



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

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

CREATE ACCOUNT

SIGN IN

Quick Links



myDHR



myDHR



myDHR



myDHR



myDHR

Screen Shot 1

How to Use myDHR



Disability Resources

Am I Eligible for Benefits?



Food Supplement Stand-Alone Application

Applying for Benefits



Long Term Care Application

Earned Income Tax Credit



Voter Registration Link

Social Security Administration



Find a Local Office

Child Support Online

About Child Support

Start a New Application for Child Support

Update Account

Family Investment Online

About Family Investment

Start an Application Online

Update Account

Report a Change

Pre-K Information

Screen Shot 2

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 [Supplement Stand-Alone Application](#)
 [Long Term Care Application](#)
 [Your Registration Link](#)
 [Find a Local Office](#)

Child Support Online

About Child Support

Start a New Application for Child Support

Update Account

Family Investment Online

About Family Investment

Start an Application Online

Update Account

Report a Change

Pre-K Information

DHR Main Office
 33 West Saratoga Street
 Baltimore, MD 21201
 1-800-332-6347
 Call 2-1-1 for 800-735-2258 to place a TTY call through Maryland Relay
 Larry Hogan, Governor Reed K. Butler, Lt. Governor Amanda W. Peake, Secretary

Child Support
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 Child Support Calculators
 Post Application Forms
 Mutual Consent for Arrearage
 Frequency Award Guidelines
 Paying Support Electronically

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 Localize

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Department of HUMAN RESOURCES

myDHR Account Registration

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

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

Required fields marked with an asterisk (*)

Your Name

First*
MI
Last*
Suffix

Are you applying for yourself? *

Yes No

Sign-In Information

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

Screen Shot 4

myDHR Account Sign In

Email*
shiva.gariapati@maryland.gov

Password*

Remember my email on this device

Sign In

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

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

[Return Home](#)

Screen Shot 7

Hello, Shiva!

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

Home Messages Applications Cases Account

Start a New Application

Family Investment Report A Change Child Support Organization Employee Clearance

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

Screen Shot 8

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


My Saved Applications

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

DHR Main Office 38 West Saratoga Street Baltimore, MD 21201 1-800-332-6247 DHR TTY for 800-725-2258 to receive a TTY call through Maryland Relay Fairy Hogan, Governor, Boyd K. Bullock, Lt. Governor, Leonard R. Paddock, Secretary Contact Us DHR Home Privacy Notice	Child Support About Child Support Child Support Calculator Child Application Forms Mutual Consent for Adoption Frequently Asked Questions Parent Support Enforcement Deviant/Out of Application	Family Investment About Family Investment Am I Eligible for Benefits? Child Application Forms Become a Community Partner Food Pantries/Shelters 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
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Screen Shot 9

MARYLAND HUMAN RESOURCES 

Maryland.gov

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

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

Message Center

No messages

DHR Main Office 38 West Saratoga Street Baltimore, MD 21201 1-800-332-6247 DHR TTY for 800-725-2258 to receive a TTY call through Maryland Relay	Child Support About Child Support Child Support Calculator Child Application Forms Mutual Consent for Adoption Frequently Asked Questions Parent Support Enforcement	Family Investment About Family Investment Am I Eligible for Benefits? Child 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
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Screen Shot 10

Hello, Shiva!

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

Home Messages **Applications** Cases Account

Active Applications

Family Investment Child Support Organization Employee Clearance

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

Family Investment

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

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

Applications

Start Assistance Benefits Application

Report A Change

Application#

Type

Status

Date

Screen Shot 11

Hello, Shiva!

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

Home Messages Applications **Cases** Account

Active Cases

Family Investment Child Support

Family Investment

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

Report A Change

Link Open FIA Case(s)



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

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

Screen Shot 12

Hello, Shiva!

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

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

Account Management

- Update Account Details
- Change Account Settings
- Sign Out

Shiva Krishna

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

<p>DHR Main Office 39 West Saratoga Street Baltimore, MD 21201</p> <p>☎ 410-332-6347</p> <p>☎ Dial 711 for 800-735-2258 to initiate a TTY call through Maryland Relay</p> <p>Larry Nagler, Director; Boyd K. Rabinowitz, J.D., Executive; Louise R. Plank, Secretary</p> <p>Contact Us DHR Issues Privacy Notice</p>	<p>Child Support</p> <ul style="list-style-type: none"> Apply Child Support Child Support Calculator Print Application Forms Mutual Consent for Adoption Emergency Arrest Questions Paying Support Electronically Direct Deposit Application 	<p>Family Investment</p> <ul style="list-style-type: none"> About Family Investment Am I Eligible for Benefits? Print Application Forms Become a Community Partner Fixed Partial/Share Emergency Arrest Questions Find a Local Office 	<p>Other Important Links</p> <ul style="list-style-type: none"> Relators Screen Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connection Maryland Community Services Library <p>© Copyright 2018 Maryland Department of Human Resources</p>
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Family Investment Application Household

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 - Authorized Representatives
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Assistance

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

Food Assistance

Food Assistance Programs

Food Supplement Program (FSP) — Household Program 

Cash Assistance

Cash Assistance Programs
Select at least one program

Temporary Cash Assistance (TCA) — Household Program 

Temporary Disability Assistance Program (TDAP) — Individual Program 

Energy Assistance

Energy Assistance Programs
Select at least one program

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- Assets
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- Review & Submit
- Exit Application

Icon Legend

Cash Assistance Programs
Select at least one program.

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

Energy Assistance

Energy Assistance Programs
Select at least one program.

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

Medical Assistance

Medical Assistance Programs
Select at least one program.

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

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

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Icon Legend

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

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

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

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<p>DHR Main Office 331 West Calverton Street Baltimore, MD 21201 1-800-332-4347 Toll-free 24/7 or 800-775-2758 to receive a TTY call through Maryland Relay Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Leonardo R. Padilla, Secretary</p>	<p>Child Support About Child Support Child Support Calculator First Application Forms Mutual Consent for Adoption Frequently Asked Questions Payment Support (Electronic) Direct Deposit Application</p>	<p>Family Investment About Family Investment Am I Eligible for Benefits? First Application Forms Benefits & Cost-sharing Factors Food Pantries/Sponsors 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 16



Family Investment Application [Household](#)

Application Progress

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[Program Questions](#)

[Review & Submit](#)

[Save & Exit Application](#)

[Icon Legend](#)

Food Supplement Program Information

SSN Information

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

Citizenship and Immigration Status

Screen Shot 17

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

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<p>DHR Main Office 311 West Calverton Street Baltimore, MD 21201</p> <p>1-800-332-6347</p> <p>Toll 7-11 or 800-735-7258 or voice or TTY call through Maryland Relay</p> <p><small>Larry Hogan, Governor; Boyd K. Burdick, Lt. Governor; Sandra H. Pacula, Secretary</small></p>	<p>Child Support</p> <ul style="list-style-type: none"> About Child Support Child Support Calculator Child Support System Mutual Consent for Adoption Presumptive Award Questionnaire Payment Support E-Check/Debit Direct Deposit Application 	<p>Family Investment</p> <ul style="list-style-type: none"> About Family Investments Am I Eligible for Benefits? First Application Forms Become a Community Partner Food Partner-Vendors Emergency Aid-ask for help 	<p>Other Important Links</p> <ul style="list-style-type: none"> Program Status Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connections Maryland Community Services
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Family Investment Application Household

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- Save & Exit Application

Icon Legend

Food Supplement Qualification

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

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

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

Yes No

How much is your monthly rent or mortgage and utilities?

\$ 0.00

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

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\$ 0.00

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

Yes No

How much is your gross monthly income?

\$ 0.00

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

\$ 0.00

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

Yes No

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

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

Screen Shot 20

Yes No

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

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

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DHR Main Office 331 West Saratoga Street Baltimore, MD 21201 1-800-733-6347 Call 7-11 or 800-733-7268 to reach a TTY call through Maryland Relay. Larry Hogan, Governor; Boyd K. Rutherford, Lt. Governor; Lashon R. Phelan, 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 Supplement Office Frequently Asked Questions	Other Important Links Income Power Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connection Maryland Community Services Locate
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Screen Shot 21

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

MARYLAND Department of **HUMAN RESOURCES**

Family Investment Application Household

Application Progress

Household

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Head of Household

Members

Authorized Representatives

Assets

Income

Expenses

Household Details

Insurance

Your Control ID: **S646733145**

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

Head of Household

Step 1 of 5

Your Name

First Name *

Shiva

MI

Last Name *

Krishna

Suffix

Maiden or Other Name

Social Security Number

Date of Birth *

05/12/1989

Gender *

Male Female

Other Identification Type

Please Select One

Other Identification Number

Screen Shot 22

Insurance
 Program Questions
 Review & Submit
 Save & Exit Application

Icon Legend

Please Select One

Contact Information
 Phone *

Home Phone: Work Phone: Cell Phone:

Best Time: Best Number:



Please Select One Please Select One


DHR Main Office 38 West Saratoga Street Baltimore, MD 21201 1-800-332-6247 Dial 744 for 800-739-2258 to initiate a TTY call through Maryland Relay Larry Hogan, Governor, Boyd K. Rutherford, Jr., Governor, Loretta H. Peella, Secretary <small>Contact Us - DHR Home - Privacy Notice</small>	Child Support About Child Support Child Support Calculator Child Support Enforcement Parent 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? Free Application Forms Welcome a Community Partner Food Pantries/Partners Frequently Asked Questions	Other Important Links Publicly Served Maryland.gov Online Services State Agencies Photo Database Maryland Health Connection Maryland Community Services Locator
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Screen Shot 23

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Department of HUMAN RESOURCES


Family Investment Application  **Household**

Application Progress
 Household
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Your Control ID: S646733145

Head of Household Step 2 of 5

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

Residential Address Information
 I have no Residential Address

Street Address *

City * **State ***

Zip Code * **County**

Residence is a Long-Term Care Facility

Mailing Address Information

Screen Shot 24

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

Mailing Address Information
 Same as Residential Address

Street Address * Apt.
 6800 Deerpath Rd [Field]

City * State *
 Elkridge Maryland

Zip Code * County *
 21075 Please Select One

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

Do you live in subsidized housing? *
 Yes No

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<p>DHR Main Office 331 West Saratoga Street Baltimore, MD 21201 T: 800-332-6342 Fax: 741 or 800-735-2258 to initiate a TTY call through Maryland Relay Larry Egoke, Governor; Boyd K. Rutherford, Lt. Governor; Lourdes R. Pridilla, Secretary</p>	<p>Child Support About Child Support Child Support Calculator Print Application Forms Mutual Consent for Adoption Frequently Asked Questions Paying Support Electronically Direct Deposit Application</p>	<p>Family Investment About Family Investment Am I Eligible for Benefits? Print Application Forms Become a Community Partner Food Pantries/Helpers Frequently Asked Questions</p>	<p>Other Important Links Problem Solver Maryland.gov Online Services Data Agencies Phone Directory Maryland Health Connect/Hot Maryland Community Services Locator</p>
Contact Us DHR Home Privacy Notice	© Copyright 2015 Maryland Department of Human Resources		

Screen Shot 25

Residential Address

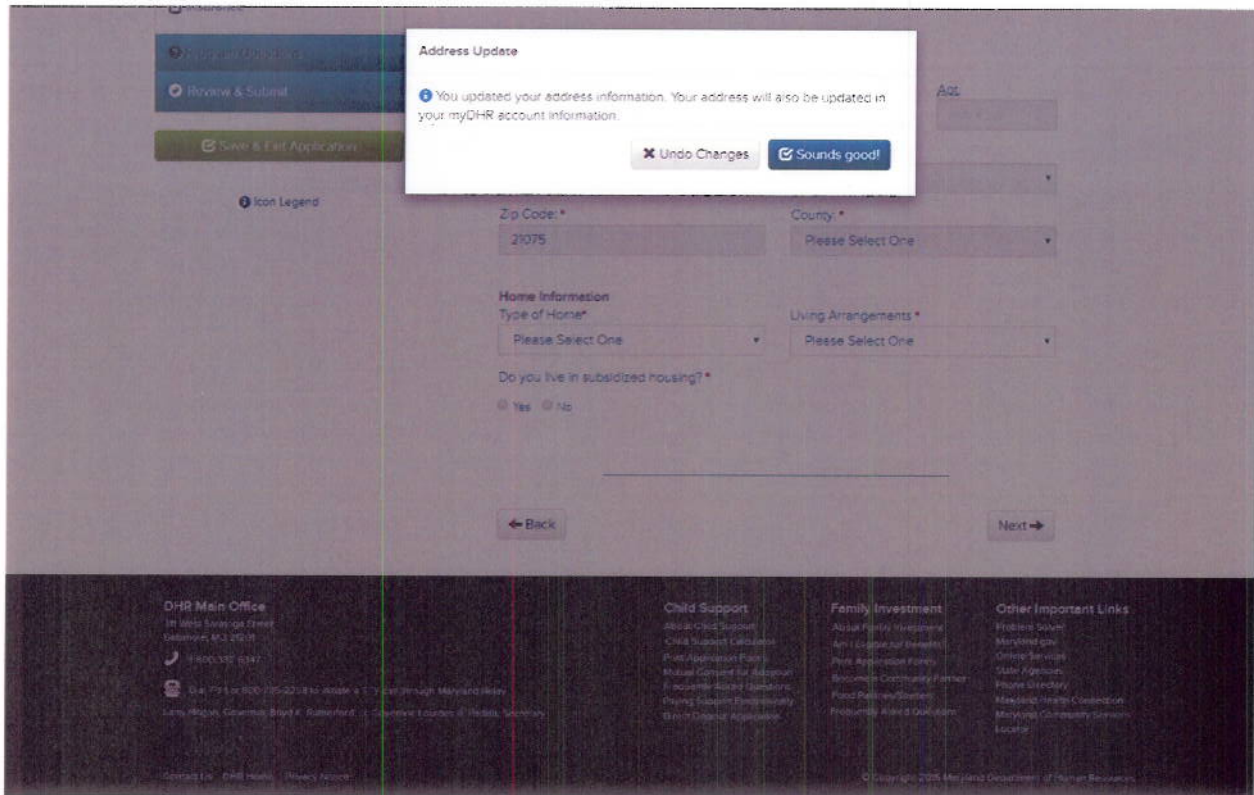
Address is valid but it also needs a secondary number (apartment, suite, etc).

Input Address
 6800 Deerpath Rd Elkridge MD 21075

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

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Screen Shot 26



Screen Shot 27

Application Progress

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Save & Exit Application

Your Control ID: S646733145

Head of Household

Step 3 of 5

Ethnicity

Hispanic/Latino Not Hispanic/Latino

Primary Race

Please Select One

Secondary Races

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

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

Icon Legend

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Family Investment Application Household

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- [Save & Exit Application](#)

Your Control ID: S646733145

Head of Household

Step 4 of 5

Student Information

Last Grade Completed: *

No Formal Education ▾

Student Status: *

Not a Student Part Time Full Time Postsecondary Vocational Work Study

[Icon Legend](#)

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Family Investment Application Household

Application Progress

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Program Questions

Review & Submit

Save & Exit Application

Your Control ID: S646733145

Head of Household

Step 5 of 5

Do you need an interpreter?

Yes No

Primary Language

Please Select One

Are you at least 16 years old? *

Yes No


Are you a resident of Maryland? *

Yes No

Immigration Status

Are you a U.S. Citizen? *

Yes No

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

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

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- Already registered to vote
- Decline to report any changes

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

Party Affiliation*

Other

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

Yes No

Please list the State *

Maryland

Other:


Blind Disabled

Marital Status *

Never Married

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DHR Main Office
311 West Saratoga Street
Baltimore, MD 21208
 1-800-332-6347

Child Support
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Department of HUMAN RESOURCES

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

Family Investment Application Household

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Program Questions

Review & Submit

Save & Exit Application

Your Control ID: S646793145

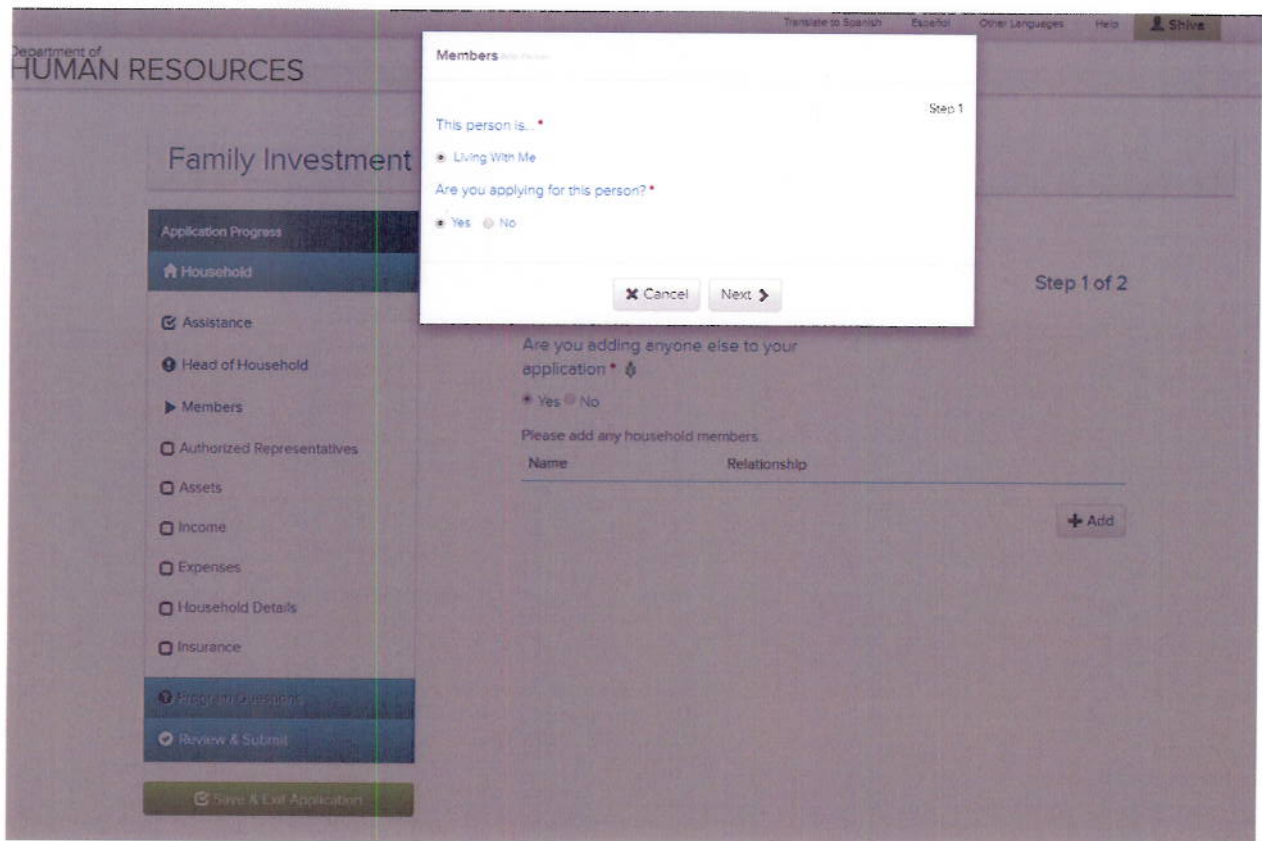
Members Step 1 of 2

Are you adding anyone else to your application? Yes No

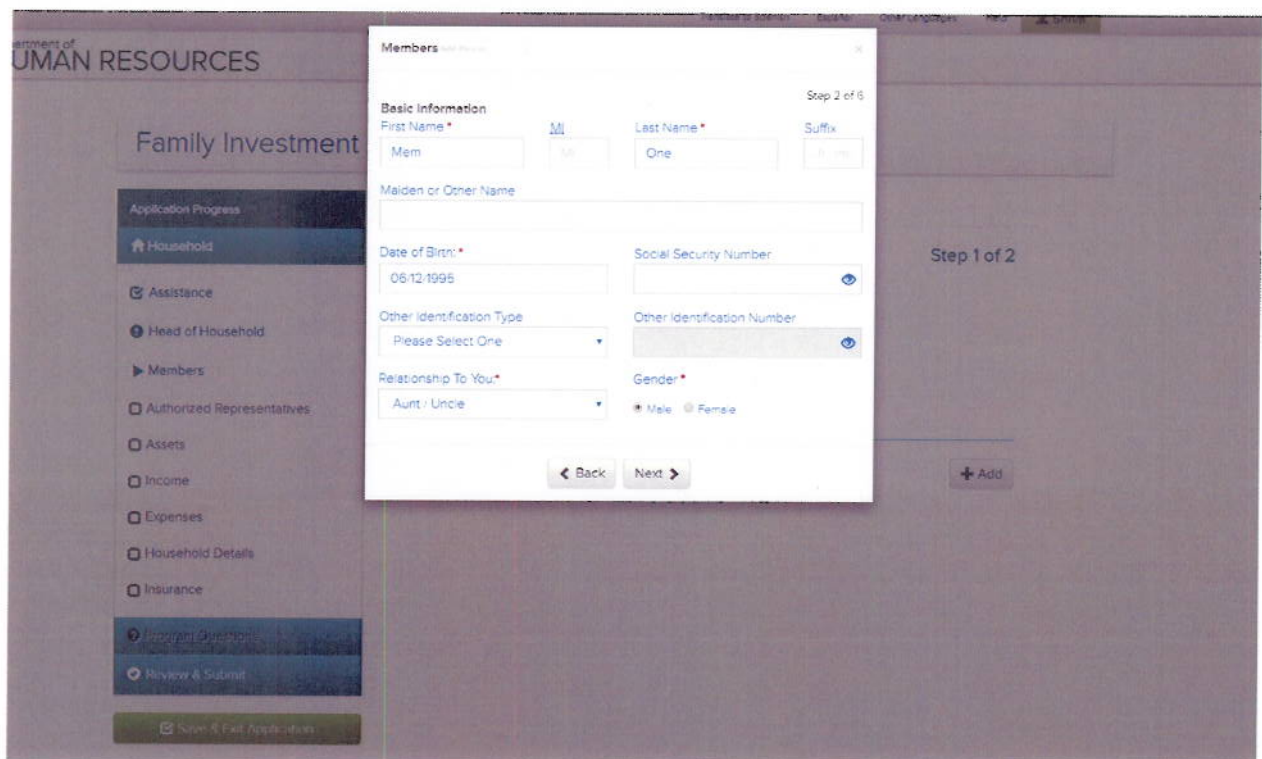
Please add any household members.

Name	Relationship
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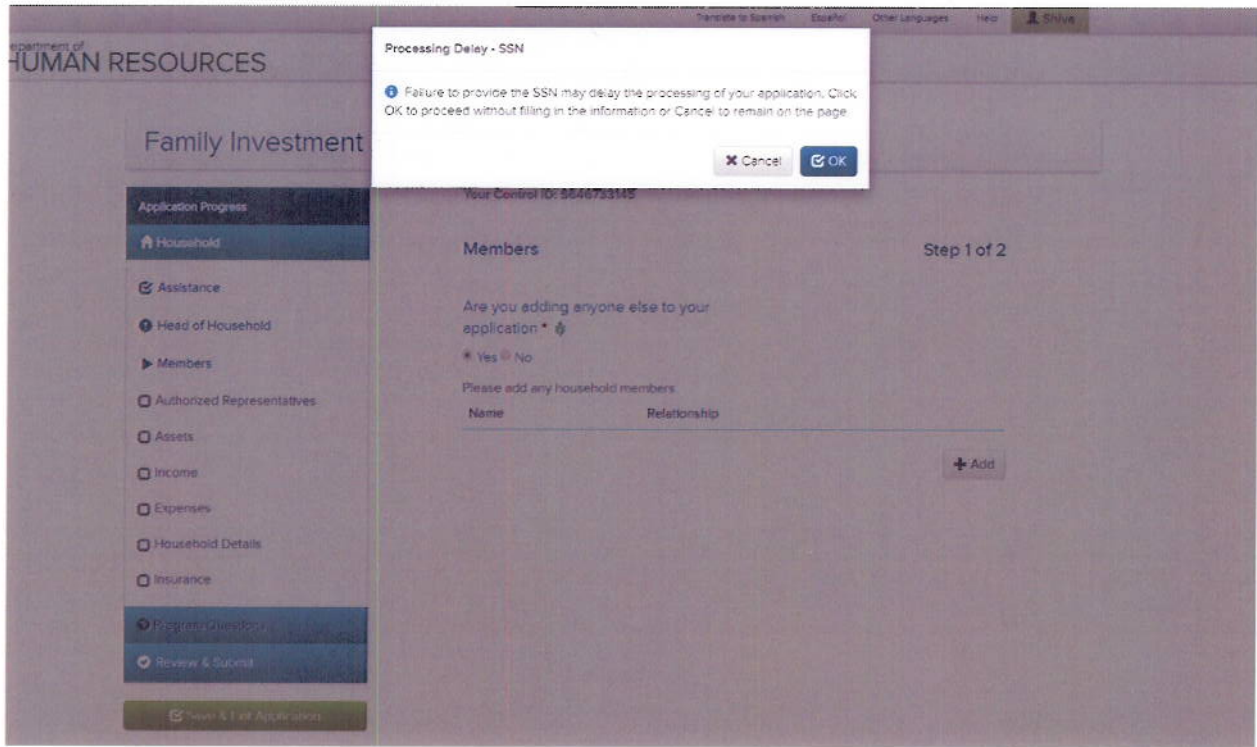
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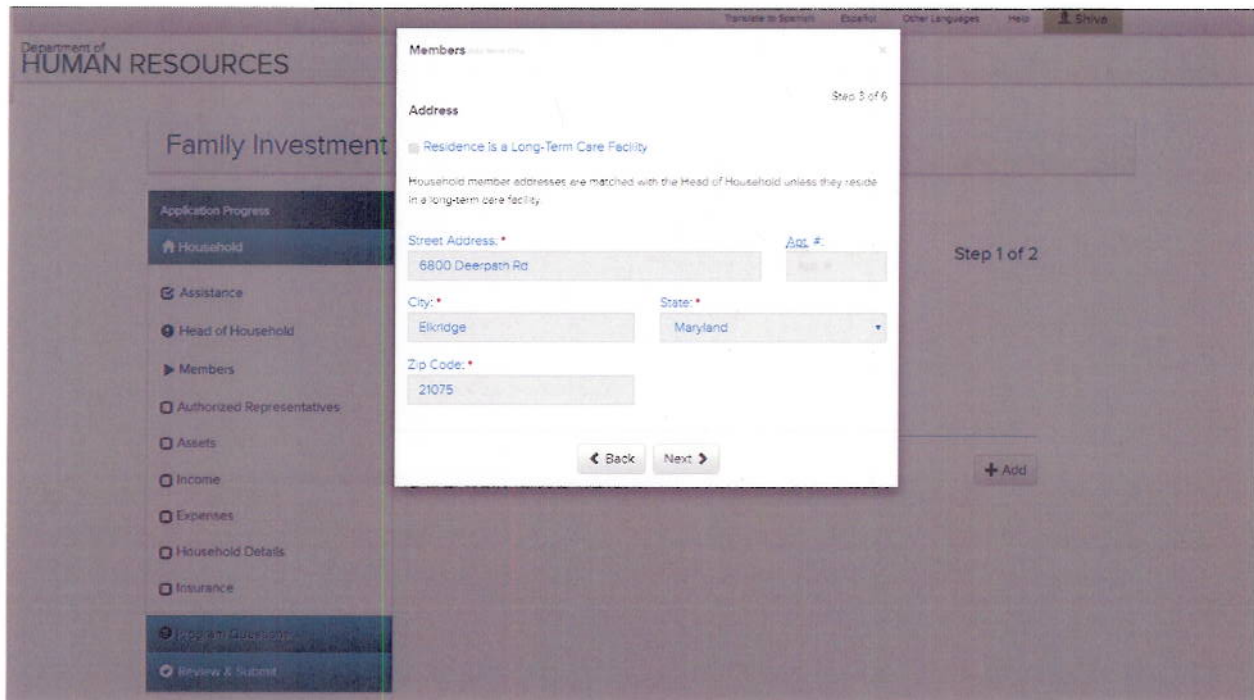
Screen Shot 33



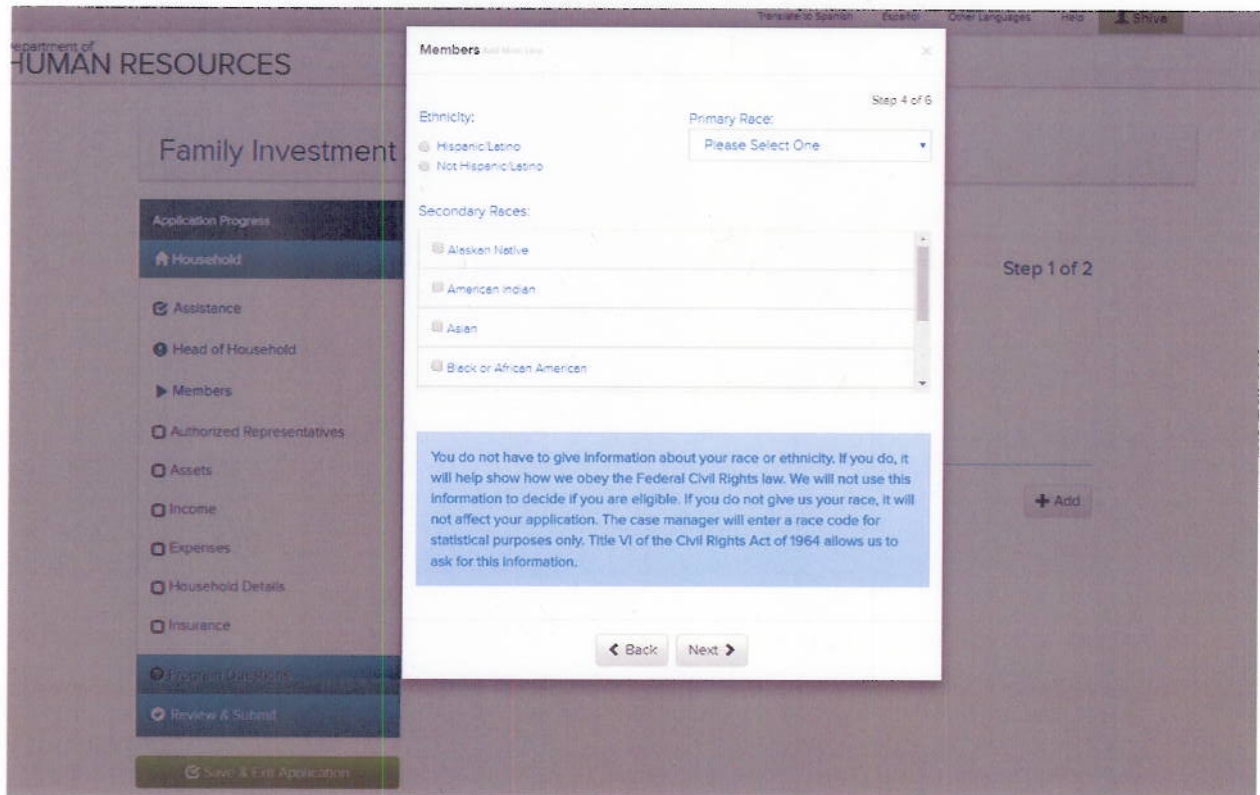
Screen Shot 34



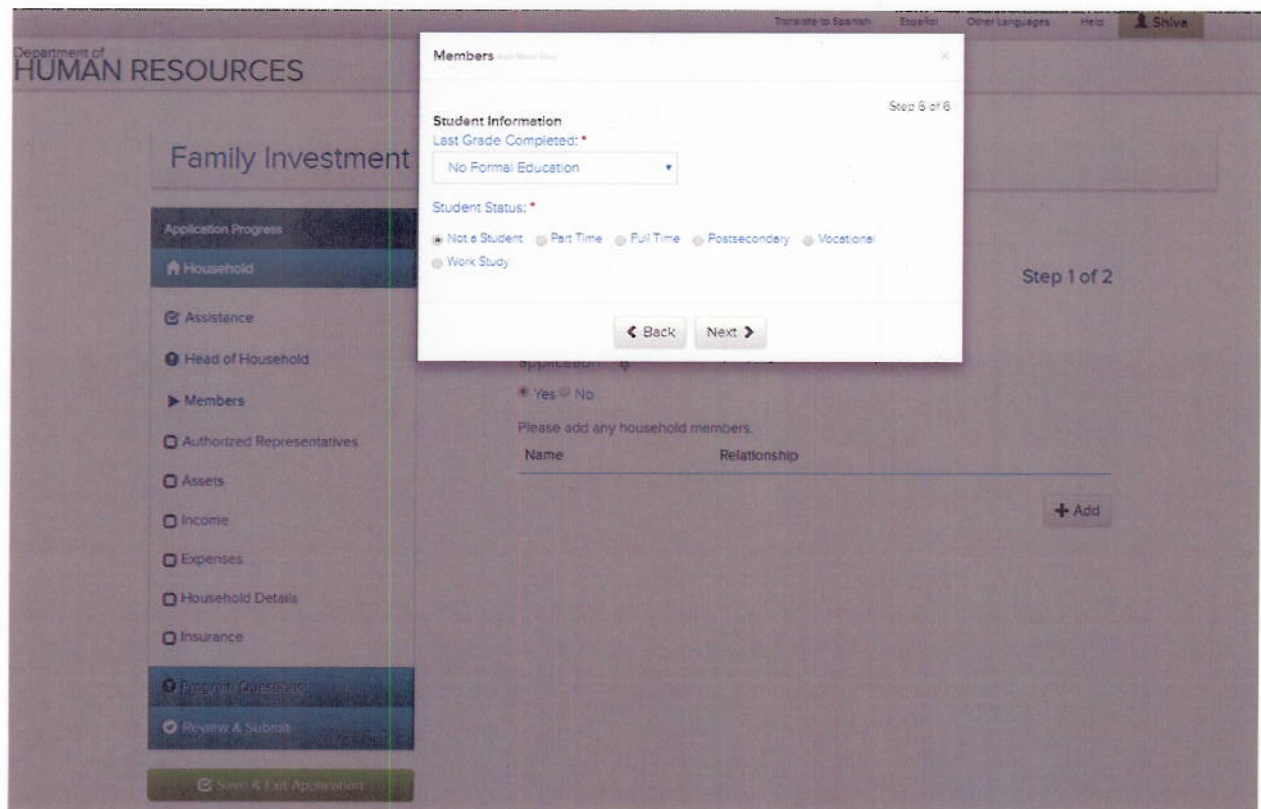
Screen Shot 35



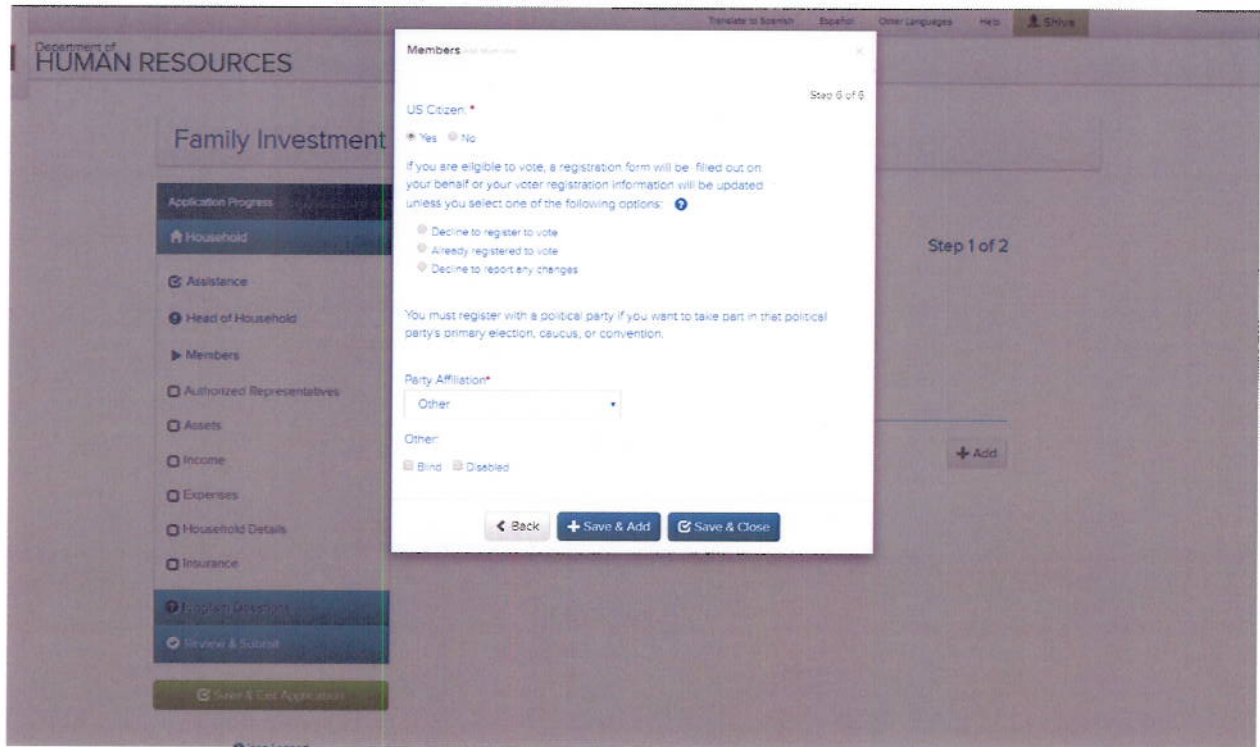
Screen Shot 36



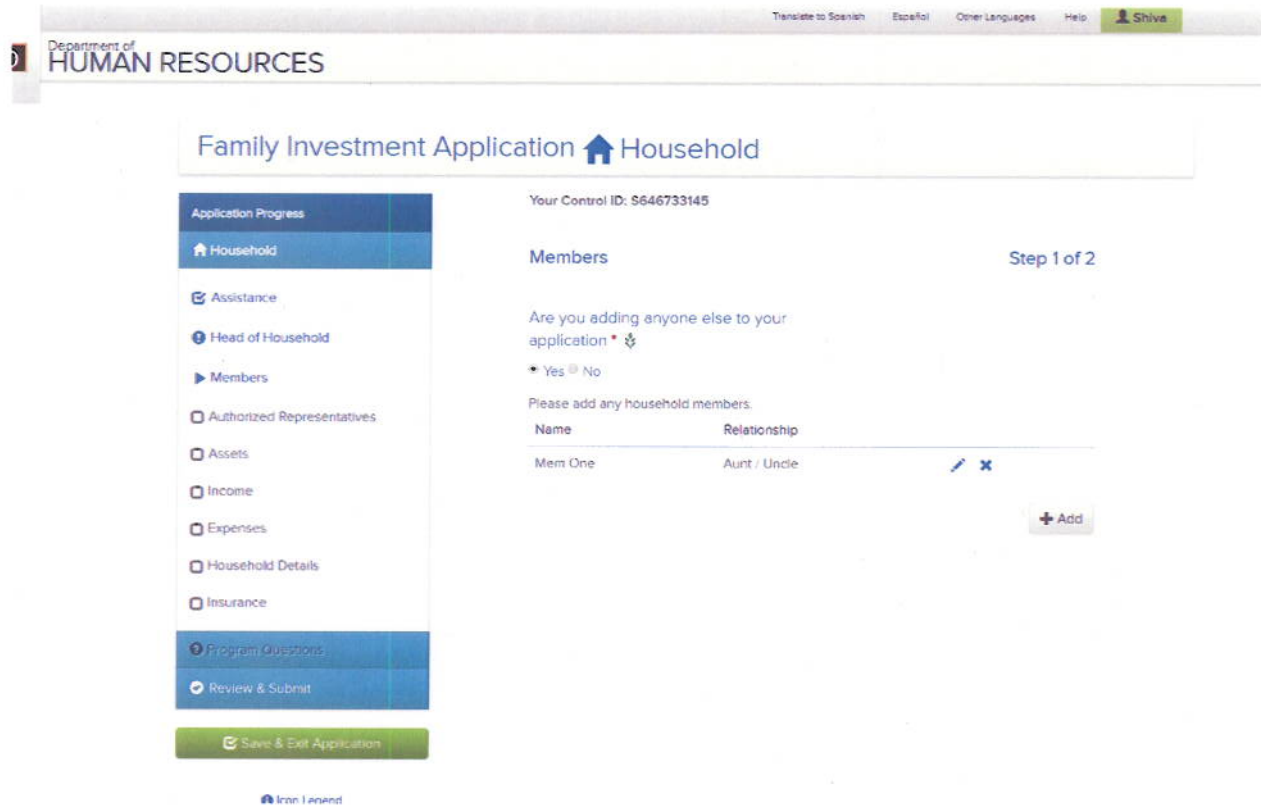
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Screen Shot 39





Screen Shot 40

Family Investment Application  Household

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 Save & Exit Application

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Your Control ID: S646733145

Authorized Representative

Are you adding any Authorized Representative to your application?

Yes No

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Family Investment

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Save & Exit Application

Icon Legend

Authorized Representatives Add Member

Step 1 of 4

Basic Information

Relationship to You:

First Name * MI Last Name * Suffix

Maiden or Other Name

Date of Birth: Social Security Number

Other Identification Type Other Identification Number

Gender: Male Female

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Family Investment

Application Progress

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Save & Exit Application

Icon Legend

Authorized Representatives

Step 2 of 4

Contact Information

Phone *

Home Phone: (999) 999 - 9999

Work Phone:

Cell Phone:

Best Time: Please Select One

Best Number: Please Select One

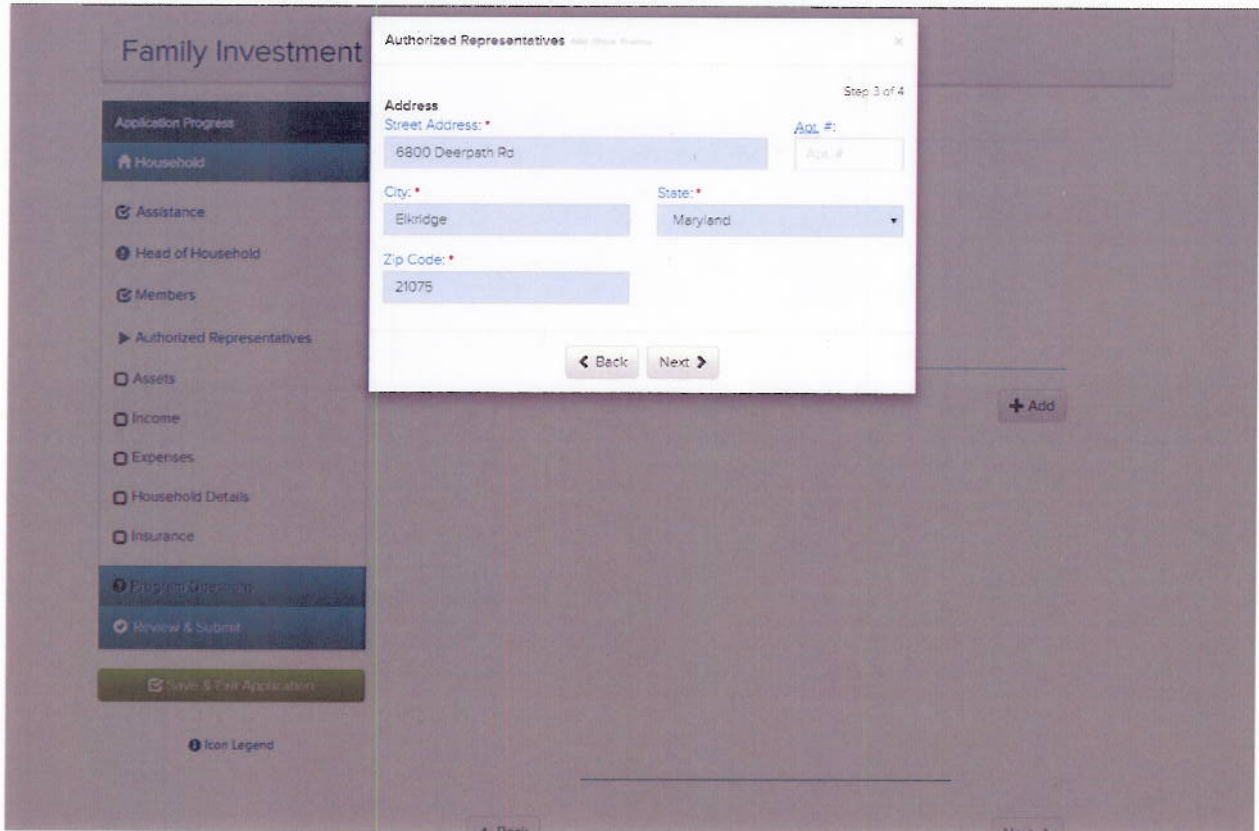
Email Address: Email Address

Confirm Email: Confirm Email

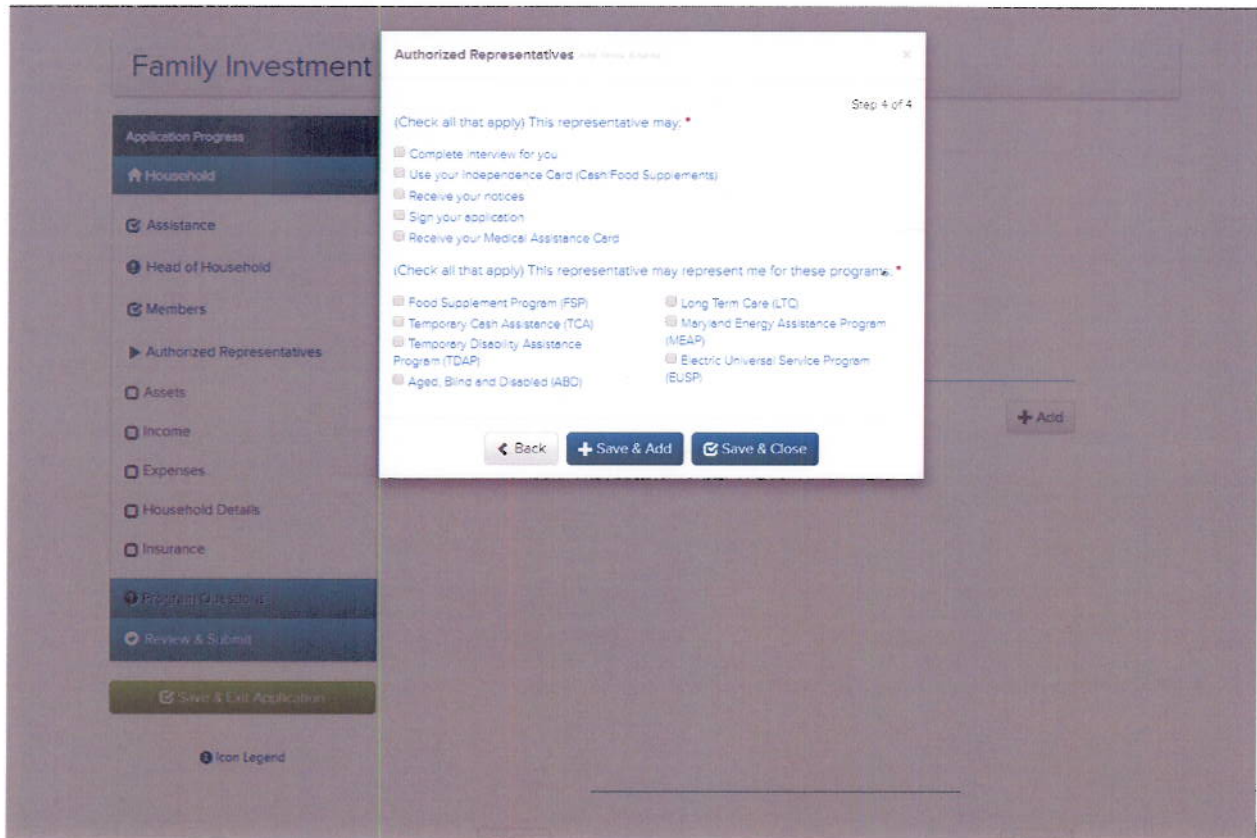
+ Add

< Back Next >

Screen Shot 43



Screen Shot 44



Screen Shot 45

Application Progress

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

Save & Exit Application


Your Control ID: S646733145

Authorized Representative

Are you adding any Authorized Representative to your application?

Yes No

Please add any Authorized Representatives.

Name	Relationship	
Shiva Krishna	Aunt / Uncle	 

 Add

 Icon Legend

 Back

Next 

Screen Shot 46

Family Investment Application Household

Application Progress

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

Save & Exit Application

Your Control ID: S646733145

Assets

Step 1 of 3

Do you have any assets? *

Yes No

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

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

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



Screen Shot 47

Family Investment

Application Progress

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

[Icon Legend](#)

Add Asset

Asset Type *

Name of Owner *
(specify if self-employed)

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

Account Number *

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

✕ Cancel
+ Save & Add
✔ Save & Close













Step 1 of 3


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

Type of Resource/Asset	Owner	Balance/Value	Location
+ Add			

Screen Shot 48

Application Progress

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

 Save & Exit Application

Your Control ID: S646733145

Assets 



Step 1 of 3

Do you have any assets? *

Yes No

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

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











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


 Add


 Icon Legend


Screen Shot 49

Application Progress

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

 Program Questions

 Review & Submit

 Save & Exit Application

Your Control ID: S646733145

Assets

Step 2 of 3

Transferred/Sold Assets

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

Yes No

Please provide details on sold assets below.

Asset Type	Former Owner	Value
--	--	--

 Add

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

 Icon Legend

Screen Shot 50