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Entitlements and Application

Select CL# [redacted] Code 41 [redacted]

	Applied	Status	Granted	User ID/Date
SSI?	[dropdown]	[dropdown]	[dropdown]	
SSDI?	[dropdown]	[dropdown]	[dropdown]	
PAC?	[dropdown]	[dropdown]	[dropdown]	
Medical Assistance	[dropdown]	[dropdown]	[dropdown]	

Follow-Up With Social Security

Name of Contact:  
First Name: [input] Last Name: [input]

Address  
Please enter Social Security, you will need to supply Street Number, Pre Directional Abbreviations, Street Name, Street Suffix, Post Directional Abbreviation, Apt/Suite, City, State and Zip Code as available

Non Standard US Address  International Address

Apt./Suite #: [input] [input]  
Street Number: \* [input] Number: [input] Pre-Directional: [dropdown]  
Street Name: \* [input] Street Suffix: \* [dropdown] Post Directional: [dropdown]  
City: \* [input]  
State: \* [dropdown] Maryland  
County: [dropdown]  
Zip Code: \* [input]  
Country: \* [dropdown] United States  
Phone Number: [input]

Follow-Up With Department of Social Services

Name of Contact:  
First Name: [input] Last Name: [input]

Address  
Please enter Department of Social Services, you will need to supply Street Number, Pre Directional Abbreviations, Street Name, Street Suffix, Post Directional Abbreviation, Apt/Suite, City, State and Zip Code as available

Non Standard US Address  International Address

Apt./Suite #: [input] [input]  
Street Number: \* [input] Number: [input] Pre-Directional: [dropdown]  
Street Name: \* [input] Street Suffix: \* [dropdown] Post Directional: [dropdown]  
City: \* [input]  
State: \* [dropdown] Maryland  
County: [dropdown]  
Zip Code: \* [input]  
Country: \* [dropdown] United States  
Phone Number: [input]

Release Comments

[redacted]

[input] Add Comment

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