



Screen Shot 51

Application Progress

- Household
- Assistance
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- 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	
Accident Settlement	Shiva Krishna (HH)	1,111.00	 

[+ Add](#)

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

 Icon Legend

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Screen Shot 52

Family Investment Application Household

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- Review & Submit
- Save & Exit Application

Your Control ID: S646733145

Assets

Step 3 of 3

Real Property

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

Yes No

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

Property Type	Owner	Value	Property Address

[+ Add](#)

Screen Shot 53

[Translate to Spanish](#)
[Español](#)
[Other Languages](#)
[Help](#)
Shiva

FIN RESOURCES

Family Investment

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- Save & Exit Application

Step 3 of 3

Add Real Property

Owner * Type of Ownership *

Street Address * Apt. #

City * State * Zip Code *

Current Fair Market Value * Current Amount Owed *

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

Property Type	Owner	Value	Property Address
<input type="button" value="+ Add"/>			

Screen Shot 54

Family Investment Application Household

Application Progress

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Authorized Representatives

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Household Details

Insurance

Program Questions

Review & Submit

 Save & Exit Application

Your Control ID: S646733145

Assets



Step 3 of 3

Real Property

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

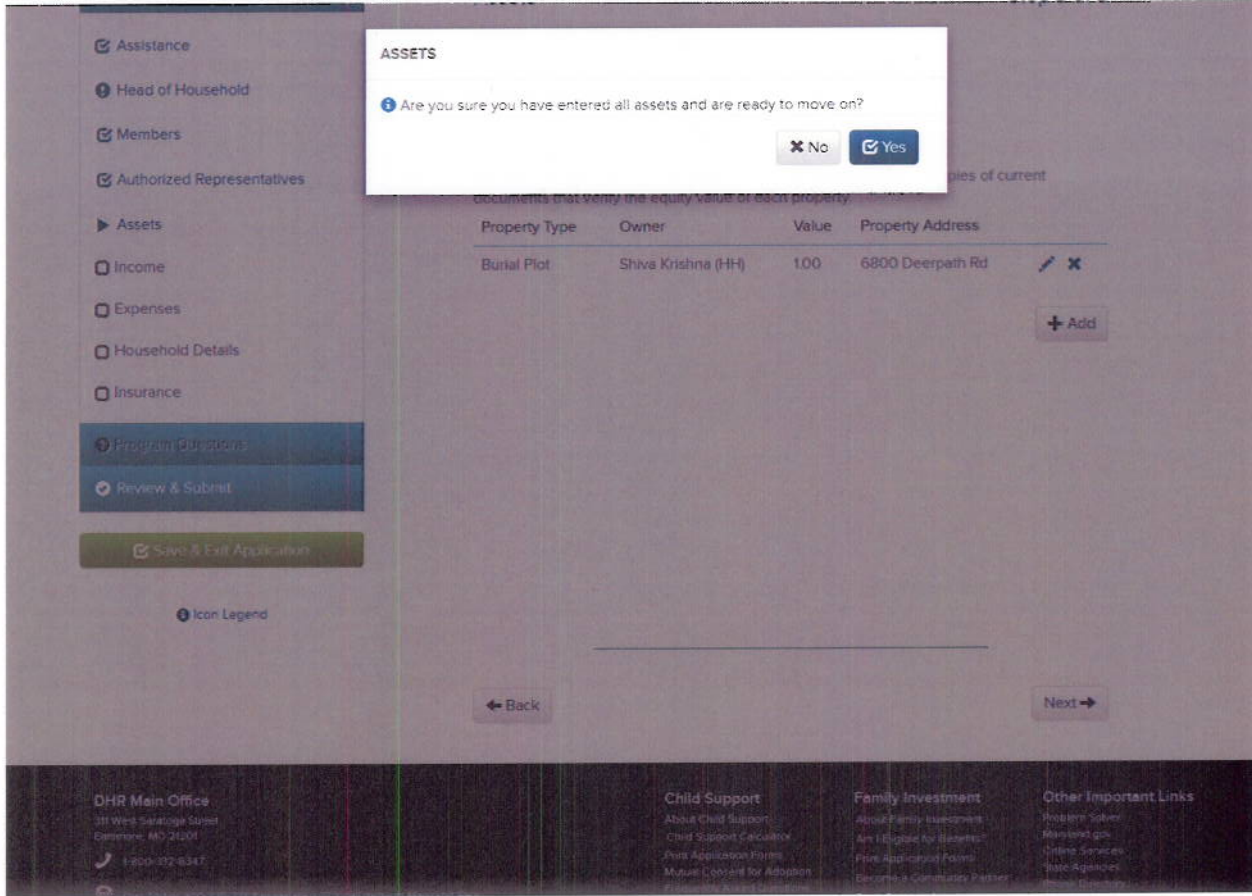
Yes No

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

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

 Add

Screen Shot 55



Screen Shot 56

Family Investment Application Household

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Your Control ID: S646733145

Income

Step 1 of 2

Employment

Is anyone in the household employed?  

Yes No

Please identify each household member who earns income from employment.

Household Member	Employer

[+ Add](#)

 Icon Legend

Screen Shot 57

Family Investment

Application Progress

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- Program Options
- Review & Submit
- Save & Exit Application

Icon Legend

Step 1 of 2

Add Employment Income

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

Household Member Employed *
Shiva Krishna (HH)

Job Title *
Test

Employer *
Employer

Phone *
(999) 999 - 9999

Street *
6800 Deerpath Rd

App./Suite

City *
Elkridge

State *
Maryland

Zip *
21075

Is this person on strike? *
 Yes No

Strike Benefit Frequency *
None/No Benefit

Cancel Next

Step 1 of 2

+ Add

Screen Shot 58

Family Investment

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- Review & Submit

Save & Exit Application

Icon Legend

Step 2 of 2

Add Employment Income

Income Type:

Hours per Week:

Amount of Most Recent Paycheck:

How Often Paid?:

Gross Pay Per Period:

Dates job held:

From:

To:

Present

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

Step 1 of 2

payment.

Screen Shot 59

Family Investment Application Household

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- Save & Exit Application

Your Control ID: S646733145

Income

Step 1 of 2

Employment

Is anyone in the household employed? 

Yes No

Please identify each household member who earns income from employment.

Household Member	Employer	
Shiva Krishna (H-I)	Employer	 

 Add

 Icon Legend

 Back

Next 

Screen Shot 60

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- Review & Submit
- Save & Exit Application

Your Control ID: S646733145

Income

Step 2 of 2

Benefits/Unearned Income

Do you have any benefits or unearned income? 

Yes No

Please provide details on your benefits or unearned income below.

Recipient	Benefit/Income Type	Status

 Add

 Icon Legend

 Back

Next 

Screen Shot 61

Family Investment

Application Progress

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- Review & Submit

Save & Exit Application

Icon Legend

Step 2 of 2

Status

+ Add

Add Benefits/Unearned Income

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

Benefit / Income Type *
Alimony

From Which State?
Please Select One

Who receives this benefit? *
Shiva Krishna (HH)

Status *
 Applied Received Denied

Applied Date. *
09/04/2019

Screen Shot 62

Family Investment Application Household

Your Control ID: S646733145

Application Progress

 Household

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 Insurance

 Program Questions

 Review & Submit

 Save & Exit Application

 Icon Legend

Income



Step 2 of 2

Benefits/Unearned Income

Do you have any benefits or unearned income? 

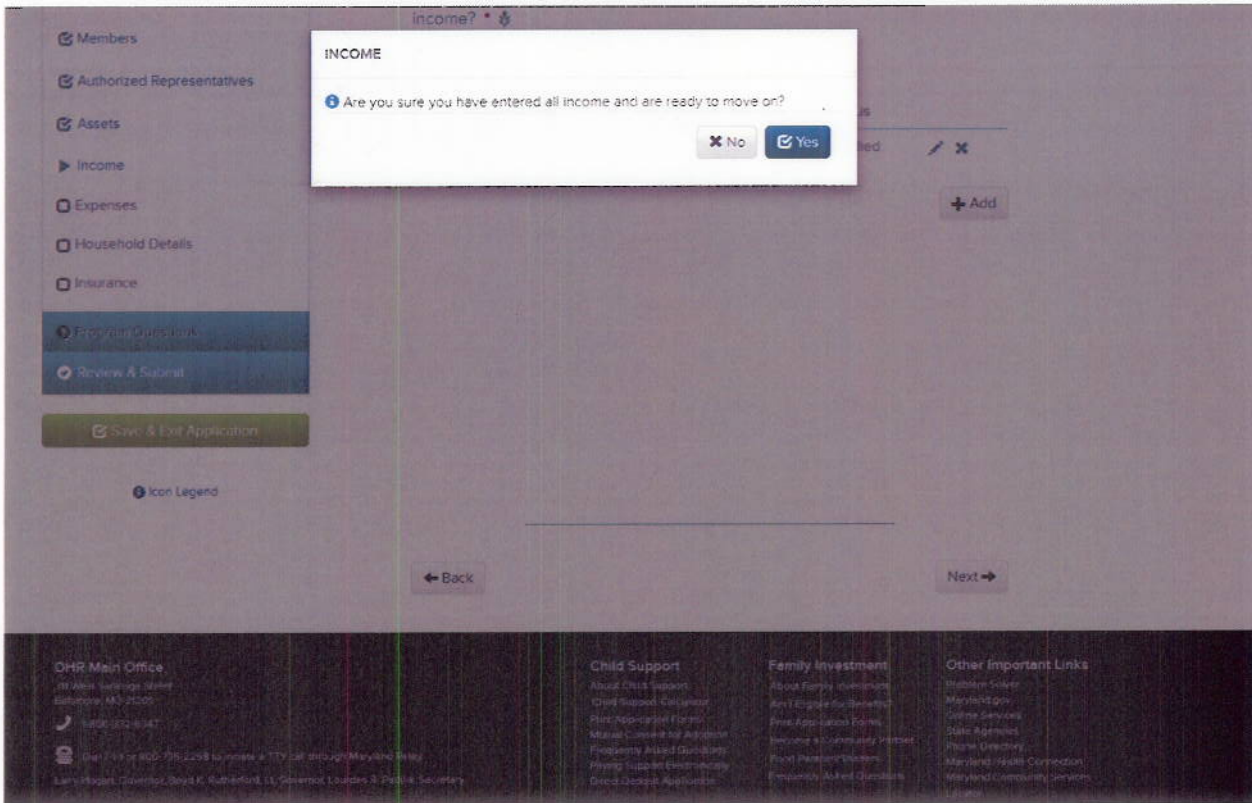
Yes No

Please provide details on your benefits or unearned income below.

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

 Add

Screen Shot 63



Screen Shot 64

Family Investment Application Household

Application Progress

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Insurance

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Review & Submit

 Save & Exit Application


 Icon Legend

Your Control ID: S646733145

Expenses

Step 1 of 3

Care Expenses

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











Yes No


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Next 


Screen Shot 65

Application Progress

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 Program Questions

 Review & Submit


 Save & Exit Application

Your Control ID: S646733145

Expenses

Step 1 of 3

Care Expenses

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

Yes No

Please provide details on your care expenses below.

Payor	Provider Name	Cost

 Add

 Icon Legend

Screen Shot 66

Family Investment

Application Progress

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Save & Exit Application

Icon Legend

Step 1 of 3

Add Care Expense

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

Household Member Receiving Care *
Test

Provider Details

Provider Name * Phone *
Provider Name (999) 999 - 9999

Street * Apt./Suite
6800 Deerpath Rd

City * State * Zip *
Elkridge Maryland 21075

Cost: * How Often Paid? *
\$ 5000 Weekly

Screen Shot 67

Family Investment Application Household

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

Your Control ID: S646733145

Expenses

Step 1 of 3

Care Expenses

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

* Yes No

Please provide details on your care expenses below.

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

+ Add

Icon Legend

Screen Shot 68

ent of
MAN RESOURCES

Family Investment Application Household

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Your Control ID: S646733145

Expenses

Step 2 of 3

Court Ordered Expenses

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

* Yes No

Please provide details on your court ordered expenses below.

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

+ Add

Screen Shot 69

AN RESOURCES

Family Investment

Application Progress

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Translate to Spanish Español Other Languages Help Shiva

Add Court-Ordered Expense

Recipient/Beneficiary * Phone *

Street * Apt./Suite

City *

State * Zip *

Amount Paid * Person or Agency Paid *

How Often Paid? * Type *

Payor *

Step 2 of 3

or child support for

Beneficiary

+ Add


Screen Shot 70

Family Investment Application Household

Application Progress

 Household

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 Program Questions

Review & Submit

 Save & Exit Application


 Icon Legend

Your Control ID: S646733145

Expenses

Step 2 of 3

Court Ordered Expenses

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

Yes No

Please provide details on your court ordered expenses below.

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

 Add

Screen Shot 71


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

Your Control ID: S646733145

Expenses

Step 3 of 3

Outstanding Medical Expenses

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

Yes No

Please provide details on your unpaid medical bills below.

Household Member	Expense Type(s)
--	--

[+ Add](#)

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

 Icon Legend

Screen Shot 72

Family Investment

Application Progress

- Household
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- Save & Exit Application

Step 3 of 3

Add Outstanding Medical Expense

Household Member *
Shiva Krishna (HH)

Outstanding Medical Expenses *

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

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

Screen Shot 73

Application Progress

- Household
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- Household Details
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- Review & Submit


Save & Exit Application

Your Control ID: S646733145

Expenses

Step 3 of 3

Outstanding Medical Expenses

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

Yes No

Please provide details on your unpaid medical bills below.

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

 Add

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

 Icon Legend

Screen Shot 74

- Members
- Authorized Representatives
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- Household Details
- Insurance
- Program Questions
- Review & Submit
- Save & Exit Application

Icon Legend

EXPENSES

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

No Yes

+ Add


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

Back Next

<p>DHR Main Office 100 West Saratoga Street Baltimore, MD 21201 1-800-332-6347 TDD: 410-767-8000 or 800-332-6347 Link: Megan, Governor Boyd R. Rutherford, Jr., Governor Louisa P. Padiella, Secretary</p>	<p>Child Support About Child Support Child Support Calculator Print Application Form Make a Claim for Arrears Frequently Asked Questions Paying Support Electronically Direct Debit Application</p>	<p>Family Investment About Family Investment Are I eligible for benefits? Print Application Form Decline a Community Partner Fraud Reporting System Frequently Asked Questions</p>	<p>Other Important Links Proprietary Solver Maryland.gov Online Services State Agencies Phone Directory Maryland Health Connection Maryland Community Services Local</p>
--	---	---	---

Screen Shot 75

Application Progress

 Household

Assistance

 Head of Household

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Authorized Representatives


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 Household Details

Insurance

 Program Questions

 Review & Submit

 Save & Exit Application

 Icon Legend

Your Control ID: S646733145

Household Details

Step 1 of 3

Assistance History

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

Food Supplements

Now Past

Temporary Cash Assistance

Now Past

Temporary Disability Assistance

Now Past

Medical Assistance

Now Past

Energy Assistance

Now Past

Other Assistance I am Currently Receiving

Screen Shot 76

Family Investment Application Household

Application Progress

- Household
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- Household Details
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- Review & Submit

Save & Exit Application

Your Control ID: S646733145

Household Details

Step 2 of 3

Roomer/Boarder Information

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

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

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

* Yes No

Please select each person who is a roomer or boarder *

- Shiva Krishna #HH
- Mem One

Screen Shot 77

Application Progress

- Household
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- Head of Household
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- Authorized Representatives
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- Household Details
- Insurance

Program Questions

Review & Submit

Save & Exit Application

Your Control ID: S646733145

Household Details

Step 3 of 3

Household Costs

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

Yes No

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

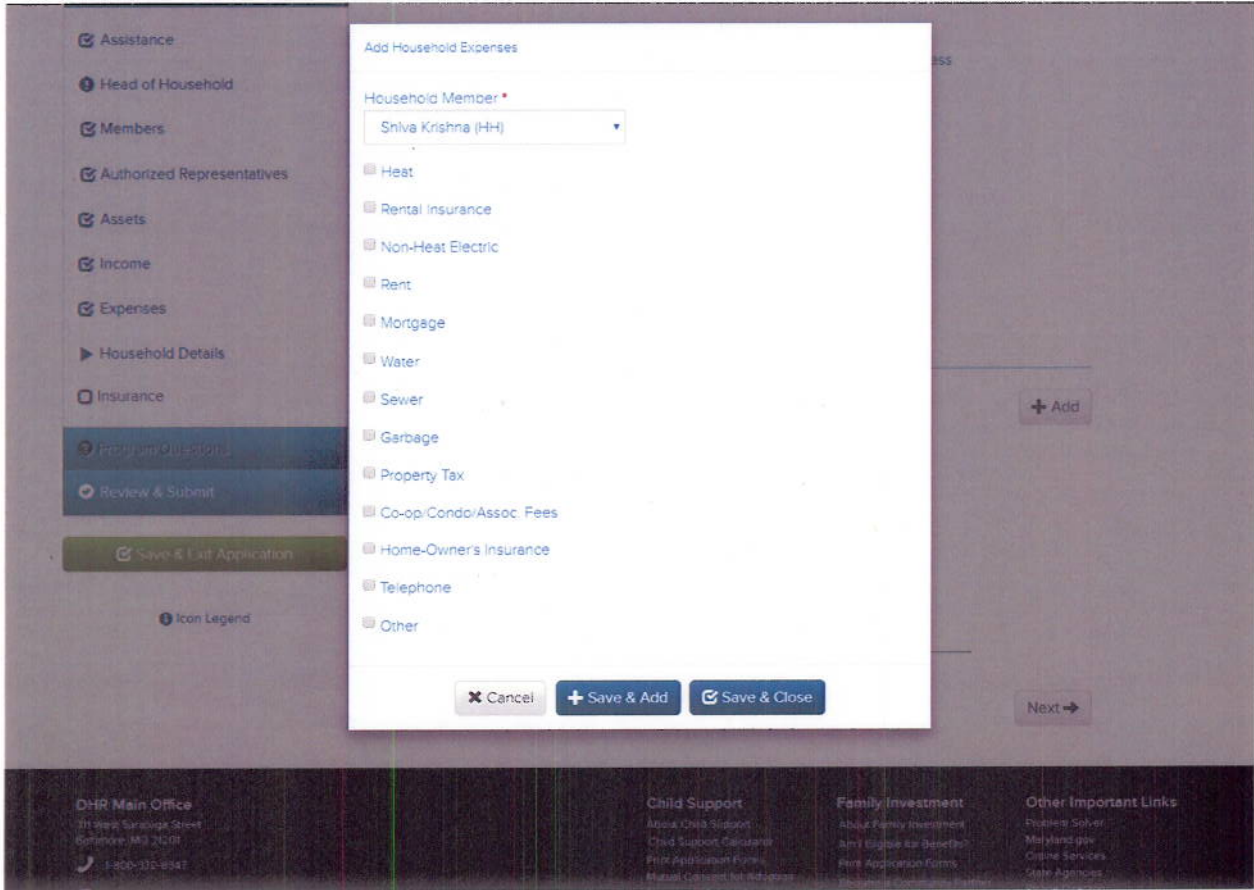
Yes No

Please provide details on your home expenses below.

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

 Add

 Icon Legend



Screen Shot 79

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

[Icon Legend](#)

Household Costs

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

Yes No

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

Yes No

Please provide details on your home expenses below.

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

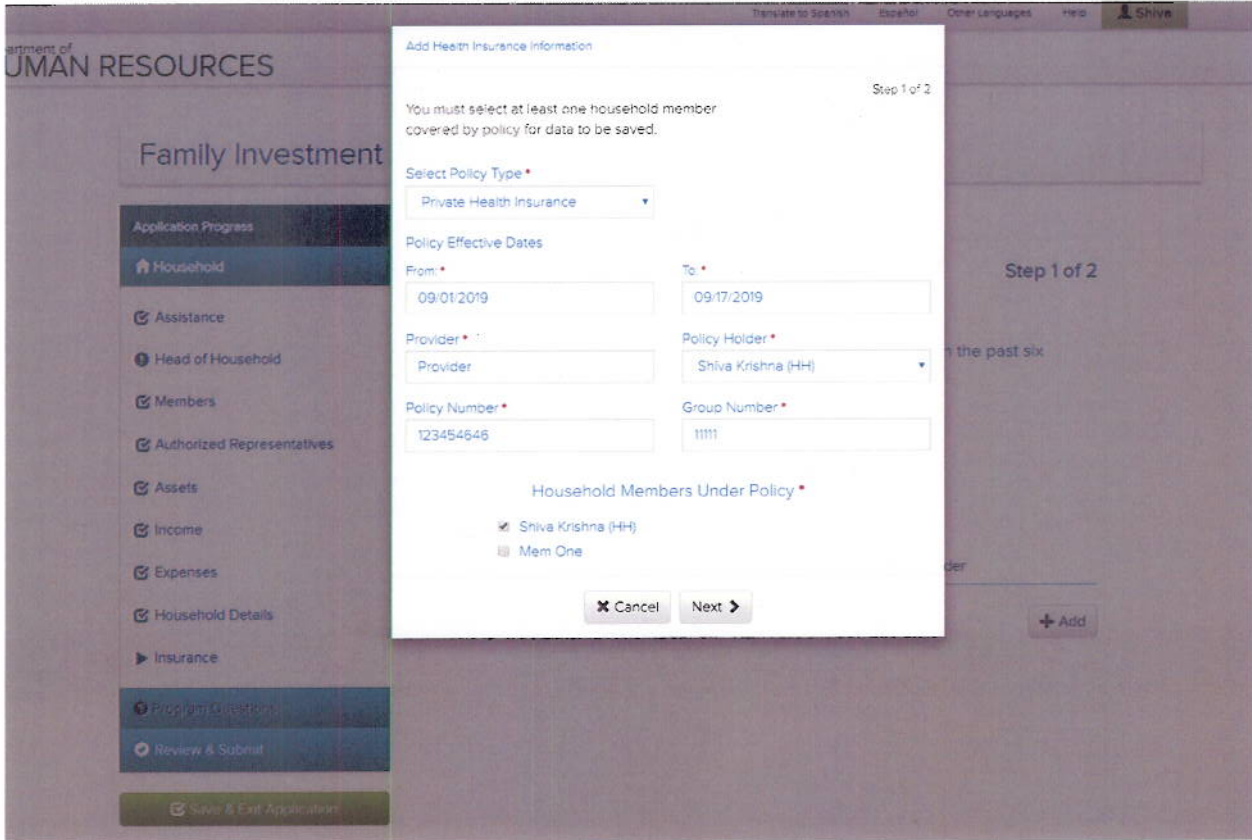


[+ Add](#)

[← Back](#)

[Next →](#)

Screen Shot 80



Screen Shot 81

Department of HUMAN RESOURCES

Family Investment

Application Progress

- Household
- Assistance
- Head of Household
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- Insurance
- Program Eligibility
- Review & Submit
- Save & Exit Application

Translate to Spanish Español Other Languages Help Shiva

Add Health Insurance Information

Step 2 of 2

Policy Holder Address:

Phone *
(999) 999 - 9999

Street *
6800 Deerpath Rd

City *
Elkridge

State *
Please Select One

Zip Code *
21075

Insurance Provider Address:

Company *
Company

Phone *
(999) 999 - 9999

Street *
6800 Deerpath Rd

City *
Elkridge

State *
Maryland

Zip Code *
21075

← Back + Save & Add Save & Close + Add

Screen Shot 82

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

 Icon Legend

Your Control ID: S646733145

Insurance

Step 1 of 2

Health Insurance

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

Yes No

Does anyone applying have any health insurance? *

Yes No

Please provide details on your health insurance below.

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

 Add

Screen Shot 83

Family Investment Application  Household

- Application Progress
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- Insurance
- Program Questions
- Review & Submit
- Save & Exit Application

Your Control ID: 5646733145

Insurance

Step 2 of 2

Life Insurance

Does anyone in your household have life insurance? *

Yes No

Screen Shot 84

Family Investment Application Household

- Application Progress
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 - Income
 - Expenses
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 - Insurance
 - Program Questions
 - Review & Submit
- [Save & Exit Application](#)

Your Control ID: S646733145

Insurance



Step 2 of 2

Life Insurance

Does anyone in your household have life insurance? *

Yes No

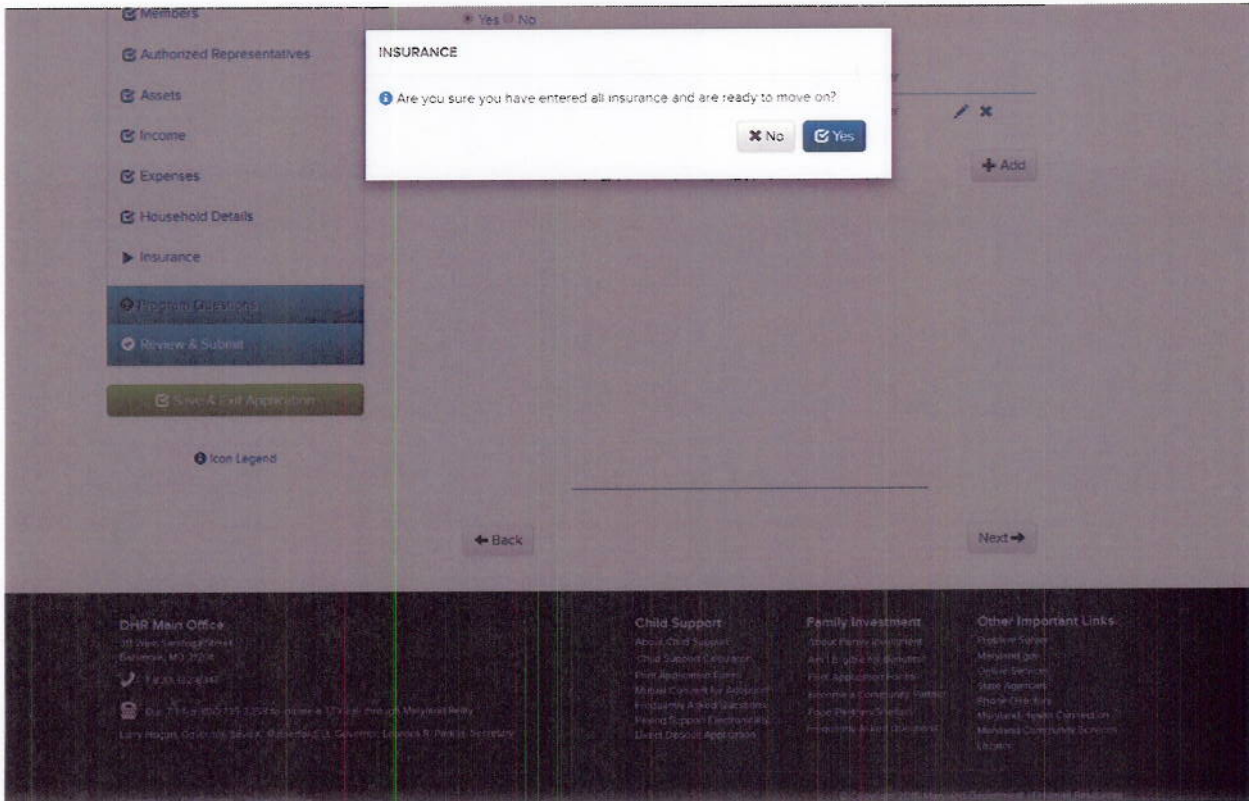
Please provide details on your life insurance below.

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

[+ Add](#)

 Icon Legend

Screen Shot 85



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

DHR Main Office
30 West Livingston Street
Geneva, NY 14456
Fax: 315.268.3447
Or: 716.402.1951 (TDD) or 1.877.447.4647 (Voice Mail)
Larry Regan, Director, David K. Blawie, J. Governor, Lenora R. Powell, Secretary

Child Support
About Child Support
Child Support Orders
How to Establish Child Support
Financial Aid for Children
Hearings and Enforcement
Hearings Support Fundamentals
Level Support Application






Family Investment
About Family Investment
Applying for Assistance
First Application Forms
Income & Community Support
How to Apply for Assistance
Income & Community Support

Other Important Links
Problem Solver
MyChild.gov
Online Petition
State Agencies
Phone Call Help
Assistance from Community
Matters Community Services
Library

Screen Shot 86

Family Investment Application Program Questions

Application Progress


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

 Icon Legend

Your Control ID: S646733145

Felony Convictions

Has anyone in your household been convicted of:

A drug kingpin felony on or after August 22, 1996? * 

(Drug kingpin - An organizer, supervisor, financier or manager who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State controlled dangerous substance)

Yes No

Which household members? *

- Shiva Krishna (H)
- Mem One

A volume dealer drug felony on or after August 22, 1996? * 

(Volume dealer - An individual who manufactures, distributes, dispenses or possesses certain quantities of a controlled dangerous substance)

Yes No

Which household members? *

- Shiva Krishna (H)
- Mem One

Screen Shot 87

possesses certain quantities of a controlled dangerous substance)

Yes No

Which household members? *

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

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

Yes No

Which household members? *

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

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

Yes No

Which household members? *

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

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

Yes No

Which household members? *

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

Screen Shot 88

<input type="checkbox"/> Mem One

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

Yes No

Which household members? *

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

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

Yes No

Which household members? *

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

[← Back](#)

[Next →](#)

DHR Main Office

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

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

Child Support

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

Family Investment


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

Other Important Links

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

Screen Shot 89

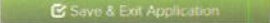
Department of HUMAN RESOURCES


Translate to Spanish Español Other Languages Help 

Family Investment Application Program Questions

Application Progress

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





Your Control ID: S646733145

Utility Information Step 1 of 3

Utility Problems
Do you have any of these problems?

- Utility shut off
- Eviction or foreclosure
- No place to stay
- No Heat
- No food
- Cannot afford childcare

Other (please specify)

DHR Main Office

Child Support








Family Investment


Other Important Links

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Family Investment Application Program Questions

Application Progress

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

 Save & Exit Application

 Icon Legend

Your Control ID: S646733145

Utility Information

Step 2 of 3

Electric Company Information

My electric company is *

Account Number *

The Name on the account is *

I have a turn-off notice from this company *

Yes No

My service is turned off now *

Yes No

EUSP Arrearage Grant


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


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


EUSP Electric Grant *


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Additional Information

 Review & Submit

 Save & Exit Application

 Delete Application

 Icon Legend

I have a turn-off notice from this company *

Yes No

My service is turned off now *

Yes No

EUSP Arrearage Grant

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

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

EUSP Electric Grant *

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

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

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DHR Main Office

318 West Saratoga Street
Baltimore, MD 21201

 1-800-332-6347

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

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

Child Support

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

Family Investment

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

Other Important Links


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

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Family Investment Application Program Questions

Application Progress

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

 Save & Exit Application

 Icon Legend

Your Control ID: S646733145

Utility Information

Step 3 of 3

Heating Information

My heat supplier or fuel company is *

AERO ENERGY

The main heating source of my home is *

Propane

Account Number *

123654978

The Name on the account is *

Name on the account

I have a turn-off notice from this company *

Yes No

My service is turned off now *

Yes No

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

Yes No

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

Company Name

MEAP Grant *

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

Screen Shot 93

Company Name

MEAP Grant *

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

Gas Arrearage Grant

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

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

Weatherization

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

No, I do not wish to be referred.

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Department of HUMAN RESOURCES

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

Family Investment Application ? Program Questions

Your Control ID: S646733145

Disability

Is anyone in the household disabled?

Yes No

Please provide details on disability below.

Household Member	Disability Type

[+ Add](#)

[← Back](#) [Next →](#)

[Icon Legend](#)

DHR Main Office Child Support Family Investment Other Important Links

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Department of HUMAN RESOURCES

Family Investment

Application Progress

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

Icon Legend

DHR Main Office

Translate to Spanish Español Other Languages Help

Add Disability

Step 1 of 10

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

Household Member *
Shiva Krishna (HH) ▾

Disability Type

When did the disability begin?
MM/DD/YYYY

Do you receive Medicare Part A? ⓘ
 Yes No

Premium Amount
\$ 1.00

Do you receive Medicare Part B? ⓘ
 Yes No

Premium Amount
\$ 1.00

Do you receive Medicare Part C? ⓘ
 Yes No

Premium Amount
\$ 1.00

Do you receive Medicare Part D? ⓘ
 Yes No

Premium Amount
\$ 1.00

Please provide your Medicare Claim Number

Cancel Next ➔

+ Add

Next ➔

ment Other Importer

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Add Disability
Step 2 of 10

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

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

Yes No

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

Yes No Yes No

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

Name (First, Middle Initial, Last)

Relationship to you Daytime Phone Number

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

City State/Province

Please Select One ▾

ZIP/Postal Code Country (if not USA)

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

Yes No

Did you attend special education classes?

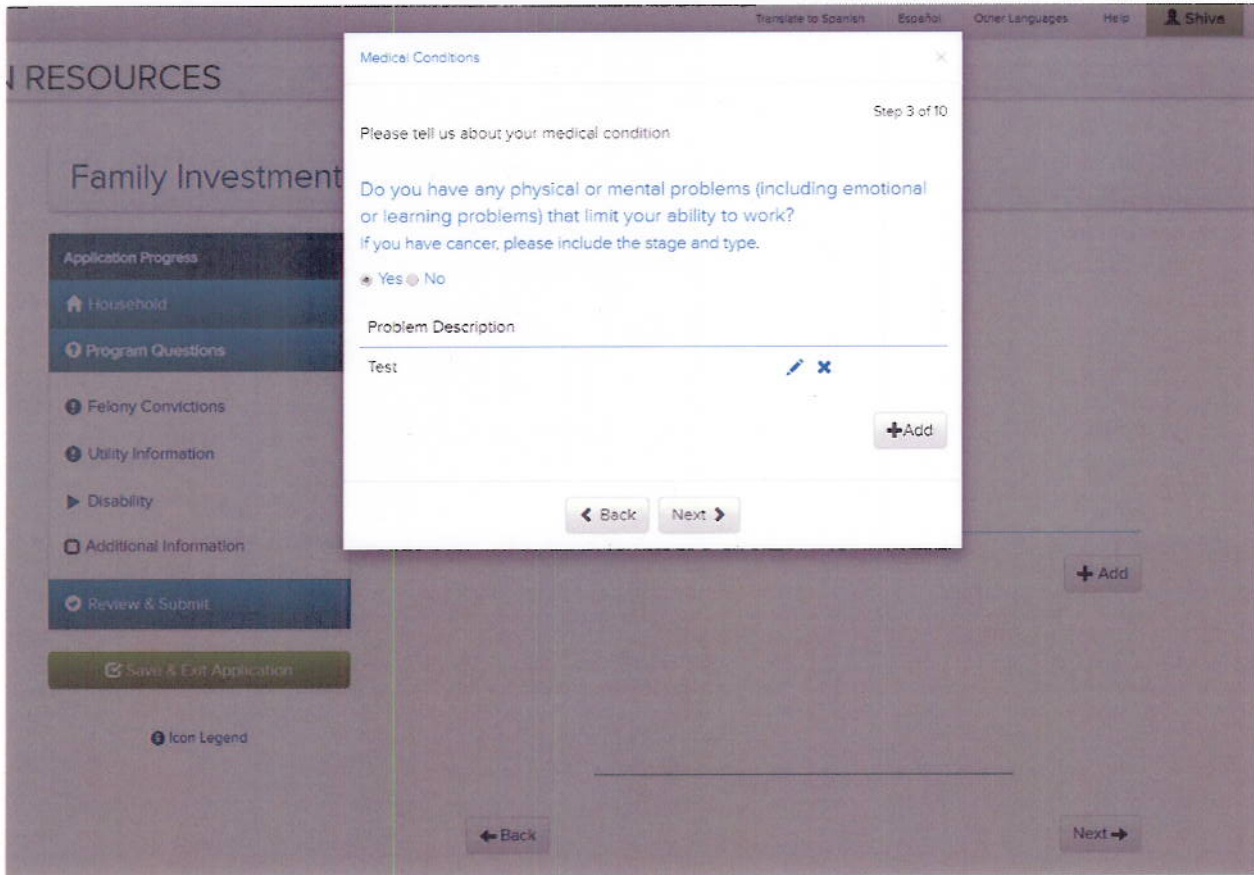
Yes No

Have you completed any type of specialized job training, trade, or vocational school?

Yes No

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Screen Shot 98

What is your height without shoes?

Feet Centimeters (if outside USA)

Feet Inches

What is your weight without shoes?

Pounds Kilograms (if outside USA) Pounds

Do your conditions cause you pain or other symptoms?

Yes No

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

Yes No

Please describe in detail:

Approximate date the changes occurred:

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

Yes No

Please describe in detail:

Approximate date the changes occurred:

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

Yes No

Please describe in detail:

Approximate date the changes occurred:

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Work Activity ×

Step 5 of 10

Are you currently working?

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

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

MM/DD/YYYY

Yes No

Please provide details on disability below.

Household Member	Disability Type

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