

# Access to Benefits. Simplified.

External Page User Guide **PURPOSE** The purpose of this guide is to provide users with step-by-step instructions on completing an online Application and submitting the application through the internet. This guide can also be used by County Staff, Community Based Organization, or Help Desk Staff to aid users in completing the application.

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C-IV

# AM I ELIGIBLE?

**PURPOSE** The purpose of **Am I Eligible**? is to gather minimal information to determine potential eligibility for Food Stamps.

STARTING<br/>POINTThe user has navigated to the C4Yourself Home Page, clicked the Food and Nutrition<br/>hyperlink and clicked Am I Eligible?

STEP	ACTION
1	Enter <b>Zip Code</b> in the first text box.
2	In the second box, click the select arrow to display the number drop-down list and
	select the total number of people that will be included in this application.
3	Enter the household's Total Gross Income for the month in the last text box.
4	Click the <b>Next</b> button.

C4Yourself *	v 100.	<u>Home   Help</u>
Access to Benefits. Simplified.	English	~
Am I Eligible? This page will help you to check if you might be eligible Note: * You must answer these questions.	for the Food Stamp Program.	
* What is your ZIP code?	Step 1	
* How many people in your home are applying for Food Stamp Program?	Select One 🗸	
* How much total money (before taxes) did all the people in your home get last month?	Step 3	
Back	Step 4	Next

**TROUBLESHOOTING** This section provides a guide on error messages that might display if the user does not enter the correct information or leaves a field blank.

	Message	Action	
1	Please enter a valid ZIP Code.	Have the user verify they have entered a ZIP	
		Code. This is a 5 digit-code.	
2	Please select how many people are applying for Food Stamps.	Have the user verify they have selected the number of people they are applying for.	
3	Please enter your income.	Enter the total amount of income for all people in the home received last month. If zero was received, enter 0.	

Step 5.1

Step 5.2

## AM I ELIGIBLE? (continued)

STEP	ACTION
5	The user will see one of two messages:
	5.1 Based on your answers, you may get as much as
	OR
	5.2 Based on what you told us, we can not determine if you are
	eligible
6	Click the <b>Next</b> button to continue.



# LANGUAGE SELECTION

# **PURPOSE** The purpose of **Login** is to allow a returning user who created a user name and password to sign in and view or complete an E-App or access their C4 Yourself account, through the secured website.

Currently, C4Yourself supports English and Spanish. If you would like to fill out an application in another language, you can select the language from the drop down box of the Home page, in the top right corner.



When a language other than Spanish or English is selected, the screen below will display in a new window.



If you wish to complete an application in a language other than English or Spanish, we will direct you to a PDF form which you can print, fill out and mail to your local office.

Click here to proceed to the state website or close this window to go back to C4Yourself.

After clicking on <u>"Click Here"</u>, you will be redirected to the California Department of Social Services (CDSS) website, to forms in the language you selected. You will need to scroll down the page and find the form called "SAWS2 Statement of Facts". This form is an acceptable application for Food Stamps, CalWORKs, Medi-Cal and CMSP.

For example: If Farsi is selected, this is the screen that will display after you click on "Click Here"

C4Yourself External User Guide



# LOGIN-RETURNING USER

**PURPOSE** The purpose of **Login** is to allow a returning user who created a user name and password to sign in and view or complete an E-App or access their C4 Yourself account, through the secured website.

STARTING POINT The user has navigated to the C4Yourself Home Page and clicked the <u>Open Saved</u> <u>Applications</u> hyperlink.

STEP	ACTION
1	Enter <b>User Name</b> in the first text box (This field is case sensitive).
2	Enter <b>Password</b> in the second text box (This field is case sensitive).
3	Click the <b>Next</b> button to continue.

CAYourself®	Home   Help	
Access to Benefits. Simplified.	English	
Login		
New User	Existing User	
If this is your first time accessing C4Yourself, please <u>register a new account here</u> .	Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing. User Name: Password: Step 3 Next Forgot your Password?	

## LOGIN-RETURNING USER (continued)

STEP	ACTION
4	The My Applications page displays.
5	If the user has submitted applications in the past, the application will display in a list
	under <b>Previous Applications</b> . The user can click on the <b>E-App Number</b> hyperlink
	to view the E-App Summary.
6	To continue an application that has not been submitted, click the <b>Continue</b> button.

Access to Benefits. Simp	lelf <sup>®</sup> Nified.	Call Me   Live Chat   Home   Help English	
My Messages My	Things To Do My Benefits	My Forms My Applications	
My Applications			
My Applications	Start a New Application	1	
	Click the next button to start a	new application. Next	
	Applications for Renewal/Recerti	ification	
	You have no renewals to submit	t.	
	Applications Missing Information	1	
	There are no applications missin	g any information.	
	Previous Applications		
	E-App Number	E-App Date	
Step		07/01/2011	
	OR		
	∧1 ( <sup>®</sup> )	<u>Call Me   Live Chat   Home   Helr</u>	
C4 Yours	elt		
Access to Benefits. Simpl	ified.	English	
My Messages 🔷 My 1	Things To Do My Benefits	My Forms My Application	
<u> </u>			
My Applications			
My Applications	Current Application		
	Last modified on 07/19/2011	Continue Step 6	
Applications for Renewal/Recertification			
You have no renewals to submit.			
	Applications Missing Information		
	There are no applications missing any information.		
	Previous Applications		
	E Ann Number		

#### OR

## LOGIN-RETURNING USER (continued)

STEP	ACTION
7	The <b>My Applications</b> page displays. This is an example of when the user creates a user name and password but does not start an application. To start the application, click the Next button.

Access to Benefits. Simplifie	f <sup>®</sup> a.	Call Me   Live Chat   Home   Help English
My Messages My Thi	ngs To Do My Benefits My	Forms My Applications
My Applications		
My Applications	Start a New ApplicationClick the next button to start a new applicatApplications for Renewal/RecertificationYou have no renewals to submit.Applications Missing InformationThere are no applications missing any inform	tion. Next Step 7
	Previous Applications	
	E-App Number <u>CIV-11-182-008730</u>	E-App Date 07/01/2011

# LOGIN PROBLEMS

**PURPOSE** The purpose of this guide is to give the user a description of messages that may display when they are trying to log into the C4Yourself application.

**STARTING POINT** The user has navigated to the C4Yourself Home Page and clicked on the hyperlink <u>Click here</u> under Apply for Benefits. The user has entered their user name and password and received an error message. The error message reads: **Your login information did not match our records, Please try again.** 

STEP	ACTION
1	Re-enter <b>User Name</b> in the first text box (This field is case sensitive).
2	Re-enter <b>Password</b> in the second text box (This field is case sensitive).
3	Click the <b>Next</b> button to continue.

Access to Benefits. Simplified.	Home   Help English
Login	
New User	Existing User
If this is your first time accessing C4Yourself, please <u>register a new account here</u> .	Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing. Your login information did not match our records. Please try again. User Name: seymour1 Password: Step 3 Next Forgot your Password?

# FORGOT USER NAME

**PURPOSE** The purpose of the **Forgot User Name** guide is to give the user instruction on what steps are necessary if the user forgets their user name.

STARTINGThe user has navigated to the C4Yourself Home Page and clicked the hyperlink Click here<br/>under Apply for Benefits.

STEP	ACTION			
1	If the user has forgotten the user name, they will need to follow the steps for			
	applying for benefits on page on page 16 to create a new user name and			
	password. The information entered previously can not be recovered.			

# FORGOT PASSWORD

**PURPOSE** The purpose of the **Forgot Your Password** section is to give the user instruction on what process is needed if they forget their User Password.

STARTING POINT The user has navigated to the C4Yourself Home Page and clicked the hyperlink <u>Open Saved</u> <u>Applications</u>. The user has forgotten their password.



Access to Benefits. Simplified.	Home   Help English
ogin	
New User	Existing User
If this is your first time accessing C4Yourself, please <u>register a new account here</u> .	Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing. User Name: Password: Next tep 1 Forgot your Password?

STEP	ACTION
2	The Please Enter Your User name page displays
3	Enter <b>User Name</b> (This field is case sensitive).
4	Click the <b>Next</b> button to continue.

	<u>Home   Help</u>		
Simplified.	English		
r Your User Name			
Step 3			
r	Simplified.  Your User Name and click next.		

## FORGOT PASSWORD (continued)

STEP	ACTION
5	The Secret Questions page displays.
6	Enter the answer to the first <b>Secret Question</b> in the first text box (This field is
	case sensitive).
7	Enter the answer to the second <b>Secret Question</b> in the second text box (This field
	is case sensitive).
8	Click the <b>Next</b> button to continue.

Secret Que	
user Name:	Seymour1
Secret question:	What is your favorite pastime?
Your answer:	Step 6 Please enter your answer to your first secret question.
Second Secret question:	Which phone number do you remember most from your childhood?
Your answer:	Step 7 Please enter your answer to your second secret question.

## FORGOT PASSWORD (continued)

STEP	ACTION
9	The Change Your Password page displays.
10	Enter a new <b>Password</b> in the first text box (This field is case sensitive).
11	Re-enter the <b>Password</b> in the second text box (This field is case sensitive).
12	Click the <b>Next</b> button to continue.

C4YO	urself <sup>®</sup> Home   Help
Access to Benefits.	Simplified. English
Change You	r Password
User Name:	Seymour1
Password:	Step 10           Type in a Password. It must be between 5 and 20 letters or numbers and it should to be different than your User Name.
Re-enter Password	You must enter the same password again.
Click the Next butto	on to change your Password.
Back	Step 12 Next
STEP	
13	user can click on an application if one is displayed or click the <b>Next</b> button to continue.

Access to Benefits. Simplifie	f <sup>®</sup> Home   Help ed. English ♥
My Messages My Thi	ngs To Do My Benefits My Forms My Applications
My Applications	
My Applications	Start a New Application
	Click the next button to start a new application. Next Step 13
	Applications for Renewal/Recertification
	You have no renewals to submit.
	Applications Missing Information
	There are no applications missing any information.
	Previous Applications
	You have no previous applications.

## CALL ME

PURPOSE The purpose of the **Programs** page is to allow the applicant to select the programs they wish to apply for. In order to continue, they must select at least one of the three programs listed, which are Food Stamps, CalWORKs, and Medi-Cal.

> NOTE: The Call Me hyperlink is ONLY available for persons who live and are applying in San Bernardino County.

# STARTING

The user has logged into their C4Yourself Account.

-		•••	•		-	
Ρ	0	IN	IT	•		

STEP	ACTION			
1	Click the hyperlink Call Me.			
2	Enter your Full Name in the Full Name text box.			
3	Enter your <b>Phone Number</b> in the Phone Number text box. Do NOT enter			
	hyphens.			
	Here is an example of how the phone number should be entered: 90955555555			
4	Click <b>Call Me</b> , to have a person assist you with your questions/application or click			
	Exit if you do not want someone to call you.			



#### CALL ME (continued)

After you click "Call Me" the following screen will display indicating your request has been submitted.



# APPLY FOR BENEFITS

#### PURPOSE

The purpose of the **Apply for Benefits** link is to have the **user** create a user name and password. By creating a user name and password, the applicant will be able to leave the C4Yourself application and return to it without losing the information they already entered. After creating a user name and password, the user will start the application.

**NOTE:** The User Name, Password and Secret Questions/Answers should only be entered by the Primary Applicant/Recipient applying and **should not be shared** with relatives, friends, county staff, or county based organizations (hospitals, clinics, etc.).

#### STARTING POINT

The user has navigated through the following pages:

#### 1. C4Yourself Home Page

2. Click the hyperlink <u>Click here</u> under **Apply for Benefits**.

The **Login** page is displaying.

[	STEP	ACTION			
	1	Click the register a new account here hyperlink.			

Home   <u>Help</u> English
Existing User         Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing.         User Name:         Password:         Next

## USER NAME AND PASSWORD

OTED	ACTION					
SIEP	ACTION					
2	The User name and password page displays.					
3	Select the <b>County</b> that you live in from the County drop down box.					
4	Enter a User Name in the text box. The user name must be between 5 and 20					
	characters long and is case sensitive.					
5	Enter <b>Password</b> in the text box (This field is case sensitive).					
6	Re-enter Password in the text box (This field is case sensitive).					
7	Click the select arrow box to display the drop-down list and select the First					
	secret question.					
8	Enter your answer in the <b>first Your answer</b> text box (This field is case sensitive).					
9	Click the select arrow box to display the drop-down list and select the <b>Second</b>					
	secret question.					
10	Enter your answer in the second Your answer text box (This field is case					
	sensitive).					
11	Click the <b>Next</b> button.					



#### USER NAME AND PASSWORD (continued)

If you select a county that is NOT a C-IV supported county, you may see an error message after you click the Next Button in Step 11. If you live in a non-C-IV county you can still complete an application online by clicking the "<u>Click Here</u>" hyperlink. This hyperlink will take you to the California Benefits Portal, which will direct you to another website where you can apply online.

#### **Create User Account**

Note: \*You must answer these questions.

County	Los Angeles 🔽
county.	C4Yourself cannot send applications to the selected county. Please <u>click here</u> to proceed further.
	Please select the county in which you live. This selection will be associated to your account. You will be able to change this later if you need to.

STEP	ACTION				
12	The User name and password page displays with a message that states: You				
	have successfully created your user name and password.				
13	Click the <b>Next</b> button.				



#### FIRST SECRET QUESTIONS

What is your Father's middle Name? What was the name of your first school? Who was your childhood hero? What is your favorite pastime: What is your all-time favorite sports team?

#### SECOND SECRET QUESTIONS

What was the first and last name of your first boyfriend or girlfriend? Which phone number do you remember most from your childhood? What was your favorite place to visit as a child? Who is your favorite actor, musician, or artist? What is your favorite movie?

# MY APPLICATIONS

STEP	ACTION			
14	The My Application page displays.			
15	Click the <b>Next</b> button.			

Access to Benefits.	Urself® Simplified.	Home   Help English
My Messages	My Things To Do My Benefits My Forms	My Applications
My Application	Start a New Application Click the next button to start a new application Applications for Renewal/Recertification You have no renewals to submit.	Next Step 15
	Applications Missing Information	

## LET'S GET STARTED

STEP	ACTION				
16	<b>16</b> The Let's get started page displays. Note: The user must complete the Start				
	Application section, in order for the information to automatically be saved.				
17	To view a list of verifications the user might need to complete the application, click the hyperlink Click here.				



STEP	ACTION				
18	The Verifications page displays.				
19	Click the <b>Back</b> button or the <b>Next</b> button to return to the <b>Let's get started</b> page.				



## LET'S GET STARTED

STEP	EP ACTION		
20	The Let's Get Started page redisplays.		
21	Click the <b>Next</b> button to continue.		



## INSTRUCTIONS

STEP ACTION			N	
	22	The Instructions page d	isplays.	
	23	Click the Next button to o	continue with the ap	oplication.
💫 C-	4Yours	self®		<u>Home</u>   <u>Help</u>
Access to B	enefits. Simp	olified.		English
Instructio	ns			
Here are some	e tips for u	ising this website.		
Start Pe Application	eople	Job Income Expenses	Property Other	Send Appliction
The tabs abov the questions application is,	re tell you . It is best the faste <b>30%</b>	what kind of questions we t to answer as many quest r the worker will be able to	will be asking. You ions as you can. Th process it.	u will not have to answer all ne more complete your
This has talls	how close	you are to finiching the pr	unlightion	
You'll see some on to the next (	questions	with a star * - next to them.	You must answer the	ese questions before you can go
Check this 🗌 bo	ox next to f	the item you want to select.		
Check this ○ b	utton next	to the item you want to selec	:t.	
Next The Next buttor	n takes you	ı to the next page.		
Back The Back buttor	n takes you	I to the page before the one y	vou are on now.	
Exit The Exit button saved. If you do application can	ends your o not have be saved.	application. If you created a u a user name and password, y	ser name and passwo ou will be asked to cr	ord, all your information will be reate one so that your
Remove The Remove bu	tton remov	ves the person or information	from your applicatior	1.
Edit The Edit button	takes you	to a person's information so y	/ou can make change	25.
<u>Link Text</u> Text that is und	erlined and	blue is a hyperlink. Clicking th	is text will direct you	to another web page.
Send Applicatio	on			
The Send Applic county office.	ation butto	n sends your application. If yo	ou click this button, it	will send your application to the
Home My C4Yo The Help link sh understand the	ourself   Help ows help fo questions o	p or the page you are on. If you on the page.	click this button, it w	ill show information to help you
OK. Let's start t	the applicat	ion.		
Back				Step 23 Next

# START APPLICATION TAB

The purpose of the **Programs** page is to allow the applicant to select the programs they wish to apply for. In order to continue, they must select at least one of the three programs listed, which are Food Stamps, CalWORKs, and Medi-Cal.

**NOTE**: Persons applying for CMSP should select Medi-Cal on the Programs page. CMSP will be a selection on a subsequent page.

STARTING POINT

PURPOSE

The user has navigated through the following pages:

- C4Yourself Home Page
- Create user name and password
- Let's Get Started
- Instructions

The **Programs** page is displaying.

Step	Action
1	Check the box for each program being applied for.
	NOTE: If the person is applying for CMSP, Medi-Cal should be selected.
2	Click the <b>Next</b> button to continue.



# Programs

Please select the programs you wish to apply for. You must apply for at least one program. You may apply for as many programs as you wish.



#### YOUR INFORMATION

**PURPOSE** The purpose of the **Your Information** page is to gather information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT The user has navigated through the following pages:

- C4Yourself Home Page
- Create user name and password
- Let's Get Started
- Instructions

The Your Information page is displaying.

Step	Action
1	Enter the First Name. This is required information.
2	Enter the Middle Name.
3	Enter the Last Name. This is required information.
4	Click the select arrow to display the drop-down list and select best way to contact
	user.
5	Click the radio button to indicate if the user is <b>homeless</b> . If <b>No</b> is selected in this
	step, steps 11 and 12 are required. This is required information.
6	Enter the Address Line 1 including house number and street name.
7	Enter additional information on Address Line 2 including space, apartment
	number, building number, etc.
8	Enter the <b>City.</b> This is required information.
9	California will always be pre-populated in the State section.
10	Enter the <b>ZIP Code.</b> This is required information.
11	Click the select arrow to display the drop-down list and select a <b>County</b> . This is
	required information.
12	Click the check box to apply for CMSP
13	Enter the <b>Contact Number</b> . Also include the extension.
14	Enter the <b>Email</b> address.
	<b>NOTE:</b> If the primary applicant/recipient would like to have emails sent to their
	personal email address when e-Messages are posted to their C4Yourself account,
	an email address should be entered. For more information on e-Messages, see
	page 176.
15	Click the radio button to indicate if the person is applying for benefits on behalf of
	someone else.
16	Click the check box to indicate if the person is a minor/teenager and wants
	confidential Minor Consent Services, for family planning, pregnancy related care,
	mental nealth, drug and alconol abuse treatment/counselling, sexually transmitted
	diseases (STD) or sexual assault.
	note: If the person applying meets the chiena above and checks the box, an error meeter will display stating the following: To maintain confidentiality you must
	take your explication to the legal accial convince office or cligibility worker
17	Click the Next button to continue
17	

#### YOUR INFORMATION (continued)

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	®		Hom	<u>ie  My C4Y</u>	<u>(ourself</u>   <u>Help</u> Exit
Start Application	People	doL	Income	Expenses	Property	Other	Send Application
0%				1			1

# **Your Information**

Please give us information about yourself. You must give us at least your name and address. If you can not answer a question you can skip it.

Note:\*You must answer these questions.



## SELECT ADDRESS

#### PURPOSE

The purpose of the **Select Address** page is to confirm the address entered by the primary applicant/recipient. When an address is entered, the address will go through a normalization process. If the address does not match any address known to the postal service, the page will display the "User-entered Address". There may be times when potential matches display due to changes in zoning and/or software updates (see page 29).

Acces	C4Y0 ss to Benefits.	UrSelf	<b>®</b>		Home My C4Yourself H			
Start Application	People	Job	Income	Expenses	Property	Other	Send Application	
0%								

## Select Address

We could not verify your address. Please double-check what you entered below. If you believe it is correct, please click the circle next to it and click the next button. Otherwise, click back and change it.

1 NIRVANA LANE	
San Bernardino County	

#### **SELECT ADDRESS (continued)**

There may be times when multiple potential matches display (due to changes in zoning, software updates, or typographical errors). Below is an example of what the Select Address page will display if there is a discrepancy and/or multiple potential matches.

Acces	C4Y0 is to Benefits.	UrSelf		<u>Home My C4Yourself Help</u>			
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
0%			(	( )			

## Select Address

The address you entered could not be found. Below is a list of possible matches. Please select your address. **You can only select one.** 

Pos	sible Matches	
0	7977 SIERRA AVE FONTANA, CA 92336 San Bernardino County	
0	8137 SIERRA AVE FONTANA, CA 92335 San Bernardino County	
0	8117 SIERRA AVE FONTANA, CA 92335 San Bernardino County	
0	8101 SIERRA AVE FONTANA, CA 92335 San Bernardino County	
0	7977 SIERRA AVE FONTANA, CA 92336 San Bernardino County	
Use	r-entered Address	
0	7977 SIERRA FONTANA, CA 92335 San Bernardino County	
	Back	Next

## TELL US MORE

**PURPOSE** The purpose of the **Tell us more** page is to gather additional information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT The user has navigated through the following pages:

- C4Yourself Home Page
- Create user name and password
- Let's Get Started
- Instructions

The Tell us more page is displaying.

Step	Action
1	Click the radio button to indicate male or female.
2	Click the select arrow to display the drop-down list and select the <b>Month</b> of birth.
3	Click the select arrow to display the drop-down list and select the <b>Day</b> of birth.
4	Click the select arrow to display the drop-down list and select the <b>Year</b> of birth.
5	Enter the Social Security Number.
6	Click the select arrow to display the drop-down list and select the Marital Status.
7	Check the box to indicate Elderly, Without Money, Disabled, Blind, Pregnant or
	a Migrant/Seasonal Farm worker. The user can select more than one.
8	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	<b>.</b> ®		Horr	<u>ie  My C4Y</u>	<u>(ourself   Hel</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
0%							

# Tell us more

Please give us additional information about yourself. If you can not answer a question you can skip it.

Are you male or female? Step 1	O Male O Female
Date of Birth:	Month V Day Vear Vear Step 2-4
Social Security Number: Step 5	
Marital Status:	Select One V Step 6
Are you any of these? You can select more than one:	<ul> <li>Elderly (60 and older)</li> <li>Without money for food</li> <li>Disabled, Blind, Pregnant</li> <li>Migrant/Seasonal Farmworker</li> </ul>
Back	Step 8 Next

## BACKGROUND INFORMATION

PURPOSE The purpose of the Background Information page is to gather additional information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT

The user has navigated through the following pages:

- C4Yourself Home Page •
- Create user name and password •
- Let's Get Started •
- Instructions •
- Start Application Tab •

The Background Information page is displaying.

Step	Action
1	Click the select arrow to display the drop-down list and select a preferred
	language.
2	Click the select arrow to display the drop-down list and indicate citizenship.
3	Click the radio button to indicate <b>sponsored citizenship</b> .
4	Enter the city of birth.
5	Click the select arrow to display the drop-down list and select the state you were
	born in.
6	Click the select arrow to display the drop-down list and select the <b>country of birth</b> .
7	Click the radio button to indicate Hispanic or Latino.
8	Check the box next to race or ethnic origin.
9	Click the <b>Next</b> button to continue.

#### **BACKGROUND INFORMATION (continued)**

Acces	C4Y0 ss to Benefits	UYSEL <del>(</del> . Simplified	- ®		Hom	<u>ie  My C41</u>	Courself Help
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
0%							

#### **Background Information**

Please give us additional information about yourself. If you can not answer a question you can skip it.



#### YOUR INFORMATION

**PURPOSE** The purpose of the **Your Information** page is to gather additional information about the primary applicant's household. Each C4Yourself application requires a primary applicant.

STARTING POINT

The user has navigated through the following pages:

- C4Yourself Home Page
- Create user name and password
- Let's Get Started
- Instructions
- Start Application Tab

The Your Information page is displaying.

Step	Action				
1	Enter the amount of <b>rent or mortgage</b> that will be paid the month of application.				
2	Enter the amount of <b>utilities</b> that will be paid in the month of application if they are				
	not included in the rent/mortgage.				
3	Enter in the text box how much money is currently on hand.				
4	Check the box to indicate a hardship. The user can select more than one.				
5	Click the radio button to indicate if language assistance is needed during the				
	interview at no cost.				
6	Click the radio button to indicate if assistance is needed during the interview due to				
	a physical or mental condition.				
7	Click the radio button to indicate an eviction notice.				
8	Click the radio button to indicate a <b>utility shut off notice</b> .				
9	Click the radio button to indicate food will run out in 3 days or less.				
10	Click the radio button to indicate essential clothing is need.				
11	Click the radio button to request help with transportation to get food, clothing,				
	medical care or other emergency item.				
12	Click the <b>Next</b> button to continue.				

#### YOUR INFORMATION (continued)

Acces	C4Y0 ss to Benefits	UrSelf . Simplified	<b>.</b> ®		Hom	e <u>My C4Y</u>	<u>'ourself</u>   <u>Help</u> Exit	
Start Application	People	doL	Income	Expenses	Property	Other	Send Application	
0%				~				Ĩ

## **Your Information**

OK. You are almost finished with this section.

How much is your rent/mortgage this month?	Step 1				
How much are your utilities this month, if separate from your rent/mortgage?	Step 2				
How much money do you have? This includes money in a bank account, in your home, or any other place.	Step 3				
Do you have any of these hardships? You can select more	You are 65 years old/or older and do not have someone to represent you				
than one:	You have a disability and your household members have no income				
	🗌 You live in a remote area				
Step 4	It is hard for you to get a ride or there is not any other type of transportation near you				
	You are sick or care for another household member				
	The weather is/or has been bad for a long time				
Would you like to have a person who speaks your first language help when you visit the office at no cost?	O Yes O No Step 5				
Do you think you will need help during your interview because you have a physical or mental condition? We can help you with this.	○ Yes ○ No Step 6				
Do you have an eviction notice or notice to pay or quit?	O Yes O No Step 7				
Have your utilities been shut off or do you have a shut-off notice?	O Yes O No Step 8				
Will your food run out in 3 days or less?	O Yes O No Step 9				
Do you need essential clothing, such as diapers or clothing needed for cold weather?	O Yes O No Step 10				
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	O Yes O No Step 11				
Back	Step 12 Next				

# HOW TO APPLY FOR OTHERS IN THE HOME – PEOPLE TAB

**PURPOSE** The **Information about the people living in your home** page allows the user to add other people living in the home to the C4Yourself application.

STARTING POINT

#### The user has navigated through the following pages:

• User name and password

**C4Yourself Home Page** 

- Let's Get Started
- Instructions

•

Start Application Tab

The Information about the people living in your home page is displaying.

Step	Action
1	To add another person to the application, click the <b>Yes</b> button.
2	If there are no other applicants, click the <b>No</b> button or the <b>Next</b> button to continue.

Acces	C4Y0 is to Benefits.	UNSEL Simplified	<b>♀</b> ®	-	Hom Se	ne My C4Y	<u>rourself   Hel</u>
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
15%							2

# Information about the people living in your home

Thank you for the information about you. Now tell us about the people living in your home.



## INFORMATION ABOUT THE PEOPLE LIVING IN YOUR HOME

**PURPOSE** The purpose of the **Information about the people living in your home** page is to give the user the option to add other people living in the home to the C4Yourself application.

STARTING POINT The user has navigated through the following areas:

- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab

The Information about the people living in your home page is displaying.

Step	Action				
1	Enter the <b>First Name</b> of the person being added. This is required information.				
2	Enter the Middle Name of the person being added.				
3	Enter the Last Name of the person being added. This is required information.				
4	Click the select arrow to display the drop-down list to select the living situation of				
	this person to the primary applicant.				
5	Click the select arrow to display the drop-down list to select the <b>relationship</b> of this				
	person to the primary applicant.				
6	Click the radio button to indicate the person purchases and prepares food with				
	the primary applicant.				
7	Click the <b>Next</b> button to continue.				



# Information about the people living in your home



Page 36
### TELL US MORE

**PURPOSE** The purpose of the **Tell us more** page, is to gather additional information of other people living in the home.

STARTING POINT The user has navigated through the following areas:

- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab

The **Tell us more** page is displaying.

Step	Action
1	Click the radio button to indicate male or female.
2	Click the select arrow to display the drop-down list and select the <b>Month</b> of birth.
3	Click the select arrow to display the drop-down list and select the <b>Day</b> of birth.
4	Click the select arrow to display the drop-down list and select the <b>Year</b> of birth.
5	Enter the Social Security Number.
6	Click the select arrow to display the drop-down list and select the Marital Status.
7	Check the box/boxes to indicate Elderly, Without Money, Disabled, Blind,
	Pregnant, or a Migrant/Seasonal Farm worker.
8	Click the <b>Next</b> button.

Acces	C4Y0 ss to Benefits.	Urself Simplified	Ø		Hom Se	ne <u>My C4Y</u> nd Applica	<u>rourself</u>   <u>Help</u>
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
15%							

# Tell us more

Please give us additional information about this person. If you can not answer a question you can skip it.

Is this person a male or female?	O Male O Female Step 1
Date of Birth:	Month Vear Vear Step 2-4
Social Security Number: Step 5	
Marital Status:	Select One Step 6
Is this person any of these? You can select more than one:	<ul> <li>Elderly (60 and older)</li> <li>Without money for food</li> <li>Disabled, Blind, Pregnant</li> <li>Migrant/Seasonal Earmworker</li> </ul>

10/13/2011

#### BACKGROUND INFORMATION

PURPOSE The purpose of the **Background Information** page is to gather additional information about other persons in the home. Each C4Yourself application requires a primary applicant.

STARTING

The user has navigated through the following pages:

POINT

C4Yourself Home Page •

- Create user name and password •
- Let's Get Started •
- Instructions •
- Start Application Tab •

The Background Information page is displaying.

Step	Action
1	Click the select arrow to display the drop-down list and select a preferred
	language.
2	Click the select arrow to display the drop-down list and indicate citizenship.
3	Click the radio button to indicate <b>sponsored citizenship</b> .
4	Enter the city of birth.
5	Click the select arrow to display the drop-down list and select the state you were
	born in.
6	Click the select arrow to display the drop-down list and select the country of birth.
7	Click the radio button to indicate Hispanic or Latino.
8	Check the box next to race or ethnic origin.
9	Click the <b>Next</b> button to continue.

### **BACKGROUND INFORMATION (continued)**

<i></i>	- 11/1	1	∽ ®		Hom	e My C41	<u> /ourself   Help</u>
Acces	C4YD ss to Benefits	UrSELT . Simplified			Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
15%							

### **Background Information**

OK. You are almost finished with this section.

What is this person's preferred language?	Select One Step 1
What is this person's citizenship status?	Select One
Is this person sponsored?	O Yes O No
What city was this person born in?	Step 4
What state was this person born in?	Select One Step 5
What country was this person born in?	Select One Step 6
Is this person Hispanic or Latino?	O Yes O No Step 7
Please give us this person's race or ethnic origin:	American Indian or Alaskan Native
(	Black or African American
	<ul> <li>Asian (If checked, please select one or more of the following)</li> </ul>
	Filipino Chinese
	Japanese Cambodian
	C Korean Vietnamese
	Asian Indian
Step 8	Other Asian (specify)
r	<ul> <li>Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)</li> </ul>
	🗌 Native Hawaiian 🛛 Guamanian
	Samoan
	Other (specify)
	U White
Back	Step 9 Next

### TELL US MORE ABOUT THIS CHILD

**PURPOSE** The **Tell us more about this child** page collects additional information on children applying for benefits.

STARTING POINT The user has navigated through the following areas:

- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab

The Tell us more about this child page is displaying.

Step	Action
1.	Click the radio button to indicate if the child is a foster child.
2.	Click the radio button to indicate if the child is 18-21 and claimed as a tax
	dependent.
3.	Click the <b>Next</b> button to continue.



# Tell us more about this child

If you can not answer a question you can skip it.



### THIS IS WHO YOU HAVE TOLD US ABOUT SO FAR

**PURPOSE** This is who you have told us about so far page provides a summary of who is applying for benefits.

STARTING POINT The user has navigated through the following areas:

- C4Yourself Home Page
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab

This is who you have told us about so far page is displaying.

Step		Action					
1	A summary page displays giving the u	user an overview of the people that are					
	included in this request for benefits. F	Review the information.					
2	To continue without changing or addir	ng anyone – click the <b>No</b> button or the <b>Next</b>					
	button.						
3	To add another person – click the <b>Yes</b> button.						
4	To remove a person – click the Remo	ve button					
5	To edit the information the user entered	ed about a person – click the Edit button					
	across from the person you want to ch	nange. The page redisplays in edit mode.					
	<b>5.1</b> The user can now change the information that was previously entered.						
	5.2 Click the Next button to continue.						
	A A Yourcelf	Home My C4Yourself Help					
	Access to Benefits. Simolified.	Send Application Exit					
	Application People Job Income Expension	ses Property Other Application					
	15%						
	This is who you have told us ab	out so far					
	Here is a summary of what you told us so far. If you wa anyone, click the Edit button. If you want to remove the	ant to change the information for he information for anyone, click the					
	Remove button. Person						
		Edit					
	Seymour Yourself						
	Remove						
	-I-Q-I-	Edit					
	Bea Yourself						
	Is anyone else in your home?	Yes No					
	Rack	Next					
	Dack	IVEAL					
	Information about the people living in your home						
	Note: * You must answer these questions.						
	* First Name:	Bea					
	Middle Name:						
	* Last Name:	Yourself					
	* What is the living situation of this person?	In the Home					
	How are you related to this person?	Parent (Biological/Adoptive)					
	Do you buy and prepare food with this person?	⊙ Yes R No					
		Step 5.2					
	Back	Next					
		r					

#### THIS IS WHO YOU HAVE TOLD US ABOUT SO FAR (continued)

	C4YO	urself	- ®			Send Applica	ation	Exit
Acces Start Application	People	Job	Income	Expenses	Property	y Other	Арј	Send
15%								

# This is who you have told us about so far

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



Step 1

# JOBS

PURPOSE The purpose of the Job Information page is to ask questions about School, College, Training, Strike, Self-Employment, or Work that is expected in the next two months.

STARTING POINT

NG The user has navigated through the following areas: • C4Yourself Home Page

- C4Yourself Home PageCreate User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab
- People Tab

The Job Information page is displaying.

Step	Action
1	Answer the questions by clicking the <b>Yes</b> or <b>No</b> radio buttons.
2	Click the <b>Next</b> button to continue.



# **Job Information**

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

Is anyone working, planning to work in the next two months or is self employed?	O Yes	O No
Is anyone on strike? Step 1	O Yes	O No
Has anyone quit or not accepted work or training in the last 60 days?	O Yes	O No
Is anyone 14 years of age or older going to school, college, or in training?	O Yes	O No

Back

Step 2

Next

### SCHOOL, COLLEGE, OR TRAINING

**PURPOSE** The purpose of the **School, College, or Training** page is to gather detailed information from the user regarding enrollment in school, college, and/or training.

STARTINGThe user has answered yes to a question on the Job Information page regarding School,POINTCollege, or Training.

Step	Action
1	To select the person/persons attending School, College, or Training, check
	the box next to the person.
2	Enter the Name of the School/Training in the text box.
3	Click the select arrow to display the drop-down list and select full or part-time
	to show enrollment of this student.
4	Enter the amount of <b>Tuition/Fees per Term</b> in the text box.
5	Enter the amount spent on Books, Equipment, Misc Costs per Term in the
	text box.
6	Enter the Units/Hours per week in the text box.
7	Enter the Transportation Costs in the text box.
8	Click the select arrow to display the drop-down list and select the Month of
	their expected graduation date.
9	Click the select arrow to display the drop-down list and select the Day of their
	expected graduation date.
10	Click the select arrow to display the drop-down list and select the Year of their
	expected graduation date.
11	Click the <b>Next</b> button to continue.

### SCHOOL, COLLEGE, OR TRAINING (continued)

<i>6</i> 94.	011/0		Home My C4Yourself Help					
Acces	is to Benefits.	Simplified			S	end Applica	tion	Exit
Start Application	People	dof	Income	Expenses	Property	Other	App	Send
	30	)%				ð.		

# School, College or Training

You told us that there are some people in your home who are 14 years of age or older and going to school, college, or in training.

Please select the people and fill in their information. You can select more than one person.



### SCHOOL, COLLEGE, OR TRAINING (continued)

Step	Action	n
12	The School, College, or Training summary	/ page displays.
13	Review the information for all people listed.	
14	If the list is correct, click the No button or the	e Next button to continue.
15	To add a person that is enrolled in school, co	olleges, or training, click the <b>Yes</b>
	button. The page will refresh and provide th	e user a list to select the person to be
	added. Repeat steps 1-11.	
16	To remove a person from the summary list, o	click the <b>Remove</b> button. The page
	refreshes and the person is no longer display	yed in the summary.
17	To edit the information provided on a person	in the list, click the <b>Edit</b> button across
	from the person you want to change. The pa	age refreshes in edit mode.
	17.1 Enter the correct information	
	<b>17.2</b> Click the Next button.	
		Home My C4Yourself Help
	C4Yourself®	
	Access to Benefits. Simplified.	Send Application Exit
	Application People Job Income Ex	penses Property Other Application
	30%	
	School, College or Training	
	Please select anyone who is 14 years of age or olde	er and going to school, college, or in training.
	Then fill in the information below. <b>You can only sel</b>	ect one person at a time.
	Yourself	
	Name of the School:	CIV University
	Enrolled:	Part-Time V
	Tuition/Fees per Term:	128
	Books, Equipment, Misc Costs per Term:	101
	Units/Hours per Week	4
	Transportation Costs	Step 17.1
	Expected Date of Graduation	
	Back	Step 17.2

### SCHOOL, COLLEGE, OR TRAINING (continued)

	Marco Comerco			Home My C4Yourself   He			
Acces	C4Y0 s to Benefits.	UVSEL <del>(</del> Simplified			Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
	30	)%					

Step 12

# School, College or Training

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	School/College/Training Info	Stan 16	
	Name of the School	CIV University Remov	/e
	Enrolled	Part-Time Edit	
	Tuition/Fees per Term:	\$128	-
Seymour	Books, Equipment, Misc Costs per Term:	\$101 I7	
Yourself	Units/Hours per Week	4	
	Transportation Costs	Step 15	
	Expected Date of Graduation	06/06/2012	
Is anyone el	se in the home 14 years of age or in training?	older and going to school,	No

### QUIT WORK OR TRAINING

**PURPOSE** The purpose of the **Quit Work or Training** page is to gather detailed information from the user regarding jobs or training that they have quit in the last 60 days.

STARTING<br/>POINTThe user has answered yes to a question on the Job Information page regarding Quit Work<br/>or Training.

Ston	Action
Step	Action
1	To select the <b>person/persons</b> that quit work or training check the box next to the
	person.
2	Enter the <b>name of the company</b> the person/persons worked for in the text box.
3	Enter the <b>number of hours of work/training</b> the person/persons worked this
	month in the text box.
4	Click the select arrow to display the drop-down list and select the <b>Month</b> of their
	last navcheck
E	Click the select arrow to display the drap down list and select the <b>Day</b> of their last
5	Click the select arrow to display the drop-down list and select the <b>Day</b> of their last
	paycheck.
6	Click the select arrow to display the drop-down list and select the <b>Year</b> of their
-	last navcheck
	Finder the lock much call or mount (hefere deductions) the nerves/remove
1	Enter the last paycheck amount (before deductions) the person persons
	worked for in the text box.
8	Enter the amount of <b>tips or commissions</b> the person/persons earned in the text
	box.
9	Click the <b>Next</b> button to continue.

#### QUIT WORK OR TRAINING (continued)

Acces	C4Y0 ss to Benefits.		Home My C4Yourself Hel					
Start Application	People	Job	Income	Expenses	Property	Other	App	Send Nication
	30	)%		~		· ·		

# **Quit Work or Training**

You told us that someone in your home quit or did not take a job or training in the last 60 days.

Please select the people and fill in their information. You can select more than one person.

	Name of the company:	Step 2
. I.	Number of Hours of Work/Training This Month:	Step 3
	Last Paycheck Received Date:	Month 🔽 Day 💙 Year 😪 Ste
Bea Yourself	Last Paycheck Amount (Before Deductions):	Step 7
	Tips or Commissions:	Step 8
	Name of the company: Number of Hours of Work/Training This Month:	
	Last Paycheck Received Date:	Month 🕑 Day 💙 Year 💙
Seymour Yourself	Last Paycheck Amount (Before Deductions):	
	Tips or Commissions:	

Back

### QUIT WORK OR TRAINING (continued)

Step	Action						
10	The Quit Work or Training summary page displays.						
11	Review the information for all people listed.						
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button to continue.						
13	To add a person that quit work or training refresh and provide the user a list to select 1-9.	, click the <b>Yes</b> button. The page will ct the person to be added. Repeat steps					
14	To remove a person from the summary list refreshes and the person is no longer disp	st, click the <b>Remove</b> button. The page played in the summary.					
15	To edit the information provided on a person that person. The page refreshes in edit n <b>15.1</b> Enter the correct information <b>15.2</b> Click the Next button.	son in the list, click the <b>Edit</b> button next to node.					
	Access to Benefits. Simplified.	Home My C4Yourself Help Send Application Exit					
	Start Application People Job Income	Expenses Property Other Send Application					
	30%						
	Quit Work or Training You told us that someone in your home quit or Please select the people and fill in their informa time.	did not take a job or training in the last 60 days. tion. <b>You can only select one person at a</b>					
	Seymour Yourself						
	Name of the company:	CIV Restaurant					
	Number of Hours of Work/Training This Month:	30					
	Last Paycheck Received Date:	Month Day Year Step 15.1					
	Last Paycheck Amount (Before Deductions):	566.23					
	Tips or Commissions:						
	Back	Step 15.2 Next					

#### QUIT WORK OR TRAINING (continued)

Acces	C4Y0 as to Benefits.	Urself Simplified	<u></u>	0	<u>Hor</u> Se	ne <u>My C4)</u> end Applica	(ourse	lf   <u>Hel</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арг	Send Dication
	30	9%						

# Quit Work or Training

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Step 10

Person	Name of the company:	N	
	Name of the company:	CIV Step 14 Restaurant	Remove Edit
	Number of Hours of Work/Training This Month:	30	
Sevmour	Last Paycheck Received Date:		
Yourself	Last Paycheck Amount (Before Deductions):	\$566.23	Step 13
	Tips or Commissions:	_	
Did anyone e 60 days?	else in the home quit or did not take a job or tra	aining in the last	Yes No

C-IV

#### STRIKE

**PURPOSE** The purpose of the **Strike** page is to gather detailed information from the user regarding someone who is on strike.

**STARTING** The user has answered yes to a question on the **Job Information** page regarding **Strike**. **POINT** 

Step	Action
1	To select the <b>person/persons</b> that is on strike check the box next to the person.
2	Enter the Name of the Company the person/persons worked for in the text box.
3	Enter the Name of the Union the person/persons worked for in the text box.
4	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	went on strike.
5	Click the select arrow to display the drop-down list and select the <b>Day</b> they went
	on strike.
6	Click the select arrow to display the drop-down list and select the Year they went
	on strike.
7	Click the <b>Next</b> button to continue.

#### STRIKE (continued)

Acces	C4Y0 is to Benefits.	UVSEL† Simplified			S	end Applica	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арр	Send dication

# Strike

You told us that someone in your home is on strike.

Please select the people and fill in their information. You can select more than one person.



#### STRIKE (continued)

Step	Action							
8	The Strike summary page displays.							
9	Review the information for all people listed.							
10	If the list is correct, click the <b>No</b> button or the <b>Next</b> button to continue.							
11	To add a person that is on Strike, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7.							
12	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.							
13	To edit the information provided on a person in the list, click the Edit button. The							
	page refreshes in edit mode.							
	<b>13.1</b> Enter the correct information.							
	<b>13.2</b> Click the <b>Next</b> button to continue.							
	Home My C4Yourself Help							
	A ray ourself *							
	Access to Bosofite Sizelified							
	Access to benefits. Simplified.							
	Start Application People Job Income Expenses Property Other Send Application							
	30%							
	Chailes							
	Strike							
	Please select anyone who is on strike. Then fill in the information below. You can only select one person at a time.							
	Seymour							
	Yourself							
	Name of the Company First Jobs INC							
	Name of Union First Union Step 13.1							
	Start Date January 💙 25 💙 1984 💙							
	Back Step 13.2 Next							
	· · · · · · · · · · · · · · · · · · ·							

#### STRIKE (continued)

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	- ® -		<u>Hom</u> Se	e <u>My C4y</u> nd Applica	<u>ourself</u> Help tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
Strike	30 Step 8	)%					

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Name of the company	Name of Union	Start Date	
	First Jobs INC	First Union	01/25/1984	Edit
Seymour Yourself	r f		-	Step 13
Is anyone	else in the home on strike?			Yes No
Back			Step 10	Next

# JOB AND JOB HISTORY

**PURPOSE** The purpose of the **Job and Job History** page is to gather detailed information from the user regarding someone who has a job.

**STARTING** The user has answered yes to a question on the **Job Information** page regarding a **Job**. **POINT** 

Step	Action
1	To select the <b>person/persons</b> that is working or expects to be working in the
	next two months, check the box next to the person.
2	Click the radio button to indicate Work or Training.
3	Click the radio button to indicate Self employment.
4	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	began work or training.
5	Click the select arrow to display the drop-down list and select the <b>Day</b> they began
	work or training.
6	Click the select arrow to display the drop-down list and select the Year they
	began work or training.
7	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	ended work or training.
8	Click the select arrow to display the drop-down list and select the <b>Day</b> they ended
	work or training.
9	Click the select arrow to display the drop-down list and select the <b>Year</b> they
	ended work or training.
10	Enter the <b>Name of the Company</b> that the person/person works for or is planning
	to work for in the next two months.
11	Enter the <b>Job title</b> of the person.
12	Enter the Number of Hours of work per month the person works.
13	Enter the Monthly Gross Income (before taxes) the person earns per month.
14	Enter the amount of <b>Tips or commission</b> the person receives.
15	Click the <b>Next</b> button to continue.

Step 1

#### JOB AND JOB HISTORY (continued)

Acces	C4Y0 ss to Benefits.	Urself Simplified	<b>.</b> ®		Hom	nd Applica	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	App	Send lication
	30	)%		\		2		

### Job and Job History

You told us that there are people in your home who have been working, self-employed, or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people.



Select a person and fill in their information. You can select more than one person.

Next



Back

# JOB AND JOB HISTORY (continued)

Step	Action									
16	The <b>Job</b> summary page displays.									
17	Review the information for all people listed.									
18	If the list is correct, click the <b>No</b> button or the Next button.									
19	To add a person that is working or is going to be working in the next two months, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-15.									
20	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.									
21	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>21.1</b> Enter the correct information <b>21.2</b> Click the <b>Next</b> button.									
	Home My C4Yourself Help Access to Benefits. Simplified.									
	Start Application         People         Job         Income         Expenses         Property         Other         Send Application           2006									
	3040									
	Job and Job History									
	Please fill out what information you can below. You can only select one person at a time.									
	Seymour									
	Work or Training:									
	Self employed: O Yes O No									
	Start date: April V 23 V 1984 V									
	End date: Month V Day V Year V									
	Employer name: Step 21.1 Jobs Inc									
	Number of hours of work per month: 35									
	Monthly gross income (before taxes): 1.500.00									
	Tips or commission:									
	Back Step 21.2 Next									
	₽ P									

#### JOB AND JOB HISTORY (continued)

Acces	C4Y0 is to Benefits.	Ursel <del>(</del> Simplified	£®		<u>Hom</u> Se	nd Applica	(ourself   Hel tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
	30	)%					

# Job and Job History Step 16

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Current or past employment		
	Work or Training:	Work Remove	Ste
	Self employed:	No Step 21 Edit	
	End date:	V	
	Start date:	04/23/1984	
Seymour	Employer name:	Jobs Inc	
Yourself	Job title:	Analyst	
	Number of hours of work per month:	35	
	Monthly gross income (before taxes):	\$1,500.00 Step	
	Tips or commission:		
Has anyone	else in the home been working, self-employe	d, or in training in Yes No	

# INCOME INFORMATION

PURPOSE

The purpose of the **Income Information** page is to ask questions about different types of income in the household.

STARTING POINT The user has navigated through the following areas:

- C4Yourself Home Page
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab
- People Tab
- Jobs Tab

The Income Information page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the <b>Next</b> button to continue.

### INCOME INFORMATION (continued) Home My C4Yourself Help Access to Benefits. Simplified. Send Application Exit Send Application Exit Application People Job Income Expenses Property Other Send Application 45%

# **Income Information**

In the next few pages we will ask you about the people in your home who earn or get money.

includes children.	O Yes	O No
<ul> <li>Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)</li> <li>Unemployment Benefits</li> <li>Disability Insurance Benefits</li> <li>Veterans Administration payments such as Disability, Education, Aid and Attendance</li> <li>Social Security Benefits or SSI/SSP, Railroad Retirement Board (Disability or Retirement)</li> <li>Other disability</li> <li>Retirement</li> </ul>		
Is anyone getting or going to get money from any of these? This includes children. • Survivors • Child/Spousal support • Educational grants, loans, and/or scholarships, per capita payments • Winnings such as bingo, lottery, prizes • Strike benefits • Training allowances • Meals and/or room	O Yes	O No
Use spyane spalied for an received upomployment or disphility	O Yes	O No
insurance benefits in the last 12 months?		
Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?	O Yes	O No



Back

### INCOME FROM OTHER SOURCES

**PURPOSE** The purpose of the **Income From Other Sources** page is to gather detailed information from the user regarding someone who has other income.

STARTING POINT The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the <b>person</b> that has income from other sources, check the radio button
	next to the person.
2	Check the box next to the Source of Money. The user can select more than one
	source of money for each person.
3	Enter How Much income the person receives from the corresponding Source of
	Money.
4	Click the select arrow to display the drop-down list and select How Often the
	income is received.
5	Click the <b>Next</b> button to continue.

#### **INCOME FROM OTHER SOURCES (continued)**

Acces	C4Y0 ss to Benefits.	UrSelf Simplified	<b>.</b> ®		<u>Hon</u> Se	ne <u>My C4Y</u> end Applica	ourself	Help Exit
Start Application	People	Job	Income	Expenses	Property	Other	Se Appli	and cation
			45%					

#### **Income from Other Sources**

You told us that someone in your home gets or might get money from some of the sources listed below.

Please select the people and fill in the information below. You can only select one person but you can select more than one source for each person.



### **INCOME FROM OTHER SOURCES (continued)**

Step	Action								
6	The Income from Other Sources summary page displays.								
7	Review the information for all people listed.								
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.								
9	To add a person that has income from other sources, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.								
10	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.								
11	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>11.1</b> Enter the correct information <b>11.2</b> Click the <b>Next</b> button.								
	Home My C4Yourself Help Access to Benefits. Simplified. Exit								
	Start Application         People         Job         Income         Expenses         Property         Other         Send Application           4596								
	40%								
	Income from Other Sources								
	You told us that someone in your home gets or might get money from some of the sources listed below.								
	Please select the people and fill in the information below. You can only select one person but								
	you can select more than one source for each person.								
	Source of Money How much How often								
	CAPI, General Assistance/Relief, Tribal TANF)								
	Veterans administration payments such as Disability, Select One								
	Social Security Benefits or SSI/SSP, Railroad Retirement Board (Disability or Retirement)								
	Other Pension or Disability Select One								
	Retirement Select One								
	Loan, gifts, contribution     25.00     Annually								
	Vorkers Compensation								
	Select One								
	Back Step 11.2 Next								

#### **INCOME FROM OTHER SOURCES (continued)**

	Albert House and the		- @	e I	Hom	e <u>My C4Y</u>	<u>'ourself</u>   <u>He</u>
Acces	C4Y0 is to Benefits.	UVSEL <del>(</del> Simplified			Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			45%				

# Income from Other Sources

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Source of Money	How much	How often	
	Loan, gifts, contribution	\$25.00	Annually Step 11	Edit
Bea Yourself	Ŧ		-	Step 9
Is anyone	else in the home getting or goin	ng to get money fro	m other sources?	Yes No
Back			Step 8	Next

### INCOME FROM OTHER SOURCES CONTINUED

**PURPOSE** The purpose of the **Income From Other Sources Continued** page is to gather detailed information from the user regarding someone who has other income.

STARTINGThe user has answered yes to the second question on the Income Information pagePOINTregarding a specific type of income.

Step	Action
1	To select the <b>person</b> that has income from other sources, check the box next to
	the person.
2	Check the box next to the Source of Money. The user can select more than one
	source of money for each person.
3	Enter How Much income the person receives from the corresponding Source of
	Money.
4	Click the select arrow to display the drop-down list and select How Often the
	income is received.
5	Click the <b>Next</b> button to continue.

	C4YO	urself	<u>-</u> ®		Se	nd Applica	tion Exit
Acces Start Application	es to Benefits. People	Simplified. Job	Income	Expenses	Property	Other	Send Application
			45%				

#### **Income from Other Sources Continued**

You told us that someone in your home gets or might get money from some the sources listed below.

Please select the people and fill in the information below. You can only select one person but you can select more than one source for each person.

0 C Bea Seymour Step 4 Step 3 Yourself Yourself How often How much Source of Money Survivors Select One \* Child/Spousal support Select One ~ Educational grants, loans, and/or scholarships, Per Select One \* capita payments Winnings such as bingo, lottery, prizes Select One ~ Strike Pay/Benefits Select One \* Sales of notes, contracts, trust deeds, promissory Select One v notes Legal or Insurance settlements/court actions Select One ~ pending Training allowances Select One ~ Meals and/or room Select One \*





Back

Step 1

Step 2

### INCOME FROM OTHER SOURCES CONTINUED (continued)

Step	Action								
6	The Income from Other Sources summary pa	age displays.							
7	Review the information for all people listed.								
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.								
9	To add a person that has income from other so page refreshes and provides the user a list to s	urces, click the <b>Yes</b> button. The elect the person to be added							
	Repeat steps 1-5.								
10	I o remove a person from the summary list, clic refreshes and the person is no longer displayed	k the <b>Remove</b> button. The page d in the summary.							
11	To edit the information on a person in the list, c refreshes in edit mode. <b>11.1</b> Enter the correct information <b>11.2</b> Click the <b>Next</b> button.	lick the <b>Edit</b> button. The page							
	Access to Benefits. Simplified.	Home My_C4Yourself   Help Send Application Exit							
	Start Application         People         Job         Income         Expense           45%         1	es Property Other Send Application							
	Income from Other Sources Con You told us that someone in your home gets or might ge below. Please select the people and fill in the information below you can select more than one source for each person. Seymour Yourself Source of Money	tinued at money from some the sources listed by You can only select one person but Step 11.1 How often							
	Survivors	Select One							
	Child/Spousal support	Select One							
	<ul> <li>Educational grants, loans, and/or scholarships, Per capita payments</li> </ul>	r 1,000.00 Annually 💌							
	Winnings such as bingo, lottery, prizes	Select One							
	Strike Pay/Benefits	Select One							
	Sales of notes, contracts, trust deeds, promissory notes	Select One							
	<ul> <li>Legal or Insurance settlements/court actions pending</li> </ul>	Select One							
	Training allowances	Select One							
	Meals and/or room	Select One							
	Back	Step 11.2 Next							

#### **INCOME FROM OTHER SOURCES CONTINUED (continued)**

			- @		Hon	<u>16 My C41</u>	<u>'ourself</u>   <u>He</u>
Acces	C4Y0 ss to Benefits.	UVSEL <del>(</del> Simplified			Se	end Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			45%				

# Income from Other Sources Continued

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Source of Money	How much	How often		
	Educational grants, loans, and/or scholarships, Per capita payments	\$1,000.00	Annually Step 10	Edit	Step 11
Seymour Yourself			-	Step 9	
Is anyone	else in the home getting or goir	ng to get money from	m other sources?	Yes No	
Back			Step 8	Next	

### INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE

**PURPOSE** The purpose of the **Income from Unemployment or Disability Insurance** page is to gather detailed information from the user regarding someone who has unemployment or disability benefits.

STARTING POINT The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the <b>person/persons</b> that has income from other sources, check the radio button next to the person.
2	Check the box next to the <b>Source of Money</b> . The user can select more than one source of money for each person.
3	Enter <b>How Much</b> income the person receives from the corresponding Source of Money.
4	Click the select arrow to display the drop-down list and select <b>How Often</b> the income is received.
5	Click the Next button to continue.

Acces	C4Y0 ss to Benefits.	Urself Simplified	<u>.</u> ®		Hom Se	nd Applica	<u>'ourself</u>   <u>Hel</u> tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			45%				2

### **Income from Unemployment or Disability Insurance**

You told us that someone in your home has applied for or has received money from unemployment or insurance benefits.

Please select the people and fill in their information. You can only select one person at a time.



### INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE (continued)

Step	Action
6	The Income from Unemployment or Disability Insurance summary page
	displays.
7	Review the information for all people listed.
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
9	To add a person that has income from unemployment or disability insurance, click
	the Yes button. The page refreshes and provides the user a list to select the
	person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the <b>Remove</b> button. The page
	refreshes and the person is no longer displayed in the summary.
11	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	refreshes in edit mode.
	11.1 Enter the correct information
	11.2 Click the <b>Next</b> button.
	Home My C4Yourself   Help
	Send Application Exit
	Access to Benefits. Simplified.
	Start People Job Income Expenses Property Other Application
	45%
	Income from Unemployment or Disability Insurance
	income from onemployment of Disability insurance
	You told us that someone in your home has applied for or has received money from unemployment or insurance benefits
	Please select the people and fill in their information. You can only select one person at a time.
	une.
	Seymour Step
	Yourself
	Source of Money How much How often
	✓ Unemployment Benefits 326.00 Weekly ✓
	Disability Insurance Benefits
	Back Step 11.2 Next

#### INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE (continued)

<b>\$</b>	C4Y0	urself	Se	nd Applica	tion Exit		
Acces Start opplication	ss to Benefits. People	Simplified.	Income	Expenses	Property	Other	Send Application
			45%				

## **Income from Unemployment or Disability Insurance**

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Туре	Amount	Frequency	
	Unemployment Benefits	\$326.00	Weekly Step 10	Edit Step 1
Seymour Yourself			Ste	p 9
Is anyone or disability	else in the home getting or go / insurance?	ing to get money from	m unemployment	es No
Back			Step 8	Next

Step 6

### FREE HOUSING OR RENT, UTILITIES OR CLOTHING

**PURPOSE** The purpose of the **Free housing or Rent, Utilities, Food or Clothing** page is to gather detailed information from the user regarding someone who receives these benefits free or in exchange for work.

**STARTING** The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action		
1	To select the <b>person</b> that receive housing or rent, utilities, food or clothing free or		
	in exchange for work, check the radio button next to the person.		
2	Check the box next to What the person receives. The user can select more than		
	one source for each person.		
3	Click the radio button to indicate if the person receives the item Free or in		
	Exchange for work.		
4	Enter the Value of the item the person receives in the text box.		
5	Enter Who Provides the Item of the item in the text box.		
6	Click the <b>Next</b> button to continue.		
#### FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)

Acces	CAYOURSELF® Access to Benefits. Simplified. Access to Benefits. Simplified.				Home   <u>My C4Yourself</u>   <u>Hel</u> Send Application Exit				
Start Application	People	Job	Income	Expenses	Property	Other	Send Application		
			45%				×		

# Free Housing or Rent, Utilities, Food or Clothing

You told us that someone in your home receives housing or rent, utilities, food or clothing free or in exchange for work.

Please select the people and fill in their information. You can only select one person at a time.

Step 1	O Bea Yourself	Seymour Yourself 3	Step 4	Step 5
(	What		Value	Who Provides the Item
	Housing or rent	<ul><li>Free</li><li>Exchange</li></ul>		
Step 2	Utilities	O Free O Exchange		
	Food	<ul><li>Free</li><li>Exchange</li></ul>		
l	Clothing	O Free O Exchange		
	Back			Step 6 Next

### FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)

Step		A	ction						
7	The Free housing or Re	ent. Utilities. F	ood or Clothin	<b>a</b> summary page displays.					
8	Review the information for	or all people lis	ted.						
9	If the list is correct, click	the <b>No</b> button of	or the Next butt	on.					
10	To add a person that rec	eives Free hou	using or Rent.	Utilities. Food or					
-	Clothing, click the Yes b	outton. The page	ge refreshes an	d provides the user a list					
	to select the person to be	e added. Repe	at steps 1-6.	•					
11	To remove a person from	n the summary	list, click the Re	emove button. The page					
	refreshes and the person	is no longer d	isplayed in the	summary.					
12	To edit the information or	n a person in th	ne list, click the	Edit button. The page					
	refreshes in edit mode.								
	12.1 Enter the correct	ct information							
	12.2 Click the Next b	outton.							
l									
		and C®		Home My C4Yourself Help					
		rsect		Send Application Exit					
	Access to Benefits. Si	mplified.							
	Start People	Job Income	Expenses Pro	operty Other Send					
	Application			Application					
		45%							
	Free Housing or	Rent, Util	ities, Food	or Clothing					
	You told us that someone ir	n your home receiv	es housing or rent,	, utilities, food or clothing free					
	or in exchange for work.								
	Please select the people an time.	d fill in their inform	ation. You can on	ly select one person at a					
		10.1							
	-I	) 12.1							
	Rep								
	Yourself								
	Mbat		Value	Who Drovidor the Itom					
	Housing or rent	O Free	Value	who provides the item					
		Exchange							
	Utilities	O Free							
	E Food	O Exchange							
		<ul> <li>Exchange</li> </ul>							
	Clothing	• Free	200.00	Grandmother					
		O Exchange							
	Beak			Step 12.2					
	Баск			Next					
				-					

#### FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)

4985		<u>Hom</u>	<u>Home My C4Yourself   H</u>					
Acces	CAYD is to Benefits.	UrSELT Simplified.	ie.		Se	nd Applica	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арр	end lication
			45%					

# Free Housing or Rent, Utilities, Food or Clothing

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



Step 7

### CHANGE IN INCOME

PURPOSE The purpose of the **Change in Income** page is to gather detailed information from the user regarding someone who receives these benefits free or in exchange for work.

STARTING POINT

The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the <b>person</b> who expects a change in income, click the radio button next
	to the person.
2	Check the box next to the <b>Type of Income</b> the person expects to change. The
	user can select more than one source for each person.
3	Click the select arrow to display the drop-down list and select the <b>Type of</b>
	Income.
4	Enter the new <b>Amount</b> of the income in the text box.
5	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	expect the income to change.
6	Click the select arrow to display the drop-down list and select the <b>Day</b> they
	expect the income to change.
7	Click the select arrow to display the drop-down list and select the Year they
	expect the income to change.
8	Click the <b>Next</b> button to continue.



### **Change in Income**

You told us that someone in your household expects a change in the amount of money received.

Please select the people and fill in their information. You can only select one person at a time.



### CHANGE IN INCOME (Continued)

Step	Action								
9	The Change in Income summary page displays.								
10	Review the information for all people listed.								
11	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.								
12	To add a person that receives <b>Change in Income</b> , click the <b>Yes</b> button. The								
	page refreshes and provides the user a list to select the person to be added.								
	Repeat steps 1-7.								
13	To remove a person from the summary list, click the <b>Remove</b> button. The page								
11	To adit the information on a person in the list, dick the <b>Edit</b> button. The page								
14	refreshes in edit mode								
	13.1 Enter the correct information								
	13.2 Click the Next button.								
	CAYourself"								
	Send Application Exit								
	Access to Benefits. Simplified.								
	Start Sand								
	Application People Job Income Expenses Property Other Application								
	45%								
	Change in Income								
	You told us that someone in your household expects a change in the amount of money received.								
	Please select the people and fill in their information. You can only select one person at a time								
	Chan a								
	Seymour Step								
	Yourself								
	Type of Income Amount When								
	Educational Grants V 0 December V 31 V 2009 V								
	The Change in Income summary page displays. Review the information for all people listed. If the list is correct, click the No button or the Next button. To add a person that receives Change in Income, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7. To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary. To edit the information on a person in the list, click the Edit button. The page refreshes and the person is no longer displayed in the summary. To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode. 13.1 Enter the correct information 13.2 Click the Next button. Home Help Access to Benefits. Simplified. Keess to Benefits. Simplified. Keess to Benefits. Simplified. You told us that someone in your household expects a change in the amount of money received. Please select the people and fill in their information. You can only select one person at a time. Keeps of Income Seymour View Application Seymour Yourself Seymour Steps V December V 31 V 2009 V Back Keep 13.2 Next								
	The Change in Income summary page displays. Review the information for all people listed. If the list is correct, click the No button or the Next button. To add a person that receives Change in Income, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7. To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary. To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode. 13.1 Enter the correct information 13.2 Click the Next button. Home Help Access to Benefits. Simplified. Note: Send Application Exit Application People Job Recome Expenses Property Other Application 45%6 Change in Income You told us that someone in your household expects a change in the amount of money received. Please select the people and fill in their information. You can only select one person at a time. Segmour Stap Segmour Stap Segmour Stap Back Step 13.2 Next								

#### **CHANGE IN INCOME (Continued)**

Acces	C4Y0 ss to Benefits.	UNSEL <del>(</del> Simplified			Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			45%				N.

# **Change in Income**

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Type of Income Person Amount When Step 12 Remove Educational grants, loans, and/or \$0 12/31/2009 scholarships, Per capita Edit Step 13 payments Step Seymour 11 Yourself Does anyone else in the home expect a change in income? Yes No Back Step 10 Next

Step 8

# EXPENSE INFORMATION

**PURPOSE** The purpose of the **Expense Information** page is to ask questions about different types of expenses in the household.

STARTING POINT The user has navigated through the following areas:

- C4Yourself Home Page
- User Name and Password
- Let's Get Started
- Instructions
- Start Application
- People Tab
- Jobs Tab
- Income Tab

The Expense Information page is displaying.

St	ер	Action
	1	Answer the questions by clicking the Yes or No radio buttons.
	2	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	Urself Simplified	Home My C4Yourself				
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

#### **Expense Information**

In the next few pages we will ask you about the people in your home who have expenses. Does anyone in your home pay for:

Meals and room?	Ves	O No
Disabled adult care?	O Yes	O No
All or part of your childcare costs?	O Yes	O No
Child Support?	O Yes	O No
Spousal Support?	🔘 Yes	O No
Medical treatment?	V O Yes	O No
Medical expenses such as a wheelchair, etc.?	V O Yes	O No
Medicare coverage?	O Yes	O No
Health care services?	O Yes	O No
Housing costs?	O Yes	O No
Utility costs?	O Yes	🔘 No
In home supportive services?	O Yes	O No
	Stern 2	-
Back	Step 2	Next

#### MEALS AND ROOM

**PURPOSE** The purpose of the **Meals and Room** page is to gather detailed information from the user regarding Meals and/or Room expenses.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTMeals and Room.

Step	Action
1	Check the box next to meals and/or room that is by the person that has this
	expense.
2	Enter <b>How Much</b> is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
4	Click the <b>Next</b> button to continue.

<b>A</b>	C4Y0		Send Application					
Acces Start Application	es to Benefits. People	Simplified Job	Income	Expenses	Property	Other	Sei Applic	nd ation
				60%				

# **Meals and Room**

You told us that there are people in your home who pay for meals and/or room. Please tell us more about these people.

Please select anyone that pays and fill in their information. You can select more than one person.

Person	Pays For	How Much	How Often
	Meals		Select One
	Room		Select One
-P			
0		Step	Step
Bea	1	2	3
Yourself			
	Meals		Select One
	Room		Select One
Seymour	E.		
Yourself			

#### MEALS AND ROOM (continued)

01										
Step				ACT	on					
5	The Meals an	d Room s	ummary	/ page dis	plays.					
6	Review the information for all people listed.									
7	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.									
8	To add a pers page refreshe Repeat steps	on that pay s and prov 1-4.	ys for m ides the	eals and/ e user a li	or a room st to selec	, click the t the pers	Yes but on to be	ton. The added.		
9	To remove a p refreshes and	person fron the persor	n the su n is no le	Immary lis	st, click the	e <b>Remov</b> the summ	e button. arv.	The page		
10	To edit the information of the refreshes in example. <b>10.1</b> Enter <b>10.2</b> Click	ormation o dit mode. r the correc the <b>Next</b> b	n a pers	son in the	list, click	the Edit b	outton. T	he page		
	Acces	C4Y0U s to Benefits. S	.rself Simplified.	@		<u>Hon</u> Se	ne <u>My C4Y</u> and Applica	tion Exit		
	Start Application	People	Job	Income	Expenses	Property	Other	Send Application		
					60%					
	Meals a You told us t more about t Please select person.	nd Roor hat there are hese people.	n people in pays and	n your home I fill in their	who pay for information.	• meals and/ You can se	or room. Pl	ease tell us than one		
	Person	Pays For	How Mu	ıch		How Of	ten			
		☐ Meals ☑ Room	555.55			Select Monthly	One i	<b>Y Y</b>		
	Seymour Yourself			Step 10.1						
	Back					Step	0 10.2	Next		

#### **MEALS AND ROOM (continued)**

Access to Benefits. Simplified.					Home My C4Yourself He Send Application Exit			
Start Application	People	Job	Income	Expenses	Property	Other	Send Application	
			<u>`</u>	60%			1	

Person	Pays For	How Much	How Often	
	Room	\$555.55	Monthly	Step 10 Edit
Seymour Yourself				Step 8
Does anyon	ne else in the hor	me have Meals and/or Roo	m expenses?	Yes No

### DISABLED ADULT CARE

**PURPOSE** The purpose of the **Disabled Adult Care** page is to gather detailed information from the user regarding the expense.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTDisabled Adult Care.

Step	Action
1	Check the box next to the <b>person/persons</b> that pays the Disabled Adult Care
	expense.
2	Enter <b>How Much</b> is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
4	Enter Who Else Pays.
5	Click the <b>Next</b> button to continue.

	C4YO	Hom	nd Applica	tion	Exit			
Acces Start Application	People	Job	Income	Expenses	Property	Other	Арр	Send Mication
				60%				

#### **Disabled Adult Care**

You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people.

Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.

# DISABLED ADULT CARE (continued)

Step	Action
6	The <b>Disabled Adult Care</b> summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
9	To add a person that pays for disabled adult care, click the <b>Yes</b> button. The page
	refreshes and provides the user a list to select the person to be added. Repeat
	steps 1-5.
10	To remove a person from the summary list, click the <b>Remove</b> button. The page
	refreshes and the person is no longer displayed in the summary.
11	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	refreshes in edit mode.
	<b>11.1</b> Enter the correct information
	11.2 Click the Next button.
	Home   <u>My C4Yourself</u>   <u>Help</u>
	C4Yourself
	Send Application Exit
	Access to Benefits. Simplified.
	Start Application         People         Job         Income         Expenses         Property         Other         Send Application
	60%
	Dischlad Adult Cana
	Disabled Adult Care
	<b>Disabled Adult Care</b> You told us that there are people in your home who pay for disabled adult care. Please tell us
	<b>Disabled Adult Care</b> You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people.
	<b>Disabled Adult Care</b> You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people.
	<b>Disabled Adult Care</b> You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." <b>You can select more than one</b>
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person. How much money: prior
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person. Person How much money: 25.00
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person. Person How much money: 25.00 How often: Weekly Step 11.1
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.   Person   How much money:   25.00   How often:   Weekly   Who else pays:
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.   Person   How much money:   25.00   How often:   Weekly   Who else pays:
	Disabled Adult Care You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people. Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.   Person How much money:   25.00 How often:   How often: Weekly   Wo else pays: Step 11.1
	Disabled Adult Care Solution of the series of th
	Disabled Adult Care Set the set of
	Disabled Adult Care So to be used
	Disabled Adult Care         Substrain the problem in your home who pay for disabled adult care. Please tell us to about these people.         Descent anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.         Person       How much money: 25.00         How often:       Weekly         Who else pays:       Step 11.1         Who else pays:       Step 11.1

#### **DISABLED ADULT CARE (continued)**

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	<b>.</b> ®		Hom Se	nd Applica	rourself   Help
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# **Disabled Adult Care**

Step 6

Person	How much money	How often	Who else pays			
	\$25.00	Weekly	Step	10	Remove Edit	Step 11
Seymou Yourself	r f			S	Step 9	
Does anyo	ne else in the home pay for D	isabled Adult	Care?		Yes No	
Back			Step 8	$\rightarrow$	Next	

### CHILD CARE

**PURPOSE** The purpose of the **Child Care** page is to gather detailed information from the user regarding the expense.

STARTING<br/>POINTThe user has answered yes to the question on the Expense Information page regarding<br/>Child Care.

Step	Action
1	Check the box next to the <b>person/persons</b> that pays the Child Care expense.
2	Enter <b>How Much</b> is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
4	Enter Who get care.
5	Enter Money Paid By Others for this expense.
6	Click the <b>Next</b> button to continue.

C4Yourself External User Guide

Home My C4Yourself He Access to Benefits. Simplified. Home My C4Yourself He Send Application Exit								
Start Application	People	Job	Income	Expenses	Property	Other	Send Application	
				60%			· · · · · · · · · · · · · · · · · · ·	

# **Child Care**

You told us that there are people in your home who pay for or have part of their child care costs paid for. Please tell us more about these people.

Please select anyone that pays or has someone else pay and fill in their information. You can select more than one person.

Perso		Money paid by you:	Step 2	
	·I-V-I	How often: Who gets care:	Select One Step 3	
	Bea Yourself	Money paid by other:	Step 5	
		Money paid by you:		
		Who gets care:	Select One	
	Seymour Yourself	Money paid by other:		

### CHILD CARE (continued)

Step	Action
7	The Child Care summary page displays.
8	Review the information for all people listed.
9	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
10	To add a person that pays for child care, click the <b>Yes</b> button. The page refreshes
	and provides the user a list to select the person to be added. Repeat steps 1-6.
11	To remove a person from the summary list, click the <b>Remove</b> button. The page
40	refreshes and the person is no longer displayed in the summary.
12	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	<b>12.1</b> Enter the correct information
	12.1 Click the Next button
	Home My C4Yourself Help
	A CAYOURSelf "
	Access to Benefits Simplified
	Access to benefits. Simplified.
	Start People Job Income Expenses Property Other Send
	Application Application
	60%
	Child Care
	cilla care
	You told us that there are people in your home who pay for or have part of their child care costs paid for. Please tell us more about these people.
	Please select anyone that pays or has someone else pay and fill in their information. You can select more than one person.
	Dorson
	Money paid by your
	50.00
	How often: Weekly Step
	Who gets care: Bea Yourself 12.1
	Seymour Money paid by other: 0.00
	Yourself
	Back Next
	Back Step 12.2 Next

#### CHILD CARE (continued)

Acces	C4Y0 ss to Benefits.	UrSelf	<b>.</b> Ø		Hom	nd Applica	<u>fourself</u>   <u>Help</u>
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# Child Care Step 7

	Money paid by you:	\$50.00 Step 11	Remove
	How often:	Weekly	Edit Step 1
	Who gets care:	Bea Yourself	
Seymour Yourself	Money paid by other:	\$0.00	Step 10
oes anyone	else in the home pay all or p	part of their child care costs?	Yes No

### CHILD SUPPORT

**PURPOSE** The purpose of the **Child Support** page is to gather detailed information from the user regarding the expense.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Child Support.

Step	Action
1	Check the box next to the <b>person/persons</b> that pays the Child Support expense.
2	Enter Amount Paid per Month for this expense.
3	Click the <b>Next</b> button to continue.

Acces	C4Y0 is to Benefits.	Urself Simplified	£®		<u>Hom</u> Se	nd Applica	(ourself He
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			~

# **Child Support**

You told us that there are people in your home who pay child support. Please tell us more about these people.

Please select anyone that pays and then fill in their information. You can select more than one person.



### CHILD SUPPORT (continued)

Step	Action
4	The Child Support summary page displays.
5	Review the information for all people listed.
6	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
7	To add a person that pays for child support, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-3.
8	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.
9	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>9.1</b> Enter the correct information <b>9.2</b> Click the <b>Next</b> button. Home My C4Yourself Help
	Access to Benefits. Simplified.
	Start Application         People         Job         Income         Expenses         Property         Other         Send Application
	60%
	Child Support
	You told us that there are people in your home who pay child support. Please tell us more about these people.
	Please select anyone that pays and then fill in their information. You can select more than one person.
	Person Amount Paid per Month 100.00 Seymour Yourself
	Back Step 9.2 Next

#### CHILD SUPPORT (continued)

	- 45.4	e et f	~ ®		Hom	ie My C41	oursel	<u>f   H</u>
Acces	C4Y01 s to Benefits.	JYSEL† Simplified			Se	nd Applica	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арр	iend licatior
				60%				

Person	Amount Paid per Month	
		\$100.00 Remove St
	-	Step 9 Edit
		,
Seymou	r	Step 7
Yourself	f	
Does anyo	one else in the home pay child support?	Yes No
Back		Step 6 Next

### SPOUSAL SUPPORT

**PURPOSE** The purpose of the **Spousal Support** page is to gather detailed information from the user regarding the expense.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTSpousal Support.

Step	Action
1	Check the box next to the person/persons that pays the Spousal Support
	expense.
2	Enter Amount Paid per Month for this expense.
3	Click the <b>Next</b> button to continue.

Arres	C4Y0	Urself Simplified	<u>,</u> ®	-	Hon Se	ne <u>My C41</u> and Applica	rourself   He
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

### **Spousal Support**

You told us that there are people in your home who pay spousal support. Please tell us more about these people.

Please select anyone that pays and then fill in their information. You can select more than one person.



# SPOUSAL SUPPORT (continued)

Step	Action								
4	The Spousal Support summary page displays.								
5	Review the information for all people listed.								
6	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.								
7	To add a person that pays for spousal support, click the <b>Yes</b> button. The page								
	refreshes and provides the user a list to select the person to be added. Repeat								
	steps 1-3.								
8	To remove a person from the summary list, click the <b>Remove</b> button. The page								
-	refreshes and the person is no longer displayed in the summary.								
9	To edit the information on a person in the list, click the <b>Edit</b> button. The page								
	refreshes in edit mode.								
	9.1 Enter the correct information								
	9.2 Click the Next button								
	Home My C4Yourself Help								
	Send Application Exit								
	Access to Benefits. Simplified.								
	Start People Job Income Expenses Property Other Send								
	60%								
	Spousal Support								
	Spousal Support								
	You told us that there are people in your home who pay spousal support. Please tell us more about these people.								
	Please select anyone that pays and then fill in their information. You can select more than								
	one person.								
	Person Amount Paid per Month								
	100.00								
	Step								
	9.1								
	Seymour								
	Yourself								
	Back Step 9.2 Next								

#### SPOUSAL SUPPORT (continued)

Acces	C4Y0 ss to Benefits.	Ursel <del>(</del> Simplified	<b>.</b> ®		Hom	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# Spousal Support Step 4

Person	Amount Paid per Month	
		\$100.00 Remove Step 8
		Step 9 Edit
Seymour		
Yourself		Step 7
Does anyone	e else in the home pay spousal support?	Yes No
Back		Step 6 Next

#### MEDICAL TREATMENT

**PURPOSE** The purpose of the **Medical Treatment** page is to gather detailed information from the user regarding Medical expense(s) and whether or not they need to request for Medical coverage for the three months prior to the month they are applying in.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTMedical Treatment.

Step	Action
1	Check the box next to the <b>person/persons</b> that paid medical treatment expense.
2	Click the select arrow to display the drop-down list and select the Months of
	Care the expense was paid.
3	Click Yes or No radio buttons if Medi-Cal requested for these months.
4	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits	Urself		<u>Hom</u> Se	nd Applica	<u>rourself</u>   <u>Help</u>	
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

### Medical Treatment

You told us that there are people in your home who received medical/pregnancy treatment in the past three months.

Please select anyone that paid and then fill in their information. You can select more than one person.



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### **MEDICAL TREATMENT (continued)**

Step				Act	ion			
5	The Medical Treatment summary page displays.							
6	Review the information for all people listed.							
7	If the list is co	rrect, cli	ck the No	button or	the Next	button.		
8	To add a pers refreshes and steps 1-4.	on that provide	pays for n es the use	nedical tre r a list to s	eatment, c select the	ick the Ye person to	be added	. The page J. Repeat
9	To remove a prefreshes and	person f the per	rom the si son is no	ummary li longer dis	st, click th played in	e <b>Remov</b> the summ	e button. ary.	The page
10	To edit the inf refreshes in e <b>10.1</b> Ente <b>10.2</b> Click	ormation dit mode r the con the <b>Ne</b> >	n on a per e. rrect infori <b>«t</b> button.	rson in the	iist, click	the <b>Edit</b> k	outton. T	he page
	Access	C4YC to Benefits People	UUTSELF 5. Simplified. Job	®	Expenses	Hon Se Property	ne <u>My C4Y</u> end Applicat Other	ourself   Help ion Exit
	Application		e a		60%			
	Medical You told us th the past three Please select a one person.	Treat at there a months.	ment are people ir nat paid and	n your home then fill in t	who receive heir informat	d medical/p tion. <b>You ca</b>	regnancy tr	reatment in Nore than
	Person	elf	Step	2 (3 prior mo	onths) Medi	-Cal reques	ted for thes	e months?
	Back					Step 1	0.2	Next

#### MEDICAL TREATMENT (continued)

Acces	C4Y0 ss to Benefits.	Urself Simplified	- ®		Se	nd Applica	tion Exi
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# **Medical Treatment**

Person	Months of care (3 prior months)	Medi-Cal requested for months?	these	
.I. D.I	September	Yes	Step 9 Remove	Ste
Bea Yourself			Step 8	
Did anyone past three i	else in the home receive mea months?	dical/pregnancy treatment	in the Yes	0

#### MEDICAL EXPENSE

**PURPOSE** The purpose of the **Medical Expense** page is to gather detailed information from the user regarding Medical expense(s).

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTMedical Expense.

Step	Action
1	Check the box next to the <b>person/persons</b> that paid medical expenses.
2	Enter How Much paid for this expense.
3	Click the select arrow to display the drop-down list and select <b>How Often</b> the expense is paid.
4	Click the <b>Next</b> button to continue.

Acces	C4Y0 is to Benefits.	Hon	ne My C4Y	(ourself He			
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

### **Medical Expense**

You told us that there are some people in your home who have a disability that requires a wheelchair or other medical expense.

#### Please select the people. You can select more than one person.



# **MEDICAL EXPENSE (continued)**

# **MEDICAL EXPENSE (continued)**

Acces	C4Y0 is to Benefits.	UVSELf Simplified	<b>.</b> ®		Hon Se	nd Applica	(ourself   <u>Hel</u>
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# Medical Expense

v of what you told us so far. If y

Person	How Much	How Often	
	\$30.0	0 Monthly Step 10	Edit Step
Bea Yourself			Step 8
Does anyo disability?	ne else in the home have medica	I expenses related to a	Yes No
disability? Back		Step 7	Next

#### MEDICARE COVERAGE

**PURPOSE** The purpose of the **Medicare Coverage** page is to gather detailed information from the user regarding Medicare.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTMedicare Expense.

Step	Action
1	Check the box next to the <b>person/persons</b> that paid Medicare expenses.
2	Enter the Medicare claim number.
3	Click the select arrow to display the drop-down list and select Part A Payment
	Туре.
4	Click the select arrow to display the drop-down list and select Part B Payment
	Туре.
5	Click the <b>Next</b> button to continue.



### Medicare Coverage

You told us that there are people in your home who have Medicare coverage. Please tell us more about these people.

Please select anyone that has Medicare coverage and then fill in their information. You can select more than one person.



### MEDICARE COVERAGE (continued)

Step		Ac	tion	
6	The Medicare Cov	erage summary page	e displays.	
7	Review the information	tion for all people list	ed.	
8	If the list is correct,	click the No button o	r the Next button.	
9	To add a person th refreshes and provision steps 1-5.	at pays for medical co ides the user a list to	overage, click the ` select the person t	<b>res</b> button. The page to be added. Repeat
10	To remove a perso refreshes and the p	n from the summary l person is no longer di	list, click the <b>Remo</b> splaved in the sum	ve button. The page mary.
11	To edit the informative refreshes in edit motion 11.1 Enter the 11.2 Click the N	tion on a person in th ode. correct information <b>lext</b> button.	e list, click the <b>Edi</b>	t button. The page
			H	ome My C4Yourself   Help
	Access to Ben	∫OUVSELf <sup>®</sup> efits. Simplified.		Send Application Exit
	Start Application People	Job Income	Expenses Property	Other Send Application
			60%	
	Medicare Co You told us that ther more about these pe	verage e are people in your home ople.	who have Medicare co	overage. Please tell us
	Please select anyone select more than or	that has Medicare covera ne person.	age and then fill in thei	r information. You can
	Person	Medicare claim number	Part A Payment Type	Part B Payment Type
	Seymour Yourself	999370000 Step 11.1	Self	State
	Back		Ste	ep 11.2 Next

### **MEDICARE COVERAGE (continued)**

Acces	CAY0 ss to Benefits.	UNSEL <del>(</del> Simplified	-		Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

# **Medicare Coverage**

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

 $\backslash r$ 

999370000A Self State Step 10 Remove Edit Seymour Yourself	Person	Medicare claim number	Part A Payment Type	Part B Pay Type	/ment
	Seymour Yourself	999370000A	Self	State	Step 10 Edit Step 9

### OTHER HEALTH COVERAGE

PURPOSE The purpose of the **Other Health Coverage** page is to gather detailed information from the user regarding health insurance they currently have.

STARTING The user has answered yes to the question on the Expense Information page regarding POINT Other Health Coverage Expense.

Step	Action
1	Check the box next to the person/persons that paid Other Health Coverage
	expenses.
2	Enter in the text box how much the other health coverage expense is.
3	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
4	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	Urself Simplified	<b>®</b>		Hom	nd Applica	(ourself   Help tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			<u>)</u>

# **Other Health Coverage**

You told us that there are people in your home who pay for other health care coverage including health, dental, vision, hospitalization, or long term care. Please tell us more about these people.

Please select anyone that pays and then fill in their information. You can select more than one person.



### OTHER HEALTH COVERAGE (continued)

Step			Action
5	The Other Heal	th Coverage summ	ary page displays
6	Review the infor	mation for all people	e listed.
7	If the list is corre	ect, click the No butt	on or the <b>Next</b> button.
8	To add a persor page refreshes a Repeat steps 1-	that pays for other and provides the us 4.	health coverage, click the <b>Yes</b> button. The er a list to select the person to be added.
9	To remove a per refreshes and the	rson from the summ ie person is no long	ary list, click the <b>Remove</b> button. The page er displayed in the summary.
10	To edit the inform refreshes in edit <b>10.1</b> Enter the <b>10.2</b> Click the	mation on a person mode. he correct information le <b>Next</b> button.	in the list, click the <b>Edit</b> button. The page on <u>Home</u> <u>My C4Yourself</u>   <u>Help</u>
	Access to	4YOUrSelf® Benefits. Simplified.	Send Application Exit
	Start Application Pe	ople Job Inc	ome Expenses Property Other Send Application
			60%
	Other Hea	Ith Coverage	
	You told us that including health, these people.	there are people in your dental, vision, hospitaliza	home who pay for other health care coverage ation, or long term care. Please tell us more about
	Please select any one person.	one that pays and then	fill in their information. You can select more than
	Person	How Much	How Often
	Seymour Yourself	220.00 Step 10.1	Monthly
	Back		Step 10.2 Next

#### **OTHER HEALTH COVERAGE (continued)**



Person	How Much	F	low Often	N		
		\$222.00 1	Monthly	Step 9	Remove Edit	Step 10
Seymou	r f				Step 8	
Does anyo	ne else in the home par	y for other h	ealth coverage?	· ·	Yes No	
Back				Step 7	→ Next	

#### HOUSING COSTS

**PURPOSE** The purpose of the **Housing Costs** page is to gather detailed information from the user regarding housing expenses.

STARTINGThe user has answered yes to the question on the Expense Information page regarding<br/>housing expenses.

Step	Action
1	Check the radio button next to the <b>person</b> that paid <b>Housing Costs</b> expenses.
2	Check the box next to the <b>Type</b> of housing expense.
3	Enter in the text box how much the housing expense is.
4	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
5	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	- ®		Hom	nd Applica	iourself   Help
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			2

# **Housing Costs**

You told us that someone in your home pays for housing costs.

Please select the people and fill in the information below. You can only select one person but you can select more than one type for each person.


# HOUSING COSTS (continued)

<ul> <li>6 The Housing Costs summary page displays.</li> <li>7 Review the information for all people listed.</li> <li>8 If the list is correct, click the No button or the Next button.</li> <li>9 To add a person that pays for housing cost expense, click the Yes button. Th page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.</li> <li>10 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> </ul>	ge
<ul> <li>7 Review the information for all people listed.</li> <li>8 If the list is correct, click the No button or the Next button.</li> <li>9 To add a person that pays for housing cost expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.</li> <li>10 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> </ul>	ge
<ul> <li>8 If the list is correct, click the No button or the Next button.</li> <li>9 To add a person that pays for housing cost expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.</li> <li>10 To remove a person from the summary list, click the Remove button. The pare refreshes and the person is no longer displayed in the summary.</li> </ul>	ige
<ul> <li>9 To add a person that pays for housing cost expense, click the Yes button. Th page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.</li> <li>10 To remove a person from the summary list, click the Remove button. The part refreshes and the person is no longer displayed in the summary.</li> </ul>	
<ul> <li>page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.</li> <li>To remove a person from the summary list, click the Remove button. The particular refreshes and the person is no longer displayed in the summary.</li> </ul>	ge
<ul> <li>Repeat steps 1-5.</li> <li>10 To remove a person from the summary list, click the Remove button. The particular refreshes and the person is no longer displayed in the summary.</li> </ul>	ge
10 To remove a person from the summary list, click the <b>Remove</b> button. The pa refreshes and the person is no longer displayed in the summary.	ige
refreshes and the person is no longer displayed in the summary.	;
	<b>;</b>
11 I o edit the information on a person in the list, click the <b>Edit</b> button. The page	
retresnes in edit mode.	
11.1 Enter the correct mormation	
Home My C4Yourself Help	
M CAYOUNSelf®	
Send Application Exit	
Access to benefits. Simplified.	
Start Application People Job Income Expenses Property Other Application	
60%	
Housing Costs	
You told us that someone in your home pays for housing costs.	
Please select the people and fill in the information below. <b>You can only select one person</b> but you can select more than one type for each person.	
⊙ Step	
Yourself	
Type How Much How Often	
Rent 555.55 Monthly	
House (mortgage) payment	
Property Taxes (if not in house navment)	
Select One	
Select One	
Other (explain):	
Back Next	

# HOUSING COSTS (continued)

Acces	C4Y0 ss to Benefits.	UYSEL <del>(</del> Simplified	<b>®</b>		Hom	nd Applica	(oursel	f   <u>He</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	App	end ication
			<u> </u>	60%			1	

Housing Costs

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



# UTILITY COSTS

**PURPOSE** The purpose of the **Utility Costs** page is to gather detailed information from the user regarding housing expenses.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding utility expenses.

Step	Action
1	Check the box next to the person that paid Utility Costs expenses.
2	Check the box next to the <b>Type</b> of utility expense.
3	Enter in the text box how much the utility expense is.
4	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
5	Click the <b>Next</b> button to continue.



## **Utility Costs**

You told us that someone in your home pays for utility costs.

Please select the people and fill in the information below. You can only select one person but you can select more than one type for each person.



## **UTILITY COSTS (continued)**

Step	Act	ion							
6	The Utility Costs summary page display	′S.							
7	Review the information for all people liste	ed.							
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.								
9	To add a person that pays for utility expe	nse, click the Yes I	outton. The page						
	refreshes and provides the user a list to s	select the person to	be added. Repeat						
	steps 1-5.								
10	To remove a person from the summary li	st, click the Remov	e button. The page						
	refreshes and the person is no longer dis	played in the sumn	nary.						
11	To edit the information on a person in the	e list, click the Edit	button. The page						
	refreshes in edit mode.								
	<b>11.1</b> Enter the correct information								
	11.2 Click the Next button.	Home	My C4Yourselt Help						
	@ C4YOUVSelf®								
	Access to Benefits, Simplified,	Sen	d Application Exit						
	Start People Job Income		Other Application						
		60%							
	Utility Costs								
	You told us that someone in your home pays for	utility costs.							
	Please select the people and fill in the information	n below. You can only s	elect one person but						
	you can select more than one type for each pers	on.							
		Star							
	Saumaur								
	Yourself								
	Туре	How much	How often						
	Gas Gas	41.00	Monthly						
	Electricity	75.00	Monthly						
	Water		Select One						
	<ul> <li>Telephone (basic rates for one phone plus tax)</li> </ul>	12.00	Monthly						
	Heating or cooking fuel (propane/wood)		Select One						
	Sewage		Select One						
	Garbage or trash		Select One						
	Installation of utilities		Select One						
	Other (explain):		Select One						
	Back	Step 1	1.2 Next						

# **UTILITY COSTS (continued)**

			- @		Hom	ie My C4Y	ourse	<u>lf   He</u>
Acces	C4Y0 ss to Benefits.	UVSEL <del>(</del> Simplified			Se	nd Applicat	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арг	Send dication
				60%				

**Utility Costs** 



Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Туре	How Much	How Often		L
Seymour Yourself	Gas Electricity Telephone (basic rates for one phone plus tax) Garbage or trash	\$41.00 \$75.00 \$12.00 \$45.00	Monthly Monthly Monthly Monthly	Edit Step 9	Ste
Does anyor Back	ne else in the home pay utility costs?		Step 8	Yes No	

# IN HOME SUPPORTIVE SERVICES

**PURPOSE** The purpose of the **In-Home Supportive Services** page is to gather detailed information from the user regarding IHSS.

STARTINGThe user has answered yes to the question on the Expense Information page regardingPOINTIHSS.

Step	Action
1	Check the box next to the person/persons that paid In-Home Supportive
	Services expenses.
2	Enter in the text box how much the utility expense is.
3	Click the select arrow to display the drop-down list and select How Often the
	expense is paid.
4	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	Urself Simplified	<b>.</b> ®		Hom	nd Applica	tion	<u>It He</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	App	Send dication
				60%				

## **In-Home Supportive Services**

You told us that there are some people in your home who receive In-Home Supportive Services (IHSS).

Please select the people and fill in the information below. You can select more than one person.

Person	How Much	How Often
		Select One
Bea Yourself		
Seymour	Step 2	Select One
Yourself		<b>_</b>
Back		Step 4 Next

# IN HOME SUPPORTIVE SERVIES (continued)

Step	Action
5	The In-Home Supportive Services summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
8	To add a person that pays for IHSS expense, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
9	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.
10	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>10.1</b> Enter the correct information <b>10.2</b> Click the <b>Next</b> button. Home My C4Yourself Help
	Access to Benefits. Simplified.
	Start Application People Job Income Expenses Property Other Application
	60%
	In-Home Supportive Services You told us that there are some people in your home who receive In-Home Supportive Services (IHSS). Please select the people and fill in the information below. You can select more than one person.
	Person How Much How Often
	Seymour Yourself
	Back Step 10.2 Next

#### IN HOME SUPPORTIVE SERVIES (continued)

	C4Y0	urself	<u>.</u> ®		Hom		
Acces	s to Benefits.	Simplified.			Se	nd Applica	
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
				60%			

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



# PROPERTY INFORMATION

**PURPOSE** The purpose of the **Property Information** page is to ask questions about different types of property in the household.

STARTING POINT

The user has navigated through the following areas:

- C4Yourself Home Page
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Applications Tab
- People Tab
- Jobs Tab
- Income Tab
- Expenses Tab

The Property Information page is displaying.

Step	Action
1	Answer the questions by clicking the <b>Yes</b> or <b>No</b> radio buttons.
2	Click the <b>Next</b> button to continue.

Acces	C4Y0 is to Benefits	urself	<u>_</u> ®		Hom	e  <u>My C4Y</u> nd Applicat	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
C					75%		

#### **Property Information**

In the next few pages we will ask you about the people in your home who have property.



# SOLD, SPENT, OR GIVEN AWAY PROERTY

**PURPOSE** The purpose of the **Sold, Spent, or Given Away Property** page is to gather detailed information from the user regarding property that was sold, spent, or given away in the last three months.

STARTINGThe user has answered yes to the question on the Property Information page regarding<br/>property that was Sold, Spent, or Given Away.

Step	Action
1	Check the box next to the <b>person/persons</b> that pays that sold, spent, or gave
	away property in the last three months.
2	Enter What item was sold, spend or given away in the text box.
3	Click the select arrow to display the drop-down list and select the <b>Month</b> of the
	month property was sold, spend or given away.
4	Click the select arrow to display the drop-down list and select the <b>Day</b> the
	property was sold, spend or given away.
5	Click the select arrow to display the drop-down list and select the Year the
	property was sold, spend or given away.
6	Click the <b>Next</b> button to continue.



## Sold, Spent, or Given Away Property

You told us that there are people in your home who have sold, spent, or given away real or personal property. (List any property sold or traded within the last 12 months if you are applying for cash aid, 3 months for food stamps, and within the last 30 months if you are applying for Medi-Cal).

Please select the people and fill in the information below. You can select more than one person.



# SOLD, SPENT, OR GIVEN AWAY PROPERTY (continued)

Step	Action
7	The Sold, Spent, or Given Away Property summary page displays.
8	Review the information for all people listed.
9	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
10	To add people that sold, spent, or gave away property click the <b>Yes</b> button. The
	page refreshes and provides the user a list to select the person to be added.
	Repeat steps 1-6.
11	To remove a person from the summary list, click the <b>Remove</b> button. The page
40	refreshes and the person is no longer displayed in the summary.
12	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	12.1 Enter the correct information
	<b>12.1</b> Enter the conect montation
	Home My C4Yourself Help
	( allourcalf "
	Send Application Exit
	Access to Benefits. Simplified.
	Start People Job Income Expenses Property Other Send
	75%
	Sold Spont or Given Away Property
	Sold, Spent, of Given Away Property
	You told us that there are people in your home who have sold, spent, or given away real or personal property. (List any property sold or traded within the last 12 months if you are
	applying for cash aid, 3 months for food stamps, and within the last 30 months if you are
	applying for Medi-Cal).
	Please select the people and fill in the information below. You can select more than one
	person.
	Person What? When?
	let Ske May V 25 V 2008 V
	12.1
	Seymour
	Vourself
	Back Step 12.2 Next

### SOLD, SPENT, OR GIVEN AWAY PROPERTY (continued)

	C4YO	urself	- ®		Hom	nd Applica	<u>tion</u>
Acces Start Application	s to Benefits. People	Simplified Job	Income	Expenses	Property	Other	Send Application
					75%	Stor	.7

### Sold, Spent, or Given Away Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



# **OWN PROPERTY**

**PURPOSE** The purpose of the **Own Property** page is to gather detailed information from the user regarding property that is owned or being purchased somewhere.

STARTINGThe user has answered yes to the question on the Property Information page regarding<br/>property that is Owned Property.

Step	Action
1	Check the box next to the <b>person/persons</b> that owns or is buying property
	somewhere.
2	Check the box next to the type under <b>Property used as</b> .
3	Click the select arrow to display the drop-down list and select the <b>Type</b> of the
	property.
4	Enter the <b>Amount Owed</b> in the text box.
5	Click the select arrow to display the drop-down list and select the <b>Month</b> you
<u> </u>	expect to return to the property.
O	to return to the property
7	Click the select arrow to display the drop-down list and select the <b>Year</b> you
	expect to return to the property.
8	Answer if there is Lien on the property by clicking the Yes or No radio buttons.
9	Enter the property address by clicking Edit Address
	9.1 Enter address.
	Home My C4Yourself Help
	C4Yourself
	Access to Benefits Simplified
	Start Send
	Application People Job Income Expenses Property Other Application
	75%
	Address
	Note:*You must answer these questions.
	*Address Line 1:
	Address Line 2:
	* City:
	*State: Select One Step 9.1
	* Zip Code:
	County: Select One
	Back
10	Step 10
10	Click the Next button to continue.
	Choix the Next Button to continue.

## **OWN PROPERTY (continued)**

Acce	CAY0 ss to Benefits	Urself	- ®		Se	<u>e My C41</u> nd Applica	tion Exit	
Start Application	People	Job	Income	Expenses	Property	Other	Send Application	

### **Own Property**

You told us that someone might own property or is buying property somewhere. Please tell us more about these people.

Select the person and add their information. You can select more than one person.

Person	Property Information	
	Property Used As: Step 2	<ul> <li>Home</li> <li>Rental of Land, Buildings, Persona</li> <li>Property</li> </ul>
	Property Type:	Select One Step 3
Bea	Amount Owed: Step 4	
Yourself	Date expected to return to property:	Month 💟 Day 💙 Year 👻
	Lien on Property:	○ Yes ○ No Step 8
	Address: Step 9	Edit Address
	Property Used As:	Home Rental of Land, Buildings, Persona Property
	Property Type:	Select One
Seymour	Amount Owed:	
Yourself	Date expected to return to property:	Month 💟 Day 💙 Year 👻
	Lien on Property:	○ Yes ○ No
	Address:	Edit Address

# **OWN PROPERTY (continued)**

Step		Action	า
12	The Own Property s	ummary page displays	
13	Review the information	on for all people listed.	
14	If the list is correct, c	ick the No button or the	e Next button.
15	To add a person that	owns property, click th	e Yes button. The page refreshes
	and provides the use	r a list to select the per	son to be added. Repeat steps 1-10.
16	To remove a person	from the summary list,	click the <b>Remove</b> button. The page
	refreshes and the pe	rson is no longer displa	ayed in the summary.
17	To edit the information	on on a person in the lis	st, click the <b>Edit</b> button. The page
	refreshes in edit mod	le.	
	17.1 Enter the co	prrect information	
	17.2 Click the Ne	xt button.	
	a od	Vouveelf®	nome My C+rouisen   nep
		roursel	Send Application Exit
	Access to Be	nefits. Simplified.	
	Start Application Peop	le Job Income E	xpenses Property Other Send Application
			75%
	0 B		
	Own Prope	rty	
	more about these p	meone might own property or is eople.	buying property somewhere. Please tell us
	Select the person a	and add their information. You o	an select more than one person.
	Person	Property Information	
		Property Used As:	V Home
			Rental of Land, Buildings, Personal Property
	×	Property Type:	Land Step 17.1
	Seymour	Amount Owed:	1,200.00
	i ouisen	Date expected to return to property:	November 💙 28 💙 2010 💙
		Lien on Property:	O Yes 💿 No
		Address:	1 PRETTY LAND NIRVANA
			CA 92325
			San Bernardino Edit Address
	Back		Next
	9. <del></del>		Step 17.2

# **OWN PROPERTY (continued)**

Acces	C4Y0 s to Benefits.	Urself	Ê ®		Hom Se	e <u>My C41</u> nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
					75%	í	

# Own Property Step 12

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Property Information			
	Property Used As:	Home	Step 16 Remove	
	Property Type:	Land	Edit	Step 17
	Amount Owed:	\$1,200.00	Y	
Seymour	Date expected to return to property:	11/28/2010		
Yourself	Lien on Property:	No		
	Address:	1 PRETTY LAND NIRVANA CA 92325 San Bernardino	Step 15	
Does anyone	e else own property or pl	an to buy property?	Yes No	

# OTHER PROPERTY

**PURPOSE** The purpose of the **Other Property** page is to gather detailed information from the user regarding property that someone might own.

STARTING<br/>POINTThe user has answered yes to the question on the Property Information page regarding<br/>property that may be owned by someone.

<b>A</b> 1		• **
Step		Action
1	Click on the radio button next to	the person that might have property.
2	Check the box next to the Type of	of Property.
3	Enter the Current Value in the te	ext box.
4	Enter the Amount owned (if any	<i>i</i> ) in the text box.
5	Enter the Name of Bank in the te	ext box.
6	Enter the Account/Policy # in the	e text box.
7	Enter the Address of Bank by cl	icking Edit Address
	7.1 Enter address.	
		Home My C4Yourself Help
	CAYOUNSPLF"	
	Send Application       Exit         Access to Benefits.       Simplified.         Start       People         Job       Income         Expenses       Property         Other       Application	Send Application Exit
	Access to Benefits. Simplified.	and the state of t
		Home My C4Yourself Help Send Application Exit me Expenses Property Other Send Application 75%
	Start People Job	Income Expenses Property Other Application
	Application	A the text box. y clicking Edit Address Home My C4Yourself Help Send Application Exit Income Expenses Property Other Application 75%
	12.0	
	Address	
	Note:*You must answer these question	20
	*Address Line 1:	
	Address Line 2:	
	. Citra	
	- City:	
	*State:	Select One
	* Zip Code:	
	County:	Select One
	Back	Next
		Step 8
8	Click the <b>Next</b> button	Step 8

# **OTHER PROPERTY (continued)**

S	tart	People		ob	1	come	Exne	nses	Prope	dy	Other	Send	
Appl	cation	- copic	U	l.	."		cape		7	5%		Applicatio	-
744		roport	-										
You	old us t	that someo	ne mi	ght hav	e o	ther prop	erty.						
Pleas	e select	t the perso	n and	fill in th	ne i	nformatio	n be	low. Y	ou can	only s	elect on	e person	at a tir
~	-1-	L.	-								C:		
0	Be		Sev	mour		Step 4		s	5		Step 6		
	Your	self	Yo	urself		J L	~	$\prec$	Ļ	L	Ŀ		
	Type of	f Property	Curr	ent Valu	e (	Amount ov	ved	Name	of Bank	Accou	int/Polic	Address	of Bank
	Cash/L Check	Incashed										Edit A	ddress
	Mortga	ges/Deeds										Edit A	ddress
	Retiren	nent Plans		Step								Edit A	ddress
	Money	Market		3								Edit A	ddress
	Other I Proper	Real ty										Edit A	ddress
	Trust F	Fund										Edit A	ddress
	Checki	ng										Edit A	ddress
	Saving	s Account										Edit A	ddress
	Certific Deposi	ate of t										Edit A	ddress
	Stocks	/Bonds										Edit A	ddress
	Other I	Liquid										Edit A	ddress
	Credit	Union										Edit A	ddress
	Oil, Mir	ning, or	_		71							Edit A	ddress
	Minera Burial/I	l Rights Funeral					_	[			1	Edit A	ddress
	Arrang Burial	ements, Frusts,						L					
	Plots o Space	r Burial											
	IRA or Plans	Keogh										Edit A	ddress
	Employ Deferre	ree ed nsation									]	Edit A	ddress
	Life Ins	surance or										Edit A	ddress
	Life Es	y tate						[				Edit A	ddress
	Proper	st In Any ty									,		

# **OTHER PROPERTY (continued)**

	Action
10	The <b>Other Property</b> summary page displays.
11	Review the information for all people listed.
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
13	To add a person that might own property, click the <b>Yes</b> button. The page
	refreshes and provides the user a list to select the person to be added. Repe
	steps 1-9.
14	To remove a person from the summary list, click the <b>Remove</b> button. The page
	refreshes and the person is no longer displayed in the summary.
15	To edit the information on a person in the list, click the <b>Edit</b> button. The page
1	refreshes in edit mode.
l	<b>15.1</b> Enter the correct information
	<b>15.2</b> Click the <b>Next</b> button.
l	
1	Home My C4Yourself He
1	C4Yourselt
l	Access to Benefits, Simplified, Send Application Exit
	Start Burle Lib Luna Course Durate Send
	Application People Job Income Expenses Property Other Application
	75%
	75%
	75% Other Property
	75% Other Property You told us that someone might have other property.
	75% Other Property You told us that someone might have other property.
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time Seymour
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time Seymour Yourself
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time Seymour Yourself Type of Amount owed Account / Policy
	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time Seymour Yourself Type of Property Current Value Amount owed Property Current Value (if any) Name of Bank #ccount/Policy
Step 15.1	75% Other Property You told us that someone might have other property. Please select the person and fill in the information below. You can only select one person at a time Seymour Yourself Type of Property Current Value Amount owed Property Current Value (if any) Ctv Bank 0000001 * Edit Address
Step 15.1	75%         Other Property         You told us that someone might have other property.         Please select the person and fill in the information below. You can only select one person at a time         Seymour         Yourself       Type of         Property       Current Value         (if any)       Name of Bank         #       Edit Address         Yousself       0000001         *       Edit Address
step 15.1	75%         Other Property         You told us that someone might have other property.         Please select the person and fill in the information below. You can only select one person at a time         Seymour         Yourself         Type of Property         Current Value         (if any)       Name of Bank         #       Address of Bank         Cash/Uncashed       127.35       0.00         CIV Bank       00000001       *
Step 15.1	75%         Other Property         You told us that someone might have other property.         Please select the person and fill in the information below. You can only select one person at a time         Seymour         Yourself       Ype of Property       Current Value       Amount owed (if any)       Name of Bank       Account/Policy       Address of Bank         W       Cash/Uncashed       127.35       0.00       CIV Bank       00000001       * Edit Address         Back

## **OTHER PROPERTY (continued)**

Acces	C4Y0 is to Benefits	Urself	e		Hom Se	el <u>My C4Y</u> nd Applica	rourself   <u>Hel</u> tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			~	~	75%		2

# Other Property Step 10

Here is the summary of what y u told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Property Info				
	Type of Property:	Checking Account	Step 14	Remove	
	Current Value:	\$127.35		Edit	Step Step
	Amount owed (if any):				
1 m	Name of Bank:	CIV Bank			
Seymour	Account/Policy #:	00000001			
Yourself	Address of Bank	1 NIRVANA LANE UTOPIA CA 92325 San Bernardino			
	Type of Property:	Cash/Uncashed Chec	k		
	Current Value:	\$3.00			
	Amount owed (if any):				
	Name of Bank:			Sten	
	Account/Policy #:			13	
	Address of Bank				
Does anyone	e have any other property?			Yes No	

# INCOME FROM PROPERTY

**PURPOSE** The purpose of the **Income from Property** page is to gather detailed information from the user regarding income from property people in the home are expecting to receive.

STARTINGThe user has answered yes to the question on the Property Information page regarding<br/>people who expect to get money from property.

Step	Action
1	Check the box next to the person/persons that owns or is buying property
	somewhere.
2	Enter the Amount Owed in the text box.
3	Click the select arrow to display the drop-down list and select How Often the
	income is received.
4	Click the <b>Next</b> button.

	C4Y0	urself	<u>?</u> ®		Hom	e My C4Y	rourself   Help
Acces Start Application	ss to Benefits. People	Simplified Job	Income	Expenses	Property	Other	Send
					75%		

# **Income from Property**

You told us that there are people in your home expecting to get money from property.

Please select the people and fill in the information below. You can select more than one person.



# INCOME FROM PROPERTY (continued)

Step				Acti	on			
5	The Income	from Prope	<b>rty</b> summ	ary pag	e displays	-		
6	Review the ir	formation fo	r all peop	le listed				
7	If the list is co	orrect, click t	he <b>No</b> but	tton or t	ne <b>Next</b> b	utton.		
8	To add a pers	son that mig	ht get mo	ney fron	n property	they own	, click the	Yes button.
	The page ref	reshes and p	provides t	he user	a list to se	elect the p	erson to b	e added.
	Repeat steps	1-4.						
9	To remove a	person from	the sumr	mary list	, click the	Remove	button. T	he page
	refreshes and	the person	is no long	ger disp	ayed in th	ie summa	iry.	
10	To edit the in	formation on	a person	n in the I	st, click th	ne <b>Edit</b> bu	itton. The	page
	refreshes in e	edit mode.						
	10.1 Ente	er the correct	t informat	ion				
	<b>10.2</b> Clic	k the <b>Next</b> b	utton.					
			- @			Ho	me <u>My C4Y</u>	<u>'ourself</u>   <u>Help</u>
		04YOUN	self"					
			2001			S	end Applicat	tion Exit
	Acces	s to Benefits. Si	mplified.					
			-					
	Start	People	Job	Income	Expenses	Property	Other	Send
	Application							Application
						75%		
						75%		
	Income	from Pro	opertv	,		75%		
	Income	from Pro	operty			75%		
	<b>Income</b> You told us t	from Pro	operty beople in yo	our home	expecting t	<b>75%</b> o get mone	y from prope	erty.
	Income You told us t	from Pro	operty people in yo	our home	expecting t	75% o get mone	y from prope	erty.
	Income You told us t Please select person.	from Pro hat there are p the people an	<b>operty</b> beople in yo d fill in the	, our home informati	expecting t on below. <b>Y</b>	75% o get mone ou can sel	y from prope ect more th	erty. han one
	Income You told us t Please select person.	from Pro hat there are p the people an	<b>operty</b> beople in yo d fill in the	, our home informati	expecting t on below. <b>Y</b>	75% o get mone ou can sel	y from prope ect more th	erty. han one
	You told us t Please select person.	from Pro hat there are p the people an	operty people in yo	our home informati	expecting t on below. <b>Y</b>	75% o get mone ou can sel	y from prope ect more th	erty. han one
	Income You told us t Please select person. Person	from Pro hat there are p the people an Amount	operty beople in yo	r our home informati	expecting to on below. <b>Y</b> How Ofte	75% o get mone ou can sel	y from prope ect more th	erty. han one Step 10.1
	You told us to Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone fou can sel	y from prope ect more th	erty. han one Step 10.1
	You told us to Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone fou can sel n	y from prope ect more th	erty. han one
	You told us to Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	our home informati	expecting t on below. <b>Y</b> How Ofte Annually	75% o get mone ou can sel n	y from prope ect more th	erty. han one Step 10.1
	Income You told us t Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	r our home informati	expecting t on below. <b>Y</b> How Ofte Annually	75% o get mone ou can sel n	y from prope ect more th	erty. han one Step 10.1
	You told us to Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone ou can sel n	y from prope ect more th	erty. han one Step 10.1
	Income You told us to Please select person.	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75%	y from prope ect more th	erty. han one
	Income You told us to Please select person. Person Seymou Yourself	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	, our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone fou can sel	y from prope ect more th	erty. han one
	Income You told us to Please select person. Person Seymou Yourself	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	, our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone fou can sel	y from prope	erty. han one
	Income You told us to Please select person. Person Seymou Yourself	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	, our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone ou can sel n	y from prope	erty. han one Step 10.1
	Income You told us to Please select person. Person Seymou Yourself	from Pro hat there are p the people an Amount 300.00	operty beople in yo d fill in the	, our home informati	expecting to on below. <b>Y</b> How Ofte Annually	75% o get mone fou can sel n	y from prope ect more th	erty. han one Step 10.1

#### **INCOME FROM PROPERTY (continued)**

	C4Yo	urself	<u>-</u> ®		Hom	nd Applica	<u>rourself</u>   <u>He</u>
Acce: Start Application	ss to Benefits. People	Simplified Job	Income	Expenses	Property	Other	Send Application
			~		75%		1

# **Income from Property**



Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



## PERSONAL PROPERTY

**PURPOSE** The purpose of the **Personal Property** page is to gather detailed information from the user regarding personal property which costs at least \$500 or which is now worth at least \$500 (Do not include wedding/engagement rings or heirlooms. List jewelry worth more than \$100).

STARTING POINT The user has answered yes to the question on the **Property Information** page regarding personal property.

Step	Action
1	Check the box next to the <b>person/persons</b> that owns personal property.
2	Enter the <b>Item</b> in the text box.
3	Click the select arrow to display the drop-down list and select the Month you
	bought the property.
4	Click the select arrow to display the drop-down list and select the <b>Day</b> you bought
	the property.
5	Click the select arrow to display the drop-down list and select the Year you
	bought the property.
6	Enter the <b>Amount Owed</b> in the text box.
7	Click the <b>Next</b> button.



#### **Personal Property**

You told us that someone owns personal property which costs at least \$500 or which is now worth at least \$500 (Do not include wedding/engagement rings or heirlooms. List jewelry worth more than \$100).

Please tell us more about this person. You can select more than one person.





# PERSONAL PROPERTY (continued)

<ul> <li>8 The Personal Property summary page displays.</li> <li>9 Review the information for all people listed.</li> <li>10 If the list is correct, click the No button or the Next button.</li> <li>11 To add a person that might own personal property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat strat.</li> <li>12 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> <li>13 To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</li> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul>	eps
<ul> <li>9 Review the information for all people listed.</li> <li>10 If the list is correct, click the No button or the Next button.</li> <li>11 To add a person that might own personal property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat structure.</li> <li>12 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> <li>13 To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</li> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul>	eps
<ul> <li>10 If the list is correct, click the No button or the Next button.</li> <li>11 To add a person that might own personal property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat st 1-7.</li> <li>12 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> <li>13 To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</li> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul>	eps
<ul> <li>To add a person that might own personal property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat st 1-7.</li> <li>To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> <li>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</li> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul>	e eps
<ul> <li>12 To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.</li> <li>13 To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.         <ul> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul> </li> </ul>	
<ul> <li>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</li> <li>13.1 Enter the correct information</li> <li>13.2 Click the Next button.</li> </ul>	
Home My C4Yourself	
Access to Benefits. Simplified.	dit
Start Application People Job Income Expenses Property Other Application	on
75%	
Description of Description	
Personal Property	
You told us that someone owns personal property which costs at least \$500 or which is now worth at least \$500 (Do not include wedding/engagement rings or heirlooms. List jewelry wo more than \$100).	i rth
Please tell us more about this person. You can select more than one person.	
Dercon Bronorty Information	
Step 13.1	
Diamoned Ring	
Date Bought: April 💟 29 💟 1998 💟	
Amount Owed: 0.00	
Saumaur	
Seymour	
Yourself	
Yourself	
Yourself	

#### **PERSONAL PROPERTY (continued)**

Acces	C4Y0 is to Benefits.	Urself Simplified	0		Hom	e <u>My C4Y</u> nd Applica	<u>'ourself</u>   <u>He</u> tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
					75%		

# Personal Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Step 8

## MOTOR VEHICLE

**PURPOSE** The purpose of the **Motor Vehicle** page is to gather detailed information from the user regarding a motor vehicle

STARTINGThe user has answered yes to the question on the Property Information page regarding a<br/>motor vehiclePOINTmotor vehicle

Step	Action
1	Check the radio button next to the <b>person</b> who owns or has their name on a
	vehicle registration.
2	Click the select arrow to display the drop-down list and select the Year of the
	vehicle.
3	Enter the <b>Make</b> of the vehicle in the text box.
4	Enter the <b>Model</b> of the vehicle in the text box.
5	Enter the License Number in the text box.
6	Enter the <b>Estimate Value</b> in the text box.
7	Enter the <b>Balanced Owed</b> in the text box.
8	Indicate if the vehicle is <b>Licensed</b> by clicking the <b>Yes</b> or <b>No</b> radio buttons.
9	Click the select arrow to display the drop-down list and select the Use of the
	vehicle.
10	Click the <b>Next</b> button.



#### **Motor Vehicle**

You told us that someone has use of or has their name on the registration of a motor vehicle.

Please tell us more about this person. You can only select one person at a time.



#### MOTOR VEHICLE (continued)

Step		Action						
11	The Motor Vehicle summary pag	e displays.						
12	Review the information for all people listed.							
13	If the list is correct, click the No bu	utton or the <b>Next</b> button.						
14	To add a person that might have uvehicle, click the <b>Yes</b> button. The the person to be added. Repeat s	use of or have their name on the registration of a motor page refreshes and provides the user a list to select steps 1-10.						
15	To remove a person from the sum refreshes and the person is no lor	nmary list, click the <b>Remove</b> button. The page nger displayed in the summary.						
16	To edit the information on a perso in edit mode. <b>16.1</b> Enter the correct informa <b>16.2</b> Click the <b>Next</b> button.	ation						
	Access to Benefits. Simplified.	Send Application Exit						
	Start Application People Job	Income Expenses Property Other Send Application						
	Motor Vehicle You told us that someone has use of or has their name on the registration of a motor vehicle. Please tell us more about this person. You can only select one person at a time.							
	Seymour Yourself							
	Year: 1967 🗸							
	Model:	Voikswagen						
	License Number:	MJRCTIE Step 16.1						
	Estimated Value:	12000						
	Balance Owed:	0						
	Licensed:	⊙ Yes ○ No						
	How do you use the vehicle:	Personal						
	Back	Step 16.2 Next						

# MOTOR VEHICLE (continued)

	011/0	unc al I	®		<u>Hom</u>	el <u>My C4Y</u>	<u>ourse</u>	<u>lf   He</u>
Acces	ss to Benefits.	Simplified			Se	nd Applica	tion	Exit
Start Application	People	Job	Income	Expenses	Property	Other	Арг	Send olication
					75%			

# Motor Vehicle

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

erson	Motor Vehicle Info		
	Year:	1967 Step 15	Remove
	Make:	Volkswagen	Edit
	Model:	Carmengia	
a a	License Number:	MJRQTIE	
Seymour	Estimated Value:	\$12000	
Yourself	Balance Owed:	\$0	Step
	Licensed:	Yes	14
	How do you use the vehicle:	Personal	
oes anyone	e else have use of or have their	name on the registration of a	Yes No

# OTHER INFORMATION

**PURPOSE** The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

STARTING POINT The user has navigated through he following areas:

- C4Yourself Homepage
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application
- People Tab
- Jobs Tab
- Income Tab
- Expenses Tab
- Property Tab

The Property Information page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the <b>Next</b> button to continue.

Start Application People Job Income Expenses Property Other Application	Acces	C4Y0 is to Benefits.	Urself	•		Se	nd Applica	tion Exit
	Start Application	People	Job	Income	Expenses	Property	Other	Send Application

#### **Other Information**

In the next few pages we will ask you additional questions about the people in your home.

Does anyone live in any of these places?	O Yes	O No
<ul> <li>Homeless Shelter</li> <li>Shelter for Battered Women</li> <li>Drug/Alcohol Rehabilitation Center</li> <li>Federally Subsidized Housing</li> <li>Correctional Facility/Penal Institution</li> <li>Psychiatric Hospital/Mental Institution</li> <li>Reservation for Native Americans</li> <li>Group Living Arrangement for the Disabled/Blind</li> <li>Hospital or Nursing Home</li> <li>Board and Care Home</li> </ul>		
Does anyone take part in a food program? • Meals on Wheels • Food Distribution operated by a Native American reservation • Communal dining facility for elderly or disabled • Other food program	O Yes	O No
<ul> <li>Have Cash Aid, Food Stamps or Medi-Cal benefits been stopped for anyone because of:</li> <li>Work or Training Sanctions</li> <li>Failure to meet Able-Bodied Adult Without Dependent (ABAWD) Work Requirements</li> <li>Intentional Program Violation or Welfare Fraud</li> </ul>	O Yes	O No
Do you want to let someone use your Food Stamps? This could be someone that lives in your home or someone that does not live in your home.	O Yes	O No
Do you want information on medical coverage? (Medi-Cal or Healthy Families)	O Yes	O No
Do you want information on medical coverage? (Medi-Cal or Healthy Families) Back	O Yes	Ne

#### **OTHER INFORMATION (continued)**

**PURPOSE** The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

STARTING POINT The user has navigated through the following areas:

- C4Yourself Home Page
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application Tab
- People Tab
- Jobs Tab
- Income Tab
- Expenses Tab
- Property Tab

The Other Information continued page is displaying.

Step	Action
1	Answer the questions by clicking the <b>Yes</b> or <b>No</b> radio buttons.
2	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits	UrSelf	<b>0</b>		Hom Se	el <u>My C4Y</u> nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	)%

# **Other Information continued**

In the next few pages we will ask you additional questions about the people in your home.

Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole?	O Yes	O No
Since August 22, 1996, have you or anyone you are applying for been convicted of a drug-related felony?	O Yes	O No
Have you or any member of your household:		
Finished a drug treatment program that is recognized by the government?	O Yes	O No
Been part of a treatment program that is recognized by the government?	O Yes	O No
Enrolled in a government recognized drug treatment program?	O Yes	O No
Are they on a waiting list for a drug treatment program that is recognized by the government?	O Yes	O No
Stopped the use of any controlled substances and have evidence that they have stopped?	O Yes	O No

Step 2

Next

#### **OTHER INFORMATION (continued)**

**PURPOSE** The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

# STARTING POINT

- C4Yourself Home Page
  - Create User Name and Password

The user has navigated through the following areas:

- Let's Get Started
- Instructions
- Start Application Tab
- People Tab
- Jobs Tab
- Income Tab
- Expenses Tab
- Property Tab

The Other Information continued page is displaying.

Step	Action
1	Answer the questions by clicking the <b>Yes</b> or <b>No</b> radio buttons.
2	Click the <b>Next</b> button to continue.

Step



#### **Other Information continued**

In the next few pages we will ask you additional questions about the people in your home.

Does everyone live in California?	O Yes	O No
Does everyone plan to stay in California permanently?	O Yes	O No
Does anyone own, lease or maintain a home outside California?	O Yes	O No
Is anyone currently getting public assistance in California?	O Yes	O No
Is anyone planning to leave California for more than 60 days?	O Yes	O No
Is anyone under age 20 and pregnant or a teen parent?	O Yes	O No
Has anyone been in the U.S. Military service or is a spouse, parent or child of a person who has been in the military service?	O Yes	O No
Does anyone have a medical condition or emotional problem which makes it difficult to work or take care of their needs?	O Yes	O No
Is there anyone who can get health care coverage from an employer or absent parent but has not yet applied for coverage?	O Yes	O No
Is anyone getting In-Home Supportive Services (IHSS)?	O Yes	O No
Does the household want to apply for a special need payment for housing or essential housing items?	O Yes	O No
Does the household want additional services like CHDP medical and dental services?	O Yes	O No
Do you want your application and other information from your Medi- Cal case forwarded to the Healthy Families Program if your children receive a Share of Cost on their Medi-Cal or become ineligible due to excess property?	O Yes	O No



## SHELTER/FACILITY

**PURPOSE** The purpose of the **Shelter/Facility** page is to ask questions about different types of situations that a household might have.

STARTINGThe user has answered yes to the question on the Other Information page regarding living in<br/>a Shelter/Facility.

Step	Action
1	To select the <b>person</b> that is participating in a shelter program, check the radio
	button next to the person. The user can only select one person at a time.
2	Check the box to show the <b>Type of Facility</b> the person is participating in.
3	Click the select arrow to display the drop-down list and select the Month you
	entered the shelter/facility.
4	Click the select arrow to display the drop-down list and select the <b>Day</b> you
	entered the shelter/facility.
5	Click the select arrow to display the drop-down list and select the Year entered
	the shelter/facility.
6	Click the select arrow to display the drop-down list and select the <b>Month</b> you
	expect to leave the shelter/facility.
7	Click the select arrow to display the drop-down list and select the <b>Day</b> you expect
	to leave the shelter/facility.
8	Click the select arrow to display the drop-down list and select the Year you
	expect to leave the shelter/facility.
9	Click the Next button.



#### Shelter/Facility

You told us that someone in your home lives in a facility.

Select the person and fill in the information. You can only select one person at a time.

Step 1	Seymour Yourself You	Bea urself	Step 3-5	Step 6-8
	Type of Facility	Date Entered		Date Expected to Leave
(	Homeless Shelter	Month 🖌	Day 💙 Year 💙	Month 💙 Day 💙 Year 💙
	Shelter for Battered Women	Month	Day 💙 Year 💙	Month V Day Vear Vear V
	Drug/Alcohol Rehabilitation Center	Month 💌	Day 💙 Year 💙	Month V Day Vear V
	Federally Subsidized Housing for the Elderly	Month 🛩	Day 💙 Year 💙	Month Vear Vear Vear Vear Vear Vear Vear Vear
Step 2	Correctional Facility/Penal Institution	Month 💌	Day 💙 Year 💙	Month Vear Vear Vear
	Psychiatric Hospital/Mental Institution	Month 💌	Day 💙 Year 💙	Month 💟 Day 💙 Year 🌱
	Reservation for Native Americans	Month 🖌	Day 💙 Year 💙	Month 🔽 Day 💙 Year 💙
	<ul> <li>Group Living Arrangements for the Disabled/Blind</li> </ul>	Month 💌	Day 💙 Year 💙	Month 💙 Day 💙 Year 💙
	<ul> <li>Hospital or Nursing Home</li> </ul>	Month 💌	Day 💙 Year 💙	Month 💙 Day 💙 Year 💙
	Board and Care Home	Month 💌	Day 💙 Year 💙	Month 💙 Day 💙 Year 💙
	Back			Next

# SHELTER/FACILITY (continued)

Step				~~~	JUDII					
10	The <b>Shelter/Facility</b> summary page displays.									
11	Review the information for all people listed									
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button									
13	To add a p	erson that li	ves in a S	helter/F	acility	click th	e Yes b	utton	The	page
	refreshes and provides the user a list to select the person to be added. Popost									
	stone 1_0				301001	the per	3011 10 0		icu. IX	opear
1/	To remove	a person fr	om the sur	nmanyl	ist clic	k tho E	omovo	butto	n The	o no no
14	rofrochoo	a person in		nnary i naor die		d in the		bullo		e page
15	To odit the	information		nger uis	spiaye	u in the		ity. ittop	Thon	000
15	rofreehee i	n odit modo	on a pers		e list, c			itton.	rne p	aye
				ation						
	15.1 E	nier ine con		alion						
	15.2 0	lick the <b>Nex</b>	t button.							
							Hor	nel Mv	C4You	rself H
		04.20	uncelf	®						
		S C+ 10	ursel				S	end Ap	plication	n Exit
	Ac	cess to Benefits	. Simplified.				<i></i>			
	Start	· Constant	(		1		ann an t	-		Send
	Applicatio	n People	Job	Income	Expe	enses	Property	Oila	ier	
									90%	
	Shelte	er/Facili	tv							
	Shelte You told u	er/Facili	<b>ty</b> ne in your ho	me lives	in a faci	ility.				
	Shelte You told u Select the	er/Facili us that someor e person and fi	ty ne in your ho ill in the info	me lives	in a faci <b>You car</b>	ility. 1 only se	elect one	perso	n at a t	ime.
	Shelte You told u Select the	er/Facili us that someor e person and fi	ty ne in your ho ill in the infor	rmation. <b>`</b>	in a faci You car	ility. 1 only se	elect one	perso	n at a t	ime.
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	Shelte You told u Select the O Se You Type	ymour ourself	ty ne in your ho ill in the infor Bea Yourself Date E	me lives mation. •	in a faci You car	ility. 1 only se	elect one Date Exp	perso	n at a t to Leav	ime.
tep 15.1	Shelte You told u Select the Select the Select the Select You Home Home	er/Facilit us that someor a person and fi or facility eless Shelter ter for Batterer	ty ne in your ho ill in the infor Bea Yourself Date E Octob d Month	intered	in a faci You car 31 💌 Day 💌	ility. only se 2009 ~ Year ~	Date Exp Novembe Month	person pected 1 er	n at a t to Leav 14 V Day V	e 2009 ¥ Year ¥
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### SHELTER/FACILITY (continued)

Access to Benefits. Simplified.					Hom Se	e <u>My C4Y</u> nd Applica	rourself He
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	)%

# Shelter/Facility



Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type of Facility	Date Entered	Date Expected to Leave	14	
	Homeless Shelter	10/31/2009	11/07/2009	Remove Edit	Step 15
Seymou Yourself	r f		-	Step 13	
Does anyo	one else in the home live in	a facility?		Yes No	
Back			Step 12	Next	ļ

## FOOD PROGRAMS

**PURPOSE** The purpose of the **Food Programs** page is to collect information regarding a food program the person takes part in.

STARTINGThe user has answered yes to the question on the Other Information page regarding food<br/>programs.POINTprograms.

Step	Action
1	To select the <b>person</b> that is participating in a food program, check the radio
	button next to the person. The user can only select one person at a time.
2	Check the box to show the <b>Program</b> the person is participating in.
3	Click <b>Next</b> to continue.



# **Food Programs**

You told us that someone in your home takes part in a food program.

Select the person and fill in the information. You can only select one person at a time.


### FOOD PROGRAMS (continued)

Step	Action
4	The Food Programs summary page displays.
5	Review the information for all people listed.
6	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
7	To add a person that is in a <b>Food Program</b> , click the <b>Yes</b> button. The page refreshes
	and provides the user a list to select the person to be added. Repeat steps 1-3.
8	To remove a person from the summary list, click the <b>Remove</b> button. The page
-	refreshes and the person is no longer displayed in the summary.
9	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	refreshes in edit mode.
	9.1 Enter the correct information
	9.2 Click the Next Dutton. Home My C4Yourself Help
	( Allowing of f <sup>®</sup>
	Send Application Exit
	Access to Benefits. Simplified.
	Start People Job Income Expenses Property Other Send
	Abhagana
	90%
	Food Programs
	You told us that someone in your home takes part in a food program.
	Select the person and fill in the information. You can only select one person at a time
	belete the person and him in the information. For can only select one person at a time.
	Seymour
	Yourself
	Program
	Meals on Wheels
	Food Distribution operated by a Native American reservation
	Communal dining facility for the elderly or disabled
	C Other food program
	Back Step 9.2 Next

# FOOD PROGRAMS (continued)

Ø.	0/12/0	use of I	®	1	Hom	<u>e My C4Y</u>	<u>ourself</u>	He	
Acces	is to Benefits.	Simplified		Send Application					
Start Application	People	Job	Income	Expenses	Property	Other	Sen Applica	id atio	
		4				90%			

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Program	N		
	Other food program	Step 8	Remove Edit	Step 9
Seymour Yourself	r F		Step 7	
Does anyo	ne else in the home take part in a food program?		Yes No	
Back	ne else in the home take part in a food program?	Step 6	Yes No Next	

#### DISCONTINUED BENEFTS

**PURPOSE** The purpose of the **Discontinued Benefits** page is to ask questions about people who had from Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud.

STARTINGThe user has answered yes to the question on the Other Information page regardingPOINTDiscontinued Benefits.

Step	Action
1	To select the <b>person/persons</b> that have been discontinued from Food Stamps,
	Cash Aid or Medi-Cal, check the box next to the person.
2	Click the select arrow to display the drop-down list and select the Program your
	benefits were discontinued for.
3	Click the select arrow to display the drop-down list and select the Month you had
	your benefits discontinued in.
4	Click the select arrow to display the drop-down list and select the <b>Day</b> you had
	your benefits discontinued in.
5	Click the select arrow to display the drop-down list and select the Year you had
	your benefits discontinued in.
6	Click the select arrow to display the drop-down list and select the State you had
	your benefits discontinued in.
7	Click the select arrow to display the drop-down list and select the <b>County</b> you
	had your benefits discontinued in.
8	Click the <b>Next</b> button.



#### **Discontinued Benefits**

You told us that someone in your home had Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud.





# **DISCONTINUED BENEFITS (continued)**

Step	Action									
9	The <b>Discontinued Benefits</b> summary page displays.									
10	Review the information for all people listed.									
11	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.									
12	To add a person that has been discontinued from benefits, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-8.									
13	To remove a person from the summary list, click the <b>Remove</b> button. The page									
14	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>14.1</b> Enter the correct information <b>14.2</b> Click the <b>Next</b> button.									
	Home My C4Yourself   Help									
	CAYourself									
	Access to Repolite Simplified									
	Access to benefits. Simplified.									
	Start Application People Job Income Expenses Property Other Application									
	90%									
	<b>Discontinued Benefits</b> You told us that someone in your home had Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud. Please select the people and fill in their information. <b>You can select more than one person.</b>									
	Program:     Medi-Cal       Stop Date:     July       State:     Nebraska									
	Yourself									
	Back Step 14.2 Next									

### **DISCONTINUED BENEFITS (continued)**

	$dV_{0}$	<u>Home My C4Yourself Hel</u>							
Access	to Benefits.	Simplified.			Se	nd Applica	tion Exit		
Start Application	People	Job	Income	Expenses	Property	Other	Send Application		
						90%			

# **Discontinued Benefits**

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Program	Stop Date	County	State	
	Medi-Cal	07/31/2009		Nebr Step 7	Remove Edit
Seymour Yourself					Step 6
Does anyone els stopped because bodied adult with	e in your home h they were wor hout dependent n or welfare frau	nave Cash Aid, Foo k or training sanct (ABAWD) work rul d?	od Stamps o ioned, failed es or for Int	r Medi-Cal I to meet able- entional	Yes No

### AUTHORIZATION

**PURPOSE** The purpose of the **Authorization** page is to gather information from the user about someone who has authorization to use their Food Stamps.

STARTINGThe user has answered yes to the question on the Other Information page regardingPOINTAuthorization to use their Food Stamps.

Step	Action
1	To select the <b>person</b> that will have authorization to use food stamps, check the
	box next to the person. If this person is someone out of the home, see step 2.
	The user can only select one person.
2	If the person is Someone Outside the Home, enter the name of the authorized
	person in the text box.
3	Click the <b>Next</b> button.

Acces	C4Y0 is to Benefits.	Urself Simplified	0		Se	nd Applica	tion Exi
Start Application	People	doL	Income	Expenses	Property	Other	Send Application
						90	)%

# Authorization

You told us that you would like to let someone in your home or someone outside your home use your food stamps.

 Bea
 Seymour
 Someone

 Yourself
 Yourself
 Outside Home

 Name of the authorized person:
 Step 2

 Back
 Step 3

Please select the person.

# RUNNING FROM THE LAW

**PURPOSE** The purpose of the **Running from the Law** page is to gather information from the user about people who may be running from the law to avoid prosecution, custody or confinement, or is in violation of probation or parole.

STARTINGThe user has answered yes to the question on the Other Information page regardingPOINTRunning from the Law.

Step	Action
1	To select the <b>person/persons</b> that are running from the law, check the box next
	to the person
2	Click the <b>Next</b> button.

Acces	C4Y0 is to Benefits.	UVSEL <del>(</del> Simplified	с Ф		Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application

#### **Running from the Law**

You told us that someone in your home is running from the law to avoid felony prosecution, custody, or confinement after conviction, or there is a member in violation of probation or parole.

-1												
Please	select	the	people	. 1	ou	can	select	more	than	one	person.	

Bea Yourself		
Former		
Yourself		

Step 1

# RUNNING FROM THE LAW (continued)

Step	Action
3	The Running from the Law summary page displays.
4	Review the information for all people listed.
5	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
6	To add people that are running from the law, click the <b>Yes</b> button. The page refreshes
	and provides the user a list to select the person to be added. Repeat steps 1-2.
7	To remove a person from the summary list, click the <b>Remove</b> button. The page
	refreshes and the person is no longer displayed in the summary.

Acces	C4Y0 ss to Benefits.	Urself Simplified	<b>°</b>		Hom	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
			~			90	)%

# Running from the Law



Here is the summary of what you told us so far. If you want to remove the information for anyone, click the Remove button.

Person		
	Step 7	Remove
Soumour		Step
Seymoul		
Yourself		
Is anyone else in the home running from the law custody, or confinement after conviction, or the probation or parole?	to avoid felony prosecution, re is a member in violation of	Yes No
Back	Step 5	Next

### DRUG-RELATED FELONY

**PURPOSE** The purpose of the **Drug-Related Felony** page is to gather information from the user about people who have been convicted of a drug-related felony since August 22 1996.

STARTINGThe user has answered yes to the question on the Other Information and OtherPOINTInformation continued pages regarding a person who has a drug-related felony conviction.

 Step
 Action

 1
 To select the person/persons that have a drug-related felony, check the box next to the person.

 2
 Click the Next button.



#### **Drug-Related Felony**

You told us that there are some people in your home who, since August 22, 1996, have been convicted of a drug-related felony.

Please select the people	You can select more	than one person.
--------------------------	---------------------	------------------

	• <u>r</u> •• <u>r</u> •	
	Bea Yourself	
	Seymour	
B	Yourself	Step 2

Step 1

### **DRUG-RELATED FELONY (continued)**

Step	Action
3	The Drug-Related Felony summary page displays.
4	Review the information for all people listed.
5	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
6	To add people that have a drug-related felony, click the <b>Yes</b> button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-2.
7	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.

Acces	C4Y0 ss to Benefits	UVSEL <del>(</del> . Simplified	0		Se	nd Applica	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	1%

# Drug-Related Felony

Here is the summary of what you told us so far. If you want to remove the information for anyone, click the Remove button.

Person	S	tep 7 Remove
Seymour Yourself		Step 6
Has anyone else in the home been	convicted of a drug-related felony?	Yes No
Back	Step 5	Next

#### PREGNANCY

**PURPOSE** The purpose of the **Pregnancy** page is to gather information from the user about who is pregnant.

STARTINGThe user has answered yes to the question on the Other Information and OtherPOINTInformation continued pages regarding a person who is pregnant.

Step	Action
1	To select the <b>person/persons</b> that are pregnant, check the box next to the
	person. User can select more than one person at a time.
2	Click the select arrow to display the drop-down list and select the <b>Month</b> the baby
	will be born in.
3	Click the select arrow to display the drop-down list and select the <b>Day</b> the baby
	will be born in.
4	Click the select arrow to display the drop-down list and select the Year the baby
	will be born in.
5	Click the Next button.

Acces	C4Y0 is to Benefits.	Urself Simplified	®		<u>Hom</u> Se	nd Applica	rourself   Help
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
	- A					9(	)%

# Pregnancy

You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents.

Please select the people and fill in their information. You can select more than one person.



### **PREGNANCY** (continued)

Step	Action
6	The <b>Pregnancy</b> summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
9	To add a person that is pregnant, click the <b>Yes</b> button. The page refreshes and
	provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the <b>Remove</b> button. The page
	refreshes and the person is no longer displayed in the summary.
11	To edit the information on a person in the list, click the <b>Edit</b> button. The page
	refreshes in edit mode.
	11.1 Enter the correct information
	11.2 Click the Next button.
	Home My C4Yourself   Help
	CAYOUrself"
	Send Application Exit
	Access to Benefits. Simplified.
	Start People Job Income Expenses Property Other Application
	90%
	90%
	90% Pregnancy
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents.
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person. Person Pregnancy Due Date Sten 111
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.  Person Pregnancy Due Date December v 24 v 2009 v Step 11.1
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.          Person       Pregnancy Due Date         December       24       2009
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person. Person Pregnancy Due Date December 24 2009 Step 11.1
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.           Person         Pregnancy Due Date           December         24         2009         Step 11.1
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.           Person         Pregnancy Due Date           December         24         2009         Step 11.1
	90% Pregnancy You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents. Please select the people and fill in their information. You can select more than one person.          Person       Pregnancy Due Date         December       24         Seymour       Yourself
	90%         Pregnancy         You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents.         Please select the people and fill in their information. You can select more than one person.         Person       Pregnancy Due Date         December       24         Seymour         Yourself
	Pregnancy         State the people and fill in their information. You can select more than one person.         Person       Pregnancy Due Date         December       24       2009         Seymour       Yourself
	90% Dregnancy Seymour Yourself

#### PREGNANCY (continued)

<i>1</i> 994	- 11		~ ®		Hom	e <u>My C4Y</u>	<u>'ourself</u>   <u>He</u>
Access	C4Y0 s to Benefits.	UVSELT			Se	nd Applicat	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
		4				90	1%

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Pregnancy Due Date	
	12/24/2009 Step 10	Edit Step
Seymour Yourself		Step 9
Is anyone el parent?	lse in the home under the age of 20 and pregnant or a teen	Yes No

#### MILITARY SERVICE

**PURPOSE** The purpose of the **Military Service** page is to gather information from the user about who is in or was in the Military.

STARTINGThe user has answered yes to the question on the Other Information and OtherPOINTInformation continued pages regarding a person who is in or was in the military.

Step	Action
1	To select the person/persons those are in or have been in the military, check the
	box next to the person.
2	Click the select arrow to display the drop-down list and select the Branch of
	Service.
3	Click the select arrow to display the drop-down list and select whether or not the
	person had an Honorable Discharge.
4	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	enlisted.
5	Click the select arrow to display the drop-down list and select the <b>Day</b> they
	enlisted.
6	Click the select arrow to display the drop-down list and select the Year they
	enlisted.
7	Click the select arrow to display the drop-down list and select the <b>Month</b> they
	were discharged.
8	Click the select arrow to display the drop-down list and select the <b>Day</b> they were
	discharged.
9	Click the select arrow to display the drop-down list and select the Year they were
	discharged.
10	Click the <b>Next</b> button.



#### **Military Service**

You told us that someone in your home served in the U.S Military or is the spouse, parent or child of a person who served in the military.

Please select the people and fill in their information. You can select more than one person.



# MILITARY SERVICE (continued)

Step			Action			
11	The Military Ser	vice summary page	e displays.			
12	Review the inform	nation for all people	e listed.			
13	If the list is correct	t, click the No butto	on or the <b>Ne</b>	ext butt	on.	
14	To add a person refreshes and pro	that was in or is in f wides the user a lis	the military, st to select t	click th he pers	e Yes buttor on to be add	n. The page ded. Repeat steps
	1-10.					
15	To remove a person refreshes and the	son from the summa	ary list, clicł er displayed	the <b>Re</b> in the s	emove butto summary.	n. The page
16	To edit the inform refreshes in edit i 16.1 Enter th 16.2 Click the	iation on a person i node. e correct informatic e <b>Next</b> button.	in the list, cl	ick the	Edit button.	The page
	Access to B	₽YOUrSelf <sup>®</sup> enefits. Simplified.			Home My	plication Exit
	Start Application Peo	pple Job Inc	come Expen	ses P	roperty Oth	her Send Application
						90%
	You told us that s child of a person Please select the Person	people and fill in their i	served in the I ary. information. <b>Y</b> i	U.S Milita ou can s	ary or is the sp	ouse, parent or I <b>an one person.</b>
		Pranch of Sonvico		172	4	
		branch of Service	Iviarines	×	Step 16	.1
		Honorable Discharge	Yes 🗸			
		Enlistment Date	April 🗸	25 💌	1995 💌	
	Seymour Yourself	Discharge Date	April 💙	24 🗸	2000 🛩	
	Back				Step 6.12	Next

#### **MILITARY SERVICE (continued)**

	041/0	urcal 1	• ®		Hom	e My C41	<u>ourself</u>   <u> </u>
Acces	is to Benefits.	Simplified.			Se	nd Applica	tion Ex
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	)%

# **Military Service**

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Branch of Service	Honorable Discharge	Enlistment Date	Discharge Date	
	Marines	Yes	04/25/1995	04/24/2000 Step 16	Edit
Seymour					Step 14
Yourself					
Has anyone el parent or chilo	lse in the hom d of a person v	e served in the who served in th	U.S. military or is ne military?	the spouse,	Yes No

#### MEDICAL CONDITION

#### PURPOSE

The purpose of the **Medical Condition** page is to gather information from the user who has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.

STARTING POINT The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who has a medical condition.

Step	Action
1	To select the <b>person/persons</b> who have a medical condition, check the box next
	to the person.
2	Check the box if the medical condition is a result of an <b>Injury/Accident</b> .
3	Click the select arrow to display the drop-down list and select the Month the
	medical condition began.
4	Click the select arrow to display the drop-down list and select the <b>Day</b> the
	medical condition began.
5	Click the select arrow to display the drop-down list and select the Year the
	medical condition began.
6	Click the select arrow to display the drop-down list and select the <b>Month</b> the
	person is expected to recover.
7	Click the select arrow to display the drop-down list and select the <b>Day</b> the person
	is expected to recover.
8	Click the select arrow to display the drop-down list and select the Year the person
	is expected to recover.
9	Click the Next button.



#### **Medical Condition**

You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.

Please select the people and fill in their information. You can select more than one person.



Step 1

### **MEDICAL CONDITION (continued)**

Step	Action						
10	The Medical Condition summary page displays.						
11	Review the information for all people listed.						
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.						
13	To add a person who has a medical condition, click the Yes button. The page						
	refreshes and provides the user a list to select the person to be added. Repeat step						
	1-9.						
14	To remove a person from the summary list, click the <b>Remove</b> button. The page						
	refreshes and the person is no longer displayed in the summary.						
15	To edit the information on a person in the list, click the Edit button. The page						
	refreshes in edit mode.						
	15.1 Enter the correct information						
	15.2 Click the Next button. Home My C4Yourself Help						
	CAYOUNSELT						
	Access to Benefits, Simplified,						
	Start Start Send						
	Start People Job Income Expenses Property Other Send Application						
	Application People Job Income Expenses Property Other Application						
	Start Application         People         Job         Income         Expenses         Property         Other         Send Application           90%						
	Application People Job Income Expenses Property Other Application 90%						
	Start Application       People       Job       Income       Expenses       Property       Other       Send Application         90%         Medical Condition         You told up that compare in your home has a medical condition which makes it different to work						
	Start Application       People       Job       Income       Expenses       Property       Other       Send Application         90%         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.						
	Start Application         People         Job         Income         Expenses         Property         Other         Application           90% Medical Condition You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.						
	Start Application       People       Job       Income       Expenses       Property       Other       Send Application         90%         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.         Please select the people and fill in their information. You can select more than one person.						
	Start Application       People       Job       Income       Expenses       Property       Other       Send Application         90%         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.         Please select the people and fill in their information. You can select more than one person.						
	Start ApplicationPeopleJobIncomeExpensesPropertyOtherSend Application90%Medical ConditionYou told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.Please select the people and fill in their information. You can select more than one person.Injury/ Accident Start DateExpected Recovery Date						
	Start Application       People       Job       Income       Expenses       Property       Other       Application         90%         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.         Please select the people and fill in their information. You can select more than one person.         Injury/ Person       Injury/ Accident Start Date       Expected Recovery Date         Image: March       26       1988       Month       Day        Year						
	Start Application       People       Job       Income       Expenses       Property       Other       Application         90%    Medical Condition You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident. Please select the people and fill in their information. You can select more than one person.          Image: Person       Image: Person       Image: Person       Expected Recovery Date         Image: Person       March       26       1988       Month       Day       Year						
	Start ApplicationPeopleJobIncomeExpensesPropertyOtherSend Application90%Medical ConditionYou told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.Please select the people and fill in their information. You can select more than one person.Injury/ Accident Start DateExpected Recovery DateImage: Colspan="4">Image: Colspan="4">March v 26 v 1988 v Month v Day v Year v						
	Start ApplicationPeopleJobIncomeExpensesPropertyOtherSend Application90%Medical ConditionYou told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.Please select the people and fill in their information. You can select more than one person.Image: PersonImage: PersonImage: PersonExpected Recovery DateImage: PersonMarch261988MonthDayYear						
	Start Application       People       Job       Income       Expenses       Property       Other       Application         90%         Medical Condition         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.         Please select the people and fill in their information. You can select more than one person.         Image: Person information informatinformation informatinformation information informatinformation i						
	Start Application       People       Job       Income       Expenses       Property       Other       Send Application         90%         Medical Condition         March value       90%         Medical Condition         You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.         Please select the people and fill in their information. You can select more than one person.         Image: Person injury/ Accident Start Date information. You can select more than one person.         Image: Person injury/ Bea Yourself						
	Start Application       People       Job       Income       Expenses       Property       Other       Application         90% <b>Medical Condition</b> You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident. Please select the people and fill in their information. You can select more than one person.          Image: Person       Image: Person       Image: Person       March       26       1988       Month       Day       Year       Year         Bea       Yourself						
	Start Application     People     Job     Income     Expenses     Property     Other     Send Application       90%             Bea Yourself						
	Start People Job Income Expenses Property Other Application   90% <b>Medical Condition</b> Stort as the someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident. Please select the people and fill in their information. You can select more than one person.   Image: Start Date Image: Start Date   Image						

#### **MEDICAL CONDITION (continued)**

Access	C4Y01 to Benefits.	Urself Simplified	. @		Se	nd Applicat	tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	1%

# **Medical Condition**



Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Injury/Accident	Start Date	Expected Recovery Date	
	Yes	03/26/1988	Step 14	Edit
Bea Yourself				Step 13
Does anyone difficult to wo	else in the home have a ork or take care of their	a medical conditi needs?	on which makes it	Yes No

# OTHER AVAILABLE HEALTH CARE

**PURPOSE** The purpose of the **Other Available Health Care** page is to gather information from the user who can get health care coverage from an employer or absent parent but have not yet applied for coverage.

STARTINGThe user has answered yes to the question on the Other Information and OtherPOINTInformation continued pages regarding a person who has other available health care.

Step	Action
1	To select the <b>person/persons</b> that have or may have other health care coverage,
	check the box next to the person.
2	Click the check box next to the Insurance Source.
3	Enter the <b>Provider Name</b> in the text box.
4	Click the Next button.

Acce	C4Y0 ss to Benefits	Urself . Simplified			Se	nd Applica	tion Exit
Start	People	Job	Income	Expenses	Property	Other	Send Application

#### **Other Available Health Care**

You told us that there are people in your home who can get health care coverage from an employer or absent parent but have not yet applied for coverage. Please tell us more about these people.

Please select the people and fill in their information. You can select more than one person.

Insurance Source	Provider Name
<ul> <li>Employer</li> <li>Absent Parent</li> </ul>	
2 Employer Absent Parent	
	Insurance Source         Employer         Absent Parent         Employer         Absent Parent

Step 1

### OTHER AVAILABLE HEALTH CARE (continued)

		A	ction	
5	The Other Availab	le Health Care summa	ary page displays.	
6	Review the informa	ation for all people listed	d.	
7	If the list is correct,	click the No button or	the <b>Next</b> button.	
8	To add a person wl	no has other health car	e coverage, click the Yes button. The page	÷
	refreshes and prov	ides the user a list to se	elect the person to be added. Repeat steps	;
	1-4.			
9	To remove a perso	n from the summary lis	t, click the <b>Remove</b> button. The page	
	refreshes and the p	person is no longer disp	played in the summary.	
10	To edit the information	tion on a person in the	list, click the <b>Edit</b> button. The page	
	refreshes in edit mo	ode.		
	10.1 Enter the	correct information		
	10.2 Click the M		Home My C4Yourselt Help	
		and C <sup>®</sup>		
	C4`	rourselt		
	Access to Ben	efits. Simplified.	Send Application Exit	
	Start		Send	
	Application People	Job Income	Expenses Property Other Application	
			90%	
			5676	
	Other Availa	able Health Care	2	
		and the state of the		
	Man hald on that the			
	You told us that the employer or absent t	re are people in your home	who can get health care coverage from an ylied for coverage. Please tell us more about	
	You told us that the employer or absent p these people.	re are people in your home parent but have not yet app	who can get health care coverage from an blied for coverage. Please tell us more about	
	You told us that the employer or absent p these people.	re are people in your home parent but have not yet app	who can get health care coverage from an blied for coverage. Please tell us more about	
	You told us that the employer or absent p these people. Please select the pe	re are people in your home parent but have not yet app ople and fill in their informat	who can get health care coverage from an olied for coverage. Please tell us more about ion. <b>You can select more than one person.</b>	
	You told us that the employer or absent p these people. Please select the pe <b>Person</b>	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source	who can get health care coverage from an olied for coverage. Please tell us more about cion. You can select more than one person.	
	You told us that the employer or absent p these people. Please select the pe Person	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source	who can get health care coverage from an olied for coverage. Please tell us more about tion. You can select more than one person.	
	You told us that the employer or absent p these people. Please select the pe	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer	who can get health care coverage from an object for coverage. Please tell us more about tion. You can select more than one person.           Provider Name           Believein Yourself	
	You told us that the employer or absent p these people. Please select the pe Person	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer V Absent Parent	who can get health care coverage from an object for coverage. Please tell us more about tion. You can select more than one person.           Provider Name           Believein Yourself	
	You told us that the employer or absent p these people. Please select the pe Person	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an oblied for coverage. Please tell us more about tion. You can select more than one person.           Provider Name           Believein Yourself	
	You told us that the employer or absent p these people. Please select the pe	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an object for coverage. Please tell us more about cion. You can select more than one person.           Provider Name         Step 16.1           Believein Yourself         Step 16.1	
	You told us that the employer or absent p these people. Please select the pe Person Bea	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an object for coverage. Please tell us more about cion. You can select more than one person.           Provider Name           Believein Yourself	
	You told us that the employer or absent p these people. Please select the pe Person Bea Yourself	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an oblied for coverage. Please tell us more about cion. You can select more than one person.  Provider Name Believein Yourself Step 16.1	
	You told us that the employer or absent p these people. Please select the pe Person Bea Yourself	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an object for coverage. Please tell us more about tion. You can select more than one person.  Provider Name Believein Yourself Step 16.1	
	You told us that the employer or absent p these people. Please select the pe Person Bea Yourself	re are people in your home parent but have not yet app ople and fill in their informat Insurance Source Employer Ø Absent Parent	who can get health care coverage from an object for coverage. Please tell us more about tion. You can select more than one person.	

#### **OTHER AVAILABLE HEALTH CARE (continued)**

Acces	C4Y0 ss to Benefits.	Urself Simplified	<b>.</b> ®		Hom Se	nd Applica	<u>rourself   He</u> tion Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	)%

# Other Available Health Care Step 5

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



### ADDITONAL SERVICES

**PURPOSE** The purpose of the **Additional Services** page is to ask the user if they would like information sent to them regarding additional services available.

STARTINGThe user has answered yes to the question on the Other Information and OtherPOINTInformation continued pages regarding additional services.

Step	Action
1	Answer the questions by clicking the <b>Yes</b> or <b>No</b> radio buttons.
2	Click the <b>Next</b> button to continue.

Acces	C4Y0 ss to Benefits.	Urself Simplified	0		Hor	ne <u>My C4)</u> end Applica	rourself   Help
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						9(	0%

# **Additional Services**

The following services are available. Your answers to these questions will not affect your eligibility.

Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.

Do you want more information about CHDP services?	O Yes	O No
Do you want CHDP medical services?	O Yes	O No
Do you want CHDP dental services?	O Yes	O No
Do you need help making medical appointments with CHDP services?	O Yes	O No
Do you need help making dental appointments with CHDP services?	O Yes	O No
Do you need help with transportation to CHDP medical services?	O Yes	O No
Do you need help with transportation to CHDP dental services?	O Yes	O No
Do you want more information about immunization services?	O Yes	O No
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?	O Yes	O No
Are you breastfeeding a child?	O Yes	O No
- If "YES", have you given birth within the last 12 months?	O Yes	O No
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll- free 1-800-942-1054.	O Yes	O No

# ADDITONAL SERVICES (continued)

The Additi	onal Ser	vices sur	nmary pa	age displa	ays.			
Review the	informat	ion listed.						
If the list is	correct, c	click the N	lext butt	on.				
To remove	list, click	the Rem	ove butt	on. The p	bage refre	shes a	nd th	e Additic
Services Q	uestion p	age displ	ays.					
7.1 Ent 7.2 Clic	ter the co k the <b>Ne</b> x	on, click t rrect infoi <b>kt</b> button.	mation	outton. I	ne page re	erresne	es in (	eait moa
Acce	C4Y0 ss to Benefits	UVSELF . Simplified.	®		Hor	ne <u>My (</u> end Appl	24Your	<u>self Help</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	A	Send Application
-							90%	
The followin eligibility. Regular che Child Health the age of 2	g services a ck-ups to he and Disabili 21.	re available alp protect y ty Preventic	. Your ansv your family' on Program	vers to these s health are (CHDP) for e	e questions v available upo iligible memb	vill not a on reque ers of yo	st thro st thro	our ough the iily under
The followin eligibility. Regular che Child Health the age of 2 Do you war Do you war	g services a ck-ups to he and Disabili 21. nt more info nt CHDP med	re available elp protect y ty Preventic rmation abo dical service	. Your ansv your family' nn Program ut CHDP se 25?	vers to these s health are (CHDP) for e rvices?	available upo ligible memb	vill not a on reque ers of yc ©	st thro our fam Yes Yes	ough the nily under
The followin eligibility. Regular cher Child Health the age of 2 Do you war Do you war Do you war	g services a and Disabili 21. Int more info nt CHDP med nt CHDP den	re available alp protect y ty Preventio mation abo dical service atal services	. Your answ your family' nn Program ut CHDP se ss?	vers to these s health are (CHDP) for e rvices?	available upo eligible members	vill not a on reque ers of yc	st thro our fam Yes Yes Yes	our ough the iily under No No No
The followin eligibility. Regular cher Child Health the age of 2 Do you war Do you war Do you war Do you war Do you war	g services a and Disabili 21. Int more info Int CHDP med Int CHDP den ad help makin	re available alp protect y ty Preventic rmation abo dical services ntal services ng medical a	. Your ansv your family' on Program ut CHDP se ss? :? appointmen	vers to these s health are (CHDP) for e rvices?	available upo available member digible member dep 7.1 2 services?	vill not a on reque ers of yc © © © ©	st thro bur fam Yes Yes Yes Yes	our ough the nily under No No No No
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The followin eligibility. Regular chei Child Health the age of 2 Do you wai Do you wai Do you wai Do you wai Do you nee Do you wai If you are i foods, and Are you bru - If "YES",	g services a and Disabili 21. Int more info int CHDP mer int CHDP den ad help makin ad help makin ad help with int more info pregnant, yo other help. eastfeeding have you gi	rre available elp protect y ty Preventio mation abo dical services ng medical a transportat transportat transportat transportat cou can get h Do you war a child? ven birth wi	. Your answ your family' on Program ut CHDP se es? appointments ion to CHDI ion to CHDI ut immunizs help finding to talk to thin the las	vers to these s health are (CHDP) for e rvices? ts with CHDP o medical se o dental service a doctor, ge o someone al	available up eligible member Step 7.1 2 services? services? vices? vices? esting health bout this help	vill not a on reque ers of yc @ @ @ @ @ @ @ @ @ @ @ @ @ @ ?? C	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	our ough the iily under No No No No No No No No No No No No No

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#### **ADDITONAL SERVICES (continued)**

Acces	C4Y0 ss to Benefits.	UVSELf Simplified	Se	nd Applica	tion Exit		
Start Application	People	Job	Income	Expenses	Property	Other	Send Application
						90	)%

The following services are available. Your answers to these questions will not affect your eligibility. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.

Do you want more information about CHDP services?	Yes	Remove
Do you want CHDP medical services?	Yes Step 7	Edit
Do you want CHDP dental services?	Yes	
Do you need help making medical appointments with CHDP services?	Yes	
Do you need help making dental appointments with CHDP services?	Yes	
Do you need help with transportation to CHDP medical services?	Yes	
Do you need help with transportation to CHDP dental services?	Yes	
Do you want more information about immunization services?	Yes	
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?	Yes	
Are you breastfeeding a child?	No	
- If "YES", have you given birth within the last 12 months?	No	
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.	Yes	

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# APPLICATION SUMMARY

**PURPOSE** The purpose of the **Application Summary** page is to give the user an opportunity to review each section of the application before it is submitted. The user can click any hyperlink to see a summary of the information given for a section.

STARTING POINT There are two ways a user can access this page:

- A. The user has navigated through he following areas:
  - C4Yourself Home Page
  - Create User Name and Password
  - Let's Get Started
  - Instructions
  - Start Application Tab
  - People Tab
  - Jobs Tab
  - Income Tab
  - Expenses Tab
  - Property Tab
  - Other Information Tab

B. The user has completed the section on Your Information and clicked the Submit button.

Step	Action
1	To view a specific section of the C4Yourself application, click the hyperlink for
	that section.
2	By clicking the hyperlink, the user is navigated to the summary page of that
	section. To exit a summary page, click the <b>Next</b> button on the summary page.
3	Click the <b>Next</b> button.



#### **Application Summary**

You are almost done with your application. Here is your contact information. Name: Seymour Yourself Home Address: 1 NIRVANA LANE UTOPIA, CA 92325 Contact Number: You can click the Next button to go to the next page of the application. You can also look at the information you gave by clicking any of the blue links below. All the information will be used to see if you are eligible. The worker will look at the information before your meeting. The more information the worker has the better. Your Information People Job Income Expenses Property Other Next Back Step 3 Page 170 10/13/2011

Step 1

### ADDITIONAL SERVICES

PURPOSE

The purpose of the Additional Services page is to inform the user of reasons they may be eligible for Expedited Food Stamps, as well as provide links to the National School Lunch Program (NSLP) and Women, Infants and Children Program (WIC).

STARTING POINT

- C4Yourself Home Page
- **Create User Name and Password** ٠
- Let's Get Started •
- Instructions ٠
- Start Application Tab •
- People Tab •
- Jobs Tab •
- Income Tab •
- **Expenses Tab** ٠
- **Property Tab** •
- **Other Information Tab** •
- **Application Summary** •

Step	Action
1	Review the information
2	Click the <b>Next</b> button.

Accer	C4Y0 ss to Benefits.	Urself Simplified	<b>.</b> •		Hon	ne <u>My C4Y</u>	<u>′ourself</u>   <u>Help</u> Exit
Start Application	People	Job	Income	Expenses	Property	Other	Send Application

# **Additional Services**

You can click the next button to go to the next page of the application.

#### Links

National School Lunch Program (NSLP)

The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious lunches to children at reasonable prices.

For children, the National School Lunch Program provides a nutritious meal that contains onethird of the recommended dietary allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest possible price.

Women, Infants and Children Program (WIC)

WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services.

#### **Expedited Food Stamps**

We will look at your application and review it for Expedited Service within 3 days.

Here are some reasons why you may be able to get Expedited Service:

- 1. The total monthly income of all the people in your home is \$150 or less.
- The total resources with all the people in your home is \$100 or less. The examples of this money are cash with you, in your bank account, savings and resources. For more details on the Expedited Service in Food Stamps, click the Help button on this page.
- 3. You are a migrant or seasonal farm worker without money or resources.

If the county finds that you are eligible to Expedited Service, we will need to contact you. Please check your information below.

Home Address:	1 NIRVANA LANE UTOPIA, CA 92325-
Contact Number:	ext.

Page 172

#### YOUR APPLICATION IS READY FOR SUBMISSION

**PURPOSE** The purpose of the **Your Application is ready for submission** page is for the user to select an office to service this application

#### STARTING POINT

The user has navigated through the following pages:

- C4Yourself Home Page
- Create User Name and Password
- Let's Get Started
- Instructions
- Start Application
- People Tab
- Jobs Tab
- Income Tab
- Expenses Tab
- Property Tab
- Other Information Tab
- Application Summary
- Expedited Food Stamps

Step	Action	
1	Review the information.	
2	Select an office by clicking the <b>radio button</b> next to the office of choice.	
3	Click the <b>Next</b> button.	



# Your Application is ready for submission

Thank you! Your application is ready to be sent. Please select the office you want your application sent to.

-	and the state of a state of the	
0	Adelanto TAD/ESP/Child Care 10875 RANCHO RD ADELANTO, CA 92301-3410	
	(760) 246-3075	
0	SB TAD 01/ESP/Child Care/PID 265 E 4TH ST SAN BERNARDINO, CA 92410-9946 (909) 386-9502	
0	Rancho Cucamonga TAD/ESP/Child Care/PID 10825 ARROW RTE RANCHO CUCAMONGA, CA 91730-4800 (800) 247-5816	
0	SB TAD 02/ESP/Child Care/PID 2050 N. MASSACHUSETTS SAN BERNARDINO, CA 92415-0085 (800) 247-5816	
0	Twentynine Palms TAD/ESP/Child Care/PID 73629 SUN VALLEY DR TWENTYNINE PALMS, CA 92277-2236 (760) 361-4636	
0	Redlands TAD/Child Care/WIA/PID 881 W REDLANDS BLVD REDLANDS, CA 92373-8069 (800) 247-5816	
0	Ontario TAD/ESP/Child Care/PID 1637 E HOLT BLVD ONTARIO, CA 91761-2107 (909) 933-6330	
×		
Ba	ack Step 3	lext
10.00		

# DISCLAIMER (SAWS2A)

# **PURPOSE** The **Disclaimer** page is the customer's rights and responsibilities for Cash Aid and Food Stamps (CalFresh) and is the equivalent of the SAWS2A. To continue, the customer must read the rights and responsibilities, scroll down to the bottom of the page and check the box indicate they have read the document. The SAWS2A can also be printed.

Step	Action	
1	Click the <b>Print</b> button to print a copy of the Rights and Responsibilities.	
2	Review the information and scroll down to the bottom of the Disclaimer document.	
3	Once the Disclaimer section has been read, check the box next to 'I have read the	
	Rights, Responsibilities and other Important Information'.	
4	Click the Next button.	
5	Click the <b>Back</b> button or <b>Exit</b> to return to the prior page.	



#### E-SIGNATURE

**PURPOSE** The purpose of the **E-Signature** page is for the user to certify and sign the application.

#### STARTING POINT

- The user has navigated through the following areas:
  - C4Yourself Home Page
  - Create User Name and Password
  - Let's Get Started
  - Instructions
  - Start Application Tab
  - People Tab
  - Jobs Tab
  - Income Tab
  - Expenses Tab
  - Property Tab
  - Other Information Tab

- Application Summary
- Expedited Food Stamps
- Your Application is ready for submission

In order to electronically sign the e-Application, an eSign Username and PIN must be created for EACH person who needs to sign the e-Application (i.e. primary applicant, second parent in the home, interpreter, etc.). Once an eSign Username is created, it will appear as a selection in the "Name" drop down box.

# The following instructions are for customers who have already created an eSign Username/PIN.

Step	Action
1	Read the Certification section.
2	Click the select arrow to display the drop-down list and select the Name.
3	Enter eSign Username
4	Enter eSign PIN
5	Click Submit Your Application.



#### **E-Signature**

Read all the information below very carefully. When you are done, select your name and enter your esign Username and esign PIN at the bottom to indicate you agree all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Your Application' button below this will submit your application and you won't be able to make any further changes.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

#### Certification

• I • I • I • I • I • I • • • • • • • •	understand the questions on this form understand that any facts that I have iven, including benefit and income acts, will be matched with local, state, nd federal records, such as employens, he Social Security Administration, tax, relfare, and unemployment agencies, tc. and for cash aid and food stamps, ecords will be matched with law inforcement agencies for arrest varrants. understand that the county will send information to the U.S. Citizenship and mmigration Service (USCIS) for erification of noncitizen status, and to	<ul> <li>I understand that any Food Stamp household adult member (even if they household adult member of the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.</li> <li>I understand that my case may be selected for additional review to ensure that I must cooperate fully with courty, state, or federal personnel in any investigation or review, including a quality control review.</li> </ul>
c n	he Social Security Administration to heck work quarters information for ioncitizens applying for benefits. understand that the information the ounty gets from USCIS and/or Social ecurity may affect my eligibility for enefits. understand information, including enefit and income facts, that I have iven on this form is subject to nvestigation and review by county, tate, and federal personnel and that if give incorrect facts my benefits may e denied or stopped. understand that I must apply for and eep any available health coverage if n ost is involved; if I do not my Medi-Ca ill be denied or stopped. understand that I or other family nembers will be required to repay any ash aid I should not have received.	<ul> <li>I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get cash aid, food stamps or CMSP.</li> <li>I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for poblession, use, momention with these unlawful acts, or nonection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.</li> </ul>
* I dec	lare under penalty of perjury under	the laws of the United States of America and
the Sta correct	ite of California that the information t and complete.	n contained in this statement of facts is true,
Step 2 Name	Select One	<b>~</b>
eSign		eSign PIN
Descri	iption Signature (Parent Household Membe Step 3	er Relative, Medi-Cal Applicant,
Name	Select One	
eSian		eSign PIN
Userna	ame	
Descri	ption Signature (Other Parent Living	g in the Home, if applying for cash aid)
Name	Select One	~
eSign		eSign PIN
Userna	ame	
Descri	ption Signature of Witness to Mark, Applicant/Beneficiary	, Interpreter or Person Acting for

# The following instructions are for customers who need to create an eSign username/PIN.

Step	Action	
1	Read the Certification section.	
2	Click the select arrow to display the drop-down list and select Create New E-	
	Signature.	
3	The Page will refresh and the <b>Create a New E-Signature</b> page will display.	

* I declare under penalty of perjury under the laws of the United States of America and	I
the State of California that the information contained in this statement of facts is true,	
correct and complete.	

Name	Select One	~	
eSign Usernamo	Select One Seymour Yourself - 04/29/1972 ate New E-Signature		
Descript	Anature (Parent or Caretaker Relative, Medi-Cal Applica Household Member or Food Stamp Authorized Representa	nt, Adult Food Stamp tive)	
Name	Select One	~	
eSign Username	eSign PIN		
Description	Signature (Other Parent Living in the Home, if applying fo	r cash ald)	





#### **Create a New E-Signature**

You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different than the C4Yourself username and password you are using. This username and PIN will be asked for everytime this particular person is asked to sign a form or application in C4Yourself. **You should create a username and PIN for each person who will sign applications or forms in C4Yourself**.



Step	Action
5	Enter the <b>First Name</b> of the person who you are creating an E-signature for.
6	Enter the <b>Middle Name</b> of the person who you are creating an E-signature for.
7	Enter the Last Name of the person who you are creating an E-signature for.
8	Click the button next to Male or Female.
9	Click the select arrow to display the drop-down list and select the <b>Month</b> of birth.
10	Click the select arrow to display the drop-down list and select the <b>Day</b> of birth.
11	Click the select arrow to display the drop-down list and select the <b>Year</b> of birth.
12	Enter the persons Social Security Number.
13	Click the select arrow to display the drop-down list and select the persons Marital
	Status.
14	Click the <b>Next</b> button.



# **E-Signature Personal Information**

Note: \* You must answer these questions.

* First Name: Step 5	
Middle Name:	Step 6
* Last Name: Step 7	
Is this person a male or female?	O Male O Female Step 8
Date of Birth: Step 9-11	Month 🔽 Day 💟 Year 🗸
Social Security Number:	Step 12
Marital Status:	Select One
Back	Step 14 Next

The page will refresh and return you to the Create a New e-Signature page.

Step	Action
15	Click the select arrow to display the drop-down list and select the person you just
	added.
16	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode.
17	To remove a person from the list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed.
Home Help



Access to Benefits. Simplified.

C4Yourself®

You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different to are using. This username and PIN will be asked for each person is asked to sign a form or application in C4Yourself. You should each person who will sign applications or forms in C4Yoursel

Person Step 15	Bea Yourself - 02/24/2010 V Edit Remove Step 17
	The above drop down is a list of people you have entered information for. If the person you are creating an eSignature for is not listed, please select "Add Person".
User Name: *	Step 18
	Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
PIN: * Step19	
	Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.
Re-enter PIN: *	Step 20
	You must enter the same PIN again.
First secret question: *	Select One Step 21
	Select a secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.
Your answer: *	Step 22
	Make sure your answer is easy for you to remember.
Second secret	Select One Step 23
question.	Select another secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.
Your answer: *	Step 24
	Make sure your answer is easy for you to remember.
Back	Step 25 Next
8	

#### E-SIGNATURE (continued)

Step	Action
18	Enter this persons e-Signature Username.
	The user name must be between 5-20 letters or numbers (no characters).
19	Enter this persons e-Signature <b>PIN</b> .
	The PIN must be between 5-20 letters or numbers (no characters).
20	Re-enter the e-Signature <b>PIN</b> .
	The PIN must be between 5-20 letters or numbers (no characters).
21	Click the select arrow box to display the drop-down list and select the First secret
	question.
22	Enter your answer in the <b>first Your answer</b> text box (This field is case sensitive).
23	Click the select arrow box to display the drop-down list and select the Second
	secret question.
24	Enter your answer in the second Your answer text box (This field is case
	sensitive).
25	Click the <b>Next</b> button. The Next button will return you to the E-Signature page.
26	Click the select arrow to display the drop-down list and select the person you just
	added.
27	Enter the eSign Username.
28	Enter the eSign PIN.
29	Click the Submit Your Application button.

\* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Name	Seymour Yourself - 04/29/1972	Step
eS Step 27	eSign PIN Step 28	
Description	Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult Food Stamp Household Member or Food Stamp Authorized Representative)	
Name	Select One	
eSign Username	eSign PIN	
Description	Signature (Other Parent Living in the Home, if applying for cash aid)	
Name	Select One	
eSign Username	eSign PIN	
eSign Username Description	eSign PIN Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary	

Δ

## RESETTING USERNAME AND PIN

If a customer forgets their eSign Username or ePIN they will receive an error message.

\* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Name	Seymour Yourself - 04/29/1	972	×
eSign Username	SeymourYourself1	eSign PIN	
Invalid eSign User	name or Password. If you forgot yo	our username or pin, <u>click here</u> .	Step 1
Description	Household Member or Fo	od Stamp Authorized Repre	sentative)

Step	Action	
1	Click the <u>click here</u> hyperlink.	



## Select a Person

Seymour Yourself - 04/29/1972 💌	Step 2		
	- <b>V</b>	Step 3	Next
	Seymour Yourself - 04/29/1972 💌	Seymour Yourself - 04/29/1972 V Step 2	Seymour Yourself - 04/29/1972 V Step 2

Step	Action
2	Click the select arrow to display the drop-down list and select the eSign Username
	that needs to be reset.
3	Click the <b>Next</b> button.

#### **RESETTING USERNAME AND PIN (continued)**

Step	Action
4	Enter Your Answer to Secret Question number 1 in the Your Answer box.
5	Enter Your Answer to Secret Question number 2 in the Your Answer box.
6	Click the <b>Next</b> button.



# Secret Questions

Secret question:	What is your favorite pastime?
Your answer:	Step 4 Please enter your answer to your first secret question.
Second Secret question:	Which phone number do you remember most from your childhood?
Your answer:	Step 5 Please enter your answer to your second secret question.
Click the Next but	tton to check your answers against our records.
Back	Step 6 Next

## **RESETTING USERNAME AND PIN (continued)**

Step	Action
7	Enter Your New Username in the User Name box.
8	Enter Your New PIN in the PIN box.
9	Re-enter Your New PIN in the PIN box.
10	Click the <b>Next</b> button.



Access to Benefits. Simplified.

# Change Your E-Signature Username and PIN

User Name:	
	Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
PIN:	
	Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.
Re-enter PIN:	
	You must enter the same DNI papin

Back

Next

Home Help

# **CONGRATULATIONS!**

PURPOSE The purpose of the Congratulations page is to provide the user with an e-App Number and the address of the office where the application was sent.

#### The user has clicked the Submit Application button on the E-Signature page.

#### STARTING POINT

Ston	Action		
Sieh	Action		
1	Read the Congratulations page.		
2	Click the <b>Print</b> button to print a copy of the application.		
3	Click the <b>View Summary</b> button to view the application that was submitted.		
4	To close the application, click the <b>Exit</b> button. This will log the user out.		



#### **Congratulations!**

Your application has been sent to the county office successfully. The county office will contact you. Please write down or print the following details.

Step 2

E-app number:	CIV-09-304-007611
Here is the office your applications was sent to:	SB TAD 01/ESP/Child Care/PID 265 E 4TH ST SAN BERNARDINO, CA 92410-9946 (909) 386-9502
The e-app number is important. You may need it if y us pull up your application.	you contact the county office. It will help

#### Verifications

The worker may ask you to give proof of some information. The list below is what the worker may need before we can approve your application.

- Identification
- Immigration Status
- Sponsored Noncitizen Information
- Residency
- SSN/Application for all Household Members Income (Earned, Unearned, or from self employment)
- Property/Assets
- Disability
- Utility Expenses
- Shelter Expenses
- Medical Expenses
- Child Support Obligations and Payments
- Pregnancy
- School Grants or Loans

# TIMED OUT

**PURPOSE** The purpose of the **Timed Out** page is to provide a security feature for the user. If the user needs to leave the application and isn't able to return, the application will lock until the user does return and enters their user name and password again.

<u>Helpful Tip</u>: Occasionally the application will display the timed out message when you try to log on or in the middle of completing the application, prior to the 30 time out period. Should this occur, you can either refresh the page or close the browser window and reopen it. Either method should resolve the issue.

STARTING POINT The user has left the application idle for 30 minutes or more.

Step	Action
1	The user will be directed back to the login page. The user can enter their User
	Name and Password to return to the application.



# Timed out

You have been logged out of C4Yourself. Click <u>here</u> to return to the home page.

# MY MESSAGES

**PURPOSE** The purpose of this section is to provide a review of the My Messages section. The My Messages tab will display key dates (i.e. holidays/office closures) and messages sent to the user. The example below shows the user has received a message regarding a new document. To view the document, the user will need to go to the My Forms tab (see page 182). A worker also has the ability to send a personalized message. If the customer receives either type (system generated or sent by the worker), they cannot reply or send messages back to the worker from their C4Yourself account.

NOTE: The messages posted will be purged on a quarterly basis, so the user may have questions about an old message that no longer displays because it is out-dated.

# STARTINGThe user has accessed their My C4Yourself and clicked on My Messages or logged into C4POINTYourself by clicking My Messages on the Home Page.

Step	Action
1	Click the <b>hyperlink</b> to review the message.
2	Click the <b>Remove</b> button to permanently delete the message.
3	Click the <b>Close</b> button to hide the text under the hyperlink. This does not delete
	the message.

	Acces	C: ss to	4 Bene	OL fits.	۲Y Sin	'SEL nplifie	f <sup>®</sup> d.	Call Me   Live Chat   Home   Help English
у М	essi	age	s		M	y Thi	ngs To Do 💦 My Be	enefits My Forms My Applications
Key	Date	s in	July	201	1		Message Inbox	
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Subject	Date
					1	2		
3	4	5	6	7	8	9	New Document Posted St	tep 1 10/15/2010 Step 2 Remove
10	11	12	13	14	15	16	A new document has been hk	ced to your account. Please review the list of documents Close
							in the My Forme tab	
17	18	19	20	21	22	23	in the My Ponns tab.	

# MY THINGS TO DO

#### PURPOSE

The purpose of this section is to provide a review of the My Things To Do tab. From the My Things To Do tab, the user can start a new application, complete their redetermination (renew/recertify), register/deregister their C4Yourself account with their case, link a C4Yourself account to their case, or update an existing application. Managing applications can also be completed through the My Applications tab (page 186).

#### STARTING POINT

The user has accessed their My C4Yourself and clicked on My Things To Do or logged into C4 Yourself by clicking My Things To Do on the Home Page.

Access to Benefits. Simplifie	Call Me   Live Chat   Home   Help English
My Messages My Thir	gs To Do My Benefits My Forms My Applications
My Things To Do	
You can use this page to rene	v/recertify your benefits, update, or finish/start a new application.
Manage My Account	Managa My Assount Profile
Manage My Account Profile	Manage My Account Profile
Register With My County	<u>Click here</u> to update your profile information. This information will be used throughout the application for identification purposes.
Deregister From My County	
Manage My Applications	
Renew/Recertify My Benefits	
Start New Application	
Finish Saved/Incomplete/	
Unsubmitted Applications	
Add Missing Application	
Information	
See Prior Applications	
Manage My Forms and Status Reports	
Sign Statement of Facts	
(SAWS 2)	
See Pending Verifications	
Complete Status Report	
Report My Changes	

#### REGISTER/DEREGISTER AN ACCOUNT

#### Register an account

"Register With My County" is for recipients (persons who have already applied), who did not submit an application through C4Yourself, but have created a C4Youself account. By "registering", they will be able to view information about their case on the My Benefits tab. When the request to register is complete, a message will be displayed in the My Messages tab, indicating the request has been processed. To register your C4Yourself account to your case, click the <u>Click here</u> hyperlink

#### **Register With My County**

<u>Click here</u> to request a link to your case(s). This will let you view benefits, forms and information about your existing case(s) through your C4Yourself account.

#### Deregister an account

Recipients also can request their account be "de-linked". For example: if a recipient gets divorced and removes the spouse from their existing case, they can request their current C4Yourself account to be delinked. After deregistering, you will not be able to view the case information you were linked to unless you request another link. When the deregistering requested is complete, a message will be displayed in the My Messages tab, indicating the request has been processed. To deregister your C4Yourself account to your case, click the <u>Click here</u> hyperlink.

## **Deregister From My County**

<u>Click here</u> to deregister the link to your case(s). Once deregistered, you will not be able to view the case information you were linked to unless you request another link.

## REPORT MY CHANGES

Report My Changes allows a customer to send changes in their household, to their worker electronically. Changes that can be reported may include but are not limited to:

- Address Change
- Someone moved into or out of the household (including newborns)
- An increase, decrease in income
- Income that started or stopped
- A change in property (for example a car was purchased or sold)
- Changes to employment started/stopped working
- Changes to school/training status started/stopped attending school/training
- Changes to expenses (for example a rent/mortgage increase)
- Other (When "Other" is selected, a text box will display. This will allow a customer to enter any changes other than what's listed above. For example, if a customer was pregnant and miscarried, the customer could report the date of the miscarriage.

#### STARTING POINT

The user has accessed their My C4Yourself and clicked on My Things To Do or logged into C4 Yourself by clicking My Things To Do on the Home Page.

Step	Action
1	Click the <b>Report My Changes</b> (in the blue field on the left).
2	Scroll to the top of the page.
3	Click the Click here hyperlink.

Access to Benefits. Simplified	<u>.</u>			<u>Call M</u>	e   <u>Live Chat</u>   <u>Home</u>   <u>Help</u> English
My Messages My Thing	gs To Do	My Benefits	/	My Forms	My Applications
My Things To Do					
You can use this page to renew	/recertify your l	penefits, <mark>update</mark> ,	or finish/s	start a new app	lication.
Manage My Account Manage My Account Profile Register With My C Deregister From My County Manage My Applications Renew/Recertify My Benefits Start New Application Finish Saved/Incomplete/ Unsubmitted Applications Add Missing Application Information	Report My <u>Click here</u> to in your home expenses, or	Changes report changes ir , income, employ any other chang	i your add rment, pri es.	fress, name, nu operty, school/	mber of people living training attendance,
See Prior Applications Manage My Forms and Status Reports Sign Statement of Facts (SAWS 2) See Pending Verifications Complete Status Report Report My Changes Step 1	]				

Step	Action
1	Select the current Case Number from the Case Number drop down box.
	<b>NOTE</b> : the Case Number drop down box, will display all case numbers where the customer is the Primary Applicant/Recipient. If they are not the Primary/Applicant Recipient on the case, but are receiving benefits on another case (For example Food Stamps), that case number will not display. A case number will only display for active/pending cases, where the e-Application has been linked to a C-IV case.
2	Click the <b>Next</b> button to start reporting a change or to finish reporting a change.
3	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.

Back

#### **REPORT MY CHANGES (continued)**

Step 3

3



 Step
 Action

 1
 Click the Yes or No Radio button for any change in the household.

 Note: If Yes is selected for "Has your address changed"," Has there been a change in anyone's expenses" will automatically be selected. The new rent/mortgage/utilities amount(s) should be reported with the address change.

 2
 Click the Next button to continue reporting a change.

Click the **Back** button or the **Exit** button to return to the prior page.

	Home My C4Yourself Help
Access to Benefits. Simplified.	Step 3 Exit

## **Report My Changes**

Please select yes or no for the following questions.

Has your personal information changed, or did anyone move into, or out of the home?	O Yes	O No
Has your address changed?	O Yes	O No
Has the income of anyone in your home recently changed?	O Yes	O No
Has the employer or employment status of anyone recently changed?	O Yes	O No
Has anyone sold property or purchased new property? Step 1	O Yes	O No
Has anyone started or stopped school or training?	O Yes	O No
Has there been a change in anyone's expenses?	O Yes	O No
Have there been any other changes?	O Yes	O No
Back Step 3	Step 2	Next

#### Information about the people in your home

The user has answered yes to the question on the **Report My Changes** page, indicating personal information changed and/or someone moving into or out of the home.

Step	Action
1	Enter the <b>First Name</b> of the person who either had a change in
	personal information or moved into or out of the home.
2	Enter the Last Name of the person who either had a change in
	personal information or moved into or out of the home.
3	Click the select arrow to display the drop-down list and select the
	Living situation of the person.
4	Click the radio button next to Male or Female.
5	Click the select arrow to display the drop-down list and select the
	Marital Status of the person.
6	Click the select arrow to display the drop-down list and select the
	Month of birth.
7	Click the select arrow to display the drop-down list and select the
	Day of birth.
8	Click the select arrow to display the drop-down list and select the
	Year of birth.
9	Enter the Social Security Number.
10	Click the select arrow to display the drop-down list and select the
	Month of the change.
11	Click the select arrow to display the drop-down list and select the
	Day of the change.
12	Click the select arrow to display the drop-down list and select the
	Year of the change.

13	Click the radio button to indicate the person buys and prepares
	food with the primary applicant.
14	Enter the new Email address.
15	Enter the new Contact Number.
	Note: If a new phone number is being reported, the customer
	should report the type of phone number in the other section
	(Home, Cell, Neighbor, Work, etc.).
16	Click the <b>Next</b> button to continue.
17	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



# Information about the people in the home

Note * You must answer 1 Step 1 tio	ons.
* First Name:	Step 2
* Last Name:	Step 3
* What is the living situation of this person?	Select One
Is this person a male or female?	O Male O Female
Marital Status: Step 6-8	Select One
Date of Birth:	Month Day Year Step 9
Social Security Number: Step 10-12	
*Date of Change:	Month Day Y Step 13
Do you buy and prepare food with this person?	O Yes O No
Email:	Step 15
Contact Number:	Ext:
Step 17	Step 16
Back	Next

01		A = 4! =	
Step		Action	
18	The 'This is who you hav	ve told us about so far' summary page	
	displays. Review the information for all people listed.		
19	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.		
20	To add a person that had other changes click the <b>Yes</b> button. The		
	page refreshes and the user can add another person. Repeat		
	steps 1-16.		
21	To remove a person from	the summary list, click the <b>Remove</b>	
	button. The page refresh	es and the person is no longer displayed	
	in the summary.		
22	To edit the information on	a person in the list, click the Edit button.	
	The page refreshes in edi	t mode.	
	22.1 Enter the correct	information	
	22.2 Click the Next b	itton	
		Home   My C4Yourself   Help	
	M OANDUNCELF		
	Cr / Dursce	Exit	
	Access to Benefits. Simplified.		
	Information about th	e people in the home	
	Note * You must answer these question	ons.	
	* First Name:	Seymour	
	* Last Name:	Yourself Step 22.1	
	* What is the living situation of this person?	In the Home	
	Is this person a male or female?	O Male 💿 Female	
	Marital Status:	Never Married V	
	Date of Birth:	April 💙 29 💙 1972 💙	
	Social Security Number:	456 - 45 - 4645	
	*Date of Change:	August 💙 01 💙 2011 💙	
	Do you buy and prepare food with this person?	⊙ Yes ○ No	
	Email:	Seymour1@c-iv.org	
	Contact Number:	555 - 555 - 5555 Ext;	
	Back	Step 22.2 Next	
		V	
23	Click the Next or No butto	on to continue.	



#### This is who you have told us about so far

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

What is the living situation of this person?	In the Home Remove
Is this person a male or female?	Female
Marital Status:	Never Married
Date of Birth:	04/29/1972
Social Security Number:	456-45-4645
Date of Change:	08/01/2011
Do you buy and prepare food with this person?	Yes
Email:	Seymour1@c-iv.org
Contact Number:	(555) 555-5555
e in your home?	Yes No
I	Step 23 Next
	What is the living situation of this person? Is this person a male or female? Marital Status: Date of Birth: Social Security Number: Date of Change: Do you buy and prepare food with this person? Email: Contact Number: e in your home?

# Address Change The user has answered yes to the question on the **Report My Changes** page, indicating there was a change of address. If everyone in the household moved, a change in address record should be created for each person.

Step	Action
1	Click the select arrow to display the drop-down list and select the
	Person Name who has a change in address.
2	Click the radio button next to Are you homeless?
	Physical Address
3	Enter the Physical Address on line 1
4	Enter the City
5	Click the select arrow to display the drop-down list and select the
	State.
6	Enter the <b>Zip Code</b> in the Zip Code text box.
7	Click the select arrow to display the drop-down list and select the
	County of residence.
8	Click the radio button next to 'Is your mailing address the same
	as your physical address?'
	<b>Note:</b> If the customer has a PO BOX, this should be entered on
	Address Line 1 of the Mailing address section.
9	Enter the Mailing Address on line 1
10	Enter the City
11	Click the select arrow to display the drop-down list and select the
	State.
12	Enter the <b>Zip Code</b> in the Zip Code text box.

13	Click the select arrow to display the drop-down list and select the
	County of residence.
14	Click the <b>Next</b> button to continue.
15	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.

	Home My C4Yourself Help
Access to Benefits. Simplified.	Step 15 Exit

## **Change in Address**

Note:\* You must answer these questions.



Step		Actio	on		
16	The 'Chan	ige in Address' summa	ry page displays. Review the		
	information for all people listed.				
17	If the list is	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.			
18	To add a person that had other changes click the <b>Yes</b> button. The				
	page refre	age refreshes and the user can add another person. Repeat			
	steps 1-15	j.			
19	To remove	e a person from the sumr	nary list, click the <b>Remove</b>		
	button. Th	ne page refreshes and th	e person is no longer display	ed	
	in the sum	mary.			
20	To edit the	information on a persor	n in the list, click the <b>Edit</b> butt	on.	
	The page	refreshes in edit mode.	,		
	20.1 E	inter the correct informat	ion		
	<b>20.2</b> C	lick the <b>Next</b> button.			
			Home My C4Yourself Help	Ī	
		C4Yourself®			
	Access	to Benefits, Simplified.	Exit		
	Change	in Address			
	Note:* You m	ust answer these questions.			
	Person				
		* Person:	Seymour Yourself		
		* Are you homeless?			
		* Address Line 1:	2 NIRVANA LANE		
	Seymour	Address Line 2:			
	Yourself	* City:	UTOPIA		
		* State:	California		
		* Zip Code:	92325		
		* County:	San Bernardino 💌		
	To your mailing address the same as Ves No Step 20.1				
		your physical address?			
			N		
	Back		Noxt		
	Dack		Step 20.2		
	Click the	laxt as Na button to com	tiquo		
Z1	UNCK LINE N	NEXT OF NO DULLON (O CON	unue.		



## Change in Address

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person			
	Physical Address	2 NIRVANA LANE UTOPIA, CA 92325 San Bernardino County	Remove Edit
Seymour Yourself	Mailing Address	PO BOX 0000 UTOPIA, CA 92325 San Bernardino County	
Has any other a	ddress information chan	ged?	Yes No
Back		Step 23	> Next

# **Income Change** The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in earned and/or unearned income.

Step	Action
1	Click the select arrow to display the drop-down list and select the <b>Person Name</b> who has a change in income
2	Click the select arrow to display the drop-down list and select the <b>Type of Change</b> .
3	Click the select arrow to display the drop-down list and select the <b>Type of Income</b> .
4	Enter the Amount of Income
5	Click the select arrow to display the drop-down list and select <b>How often</b> this income is received.
6	Click the select arrow to display the drop-down list and select the <b>Month</b> of change.
7	Click the select arrow to display the drop-down list and select the <b>Day</b> of change.
8	Click the select arrow to display the drop-down list and select the <b>Year</b> of change.
9	Click the <b>Next</b> button to continue.
10	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



## **Change in Income**

You told us that someone in your household expects a change in the amount of earned or unearned money received. Please fill in this information.



Step	Action
11	The 'Change in Income' summary page displays. Review the
	information for all people listed.
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
13	To add a person that had other changes click the <b>Yes</b> button. The
	page refreshes and the user can add another person. Repeat
	steps 1-9.

	button. T	tton. The page refreshes and the person is no longer displayed		
1	in the sun	nmary.		
15	5 To edit the information on a person in the list, click the Edit bu			it button.
-	The page refreshes in edit mode.			
	15.1	Enter the correct info	ormation	
	15.2 (	Click the <b>Next</b> buttor	٦.	
			Home My C4Yourself Help	
		C4Yourself®	(	
	Acces	s to Benefits. Simplified.	Exit	
	You told us th unearned mor	nat someone in your household exp received. Please fill in this inform	ects a change in the amount of earned or iation.	
	You told us th unearned mor	nat someone in your household exp ney received. Please fill in this inform	ects a change in the amount of earned or lation.	
	You told us th unearned mor	A person     A person	ects a change in the amount of earned or lation. Seymour Yourself	4
	You told us th unearned mor	at someone in your household exp received. Please fill in this inform  * Person * Type of Change: * Type of Income:	ects a change in the amount of earned or nation. Seymour Yourself	Sten
	You told us th unearned mor	* Person     * Type of Income:     Amount:	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages v	Step
	You told us the unearned more than the second secon	* Person     * Type of Change:     * Type of Income:     Amount:     How often:	ects a change in the amount of earned or nation. Seymour Yourself I started working Salary, Wages 1000 Monthly	Step
	You told us th unearned more Person Seymour Yourself	* Person     * Type of Change:     * Type of Income:     Amount:     How often:     * Date of Change:	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages v 1000 Monthly v August v 01 v 2011 v	Step
	You told us th unearned more Person Seymour Yourself	* Person     * Type of Change:     * Type of Income:     Amount:     How often:     * Date of Change:	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages 1000 Monthly v August v 01 v 2011 v	Step
	You told us the unearned more than the second secon	* Person * Type of Change: Amount: How often: * Date of Change:	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages 1000 Monthly v August v 01 v 2011 v Step 15.2 Next	Step
	You told us th unearned more Person Seymour Yourself Back	<ul> <li>* Person</li> <li>* Type of Change:</li> <li>* Type of Income:</li> <li>Amount:</li> <li>How often:</li> <li>* Date of Change:</li> </ul>	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages 1000 Monthly v August v 01 v 2011 v Step 15.2 Next	Step
	You told us th unearned more Person Seymour Yourself Back	<ul> <li>* Person</li> <li>* Type of Change:</li> <li>* Type of Income:</li> <li>Amount:</li> <li>How often:</li> <li>* Date of Change:</li> </ul>	ects a change in the amount of earned or nation. Seymour Yourself I started working v Salary, Wages 1000 Monthly v August v 01 v 2011 v Step 15.2 Next	Step



## **Change in Income**

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Type of Change:	I started working	Remove
Type of Income:	Salary, Wages	Edit
Amount:	\$1900	
How often:	Monthly	
Date of Change:	08/01/2011	
income information ch	anged?	Yes
	Type of Change: Type of Income: Amount: How often: Date of Change:	Type of Change:I started workingType of Income:Salary, WagesAmount:\$1900How often:MonthlyDate of Change:08/01/2011

#### **REPORT MY CHANGES (continued)**

Change in Job The user has answered yes to the question on the Report My Changes page, indicating

#### and Job History

there was a change in someone's Job.

Step	Action
1	Click the select arrow to display the drop-down list and select the
	Person Name who has a change in their Job.
2	Click the button next to Work or Training.
3	Click the button next to Self-employed.
4	Click the select arrow to display the drop-down list and select the
	Month the change started.
5	Click the select arrow to display the drop-down list and select the
	Day the change started.
6	Click the select arrow to display the drop-down list and select the
	Year the change started.
7	Click the select arrow to display the drop-down list and select the
	Month the change ended.
8	Click the select arrow to display the drop-down list and select the
	Day the change ended.
9	Click the select arrow to display the drop-down list and select the
	Year the change ended.
10	Enter the <b>Employer's</b> name.
11	Enter the <b>Job Title</b> .
12	Enter the Number of hours of work per month.
13	Enter the <b>Monthly Gross Income</b> (this is the amount before
	Taxes are taken out).
14	Enter the amount of any <b>tips or commissions</b> received on this
	Job.
15	Click the <b>Next</b> button to continue.
16	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.

## **REPORT MY CHANGES (continued)**

10/13/2011



## Change in Job and Job History

You told us that someone in your household expects a change in job or job status. Please fill in the information below.



Step	Action
17	The 'Change in Job and Job History' summary page displays.
	Review the information for all people listed.
18	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
19	To add a person that had other changes click the <b>Yes</b> button. The page refreshes and the user can add another person. Repeat
	steps 15.
20	To remove a person from the summary list, click the <b>Remove</b>
	button. The page refreshes and the person is no longer displayed
	in the summary.

	C4Yourself®	Home_ My_C4Yourself_ Help
Change You told us th	in Job and Job History at someone in your household expects a n below.	change in job or job status. Please fill in
Person	Current or past employment	
	* Person	Seymour Yourself
	Work or Training:	C Training  Work
	Self employed:	○ Yes ○ No
	And the second second second	July v 31 v 2011 v
	* Start date:	July 31 2011
Seymour	* Start date: End date:	Month V Day Vear V
Seymour Yourself	* Start date: End date: Employer name:	Month  Day  Year  Yensid Bank
Seymour Yourself	* Start date: End date: Employer name: Job title:	Month v Day V Year v Yensid Bank Bank Teller
Seymour Yourself	* Start date: End date: Employer name: Job title: Number of hours of work per month:	Month v Day Year v Yensid Bank Bank Teller
Seymour Yourself	* Start date: End date: Employer name: Job title: Number of hours of work per month: Monthly gross income (before taxes):	Month v Day Year v Yensid Bank Bank Teller 27 1,300.00



# Change in Job and Job History

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Current or past employment	
	Work or Training:	Work Remove
	Self employed:	Edit
	Start date:	07/31/2011
	End date:	
Seymour	Employer name:	Yensid Bank
Yourself	Job title:	Bank Teller
	Number of hours of work per month:	27
	Monthly gross income (before taxes):	\$1,300.00
	Tips or commission:	
Has any othe	r employment information changed?	Yes
Back		Step 23 Next

**Property Change** The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in Property. This may include but is not limited to open or closing a checking account/savings account and/or purchasing/selling property.

Step	Action
1	Click the select arrow to display the drop-down list and select the
	Person Name who has a change in their Property.
2	Click the select arrow to display the drop-down list and select the
	Type of Change in their Property.
3	Enter what changed. For Example if a car was purchased, the
	customer should enter 'I bought a car'.
4	Click the select arrow to display the drop-down list and select the
	Month the change started.
5	Click the select arrow to display the drop-down list and select the
	Day the change started.
6	Click the select arrow to display the drop-down list and select the
	Year the change started.
7	Enter a value in the Amount text field. The amount should either
	be the balance of the open/closed account or the amount received
	or paid for property.
8	Click the button next to Money Owed. For example if the customer
	is reporting a car was purchased, if there is a balance owed, select
	yes.
9	Click the <b>Next</b> button to continue.
10	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



## **Change in Property**

You told us that someone in your household bought, sold, or had a change in property. Please fill in the information below.



Step	Action				
11	The 'Char	nge in Property' s	ummary page displays. Review the		
	information	n for all people list	ed.		
12	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.				
13	To add a person that had other changes click the <b>Yes</b> button. The				
	, page refre	shes and the user	can add another person. Repeat		
	steps 1-9.				
14	To remove	e a person from the	e summary list, click the <b>Remove</b>		
	button. The page refreshes and the person is no longer displayed				
	in the sum	in the summary			
15	To edit the	information on a	person in the list click the <b>Edit</b> button		
	The name	refreshes in edit m	node		
	15 1 F	inter the correct in	formation		
	15.1	lick the <b>Novt</b> butto			
	13.2 0		Home   My C4Yourself   Help		
	100	04 Vourcelf®	none wy orrousen neig		
		CATOURSelf	Exit		
	Acces	s to Benefits. Simplified.			
	Change	in Property			
	You told us t	aat comeone in your househo	old hought, sold, or had a change in property. Please fill		
	in the informa	ition below.	nu bought, solu, of had a change in property. Please hill		
	Person				
		* Person	Seymour Yourself		
		* Type of Change	Purchased Property V Step 15.1		
		What?	Got a Lamborghini Galla		
		*Date of Change	July 💙 31 💌 2011 💌		
	Seymour Yourself Amount 10000 Money Owed? Ores O No				
	Back		Step 15.2 Next		
16	Click the N	lext or No button	to continue		



## **Change in Property**

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Seymour	Type of Change What? Date of Change Amount Money Owed?	Purchased Property Bought a Lamborghini Diablo 07/31/2011 10000 Yes	Remove Edit
Is there any Back	other property informat	tion which has changed?	Yes No Next

#### Change in School or Training

The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in school or training. This may include but is not limited to starting/stopping school/training and/or a change in school/training tuition/fees.

Step	Action
1	Click the select arrow to display the drop-down list and select the
	Person Name who has a change in their school or training.
2	Enter the Name of the School.
3	Click the select arrow to display the drop-down list and select the
	Enrollment Status.
4	Enter the amount of Books, Equipment, Misc Costs per Term.
5	Enter the amount of Tuition/Fees per Term.
6	Enter the number of Units/Hours per Week.
7	Enter the amount of Transportation Costs (bus, train, etc.).
8	Click the select arrow to display the drop-down list and select the
	Month the person will graduate school/training.
9	Click the select arrow to display the drop-down list and select the
	Day the person will graduate school/training.
10	Click the select arrow to display the drop-down list and select the
	Year the person will graduate from school/training.
11	Click the select arrow to display the drop-down list and select the
	Month the person started attending school/training.
12	Click the select arrow to display the drop-down list and select the
	Day the person started attending school/training.
13	Click the select arrow to display the drop-down list and select the
	Year the person started attending school/training.

14	Click the select arrow to display the drop-down list and select the
	Month the person stopped attending school/training.
15	Click the select arrow to display the drop-down list and select the
	Day the person stopped attending school/training.
16	Click the select arrow to display the drop-down list and select the
	Year the person stopped attending school/training.
17	Click the <b>Next</b> button to continue.
18	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



# Change in School or Training

You told us that someone in your household expects a change to school, college, or training.



Step		Action			
19	The 'Chang	e in School or Training' su	Immary page displays.		
	Review the information for all people listed.				
20	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.				
21	To add a person that had other changes click the <b>Yes</b> button. The page refreshes and the user can add another person. Repeat steps 1-17.				
22	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.				
23	To edit the information on a person in the list, click the <b>Edit</b> button. The page refreshes in edit mode. <b>23.1</b> Enter the correct information				
	20.2		Home My C4Yourself Help		
	Access to Benefits. Simplified.				
	Change in School or Training You told us that someone in your household expects a change to school, college, or training. Person				
	* Person: Seymour You		Seymour Yourself		
		Name of the School:	Yensid College		
		Enrollment Status:	Part-Time		
	Seymour	Tuition/Fees per Term:	128		
	Yourself	Books, Equipment, Misc Costs per Term:	150		
		Units/Hours per Week:	4 Step 15.1		
		Transportation Costs:			
		Date of Graduation:	June 💟 29 💙 2012 💙		
		Date Started Attending School:	August 💌 22 💌 2004 💌		
		Date Stopped Attending School:	Month 🗸 Day 🗸 Year 🗸		
24	Back Click the <b>Ne</b>	<b>xt or No</b> button to continue.	Step 15.2		



## **Change in School or Training**

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person			
	Name of the School:	Yensid College	Remove
	Enrollment Status:	Part-Time	Edit
	Tuition/Fees per Term:	\$128	Edit
	Books, Equipment, Misc Costs per Term:	\$150	
Seymour	Units/Hours per Week:	4	
Yourself	Transportation Costs		
	Date of Graduation:	06/29/2012	
	Date Started Attending School:	08/22/2004	
	Date Stopped Attending School:		
Has any other	school or training information changed	?	Yes No
		N	7
Back		Step 23	Next

**Expense Change** The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in expenses. This may include but is not limited to rent, utilities, child care, and child/spousal support.

Ston		Action	
Step		Action	
1	Click the select arrow to display the drop-down list and select the		
	Person Name who has a change in their expenses.		
2	Enter the type of the expense that is paid.		
	Note: This field is a dynamic field. For example, if you type "C" in the box and nothing else, the field will show a list of <u>suggested</u> expenses with the letter "C" in it. If the expense being reported does not display, the expense can be typed in without selecting a expense from the drop down box.		
	* Person:	Select One	
	Expense:	c	
	Amount Paid per Month:	Child Support - Court Ordered Cost to protect property during disaster Cost to repair or replace items for home or self-employment property	
		Dependent Care	
3	Enter the amount of the Amount Paid per Month.		
4	Click the Next button to	continue.	
5	Click the Back button o	r the <b>Exit</b> button to return to the prior page.	



## Change In Expenses

You told us that someone in your household expects a change in expenses.

Please select anyone that pays or has stopped paying and then fill in their information.



Step	Action
6	The 'Change in Expenses' summary page displays. Review the
	information for all people listed.
7	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.
8	To add a person that had other changes click the <b>Yes</b> button. The page refreshes and the user can add another person. Repeat steps 1-4.
9	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.

	C4Yourself®	nome my carouise
Access	to Benefits. Simplified.	
Change	in School or Training	
enange		
You told us th	at someone in your household expects a char	nge to school, college, or trainin
Person		
	* Person:	Seymour Yourself
	Name of the School:	Yensid College
	Enrollment Status:	Part-Time
	Tuition /Fees ner Termu	128
	ruiuon/rees per rerm:	
Seymour	Books, Equipment, Misc Costs per Term:	150
Seymour Yourself	Books, Equipment, Misc Costs per Term: Units/Hours per Week:	150 4 Stop 1
Seymour Yourself	Books, Equipment, Misc Costs per Term: Units/Hours per Week: Transportation Costs:	150 4 Step
Seymour Yourself	Books, Equipment, Misc Costs per Term: Units/Hours per Week: Transportation Costs: Date of Graduation:	150 4 Step June 29 2012
Seymour Yourself	Books, Equipment, Misc Costs per Term: Units/Hours per Week: Transportation Costs: Date of Graduation: Date Started Attending School:	150 4 Step 1 June v 29 2012 August v 22 v 2004
Seymour Yourself	Books, Equipment, Misc Costs per Term: Units/Hours per Week: Transportation Costs: Date of Graduation: Date Started Attending School: Date Stopped Attending School:	150         4         Step 1           June         29         2012           August         22         2004           Month         Day         Year



## **Change In Expenses**

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person			
	Expense:	Telephone (basic rates for one phone plus tax)\	Remove
	Amount Paid per Month:	\$25.00	Edit
Seymour			
Yourself			
Has any othe	r expense information changed?		Yes
Back	1	Step 11	Next
PORT MY	CHANGES (continued)		

Other Information The user has answered yes to the question on the Report My Changes page, indicating

there was other information that changed. This may include but is not limited to reporting a pregnancy/birth, change in immigration status, or someone became disabled or deceased.

Step	Action
1	Enter the <b>Other Information</b> that changed.
2	Click the <b>Next</b> button to continue.
3	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



## **Other Information**

Are there any other changes you wish to report?

	Step 2	~
		•
Back	Step 4	Step 3 Next

Step	Action	
4	The 'Other' summary page displays. Review the information for all	
	people listed.	
5	If the list is correct, click the <b>No</b> button or the <b>Next</b> button.	
6	To add a person that had other changes click the <b>Yes</b> button. The	
	page refreshes and the user can add another person. Repeat	
	steps 1-3.	

( 	To remove a person from the summary list, click the <b>Remove</b> button. The page refreshes and the person is no longer displayed in the summary.
8	To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode. 8.1 Enter the correct information 8.2 Click the Next button. Mome My C4Yourself, Help Access to Benefits. Simplified. Exit Other Information Are there any other changes you wish to report? I became pregnant. My due date is 12/05/2011. I got divorced on 08/14/2011. Step 8.1
9	Back Step 8.2 Next



## **Other Information**

Here is the summary of what you told us so far. If you want to change the information below, click the Edit button.



#### **REPORT MY CHANGES (continued)**

**Confirm** Your After completing the necessary pages, for reporting changes, a summary of all the changes

Changes

reported will display. Customer's should print this page and keep it for their records.

Step	Action
1	Click the <b>Print</b> button to print the summary page.
2	To remove information from the summary list, click the <b>Remove</b>
	button. The page refreshes and the information is no longer
	displayed in the summary.
3	To edit the information in the list, click the <b>Edit</b> button. The page
	refreshes in edit mode.
4	Check the box next to 'Please enter the name of the person
	reporting these changes', and type the name of the person
	reporting the changes.
5	Click the <b>Next</b> button to continue.
6	Click the <b>Back</b> button or the <b>Exit</b> button to return to the prior page.



Here is the summary of the information you provided in your application. To print the summary, click the Print button. If you want to change the information to anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Case Number: 3606082

#### Expense Information

erson			
	Expense:	Telephone (basic rates for one phone plus tax)	Step 2
	Amount Paid per Month:	\$25.00 Step 3 Edit	
Seymour			
Yourself			

#### **Other Information**



application/benefits. The My Benefits tab provides the user with their Case Number, Worker
Name/Number, status of their benefits (Pending, Active, Denied or Discontinued), the amount of their benefits for that month, their reporting months and if they are eligible to Cash Aid or Food Stamps, a link to the State's website so they can view their EBT (electronic benefit transfer) balance (see page 186). If the user has applied for Medi-Cal (without Cash Aid), the Medi-Cal section will display their share of cost (SOC) and whether or not they are receiving full or restricted medical benefits. The My Benefits section will be updated on a monthly basis.

STARTING POINT The user has accessed their My C4Yourself and clicked on My Benefits or logged into C4 Yourself by clicking My Benefits on the Home Page.

Step	Action
1	Click the < <b>Program</b> > hyperlink to expand or close the section.
2	Click <b>EBT Link</b> to access the State website, for benefit balance(s).

Access to Benefits. Simplified.	Call Me   Live Chat   Home   Help English
My Messages My Things To Do My Benefits	My Forms My Applications
My Benefits This page contains information related to your case(s).	
Case Number	County
1234567	San Bernardino
CalWORKs Step 1	
Pood Stamps	
▶ Medical Benefits	

## **MY BENEFITS (continued)**

Access to Benefits. Simplified.		<u>Call Me</u>	English
My Messages My Things To Do	My Benefits	My Forms	My Applications

## **My Benefits**

This page contains information related to your case(s).

Case Number	County
1234567	San Bernardino
≪CalWORKs	
Program Status:	Active
Benefit Amount:	\$194.00
See Remaining Balance:	EBT Link Step 2
Redetermination Due Month:	09/2011
Reporting Type:	Quarterly Reporting
Report Due:	March, June, September, December
Worker Name:	Worker, Super
Worker Number:	36LS09440H
Worker Phone:	(909) 335-3368
* If you are eligible for CalWORKs benefits you may be eligible for Medi-Cal benefits.	
✓Food Stamps	
Program Status:	Active
Food Stamp Allotment:	\$656.00
See Remaining Balance:	EBT Link
Authorized Representative:	
Reporting Type:	Quarterly Reporting
Report Due:	March, June, September, December
Recertification Due Month:	09/2011
Worker Name:	Worker, Super
Worker Number:	36LS09440H
Worker Phone:	(909) 335-3368
Dedical Benefits	

## **MY BENEFITS (continued)**



- Cards ≫ Where Can I Use My EBT
- Card?
- →>> EBT Brochures
- Other Links

For additional information about about California EBT, visit: www.ebtproject.ca.gov

#### If your card is lost or stolen, or if you need to change your PIN:

Call (877) 328-9677

Welcome to the California Electronic Benefit Transfer (EBT)

This website is a resource for California EBT cardholders to check individual account balances, view transaction history detail, check claim status, and locate retailers and automated teller machines (ATMs) that accept the EBT card. The Golden State Advantage card is California's EBT card. It is similar to a bank debit card that provides a way for you to spend your food and/or cash benefits when your monthly benefits are deposited into your EBT account. You can use your EBT card at any store or ATM that displays the Quest<sup>®</sup> mark throughout California and across the country.

You must have a card number and password to log into your account.

If you have recently requested and received your replacement card, please enter your new card number.

Cardholders are required to have a card number and password to view their:

- Account Balance
- Transaction History
- Claim Status

To establish a password for this site, click here. If you do not remember your password, click here.



Misuse of your food and cash benefits is a violation of federal and state laws.

#### REMEMBER:

- Do not sell, trade, or give away your food benefits, EBT card, or personal identification number (PIN).
- Do not allow a retailer to buy your food benefits in exchange for cash.
- Do not let someone else use your food benefits or EBT card.

People who do not follow the rules for the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, may be disqualified from the program, fined, put in prison, or all three, and may be required to pay back any misused food benefits.

#### Back to Top

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# Skip to: Content | Footer

Access to Benefits. Simplified.		<u>Call Me</u>	<u>Live Chat</u>   <u>Home</u>   <u>Help</u> English
My Messages My Things To Do	My Benefits	My Forms	My Applications

# **My Benefits**

This page contains information related to your case(s).

Case Number			County	
1234567			San Bernardino	
<sup>D</sup> CalWORKs				
<sup>₿</sup> Food Stamps				
™Medical Benefits				
Program Status:			Active	
Re-Evaluation due Month: 09/2011				
Report Due:	port Due: March			
Worker Name: Worker, Super				
Worker Number:	/orker Number: 36LS09440H			
Worker Phone: (909) 335-3368				
Medical Benefits		- 41 A.		
Name	Status	<b>S</b> 0	C Amount	Туре
Seymour Yourself	Active	\$0.00		Full

# MY FORMS

### PURPOSE

The purpose of the My Forms tab is to provide the user a central area for any forms or requests that require an action. In the example below, the worker has posted a Verification Request List and a Status Report. In this scenario, the user would click on the Verification Request List and view what information or documents their worker has requested. They would also click on Medi-Cal Status Report so they could print, complete and return the document. The user can send any documents/verification by mail or they can FAX the information. If the user wants to FAX the information, they can click on the FAX Cover Sheet hyperlink, print the document, and FAX it with their information. If the user wants to mail their information, they can click on the Mail in Cover Sheet hyperlink and send it with their information.

If the customer is on Food Stamps for CalWORKs they will receive an electronic QR-7 (status report) in addition to one mailed through the mail. If they choose to, they can electronically sign and submit the QR-7 back to their worker. A QR-7 with this functionality will be displayed with an "Editable" status on the My Forms page.

STARTING POINT The user has accessed their My C4Yourself and clicked on My Forms or logged into C4 Yourself by clicking My Forms on the Home Page.

Access to Benefits. Simplified.	<u>Call Me</u>	<u>Live Chat</u>   <u>Home</u>   <u>Help</u> English
My Messages My Things To Do My Benefits	My Forms	My Applications

## **My Forms**

Listed below are forms that you may print, fill out, and mail FAX or drop off at your local office.

Blank Forms	Pending Verifications	Status	Due Date
Mail in Cover Sheet	You currently have no verification docume	nts.	
Fax Cover Sheet	Status Reports	Status	Due Date
CMSP Rights and	Quarterly Eligibility Status Report	Editable	08/06/2010
<u>Responsibilities (CMSP 219)</u>	Statement of Facts	Status	Due Date

You currently have no statement of facts documents.

To complete the QR-7 electronically, the customer will need to click the Quarterly Eligibility Status Report hyperlink. Once the hyperlink is clicked, the QR-7 will display (see snapshot below). Four pages will display for the customer. The first page provides instructions to the customer and what type of information they need to report. Page 2 is blank. Page 3 displays questions 1-3 and page 4 displays 4-9 as well as the customer signature area. To view a sample of the form, click <u>here</u>.

Once the customer has answered all the questions, typed their name in the signature box, and click the save button, they will receive a "Form Saved" message. When they close that window (below), the status will be updated to "Sign".

## **MY FORMS (continued)**

# Form Saved

Your form has been saved. If you are ready to sign and submit your form, please close this window and click the sign button next to the form title.

Access to Benefits. Sim	SELF <sup>®</sup> plified.		<u>Call</u>	Me   Live Chat   Home   Help
My Messages My	Things To Do	My Benefits	My Forms	My Applications
My Forms		1		1 1 10
Listed below are forms i	nat you may print, fi	ations	status	Due Date
Mail in Cover Sheet	You currently have	e no verification document	s.	
Fax Cover Sheet	Status Reports	5	Status	Due Date

CMSP Rights and	4
- There are	<u>.</u>
Responsibilities	(CMSP 219)

Statement of Facts	Status	Due Date

You currently have no statement of facts documents.

Quarterly Eligibility Status Report

In order to complete the electronic signature process, the customer must click the "Sign" button to access the Electronic Signature page. On the Electronic Signature page, the customer will need to complete the following:

Step	Action	
1	Check the Check to Sign check box.	
2	Enter the name of the person signing in the <b>Name</b> text field.	
3	Click the Sign button.	

If they have completed these steps, page below will display. When the QR-7 status is Viewable, no changes can be made.

### **MY FORMS (continued)**

08/06/2010

Sign

Access to Benefits. Simplifier	f® d.	<u>Call</u>	Me   Live Chat   Home   Help	
My Messages My Thir	ngs To Do 🔪 My Benefits	My Forms	My Applications	
<b>My Forms</b> Listed below are forms that you may print, fill out, and mail FAX or drop off at your local office.				
Blank Forms	Pending Verifications	Status	Due Date	
Mail in Cover Sheet	You currently have no verification document	s.		
Fax Cover Sheet	Status Reports	Status	Due Date	
<u>CMSP Rights and</u> <u>Responsibilities (CMSP 219)</u>	Quarterly Eligibility Status Report	Viewable	08/06/2010	
	Statement of Facts	Status	Due Date	
	You currently have no statement of facts doo	cuments.		

## **MY FORMS (continued)**

#### C4Yourself External User Guide



C4Yourself <sup>®</sup> is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority. Read our <u>Privacy Statement</u>.



# MY APPLICATIONS

#### PURPOSE

The purpose of the My Applications tab is to allow the user to complete a new application, submit missing information, complete a renewal/recertification or view a prior application they

submitted.

STARTINGThe user has accessed their My C4Yourself and clicked on My Applications or logged into C4POINTYourself by clicking My Applications on the Home Page.

- What is a "Current Application"? A "Current Application" is an application that was started, but it was not finished and/or Submitted to the local office.
- What is a "Renewal/Recertification"? A "Renewal/Recertification" occurs once a year.
- What is an "Application Missing Information"? An "Application Missing Information" is an e-Application that was submitted to an office, reviewed by a Worker, and was missing information. When this occurs, the worker can send a copy of the e-Application back to a C4Yourself account, so the user can complete the missing information. When an e-Application displays with an edit button in this section you may also have a Message from your worker under the My Messages tab.
- What is a "*Previous Application*"? A previous application is an application that has already been submitted to a local office. E-Applications under this section cannot be changed or resent to a worker/office.

Step	Action
1	To continue entering information for an application you have not submitted, click
	the <b>Continue</b> button.
2	To add/edit information on a pending application, click the <b>Edit</b> button
3	To view a prior application, click the E-App Number hyperlink.

