



# ACCESS Florida

## Benefits Information

Type of benefits selected	Food Assistance Medical Assistance
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## Electronic Signature

Date Submitted	04/09/2010
Electronic Signature completed:	Yes
By whom?	Isel

## Primary Information Person

First name	Isel
Last Name	Castellon
Middle Initial	
Suffix	N/E
Gender	Female
Living Address	11239 NW Flagler Ln Miami FL 331723515
Mailing Address	11239 NW Flagler Ln Miami FL 331723515
Preferred Notice Language	English
Home phone	N/E
Work phone	N/E
Cell phone	3053160809
Email address	isel_castellon@yahoo.com

## People In Your Home

First name	Isel
Last Name	Castellon
Middle Initial	N/E
Suffix	N/E
Gender	Female
Date of birth	04/02/1970
What is this person's country of birth?	United States
What is the primary language spoken in this person's home?	N/E
Does this person need an interpreter?	N/E

What county does this person live in?	N/E
Is this person a resident of Florida?	Yes
Is this person disabled or blind?	No
What is this person's marital status?	Married
What is this person's living arrangement?	Home/apartment/trailer
Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.	N/E
Social Security Number	XXX-XX-9015
Has this person ever used a different Social Security number or a different name, such as a maiden or married name?	No
Is this person a U.S. citizen?	Yes
Ethnicity	Hispanic or Latino
Race	Hispanic origin
If this person is American Indian / Alaskan Native, are they a member of a federally recognized tribe?	N/E
Tribe name	N/E
Is this person applying for assistance?	Yes
Has this person been out of the U.S. in the last 30 days?	N/E

## People In Your Home

First name	Alberto
Last Name	Dominguez
Middle Initial	N/E
Suffix	N/E
Gender	Male
Date of birth	12/05/1972
What is this person's country of birth?	Cuba
What is the primary language spoken in this person's home?	N/A
Does this person need an interpreter?	N/A
What county does this person live in?	N/A
Is this person a resident of Florida?	Yes
Is this person disabled or blind?	No
What is this person's marital status?	Married
What is this person's living arrangement?	Home/apartment/trailer
Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.	N/E
Social Security Number	XXX-XX-9219
Has this person ever used a different Social Security number or a different name, such as a maiden or married name?	No

Is this person a U.S. citizen?	No
Ethnicity	Hispanic or Latino
Race	Hispanic origin
If this person is American Indian / Alaskan Native, are they a member of a federally recognized tribe?	N/E
Tribe name	N/E
Is this person applying for assistance?	Yes
Has this person been out of the U.S. in the last 30 days?	N/E

## People In Your Home

First name	Joniel
Last Name	Castellon
Middle Initial	N/E
Suffix	N/E
Gender	Male
Date of birth	01/28/1997
What is this person's country of birth?	United States
What is the primary language spoken in this person's home?	N/A
Does this person need an interpreter?	N/A
What county does this person live in?	N/A
Is this person a resident of Florida?	Yes
Is this person disabled or blind?	Yes
What is this person's marital status?	Single - never married
What is this person's living arrangement?	Home/apartment/trailer
Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.	N/E
Social Security Number	XXX-XX-3682
Has this person ever used a different Social Security number or a different name, such as a maiden or married name?	No
Is this person a U.S. citizen?	Yes
Ethnicity	Hispanic or Latino
Race	Hispanic origin
If this person is American Indian / Alaskan Native, are they a member of a federally recognized tribe?	N/E
Tribe name	N/E
Is this person applying for assistance?	Yes
Has this person been out of the U.S. in the last 30 days?	N/E

## People In Your Home

First name	Joan
Last Name	Dominguez
Middle Initial	A
Suffix	JR
Gender	Male
Date of birth	05/14/1999
What is this person's country of birth?	United States
What is the primary language spoken in this person's home?	N/A
Does this person need an interpreter?	N/A
What county does this person live in?	N/A
Is this person a resident of Florida?	Yes
Is this person disabled or blind?	No
What is this person's marital status?	Single - never married
What is this person's living arrangement?	Home/apartment/trailer
Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.	N/E
Social Security Number	XXX-XX-2906
Has this person ever used a different Social Security number or a different name, such as a maiden or married name?	No
Is this person a U.S. citizen?	Yes
Ethnicity	Hispanic or Latino
Race	Hispanic origin
If this person is American Indian / Alaskan Native, are they a member of a federally recognized tribe?	N/E
Tribe name	N/E
Is this person applying for assistance?	Yes
Has this person been out of the U.S. in the last 30 days?	N/E

## Relationships

Relationship	Isel is the Wife of Alberto
Relationship	Isel is the Mother of Joniel
Relationship	Isel is the Mother of Joan
Relationship	Alberto is the Stepfather of Joniel
Relationship	Alberto is the Father of Joan
Relationship	Joniel is the Brother of Joan

## Noncitizen Details

Date Entered US	10/30/1993
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USCIS Number	4/21/1995
Alien Sponsor information	No
Type of medical emergency	N/E
Date of medical emergency	N/E
is an asylee, what date was asylum granted? Note: If you cannot remember the date give your best guess.	4/30/1993
Sponsor Type	
Sponsor Details	
Address: (Number and Street)	

## Absent Parent Details

Who	Wilfredo Colina
Gender	Male
Race	N/E
Phone number	N/E
Address line 1	N/E
Address line 2	N/E
City	Miami
State	Florida
Zip	33172
Place of birth	Cuba
Date of birth	N/E
Social Security Number	N/E
This person is the parent of:	
Child Name	Joniel Castellon
Reasons	Never married
CSE Services	Yes
Absent Parent's Employer	
Name	N/E
Phone number	N/E
Address line 1	N/E
Address line 2	N/E
City	N/E
State	N/E
Zip	N/E
About Absent Parent's Medical Insurance	
Policy number	N/E
Carrier name	N/E
Are the above child(ren) included on the medical insurance?	No

## Disability Details

Who	Joniel
Disability denied	No
Denial Date	N/E
Will this person's incapacity or disability last for more than 12 months?	N/A
Will this person's incapacity or disability last for more than 30 days?	N/A
Has Joniel disability been decided	Yes
able to purchase and prepare meals?	N/E

## School Enrollment Details

Who	Joan A. Dominguez
Please select Joan A. Dominguez's school enrollment status:	Full-time
School name:	Carlos J Finley
School district:	Dade
Graduation date	7/15/2017
If attending an institute of higher learning, is this person participating in a work study program?	N/E
School type	Elementary
What is Joan A. Dominguez's education level?	N/E
Is anyone attending a school conference for Joan A. Dominguez?	N/E
If yes, who attended the school conference?	N/E
What is the date of last school conference for Joan A. Dominguez?	N/E

## School Enrollment Details

Who	Joniel Castellon
Please select Joniel Castellon's school enrollment status:	Full-time
School name:	Paul Bell
School district:	Dade
Graduation date	7/5/2017
If attending an institute of higher learning, is this person participating in a work study program?	N/E
School type	Middle school
What is Joniel Castellon's education level?	N/E
Is anyone attending a school conference for Joniel Castellon?	N/E
If yes, who attended the school conference?	N/E
What is the date of last school conference for Joniel Castellon?	N/E

## Other Household Information

Who	Isel
Is Isel in Renal Dialysis?	No
Is Isel attending school, including college and technical school?	N/E
Is Isel convicted of a drug trafficking felony committed after 8/22/1996 or trading food assistance?	No
Is Isel a victim of human trafficking or a family member of a trafficking victim?	No
Did Isel receive SSI benefits in the past but not receiving them now?	No
Is Isel fleeing the law due to Felony or Probation or Parole violation?	No
Migrant or seasonal farm worker	No
Does Isel need help with activities of daily living through personal assistance services, nursing home or other medical facility.	N/A
Is Isel in Hospice?	N/A
Is Isel in Hcbs?	N/A
Is Isel current with their immunization(shot) requirements?	N/A
Did Isel receive TANF,SNAP or Medical Assistance from another state or source ?	No
Does Isel received health services from the Indian Health Services,a tribal health program,or urban indian health program or through a referral from one of these programs?	N/A
Is Isel convicted of receiving SNAP, TANF or Medical Assistance in more than one state at the same time does not have on or after 8/22/1996?	No
Is Isel a foster child?	N/A
Has Isel been declared an adult by a judge?	N/A
Is Isel needs special therapy for emotional, developmental or behavioral problems?	N/A
Is Isel would like to get child health check up services?	N/A

Who	Alberto
Is Alberto in Renal Dialysis?	No
Is Alberto attending school, including college and technical school?	N/E
Is Alberto convicted of a drug trafficking felony committed after 8/22/1996 or trading food assistance?	No

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Is Alberto a victim of human trafficking or a family member of a trafficking victim?	No
Did Alberto receive SSI benefits in the past but not receiving them now?	No
Is Alberto fleeing the law due to Felony or Probation or Parole violation?	No
Migrant or seasonal farm worker	No
Does Alberto need help with activities of daily living through personal assistance services, nursing home or other medical facility.	N/A
Is Alberto in Hospice?	N/A
Is Alberto in Hcbs?	N/A
Is Alberto current with their immunization(shot) requirements?	N/A
Did Alberto receive TANF,SNAP or Medical Assistance from another state or source ?	No
Does Alberto received health services from the Indian Health Services,a tribal health program,or urban indian health program or through a referral from one of these programs?	N/A
Is Alberto convicted of receiving SNAP, TANF or Medical Assistance in more than one state at the same time does not have on or after 8/22/1996?	No
Is Alberto a foster child?	N/A
Has Alberto been declared an adult by a judge?	N/A
Is Alberto needs special therapy for emotional, developmental or behavioral problems?	N/A
Is Alberto would like to get child health check up services?	N/A

Who	Joniel
Is Joniel in Renal Dialysis?	No
Is Joniel attending school, including college and technical school?	Yes
Is Joniel convicted of a drug trafficking felony committed after 8/22/1996 or trading food assistance?	No
Is Joniel a victim of human trafficking or a family member of a trafficking victim?	No
Did Joniel receive SSI benefits in the past but not receiving them now?	No
Is Joniel fleeing the law due to Felony or Probation or Parole violation?	No
Migrant or seasonal farm worker	No
Does Joniel need help with activities of daily living through personal assistance services, nursing home or other medical facility.	N/A
Is Joniel in Hospice?	N/A



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Is Joniel in Hcbs?	N/A
Is Joniel current with their immunization(shot) requirements?	N/A
Did Joniel receive TANF,SNAP or Medical Assistance from another state or source ?	No
Does Joniel received health services from the Indian Health Services,a tribal health program,or urban indian health program or through a referral from one of these programs?	N/A
Is Joniel convicted of receiving SNAP, TANF or Medical Assistance in more than one state at the same time does not have on or after 8/22/1996?	No
Is Joniel a foster child?	No
Has Joniel been declared an adult by a judge?	No
Is Joniel needs special therapy for emotional, developmental or behavioral problems?	No
Is Joniel would like to get child health check up services?	No

Who	Joan
Is Joan in Renal Dialysis?	No
Is Joan attending school, including college and technical school?	Yes
Is Joan convicted of a drug trafficking felony committed after 8/22/1996 or trading food assistance?	N/A
Is Joan a victim of human trafficking or a family member of a trafficking victim?	No
Did Joan receive SSI benefits in the past but not receiving them now?	No
Is Joan fleeing the law due to Felony or Probation or Parole violation?	N/A
Migrant or seasonal farm worker	No
Does Joan need help with activities of daily living through personal assistance services, nursing home or other medical facility.	N/A
Is Joan in Hospice?	N/A
Is Joan in Hcbs?	N/A
Is Joan current with their immunization(shot) requirements?	N/A
Did Joan receive TANF,SNAP or Medical Assistance from another state or source ?	N/A
Does Joan received health services from the Indian Health Services,a tribal health program,or urban indian health program or through a referral from one of these programs?	N/A

Is Joan convicted of receiving SNAP, TANF or Medical Assistance in more than one state at the same time does not have on or after 8/22/1996?	N/A
Is Joan a foster child?	No
Has Joan been declared an adult by a judge?	No
Is Joan needs special therapy for emotional, developmental or behavioral problems?	No
Is Joan would like to get child health check up services?	No

## Migrant or seasonal farm worker

Is anyone in your household a migrant or seasonal farm-worker?	No
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## Discounted Phone Service

Who	N/E
Do you want Lifeline Assistance?	No
Telephonic Service Provider	N/E
Phone number	N/E
Name on the phone bill	N/E

## Liquid Assets

<b>Cash</b>	<b>N/E</b>
<b>Bank Account</b>	<b>N/E</b>
<b>Other Asset</b>	<b>No</b>
<b>Transfer of assets</b>	<b>No</b>
<b>Cash Settlement</b>	<b>No</b>

## Release of Financial Information

Release of Financial Information	N/A
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## Other Assets

<b>Life Insurance</b>	<b>No</b>
<b>Vehicle</b>	<b>No</b>
<b>Real Estate</b>	<b>No</b>
<b>Business Assets</b>	<b>No</b>

## Review Your Income Changes

<b>Current/New Job</b>	<b>No</b>
<b>Past Jobs</b>	<b>No</b>
<b>Self Employment</b>	<b>No</b>
<b>Room and Board</b>	<b>No</b>
<b>Refused Jobs</b>	<b>No</b>
<b>On Strike</b>	<b>No</b>

## Unearned Income Information

<b>Other Income</b>	<b>N/E</b>
<b>American Indian/Alaska Native Income</b>	<b>N/A</b>
<b>Benefits Applied For But Not Been Approved</b>	<b>No</b>
<b>Deductions</b>	<b>N/A</b>
<b>Educational Aid and Expenses</b>	<b>N/A</b>

## Review Your Answers: Other Income

<b>Who</b>	Joniel
<b>Type of Income</b>	Supplemental Security Income
<b>When did Joniel start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess(mm/dd/yyyy).</b>	05/23/2004
<b>What is the amount of Supplemental Security Income that Joniel receives?</b>	\$679.00
<b>How often does Joniel receive Supplemental Security Income?</b>	Monthly

## Expenses Summary

<b>Shelter Expenses</b>	<b>Yes</b>
<b>Utility Expenses</b>	<b>No</b>
<b>Room and Board Expenses</b>	<b>No</b>
<b>Low Income Housing Energy Assistance</b>	<b>No</b>
<b>Heating or Cooling Expenses</b>	<b>No</b>
<b>Homeless Shelter Expenses</b>	<b>No</b>

## Review your Answer: Housing Expenses

<b>Who</b>	Isel
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How much is Isel supposed to pay monthly for Rent?	\$550.00
If someone else pays part or all of the expense, enter the name of the person or organization that pays.	N/E
How much do they pay?	N/E
If section 8 or HUD pays all or part of the utility/housing, choose which one.	N/E

## Review Your Other Expense Changes

<b>Child Support Payments</b>	<b>No</b>
<b>Dependent Care Expenses</b>	<b>No</b>
<b>Medical Expenses</b>	<b>N/E</b>
<b>Past Medical Expenses</b>	<b>No</b>
<b>Medicare Expenses</b>	<b>No</b>
<b>Blind Work Related Expenses</b>	<b>N/E</b>
<b>Health Insurance</b>	<b>No</b>
<b>Voluntary Cancellation</b>	<b>N/A</b>
<b>Declined Employer Provided Health Coverage</b>	<b>N/A</b>

## Additional Information

Additional Information	N/E
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