

Creating a New Application

Last Updated: 04/01/2020

Overview

This job aid describes how to create a new Income Support Application.

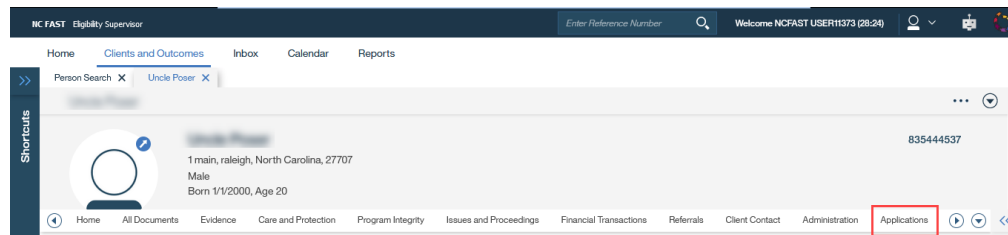
Notes:

- To complete the MAGI Application, refer to the *MAGI Application to Case and Key Differences Checklist*.
- If a client must leave before the application is finished, complete the current section of the IEG application and select **Close**. Once the application is submitted, the remaining questions in the application that have not been answered will be lost and all required evidences will need to be entered through the Evidence Dashboard.

Step-by-Step Instructions

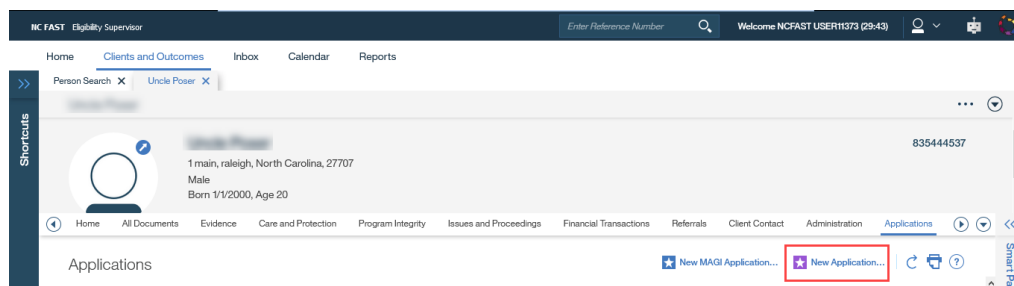
How to complete an application

1. Navigate to the Person page. Click the **Applications** tab.



Note: For navigation steps to the Person page, refer to *Searching for Persons* job aid.

2. The Applications page displays. Click the **New Application** hyperlink.



3. The New Application pop-up appears. In the Type column, select the applicable program radio button then click **Next**.

New Application



Type	Description
<input checked="" type="radio"/> Income Support	Application for Cash Assistance, Food and Nutrition Services, Medical Assistance, Retroactive Medical Assistance, Work First Services, Refugee Cash Assistance, Special Assistance, Medical Forced Eligibility, Cash Forced Eligibility, Medical Transportation, Simplified Nutritional Assistance Program (SNAP) and Subsidized Child Care Assistance (SCCA).
<input type="radio"/> Energy	Application for Crisis Intervention Program (CIP) and Low Income Energy Assistance Program (LIEAP).

Cancel

Next

- The New Application pop-up appears. Select the applicable **Name** check box then click **Next**.

New Application



<input checked="" type="checkbox"/> Name	Description
<input type="checkbox"/> Cash Assistance	This program provides temporary cash assistance, supportive services, and work opportunities to needy families. The program's goal is to help people get employment and become self-sufficient through job training, education, and work activities.
<input type="checkbox"/> Food and Nutrition Services	The Food and Nutrition Services Program (FNS) helps low-income individuals and families buy the food they need for good health. This benefit is issued in the form of credit on an Electronic Benefits Card (EBT card), which can be used in place of cash to purchase food in participating stores.
<input type="checkbox"/> Medical Assistance	The Medical Assistance program provides health care and health related services to certain low income individuals and families, including families with dependent children, pregnant women, children to age 21, individuals age 65 and older, or individuals determined blind or permanently disabled.
<input type="checkbox"/> Retroactive Medical Assistance	Retro Medical Assistance provides coverage for certain medical expenses incurred in the three months prior to the date of application.
<input type="checkbox"/> Work First Services	Work First Services are Work-Related Services to families and the non-custodial parent of child(ren) receiving Work First Family Assistance.
<input type="checkbox"/> Refugee Cash Assistance	The Refugee Cash Assistance program provides financial assistance to needy individuals designated as refugees who are not eligible to receive benefits from any other Cash Assistance program.
<input type="checkbox"/> Special Assistance	State/County Special Assistance (SA) is a Supplemental Security Income (SSI) state supplement that pays cash benefits to eligible recipients who reside in licensed facilities authorized to receive SA payments. Special Assistance In-Home (SA/IH) - is a State-County Special Assistance program for individuals who need assisted living level of care, but who wish to remain in their homes.

Cancel

Next

- The Information About the Claimant pop-up appears. Enter and select the applicable information then click **Next**.

Note: Additional screens may be added or omitted based on application choice(s).

Information About The Claimant ? x

1 % complete ABOUT THE CLAIMANT INFORMATION ABOUT THE CLAIMANT

About The Claimant Print

Let's get started! Please enter the claimant's personal details below. The claimant must enter the required items. Please note that you can submit the claimant's application at any point by selecting Close at the bottom of the page.

Time Remaining: 28:51

* Indicates a required item

Application Details Help

Method of Receipt: * In-Person

Application Date: * 4/1/2020

Authorization Details

Date the claimant signed the application or authorized use of 4/1/2020

Close Next

Note: All mandatory fields must be entered. Review the data entered after each section of the application.

- The Suggested Addresses pop-up appears. Select the applicable information then click **Next**.

Suggested Addresses ? x

2 % complete ABOUT THE CLAIMANT SUGGESTED ADDRESSES

Suggested Addresses Print

Compare the entered and suggested addresses and consider updating where appropriate.

Time Remaining: 29:30

* Indicates a required item

Entered Residential Address Help

Apt./Suite:	Street 1: 1 main	Street 2:
City: raleigh	State: North Carolina	Zip: 27707
County: Johnston		

Suggested Residential Address

Apt./Suite:	Street 1:	Street 2:
City:	State:	Zip:

Close Back Next

- The Claimant Details pop-up appears. Enter and select the applicable information then click **Next**.

Claimant Details ? ×

3 % complete

ABOUT THE CLAIMANT CLAIMANT DETAILS

About The Claimant

The Claimant's Home

Benefits

Income

Resources

Expenses

Finish

Claimant Details [Print](#)

Please enter the claimant's details.

Time Remaining: 29:41

* Indicates a required item

Personal Details [Help](#)

Does the claimant have an SSN?

Date of birth: *

Gender: *

Marital status: *

Does the claimant have a nickname, alias or other name?

[Close](#) [Back](#) [Next](#)

- The Review the Claimant's Answers pop-up appears. Review the About the Claimant information for accuracy then click **Next**.

Review The Claimant's Answers ? ×

5 % complete

ABOUT THE CLAIMANT REVIEW THE CLAIMANT'S ANSWERS

About The Claimant

The Claimant's Home

Benefits

Income

Resources

Expenses

Finish

Review The Claimant's Answers [Print](#)

Here is a summary of what the claimant has told us about the claimant's situation. If the claimant would like to edit the claimant's answers click 'Edit'.

Time Remaining: 29:46

Application Details [Edit](#)

Application Date: 4/1/2020 Method of Receipt: In-Person

Authorization Details [Edit](#)

Authorization Date: 4/1/2020

Name [Edit](#)

First name: Uncle Middle initial: Last name: Poser

Addresses [Edit](#)

[Close](#) [Back](#) [Next](#)

- The Absent Parent Information pop-up appears. Enter and select the applicable information then click **Next**.

Absent Parent Information

10 % complete

THE CLAIMANT'S HOME ABSENT PARENT INFORMATION

About The Claimant

The Claimant's Home

Benefits

Income

Resources

Expenses

Finish

Absent Parent Information
Please tell us about parent(s) who are not in the claimant's home.

Time Remaining: 29:52

* Indicates a required item

Absent Parent Information

Are there any children in the claimant's home who have a parent not living in the home? *

[-Please Se

Close

Back

Next

10. The General Information pop-up appears. Enter and select the applicable information then click **Next**.

General Information

13 % complete

THE CLAIMANT'S HOME GENERAL INFORMATION

About The Claimant

The Claimant's Home

Benefits

Income

Resources

Expenses

Finish

General Information
We need to know a little bit about the claimant's home. Please answer the questions below.

Time Remaining: 29:53

General Information

* Indicates a required item

Is anyone in the claimant's home blind? *

[-Please Se

Is anyone disabled? *

--Please Se

Is anyone pregnant? *

--Please Se

Is there a foster child in the home? *

--Please Se

Close

Back

Next

11. The Review the Claimant's Answers pop-up appears. Review Claimants Answers for accuracy then click **Next**.

Review the Claimant's Answers

22 % complete

THE CLAIMANT'S HOME REVIEW THE CLAIMANT'S ANSWERS

Review the Claimant's Answers [Print](#)

Here's a summary of what the claimant has told us about the claimant's home. If the claimant would like to edit his/her answers, please click 'Edit'. If the claimant would like to delete information for any home member, please click 'Delete'.

Time Remaining: 29:46

Other Home Members

Other Home Members

[Add](#)

First Name	Last Name	Gender	Date of Birth	Citizenship	When did this person become a member of the household?	Action
No information entered						

[Close](#) [Back](#) [Next](#)

12. The Benefits Information pop-up appears. Enter and select the applicable information then click **Next**.

Benefit Information

24 % complete

BENEFITS BENEFIT INFORMATION

Benefit Information [Print](#)

We need to know a little about benefits the claimant may currently receive or has received in the past. Please answer the questions below.

Time Remaining: 29:53

* Indicates a required item

Benefit Information [Help](#)

Is the claimant or anyone who lives with the claimant currently receiving benefits? Or, participating in a Food Distribution Program on an Indian Reservation? *

--Please Se

Has the claimant or anyone the claimant lives with previously received benefits in this or another state? *

--Please Se

[Close](#) [Back](#) [Next](#)

13. The Review the Claimant's Answers pop-up appears. Review the benefit information for accuracy then click **Next**.

Review The Claimant's Answers ? ×

27 % complete BENEFITS REVIEW THE CLAIMANT'S ANSWERS

About The Claimant 🔒

The Claimant's Home 🔒

Benefits 🔒

Income 🔒

Resources 🔒

Expenses 🔒

Finish 🔒

Review The Claimant's Answers Print

Here's a summary of what the claimant has told us about the benefits the claimant currently receives or has received in the past. If the claimant would like to edit his/her answers, please click 'Edit'. If the claimant would like to delete information for any home member, please click 'Delete'.

Time Remaining: 29:53

Current Benefit Details ▼

Uncle Add +

First Name	Benefit Type	Start Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
No information entered							

Past Benefit Details ▼

Uncle Add +

First Name	Benefit Type	Start Date	End Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
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Close Back Next

14. The Employment Information pop-up appears. Enter and select the applicable information then click **Next**.

Employment Information ? ×

28 % complete INCOME EMPLOYMENT INFORMATION

About The Claimant 🔒

The Claimant's Home 🔒

Benefits 🔒

Income 🔒

Resources 🔒

Expenses 🔒

Finish 🔒

Employment Information Print

Please tell us about the people in the claimant's home who have jobs or are self-employed.

Time Remaining: 29:53

* Indicates a required item

Employment Information Help

Does anyone in the claimant's home have a job or is anyone starting a new job? * [-Please Se ▼

Is anyone in the claimant's home self-employed? (include anyone that has a property rental business) * --Please Se ▼

Close Back Next

15. The Income Information pop-up appears. Enter and select the applicable information then click **Next**.

Income Information ? ×

28 % complete

INCOME **INCOME INFORMATION**

Income Information Print

Please tell us about the people in the claimant's home who receive income.

Time Remaining: 29:35

[Help](#)

* Indicates a required item

Does anyone in the claimant's home have any unearned income? *

--Please Se ▼

Has anyone stopped working in the last 30 days or reduced working hours below 30 per week? *

--Please Se ▼

[Close](#) [Back](#) [Next](#)

16. The Review the Claimant's Answers pop-up appears. Review the income information for accuracy then click **Next**.

Review The Claimant's Answers ? ×

42 % complete

INCOME **REVIEW THE CLAIMANT'S ANSWERS**

Review The Claimant's Answers Print

Here's a summary of what the claimant has told us about their income. If the claimant would like to edit his/her answers, please click 'Edit'. If the claimant would like to delete information for any home member, please click 'Delete'.

Time Remaining: 29:54

Employment Details ▼

Uncle ▼ [Add](#) +

First Name	Employer Name	Employment Type	Start Date	Action
No information entered				

Self Employment Details ▼

Uncle ▼ [Add](#) +

First Name	Employer / Business Name	Ownership Type	Self Employment Status	Start Date	Action
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[Close](#) [Back](#) [Next](#)

17. The Resources General Information pop-up appears. Enter and select the applicable information then click **Next**.

18. The Review the Claimant's Answers pop-up appears. Review the resource information for accuracy then click **Next**.

Review The Claimant's Answers ? ×

74 % complete RESOURCES REVIEW THE CLAIMANT'S ANSWERS

Review The Claimant's Answers Print

Here's a summary of what the claimant has told us about their resource. If the claimant would like to edit his/her answers, please click 'Edit'. If the claimant would like to delete information for any home member, please click 'Delete'.

Time Remaining: 29:52

Property Details

Uncle Add +

First Name	Property Type	Property Category	Date Purchased	Fair Market Value	Amount Owed	Sole Owner	Generates Income	Action
No information entered								

Liquid Resource Details

Uncle Add +

Close Back Next

19. The Expenses Information pop-up appears. Enter and select the applicable information then click **Next**.

Expenses Information ? ×

76 % complete EXPENSES EXPENSES INFORMATION

Expenses Information Print

Please tell us about the people in the claimant's household who have expenses.

Time Remaining: 29:51

Help

** Indicates a required item*

Expenses Information

Does anyone in the claimant's household pay for housing? * --Please St ▼

Does anyone in the claimant's household have any medical expenses? * --Please St ▼

Does anyone in the claimant's household have utility expenses? * --Please St ▼

Does anyone in the claimant's household pay alimony? * --Please St ▼

Close Back Next

20. The Review the Claimant's Answers pop-up appears. Review the expenses information for accuracy then click **Next**.

Review The Claimant's Answers ? ×

89 % complete EXPENSES REVIEW THE CLAIMANT'S ANSWERS

About The Claimant **The Claimant's Home** **Benefits** **Income** **Resources** **Expenses** **Finish**

Review The Claimant's Answers Print

If the claimant needs to add, edit and/or delete any of the information, use the links to take the claimant to the page. When the claimant has finished reviewing the information, click 'Next'.

Time Remaining: 29:46

Housing Cost Details

Uncle Add

First Name	Type	Frequency	Amount	Start Date	Any Other Expense Contributor	Provider Name	Action
No information entered							

Medical Expense Details

Uncle Add

Any Other Expense Contributor Provider Name

Close Back Next

21. The Review the Claimant's Answers pop-up appears. Review the information for the entire application for accuracy then click **Next**.

Review The Claimant's Answers ? ×

95 % complete FINISH REVIEW THE CLAIMANT'S ANSWERS

About The Claimant **The Claimant's Home** **Benefits** **Income** **Resources** **Expenses** **Finish**

Review The Claimant's Answers Print

Here is a full summary of what the claimant has told us about the claimant and the claimant's home so far.

Time Remaining: 29:51

Application Details Edit

Application Date: 4/1/2020 Method of Receipt: In-Person

Authorization Details Edit

Authorization Date: 4/1/2020

Name Edit

First name: Uncle Middle initial: Last name: Poser

Addresses Edit

Close Back Next

22. The New Application pop-up appears. Click the applicable check boxes then click **Submit**.

New Application

Time Remaining: 29:56

* required field

Claimant's Rights and Responsibilities

[North Carolina Public Assistance Rights and Responsibilities](#)

[North Carolina Public Assistance Rights and Responsibilities - Spanish](#)

[Medical Transportation Assistance Notice of Rights and Responsibilities](#)

☐ Confirmed that claimant has read or been made aware of his/her rights and responsibilities. *

Management and Protection of Personal Health Information Policy

☐ Confirmed that the claimant has read or been made aware of the department policy, if applicable per program. *

Authorization To Release Information

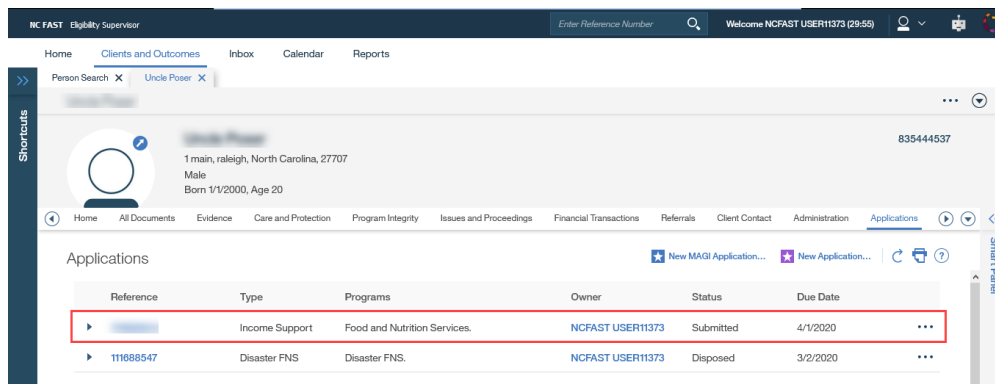
☐ Confirmed that the claimant has been made aware of the Authorization To Release Information procedures for the applicable program(s). *

[Cancel](#)

[Back](#)

[Submit](#)

23. The Application page displays showing the new application in *Submitted* status.



NC FAST Eligibility Supervisor

Enter Reference Number

Welcome NCFAST USER11373 (29:56)

Home Clients and Outcomes Inbox Calendar Reports

Person Search X Uncle Poser X

Uncle Poser

1 main, raleigh, North Carolina, 27707
Male
Born 1/1/2000, Age 20

835444537

Home All Documents Evidence Care and Protection Program Integrity Issues and Proceedings Financial Transactions Referrals Client Contact Administration Applications

Applications

Reference	Type	Programs	Owner	Status	Due Date
▶ [Redacted]	Income Support	Food and Nutrition Services.	NCFAST USER11373	Submitted	4/1/2020
▶ 111088547	Disaster FNS	Disaster FNS.	NCFAST USER11373	Disposed	3/2/2020

DMA Note: Remember that CCNC/CA enrollment information is not taken within the Medicaid application/IEG. Be sure to obtain this information so it can be added to the Managed Care evidence on the Evidence Dashboard prior to authorizing the application.