



## Proof Of Eligibility

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



\*FSS409AE001X4MVF45C\*



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**

### Assistance Groups

**Type of Assistance:** Hoosier  
Healthwise

**Aid Category:** MA Z

**Emergency Services Only:** No

#### Details

**Status:** Approved

**EBT Card Benefit Available 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):**

**Previous Months Benefit Amount:** 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

<b>Type of Assistance:</b> SNAP	<b>Aid Category:</b> SNAP	<b>Emergency Services Only:</b> N/A	
<b>Details</b>			
<b>Status:</b> Approved		<b>EBT Card Benefit Available Date:</b> APRIL 07, 2023	
<b>Case Number:</b> 6010691370		<b>Current Month Amount:</b> \$535.00	
<b>AG Number:</b> 35626650		<b>Next Month Amount:</b> \$535.00	
<b>Effective Date:</b> JUNE 07, 2023		<b>Redetermination Month:</b> MAY 2024	
<b>End Date:</b>		<b>Monthly Liability (Health Coverage):</b>	
<b>Previous Months Benefit Amount:</b> October: \$535.00; September: \$516.00; August: \$516.00			
<b>Assistance Group Clients</b>			
<b>Names</b>	<b>Participation Status</b>	<b>Effective Date</b>	<b>End Date</b>
Charlotte A Boyd	Eligible	JUNE 07, 2023	
Lauren B Davis	Eligible	JUNE 07, 2023	
<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> MASB	<b>Emergency Services Only:</b> No	
<b>Details</b>			
<b>Status:</b> Approved		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6010691370		<b>Current Month Amount:</b>	
<b>AG Number:</b> 36291887		<b>Next Month Amount:</b>	
<b>Effective Date:</b> SEPTEMBER 01, 2023		<b>Redetermination Month:</b> AUGUST 2024	
<b>End Date:</b>		<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>
Lauren B Davis	Eligible	SEPTEMBER 01, 2023	
Charlotte A Boyd	Ineligible	SEPTEMBER 01, 2023	
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		



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Assistance Groups					
Type of Assistance: TANF		Aid Category: TANF		Emergency Services Only:	
Details					
Status: Denied			EBT Card Benefit Available 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 Amount:					
Assistance Group Clients					
Names	Participation Status	Effective Date	End Date		
Charlotte A Boyd	Ineligible				
Lauren B Davis	Ineligible				
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: 6010266631			Current Month Amount:		
AG Number: 33006948			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		
Lauren B Davis	Ineligible				
Cody M Boyd	Ineligible				
Authorized Representative					
Primary Name	Primary Address				



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Assistance Groups					
Type of Assistance: TANF		Aid 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:		
Effective Date:			Redetermination Month:		
End Date:			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount:					
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			

Assistance Groups					
Type of Assistance: Hoosier Healthwise		Aid Category: MA X		Emergency Services Only: No	
Details					
Status: Closed			EBT Card Benefit Available Date:		
Case Number: 6010691370			Current Month Amount:		
AG Number: 35626648			Next Month Amount:		
Effective Date: MARCH 01, 2023			Redetermination Month:		
End Date: AUGUST 31, 2023			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount: 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			



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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> 6010691370		<b>Current Month Amount:</b>	
<b>AG Number:</b> 35626649		<b>Next Month Amount:</b>	
<b>Effective Date:</b> MARCH 01, 2023		<b>Redetermination Month:</b>	
<b>End Date:</b> AUGUST 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>
Lauren B Davis	Ineligible	MARCH 01, 2023	AUGUST 31, 2023
Charlotte A Boyd	Ineligible	MARCH 01, 2023	AUGUST 31, 2023
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		

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> 6010266631		<b>Current Month Amount:</b>	
<b>AG Number:</b> 33006949		<b>Next Month Amount:</b>	
<b>Effective Date:</b> AUGUST 16, 2021		<b>Redetermination Month:</b>	
<b>End Date:</b> DECEMBER 31, 2021		<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>
Lauren B Davis	Ineligible	AUGUST 16, 2021	DECEMBER 31, 2021
Cody M Boyd	Ineligible	AUGUST 16, 2021	DECEMBER 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> 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> 6010266631		<b>Current Month Amount:</b>	
<b>AG Number:</b> 32968884		<b>Next Month Amount:</b>	
<b>Effective Date:</b> JUNE 01, 2021		<b>Redetermination Month:</b>	
<b>End Date:</b> JULY 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>
Lauren B Davis	Ineligible	JUNE 01, 2021	JULY 31, 2021
<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> 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> 6010253748		<b>Current Month Amount:</b>	
<b>AG Number:</b> 34030419		<b>Next Month Amount:</b>	
<b>Effective Date:</b> NOVEMBER 01, 2022		<b>Redetermination Month:</b>	
<b>End Date:</b> MARCH 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>
Lauren B Davis	Ineligible	NOVEMBER 01, 2022	MARCH 31, 2023
Charlotte A Boyd	Ineligible	NOVEMBER 01, 2022	MARCH 31, 2023
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		



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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> 6010253748		<b>Current Month Amount:</b>	
<b>AG Number:</b> 34829812		<b>Next Month Amount:</b>	
<b>Effective Date:</b> AUGUST 01, 2022		<b>Redetermination Month:</b>	
<b>End Date:</b> MARCH 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>
Lauren B Davis	Ineligible	AUGUST 01, 2022	MARCH 31, 2023
Charlotte A Boyd	Ineligible	AUGUST 01, 2022	MARCH 31, 2023
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		

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> 6010253748		<b>Current Month Amount:</b>	
<b>AG Number:</b> 32890882		<b>Next Month Amount:</b>	
<b>Effective Date:</b> DECEMBER 27, 2022		<b>Redetermination Month:</b>	
<b>End Date:</b> MARCH 31, 2023		<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>
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
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		



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### Assistance Groups

<b>Type of Assistance:</b> Family Planning Only	<b>Aid Category:</b> MA E	<b>Emergency Services Only:</b> No	
<b>Details</b>			
<b>Status:</b> Closed		<b>EBT Card Benefit Available Date:</b>	
<b>Case Number:</b> 6010253748		<b>Current Month Amount:</b>	
<b>AG Number:</b> 34030421		<b>Next Month Amount:</b>	
<b>Effective Date:</b> NOVEMBER 01, 2021		<b>Redetermination Month:</b>	
<b>End Date:</b> NOVEMBER 30, 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>
Lauren B Davis	Ineligible	NOVEMBER 01, 2021	NOVEMBER 30, 2021
<b>Authorized Representative</b>			
<b>Primary Name</b>	<b>Primary Address</b>		