

Translate to Spanish Español Other Languages Help Shiv

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 did you stop working?

Why did you stop working?

Because of my condition(s) Because of other reasons.

Did your condition(s) cause you to make changes in your work activity? (for example: job duties, hours, or rate of pay)

Yes No

Since the date above, have you had gross earnings greater than \$1,010 in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

Yes No

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RESOURCES

Family Investment

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- Review & Submit

Save & Exit Application

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Job History

Step 6 of 10

Check the box below that applies to you.

I had only one job in the last 15 years before I became unable to work. Answer the questions below.

 I had more than one job in the last 15 years before I became unable to work. Do not answer the questions on this page; go to Section 7 on page 5. (We may contact you for more information.)

Describe this job. What did you do all day?

In this job, did you:

Use machines, tools or equipment?	Use technical knowledge or skills?	Do any writing, complete reports, or perform any duties like this?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

In this job, how many total hours each day did you do each of the tasks listed:

Walk	Stand	Sit	Climb
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reach	Stoop	Kneel	Crouch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crawl	Handle large objects	Write, type, or handle small objects	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

+ Add

Next →

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Family Investment

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Icon Legend

Reach

Stoop

Kneel

Crouch

Crawl

Handle large objects

Write, type, or handle small objects

Lifting and carrying (Explain in the box below, what you lifted, how far you carried it, and how often you did this in your job.)

Check heaviest weight lifted:

Less than 10 lbs.
 10 lbs.
 20 lbs.
 50 lbs.
 100 lbs. or more
 Other

Check weight frequently lifted: (by frequently, we mean from 1/3 to 2/3 of the workday)

Less than 10 lbs.
 10 lbs.
 25 lbs.
 50 lbs. or more
 Other

Did you supervise other people in this job?

Yes
 No

Were you a lead worker?

Yes
 No

+ Add

Next →

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DHR Main Office

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RESOURCES

Family Investment

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Icon Legend

Medical Information ✕

Step 7 of 10

Are you taking any medicines (prescription or non-prescription)?

Yes
 No

Name of Medicine	If prescribed, give name of doctor	Reason for Medicine
..

+ Add

Please provide details on disability below.

Household Member	Disability Type
<input type="text"/>	<input type="text"/>

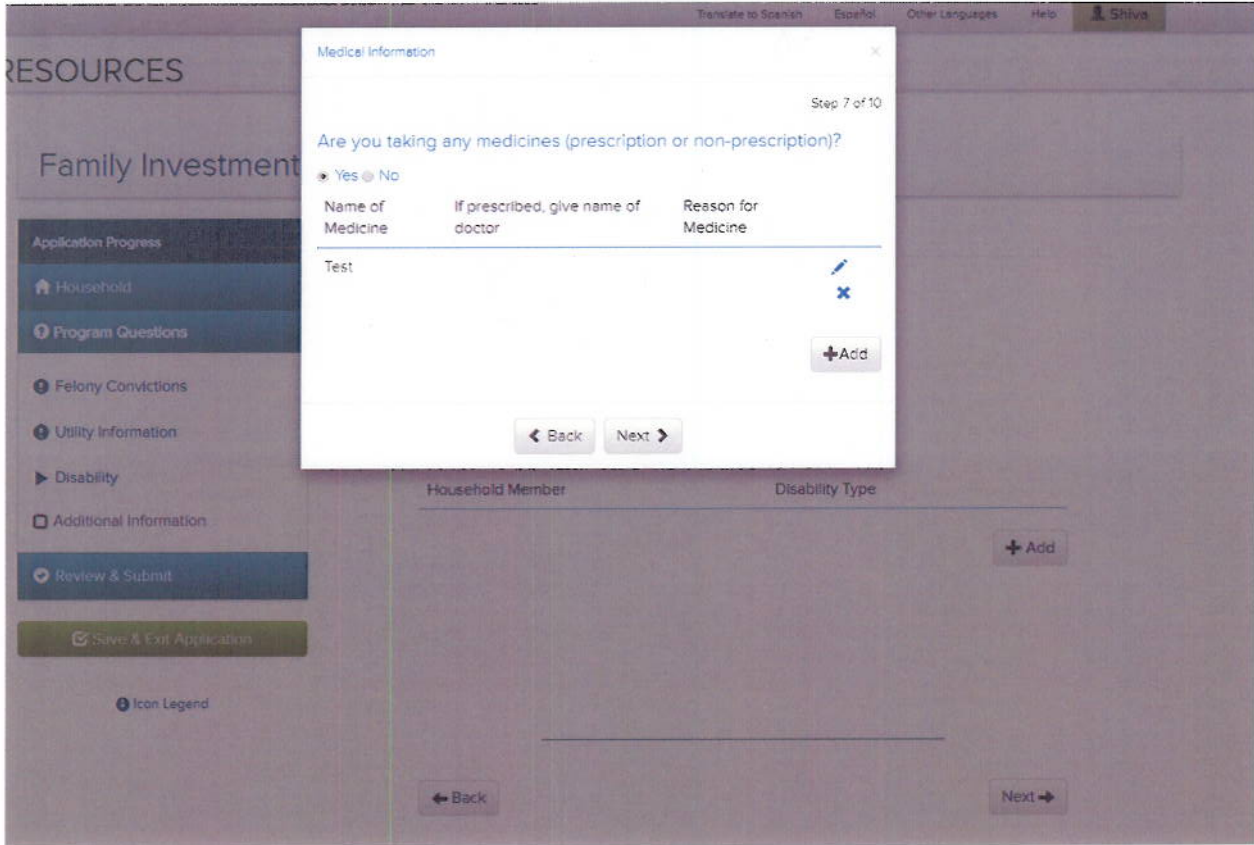
+ Add

< Back
Next >

Screen Shot 105

The screenshot displays a web application interface with a dark sidebar on the left and a main content area. The sidebar includes the text 'MAN RESOURCES' at the top, followed by 'Family Investment' and a list of menu items: 'Personal Information', 'Utility Information', 'Disability', and 'Additional Information'. The main content area is partially obscured by a 'Medical Information' dialog box. The dialog box has a title bar with a close button and contains the following elements: a sub-header 'Add Medicines (prescription or non-prescription)', a radio button labeled 'Are you taking medicine?' with 'Yes' selected, two input fields for 'Name of Medicine' and 'If prescribed, give name of doctor', a larger text area for 'Reason for Medicine', and three buttons at the bottom: 'Cancel', 'Save & Add', and 'Save & Close'. Below the dialog box, the main content area shows a table with columns 'Household Member' and 'Disability Type', and a '+ Add' button. Navigation arrows for 'Back' and 'Next' are visible at the bottom of the page.

Screen Shot 106



Screen Shot 107

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Family Investment

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Icon Legend

Step 8 of 10

Other Medical Information

Does anyone else have medical information about your physical and/or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else? (This may include places such as workers' compensation, vocational rehabilitation, insurance companies who have paid you disability benefits, prisons, attorneys, social service agencies and welfare.)

Yes
 No

Name of Organization

Phone Number

Mailing Address

City

State/Province

ZIP/Postal Code

Country (if not USA)

Name of Contact Person

Claim or ID number (if any)

Date of First Contact

Date of Last Contact

Date of Next Contact (if any)

Reasons for Contacts

← Back
Next →

Other Important Links

- [Problem Solver](#)
- [Maryland.gov](#)
- [Online Services](#)
- [Data Agencies](#)
- [Phone Directory](#)
- [Maryland Health Connection](#)
- [Maryland Transit App Services](#)

DHR Main Office
 700 West Galesburg School
 Baltimore, MD 21201
 1-800-332-6347

Call 7-11 or 800-735-2256 to initiate a TTY call through Maryland Relay.

[Mutual Consent for Adoption](#)

[Frequently Asked Questions](#)

[Playing Support Electronically](#)

[Child Application Form](#)

[Become a Community Partner](#)

[Food Network/Starbucks](#)

[Maryland State Government](#)

[Other Important Links](#)

[Problem Solver](#)

[Maryland.gov](#)

[Online Services](#)

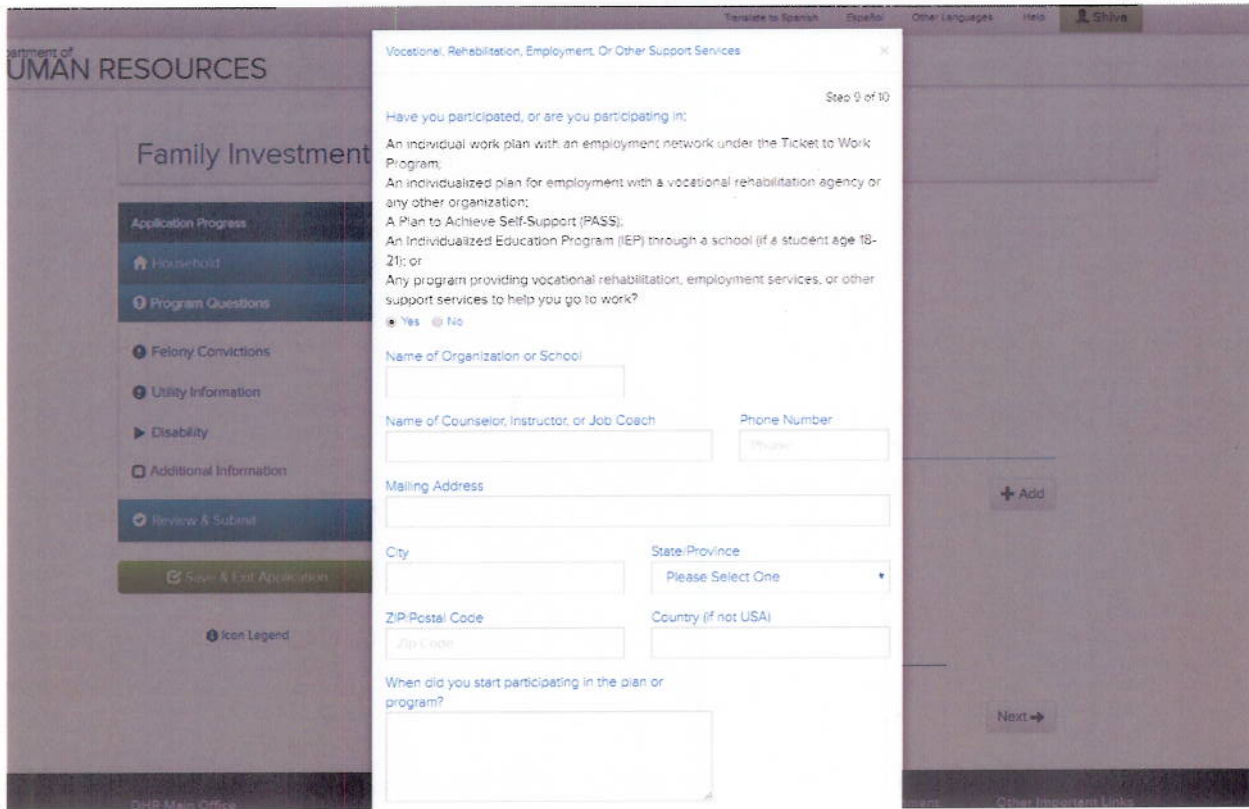
[Data Agencies](#)

[Phone Directory](#)

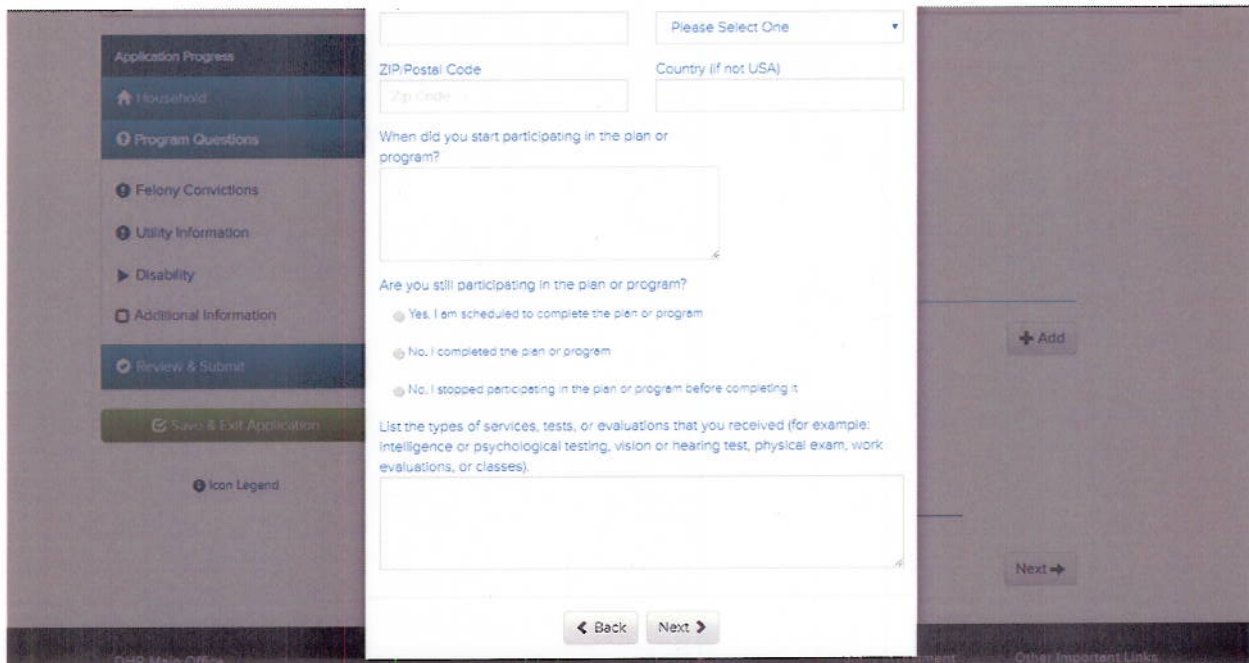
[Maryland Health Connection](#)

[Maryland Transit App Services](#)

Screen Shot 108



Screen Shot 109



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Family Investment

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Step 10 of 10

Medical Treatment

Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled?

For any physical condition(s)?

Yes No

For any mental condition(s)
(including emotional or learning problems)?

Yes No

Facility or Office	Health Care Professional
..	..
+ Add	

[← Back](#)
[+ Save & Add](#)
[Save & Close](#)

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[Next →](#)

Screen Shot 111

MAN RESOURCES

Family Investment

Have received appointment

Medical Treatment

Add Medical Treatment

Step 1 of 4

Tell us who may have medical records about any of your physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

Name of Facility or Office:

Name of health care professional who treated you:

Phone Number:

Patient ID# (if known):

Mailing Address:

City:

State/Province:

ZIP/Postal Code:

Country (if not USA):

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MAN RESOURCES

Family Investment

Have received appointment

Medical Treatment

Add Medical Treatment

Step 2 of 4

Dates of Treatment

Office, Clinic or Outpatient visits:

First Visit:

Last Visit:

Next scheduled appointment (if any):

Emergency Room visits:

List the most recent date first

First Visit:

Last Visit:

Next scheduled appointment (if any):

Overnight hospital stays:

List the most recent date first

First Visit Date In:

First Visit Date Out:

Last Visit Date In:

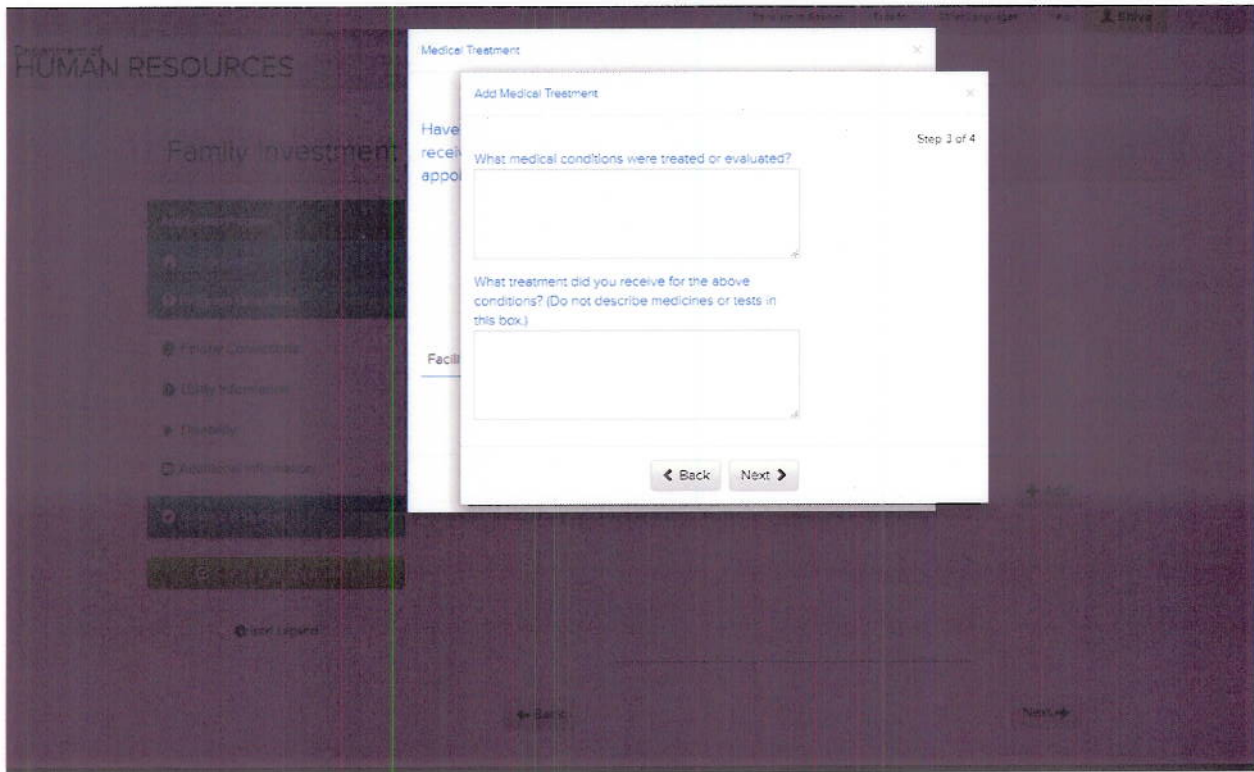
Last Visit Date Out:

Next Scheduled Appointment Date In (if any):

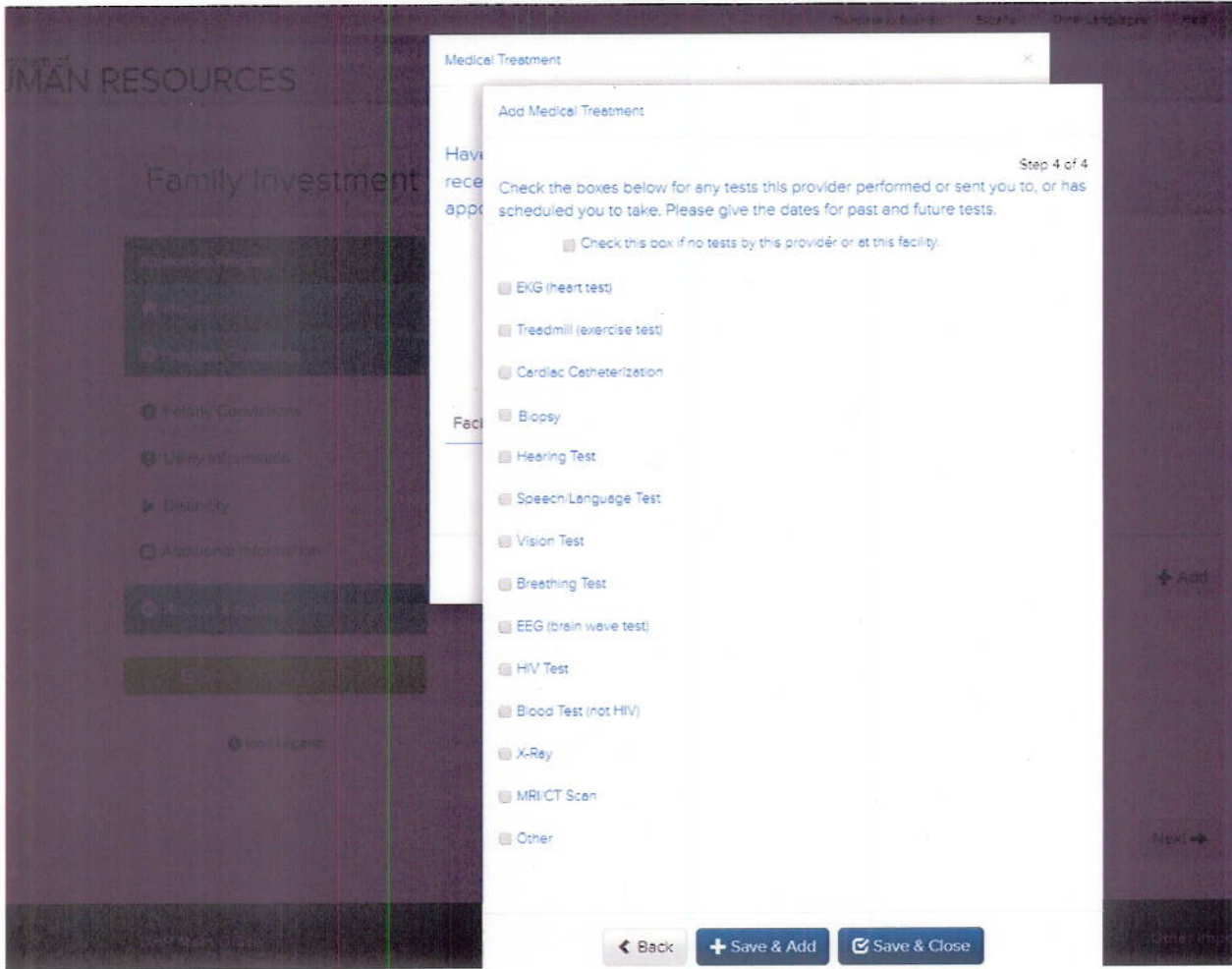
Next Scheduled Appointment Date Out (if any):

← Back Next →

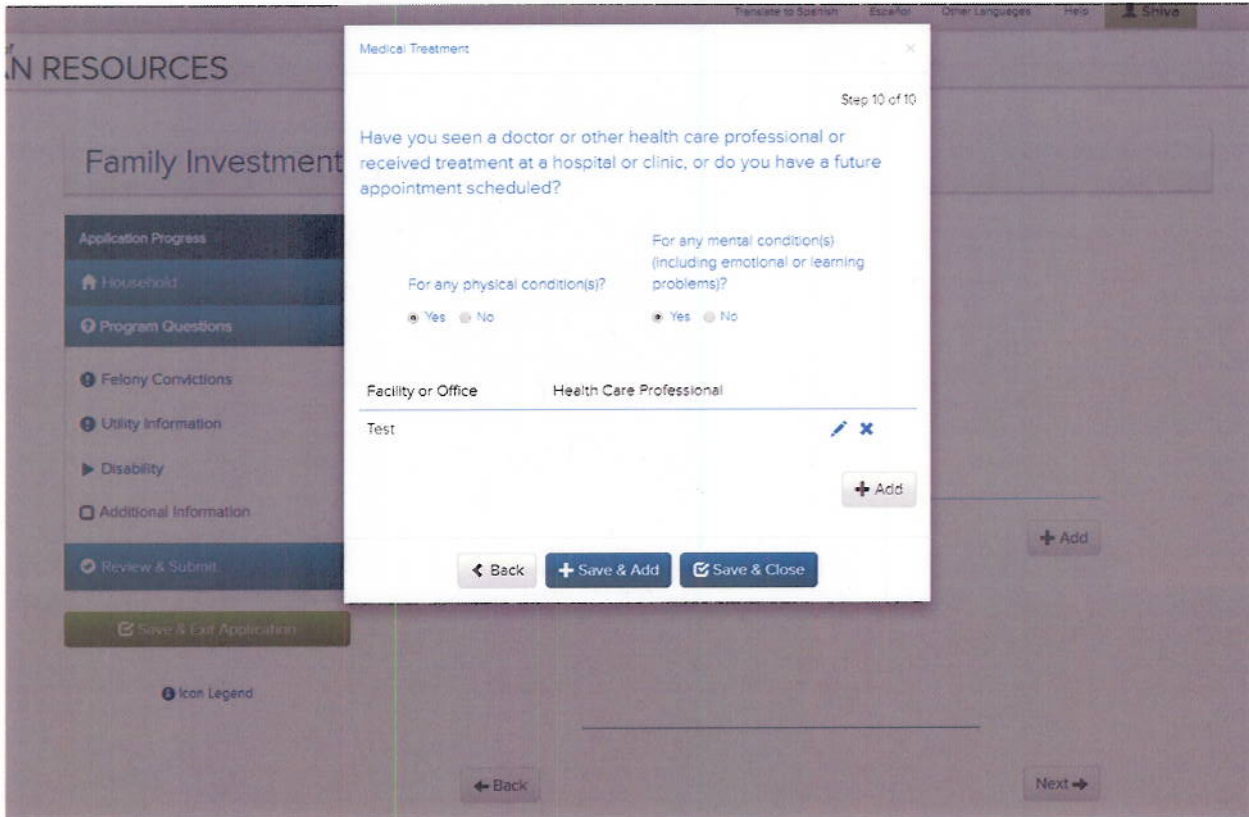
Screen Shot 113



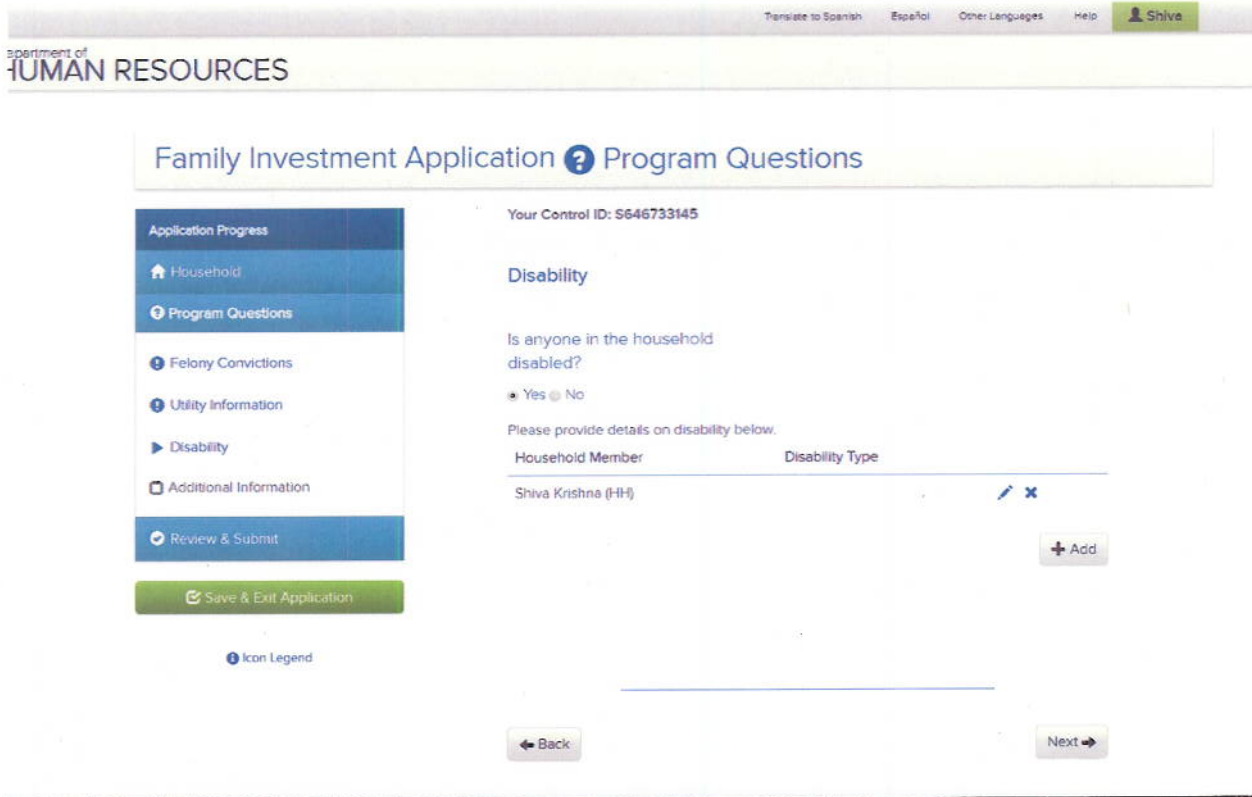
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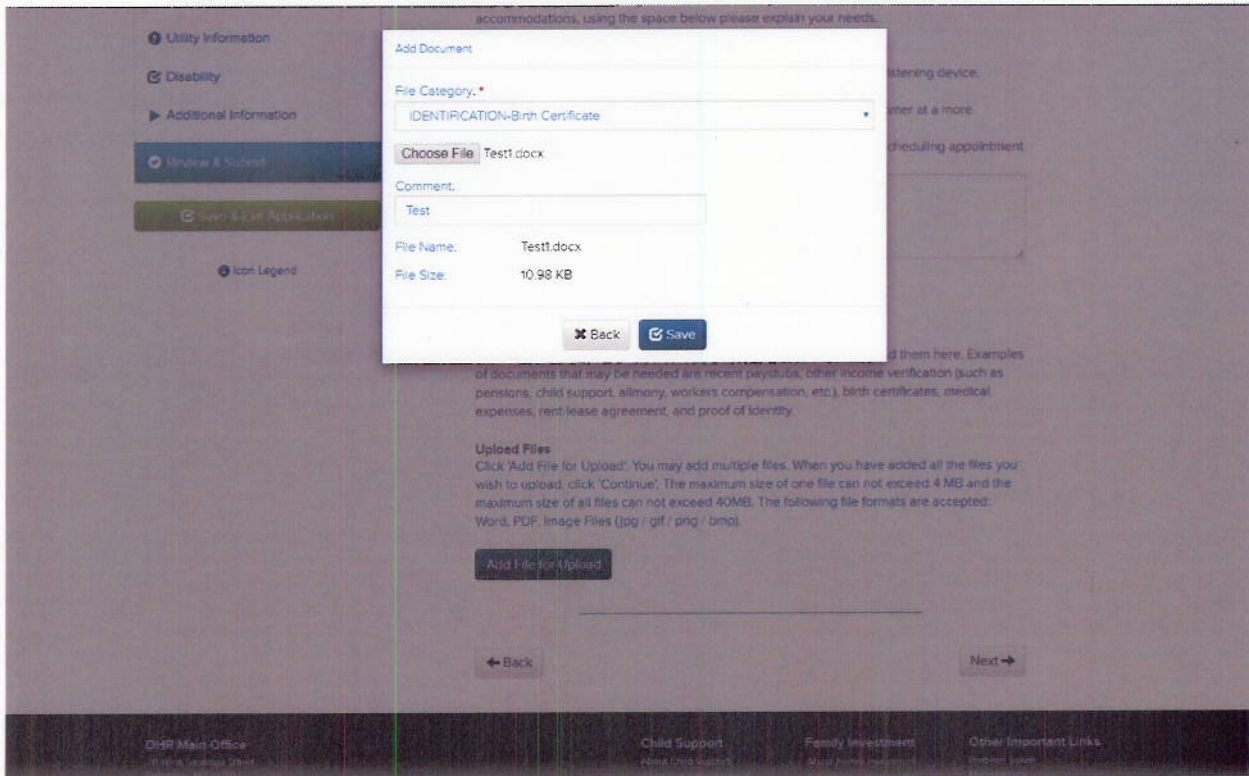
Screen Shot 115



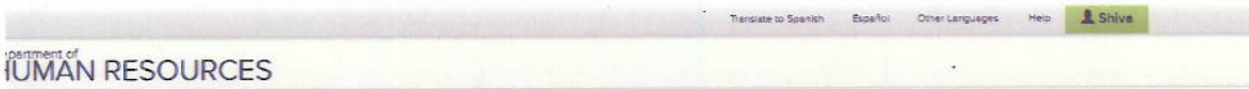
Screen Shot 116



Screen Shot 117



Screen Shot 118



Department of HUMAN RESOURCES

Family Investment Application ? Program Questions

Your Control ID: S646793145

Additional Information

Please use this space if you need to give us more information. Also, if you are an individual with a disability you may be entitled to reasonable accommodations to help you access our Department's activities, programs and services. If you are in need of reasonable accommodations, using the space below please explain your needs.

Examples of Reasonable Accommodations:
Hearing Impairment: sign language interpreter, providing an assistive listening device.
Visual Impairment: having a qualified reader to read to a customer
Mobility Impairment: mailing forms to a customer; meeting with a customer at a more accessible location.
Development Disabilities: having things written down, taking breaks, scheduling appointment around medical needs.

*maximum of 2000 characters (0/2000)

File Upload

If you have any documents to support your application, you may upload them here. Examples of documents that may be needed are recent paystubs, other income verification (such as pensions, child support, alimony, workers compensation, etc.), birth certificates, medical expenses, rent/lease agreement, and proof of identity.

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- Utility Information
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- Additional Information
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- Save & Exit Application

Icon Legend

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File Upload

If you have any documents to support your application, you may upload them here. Examples of documents that may be needed are recent paystubs, other income verification (such as pensions, child support, alimony, workers compensation, etc.), birth certificates, medical expenses, rent/lease agreement, and proof of identity.

Upload Files

Click 'Add File for Upload'. You may add multiple files. When you have added all the files you wish to upload, click 'Continue'. The maximum size of one file can not exceed 4 MB and the maximum size of all files can not exceed 40MB. The following file formats are accepted: Word, PDF, Image Files (jpg / gif / png / bmp).

[Add File for Upload](#)

File Type	File Name	Comment	File Size	
IDENTIFICATION-Birth Certificate	Test1.docx	Test	10.98 KB	X

Used 10.98 KB / 40MB

[← Back](#)

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DHR Main Office 333 West Saratoga Street Baltimore, MD 21201 1-800-332-6347 Dial 711 or 800-725-2258 to initiate a 711 call through Maryland 211 Larry Hogan, Governor, Boyd K. Battle, Lt. Governor, Louisa R. Frazier, Secretary	Child Support About Child Support Child Support Calculator Post 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? Post 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
Contact Us DHR Home Privacy Notice	© Copyright 2015 Maryland Department of Human Resources		

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Family Investment Application **Review & Submit**

Application Progress

- Household
- Program Questions
- Review & Submit**

Save & Exit Application

Icon Legend

Your Control ID: S646733145

Missing Required Information

To submit your application, you must provide the missing required information in the areas listed below. Use the links in the list below to navigate to a section, or click the button to step through all pages with missing information.

[Step Through Pages With Missing Info](#)

Household

Assistance:	Complete
Head of Household:	Incomplete
Members & Representatives:	Complete
Assets:	Complete
Income:	Complete
Expenses:	Complete
Household Details:	Complete
Insurance:	Complete

Program Questions

Screen Shot 121

Assistance:	Complete
Head of Household:	Incomplete
Members & Representatives:	Complete
Assets:	Complete
Income:	Complete
Expenses:	Complete
Household Details:	Complete
Insurance:	Complete

Program Questions

Felony Convictions:	Incomplete
Utility Information:	Incomplete

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<p>DHR Main Office 38 West Seneca Street Baltimore, MD 21201 1-800-372-6347 Dial 7-1-1 or 800-735-2258 to initiate a TTY call through Maryland Relay Lenny Hoogen, Governor, Boyd K. Rutherford, Lt. Governor, Lourdes R. Padilla, Secretary</p>	<p>Child Support About Child Support Child Support Calculator Form Applications Forms Mutual Consent Via Adjudication Frequently Asked Questions Repay Support & Retroactively Direct Deposit Application</p>	<p>Family Investment About Family Investment Am I Eligible for Benefits? Print Application Forms Become a Community Partner Food Partners/Charters Frequently Asked Questions</p>	<p>Other Important Links Problem Solver Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connection Maryland Community Services Locator</p>
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Screen Shot 122

Family Investment Application Household

Missing Required Information: 5 Pages Remaining

Use these controls to move through each page with missing required information.

[← Prev Page](#)

[Next Page →](#)

Application Progress

 Household

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.


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Family Investment Application Review & Submit

Application Progress

 Household

 Program Questions

 Review & Submit

 Save & Exit Application

 Icon Legend

Your Control ID: **S646733145**

Missing Required Information

Household

Assistance: Complete

Head of Household: Complete

Members & Representatives: Complete

Assets: Complete

Income: Complete

Expenses: Complete

Household Details: Complete

Insurance: Complete

Program Questions

Felony Convictions: Complete

Utility Information: Complete

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Department of HUMAN RESOURCES

Family Investment

Application Progress

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- Program Questions
- Review & Submit

Save & Exit Application

Icon Legend

New Work Requirement for Some Residents

If you live in Anne Arundel County, Baltimore County, Calvert County, Carroll County, Charles County, Frederick County, Howard County, Montgomery County, Prince George's County, St. Mary's County or Washington County, a new work requirement for the Food Supplement Program might apply to you or members of your household.

The work requirement applies to individuals who are able to work, are at least 18 years old and younger than 50 years old, and are not living with a dependent child under the age of 18. If the individual is NOT working for at least 20 hours per week or participating in a work-like activity, Food Supplement Benefits are limited to three months in a 36-month period.

If you are NOT able to work, or are pregnant, or have a medical condition that prevents you from working, the work requirement will NOT apply to you.

Your Case Manager will discuss this requirement with you during your interview.

Close

Address: 6800 Deerpath Rd, Elkridge, MD, 21075

Phone: (999) 999-9999

Primary Language: Not Filled Out

Do you need an interpreter?: Yes

Household Members

You are applying for benefits for the people listed below:

Name	Date of Birth
Mem One	06/12/1995
Shiva Krishna	Not Filled Out

Assets

You have reported the following assets.

Show Details

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Department of HUMAN RESOURCES

Translate to Spanish Español Other Languages Help Shiva

Family Investment Application **Review & Submit**

Application Progress

- Household
- Program Questions
- Review & Submit

Save & Exit Application

Icon Legend

Your Control ID: 5646733145

Application Summary

Below is a summary of the information you have entered in your application for services.

Head of Household

Name	Shiva Krishna
Date of Birth	06/12/1989
SSN	Not Filled Out
Address	6800 Deerpath Rd, Elkridge, MD, 21075
Phone	(999) 999-9999
Primary Language	Not Filled Out
Do you need an interpreter?	Yes

Household Members

You are applying for benefits for the people listed below:

Name	Date of Birth
Mem One	06/12/1995
Shiva Krishna	Not Filled Out

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Assets 

You have reported the following assets.

[Show Details](#) 

Total Assets	\$1,212.00
---------------------	------------

Transferred/Sold Assets 

You have reported the following transferred/sold assets.

[Show Details](#) **Income** 

You have reported the following income.

[Show Details](#) 

Total Monthly Income	\$400
-----------------------------	-------

Expenses 

You have reported the following expenses.

[Show Details](#) 

Total Monthly Expenses	\$44.00
-------------------------------	---------

Assistance History 

You have reported the following assistance.

[Show Details](#) 

Food Supplements	No Entry
------------------	----------

Roomer / Boarder Information 

You have reported the following for Roomer / Boarder Information.

Household Members

Shiva Krishna

Household Costs 

Total Monthly Household Costs	\$0.00
--------------------------------------	--------

Felony Convictions 

You have reported the following for Felony Convictions.

Household Members

Screen Shot 127

Total Monthly Household Costs \$0.00

Felony Convictions 

You have reported the following for Felony Convictions.

Household Members

No convictions

Utility Information 

You have reported the following for Utility Information.

	Company	Name on Account
Electric	BGE	Name on the account
Heating	AERO ENERGY	Name on the account

Disability 

You have reported the following for Disability.

Household Member	Disability Type
Shiva Krishna	Not Filled Out
Shiva Krishna	Not Filled Out

Additional Information 

You have reported the following for Additional Information.

Not Filled Out

Uploaded Files 

You have uploaded 1 file.

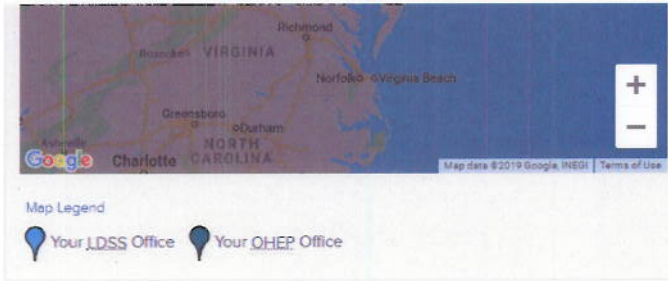
[Show Details](#) 

Benefit Office Locations

Your Local Department of Social Services (LDSS) office:
7121 Columbia Gateway Drive
Columbia, Maryland 21046
☎ 410 872-8700

Your local Office of Home Energy (OHEP) location is:
6751 Columbia Gateway Drive
Columbia, Maryland 21046
☎ 410 313-6440

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If this information looks correct, please select "Yes" and move to the signature page. If the information is not correct, select one of the links above to change the information you entered. *

Yes No

Rights & Responsibilities

As a Department of Human Resources customer you have certain rights and responsibilities. To review or print these rights and responsibilities please select the link below. After you have finished your review please check the confirmation box.

[Rights and Responsibilities](#)

I have read/printed the Rights and Responsibilities. *

[Click here to see and print a draft of your detailed Benefit Summary Report](#)

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Family Investment Application 🔍 **Review & Submit**

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- 📄 Program Questions
- 🔍 Review & Submit**
- 💾 Save & Exit Application

📍 Icon Legend

Your Control ID: 5646733145

Agreement

I have read or someone has read and explained the entire application to me. I swear or affirm, under the penalty of perjury, that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I certify, under the penalty of perjury, that all persons for whom I am applying are U.S. citizens or lawfully admitted immigrants.

I Agree with the above *

I understand that any information I provide in electronic form shall be admissible in judicial or administrative proceedings, the same as information I provide in printed form. I am voluntarily choosing to apply for benefits through Family Investment Application instead of filing a paper application. By sending my information via the internet, I agree to these terms.

I Agree with the above *

OHEP Application Agreement

You or your representative must sign this application before it can be processed. I declare that the information provided to the Office of Home Energy Program (OHEP) in this Energy Assistance Application is true, correct, and complete. I am the representative of the individual household members identified in this application, and I

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I Agree with the above *

OHEP Application Agreement

You or your representative must sign this application before it can be processed. I declare that the information provided to the Office of Home Energy Program (OHEP) in this Energy Assistance Application is true, correct, and complete. I am the representative of the individual household members identified in this application, and I submit this application on behalf of myself and the other individual household members. I authorize OHEP and/or the Office of Inspector General (OIG) to investigate and confirm the accuracy and completeness of all household income and other information provided with this application, including but not limited to the use of governmental and consumer reporting agency data regarding employment income. I consent to allow my gas, electric, oil company, or any other energy provider to provide relevant account information to OHEP and for OHEP to communicate with those providers regarding this application.

Unless you checked "NO" under the Weatherization section, we will refer all necessary information to the DHCD's energy efficiency programs. Your information may be shared with other organizations to confirm eligibility for other programs.

An appeal can be filed to change the decision on this application or if help is not given in a reasonable time. The appeal must be filed within 30 days of the decision. The local agency will tell me how to file. Free legal advice may be available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud Law that will be vigorously enforced for intentional misrepresentations of information contained on this application. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs. If a household member intentionally misrepresents information, that member may be disqualified from the program for a set amount of time.

I Agree with the above *

Click Next to go to the Submit the Application Page.

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Family Investment Application ✔ Review & Submit

Application Progress

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- ▶ Program Questions
- ▶ Review & Submit

▶ Save & Exit Application

▶ Icon Legend

Your Control ID: S646733145

Voter Registration Confirmation

Please confirm if the following individuals would like to register to vote.

Shiva Krishna (HH)

Mem One

After this form is completed, Household Members must sign and mail it to the Board of Elections for your county. This form will not be processed if it is typed or scanned as an original signature is required.

Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household *

Date of Birth *

Name of Spouse (if any)

Date of Birth

Name of Authorized Representative (if any)

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Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household *

Date of Birth *

Name of Spouse (if any)

Date of Birth

Name of Authorized Representative (if any)

I certify that the information above is correct and complete to the best of my ability, and I want to submit my application.

I Agree *

Please click "Submit Application" to submit this application to your local office.

DHR Main Office

315 West Seltenge Street
Baltimore, MD 21201

410-333-6347

Dial 7-1-1 or 800-335-2258 to initiate a TTY call through Maryland Relay.

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

Child Support

About Child Support
Child Support Calculator
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Mutual Consent for Adoption
Frequently Asked Questions
Paying Support Electronically
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Family Investment

About Family Investment
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Food Pantries/Providers
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Maryland Community Services
Locator

Family Investment Application Review & Submit

Application Progress

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- Review & Submit**

[Save & Exit Application](#)

Icon Legend

Your Control ID: S646733145

Voter Registration Confirmation

Please confirm if the following individuals would like to register to vote.

Shiva Krishna (H-H)

[Click here for Voter Registration Form](#) [Print](#)

Mem One

After this form is completed, Household Members must sign and mail it to the Board of Elections for your county. This form will not be processed if it is faxed or emailed as an original signature is required.

Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household *	Date of Birth *
<input type="text" value="Shiva Krishna"/>	<input type="text" value="06/12/1989"/>
Name of Spouse (if any)	Date of Birth
<input type="text" value="Spouse's Name"/>	<input type="text" value="MM/DD/YYYY"/>

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Voter Registration Application Step 1 of 5

Are you at least 16 years old?
 Yes No

Are you a U.S. Citizen?
 Yes No

[Cancel](#) [Next >](#)

Please confirm if the following individuals would like to register to vote.

Shiva Krishna (H-H)

[Click here for Voter Registration Form](#) [Print](#)

Mem One

After this form is completed, Household Members must sign and mail it to the Board of Elections for your county. This form will not be processed if it is faxed or emailed as an original signature is required.

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RESOURCES

Family Investment

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Voter Registration Application Step 2 of 5

Check boxes that apply:

New Registration
 Name Change
 Party Affiliation Change
 Address Change

Last Name:
 First Name:
 MI:
 Suffix:

Gender: Male Female
 Date of Birth:

MARYLAND Driver's License or MVA ID Number:

Social Security Number (Last 4 Digits):

Check here if you do not have either a current, valid Maryland driver's license / MVA ID or a Social Security Number.

Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household *
 Date of Birth *

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MAN RESOURCES

Family Investment

Application Progress

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- Program Questions
- Review & Submit
- Save & Exit Application
- Icon Legend

Voter Registration Application Step 3 of 5

Maryland Residence Address:

Street Number:
 Street Name:
 Apt. #:

City or Town:
 Zip Code:

County:

Check here if you reside in Baltimore City.

Mailing Address:

Same as Residential Address

Street Number:
 Street Name:
 Apt. #:

City or Town:
 Zip Code:

County:

First and Last Name of Head of Household *
 Date of Birth *

Name of Spouse (if any)
 Date of Birth

Screen Shot 137

Voter Registration Application Step 4 of 6

You must register with a political party if you want to take part in the political party's primary election, caucus, or convention. Check one box only.

- Democratic Party
- Republican Party
- Breed and Roses Party
- Unaffiliated
- Other - Specify

Contact Information:

Daytime Phone: Email (optional):

Check here if you need help voting.

Check here if you would like to be an election judge.

Under penalty of perjury, I hereby swear or affirm:
I am a U.S. citizen.
I am a Maryland resident.
I am at least 16 years old.
I have not been convicted of buying or selling votes.
I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment. The information in this application is true to the best of my knowledge, information and belief.

First and Last Name of Head of Household: Date:

Screen Shot 138

Translate to Spanish Español Other Languages Help Shiva

RESOURCES

Family Investment

Application Progress

- Household
- Program Questions
- Review & Submit

Save & Exit Application

Icon Legend

Voter Registration Application Step 5 of 5

LAST VOTER REGISTRATION INFORMATION (if applicable):

Name on Last Registration:

Last Name: Title (Jr., Sr., etc.):

First Name: Middle Name:

Date of Birth:

Address on Last Registration:

Street Number: Street Name: Apt. #:

City or Town: Zip Code:

State:

of Elections for your county
ated

and the statement below.
submit your

application.

First and Last Name of Head of Household * Date of Birth *

Name of Spouse (if any) Date of Birth

Screen Shot 139

Family Investment Application Review & Submit

Application Progress

- Household
- Program Questions
- Review & Submit

Save & Exit Application

Icon Legend

Your Control ID: 5646733145

Voter Registration Confirmation

Please confirm if the following individuals would like to register to vote

<input checked="" type="checkbox"/> Shiva Krishna (H)	<input type="button" value="Complete"/> <input type="button" value="Print"/>
<input type="checkbox"/> Mem One	

After this form is completed, Household Members must sign and mail it to the Board of Elections for your county. This form will not be processed if it is faxed or emailed as an original signature is required.

Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household * Date of Birth *

Name of Spouse (if any) Date of Birth

Screen Shot 140

After that form is completed, Household Members must sign and mail it to the Board of Elections for your county. This form will not be processed if it is faxed or emailed as an original signature is required.

Agreement

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

First and Last Name of Head of Household *	Date of Birth *
<input type="text" value="Shiva Krishna"/>	<input type="text" value="06/12/1989"/>
Name of Spouse (if any)	Date of Birth
<input type="text" value="Spouse's Name"/>	<input type="text" value="MM/DD/YYYY"/>
Name of Authorized Representative (if any)	
<input type="text" value="Representative's Name"/>	

I certify that the information above is correct and complete to the best of my ability, and I want to submit my application.

I Agree *

Please click "Submit Application" to submit this application to your local office.

Screen Shot 141

Family Investment Application Review & Submit

Application Submitted

Your Control ID: D646733145

Your Control ID number has been updated. 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.

You have successfully completed and submitted your application for assistance. If you chose to print the signature page, be sure to mail it to your local office. Your case worker will have 10 days upon receiving your signature to follow through on your application.

Based on the information you provided, you may be eligible for the following programs.

- Food Supplement Program (FS) 
- Temporary Cash Assistance (TCA) 
- Temporary Disability Assistance Program (TDAP) 
- Maryland Energy Assistance Program (MEAP) 
- Electric Universal Service Program (EUSP) 
- Aged, Blind, and Disabled (ABD) 

In order to complete and process your application for the Office of Home Energy Programs, you will need to submit additional materials to your local energy assistance agency.

Please click [here](#) for instructions

Print Application

Screen Shot 142

ment of
MAN 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

● Family Investment application status change, 9/10/2019

Application D646733145 submitted on 9/10/2019

Delete

DHR Main Office

311 West Saratoga Street
Baltimore, MD 21201

☎ 1-800-332-6347

☎ (toll free) 1-800-735-2258 to initiate a TTY call through Maryland Relay

Larry Hogan, Governor, Boyd K. Rutherford, Lt. Governor, Laundrea 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
Foster Parent/Shelter
Frequently Asked Questions
Find a Local Office

Other Important Links

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

Screen Shot 143

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 Benefit Application

Report A Change

Application#	Type	Status	Date		
D646733145	Food Assistance • Temporary Cash Assistance • Temporary Disability Assistance Program • Electric Universal Service Program • Maryland Energy Assistance Program • Aged, Blind, and Disabled	Submitted	09/10/2019	Print Application	Add/View Uploaded File(s)

DHR Main Office
 21 West Saratoga Street
 Baltimore, MD 21201
 410-337-6347
 Toll Free 1-800-795-2259 (toll-free, a TTY call through Maryland Relay)
 Larry Hogan, Governor, Royal K. Ralston, Lt. Governor, Douglas W. Radtke, Secretary

Child Support
 About Child Support
 Child Support Services
 Child Support Enforcement
 Mutual Consent for Adoption
 Permanently Aided Guardians
 Paying Support Electronically
 Direct Deposit Applications

Family Investment
 About Family Investment
 Adult Programs for Single-Birth
 Foster Application Forms
 Guardianship & Community Partner
 Foster Parent/Therapist
 Permanently Aided Guardians
 Find a Local Office

Other Important Links
 Problem Solver
 Maryland.gov
 Online Services
 State Agencies
 Phone Directory
 Maryland Health Connection
 Maryland Community Services

Screen Shot 144

Report a Change

- Interim Change
- HOH Information**
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit

Your Control ID : 5695535261

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Head of Household Information

Please provide the following information for the head of household. If you have moved, please enter your old address so that we can locate your case.

District Office Name
 Please Select One

Program Name

Case Manager's Name

First Name* Middle Initial Last Name* Suffix

Customer ID Date of Birth* Social Security Number

Are you a resident of Maryland? *

Yes No

Are you a U.S. Citizen? *

Screen Shot 145

Review & Submit

Save And Exit Application

 Icon Legend

<small>FIRST NAME</small> First Name	<small>MIDDLE INITIAL</small> Middle Initial	<small>LAST NAME</small> Last Name	<small>SUFFIX</small> Suffix
---	---	---------------------------------------	---------------------------------


<small>CUSTOMER ID</small> Customer ID	<small>DATE OF BIRTH*</small> 06/12/1989	<small>SOCIAL SECURITY NUMBER</small> Social Security Number 
---	---	---

Are you a resident of Maryland? *

Yes No

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

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 

Contact Information

Please give us the best number and time that we can reach you.
We will use the contact information for the purpose of clarifying your answers only. The information will not be given to any other individual.

<small>HOME PHONE</small> Home Phone	<small>MESSAGE PHONE</small> Message Phone	<small>CELL PHONE</small> Cell Phone
---	---	---

<small>BEST TIME</small> Please Select One 	<small>BEST NUMBER</small> Please Select One 
---	---

Screen Shot 146

Other

Contact Information

Please give us the best number and time that we can reach you. We will use the contact information for the purpose of clarifying your answers only. The information will not be given to any other individual.

Home Phone: Message Phone: Cell Phone:

Best Time: Best Number:

Email: Confirm Email:

Residential Address Information

Street Address: * Apt.

City: * State: *

Zip Code: * County:

Next →

Screen Shot 147

Residential Address Validation

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

Input Address
 * 6800 Deerpath Rd Elkridge MD 21075

Submit Cancel

Best Time: Best Number:

Email: Confirm Email:

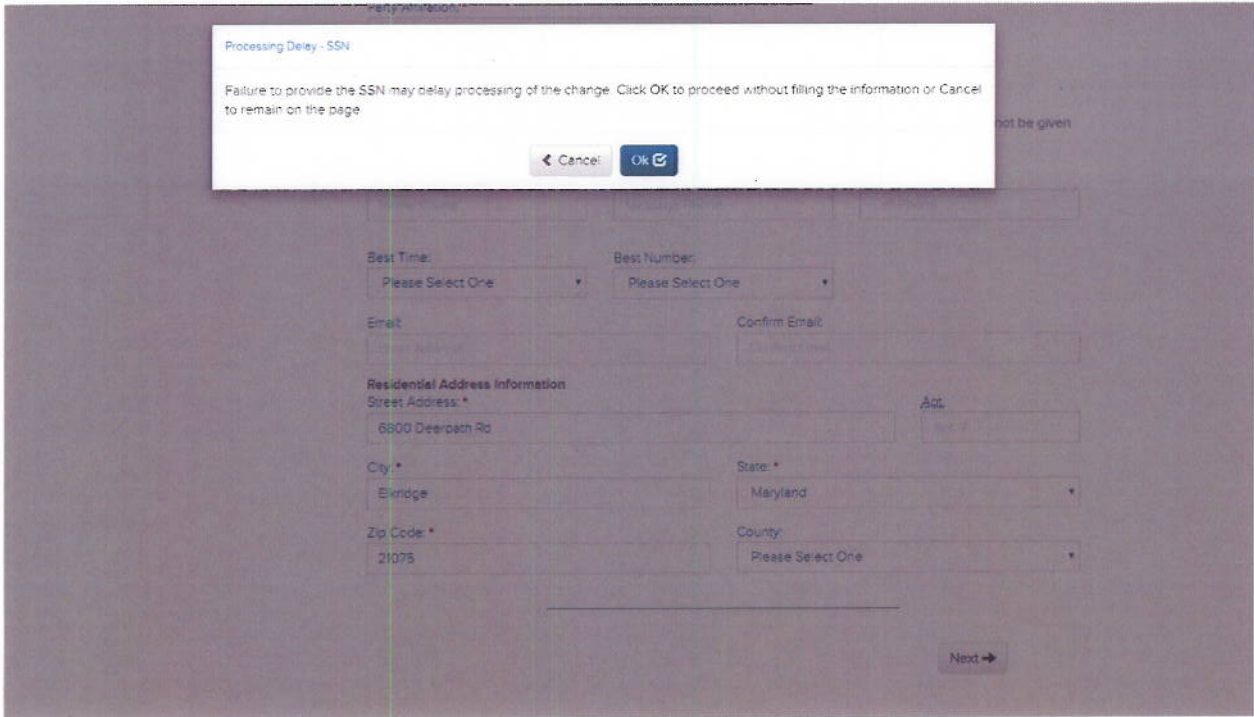
Residential Address Information

Street Address: * Apt.

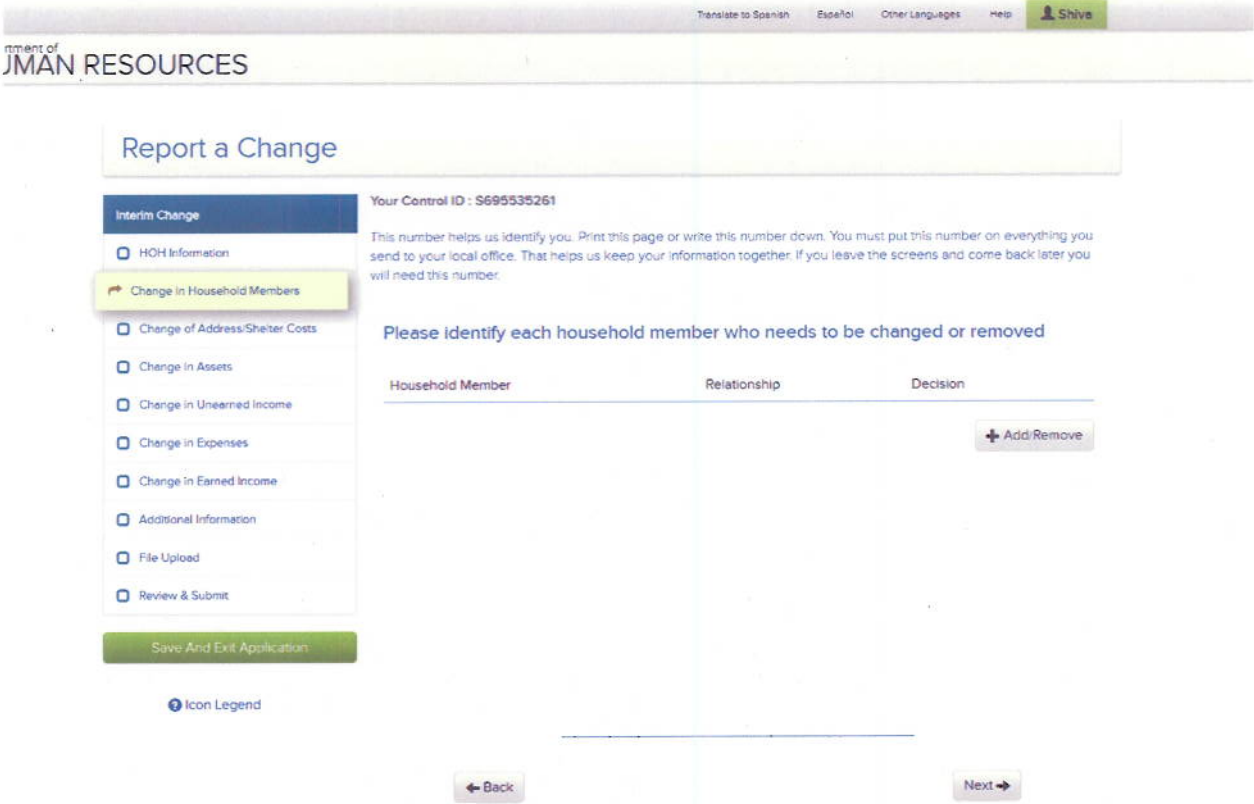
City: * State: *

Zip Code: * County:

Screen Shot 148



Screen Shot 149



Screen Shot 150