**Health Care Application**

**Short Form Product Guide**

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Filling out the Healthcare Application: Authenticated with Disability Rating 50% or Higher

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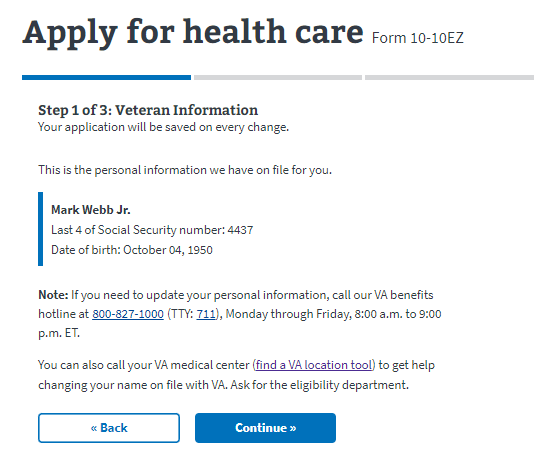
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**10-10EZ Short-form for Veterans Authenticated with Disability Ratings of 50% or Higher**

### **Veteran Information Page 1: Name/SSN/DOB Confirmation**

* This is the shortened version of the 10-10EZ flow for an authenticated user with a disability rating of 50% or greater.
* The screen below is the first screen the user will see after clicking on the button to “Start the health care application”.
* We will pre pre-populate the Veteran info and ask them to continue if correct. 

*Figure 1: Veteran* Name/SSN/DOB

### **Veteran Information Page 2: Short-form Message Display & Place of Birth**

* Next, we introduce new messaging to let the Veteran know that they are eligible to apply for health care using a shorter version of the 10-10EZ application.
* The user will have the opportunity to provide Place of Birth.

Graphical user interface, text, application, email

Description automatically generated

*Figure 2: Short Form Message*

### Veteran Information Page 3: Mother’s maiden name

* Enter or confirm Mother’s maiden name.

Graphical user interface, text, application

Description automatically generated

*Figure 3: Mother’s maiden Name*

### **Veteran Information Page 4: Gender Identity**

* Select gender or if pre-filled correctly click “Continue”.

Graphical user interface, text, application

Description automatically generated

*Figure 4: Gender Identity*

## Veteran Information Page 5: Race/Ethnicity

Graphical user interface, text, application, email

Description automatically generated

*Figure 5: Race/Ethnicity*

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## Veteran Information Page 6: Mailing Address

* Veteran has the option to select “yes” if mailing and home address are the same.

Graphical user interface, application

Description automatically generated

Graphical user interface, text, application, chat or text message

Description automatically generated

Same?

*Figure 6: Mailing Address*

## Veteran Information Page 7: Home Address

* If the Veteran answers “no” to whether their mailing and home address are the same, they will be shown a screen to enter their home address.

Graphical user interface

Description automatically generated with low confidence

*Figure 7: Home Address*

## 

## Veteran Information Page 8: Email Address & Phone Number

Graphical user interface, text, application

Description automatically generated

*Figure 8: Email and Phone Number*

## Veteran Information Page 9: Medicaid

Graphical user interface, text, application

Description automatically generated

*Figure 9: Medicaid*

## Veteran Information Page 10: Other Insurance

Graphical user interface, text, application

Description automatically generated

*Figure 10: Other Insurance*

## Veteran Information Page 11: Add Other Insurance Info

* If they answer “Yes” to other insurance this page displays.

Graphical user interface, text, application, email

Description automatically generated

*Figure 11: Other Insurance*

## Veteran Information Page 12: ACA & VA Facility

Graphical user interface, text, application

Description automatically generated

*Figure 12: ACA & VA Facility*

## Veteran Information Page 13: Confirmation Page/Submit

Graphical user interface, text, application

Description automatically generated

*Figure 13: Confirmation Page/Submit*