



ACCESS Florida

Benefits Information

| | |
|---------------------------|--|
| Type of benefits selected | Food Assistance Medicare Savings Program Cash Assistance Medical Assistance Medical Assistance For the Aged, Blind or Disabled |
|---------------------------|--|

Electronic Signature

| | |
|---------------------------------|------------|
| Date Submitted | 03/25/2020 |
| Electronic Signature completed: | Yes |
| By whom? | ADAM |

Primary Information Person

| | |
|---------------------------|---|
| First name | ADAM |
| Last Name | DOBRIN |
| Middle Initial | M |
| Suffix | N/E |
| Gender | Male |
| Living Address | 307 SE 3rd St Fort Lauderdale FL 33315 |
| Mailing Address | 9715 W Broward Blvd 308 Plantation FL 333242351 |
| Preferred Notice Language | English |
| Home phone | 9542964140 |
| Work phone | N/E |
| Cell phone | N/E |
| Email address | adam@fromthemachine.org |

People In Your Home

| | |
|----------------|------------|
| First name | ADAM |
| Last Name | DOBRIN |
| Middle Initial | M |
| Suffix | N/E |
| Gender | Male |
| Date of birth | 12/08/1980 |

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|--|------------------------|
| What is this person's country of birth? | United States |
| What is the primary language spoken in this person's home? | English |
| Does this person need an interpreter? | N/E |
| What county does this person live in? | Broward |
| Is this person a resident of Florida? | Yes |
| Is this person disabled or blind? | Yes |
| What is this person's marital status? | Legally separated |
| What is this person's living arrangement? | Group home |
| Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent. | No |
| Social Security Number | XXX-XX-7579 |
| 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 | Not Hispanic or Latino |
| Race | Unknown |
| 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? | No |

Disability Details

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

Supplemental Security Income (SSI) Details

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| Who | ADAM |
| Did ADAM ever get SSI and Social Security benefits at the same time? | No |
| Did ADAM get SSI in the month before getting Social Security benefits? | No |

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| Has ADAM been entitled to Social Security widow (widower) benefits? | No |
| Has ADAM been required by Social Security to file for widow (widower) benefits? | No |
| Is ADAM getting Social Security benefits under a parent's coverage? | No |
| Does ADAM get Social Security benefits due to a change in definition of childhood disability? | No |
| Did ADAM get SSI benefits prior to age 60? | No |

Other Household Information

| | |
|---|------|
| Who | ADAM |
| Is ADAM in Renal Dialysis? | No |
| Is ADAM attending school, including college and technical school? | No |
| Is ADAM convicted of a drug trafficking felony committed after 8/22/1996 or trading food assistance? | No |
| Is ADAM a victim of human trafficking or a family member of a trafficking victim? | N/A |
| Did ADAM receive SSI benefits in the past but not receiving them now? | Yes |
| Is ADAM fleeing the law due to Felony or Probation or Parole violation? | No |
| Migrant or seasonal farm worker | No |
| Does ADAM need help with activities of daily living through personal assistance services, nursing home or other medical facility. | No |
| Is ADAM in Hospice? | N/A |
| Is ADAM in Hcbs? | N/A |
| Is ADAM current with their immunization(shot) requirements? | N/A |
| Did ADAM receive TANF,SNAP or Medical Assistance from another state or source ? | No |
| Does ADAM 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 ADAM 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 ADAM a foster child? | N/A |
| Has ADAM been declared an adult by a judge? | N/A |
| Is ADAM needs special therapy for emotional, developmental or behavioral problems? | N/A |

| | |
|---|-----|
| Is ADAM would like to get child health check up services? | N/A |
|---|-----|

Migrant or seasonal farm worker

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|--|----|
| Is anyone in your household a migrant or seasonal farm-worker? | No |
|--|----|

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

| | |
|---------------------------|-----------|
| Cash | No |
| Bank Account | No |
| Other Asset | No |
| Transfer of assets | No |
| Cash Settlement | No |

Release of Financial Information

| | |
|----------------------------------|----------------------|
| Release of Financial Information | Good Cause Requested |
|----------------------------------|----------------------|

Other Assets

| | |
|------------------------|-----------|
| Life Insurance | No |
| Vehicle | No |
| Real Estate | No |
| Business Assets | No |

Review Your Income Changes

| | |
|------------------------|------------|
| Current/New Job | No |
| Past Jobs | No |
| Self Employment | Yes |
| Room and Board | Yes |
| Refused Jobs | No |
| On Strike | No |

Review Your Answers : Summary of SelfEmployment Changes

| | |
|---|-----------------|
| Who | ADAM |
| What type of self-employment does ADAM have? | ONLINE ADVERTIS |
| How many hours a month is ADAM self-employed? | 10 |
| Is this income coming from farming? | No |
| How Much? | \$6.00 |
| Expenses | \$300.00 |

Review Your Answers : Summary of Room and Board Income Changes

| | |
|--|----------------|
| Who | ADAM |
| Who is paying the room and board to ADAM? | ADAM |
| How many meals does ADAM provide each day? | No Meals / Day |
| What is the amount received if the roomer is paying for room only? | N/A |
| What is the amount received if the roomer is paying for room only? | N/A |
| What is the amount ADAM spends to prepare meals for this individual? | \$0.00 |

Unearned Income Information

| | |
|---|------------|
| Other Income | Yes |
| American Indian/Alaska Native Income | N/A |
| Benefits Applied For But Not Been Approved | No |
| Deductions | Yes |
| Educational Aid and Expenses | N/A |

Review Your Answers: Other Income

| | |
|---|------------------------------|
| Who | ADAM |
| Type of Income | Supplemental Security Income |
| When did ADAM start getting Supplemental Security Income? Note: If you don't know the exact date, please give us your best guess(mm/dd/yyyy). | 12/08/2019 |

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| What is the amount of Supplemental Security Income that ADAM receives? | \$771.00 |
| How often does ADAM receive Supplemental Security Income? | Monthly |

Review Your Answers: Deduction Changes

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|---------------|----------|
| Who | ADAM |
| What Expenses | Other |
| How Much | \$800.00 |

Expenses Summary

| | |
|---|------------|
| Shelter Expenses | No |
| Utility Expenses | No |
| Room and Board Expenses | Yes |
| Low Income Housing Energy Assistance | No |
| Heating or Cooling Expenses | No |
| Homeless Shelter Expenses | No |

Review your Answer: Room and Board Expenses

| | |
|--|----------------|
| How much does ADAM pay per month for his/her room and board? | \$800.00 |
| How many meals does ADAM pay for per day? | No Meals / Day |
| Is the room charge included? | Yes |

Review Your Other Expense Changes

| | |
|---|------------|
| Child Support Payments | No |
| Dependent Care Expenses | No |
| Medical Expenses | Yes |
| Past Medical Expenses | No |
| Medicare Expenses | No |
| Blind Work Related Expenses | No |
| Health Insurance | No |
| Voluntary Cancellation | No |
| Declined Employer Provided Health Coverage | N/A |

Review Your Answers: Medical Expense

| | |
|---|--------------------|
| Who | ADAM |
| Expense Type | Prescription Drugs |
| What is the total amount billed? | \$10.00 |
| What is the monthly payment? | \$0.00 |
| What is the name of the service provider? | CVS |

| | |
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| Who | ADAM |
| Expense Type | Eye Glasses |
| What is the total amount billed? | \$65.00 |
| What is the monthly payment? | \$0.00 |
| What is the name of the service provider? | ZENNI |

| | |
|---|-------------------------|
| Who | ADAM |
| Expense Type | Transportation (Public) |
| What is the total amount billed? | \$20.00 |
| What is the monthly payment? | \$0.00 |
| What is the name of the service provider? | BROWARD |

Additional Information

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|------------------------|-----|
| Additional Information | N/E |
|------------------------|-----|