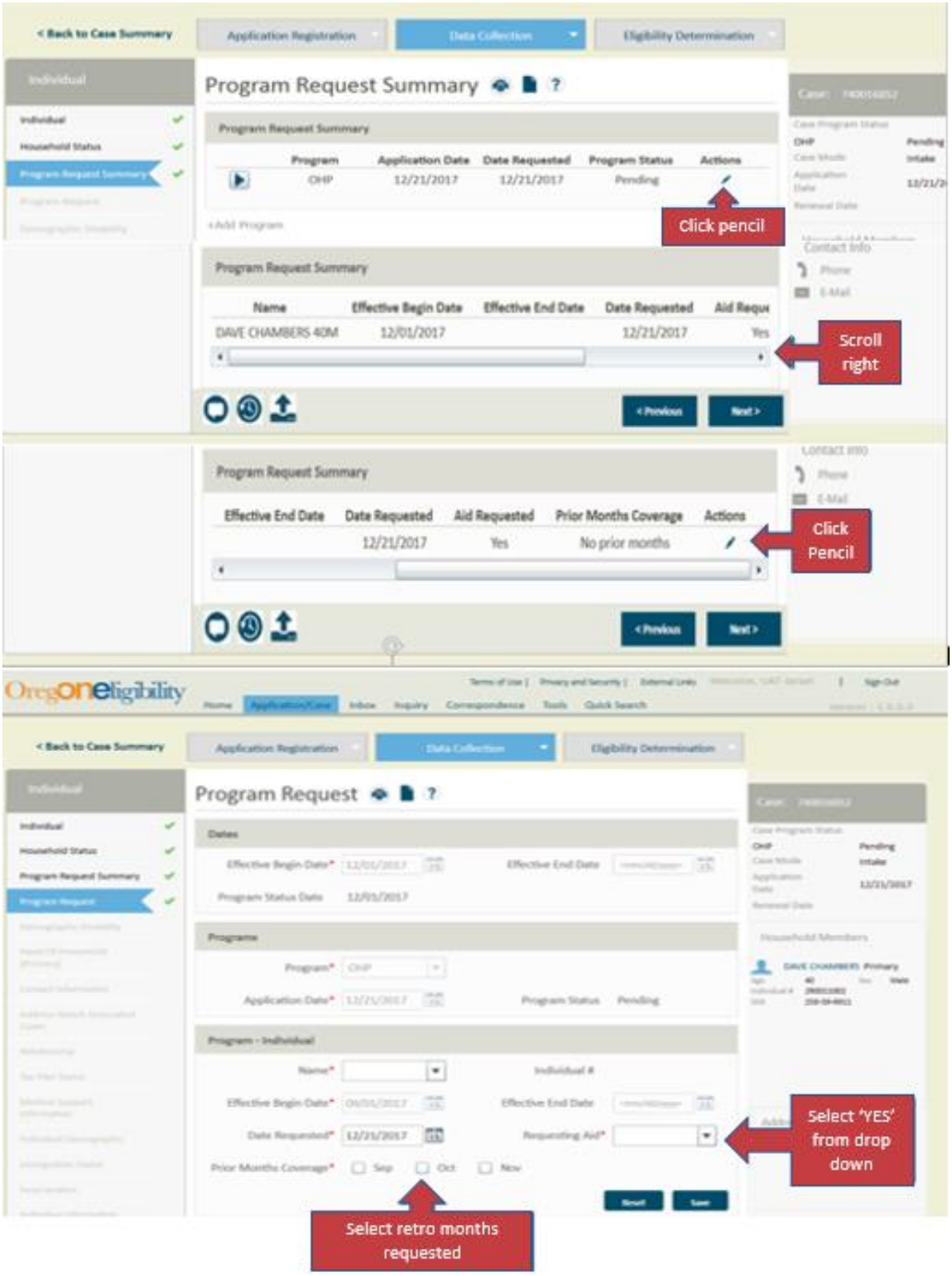
Example 6


< Back to Case Summary
Application Registration
Data Collection
Eligibility Determination
Program Request Summary
Program Request Summary
Program
Application Date
Date Requested
Program Status
Actions
OHP
12/21/2017
12/21/2017
Pending
Click pencil
Program Request Summary
Name
Effective Begin Date
Effective End Date
Date Requested
DAVE CHAMBERS 40M
12/01/2017
12/21/2017
Yes
Scroll right
< Previous
Next >
Program Request Summary
Effective End Date
Date Requested
Aid Requested
Prior Months Coverage
Actions
12/21/2017
Yes
No prior months
Click Pencil
< Previous
Next >
OregonEligibility
< Back to Case Summary
Application Registration
Data Collection
Eligibility Determination
Program Request
Dates
Effective Begin Date*
Effective End Date
Program Status Date
12/01/2017
Programs
Program*
OHP
Application Date*
Program Status
Pending
Program - Individual
Name*
Individual #
Effective Begin Date*
Effective End Date
Date Requested*
12/21/2017
Requesting Aid*
Prior Months Coverage*
Sep
Oct
Nov
Select 'YES' from drop down
Select retro months requested