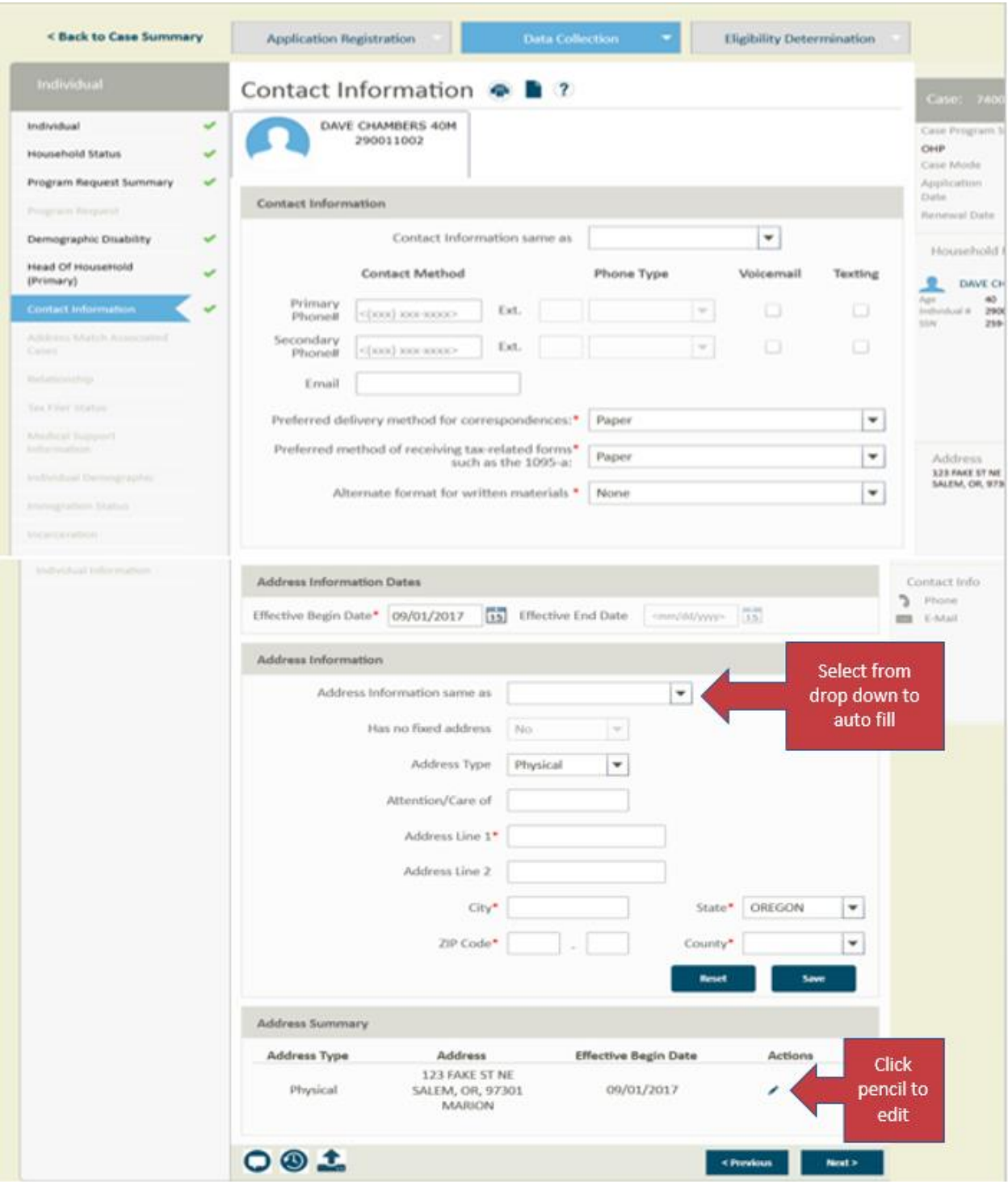
Example 7


< Back to Case Summary
Application Registration
Data Collection
Eligibility Determination
Individual
Contact Information
DAVE CHAMBERS 40M
290011002
Individual
Household Status
Program Request Summary
Demographic Disability
Head Of Household (Primary)
Contact Information
Contact Information
Contact Information same as
Contact Method
Phone Type
Voicemail
Texting
Primary Phone#
Secondary Phone#
Ext.
Email
Preferred delivery method for correspondences:*
Paper
Preferred method of receiving tax-related forms* such as the 1095-a:
Paper
Alternate format for written materials *
None
Address Information Dates
Effective Begin Date*
09/01/2017
Effective End Date
Address Information
Address Information same as
Select from drop down to auto fill
Has no fixed address
No
Address Type
Physical
Attention/Care of
Address Line 1*
Address Line 2
City*
State*
OREGON
ZIP Code*
County*
Reset
Save
Address Summary
Address Type
Address
Effective Begin Date
Actions
Physical
123 FAKE ST NE
SALEM, OR, 97301
MARION
09/01/2017
Click pencil to edit
< Previous
Next >