household
- Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit

Save & Exit Application

Your Control ID: S646733145

### Authorized Representative

Are you adding any Authorized Representative to your application?

Yes  No

Please add any Authorized Representatives.

Name	Relationship	
Shiva Krishna	Aunt / Uncle	 

 Add

 Icon Legend

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Next 

Screen Shot 46

## Family Investment Application Household

Application Progress

- Household
- Assistance
- Head of Household
- Members
- Authorized Representatives
- Assets
- Income
- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit

Save & Exit Application

Your Control ID: S646733145

### Assets

Step 1 of 3

Do you have any assets? \*

Yes  No

Please tell us about your assets as of the first day of the month. List assets owned by you or your spouse, individually, jointly, or with other persons.

PLEASE PROVIDE PROOF: Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail, or bring documents to your local Department of Social Services.

Type of Resource/Asset	Owner	Balance/Value	Location
------------------------	-------	---------------	----------

 Add

Screen Shot 47

## Family Investment

**Application Progress**

- [Household](#)
- [Assistance](#)
- [Head of Household](#)
- [Members](#)
- [Authorized Representatives](#)
- [Assets](#)
- [Income](#)
- [Expenses](#)
- [Household Details](#)
- [Insurance](#)
- [Program Questions](#)
- [Review & Submit](#)
- [Save & Exit Application](#)

[Icon Legend](#)

**Add Asset**

**Asset Type \***

**Name of Owner \***  
(specify if self-employed)

**Balance/Value \***  
(as of 1st day of this month)

**Account Number \***

**Location \* (Name of Bank,  
at home, etc.)**

✕ Cancel
+ Save & Add
✔ Save & Close

Step 1 of 3













sets owned by you or


**PLEASE PROVIDE PROOF.** Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail, or bring documents to your local Department of Social Services.

Type of Resource/Asset	Owner	Balance/Value	Location
<span style="border: 1px solid #ccc; padding: 2px 5px;">+ Add</span>			

Screen Shot 48

Application Progress

-  Household
-  Assistance
-  Head of Household
-  Members
-  Authorized Representatives
-  Assets
-  Income
-  Expenses
-  Household Details
-  Insurance
-  Program Questions
-  Review & Submit

 Save & Exit Application

Your Control ID: S646733145

Assets 



Step 1 of 3

Do you have any assets? \*

Yes  No

Please tell us about your assets as of the first day of the month. List assets owned by you or your spouse, individually, jointly, or with other persons.

PLEASE PROVIDE PROOF. Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail, or bring documents to your local Department of Social Services.











Type of Resource/Asset	Owner	Balance/Value	Location	
Accident Settlement	Mem One	100.00	Test	 


 Add


 Icon Legend


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Application Progress

-  Household
-  Assistance
-  Head of Household
-  Members
-  Authorized Representatives
-  Assets
-  Income
-  Expenses
-  Household Details
-  Insurance

 Program Questions

 Review & Submit

 Save & Exit Application

Your Control ID: S646733145

### Assets

Step 2 of 3

#### Transferred/Sold Assets

Have you sold, traded, or given away any property, stocks, bonds, cash or other assets in the past 60 months? \*

Yes  No

Please provide details on sold assets below.

Asset Type	Former Owner	Value
--	--	--

 Add

*PLEASE PROVIDE PROOF. Submit copies of current statements or documents that verify the date the asset was transferred, the value of the asset at the time of the transfer, and the amount you received for the transferred asset. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail, or bring documents to your local Department of Social Services.*

 Icon Legend

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