

SCREENSHOTS

FACSIMILE 1: NON-CASH PUBLIC ASSISTANCE

Non-cash public assistance

[illegible]

*** Indicates required Information**

[1-m]

***TYPE**

Supplemental nutrition assistance program (snap)

Select from favorites or type source information

[2-0]

[V/Λ] SHOW/HIDE FAVORITES

Non-Cash PUBLIC ASSISTANCE FAVORITES

[3-C]

[4-0]

[Refresh]

Manage Office Level Favorites

[5-d]

[6-d]

[7-d]

[8-0]

Source

Address

phone

actions

SS[Varies]ss

ss[varies]ss

ss[varies]

[select]

[9-m]

[10-o]

*Source xx[maximum of 40 characters]xx [] unknown Id XXXXXXXXXXXXX

address

[\[11-m\]](#)

[\[12-o\]](#)

[\[13-o\]](#)

[\[14-o\]](#)

***Street 1**

Street 2

Street 3

Street 4

xx[Max of 22 Char]xx
22 Char]xx

xx[Max of 22 Char]xx

xx[Max of 22 Char]xx

xx[max of

[\[15-O\]](#)

[\[16-O\]](#)

[\[17-O\]](#)

CITY/TOWN

State/Territory

Zip Code

XX[Max of 22 CHAR]XX

—

99999

[\[18-O\]](#)

Unknown

[\[19-O\]](#)

Contact

xx[Maximum of 40 Characters]xx

Phone

[\[20-O\]](#)

(999)999-9999

10 Digit Number

Monthly Eligibility

[\[21-M\]](#)

[\[22-M\]](#)

[\[23-O\]](#)

[\[24-o\]](#)

[\[25-O\]](#)

***Date From**

***Date To**

Verified

Unknown

Actions

(MM/YYYY) (MM/YYYY)

99/9999

99/9999

[]

[]

[Delete]

[26-o]

[V/Λ] **SHOW/HIDE PERSON REMARKS**

[27-O]

PERSON REMARKS (PRINTED): XX[MAXIMUM OF 1000 CHARACTERS]XX

[28-o]

[V/Λ} **SHOW/HIDE FILE DOCUMENTATION NOTES**

[29-O]

FILE DOCUMENTATION NOTES: XX[MAXIMUM OF 1000 CHARACTERS]XX

[30-O]

[Add Another] [Clear Page/Undo Changes] [Delete]

D.

SCREEN SHOT 1: NON-CASH PUBLIC ASSISTANCE

1.

DEFAULT SCREEN

Non-Cash Public Assistance

Name	Social Security Number (SSN)	Role
		Parent

Income

Income Selection

Non-Cash Public Assistance

Office of Child Support Enforcement Data

Indicates required information

Type

Supplemental Nutrition Assistance Program (SNAP)

Select from favorites or type source information

Show favorites

Source

Unknown

ID

Address

Street 1

Street 2

Street 3

Street 4

City/Town

State/Territory

ZIP Code

--

Unknown

Contact

Phone

Monthly Eligibility

Date From (mm/yyyy)	Date To (mm/yyyy)	Verified	Unknown	Actions
		☐	☐	<div>Delete</div>

Show person remarks

No remarks

Show file documentation notes

No notes

Add Another

Clear Page

Delete