

MLMS Assister Training Profile Mock-Up

Individual Assister Information

Email:

Assister Type: *

Navigator ID (Required for Navigator):

Federal In Person Assister ID (Required for Federal In Person Assister):

State Funded Assister ID:

CAC ID:

Training Language Selection: *

Current CAC Training Expiration Date:

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Organization State:

Organization Zip Code:

Organization Phone Number:

Graphic 1- Individual Assister Information - Full Page screen-shot mock-up

INDIVIDUAL ASSISTER INFORMATION

Email:

Assister Type: *

- Select One-
- Navigator
- Certified Application Counselor (CAC)
- Federal In Person Assister
- State Funded Assister
- Other

Navigator ID (Required for Navigator):

Federal In Person Assister ID (Required for Federal In Person Assister):

State Funded Assister ID:

CAC ID:

Training Language Selection: *

Graphic 2 - Individual Assister Information - Screen-shot mock-up with Assister Type drop down expanded

CAC ID:

Training Language Selection: *

- English
- Spanish

Current CAC Training Expiration Date:

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Graphic 3 - Individual Assister Information - Screen-shot mock-up with Training Language Selection drop down expanded

Current CAC Training Expiration Date:

How Many Years Have You Been an Assister: *

- Select One-
- Less than 1 Year
- 1 or More Years
- 2 or More Years
- 3 or More Years

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Graphic 4 - Individual Assister Information - Screen-shot mock-up with How Many Years Have You Been an Assister drop down expanded

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Graphic 5 - Individual Assister Information - Screen-shot mock-up with When Did You Last Complete Federal Assister Training drop down expanded

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Organization State:

Organization Zip Code:

Organization Phone Number:

Graphic 6 - Individual Assister Information - Screen-shot mock-up with Organization drop down expanded

CAC ID:

Training Language Selection: *

Current CAC Training Expiration Date:

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Organization State:

Organization Zip Code:

-Select One- ▲

DC

AL

AK

AZ

AR

CA

CO

CT

DE

FL

GA

HI

ID

IL

IN

IA

KS

KY

LA

-Select One- ▼

ear I'm taking Federal Assister training ▼

's Health (OWH) ▼

Graphic 7 - Individual Assister Information - Screen-shot mock-up with Organization State drop down expanded (complete list not shown)