



## Proof Of Eligibility

State Form 53549 (R2 / 6-20) FI 2430 / IEDSS



\*FSS409AE0017F4XEJ1\*



Mailing Date: JUNE 11, 2023

### Agency Information

#### Family and Social Services Administration Document Center

PO Box 1810

Marion, Indiana 46952

Telephone: 1-800-403-0864

### Case Information

**Full Name:** Jessica R Hobbs

**Date of Birth:** 09/16/1993

**Case Number:**

6010068251,6009905273,6009897558,6007668618

**Mailing Address:** 1208 Judson St

Evansville IN 47713

**Home Address:**

### Scheduled Appointment

**Appointment Type**

**Appointment Date**

**Scheduled Time**

**Office Location**

### Pending Applications

**Programs Applied For**

**Date Application Received**

**Case Number**

### Assistance Groups

**Type of Assistance:** The  
Healthy Indiana Plan

**Aid Category:** MASB

**Emergency Services Only:** No

#### Details

**Status:** Approved

**EBT Card Benefit Available Date:**

**Case Number:** 6007668618

**Current Month Amount:**

**AG Number:** 33848377

**Next Month Amount:**

**Effective Date:** FEBRUARY 01, 2023

**Redetermination Month:** JANUARY 2024

**End Date:**

**Monthly Liability (Health Coverage):**

**Previous Months Benefit Amount:** N/A

#### Assistance Group Clients

**Names**

**Participation Status**

**Effective Date**

**End Date**

Jessica R Hobbs

Eligible

FEBRUARY 01, 2023

Johnathan M Woodby

Ineligible

FEBRUARY 01, 2023

#### Authorized Representative

**Primary Name**

**Primary Address**



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### Assistance Groups

Type of Assistance: SNAP	Aid Category: SNAP	Emergency Services Only: N/A	
Details			
Status: Approved		EBT Card Benefit Available Date: MARCH 14, 2019	
Case Number: 6007668618		Current Month Amount: \$281.00	
AG Number: 24516576		Next Month Amount: \$281.00	
Effective Date: JUNE 01, 2023		Redetermination Month: MAY 2024	
End Date:		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: May: \$281.00; April: \$281.00; March: \$281.00			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Johnathan M Woodby	Ineligible	JUNE 01, 2023	
Jessica R Hobbs	Eligible	JUNE 01, 2023	
Authorized Representative			
Primary Name	Primary Address		

### Assistance Groups

Type of Assistance: TANF	Aid Category: TANF	Emergency Services Only:	
Details			
Status: Denied		EBT Card Benefit Available Date:	
Case Number: 6007668618		Current Month Amount:	
AG Number: 32386915		Next Month Amount:	
Effective Date:		Redetermination Month:	
End Date:		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount:			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Johnathan M Woodby	Ineligible		
Jessica R Hobbs	Ineligible		
Authorized Representative			
Primary Name	Primary Address		



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### Assistance Groups

Type of Assistance: SNAP	Aid Category: SNAP	Emergency Services Only:	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6010068251		Current Month Amount:	
AG Number: 31717527		Next Month Amount:	
Effective Date: OCTOBER 02, 2020		Redetermination Month:	
End Date: NOVEMBER 30, 2020		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount:			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Jessica R Hobbs	Ineligible	OCTOBER 02, 2020	NOVEMBER 30, 2020
Authorized Representative			
Primary Name	Primary Address		

### Assistance Groups

Type of Assistance: SNAP	Aid Category: SNAP	Emergency Services Only:	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6009905273		Current Month Amount:	
AG Number: 31296027		Next Month Amount:	
Effective Date: JANUARY 01, 2020		Redetermination Month:	
End Date: MARCH 31, 2020		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount:			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Steve E Hobbs	Ineligible	JANUARY 01, 2020	MARCH 31, 2020
Jessica R Hobbs	Ineligible	JANUARY 01, 2020	MARCH 31, 2020
Authorized Representative			
Primary Name	Primary Address		



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### Assistance Groups

<b>Type of Assistance:</b> SNAP	<b>Aid Category:</b> SNAP	<b>Emergency Services Only:</b>	
<b>Details</b>			
<b>Status:</b> Closed		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6009897558		<b>Current Month Amount:</b>	
<b>AG Number:</b> 31264697		<b>Next Month Amount:</b>	
<b>Effective Date:</b> APRIL 01, 2020		<b>Redetermination Month:</b>	
<b>End Date:</b> SEPTEMBER 30, 2020		<b>Monthly Liability (Health Coverage):</b>	
<b>Previous Months Benefit Amount:</b>			
<b>Assistance Group Clients</b>			
<b>Names</b>	<b>Participation Status</b>	<b>Effective Date</b>	<b>End Date</b>
Jessica R Hobbs	Ineligible	APRIL 01, 2020	SEPTEMBER 30, 2020
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		

### Assistance Groups

<b>Type of Assistance:</b> The Healthy Indiana Plan	<b>Aid Category:</b> MARP	<b>Emergency Services Only:</b> No	
<b>Details</b>			
<b>Status:</b> Closed		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6007668618		<b>Current Month Amount:</b>	
<b>AG Number:</b> 32387829		<b>Next Month Amount:</b>	
<b>Effective Date:</b> FEBRUARY 01, 2021		<b>Redetermination Month:</b>	
<b>End Date:</b> AUGUST 31, 2021		<b>Monthly Liability (Health Coverage):</b>	
<b>Previous Months Benefit Amount:</b> N/A			
<b>Assistance Group Clients</b>			
<b>Names</b>	<b>Participation Status</b>	<b>Effective Date</b>	<b>End Date</b>
Jessica R Hobbs	Ineligible	FEBRUARY 01, 2021	AUGUST 31, 2021
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		



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Assistance Groups			
<b>Type of Assistance:</b> The Healthy Indiana Plan		<b>Aid Category:</b> MAMA	
		<b>Emergency Services Only:</b> No	
<b>Details</b>			
<b>Status:</b> Closed		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6007668618		<b>Current Month Amount:</b>	
<b>AG Number:</b> 32756544		<b>Next Month Amount:</b>	
<b>Effective Date:</b> MAY 01, 2022		<b>Redetermination Month:</b>	
<b>End Date:</b> JANUARY 31, 2023		<b>Monthly Liability (Health Coverage):</b>	
<b>Previous Months Benefit Amount:</b> N/A			
<b>Assistance Group Clients</b>			
<b>Names</b>	<b>Participation Status</b>	<b>Effective Date</b>	<b>End Date</b>
Jessica R Hobbs	Ineligible	MAY 01, 2022	JANUARY 31, 2023
Johnathan M Woodby	Ineligible	MAY 01, 2022	JANUARY 31, 2023
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		

Assistance Groups			
<b>Type of Assistance:</b> Hoosier Healthwise		<b>Aid Category:</b> MA X	
		<b>Emergency Services Only:</b> No	
<b>Details</b>			
<b>Status:</b> Closed		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6007668618		<b>Current Month Amount:</b>	
<b>AG Number:</b> 33704124		<b>Next Month Amount:</b>	
<b>Effective Date:</b> DECEMBER 01, 2021		<b>Redetermination Month:</b>	
<b>End Date:</b> FEBRUARY 28, 2022		<b>Monthly Liability (Health Coverage):</b>	
<b>Previous Months Benefit Amount:</b> N/A			
<b>Assistance Group Clients</b>			
<b>Names</b>	<b>Participation Status</b>	<b>Effective Date</b>	<b>End Date</b>
Jessica R Hobbs	Ineligible	DECEMBER 01, 2021	FEBRUARY 28, 2022
Johnathan M Woodby	Ineligible	DECEMBER 01, 2021	FEBRUARY 28, 2022
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		

