



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

Mailing Date: NOVEMBER 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: Lauren B Davis	Date of Birth: 06/07/2001	
Case Number: 6010691370,6010266631,6010253748	Mailing Address:	
Home Address: 1219 Fayette Dr Fort Wayne IN 46816-3644		

Scheduled Appointment				
Appointment Type	Appointment Date	Scheduled Time	Office Location	

Pending Applications			
Programs Applied For	Date Application Received	Case Number	

	Assista	nce Groups	
Type of Assistance: Hoosier Healthwise	Aid Category: MA Z	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Availab	ole Date:
Case Number: 6010691370		Current Month Amount:	
AG Number: 36291885		Next Month Amount:	
Effective Date: SEPTEMBER	01, 2023	Redetermination Month: AUGUST 2024	
End Date:	Monthly Liability (Health Coverage):		Coverage):
Previous Months Benefit Amo	ount: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	SEPTEMBER 01, 2023	
Charlotte A Boyd	Eligible	SEPTEMBER 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		N/A
Details			
Status: Approved	EBT Card Benefit Available Date: APRIL 07, 2023		Date: APRIL 07, 2023
Case Number: 6010691370		Current Month Amount: \$535.00	
AG Number: 35626650		Next Month Amount: \$535.00	
Effective Date: JUNE 07, 2023		Redetermination Month: MAY 2024	
End Date:		Monthly Liability (Health Co	overage):
Previous Months Benefit Amo	unt: October: \$535.00; Septemb	per: \$516.00; August: \$516.00	
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Charlotte A Boyd	Eligible	JUNE 07, 2023	
Lauren B Davis	Eligible	JUNE 07, 2023	
Authorized Representative			
Primary Name	Primary Address		
	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: 6010691370		Current Month Amount:	
AG Number: 36291887		Next Month Amount:	
Effective Date: SEPTEMBER 0	1, 2023	Redetermination Month: AU	IGUST 2024
End Date:		Monthly Liability (Health Co	overage):
Previous Months Benefit Amo	unt: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Eligible	SEPTEMBER 01, 2023	
Charlotte A Boyd	Ineligible	SEPTEMBER 01, 2023	
-			
Authorized Representative			



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	Assista	nce Groups		
Type of Assistance: TANF	Aid Category: TANF	Emergency Services Onl	y:	
Details				
Status: Denied	EBT Card Benefit Available Date:		ole Date:	
Case Number: 6010691370		Current Month Amount:		
AG Number: 36105816		Next Month Amount:		
Effective Date:		Redetermination Month:		
End Date:		Monthly Liability (Health	Coverage):	
Previous Months Benefit Am	ount:			
Assistance Group Clients				
Names	Participation Status	Effective Date	End Date	
Charlotte A Boyd	Ineligible			
Lauren B Davis	Ineligible			
Authorized Representative				
Primary Name	Primary Address			
	Assista	nce Groups		
Type of Assistance: TANF	Aid Category: TANF	Category: TANF Emergency Services Only:		
Details				
Status: Denied		EBT Card Benefit Available Date:		
Case Number: 6010266631		Current Month Amount:		
AG Number: 33006948		Next Month Amount:		
Effective Date:		Redetermination Month:		
End Date:		Monthly Liability (Health	Coverage):	
Previous Months Benefit Am	ount:			
Assistance Group Clients				
Names	Participation Status	Effective Date	End Date	
Lauren B Davis	Ineligible			
Cody M Boyd	Ineligible			
Authorized Representative				
Primary Name	Primary Address	Primary Address		



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	Assistar	nce Groups		
Type of Assistance: TANF	Aid Category: TANF	id Category: TANF Emergency Services Only:		
Details				
Status: Denied		EBT Card Benefit Available Date:		
Case Number: 6010253748		Current Month Amount:		
AG Number: 34004066		Next Month Amount:	Next Month Amount:	
Effective Date:		Redetermination Month	Redetermination Month:	
End Date:		Monthly Liability (Healt	h Coverage):	
Previous Months Benefit Amo	unt:			
Assistance Group Clients				
Names	Participation Status	Effective Date	End Date	
Charlotte A Boyd	Ineligible			
Grayson Davis	Ineligible			
Addison Davis	Ineligible			
Lauren B Davis	Ineligible			
Gary Davis	Ineligible			
Stephanie Davis	Ineligible			
Authorized Representative				
Primary Name	Primary Address			
	Assistar	nce Groups		
Type of Assistance: Hoosier Healthwise	Aid Category: MA X	Emergency Services O	nly: No	
Details				
		EBT Card Benefit Available Date:		
Status: Closed		EBT Card Benefit Avail	able Date:	
Case Number: 6010691370		EBT Card Benefit Avail Current Month Amount		
Case Number: 6010691370	23	Current Month Amount	:	
Case Number: 6010691370 AG Number: 35626648	23	Current Month Amount Next Month Amount:	: n:	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202		Current Month Amount Next Month Amount: Redetermination Month	: n:	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202 End Date: AUGUST 31, 2023		Current Month Amount Next Month Amount: Redetermination Month	: n:	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202 End Date: AUGUST 31, 2023 Previous Months Benefit Amo		Current Month Amount Next Month Amount: Redetermination Month	: n:	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202 End Date: AUGUST 31, 2023 Previous Months Benefit Amo	ount: N/A	Current Month Amount Next Month Amount: Redetermination Month Monthly Liability (Healt	: h Coverage):	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202 End Date: AUGUST 31, 2023 Previous Months Benefit Amo Assistance Group Clients Names	unt: N/A Participation Status	Current Month Amount Next Month Amount: Redetermination Month Monthly Liability (Healt Effective Date	: h Coverage):	
Case Number: 6010691370 AG Number: 35626648 Effective Date: MARCH 01, 202 End Date: AUGUST 31, 2023 Previous Months Benefit Amo Assistance Group Clients Names Lauren B Davis	unt: N/A Participation Status Ineligible	Current Month Amount Next Month Amount: Redetermination Month Monthly Liability (Healt Effective Date MARCH 01, 2023	: :h Coverage): End Date AUGUST 31, 2023	



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	Assista	nce Groups	
Type of Assistance: The Healthy Indiana Plan	Aid Category: MAMA	Emergency Services Only: No	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6010691370	se Number: 6010691370		t:
AG Number: 35626649		Next Month Amount:	
Effective Date: MARCH 01, 2	023	Redetermination Month:	
End Date: AUGUST 31, 2023		Monthly Liability (Heal	th Coverage):
Previous Months Benefit An	nount: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	MARCH 01, 2023	AUGUST 31, 2023
Charlotte A Boyd	Ineligible	MARCH 01, 2023	AUGUST 31, 2023
Authorized Representative			
Primary Name	Primary Address		
	Assista	nce Groups	
Type of Assistance: SNAP	Aid Category: SNAP	Emergency Services O	nly:
Details			
Status: Closed		EBT Card Benefit Avai	lable Date:
Case Number: 6010266631		Current Month Amoun	t:
AG Number: 33006949		Next Month Amount:	
Effective Date: AUGUST 16,	2021	Redetermination Mont	h:
End Date: DECEMBER 31, 20	021	Monthly Liability (Heal	th Coverage):
Previous Months Benefit An	nount:		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	AUGUST 16, 2021	DECEMBER 31, 2021
Cody M Boyd	Ineligible	AUGUST 16, 2021	DECEMBER 31, 2021
Authorized Representative			
Primary Name	Primary Address	Primary Address	



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	Assistance	e 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: 6010266631		Current Month Amount:	
AG Number: 32968884		Next Month Amount:	
Effective Date: JUNE 01, 2021		Redetermination Month:	
End Date: JULY 31, 2021		Monthly Liability (Health C	Coverage):
Previous Months Benefit Amo	unt: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	JUNE 01, 2021	JULY 31, 2021
Authorized Representative			
Primary Name	Primary Address		
	Assistance	e Groups	
Type of Assistance: The	Aid Category: MAMA	MA Emergency Services Only: No	
Healthy Indiana Plan		Emergency Services Only	: No
Healthy Indiana Plan Details		Emergency Services Only	: NO
·		EBT Card Benefit Availabl	
Details			
Details Status: Closed		EBT Card Benefit Availabl	
Details Status: Closed Case Number: 6010253748		EBT Card Benefit Availabl Current Month Amount:	
Details Status: Closed Case Number: 6010253748 AG Number: 34030419		EBT Card Benefit Available Current Month Amount: Next Month Amount:	e Date:
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01	, 2022	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month:	e Date:
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01 End Date: MARCH 31, 2023	, 2022	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month:	e Date:
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01 End Date: MARCH 31, 2023 Previous Months Benefit Amo	, 2022	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month:	e Date:
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01 End Date: MARCH 31, 2023 Previous Months Benefit Amo Assistance Group Clients	, 2022 unt: N/A	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month: Monthly Liability (Health C	e Date: Coverage):
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01 End Date: MARCH 31, 2023 Previous Months Benefit Amo Assistance Group Clients Names	, 2022 unt: N/A Participation Status	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month: Monthly Liability (Health Control of the Control o	e Date: Coverage): End Date
Details Status: Closed Case Number: 6010253748 AG Number: 34030419 Effective Date: NOVEMBER 01 End Date: MARCH 31, 2023 Previous Months Benefit Amo Assistance Group Clients Names Lauren B Davis	, 2022 unt: N/A Participation Status Ineligible	EBT Card Benefit Available Current Month Amount: Next Month Amount: Redetermination Month: Monthly Liability (Health Company) Effective Date NOVEMBER 01, 2022	e Date: Coverage): End Date MARCH 31, 2023



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	Accieta	nce Groups	
Time of Assistance Heavier		•	less NIa
Type of Assistance: Hoosier Healthwise	Aid Category: MA X	Emergency Services Only: No	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6010253748		Current Month Amount:	
AG Number: 34829812		Next Month Amount:	
Effective Date: AUGUST 01, 20	022	Redetermination Month:	
End Date: MARCH 31, 2023		Monthly Liability (Health	Coverage):
Previous Months Benefit Amo	ount: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	AUGUST 01, 2022	MARCH 31, 2023
Charlotte A Boyd	Ineligible	AUGUST 01, 2022	MARCH 31, 2023
Authorized Representative			
Primary Name	Primary Address	rimary Address	
	Assista	nce Groups	
Type of Assistance: SNAP	Aid Category: SNAP	Emergency Services Only:	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6010253748		Current Month Amount:	
AG Number: 32890882		Next Month Amount:	
Effective Date: DECEMBER 27	7, 2022	Redetermination Month:	
End Date: MARCH 31, 2023		Monthly Liability (Health	Coverage):
Previous Months Benefit Amo	ount:		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Charlotte A Boyd	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Grayson Davis	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Addison Davis	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Lauren B Davis	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Cody M Boyd	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Gary Davis	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Stephanie Davis	Ineligible	DECEMBER 27, 2022	MARCH 31, 2023
Authorized Representative		·	
Primary Name	Primary Address		



	Assista	nce 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: 6010253748		Current Month Amount:	
AG Number: 34030421		Next Month Amount:	
Effective Date: NOVEMBER 0	1, 2021	Redetermination Month:	
End Date: NOVEMBER 30, 20	21	Monthly Liability (Health Coverage):	
Previous Months Benefit Am	ount: N/A		
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Lauren B Davis	Ineligible	NOVEMBER 01, 2021	NOVEMBER 30, 2021
Authorized Representative			
Primary Name	Primary Address		