



Proof Of Eligibility

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



FSS409AE00165APQ5PF



Mailing Date: APRIL 03, 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: Ashle' Anderson

Date of Birth: 04/24/1990

Case Number: 6005754110

Mailing Address:

Home Address: 1925 N Arbogast St Apt 2K
Griffith IN 46319-1223

Scheduled Appointment

Appointment Type

Appointment Date

Scheduled Time

Office Location

Pending Applications

Programs Applied For

Date Application Received

Case Number



FSS409AE00265APQ5PE

Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MAGP	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 34722006		Next Month Amount:	
Effective Date: SEPTEMBER 01, 2022		Redetermination Month:	
End Date:		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	SEPTEMBER 01, 2022	
Xavier Traylor	Ineligible	SEPTEMBER 01, 2022	
Autumn Traylor	Ineligible	SEPTEMBER 01, 2022	
Ashle' Anderson	Eligible	SEPTEMBER 01, 2022	
Joy L Anderson	Ineligible	SEPTEMBER 01, 2022	
Authorized Representative			
Primary Name	Primary Address		



FSS409AE00365APQ5PD



Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MA X	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 35395067		Next Month Amount:	
Effective Date: JANUARY 01, 2023		Redetermination Month:	
End Date:		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	JANUARY 01, 2023	
Xavier Traylor	Ineligible	JANUARY 01, 2023	
Autumn Traylor	Ineligible	JANUARY 01, 2023	
Ashle' Anderson	Ineligible	JANUARY 01, 2023	
Joy L Anderson	Eligible	JANUARY 01, 2023	
Authorized Representative			
Primary Name	Primary Address		



FSS409AE00465APQ5PC

Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MA 9	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19845342		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
Madison Nelson	Eligible	FEBRUARY 01, 2023	
Xavier Traylor	Ineligible	FEBRUARY 01, 2023	
Autumn Traylor	Ineligible	FEBRUARY 01, 2023	
Ashle' Anderson	Ineligible	FEBRUARY 01, 2023	
Joy L Anderson	Ineligible	FEBRUARY 01, 2023	
Authorized Representative			
Primary Name	Primary Address		



FSS409AE00565APQ5PB



Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MA 9	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19845333		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
Madison Nelson	Ineligible	FEBRUARY 01, 2023	
Xavier Traylor	Ineligible	FEBRUARY 01, 2023	
Autumn Traylor	Eligible	FEBRUARY 01, 2023	
Ashle' Anderson	Ineligible	FEBRUARY 01, 2023	
Joy L Anderson	Ineligible	FEBRUARY 01, 2023	
Authorized Representative			
Primary Name	Primary Address		



FSS409AE00665APQ5PA

Assistance Groups							
Type of Assistance: Hoosier Healthwise		Aid Category: MA 9		Emergency Services Only: No			
Details							
Status: Approved			EBT Card Benefit Available Date:				
Case Number: 6005754110			Current Month Amount:				
AG Number: 19845337			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	
Madison Nelson		Ineligible		FEBRUARY 01, 2023			
Xavier Traylor		Eligible		FEBRUARY 01, 2023			
Autumn Traylor		Ineligible		FEBRUARY 01, 2023			
Ashle' Anderson		Ineligible		FEBRUARY 01, 2023			
Joy L Anderson		Ineligible		FEBRUARY 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: 6005754110			Current Month Amount:				
AG Number: 19845326			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	
Joy L Anderson		Ineligible					
Madison Nelson		Ineligible					
Autumn Traylor		Ineligible					
Xavier Traylor		Ineligible					
Ashle' Anderson		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: Denied		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19845328		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
Joy L Anderson	Ineligible		
Madison Nelson	Ineligible		
Autumn Traylor	Ineligible		
Xavier Traylor	Ineligible		
Ashle' Anderson	Ineligible		
Authorized Representative			
Primary Name		Primary Address	

Assistance Groups			
Type of Assistance: Hoosier Healthwise		Aid Category: MA 2	
Emergency Services Only: No			
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19902494		Next Month Amount:	
Effective Date: NOVEMBER 01, 2021		Redetermination Month:	
End Date: JANUARY 31, 2023		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Xavier Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Autumn Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Ashle' Anderson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Authorized Representative			
Primary Name		Primary Address	



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Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MA 2	Emergency Services Only: No	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19902492		Next Month Amount:	
Effective Date: NOVEMBER 01, 2021		Redetermination Month:	
End Date: JANUARY 31, 2023		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Xavier Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Autumn Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Ashle' Anderson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Authorized Representative			
Primary Name	Primary Address		

Assistance Groups

Type of Assistance: Hoosier Healthwise	Aid Category: MA 2	Emergency Services Only: No	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19902493		Next Month Amount:	
Effective Date: NOVEMBER 01, 2021		Redetermination Month:	
End Date: JANUARY 31, 2023		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Xavier Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Autumn Traylor	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Ashle' Anderson	Ineligible	NOVEMBER 01, 2021	JANUARY 31, 2023
Authorized Representative			
Primary Name	Primary Address		



FSS409AE00965APQ5P7



Assistance Groups			
Type of Assistance: The Healthy Indiana Plan		Aid Category: MASP	
Emergency Services Only: No			
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 21467402		Next Month Amount:	
Effective Date: SEPTEMBER 01, 2020		Redetermination Month:	
End Date: AUGUST 31, 2022		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	SEPTEMBER 01, 2020	AUGUST 31, 2022
Xavier Traylor	Ineligible	SEPTEMBER 01, 2020	AUGUST 31, 2022
Autumn Traylor	Ineligible	SEPTEMBER 01, 2020	AUGUST 31, 2022
Ashle' Anderson	Ineligible	SEPTEMBER 01, 2020	AUGUST 31, 2022
Authorized Representative			
Primary Name		Primary Address	

Assistance Groups			
Type of Assistance: The Healthy Indiana Plan		Aid Category: MARP	
Emergency Services Only: No			
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6005754110		Current Month Amount:	
AG Number: 19845351		Next Month Amount:	
Effective Date: MAY 01, 2020		Redetermination Month:	
End Date: AUGUST 31, 2020		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Madison Nelson	Ineligible	MAY 01, 2020	AUGUST 31, 2020
Xavier Traylor	Ineligible	MAY 01, 2020	AUGUST 31, 2020
Autumn Traylor	Ineligible	MAY 01, 2020	AUGUST 31, 2020
Ashle' Anderson	Ineligible	MAY 01, 2020	AUGUST 31, 2020
Authorized Representative			
Primary Name		Primary Address	



FSS409AE01065APQ5PE

Assistance Groups					
Type of Assistance: Family Planning Only		Aid Category: MA E		Emergency Services Only: No	
Details					
Status: Closed			EBT Card Benefit Available Date:		
Case Number: 6005754110			Current Month Amount:		
AG Number: 19845347			Next Month Amount:		
Effective Date: APRIL 01, 2020			Redetermination Month:		
End Date: APRIL 30, 2020			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount: N/A					
Assistance Group Clients					
Names	Participation Status	Effective Date	End Date		
Madison Nelson	Ineligible	APRIL 01, 2020	APRIL 30, 2020		
Xavier Traylor	Ineligible	APRIL 01, 2020	APRIL 30, 2020		
Autumn Traylor	Ineligible	APRIL 01, 2020	APRIL 30, 2020		
Ashle' Anderson	Ineligible	APRIL 01, 2020	APRIL 30, 2020		
Authorized Representative					
Primary Name	Primary Address				