



Screen Shot 51

Application Progress

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- 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	
Accident Settlement	Shiva Krishna (HH)	1,111.00	 

[+ 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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Screen Shot 52

## Family Investment Application Household

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- Save & Exit Application

Your Control ID: S646733145

### Assets

Step 3 of 3

#### Real Property

Do you and/or your spouse own or have a legal interest in any other real property? \*

Yes  No

Please send a copy of the deed to each property. Please also send copies of current documents that verify the equity value of each property.

Property Type	Owner	Value	Property Address

[+ Add](#)

Screen Shot 53

IN RESOURCES

Family Investment

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

### Add Real Property

Owner \*  Type of Ownership \*

Street Address \*  Apt. #

City \*  State \*  Zip Code \*

Current Fair Market Value \*  Current Amount Owed \*

Please send a copy of the deed to each property. Please also send copies of current documents that verify the equity value of each property.

Property Type	Owner	Value	Property Address

Screen Shot 54

## Family Investment Application Household

Application Progress

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Review & Submit

 Save & Exit Application

Your Control ID: S646733145

### Assets



Step 3 of 3

#### Real Property

Do you and/or your spouse own or have a legal interest in any other real property? \*

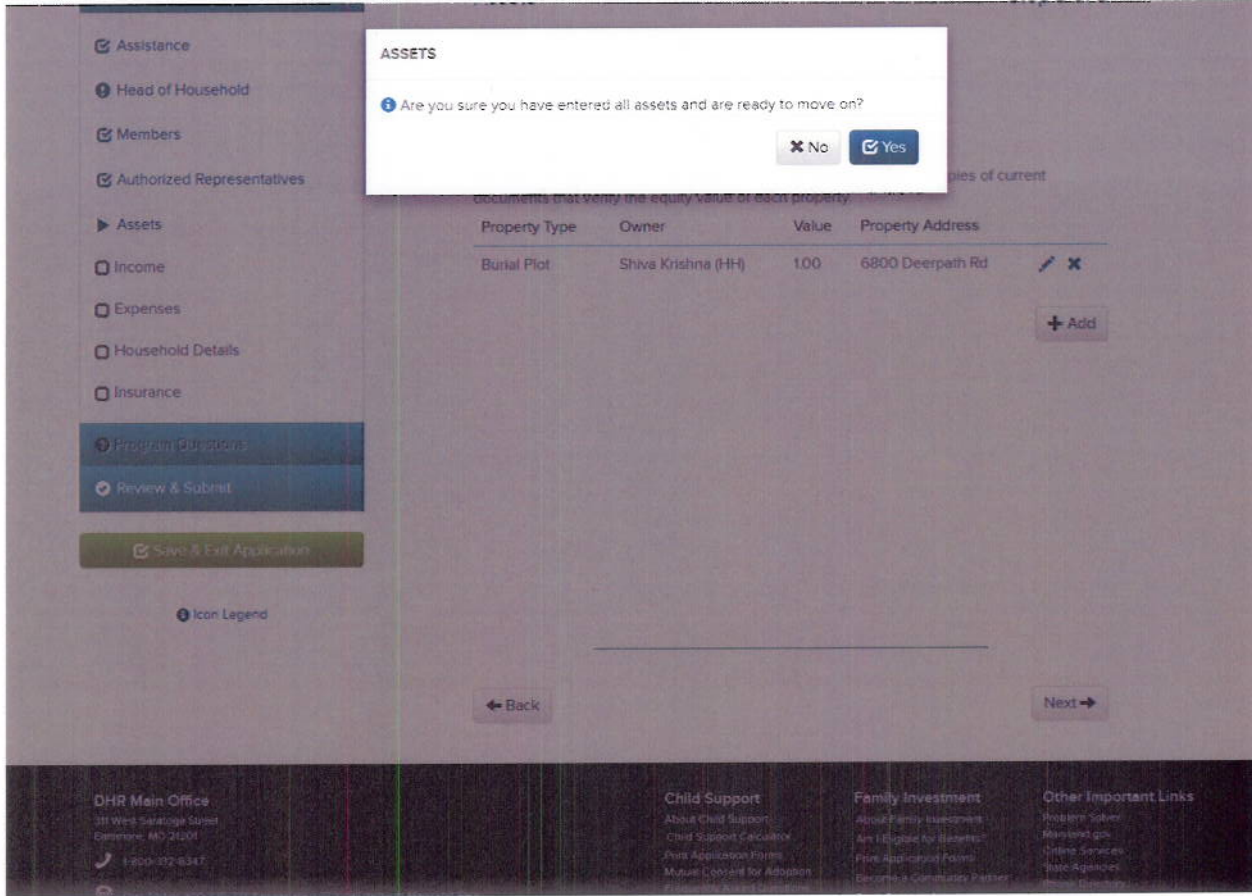
Yes  No

Please send a copy of the deed to each property. Please also send copies of current documents that verify the equity value of each property.

Property Type	Owner	Value	Property Address	
Burial Plot	Shiva Krishna (HH)	1.00	6800 Deerpath Rd	 

 Add

Screen Shot 55



Screen Shot 56

# Family Investment Application Household

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- Save & Exit Application

Your Control ID: S646733145

## Income

Step 1 of 2

### Employment

Is anyone in the household employed?  

Yes  No

Please identify each household member who earns income from employment.

Household Member	Employer

[+ Add](#)

 Icon Legend

Screen Shot 57

Family Investment

Application Progress

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- Save & Exit Application

Icon Legend

Step 1 of 2

Add Employment Income

List all gross income before deductions (such as taxes, health insurance, child support, alimony).

Household Member Employed \*  
Shiva Krishna (HH)

Job Title \*  
Test

Employer \*  
Employer

Phone \*  
(999) 999 - 9999

Street \*  
6800 Deerpath Rd

Appt./Suite

City \*  
Elkridge

State \*  
Maryland

Zip \*  
21075

Is this person on strike? \*  
 Yes  No

Strike Benefit Frequency \*  
None/No Benefit

Cancel Next

Step 1 of 2

+ Add

Screen Shot 58



Family Investment

Application Progress

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Save & Exit Application

Icon Legend

Step 2 of 2

### Add Employment Income

Income Type:

Hours per Week:

Amount of Most Recent Paycheck:

How Often Paid?:

Gross Pay Per Period:

Dates job held:

From:

To:

Present

If the job has ended, what is your last expected pay date? \*

Step 1 of 2

payment.

Screen Shot 59

# Family Investment Application Household


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- Save & Exit Application

Your Control ID: S646733145

## Income

Step 1 of 2

### Employment

Is anyone in the household employed? 

Yes  No

Please identify each household member who earns income from employment.

Household Member	Employer	
Shiva Krishna (H-I)	Employer	 

 Add

 Icon Legend

 Back

Next 

Screen Shot 60

- Application Progress
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- Save & Exit Application

Your Control ID: S646733145

### Income

Step 2 of 2

#### Benefits/Unearned Income

Do you have any benefits or unearned income? 

Yes  No

Please provide details on your benefits or unearned income below.

Recipient	Benefit/Income Type	Status

 Add

 Icon Legend

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Next 

Screen Shot 61

Family Investment

Application Progress

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Save & Exit Application

Icon Legend

Step 2 of 2

Status

+ Add

Add Benefits/Unearned Income

Do you receive, have you applied for, or have you been denied any benefit or income in the following list?

Benefit / Income Type \*  
Alimony

From Which State?  
Please Select One

Who receives this benefit? \*  
Shiva Krishna (HH)

Status \*  
 Applied  Received  Denied


Applied Date. \*  
09/04/2019

Screen Shot 62

# Family Investment Application Household

Your Control ID: S646733145

## Application Progress

 Household

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 Insurance

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 Review & Submit

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 Icon Legend

## Income



Step 2 of 2

### Benefits/Unearned Income

Do you have any benefits or unearned income? 

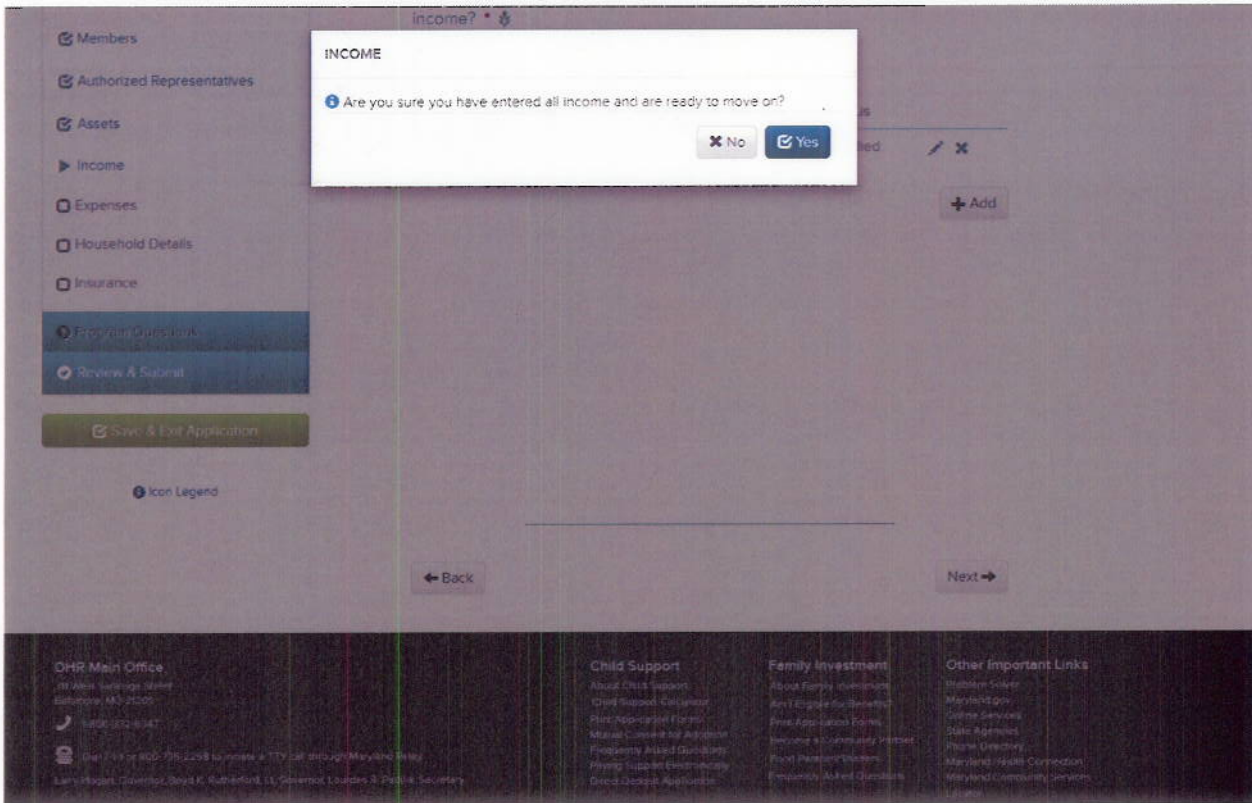
Yes  No

Please provide details on your benefits or unearned income below.

Recipient	Benefit/Income Type	Status
Shiva Krishna (H-H)	Alimony	Applied  

 Add

Screen Shot 63



Screen Shot 64

# Family Investment Application Household

Application Progress

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Review & Submit

 Save & Exit Application

 Icon Legend

Your Control ID: S646733145

## Expenses

Step 1 of 3

### Care Expenses

Does anyone in the household pay for child care or adult care to enable them to work or receive training? 











Yes  No


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Next 


Screen Shot 65

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### Expenses

Step 1 of 3

#### Care Expenses

Does anyone in the household pay for child care or adult care to enable them to work or receive training? \* 

Yes  No

Please provide details on your care expenses below.

Payor	Provider Name	Cost

 Add

 Icon Legend

Screen Shot 66



Family Investment

Application Progress

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Icon Legend

Step 1 of 3

### Add Care Expense

Payor \*  
Shiva Krishna (HH)  Under 2 years old?

Household Member Receiving Care \*  
Test

Provider Details

Provider Name \*  Phone \*

Street \*  Apt./Suite

City \*  State \*  Zip \*

Cost: \*  How Often Paid? \*

Screen Shot 67

# Family Investment Application Household

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## Expenses

Step 1 of 3

### Care Expenses

Does anyone in the household pay for child care or adult care to enable them to work or receive training? \*

\* Yes  No

Please provide details on your care expenses below.

Payor	Provider Name	Cost
Shiva Krishna (HFI)	Provider Name	10.00

+ Add

Icon Legend

Screen Shot 68

ent of  
**MAN RESOURCES**

# Family Investment Application Household

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Your Control ID: S646733145

## Expenses

Step 2 of 3

### Court Ordered Expenses

Does anyone in the household pay court-ordered alimony or child support for a child or children not living in the household? \*

\* Yes  No

Please provide details on your court ordered expenses below.

Household Member	Expense Type	Recipient/Beneficiary
------------------	--------------	-----------------------

+ Add

Screen Shot 69

AN RESOURCES

Family Investment

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Translate to Spanish Español Other Languages Help Shiva

### Add Court-Ordered Expense

Recipient/Beneficiary \*  Phone \*

Street \*  Apt./Suite

City \*

State \*  Zip \*

Amount Paid \*  Person or Agency Paid \*

How Often Paid? \*  Type \*

Payor \*

Step 2 of 3

or child support for

Beneficiary

+ Add

Screen Shot 70

# Family Investment Application Household

Application Progress

 Household

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 Save & Exit Application


 Icon Legend

Your Control ID: S646733145

## Expenses

Step 2 of 3

### Court Ordered Expenses

Does anyone in the household pay court-ordered alimony or child support for a child or children not living in the household? 

Yes  No

Please provide details on your court ordered expenses below.

Household Member	Expense Type	Recipient/Beneficiary	
Shiva Krishna (HH)	Alimony	Recipient/Beneficiary	 

 Add

Screen Shot 71


- Application Progress
- Household**
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- Review & Submit
- Save & Exit Application

Your Control ID: S646733145

### Expenses

Step 3 of 3

#### Outstanding Medical Expenses

Do any household members have unpaid medical bills within the past three months? 

Yes  No

Please provide details on your unpaid medical bills below.

Household Member	Expense Type(s)
--	--

[+ Add](#)

*SEND PROOF. Provide a newly dated, itemized, unpaid medical bill(s) that you incurred up to three months prior to this application. The bill must contain a service date, charge, and a detailed description of the service(s) provided. Once you have submitted your electronic application, please fax or mail copies of the bills to the District Office displayed on your Application Summary page. If you do not have the bills at the time you submit the application, the bills may be submitted at a later date during this application process.*

 Icon Legend

Screen Shot 72

Family Investment

Application Progress

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Step 3 of 3

Household Member \*  
Shiva Krishna (HH)

Outstanding Medical Expenses \*

- Health/Medicare Insurance
- Medical/Dental Insurance
- Dentures/Glasses/Hearing Aids
- Transportation Costs
- Hospital
- In Home Nurse
- Nursing Facility
- Attendant Care/Personal Care
- Pharmacy
- Doctor Bills
- Other

*SEND PROOF. Provide a newly dated, itemized, unpaid medical bill(s) that you incurred up to three months prior to this application. The bill must contain a service date, charge, and a detailed description of the service(s) provided. Once you have submitted your electronic application, please fax or mail copies of the bills to the District Office displayed on your Application Summary page. If you do not have the bills at the time you submit the application, the bills may be submitted at a later date during this application process.*

Icon Legend

Screen Shot 73

Application Progress

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- Review & Submit


Save & Exit Application

Your Control ID: S646733145

### Expenses

Step 3 of 3

#### Outstanding Medical Expenses

Do any household members have unpaid medical bills within the past three months? 

Yes  No

Please provide details on your unpaid medical bills below.

Household Member	Expense Type(s)	
Shiva Krishna (HH)	Medical/Dental Insurance, Attendant Care/Personal Care	 

 Add

*SEND PROOF. Provide a newly dated, itemized, unpaid medical bill(s) that you incurred up to three months prior to this application. The bill must contain a service date, charge, and a detailed description of the service(s) provided. Once you have submitted your electronic application, please fax or mail copies of the bills to the District Office displayed on your Application Summary page. If you do not have the bills at the time you submit the application, the bills may be submitted at a later date during this application process.*

 Icon Legend

Screen Shot 74

- Members
- Authorized Representatives
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- Review & Submit
- Save & Exit Application

Icon Legend

EXPENSES

Are you sure you have entered all expenses and are ready to move on?

No Yes

+ Add

*SEND PROOF: Provide a newly dated, itemized, unpaid medical bill(s) that you incurred up to three months prior to this application. The bill must contain a service date, charge, and a detailed description of the service(s) provided. Once you have submitted your electronic application, please fax or mail copies of the bills to the District Office displayed on your Application Summary page. If you do not have the bills at the time you submit the application, the bills may be submitted at a later date during this application process.*











Back Next


<p><b>DHR Main Office</b>          100 West Baltimore Street          Baltimore, MD 21201          1-800-332-6347          TDD: 410-333-6347          Fax: 410-333-2268          Relay: 1-800-332-6347          Link: Megan, Governor Boyd R. Rutherford, Jr., Governor Louisa P. Padiella, Secretary</p>	<p><b>Child Support</b>          About Child Support          Child Support Calculator          Print Application Form          Make a Claim for Arrearage          Frequently Asked Questions          Paying Support Electronically          Direct Debit Application</p>	<p><b>Family Investment</b>          About Family Investment          Are I eligible for benefits?          Print Application Form          Decline a Community Partner          Fraud Reporting System          Frequently Asked Questions</p>	<p><b>Other Important Links</b>          Property Solver          Maryland.gov          Online Services          State Agencies          Phone Directory          Maryland Health Connection          Maryland Community Services          Local</p>
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Screen Shot 75




Application Progress

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-  Income
-  Expenses
-  Household Details
-  Insurance

 Program Questions

 Review & Submit

 Save & Exit Application

Your Control ID: S646733145

### Household Details

Step 1 of 3

#### Assistance History

What type of assistance do you or any household members receive now or in the past? 

- Food Supplements  Now  Past
- Temporary Cash Assistance  Now  Past
- Temporary Disability Assistance  Now  Past
- Medical Assistance  Now  Past
- Energy Assistance  Now  Past

Other Assistance I am Currently Receiving

 Icon Legend

Screen Shot 76

## Family Investment Application Household

Application Progress

- Household
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Save & Exit Application

Your Control ID: S646733145

### Household Details

Step 2 of 3

#### Roomer/Boarder Information

A **Roomer** is an individual who pays the household for lodging, but not meals, and does not eat with the household.

A **Boarder** is a resident of a commercial boarding house, an establishment that offers meals and lodging for compensation with the intent of making a profit.

Are any of the people living with you a roomer or boarder? \*

\* Yes  No

Please select each person who is a roomer or boarder \*

- Shiva Krishna #HH
- Mem One

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Application Progress

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Program Questions

Review & Submit

Save & Exit Application

Your Control ID: S646733145

### Household Details

Step 3 of 3

#### Household Costs

Has the household received any energy assistance at the current address within the past 12 months? \*

Yes  No

Is anyone in your Household paying for home expenses, such as mortgage, rent or utilities? \* 

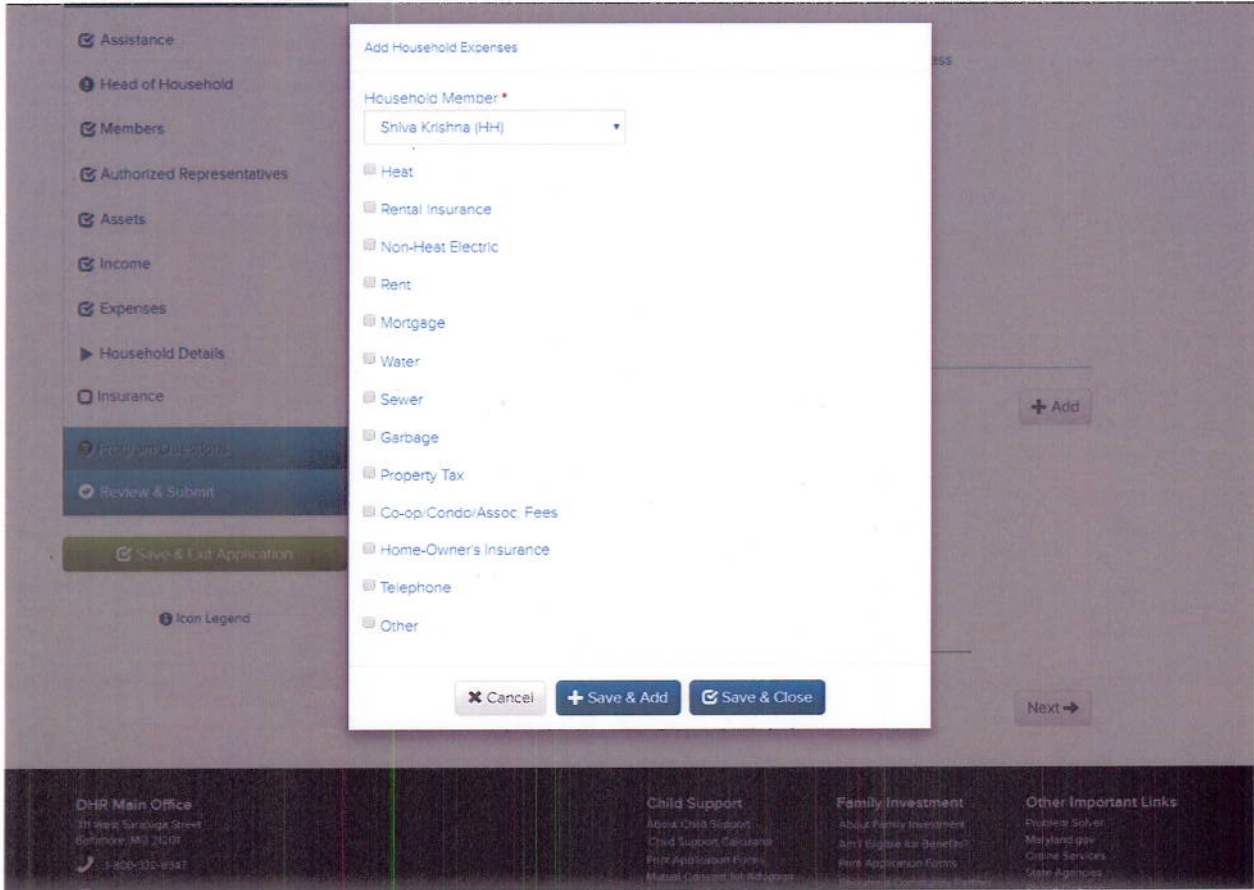
Yes  No

Please provide details on your home expenses below.

Household Member	Expenses Paid
------------------	---------------

 Add

 Icon Legend



Screen Shot 79

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

[Icon Legend](#)

#### Household Costs

Has the household received any energy assistance at the current address within the past 12 months? \*

Yes  No

Is anyone in your Household paying for home expenses, such as mortgage, rent or utilities? \*

Yes  No

Please provide details on your home expenses below.

Household Member	Expenses Paid
Shiva Krishna (HIT)	\$0

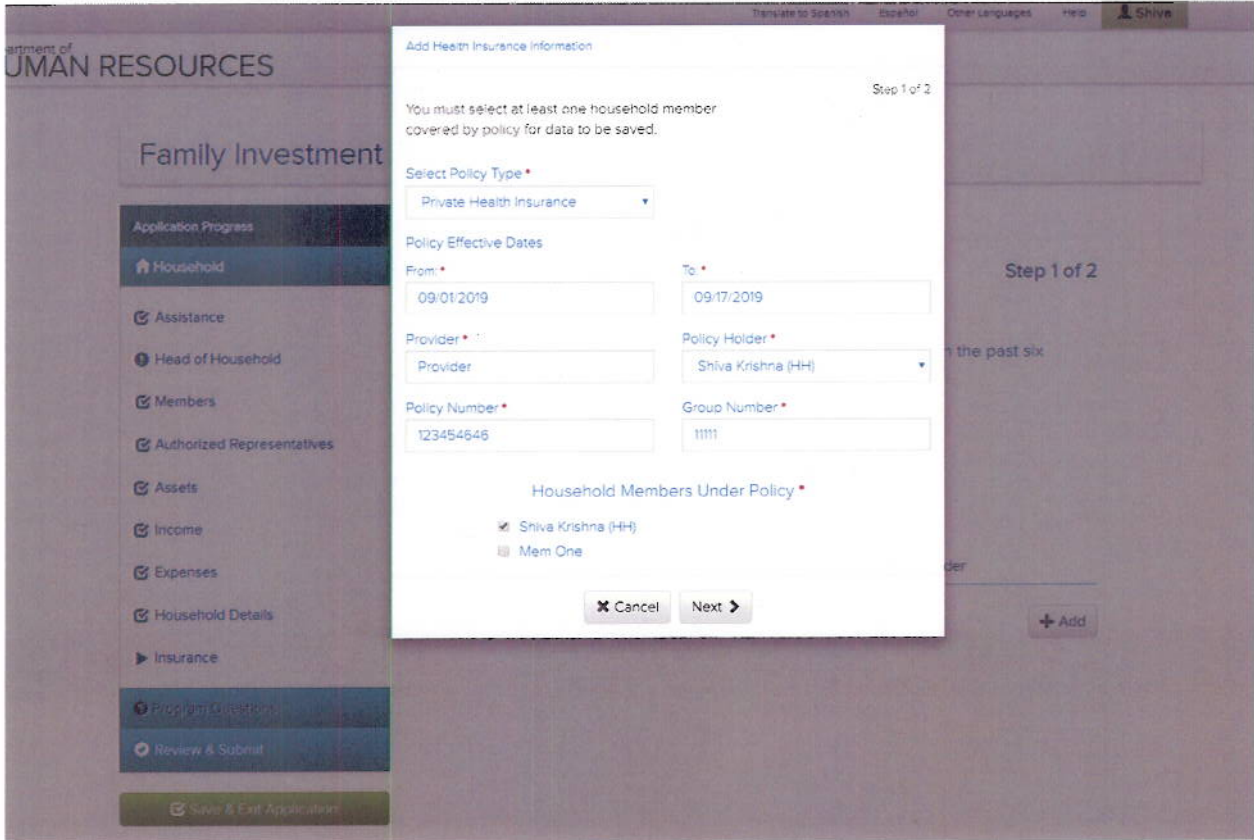


[+ Add](#)

[← Back](#)

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Screen Shot 80



Screen Shot 81

Department of HUMAN RESOURCES

Family Investment

Application Progress

- Household
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- Insurance
- Program Eligibility
- Review & Submit
- Save & Exit Application

Translate to Spanish Español Other Languages Help Shiva

Add Health Insurance Information Step 2 of 2

Policy Holder Address

Phone \* (999) 999 - 9999

Street \* 6800 Deerpath Rd Add

City \* Elkridge State \* Please Select One Zip Code \* 21075

Insurance Provider Address

Company \* Company Phone \* (999) 999 - 9999

Street \* 6800 Deerpath Rd

City \* Elkridge State \* Maryland Zip Code \* 21075

Back Save & Add Save & Close Add

Step 1 of 2

the past six

Screen Shot 82

- Application Progress
- Household**
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- Expenses
- Household Details
- Insurance
- Program Questions
- Review & Submit
- Save & Exit Application

Your Control ID: S646733145

### Insurance

Step 1 of 2

#### Health Insurance

Has anyone applying dropped health insurance coverage in the past six months? \*

Yes  No

Does anyone applying have any health insurance? \*

Yes  No

Please provide details on your health insurance below.

Policy Holder	Type	Provider
Shiva Krishna (H+H)	Private Health Insurance	Provider  

 Add

 Icon Legend

Screen Shot 83



Family Investment Application  Household

- Application Progress
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- Review & Submit
- Save & Exit Application

Your Control ID: 5646733145

**Insurance**

Step 2 of 2

**Life Insurance**

Does anyone in your household have life insurance? \*

Yes  No

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# Family Investment Application Household

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

Your Control ID: S646733145

## Insurance



Step 2 of 2

### Life Insurance

Does anyone in your household have life insurance? \*

Yes  No

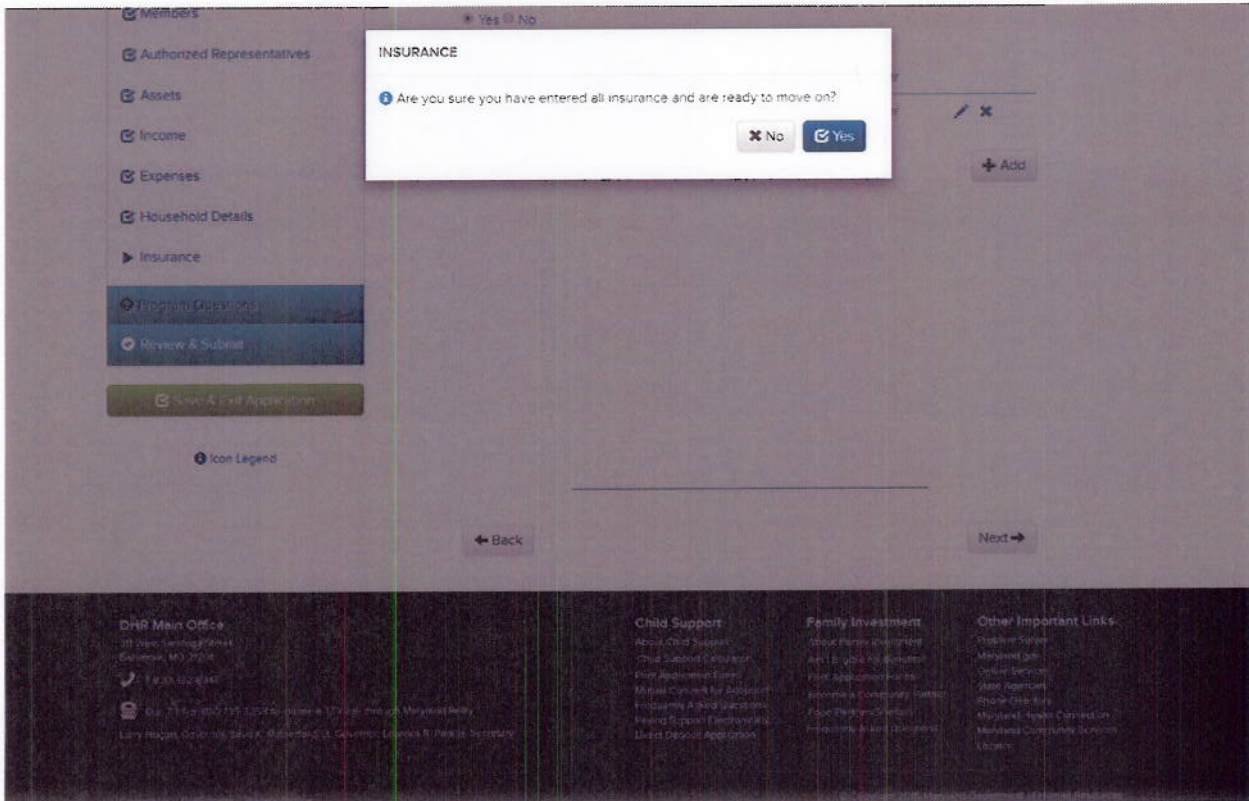
Please provide details on your life insurance below.

Household Member	Type of Plan	Provider
Shiva Krishna (HH)	Life Insurance	Provider  

[+ Add](#)

 Icon Legend

Screen Shot 85



The screenshot shows the same insurance application page as above, but with a confirmation dialog box overlaid. The dialog box is titled "INSURANCE" and contains the question: "Are you sure you have entered all insurance and are ready to move on?". There are two buttons: "No" and "Yes". The "Yes" button is highlighted in blue. Below the dialog box, there are "Back" and "Next" navigation buttons. At the bottom of the page, there is a footer with contact information for DHR Main Office, Child Support, Family Investment, and Other Important Links.

**DHR Main Office**  
30 West Livingston Street  
Geneva, NY 14456  
Fax: 315-228-3447  
Or: 716-405-1951 (TDD) or 1-877-447-4647 (Voice Mail)  
Lara Regan, 2260 Hill Street, Rochester, NY, Governor's Office, Secretary

**Child Support**  
About Child Support  
Child Support Orders  
How to Establish Child Support  
Mutual Consent for Child Support  
Financial Aid and Payments  
Hearings Support Enforcement  
Level Support Applications






**Family Investment**  
About Family Investment  
Applying for assistance  
First Application Forms  
Income & Community Support  
How to Apply for  
Financial Aid and Grants

**Other Important Links**  
Problem Solver  
MyChild.gov  
Online Petition  
State Agencies  
Phone Call Help  
Alcohol, Health, Criminal, or  
Mental Health Services  
Library

# Screen Shot 86

## Family Investment Application Program Questions

**Application Progress**

-  Household
-  Program Questions
-  Felony Convictions
- Utility Information
- Disability
- Additional Information
-  Review & Submit
-  Save & Exit Application

 Icon Legend

Your Control ID: S646733145

### Felony Convictions

Has anyone in your household been convicted of:

A drug kingpin felony on or after August 22, 1996? \*   
(Drug kingpin - An organizer, supervisor, financier or manager who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State controlled dangerous substance)

Yes  No

Which household members? \*

- Shiva Krishna (H)
- Mem One

A volume dealer drug felony on or after August 22, 1996? \*   
(Volume dealer - An individual who manufactures, distributes, dispenses or possesses certain quantities of a controlled dangerous substance)

Yes  No

Which household members? \*

- Shiva Krishna (H)
- Mem One

# Screen Shot 87

possesses certain quantities of a controlled dangerous substance)

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

Is anyone in your household currently violating parole or probation, or fleeing from the police or the courts? \*

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

Has anyone in your household been convicted since August 22, 1996 in a Federal or State Court for not telling the truth about where they lived or their identity in order to receive Food Supplement Qualification benefits or cash assistance from more than one place in the same month? \*

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

Has a court convicted any member of your household for trafficking Food Supplement Qualification benefits of \$500 or more? \*

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

## Screen Shot 88

<input type="checkbox"/> Mem One
----------------------------------

Has a court convicted any member of your household for trafficking Food Supplement Qualification benefits of \$500 or more? \*

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

Is anyone in your household receiving benefits under another identity or as a member of another household or in another state? \*

Yes  No

Which household members? \*

<input type="checkbox"/> Shiva Krishna (H-H)
<input type="checkbox"/> Mem One

[← Back](#)

[Next →](#)

### DHR Main Office

311 West Saratoga Street  
Baltimore, MD 21201  
1-800-332-6343

Dial 7-1-1 or 800-735-2258 to make a 24/7 call through Maryland Relay.  
Larry Hogan, Governor, Boyd K. Rutherford, Lt. Governor, Lourdes R. Padilla, Secretary

### Child Support

About Child Support  
Child Support Calculator  
Print Application Forms  
Mutual Consent for Adoption  
Frequently Asked Questions  
Paying Support Electronically  
Direct Deposit Application

### Family Investment


About Family Investment  
Am I Eligible for Benefits?  
Print Application Forms  
Become a Community Partner  
Food Pantries/Shelters  
Frequently Asked Questions

### Other Important Links

Problem Solver  
Maryland.gov  
Online Services  
State Agencies  
Phone Directory  
Maryland Health Connection  
Maryland Community Services Locator

# Screen Shot 89

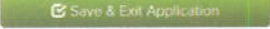
Department of HUMAN RESOURCES


Translate to Spanish Español Other Languages Help 

## Family Investment Application Program Questions

**Application Progress**

- Household
- Program Questions**
- Felony Convictions
- Utility Information
- Disability
- Additional Information
- Review & Submit





Your Control ID: S646733145

### Utility Information Step 1 of 3



**Utility Problems**  
Do you have any of these problems?

- Utility shut off
- Eviction or foreclosure
- No place to stay
- No Heat
- No food
- Cannot afford childcare
- Other (please specify)

I only want to apply for help with my utilities \*

Yes  No

---

DHR Main Office Child Support Family Investment Other Important Links

# Screen Shot 90

## Family Investment Application Program Questions

**Application Progress**

- Household
- Program Questions**
- Felony Convictions
- Utility Information
- Disability
- Additional Information
- Review & Submit

**Save & Exit Application**

 Icon Legend

Your Control ID: S646733145

### Utility Information

Step 2 of 3

#### Electric Company Information

My electric company is \*

BGE

Account Number \*

111111

The Name on the account is \*

Name on the account

I have a turn-off notice from this company \*

Yes  No

My service is turned off now \*

Yes  No

#### EUSP Arrearage Grant

I have a past-due electric bill and would like to receive an Electric Arrearage grant to help pay the balance. I must have a past-due electric balance of at least \$300 to be considered for the grant, and I may receive up to \$2,000 for my current past-due bills. This grant is only available once every seven years, though certain waivers to this rule may apply. Electric Arrearage grants are in addition to electric benefits applicants may receive each year through the EUSP program. I must receive EUSP and enroll in budget billing to qualify for an arrearage grant.

I want to apply and be screened for an Electric Arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Electric Arrearage grant for seven years.


#### EUSP Electric Grant \*


### Screen Shot 91

Additional Information

**Review & Submit**

**Save & Exit Application**

 Delete Application

 Icon Legend

I have a turn-off notice from this company \*

Yes  No

My service is turned off now \*

Yes  No

#### EUSP Arrearage Grant

I have a past-due electric bill and would like to receive an Electric Arrearage grant to help pay the balance. I must have a past-due electric balance of at least \$300 to be considered for the grant, and I may receive up to \$2,000 for my current past-due bills. This grant is only available once every seven years, though certain waivers to this rule may apply. Electric Arrearage grants are in addition to electric benefits applicants may receive each year through the EUSP program. I must receive EUSP and enroll in budget billing to qualify for an arrearage grant.

I want to apply and be screened for an Electric Arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Electric Arrearage grant for seven years.

#### EUSP Electric Grant \*

I understand I will be enrolled in budget billing for 12 months to receive an EUSP Benefit. I would like to apply for EUSP and be enrolled in budget billing. I understand that the electric bill must be in my name in order to qualify for EUSP.

I do not want to enroll in the EUSP Electric Grant.

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[Next →](#)

#### DHR Main Office

318 West Saratoga Street  
Baltimore, MD 21201

 1-800-332-6347

 Dial 7-11 or 800-735-2258 to initiate a TTY call through Maryland Relay

Larry Hogan, Governor, Boyd K. Rutherford, Lt. Governor, Louder R. Padilla, Secretary

#### Child Support

About Child Support  
Child Support Calculator  
Print Application Forms  
Mutual Consent For Adoption  
Frequently Asked Questions  
Paying Support Electronically  
Direct Deposit Application

#### Family Investment

About Family Investment  
Am I Eligible for Benefits?  
Print Application Forms  
Become a Community Partner  
Food Pantries/Hotels  
Frequently Asked Questions

#### Other Important Links


Problem Solver  
Maryland.gov  
Online Services  
State Agencies  
Phone Directory  
Maryland Health Connection  
Maryland Community Services  
Locator

# Screen Shot 92

## Family Investment Application Program Questions

**Application Progress**

- Household
- Program Questions**
- Felony Convictions
- Utility Information
- Disability
- Additional Information
- Review & Submit

 Save & Exit Application

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Your Control ID: S646733145

### Utility Information

Step 3 of 3

#### Heating Information

My heat supplier or fuel company is \*

AERO ENERGY

The main heating source of my home is \*

Propane

Account Number \*

123654978

The Name on the account is \*

Name on the account

I have a turn-off notice from this company \*

Yes  No

My service is turned off now \*

Yes  No

I would like to participate in USPP (Utility Service Protection Plan) to prevent shut-off of service if I get behind on my bill. I also understand that no money will be paid to my account through USPP, but I will be put on a payment plan and will be required to make monthly payments. I understand I do not have to participate in USPP to receive EUSP benefits. \*

Yes  No

If you have selected an alternate supplier, list the name here

Company Name

#### MEAP Grant \*

I would like to apply for a MEAP grant. The heating bill does not need to be in my name to qualify.

# Screen Shot 93

Company Name

#### MEAP Grant \*

- I would like to apply for a MEAP grant. The heating bill does not need to be in my name to qualify.
- I do not want to enroll in the MEAP Grant.

#### Gas Arrearage Grant

I have a past-due gas bill and would like to receive a Gas Arrearage grant to help pay the balance. I may receive up to \$2,000, once every seven years, though certain waivers to this rule may apply. Gas Arrearage grants are in addition to heating benefits applicants may receive each year through the MEAP program. I must have a past due gas balance of at least \$300 to be considered for the grant.

I want to apply and be screened for a Gas Arrearage grant and understand that, if I receive this benefit, I may not be eligible for another Gas Arrearage grant for another seven years.

#### Weatherization

I consent to be referred to the energy efficiency programs at the Maryland Department of Housing & Community Development. These programs reduce the home's energy consumption and lower utility bills while creating a healthier home environment. They are offered at no cost to income eligible Marylanders. I understand unless I select "NO" my contact information will be referred to DHCD. I understand I do not need to participate in DHCD's energy efficiency programs to receive OHEP benefits.


No, I do not wish to be referred.

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Department of HUMAN RESOURCES

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### Family Investment Application Program Questions

Your Control ID: S646733145

#### Disability

Is anyone in the household disabled?

Yes  No

Please provide details on disability below.

Household Member	Disability Type

[+ Add](#)

[← Back](#) [Next →](#)

[Icon Legend](#)

DHR Main Office Child Support Family Investment Other Important Links

Screen Shot 95



Department of HUMAN RESOURCES

Family Investment

Application Progress

- Household
- Program Questions**
- Felony Convictions
- Utility Information
- Disability
- Additional Information
- Review & Submit
- Save & Exit Application

Icon Legend

DHR Main Office

Translate to Spanish Español Other Languages Help

### Add Disability

Step 1 of 10

Please tell us about your disability, if you have one.

Household Member \*  
Shiva Krishna (HH) ▾

Disability Type

When did the disability begin?  
MM/DD/YYYY

Do you receive Medicare Part A? ⓘ  
 Yes  No

Premium Amount  
\$ 1.00

Do you receive Medicare Part B? ⓘ  
 Yes  No

Premium Amount  
\$ 1.00

Do you receive Medicare Part C? ⓘ  
 Yes  No

Premium Amount  
\$ 1.00

Do you receive Medicare Part D? ⓘ  
 Yes  No

Premium Amount  
\$ 1.00

Please provide your Medicare Claim Number

Cancel Next ➤

+ Add

Next ➡

ment Other Importer

Screen Shot 96

## Family Investment

**Application Progress**

- Household
- Program Questions**
- Felony Convictions
- Utility Information
- Disability
- Additional Information
- Review & Submit

Save & Exit Application

Icon Legend

**DHR Main Office**  
311 West Strategic Center  
Baltimore, MD 21201  
1-800-333-6347  
Dial 711 or 800-735-2258 to access a TTY  
Larry Hogan, Governor, Boyd K. Rutherford, Lt. Governor

Contact Us | DHR Home | Privacy Notice

Step 2 of 10

**Add Disability**

Please tell us about your disability, if you have one.

Can you speak and understand English?  
If you cannot speak and understand English, we will provide an interpreter, free of charge.

Yes  No

Can you read and understand English?      Can you write more than your name in English?

Yes  No       Yes  No

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your claim.

Name (First, Middle Initial, Last)

Relationship to you      Daytime Phone Number  
     

Mailing Address (Street or P.O. Box)      [Add](#)  
     

City      State/Province  
     

ZIP/Postal Code      Country (if not USA)  
     

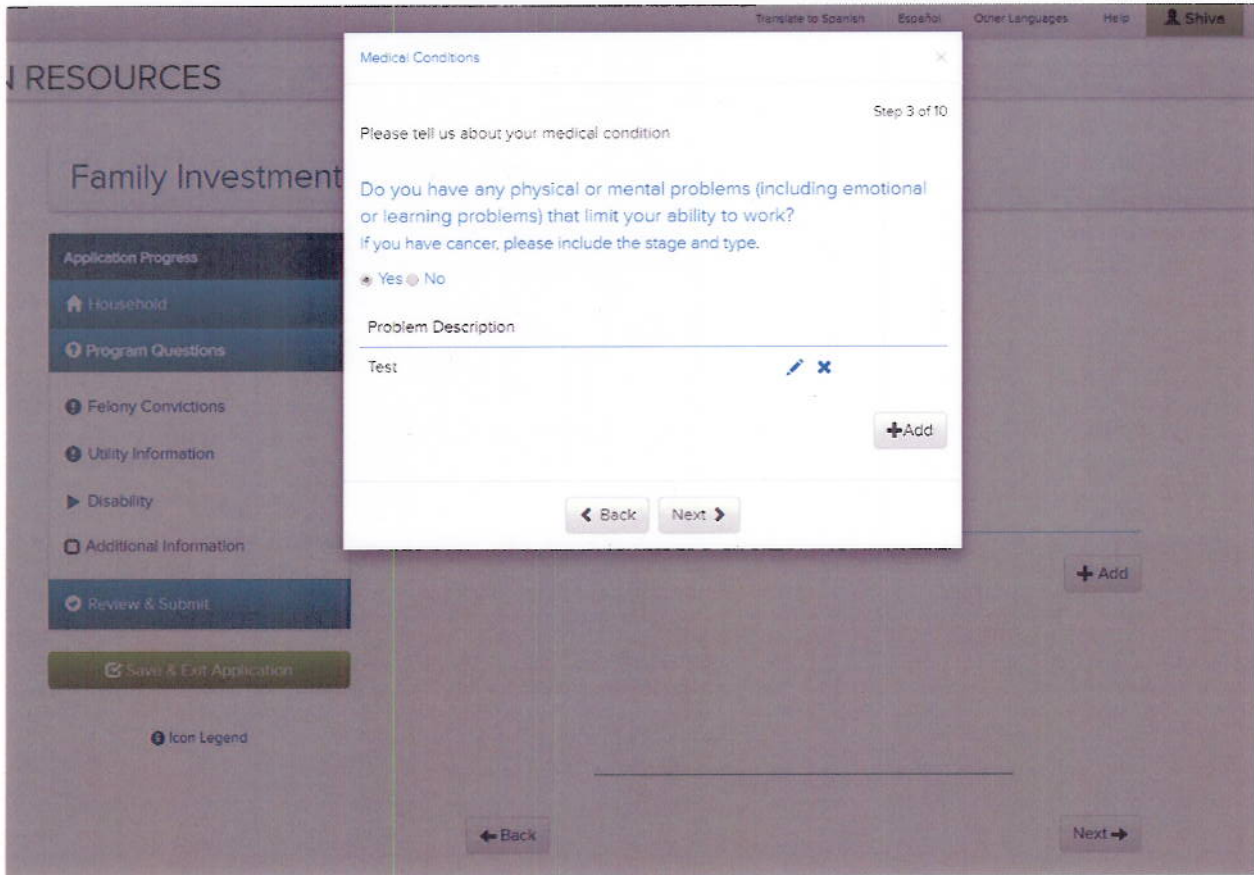
Can this person speak and understand English?  
If they cannot speak and understand English, we will provide an interpreter, free of charge.

Yes  No

Did you attend special education classes?  
 Yes  No

Have you completed any type of specialized job training, trade, or vocational school?  
 Yes  No

Screen Shot 97



Screen Shot 98

What is your height without shoes?

Feet  Centimeters (if outside USA)

Feet

Inches

What is your weight without shoes?

Pounds  Kilograms (if outside USA)

Pounds

Do your conditions cause you pain or other symptoms?

Yes  No

Has there been any change (for better or worse) in your illnesses, injuries, or conditions since you last applied for Social Security disability benefits?

Yes  No

Please describe in detail:

Approximate date the changes occurred:

MM/DD/YYYY

Do you have any new physical or mental limitations as a result of your illnesses, injuries or conditions you last applied for Social Security disability benefits?

Yes  No

Please describe in detail:

Approximate date the changes occurred:

MM/DD/YYYY

Do you have any illnesses, injuries or conditions since you last applied for Social Security disability benefits?

Yes  No

Please describe in detail:

Approximate date the changes occurred:

MM/DD/YYYY

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Screen Shot 99

Work Activity ×

Step 5 of 10

Are you currently working?

No, I have never worked  No, I have stopped working  Yes, I am currently working

When do you believe your condition(s) became severe enough to keep you from working (even though you have never worked)? (month/day/year)

MM/DD/YYYY

Yes  No

Please provide details on disability below.

Household Member	Disability Type

Screen Shot 100