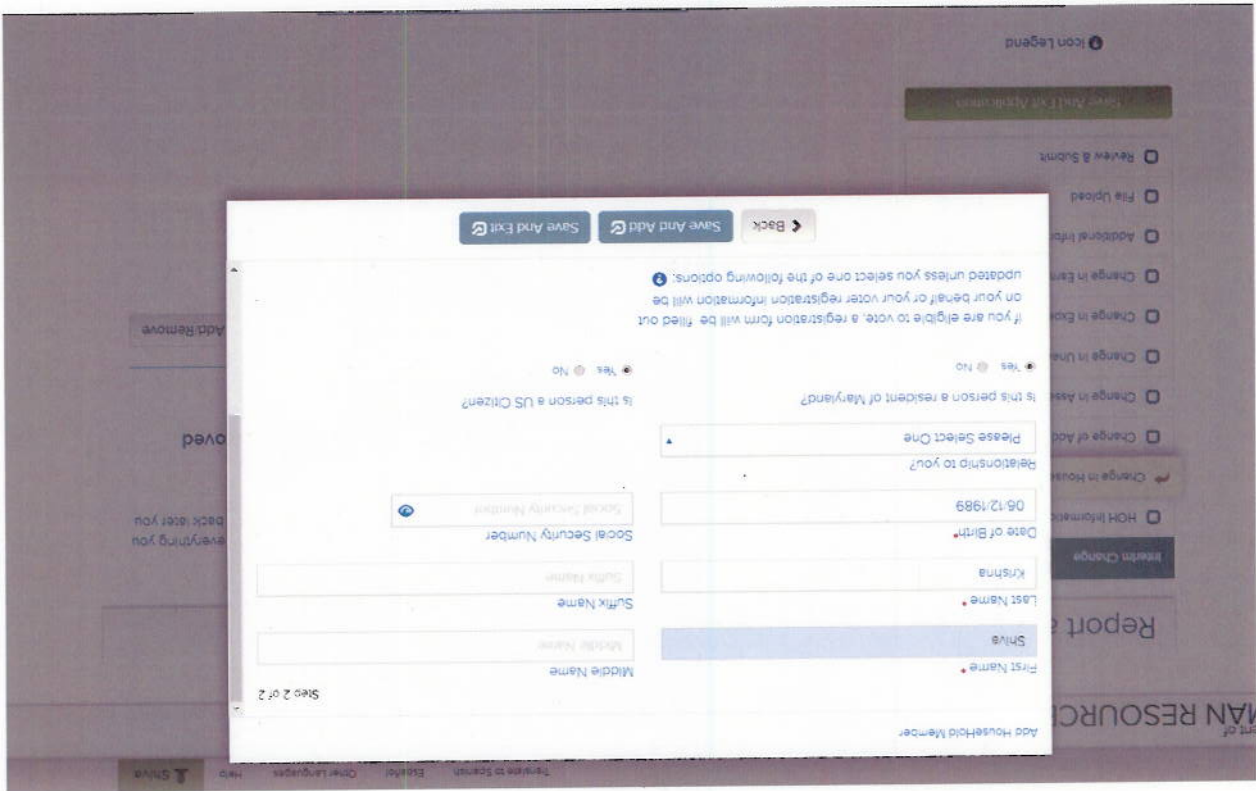
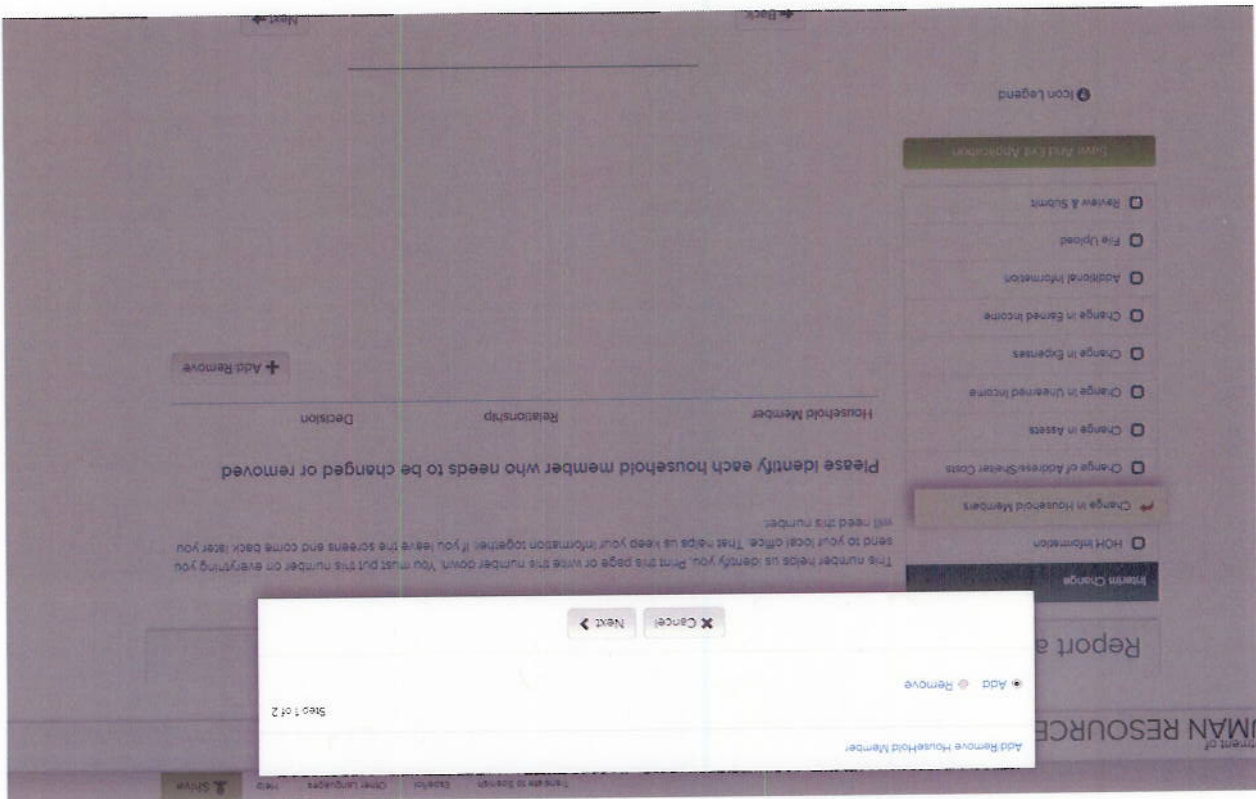


Screen Shot 152



Screen Shot 151



Screen Shot 153

06/12/1989

Add Household Member

Department of HUMAN RESOURCES

Report

Relationship Change

HOH Information

Change in Household

Change of Address

Change in Line

Change in Expire

Change in Party Affiliation

Additional Information

File Upload

Review & Submit

Save And Add

Save And Add

Save And Add

Party Affiliation *

Other

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

Decline to register to vote

Already registered to vote

Decline to report any changes

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

Is this person a resident of Maryland?

Yes No

Is this person a US Citizen?

Yes No

Relationship to you?

Please Select One

Social Security Number

Next


Report a Change

Your Control ID : 969553261

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.

Please identify each household member who needs to be changed or removed

Household Member	Relationship	Decision	
Shiva Krishna		Add	 

 Add/Remove

Item's Change

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

Save And Exit Application

[Icon Legend](#)

Screen Shot 154

 Back

Next 

Report a Change

Your Control ID : 569535261

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.

Previous Address

Street Address: 5800 Deepeth Rd
 City: Elkridge
 State: Maryland
 Zip Code: 21075
 County: Harford County

Age:

Step 1 of 3

- 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
- Save And Exit Application

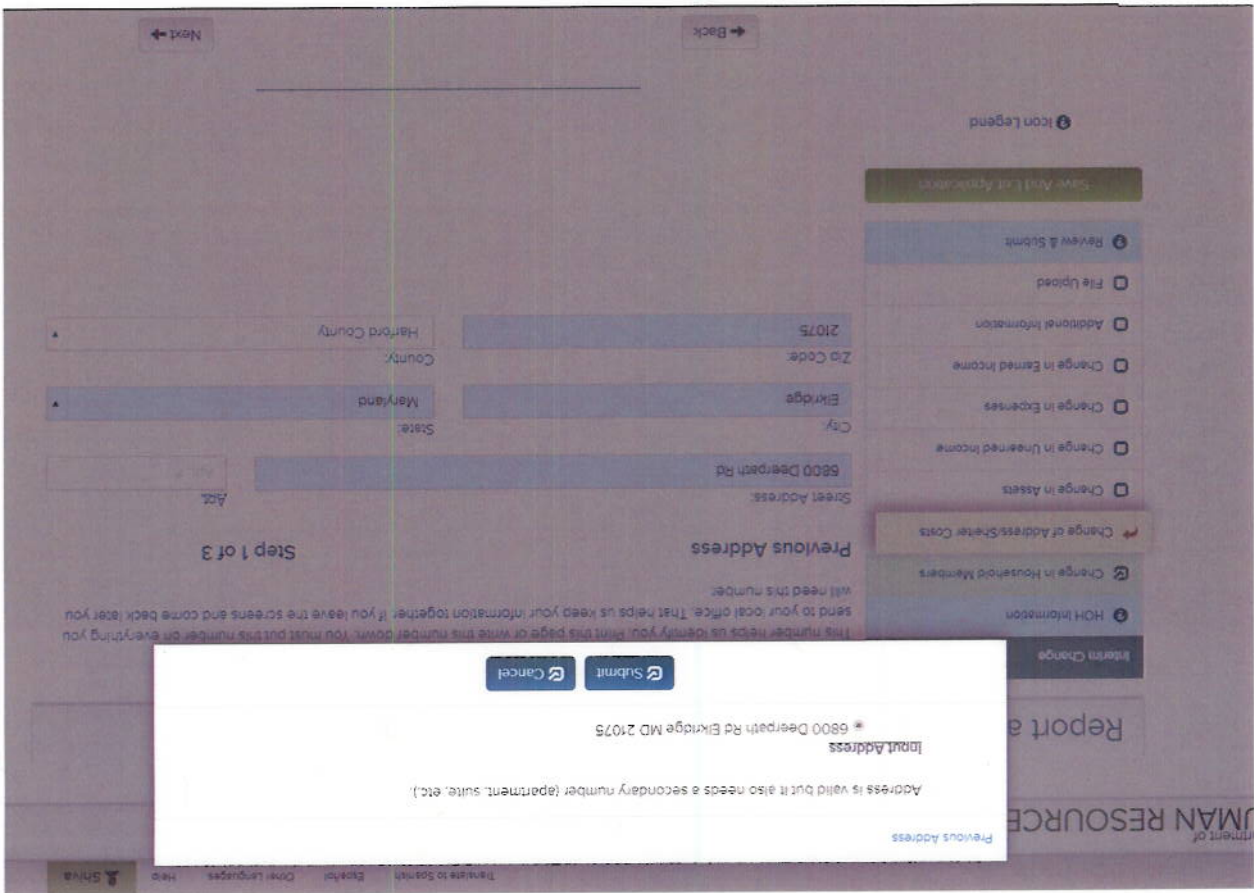
Icon Legend

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Next

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Screen Shot 156



Report a Change

Your Control ID : 569535261

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Step 2 of 3

Current Address

Residential Address Information

Street Address: 6800 Deeppath Rd
City: Elridge
State: Maryland
County: Please Select One
Zip Code: 21075

Mailing Address Information

Street Address: [Blank]
City: [Blank]
State: Please Select One
Zip Code: [Blank]

Is this address a Public Housing? Yes No

- Itemize Change
- HCH 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
- Save And Exit Application

Screen Shot 157

Mailing Address Information

Street Address: [Blank]
City: [Blank]
State: Please Select One
Zip Code: 21075

Is this address a Public Housing? Yes No

Next

Screen Shot 158

Report a Change

Your Control ID : 569553261

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.

Shelter Costs

Do you want to add or remove shelter costs?

Household Member

Expenses

Step 3 of 3

[+ Add/Remove/Change](#)

Is heat included in your rent? *

Do you pay an electric bill for light or cooking? *

Do you pay for air conditioning? *

Does someone help you with your utility cost? *

- Item Change
- HCH Information
- Change in Household Members
- Change of Address/Shelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- File Upload
- Review & Submit
- Save And Exit Application

Icon Legend

Screen Shot 159

Household Member

Expense

Rent

How Often? Weekly

Amount \$ 100

Shiva Krishna

Type Of Change

Add Remove Change

Household Member

Save & Add

Cancel

Save & Close

Screen Shot 160

Household Member

Expenses

Decision

Is heat included in your rent? *

Do you pay an electric bill for light or cooking? *

Do you pay for air conditioning? *

Does someone help you with your utility cost? *

Report a Change

MAN RESOURCES

Report a Change

Your Control ID : S695535261

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.

Change in Assets

Please tell us about your assets as of the first day of the month. List all 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 Name of Owner Balance/Value Location Decision

+ Add/Remove/Change

← Back

Next →

Icon Legend

- 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
- Save And Exit Application

Report a Change

Your Control ID : S695535261

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.

Shelter Costs

Do you want to add or remove shelter costs?

Household Member	Expenses	Rent	Add	Decision
Shiva Krishna				

+ Add/Remove/Change

Is heat included in your rent?

Yes No

Do you pay an electric bill for light or cooking?

Yes No

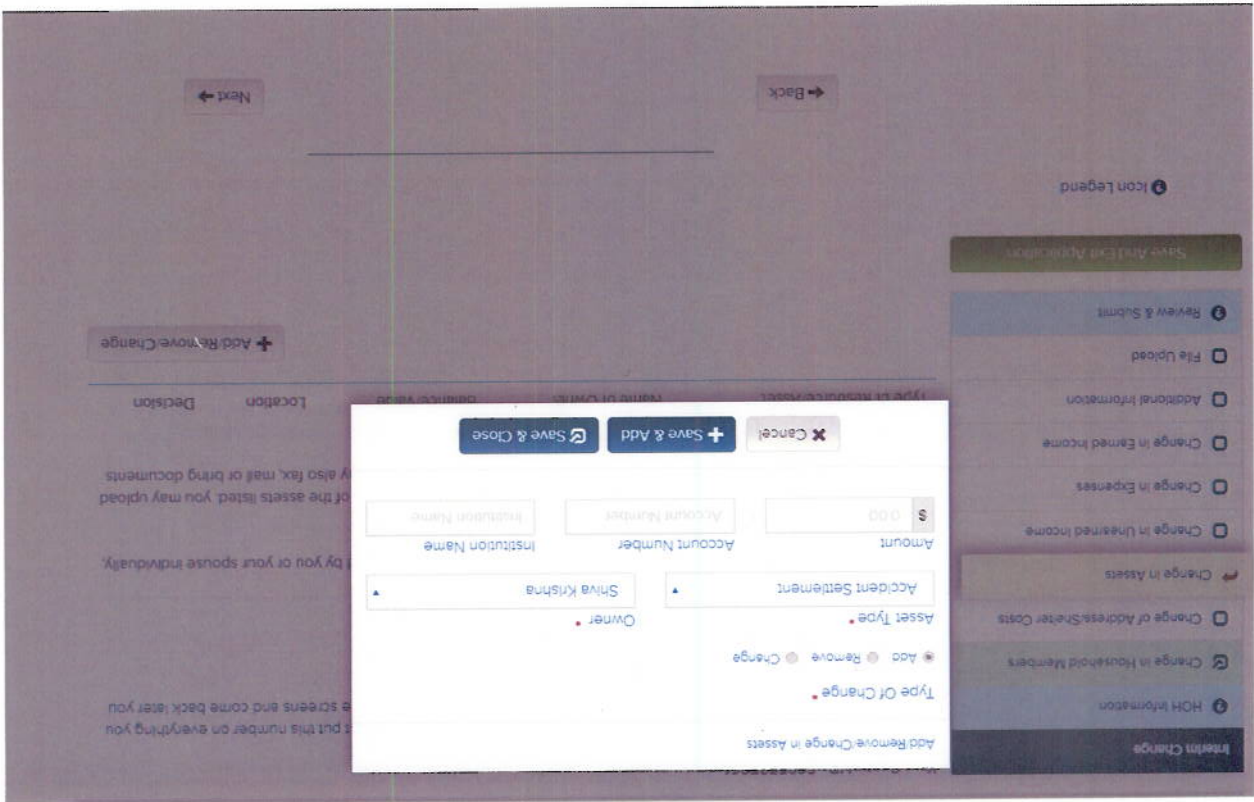
Do you pay for air conditioning?

Yes No

Screen Shot 161

Screen Shot 162

Screen Shot 163



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
- Save And Exit Application

Icon Legend

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Change in Assets

Please tell us about your assets as of the first day of the month. List all 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	Name of Owner	Balance/Value	Location	Decision	Add	Remove	Change
Accident Settlement	Shiva Krishna	0					

+ Add/Remove/Change

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Screen Shot 164

Report a Change

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.

Change in Unearned Income ?

Do you want to add, remove or change any benefits or unearned income?

Recipient	Benefit/Income Type	Status	Decision
-----------	---------------------	--------	----------

+ Add/Remove/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
- Save And Exit Application

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Next

Screen Shot 165

Report a Change

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.

Change in Unearned Income

Do you want to add, remove or change any benefits or unearned income?

Recipient	Benefit/Income Type	Status	Decision
Shiva Krishna	Alimony	Add	 

[+ Add/Remove/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
- Save And Exit Application

Icon Legend

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Screen Shot 167

Report a Change

Your Control ID : 569535261

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.

Change in Expenses

Step 1 of 4

Do you or anyone in your household have expense you are required to pay such as Child/adult care?

Payor	Provider Name	Cost	Decision
-------	---------------	------	----------

[+ Add/Remove/Change](#)

- Print/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
- Save And Exit Application

Icon Legend

[↩ Back](#)

[Next →](#)

Screen Shot 168

Screen Shot 169

Add Remove Change Child/adult care

Type Of Change
● Add ● Remove ● Change

Payor
Please Select One

Household Member Receiving Care
Please Select One Under 2 years old?

Household Member Receiving Care

Provider Name

Provider Name

Street

Street

City

City

State

State

Zip Code

Zip Code

How Often?

How Often?

Cost

Cost

\$ 000

Please Select One

Please Select One

Cancel

Save & Add

Save & Close

Icon Legend

Save And End Application

Review & Submit

File Upload

Additional Inform

Change in Expense

Change in Expense

Change in Unres

Change in Unres

Change in Asses

Change of Addr

Change in Hours

HOH Information

Household Change

Report a

N RESOURCE

Step 1 of 4

Everything you

back later you

Change

Next

Back

Translate to Spanish

English

Other Languages

Help

Show

Screen Shot 170

MAN RESOURCES

Report a Change

Steps Change

- HOI Information
- Change in Household Members
- Change of Address/Share Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save and Exit Application

Icon Legend

Step 1 of 2

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

Type Of Change *

- Add
- Remove
- Change

Household Member Employed *

Please Select One

Tax ID

Employer *

Street *

City *

State

Zip *

City

Street Address

Appt. Suite

Phone *

Employer

Phone

Appt. Suite

Street

City

State

Zip *

City

State

Zip *

Cancel

Next >

Add/Remove/Change Employment Income

Step 1 of 2

Decision

+ Add/Remove/Change

Next >

Back <

Report a Change

Your Control ID : S695535261

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.

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: making 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)

- Print/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
- Save And Exit Application

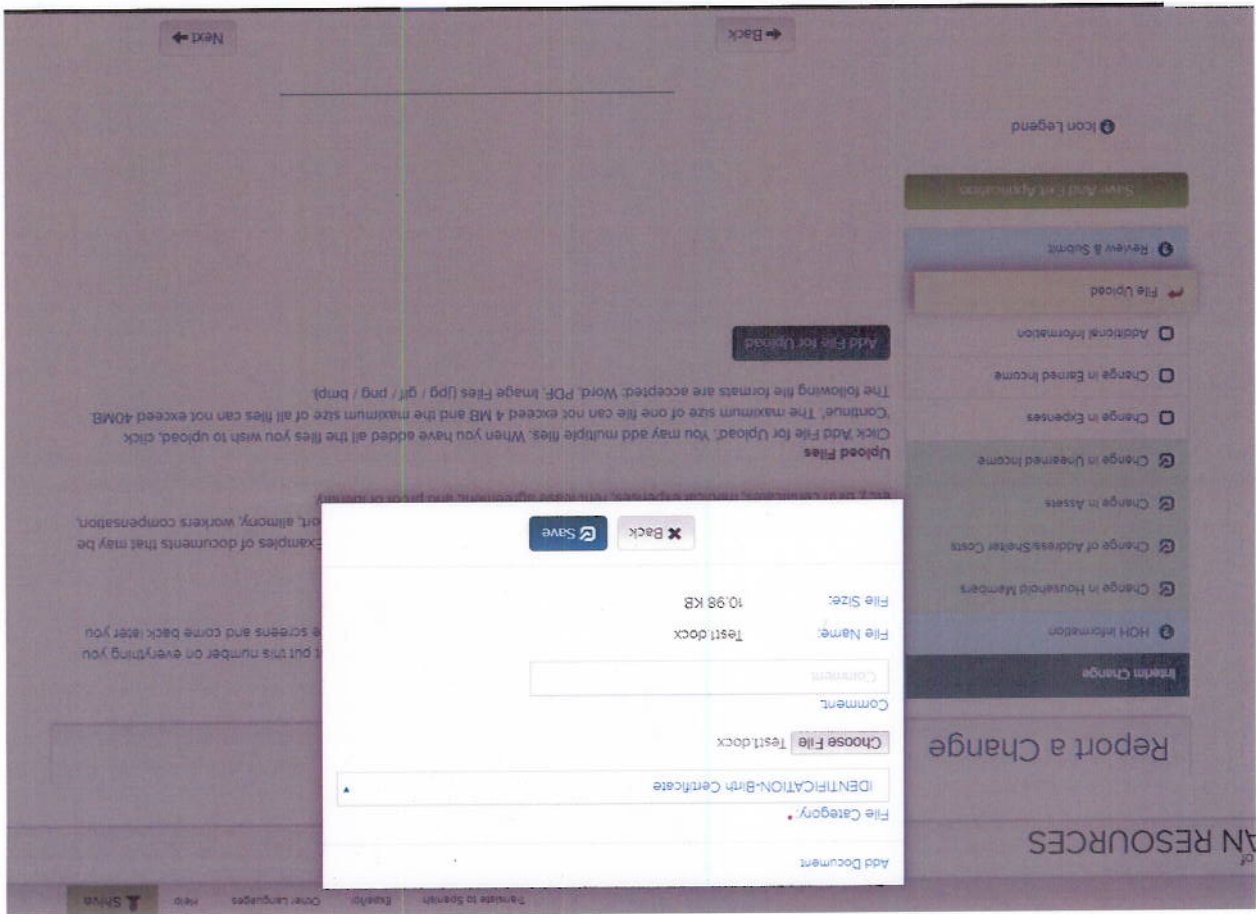


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Report a Change

Your Control ID : S695535261

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.

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		10.98 KB

- 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
- Save And Exit Application

Icon Legend

Used 10.98 KB / 40MB

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Report a Change

Your Control ID : 569553261

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.

Review & Submit

Name of the Section	Status
HOH Information	Complete
Change in Household Members	Complete
Change of Address/Spelter Costs	Complete
Change in Assets	Complete
Change in Unearned Income	Complete
File Upload	Complete

Voter Registration Confirmation

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

<input checked="" type="checkbox"/> Shiva Krishna (HH)
<input checked="" type="checkbox"/> Shiva Krishna

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.

Icon Legend

Item Change

- HOH Information
- Change in Household Members
- Change of Address/Spelter Costs
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Review & Submit
- Save And Exit Application

Screen Shot 174

Icon Legend

<input checked="" type="checkbox"/> Shiva Krishna (HH)
<input checked="" type="checkbox"/> Shiva Krishna

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 *

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.

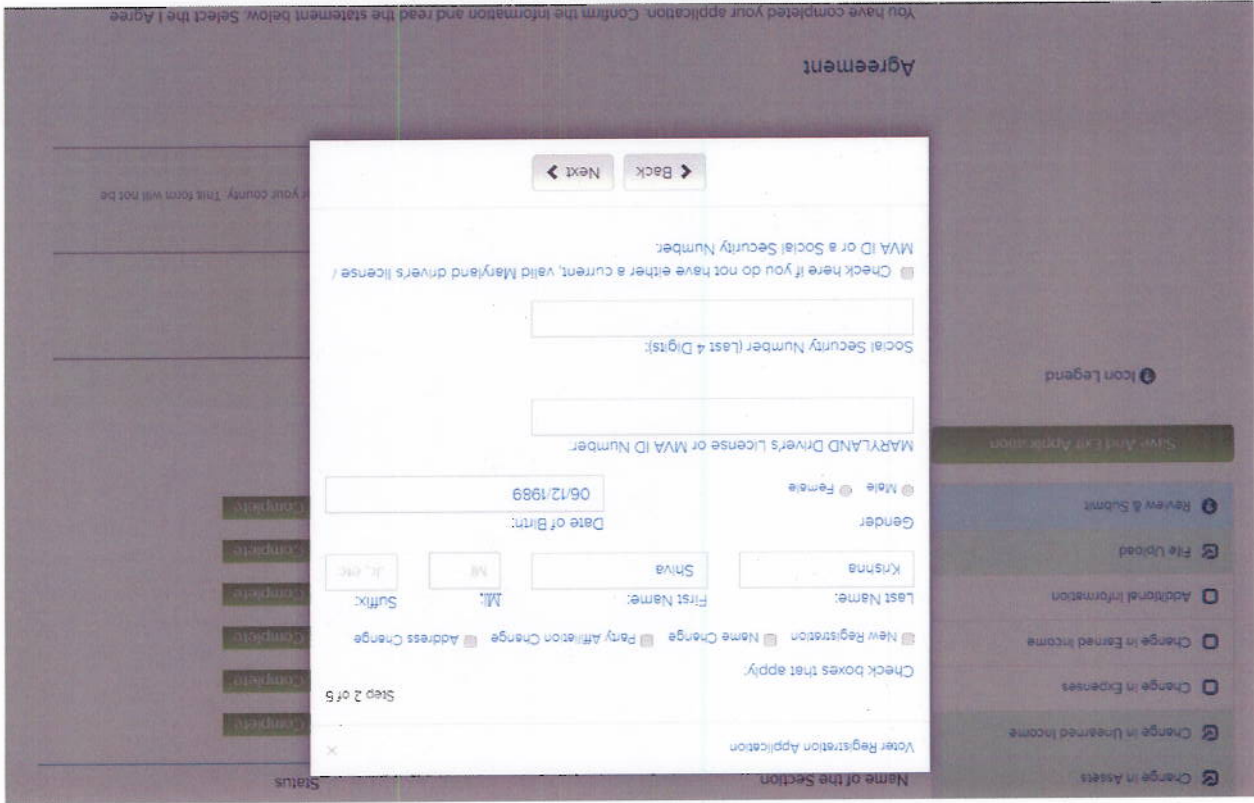
Please click "Submit Application" to submit this application to your local office.

DHR Main Office
311 West Lexington Avenue
Baltimore, MD 21201
1-800-352-6343

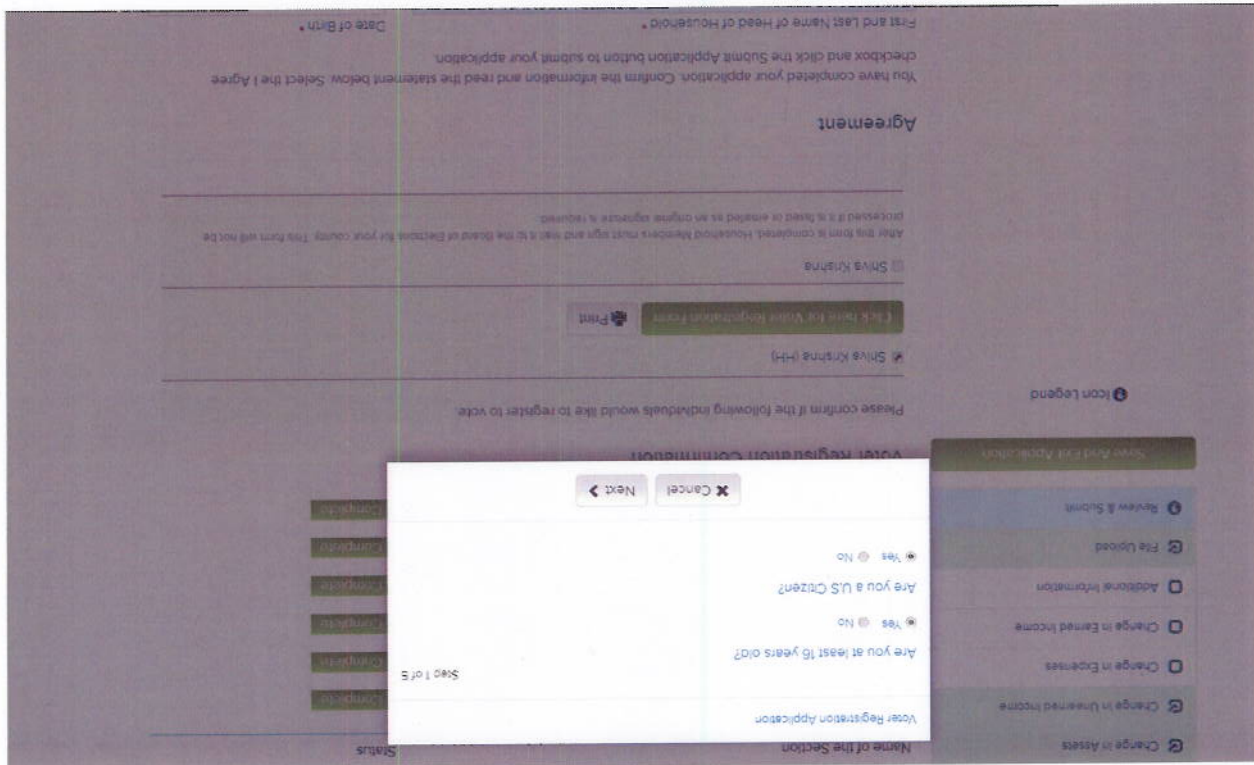
Child Support
About Child Support
Child Support Orders
Enforcement of Support
Federal Child Support
Programs and Services

Family Investment
About Family Investment
First Applicant Form
Review a Community Partner

Other Important Links
Problem Solver
My Maryland
Online Services
State Agencies
Phone Directory



Screen Shot 176



Screen Shot 175

Screen Shot 179

Step 4 of 5

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

Specify Other Party

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 at least 16 years old.
I am a Maryland resident.
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:
Household ID:
Date:
Date of Birth:

Next > Back <

Save And Exit Application
Review & Submit
File Upload
Additional Information
Change in Earned Income
Change in Expenses
Change in Unearned Income
Change in Assets

Icon Legend

Name of the Section
Status

Complete
Complete
Complete
Complete
Complete
Complete

and I want to submit my application

ent below. Select the I Agree

for your county. This form will not be

Report a Change

Your Control ID : 0695535261

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.

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.

Application Submitted

You have successfully completed and submitted your application for Report a Change. 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.

Print Application

[Return to myDHR](#)

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.

Do you need medical insurance?

Click here to visit Maryland Health Connection.

Screen Shot 181