

CASE SUMMARY

Tech: _____ Date: _____
Date of Application: _____
Date Sent to DHS/CHP+ _____

DEMOGRAPHICS

Case #: _____ Application # _____ Applicant
Phone # _____

Applicant Name: _____ Addresses: _____

<u>HH Members</u>	<u>Relationship</u>	<u>DOB</u>	<u>SSN's</u>	<u>Client ID</u>	<u>State ID</u>	<u>Ethnic group</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PE INFORMATION (for all persons requesting aid):

<u>Name</u>	<u>Child</u>	<u>adult</u>	<u>PG</u>	<u>CTZN</u>	<u>ID</u>	<u>EDD</u>	<u>Denial Reason</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

PHYSICIAN INFORMATION:

REFERRALS MADE:

INCOME

_Income #1: Pay Frequency: Wkly _____ Bi-Wkly _____ Mthly _____ Semi-mthly _____
 _Income #2: Pay Frequency: Wkly _____ Bi-Wkly _____ Mthly _____ Semi-mthly _____
 No Pay or PAY NOT GIVEN

UNEARNED:

SSI _____ Gifts _____ Child Support _____
 SSA _____ Workmans Comp _____ Other _____

NOTES TO ASSIST WITH APPLICATION:

