



Los Angeles County,  
California  
USER MANUAL

June 2014

**DRAFT**

## Table of Contents

---

|   |           |
|---|-----------|
| <b>Introduction to One-e-App</b>              | <b>4</b>  |
| One-e-App Hardware and Software Requirements  | 6         |
| Contacts and Website Information              | 7         |
| One-e-App Steps to Complete a New application | 8         |
| <b>Logging On</b>                             | <b>9</b>  |
| Welcome Screen                                | 10        |
| User Login                                    | 11        |
| User ID and Password                          | 12        |
| Changing your One-e-App Password              | 13        |
| User Types                                    | 14        |
| Work Location                                 | 15        |
| Dashboard (Main Menu)                         | 16        |
| <b>Creating a New Application</b>             | <b>18</b> |
| <b>Getting Started</b>                        | <b>19</b> |
| Search for an Application                     | 20        |
| Search Results                                | 22        |
| Data Sharing Agreement                        | 23        |
| <b>Your Household</b>                         | <b>24</b> |
| Primary Informant                             | 25        |
| Standard Page Features                        | 26        |
| Tell us your address                          | 27        |
| USPS Address Check                            | 28        |
| Tell us more about (adults/children)          | 29        |
| Tell us about the child's parents             | 31        |
| Pregnant persons in the household             | 33        |
| Household Summary                             | 34        |
| Household Relationships                       | 35        |
| <b>Income</b>                                 | <b>36</b> |
| Income  | 37        |
| Household Care Expenses                       | 39        |
| <b>Additional Information</b>                 | <b>41</b> |
| One-e-App Person Clearance                    | 42        |
| Household Person Details                      | 43        |
| <b>Preliminary Eligibility Determination</b>  | <b>44</b> |
| Results                                       | 46        |
| <b>Program Submission</b>                     | <b>47</b> |
| Program Submission List                       | 48        |
| One-e-App Reconsider Referral                 | 49        |
| MHLA Medical Home Search                      | 50        |
| MHLA Medical Home Search Results              | 51        |
| MHLA Medical Home Summary                     | 52        |
| MHLA Document Verification                    | 53        |
| MHLA Document Verification Summary            | 54        |
| Signature Option                              | 55        |

|  |              |
|--|--------------|
| MHLA Rights and Declarations .....         | 56           |
| MHLA Application Submission .....          | 57           |
| Medi-Cal Immigration Details .....         | 58           |
| Medi-Cal Referral .....                    | 59           |
| Medi-Cal Saw 1 .....                       | 60           |
| Medi-Cal Saw 2 .....                       | 61           |
| Medi-Cal Application Submission .....      | 62           |
| <b>Application Completion .....</b>        | <b>63</b>    |
| <b>Faxing and Uploading Documents.....</b> | <b>64</b>    |
| <b>Tip Sheets.....</b>                     | <b>69</b>    |
| Applications In Progress .....             | 70           |
| Program Submission Workload .....          | 71           |
| One-e-App Navigation .....                 | 72           |
| Renew/Modify .....                         | 73           |
| Application Summary.....                   | 75           |
| <b>Using the One-e-App Help Desk.....</b>  | <b>76</b>    |
| <b>Appendix A: Program Overview.....</b>   | <b>A1-A6</b> |



## Introduction to One-e-App

---



**One-e-App** is a Web-based system for connecting families with a range of health, social service and other support programs. This program improves the efficiency and user-friendliness of the application process for families. This is the One-e-App user manual for Los Angeles County, California.

One-e-App determines **eligibility and enrollment** for the following program:

My Health LA

One-e-App creates **referrals** for the following programs:

Medi-Cal  
LA Care's Healthy Kids Program

One-e-App is easy to use. The application uses an interactive, interview approach to help simplify data collection and entry. The system features drop-down menus, report creation, radio buttons, and other navigation tools important to the enrollment process.

One-e-App helps to improve the quality and completeness of applications. The system performs routine error checks and provides immediate notification when a required field is incomplete or if data is incorrectly entered.

Other services are provided in real time, including an instant toggle between English and Spanish versions of the application, real-time selection of participating Medical Home clinics, and real-time submission of applications for Preliminary Eligibility Determination.

**The following are required to operate the One-e-App system:**

**Hardware**

- Computer or Laptop
- High speed Internet connection
- Printer
- Fax Machine or Scanner
- Electronic Signature Tablet (*Optional*)

**Software**

- Internet Web Browser
  - Internet Explorer 7.0 or higher
  - Optional web browsers include: Apple Safari 4.1 or higher, Mozilla Firefox 7.0 or higher, Google Chrome 14.0 or higher and Opera 10.0 or higher
- Adobe Acrobat Reader (v6 or higher)

**Contact Information:**

| Contact             | Contact Information                     | For                            |
|---------------------|---|--------------------------------|
| One-e-App Help Desk | 866-429-1979<br>tpro@socialinterest.org | One-e-App Technical Assistance |

**Web Sites**

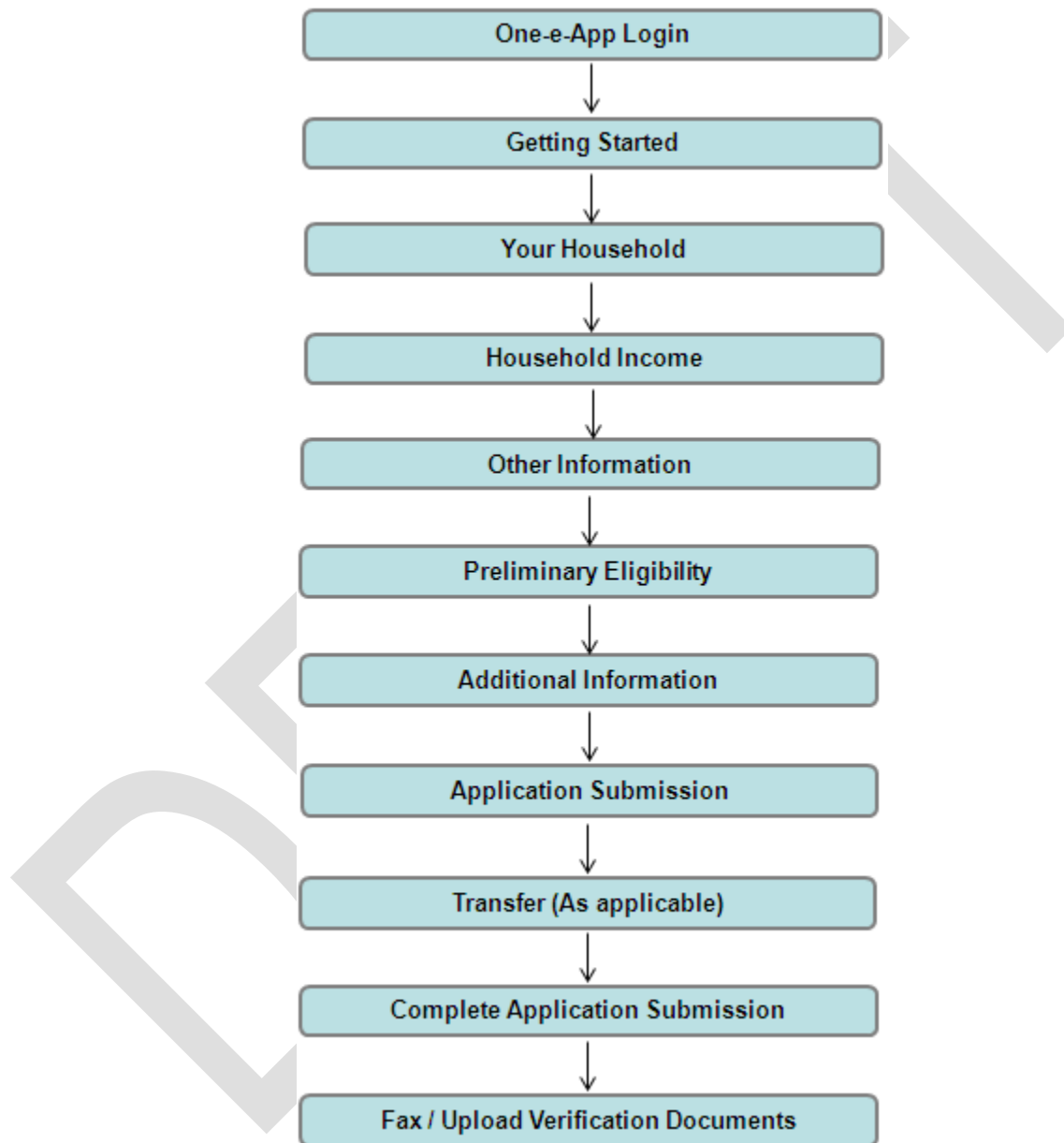
| Web Site                                    | URL   |
|---|---|
| One-e-App <b>Training</b> web site          | <a href="https://www.assistedoneeapp.info">https://www.assistedoneeapp.info</a> |
| One-e-App <b>Live</b> (Production) web site | <a href="https://www.assistedoneeapp.org">https://www.assistedoneeapp.org</a>   |



---

## One-e-App Steps to Complete a New Application

The following flow chart outlines the steps of creating and submitting new applications in One-e-App. This user manual provides detailed information about each of these steps.

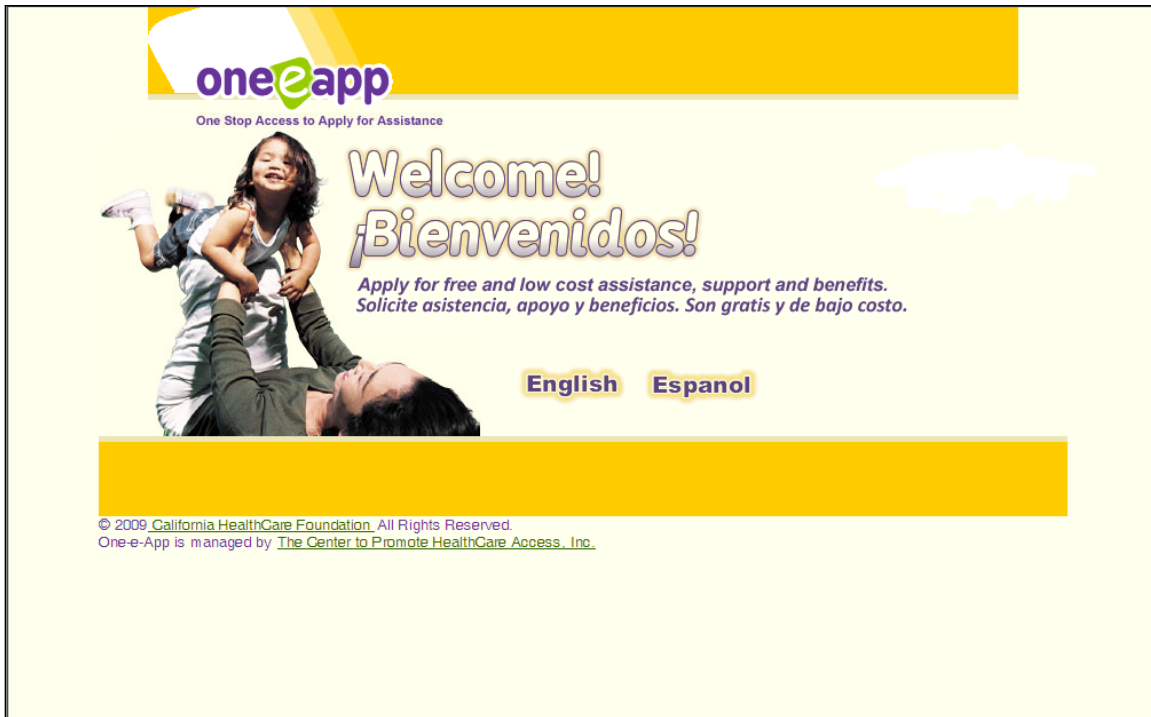




## Logging On

---





- The One-e-App Training website address is: <https://www.assistedoneeapp.info>. You can use this website to test and train on the One-e-App system without enrolling someone.
- The One-e-App Live (Production) website address is <https://www.assistedoneeapp.org>. You can use this website to enroll individuals into the MHLA program.

English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

logout

Change Font Size    A    A    A

### User Login

Please login using the User Name (with county extension) and password that were assigned to you.  
Example User Name: For a User Name of "caa" and County ID of "ccc" enter "caa.ccc" User Name.

User ID

Password

[Click here](#) if you have forgotten your password.

Next

- You will receive your **User ID** and **Password** information from your agency's One-e-App System Administrator.
- Type your **User ID** and **Password** on this screen and click **Next** button to log onto One-e-App.
- Your **User ID** comes with an extension to indicate what system to log you into (e.g., .lac).

**User ID:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Note:** You can change the One-e-App screen font size for easier viewing by using the "Change Font Size" selection feature that is available on the top right corner of most screens in One-e-App.

You will receive your **User ID** and a **Default Password** from your agency's One-e-App System Administrator. Your Default Password will allow you to log onto One-e-App for the first time. During the login process, you will be prompted to change your password to your own private password which must meet the requirements described below.

### Password Requirements:

- At least 8 characters in length
- Contain at least one number
- Contain at least one special character (\*, \$, @)
- Combination of upper and lower case characters
- Case sensitive (It matters if you type the password in capital or lower case letters)

SAMPLE: LatteTr8\*

**If you forgot your password or if your password was disabled:** You can click on [“Click here”](#) to reset your password if you forgot it or if your account was disabled after you entered five incorrect passwords. You will need to answer your secret question correctly in order to reset your password. If your account was disabled, you will need to contact the Agency's One-e-App Super System Administrator to reset your password to the default password.

**Passwords Expire Every 30 Days:** Seven days before your One-e-App password expires, you will receive a reminder that your password is about to expire, and that you need to select a new password.

### Changing Your Password

Changing your password in One-e-App is easy. Simply click on the “Change Password” link under “My Account” on your One-e-App Dashboard and it will take you to a page to change your password.

Enter your old password, then enter your new password twice to confirm it. Each time you change your password, the system will bring up the User License Agreement Form and User Confidentiality Agreement form for you to review. You will need to scroll down to the bottom of the page and click “I Agree”.

After you sign the agreement, you will go to the user login page and you will need to sign in with your new password.



**Change Password**

Please create a password with the following characteristics.

- Must be at least 8 characters in length

Old Password

New password

Confirm new password

**User License Agreement Form**

Agreement Form

Licensee acknowledges and understands that the rights and obligations under this EULA have been sublicensed from CHCF. Therefore, Licensee acknowledges and agrees that its obligations hereunder remain in effect for as long as it continues to possess or use the Software, and such obligations shall be for the benefit of CHCF and shall be directly enforceable by CHCF. In addition, all rights of Licensor under this EULA shall be directly enforceable by CHCF. Licensee will not assign (directly, by operation of law or otherwise) this EULA or any of its rights under this EULA without the prior written consent of Licensor. Any failure of Licensor to insist upon or enforce performance by Licensee under this EULA, or to exercise any rights or remedies under this EULA will not be interpreted or construed as a waiver or relinquishment of Licensor's right to assert or rely upon such provision, right or remedy in that or any other instance; rather the same will be and remain in full force and effect. Except as may be otherwise provided in a written agreement between Licensor and Licensee signed by both parties ("Written Agreement"), this EULA supersedes any and all prior agreements between Licensor and Licensee relating to the Software and/or Documentation. No amendment of this Agreement will be valid unless set forth in a written instrument signed by Licensor. If there is a conflict between this EULA and the terms of any Written Agreement, the terms of the Written Agreement shall control. This EULA will be interpreted, construed and enforced in all respects in accordance with the laws of the state of California without reference to its choice of law rules.

PLEASE INDICATE WHETHER YOU "AGREE" OR "DISAGREE" WITH THESE TERMS AND CONDITIONS BY CLICKING ON THE BUTTON BELOW.

[ "AGREE" or "DISAGREE" ]

☒ I Agree ☐ I Disagree

**User Confidentiality Agreement Form**

Agreement Form

- I will provide my services to all interested applicants and will not discriminate against any applicants based on race, color, religion, gender, age, sexual orientation or immigration status.
- I will not charge or receive monetary payments from applicants for help with enrollment or assistance in completing or troubleshooting an application.
- I will respect the applicant's choice to select an agency and application assistant and will not engage in unethical practices to engage applicants to use my application assistant services.
- I will not influence, coach, or recommend applicants to select any one provider.
- I will not take payments for premiums from applicants.
- I understand that by assisting an applicant with completing an application in One-e-App that I am not deemed an employee, agent, or officer of Santa Clara Family Health Plan, the Santa Clara County Department of Health Services, the Santa Clara County Department of Public Social Services or its partners. Only designated employees, agents or officers of these organizations will have this status.

☒ I Agree ☐ I Disagree

#### Password Tips:

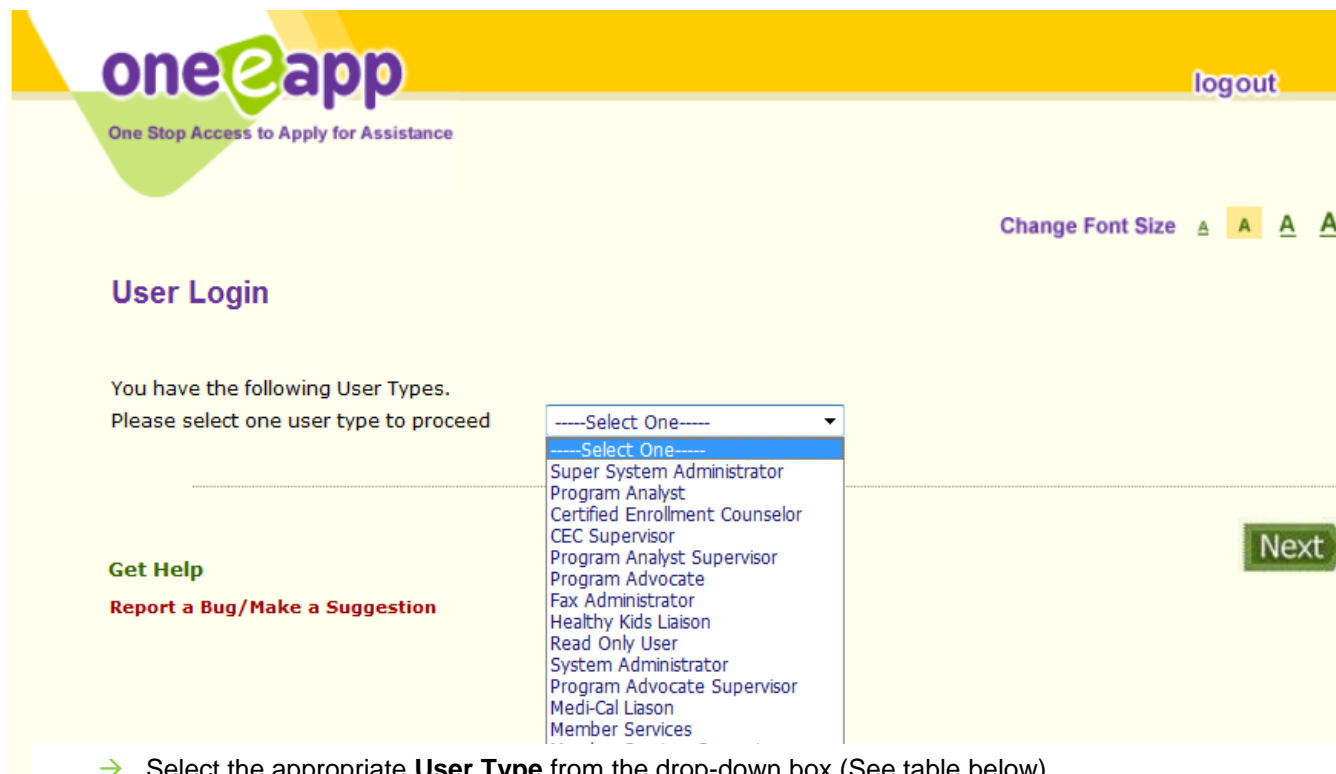
One-e-App passwords expire every 30 days. The guidelines below offer some helpful ideas for selecting a password that is both strong and easy for you to remember.

“Strong” passwords contain:

- upper and lower case characters
- digits and punctuation characters (e.g., @ # \$)
- letters
- at least eight alphanumeric characters

*Other password security tips:* Secure passwords should not be found in a dictionary (English or foreign), should not be based on personal information (e.g., names of family), and should never be written down or stored on-line. Try to create passwords that can be easily remembered.

**Note:** The Super System Administrator can change the default password expire time to expire in more or fewer days than 30.



oneeapp

One Stop Access to Apply for Assistance

logout

Change Font Size A A A

### User Login

You have the following User Types.  
Please select one user type to proceed

-----Select One-----

- Select One-----
- Super System Administrator
- Program Analyst
- Certified Enrollment Counselor
- CEC Supervisor
- Program Analyst Supervisor
- Program Advocate
- Fax Administrator
- Healthy Kids Liaison
- Read Only User
- System Administrator
- Program Advocate Supervisor
- Medi-Cal Liaison
- Member Services

Get Help

Report a Bug/Make a Suggestion

Next

- Select the appropriate **User Type** from the drop-down box (See table below).
- The most common User Types are **Certified Enrollment Counselor (CEC)** and **CEC Supervisor**.
- Click **Next** button to log onto One-e-App.

English | Español

oneeapp

One Stop Access to Apply for Assistance

help log-out

Change Font Size A A A A

**Work Location**

Please select a work location.

Work Location

☒ Save as default location.

Next

Report a Bug/Make a Suggestion

One-e-App Helpdesk Phone # 1-866-429-1979

- Each time you log into the One-e-App program, you will be asked to indicate the **location** where you are providing application assistance using One-e-App. Please note that this is where you are physically located when you are providing application assistance, not necessarily where you generally work. This function will track the applications that are completed at each of your agency's enrollment sites.

If you primarily work out of one location, you can check a box to save it as your default location. The next time you log on you will see the default location.

**Note:** Need Help? Click the **Help** button located on the top right area on most screens to view help about One-e-App.



English | Español

logout

oneeapp

One Stop Access to Apply for Assistance

Change Font Size

A

A

A

Welcome to my oneeapp Camron Thissen !

Test

Search for an Application...

Search

Application Assistance...

Begin Application

Renew/Modify Application

Search for Person/Application

Attach Scanned Documents

Search Disenrolled Persons

Print Document Coversheet

Print Blank Forms

Re-print Forms

Notes

Support Documentation

Enrollment Assistance...

Manage Program Disposition

Potential Renewal Reminders

Update Applicant Data

Caseload...

General Inquiry Call

Manage Contacts

View Counselor Workload

Program Submission Workload

Submitted Applications Awaiting Verification Documents

Expired Applications

Application Workflow History

View Verification Document

Public User Support Workload

Outreach...

Password Reset

Default Location

Reminders

Faxes

Renewal Outreach List

Follow-Up Workload

Administration...

Program Follow-up Workload

Case Management History

Confirm My Health LA Disenrollment

Case Management

eLearning

Get Help

Report a Bug/Make a Suggestion

My Assisted Applications

Minimize

7 In Progress (Last 30 days)

0 Expired (Last 30 days)

0 Due for Renewals (Last 30 to 90 days)

My Assisted Persons

Minimize

8 Pending Submission (Last 30 days)

37 Submitted (Last 30 days)

My Mailbox

Minimize

0 Tickler(s) (Last 30 days)

0 Reminder(s) (Last 30 days)

1 Message(s) (Last 30 days)

My Account

Minimize

Secret Question

Messages

Profile

Font Size Settings

Ticklers

This is the Dashboard (aka "Main Menu")

One-e-App User Manual

16

Confidential and Proprietary  
© 2014 Social Interest Solutions

The **dashboard** provides an easy way to access all the information available in One-e-App. You can find or start applications, check enrollment status, track your outreach efforts, and manage your user account, ticklers, and other alerts.

This is a brief overview of the sections available on the One-e-App dashboard. Under each section are links to go to different screens in One-e-App.

**My Assisted Applications** is where you can see a summary of the number of applications by status (In Progress, Expired, and Due for Renewal).

**My Assisted Persons** shows you a count of how many applicants are waiting for their application to the MHLA program to be submitted, as well as how many MHLA applications have already been submitted.

**My Mailbox** provides links to all of the different alerts you can receive in One-e-App, such as Ticklers, Reminders, and Messages.

**My Account** is where you can manage your individual account settings, such as passwords, secret questions, default location, profile, and adjust the font size for the screens.

On the left hand column:

**Application Assistance** has links to help you start or modify an application, upload supporting documents, print forms, etc.

**Enrollment Assistance** includes links to allow you to update applicants' address and contact information in One-e-App.

**Caseload** includes links to tables that show the status of applications (In progress, Submitted, Expired).

**Outreach** has links to View Faxes and other messages, reminders, etc.



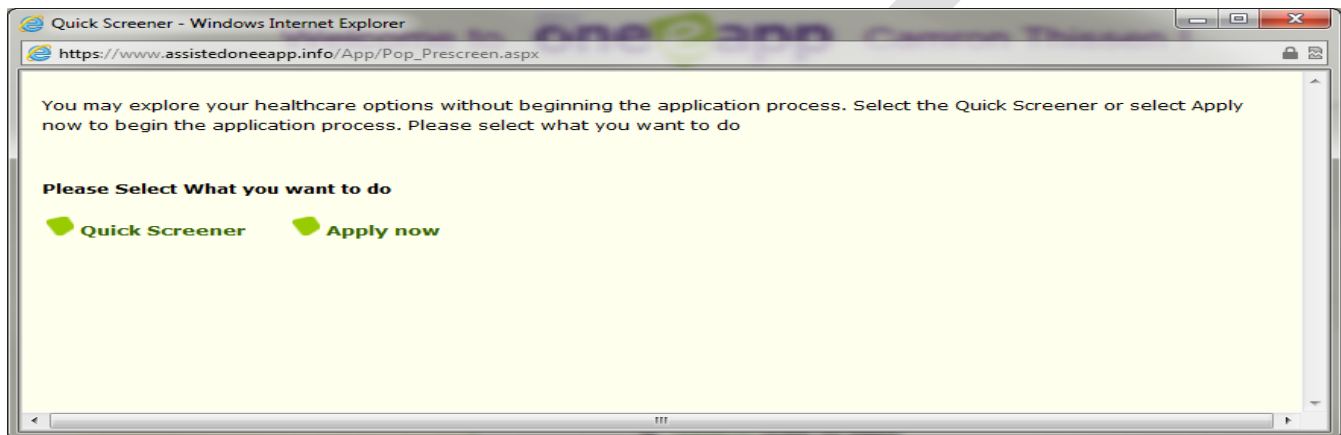
## Creating a New Application

---



## GETTING STARTED: Search for an Application

- Once you click “**Begin Application**” a pop-up message will appear with two options:
- **Quick Screener** – clicking on this option will bring you to a page with a few questions that will conduct a high-level screening for potential eligibility for the MHLA program.
  - **Apply Now** – clicking in this option will navigate you to the first screen in the new application process.



### Quick Screener Screen:

A screenshot of the "Quick Screener" screen within the "oneeapp" application. The header is yellow and features the "oneeapp" logo, the tagline "One Stop Access to Apply for Assistance", and links for "English | Español", "logout", and a "Menu". The main content area is white and contains several questions with input fields: "Is anyone eligible?" (with a dropdown arrow), "Please enter the zip code of your home address?" (with two input boxes), "How many persons do you have in your household?" (with a dropdown arrow), "Is anyone in the household Pregnant?" (with radio buttons for "Yes" and "No"), and "What is the total Gross Monthly Income for your household?" (with a text input field showing "\$0.00" and a link to "Gross Monthly Income Calculator"). At the bottom left, there are links for "Get Help" and "Report a Bug/Make a Suggestion". At the bottom right, there is a green "Next" button with a right-pointing arrow.

- Once the client has been screened through the **Quick Screener**, the Assistor will be given the following options:
- **Begin Application** will allow the Assistor to create a new application.
  - **No Thanks** will return the Assistor to the Main Dashboard.

The screenshot shows the One-e-App interface with a yellow header. The logo "oneeapp" is on the left, and "English | Español" is on the right. Below the logo is the tagline "One Stop Access to Apply for Assistance". A "logout" link is in the top right. A "Menu" icon is below the logo. A "Change Font Size" link with three size options (A, A, A) is on the right. The main content area has a heading "You may be potentially eligible for available health coverage programs." followed by a note: "Based on the information you entered, your household **MAY QUALIFY** for:". Below this is a table with three columns: "Eligible", "Program Name", and "Income Range". The table lists three programs: Medi-Cal, My Health LA, and Healthy Kids, all with green checkmarks in the "Eligible" column. Below the table is a note: "Note: Certain factors may change potential results which can include Pregnancy, Disability, Age and Legal Status as well as other less common factors." followed by two buttons: "Click **Begin Application** to proceed with an application." and "Click **No Thanks** to exit without creating an application." At the bottom, there is a link "Report a Bug/Make a Suggestion", a phone number "One-e-App Helpdesk Phone # 1-866-429-1979", and a "Live Chat" button with a person icon and the text "How may we help you today?".

English | Español

oneeapp

One Stop Access to Apply for Assistance

logout

Menu

Change Font Size A A A

**You may be potentially eligible for available health coverage programs.**

Based on the information you entered, your household **MAY QUALIFY** for:

| Eligible | Program Name | Income Range        |
|----------|--------------|---------------------|
| ✓        | Medi-Cal     | \$0.00 - \$21726.72 |
| ✓        | My Health LA | \$0.00 - \$21726.72 |
| ✓        | Healthy Kids | \$0.00 - \$62976.00 |

**Note:** Certain factors may change potential results which can include Pregnancy, Disability, Age and Legal Status as well as other less common factors.

Click **Begin Application** to proceed with an application.

Click **No Thanks** to exit without creating an application.

Report a Bug/Make a Suggestion

One-e-App Helpdesk Phone # 1-866-429-1979

Live Chat

How may we help you today?

**Note:** The Income Range in the grid above is populated based on the number of household members entered in the previous screen.

**oneeapp**  
One Stop Access to Apply for Assistance

logout

Change Font Size

### Search for an Application

Please enter a unique identifier or at least two personal criteria to search for a case

Search Type: **Exact Match**

Result Type: **Application View**

**Unique Identifier**

Application ID

Person ID

Social Security Number

**Person Detail**

First Name

Middle Name

Last Name

Suffix

Gender ☐ Male ☐ Female

Date of Birth

Mothers Maiden Name

**Contact Detail**

Phone 1

Phone 2

E-Mail Address 1

E-Mail Address 2

The search results can be further filtered by person's place of birth, the assistor's name, the application date range and/or the Eligible Program Name.

**Person Place of Birth**

California County  or

US State  or

Other Country

**Application Assistor**

First Name

Last Name

**Date Range**

Date Type: **Creation Date**

From

To


**Eligible Program Name**

**Search** | **Reset**

[Report a Bug/Make a Suggestion](#)

When you begin a new application, One-e-App will prompt you to **conduct an application search**. This is important to prevent duplicate applications in the system.

- Each additional criteria that you enter narrows your search further.
  - The One-e-App model is predicated on sharing and maintaining a single application. Therefore it is very important that you choose criteria that will return the most effective search results.
- If you search by **Person Detail** or **Place of Birth**, you must enter at least two criteria, such as **First Name** and **Last Name** or **First Name** and **Date of Birth**.
- If you want to see all of the applications that you have created, enter your name in the **Application Assistor First Name** and **Last Name** fields.
- If you search by **Unique Identifiers**, such as **Application ID** or **Social Security Number (SSN)**, you need to enter only one search criteria.
- Enter your criteria and click the **Search** button to proceed.


[logout](#)
  
One Stop Access to Apply for Assistance
  
[Menu](#)
  
Change Font Size [A](#) [A](#) [A](#)

### Search Results - Exact Match

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted in blue.

Note: This search was performed based on an exact match on the name search criteria. If you do not find the match you are looking for or there are no results returned, please change/correct the parameters entered or change the search to Scored Matches.

#### Applications in Progress

|                          | Applicant Name | Date Of Birth | Created By     | Creation Date | Application ID    | Person ID | Score  | Notes |
|--------------------------|----------------|---------------|----------------|---------------|-------------------|-----------|--------|-------|
| <input type="checkbox"/> | James Justice  | 5/22/1901     | Avaneet Buttar | 7/1/2014      | 19002201418100305 | N/A       | 100.00 |       |
| <input type="checkbox"/> | Justin Justice | 2/2/2010      | Avaneet Buttar | 7/1/2014      | 19002201418100305 | N/A       | 100.00 |       |

#### Applications Pending Submission

|                          | Applicant Name | Date Of Birth | Created By     | Creation Date | Program Name                           | Retrieve Document Cover Sheet | Application ID    | Person ID         | Notes | View Documents |
|--------------------------|----------------|---------------|----------------|---------------|--|-------------------------------|-------------------|-------------------|-------|----------------|
| <input type="checkbox"/> | Sam Justice    | 10/22/2009    | Camron Thissen | 6/5/2014      | Healthy Kids                           | Fax                           | 19002201415500010 | 31900201000172147 |       | N/A            |
| <input type="checkbox"/> | James Justice  | 5/5/1985      | Avaneet Buttar | 7/2/2014      | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201418200196 | 31900201032183147 |       | N/A            |
| <input type="checkbox"/> | James Justice  | 5/5/1985      | Avaneet Buttar | 7/2/2014      | MY Health LA                           | Fax                           | 19002201418200196 | 31900201032183147 |       | N/A            |
| <input type="checkbox"/> | Sam Justice    | 5/5/2009      | Avaneet Buttar | 7/2/2014      | Healthy Kids                           | Fax                           | 19002201418200196 | 31900201034183143 |       | N/A            |

#### Applications Pending Verification Documents


|                                 | Applicant Name | Date Of Birth | Created By | Creation Date | Program Name | Retrieve Fax | Application ID | Person ID | Score |
|---------------------------------|----------------|---------------|------------|---------------|--------------|--------------|----------------|-----------|-------|
| No matching records were found. |                |               |            |               |              |              |                |           |       |


#### Expired or Program Closed Applications


|                                 | Applicant Name | Date Of Birth | Created By | Creation Date | Program Name | Retrieve Document Cover Sheet | Application ID | Person ID | Score | View Documents |
|---------------------------------|----------------|---------------|------------|---------------|--------------|-------------------------------|----------------|-----------|-------|----------------|
| No matching records were found. |                |               |            |               |              |                               |                |           |       |                |


#### Submitted Applications


|                          | Applicant Name | Date Of Birth | Submitted By   | Submission Date | Program Name                           | Retrieve Document Cover Sheet | Application ID    | Person ID       |
|--------------------------|----------------|---------------|----------------|-----------------|--|-------------------------------|-------------------|-----------------|
| <input type="checkbox"/> | James Justice  | 5/22/1901     | Camron Thissen | 6/22/2014       | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201415500010 | 319002010001155 |
| <input type="checkbox"/> | James Justice  | 5/22/1901     | Camron Thissen | 6/22/2014       | MY Health LA                           | Fax                           | 19002201415500010 | 319002010001155 |


Note: Each  indicates a renewal application.


Note: Each  indicates a renewal application which has started and not completed through final eligibility review.


Note: Each  indicates a link to view verification documents.

Note: Each  indicates program closed application(s)/person(s).

Note: Each  is a link to a person's application summary.

Note: Each  is a link to add a person to the clipboard.

Note: Each  is a link to add application workflow history.

Note: Each  indicates IDR pending application(s)/person(s).

Total number of applications in progress : 2

Total number of determined applications pending submission : 4

Total number of submitted persons : 2

[Export Results to Excel](#)
[Add Notes](#)
[View Clipboard](#)
[Search](#)
[Begin New Application](#)
[Renew/Modify](#)

[Report a Bug/Make a Suggestion](#)

[Next](#)

If you find the person you are looking for in the “**Person View**” search results, click on the **Clipboard Icon** next to their name so that you are able to paste that name into the application later on.

If you decide to create a new application, click on “**Begin New Application**”.

If you are renewing or modifying an application, check the box next to the person's name and click “**Renew/Modify**”.

If you have saved a person to the clipboard, you may paste that person's name into the application by clicking on this **plus sign** here. If you used the **“Add persons to new application”** feature, their name will automatically be populated here.

The **Primary Informant** is the person providing the information for the application.

English | Español

oneeapp

One Stop Access to Apply for Assistance

step 2: Your Household

help | logout

Change Font Size ▲ A A A

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Tell us about yourself

Notes

Are you a member of the household?

☒ Yes

☐ No

+

First Name

James

Middle Name

Last Name

Justice

Suffix (Jr, Sr, etc.)

-----Select One-----

Do you use any other names? (nicknames, maiden, etc.)

☐ Yes

☒ No

E-mail

jjustice@google.com

☐ None

Home Phone

654

578

8786

Cell Phone

256

586

5467

Work Phone

876

546

7864

X

4506

Message/Emergency Phone

654

678

9324

X

6356

Can we send alert messages to your cell phone?

☐ Yes

☐ No

How would you like to be contacted?

Home Phone

What is your primary spoken language?

English

What is your primary written language?

English

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next



These **tabs** show the section of the application. Click on any tab to jump backwards and forwards to a section.

Change the pages to appear in English or Spanish by clicking here.

English | Español

pp

ly for Assistance

step 2:

out

Change Font Size A A A A

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

## Tell us about yourself

Notes

Are you a member of the household? ☒ Yes ☐ No ?

+ First Name James ?

Middle Name  ?

Last Name Justice ?

Suffix (Jr, Sr, etc.) -----Select One----- ?

Do you use any other names? (nicknames, maiden, etc.) ☐ Yes ☒ No ?

E-mail jjjustice@google.com ☐ None ?

Home Phone 789 845 4564 ?

Cell Phone 654 065 4540 ?

Work Phone 654 984 6545 x1305 ?

Message/Emergency Phone 654 019 8064 x6015 ? ?

Can we send alert messages to your cell phone? ☒ Yes ☐ No

How would you like to be contacted? Cell Phone ?

What is your primary spoken language? English ?

What is your primary written language? English ?

Click on "Notes" to add notes for this application. **Notes** can be viewed by other assistors or individuals processing or working on the application.

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201419400076

Next

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Additional Information
7 Program Information
8 Next Steps

## Tell Us Your Address

Notes

Are you homeless? ☐ Yes ☒ No

Are your home and mailing addresses the same? ☒ Yes ☐ No

### Home and Mailing Address

Zip Code

Street Address 1

Street Address 2

City

State

County

Zip

Enter the address for the **Primary Client** who is applying for the program.


View Application Summary | Get Help

Report a Bug/Make a Suggestion

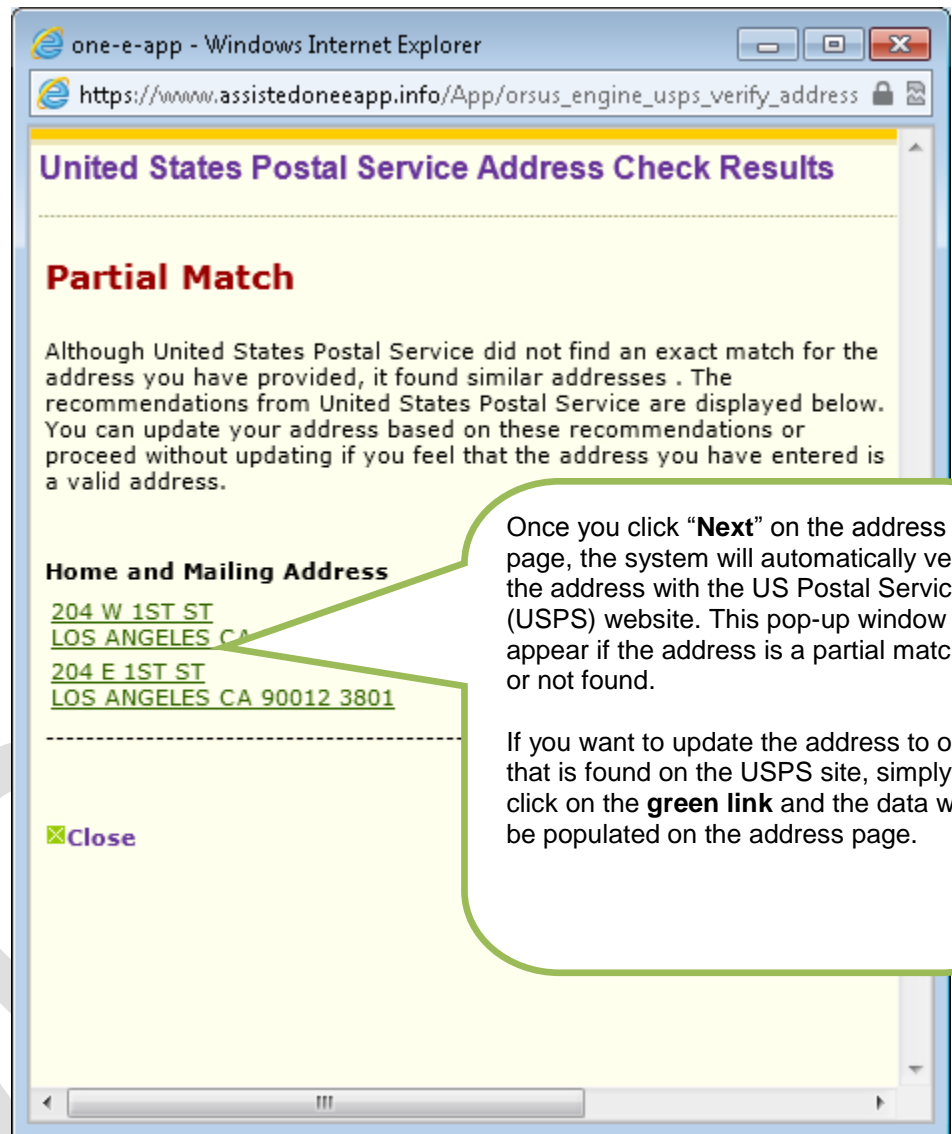
Application ID: 19002201415500010

Next

- If the **Home Address** and **Mailing Address** are different, enter each one separately on the screen.
- Click the **Next** button to verify the address and continue with the application.

**Note:** You can enter notes about this application into One-e-App by clicking the  **Notes** button located on the top right area of this screen. Follow the on-screen instructions for more information about this feature.

**Note:** You can use the **Jump Back To** feature to go back to a previous section of your application at any time. Use this feature to update data that you previously entered or wish to revisit.



English | Español

oneeapp

One Stop Access to Apply for Assistance

step 2: Your Household

help save and close cancel

.....Jump Back To.....

Change Font Size

A A A

Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Adult(s) : James Justice, Eva Justice

Tell us more about James Justice

Is this person applying for benefits?

Yes No

Gender

Male Female Other

Date of Birth

5 22 1901

Mother's Maiden Name

Unknown

Place of Birth (Select the one that applies)

California County

-----Select One-----

or

US State

-----Select One-----

or

Other Country

Mexico

Are you Hispanic or Latino?

Yes No

What is your race?

(You may select up to 2 races with which you most closely identify)

Declined to State

SSN

Yes No

Do you know your SSN?

Yes No

US Citizen

Yes No

Do you have Legal Permanent Resident or other satisfactory immigration status?

Yes No

Date Legal Permanent Status Received

Prucol Alien

Yes No

Date of Entry to U.S

10 25 2009

Marital Status

Married

Spouse's First Name

Eva

Spouse's Middle Name

None

Spouse's Last Name

Justice

Suffix

-----Select One-----

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

Enter the information requested for the **Primary Informant**.

English | Español

oneeapp

One Stop Access to Apply for Assistance

step 2: Your Household

help save and close cancel

-----Jump Back To-----

Change Font Size

A A A

Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Adult(s) : James Justice, Eva Justice

Tell us more about James Justice

Notes

Is James Justice currently enrolled in any public benefit program(s)?

☐ Yes
 ☒ No
 [?](#)

Does James Justice have other Private health insurance?

☐ Yes
 ☒ No
 [?](#)

Does James Justice currently have employer paid insurance?

☐ Yes, covered now
 ☐ Not now, but during the past 180 days
 ☐ No, but employer offers insurance
 ☒ No

Has James Justice been denied Medi-Cal coverage

☐ Yes
 ☒ No
 [?](#)

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

These are additional questions about each individual applying for the program. Respond **Yes** or **No** to the questions. Additional questions may appear depending on your responses.

- Once you indicate that the person is applying for coverage and enter the information about a child, One-e-App prompts you to enter information about the child's parents.
- Answer each question as completely and accurately as possible.
- Click the **Next** button to proceed to the next page.

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Additional Information
7 Program Information
8 Next Steps

**Adult(s) :** [James Justice](#), [Eva Justice](#)  
**Child(ren) :** [Sam Justice](#)

### Tell us more about Sam Justice's parents

**Notes**

**Mother's Information**

Mother Living in the Home ☐ Yes ☒ No

Deceased ☐ Yes ☒ No

Identity Known ☒ Yes ☐ No [?](#)

Mother First Name

Mother Middle Name  ☒ None

Mother Last Name

Suffix  [?](#)

Is Mother Disabled ☐ Yes ☐ No ☐ Unknown

Is Mother Employed ☐ Yes ☐ No ☐ Unknown

**Father's Information**

Father Living in the Home ☒ Yes ☐ No

Deceased ☐ Yes ☒ No

Identity Known ☒ Yes ☐ No [?](#)

Father First Name

Father Middle Name  ☒ None

Father Last Name

Suffix  [?](#)

Is Father Disabled ☐ Yes ☐ No ☒ Unknown

Is Father Employed ☐ Yes ☐ No ☒ Unknown

**Father's Address** [?](#)

International or Rural Address ☐ Yes ☒ No

Address 1

Address 2

City

State

County

Zip

**Verify**

[View Application Summary](#) | [Get Help](#)

Report a Bug/Make a Suggestion

Application ID: 19002201419400076

Next

Enter the child's parents' information here.

Click on the **green link** to auto-populate the mother's or the father's information if that information was previously entered on the application.

**Note:** Use the **green Hyperlinks** as a shortcut to take you to another location in the application or to add information that was previously entered.

Some examples of **Hyperlinks** are [City](#), [Zip Code](#), [Primary Informant](#), [Other Adult\(s\)](#), and [Child\(ren\)](#).

## YOUR HOUSEHOLD: Tell us about the child's absent parents

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility

**Adult(s) :** James Justice, Eva Justice  
**Child(ren) :** Sam Justice

### Tell us more about Sam Justice's parents

---

#### Mother's Information

Mother Living in the Home ☐ Yes ☒ No

Deceased ☐ Yes ☐ No

Identity Known ☒ Yes ☐ No ?

Mother First Name

Mother Middle Name  ☒ None

Mother Last Name

Suffix  ?

Is Mother Disabled ☐ Yes ☐ No ☐ Unknown

Is Mother Employed ☐ Yes ☐ No ☐ Unknown

#### Father's Information

Father Living in the Home ☒ Yes ☐ No

Deceased ☐ Yes ☒ No

Identity Known ☒ Yes ☐ No ?

Father First Name

Father Middle Name  ☒ None

Father Last Name

Suffix  ?

Is Father Disabled ☐ Yes ☐ No ☒ Unknown

Is Father Employed ☐ Yes ☐ No ☒ Unknown

#### Mother's Address ?

International or Rural Address ☐ Yes ☐ No

Address 1

Address 2

City  ?

State  ?

County

Zip   ?

☒ Verify

#### Father's Address ?

International or Rural Address ☐ Yes ☒ No

Address 1

Address 2

City

State

County

Zip

☒ Verify

[View Application Summary](#) | [Get Help](#)

Next

Report a Bug/Make a Suggestion

Application ID: 19002201419400076

If a parent does not live in the household, click **"No"** to the **"Living in the Home"** question and then fill out as much information as possible about the absent parent. If you do not know the address of the absent parent, you can leave it blank and click **Next**.

International or Rural Address

Street

City

State

Zip/Postal Code

Country/Region

☒ Close
☒ Save

If the absent parent lives outside of the United States, this screen will appear. You must enter a **Street**, **City** and **Country/Region**.

Then click **Save**.

→ Click the **Next** button to proceed to the next page.

English | Español

One Stop Access to Apply for Assistance

step 2: Your Household

help save and close cancel

1 Getting Started 2 Your Household 3 Household Income 4 Other Information

**Pregnant Persons in the Household**

Please indicate if anyone in the household is pregnant.

| Pregnant                 | Name        | Due Date  | No. of Babies Expected |
|--------------------------|-------------|---|------------------------|
| <input type="checkbox"/> | Eva Justice | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -----Select One-----   |

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

- If there are any **Pregnant Persons in the Household**, check the box next to the name of the pregnant female's name then enter her **Due Date**, and **Number of Babies Expected** from the drop down list box.  
**Note:** This screen will display all females on the application who are of childbearing age.
- Skip the above step if there are no pregnant females on the application.
- Click the **Next** button to proceed.



1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

## Household Summary

Please make any necessary changes.

To remove a person from the application, click on the 'Remove' link next to each person name.

| Name                              | Applying for coverage | Remove                 |
|-----------------------------------|-----------------------|------------------------|
| James Justice (Primary Informant) | Yes                   |                        |
| Eva Justice (Adult)               | Yes                   | <a href="#">Remove</a> |
| Sam Justice (Child)               | Yes                   | <a href="#">Remove</a> |

To add additional household members to the application, answer Yes to the following question and click Next.

Are there any more persons in the household? ☐ Yes ☒ No [?](#)

[View Application Summary](#) | [Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
Application ID: 19002201415500010

Next

Once you have completed the **Household Section** you will navigate to a summary page of all the information that you just provided.

Review the **Household Summary** to ensure that all of the family members appear on this screen.

- The **Household Summary** provides you with the opportunity to verify the names of each adult and child as well as verify whether or not they are **applying for coverage** on this application.
- Answer **Yes** or **No** to the question "**Are there any more persons in the household?**"
- Click the **Next** button to proceed to the next page.



English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

**step 2: Your Household** help save and close cancel

-----Jump Back To-----

Change Font Size A A A A

1 Getting Started 2 **Your Household** 3 Household Income 4 Other Information 5 Preliminary Eligibility

Adult(s) : James Justice, Eva Justice  
Child(ren) : Sam Justice

**Household Relationships for Eva Justice**

Eva Justice is Parent of Sam Justice

**Household Relationships**  
When possible, One-e-App will automatically select the appropriate household relationship information that you have entered so far. Either confirm or select the correct relationship between household members from the drop down box. This helps to create the appropriate family structure in One-e-App.

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201415500010

**Next**

- The system will prompt you to select the correct relationship between two household members. This helps to create the appropriate family structure in One-e-App.
- Click the **Next** button to proceed to the next page.

**oneeapp**  
One Stop Access to Apply for Assistance

**step 2: Your Household**

help save and close cancel

-----Jump Back To-----

Change Font

1 Getting Started 2 **Your Household** 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information

**Tax Filing Information**

Does anyone plan to file a Federal Income Tax return for 2014?

☐ Yes ☒ No


**View Application Summary** | **Get Help**

**Report a Bug/Make a Suggestion**

**Application ID: 19002201415500010**

**Next**

**Household Tax Filing**  
Please indicate if anyone in the household intends to file taxes for the current calendar year.


step 2: Your Household
help save and close cancel

One Stop Access to Apply for Assistance
-----Jump Back To-----

Change Font Size
A A A A
Los Angeles

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Additional Information
7 Program Information
8 Next Steps

### Tax Filing Information

Notes

Is James Justice married?

James Justice Filing Status

**James Justice is Filing with Eva Justice**

☐ Sam Justice

Does James Justice plan to claim other persons on this tax return who are not in this household?

☒ Yes
 ☐ No

Married-Filing Joint Return

☐ Yes
 ☐ No

[View Application Summary](#)
[Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201415500010

Next

- Indicate the **Filing Status** of the member who will be filing for taxes.
- Indicate if someone will be claimed on the tax return that is not in the household.

English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

**step 3: Household Income** help save and close cancel

-----Jump Back To-----

Change Font Size A A A A Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

**Tell us about the family income and care expenses** Notes

Does anyone on this application have income? ☐ Yes ☐ No

Does anyone pay for care of a child or other dependent so you... the other person can go to school or look for a job? ☐ Yes ☐ No

View Application Summary | Get Help  
Report a Bug/Make a Suggestion  
Application ID: 19002201419400076

**Next**

Please indicate who in the application is currently has income as well as who has child or dependent-related care expenses. One-e-App will only ask additional income and child and dependent-related care expense questions for the persons who you select on this screen.

- Indicate who on the application has/is receiving income and/or who has child care expenses by placing a check next to their name.
- Click the **Next** button to proceed to the next page.

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Additional Information
7 Program Information
8 Next Steps

### Tell us about James Justice's Income(Adult)

**Does James Justice**

Provide the income information for each of the persons listed on the application for whom you previously indicated had income.

| Current Situation                            | Income Source  | Frequency                                    | Gross Amount |
|--|--|--|--------------|
| Working <span style="float: right;">▼</span> | Earnings from job <span style="float: right;">▼</span> | Monthly <span style="float: right;">▼</span> | \$1,200.00   |

Gross monthly income for James Justice is \$ \$1200.00

Name of employer, organization, or person providing the income

Address 1  ?

Address 2  ?

Employer City

State  ▼ ?

Zip   ?

Employer Phone Number    ?

Date Received/Expected to be Received

Pay Period Begin Date

Has this income been terminated? ☐ Yes ☒ No

**Does James Justice have any additional income?** ☐ Yes ☒ No

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)

**Application ID: 19002201419400076**

Next

- In this section, you will provide income information for each person listed in the application.
- Answer **Yes** or **No** to the **additional income question** located at the top of this section.
- Income entered will be converted to **Gross Monthly Income** by One-e-App.
- Answer **Yes** or **No** to the additional income question, and then click the **Next** button to proceed to the next page.

## INCOME: Household Income Summary

oneeapp  
One Stop Access to Apply for Assistance

step 3 Household Income

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Add Information 7 Information 8 Next Steps

### Household Income Summary

Review the following summary to make sure you have included everyone's income correctly.  
To change the income, Click on the person's name.  
To remove a person's income from the application, Click on the 'Remove' link corresponding to that person.

James Justice (Adult) [Self Affidavit of Income Letter](#)

| Income Type       | Frequency | Amount     | Gross Monthly Amount | Remove                 |
|-------------------|-----------|------------|----------------------|------------------------|
| Earnings from job | Monthly   | \$1,200.00 | \$1,200.00           | <a href="#">Remove</a> |

Eva Justice (Adult) [Self Affidavit of Income Letter](#)

| Income Type | Frequency | Amount | Gross Monthly Amount | Remove |
|-------------|-----------|--------|----------------------|--------|
| No income   |           |        |                      |        |

Sam Justice (Child) [Self Affidavit of Income Letter](#)

| Income Type | Frequency | Amount | Gross Monthly Amount | Remove |
|-------------|-----------|--------|----------------------|--------|
| No income   |           |        |                      |        |

Sample Profit and Loss Statement

[View Application Summary](#) | [Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
Application ID: 19002201415500010


[Next](#)

Notes


- Once you have entered all of the income information for each household member, you will see the **Household Income Summary** page.
- Carefully review the income to ensure that it has been entered correctly. If not, make changes if necessary.
- If changes to the **income information** are needed, click on the name of an adult or a child and you will be directed to the screen where you can change your responses to the income questions.
- You can also remove income by selecting the **Remove** hyperlink located to the right of the income line.
- Click the **Next** button to proceed to the next page.


1 Getting Started 2 Your Household 3 **Household Income** 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

### James Justice's Care Expenses Notes

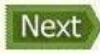
Does James Justice pay any child or dependent adult care expenses or support? ☒ Yes ☐ No 

| Person Cared For   | Type of Child/Dependent Adult Care/Other Expense | Frequency          | Amount Paid |
|--------------------|--|--------------------|-------------|
| --- Select One --- | -----Select One-----                             | --- Select One --- | \$0.00      |

Gross amount billed to James Justice is \$  

any additional care expenses? ☐ Yes ☐ No 

**View Application Summary** | **Get Help**  
**Report a Bug/Make a Suggestion**  
**Application ID: 19002201419400076**

**Next** 

- Provide the **Care Expenses Paid** by *each* of the adult household members. **Care Expenses** include Child Support, Alimony, etc. Note - Care Expenses deduction only applies for Medi-Cal and not for MHLA.
- One-e-App requires you to choose the **person cared For**, **type of Expense**, **frequency**, and **amount paid**.
- **Care Expenses** entered will automatically convert to **Gross Monthly expense amounts**.
- If there are no expenses to report, click “**No**” for this question and you will not be prompted to enter any expense details.
- If this applicant has additional expenses that need to be entered, select **Yes** to the **additional care expenses** question. If not, select **No**.
- Click the **Next** button to proceed to the next page.



**Household Care Expense Summary**

Please review the following summary to make sure the information is correct.

To change the household care expense for a person, click on the person's name.

To remove a household care expense from the application, click on the Remove button.

James Justice

| Person Cared For Name | Monthly Amount | Remove                 |
|-----------------------|----------------|------------------------|
| James Justice         | \$0.00         | <a href="#">Remove</a> |

Eva Justice

| Person Cared For Name | Monthly Amount | Remove |
|-----------------------|----------------|--------|
| No Expense            |                |        |

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201419400076

[Next](#)

- Once you have entered all of the care expenses for each household member, you will see the **Household Care Expense Summary** page.
- Carefully review the expenses to ensure that the information has been entered correctly. If not, make changes as necessary.
- If changes are needed, click on the name of an adult or a child and you will be directed to the screen where you can change your responses to the **expense questions**.
- You can also **remove expenses** by selecting the **Remove** hyperlink located to the right of the monthly amount line.
- Click the **Next** button to proceed to the next page.

English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

**step 4: Other Information** help save and close cancel

-----Jump Back To-----

Change Font Size A A A A  
Los Angeles

1 Getting Started 2 Your Household 3 Household Income **4 Other Information** 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

**Additional Household Information** Notes

Does any adult listed on the application have a valid visa with duration of less than one year? ☐ Yes ☒ No

Does anyone listed on this application claim to be legally blind or disabled? ☐ Yes ☒ No


Does anyone in the application attend school full-time? ☐ Yes ☒ No

[View Application Summary](#) | [Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
Application ID: 19002201418000422

**Next**

- The **Additional Household Information** questions are used to determine **Preliminary Eligibility** for the various programs available in One-e-App.
- Select **Yes** or **No** to answer each of these questions. Based on your answers, additional questions may appear.
- Click the **Next** button to proceed to the next page.

English | Español



step 4: Other Information

One Stop Access to Apply for Assistance

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility

### One-e-App Person Clearance

Please review the results of the One-e-App person clearance and indicate if you are applying for health care assistance programs. If you select a name below, the associated Person ID will be displayed.

 **Re-run Person Clearance with Expanded Search**  
The system has run person clearance by using the default parameters. If you cannot find a match and believe that they should exist in the system, please click the above button to re-run the search with expanded search criteria.

**Sam Justice**

| Score                           | Person Name | Person ID | Current Application ID | Date |
|---------------------------------|-------------|-----------|------------------------|------|
| No matching records were found. |             |           |                        |      |

☐ The person is not known to One-e-App

**James Justice**

| Score | Person Name   | Person ID         | Current Application ID | Date |
|-------|---------------|-------------------|------------------------|------|
| 100.0 | James Justice | 31900201032183147 | 19002201418200196      |      |

☐ The person is not known to One-e-App

**Eva Justice**

| Score                           | Person Name | Person ID | Current Application ID | Date Of Birth |
|---------------------------------|-------------|-----------|------------------------|---------------|
| No matching records were found. |             |           |                        |               |

☐ The person is not known to One-e-App

**Note:** Indicates that the person is a potential match based on SSN and/or address and other household members.

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201419400076

Next

#### Person Clearance

To reduce duplicate records in One-e-App, the One-e-App system assigns each individual a unique **Person Identification Number**.

Once you have entered all the household members into One-e-App, the system will search for the individuals you entered and indicate possible matches according to a scoring system. (The higher the score, the closer the match.)

If matches are found, you can click on the person's name to view an **Application Summary** that will provide you with additional information to help you determine if the existing record is the same person that you have just entered.

If there is a match, i.e., if an existing record is found in One-e-App, select the **button next to that person's name** to maintain the same Person ID for that individual.

If no existing match is found for that person, select the circle below the box that says, **"The person is not known to One-e-App"**. The system will then assign a unique **Person Identification Number** to that person.

Repeat these steps for each individual that you are assisting with an application.

English | Español

step 4: Other Information

**Household Person Details**  
 After the **Person Clearance** page, the One-e-App system will provide another **Household Summary**, which will include Date of Birth, Person ID, and which will indicate if the person is applying for coverage.

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Personal Information
7 Program Information
8 Next Steps

### Household Person Details

Notes

Person details for the application are summarized below.

**Adult(s)**

| Name          | Date of Birth | Person ID         | Applying for Coverage |
|---------------|---------------|-------------------|-----------------------|
| Eva Justice   | 2/2/1985      | 31900201003194145 | Yes                   |
| James Justice | 2/2/1980      | 31900201002194147 | Yes                   |

**Child(ren)**

| Name        | Date of Birth | Person ID         | Applying for Coverage |
|-------------|---------------|-------------------|-----------------------|
| Sam Justice | 2/2/2006      | 31900201004194143 | Yes                   |

[View Application Summary](#) | [Get Help](#)
[Report a Bug/Make a Suggestion](#)

Application ID: 19002201419400076

[Next](#)

- Review and confirm that all persons have been assigned a **Person ID** and that the **Applying for Coverage** section is correct.
- Click the **Next** button to proceed to the next page.



English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

**step 5: Preliminary Eligibility** help save and close cancel

-----Jump Back To-----

Change Font Size A A A  
Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information **5 Preliminary Eligibility** 6 Additional Information 7 Program Information 8 Next Steps


**Preliminary Eligibility Determination**

To see which programs or coverages the applicant(s) may potentially be eligible for, click the **Calculate** button below. This is only a preliminary determination. The application is NOT being submitted at this point.

[View Application Summary](#) | [Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
 Application ID: 19002201418700104

**Calculate**

- Click the **Calculate** button for **Preliminary Eligibility Determination** for each applicant based on the information entered into the application so far.


English | Español

step 5: Preliminary Eligibility
help save and close cancel

-----Jump Back To-----

Change Font Size
A A A A
Los Angeles

1 Getting Started
2 Your Household
3 Household Income
4 Other Information
5 Preliminary Eligibility
6 Additional Information
7 Program Information
8 Next Steps

### Preliminary Eligibility Results

Notes

Based on the information you have provided, the following persons in your household may be eligible for the following programs.

**Likely Eligible (More information is required to complete application process in One-e-App.)**

| Do You Want to Apply?   | Person Name   | Program Name                          | Coverage Type | Help              |
|---|---------------|---------------------------------------|---------------|-------------------|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | James Justice | Restricted Medi-Cal, No Share of Cost | Primary       | <a href="#">?</a> |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | James Justice | My Health LA                          | Secondary     | <a href="#">?</a> |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | Eva Justice   | Restricted Medi-Cal, No Share of Cost | Primary       | <a href="#">?</a> |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | Eva Justice   | My Health LA                          | Secondary     | <a href="#">?</a> |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | Sam Justisce  | Restricted Medi-Cal, No Share of Cost | Primary       | <a href="#">?</a> |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | Sam Justisce  | My Health LA                          | Secondary     | <a href="#">?</a> |

View Application Summary | Get Help
Next

Report a Bug/Make a Suggestion

Application ID: 19002201419400076

### Preliminary Eligibility Results

This is the last of the **Preliminary Eligibility Pages**. Review this page closely. Each program has its own application submission process that will begin after this page.

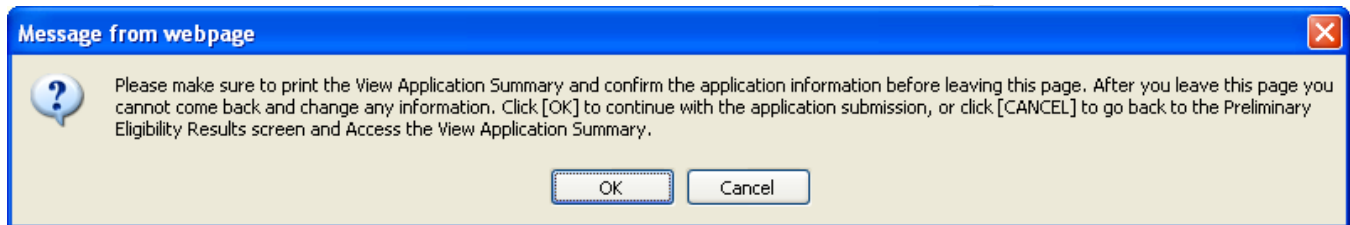


#### CAUTION:

This is the last time the applicants may choose to NOT apply for programs, meaning their application will not be submitted for this program. If the patient indicates that he or she does not wish to apply for My Health LA, select “No” following the question “Do you want to Apply?”

**Note:** This is the last of the **Preliminary Eligibility** screens. Review this page carefully. Each program has its own submission process that begins after this screen.

→ Click the **Next** button to proceed to the **Program Submission** pages.



### Preliminary Eligibility Results (Continued)

A pop-up will appear asking the Assistor to review the **Application Summary** prior to proceeding. If the Assistor has already reviewed all of the information, click **Continue**, otherwise click on **Cancel** and then click on **View Application Summary** in the lower left hand side of the application.







# Program Submission

---



After One-e-App determines preliminary eligibility for each applicant, the system will proceed to ask additional questions as necessary to complete the application submission process. This section provides a high level overview of the program submission process for the following programs:

One-e-App **determines eligibility** and **enrolls** applicants for the following program:

- My Health LA

One-e-App **screens for eligibility** for referral to the following programs:

- Medi-Cal
- L.A. Care's Healthy Kids Program

DRAFT

## One-e-App Reconsider Referral



**Application ID** 19002201418100305  
**Representative Name** James Justice

One-e-App is a preliminary eligibility system. It indicates the person(s) on this application are not likely to be eligible for one or more programs. Since this is not a final eligibility determination, you may still submit your application for the program(s). Please identify the person(s) and the program(s) below for which you would like to submit the application.

| Override                 | Person Name   | Program Name   |
|--------------------------|---------------|--|
| <input type="checkbox"/> | James Justice | <input type="checkbox"/> Medi-Cal Restricted Share of Cost |
| <input type="checkbox"/> | Eva Justice   | <input type="checkbox"/> Medi-Cal Restricted Share of Cost |

[View Application Summary](#)

[Contact Us](#)

[Learn More](#)

[Next](#)

## Reconsider

This is an opportunity to tell One-e-App that you would like to proceed with applying for a program that One-e-App did not determine you preliminarily eligible for. Simply check the “Override” box next to the person and program would want to apply for.

DRAFT



One Stop Access to Apply for Assistance

[English](#) | [Español](#)

step 6

Additional Information

[help](#)
[save and close](#)

My Health LA

Change Font Size

A

A

A

Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information


5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Medical Home and Selection



Notes

City

No Preference

Zip Code

Medical Home Location

Status

No Preference

Language

No Preference

View Application Summary

Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

## My Health LA Submission

This page will appear if you are applying for MHLA. You can search for a Medical Home based on different search criteria.


step 6: Additional Information
[help](#) [save and close](#)

[English](#) | [Español](#)

## My Health LA Submission (Continued)

Based on the search criteria you previously entered, the One-e-App system will display the options for Medical Homes that an applicant may choose from. You can then indicate in which Medical Home the patient would like to enroll.

Note: Applicants will not be able to select a “closed” medical home.

### Your Provider Search Criteria

City: LOS ANGELES  
 Zip:   
 Provider Name: No Preference  
 Specialty: No Preference  
 Gender: No Preference  
 Language: No Preference

Your search resulted with 75 record(s) Please select the provider to whom you wish to assign one or more household members.

[View Map](#)

|                       | Clinic Name                | Zipcode | Language                          | Status |
|-----------------------|----------------------------|---------|-----------------------------------|--------|
| <input type="radio"/> | KOREAN HEALTH EDUCATION    | 90020   | ENGLISH, SPANISH, KOREAN          | OPEN   |
| <input type="radio"/> | KORYO HEALTH FOUNDATION    | 90006   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | LOS ANGELES FREE-BEVERLY   | 90048   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | LOS ANGELES FREE-HOLL/WIL  | 90038   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | LOS ANGELES FREE-HOLLYWOOD | 90028   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | MISSION CITY-HOLLYWOOD     | 90027   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | NORTHEAST COMM-CFC         | 90015   | ENGLISH, SPANISH, FRENCH, ITALIAN | OPEN   |
| <input type="radio"/> | NORTHEAST COMM-FOSHAY      | 90018   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ALTAMED-1ST STREET         | 90033   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ALTAMED-BUENA CARE         | 90033   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ALTAMED-EAST LA            | 90022   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ALTAMED-ESTRADA COURTS     | 90023   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ALTAMED-HOLLY PRESBY       | 90027   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ALTAMED-RAMONA GARDENS     | 90033   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ALTAMED-WHITTIER           | 90023   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ALTAMED-WILLIAM MEAD       | 90012   | ENGLISH, SPANISH                  | CLOSED |
| <input type="radio"/> | ARROYO VISTA-BROADWAY      | 90031   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ARROYO VISTA-EL SERENO     | 90032   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ARROYO VISTA-EL SERENO HU  | 90032   | ENGLISH, SPANISH                  | OPEN   |
| <input type="radio"/> | ARROYO VISTA-HIGHLAND      | 90042   | ENGLISH, SPANISH                  | OPEN   |

1 2 3 4

Please specify the household members for whom the above selected provider is to be assigned.

| Select                   | My Health LA Person Name | Provider Name |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | James Justice            |               |
| <input type="checkbox"/> | Eva Justice              |               |
| <input type="checkbox"/> | Sam Justice              |               |

Medical Home Search


[View Application Summary](#)

[Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201418100271

[Next](#)




One Stop Access to Apply for Assistance

English | Español

step 6: Additional Information

help save and close

My Health LA

Change Font Size  Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Your Medical Home Summary

Notes

Application ID: 19002201418100271

☐ James Justice

Selected Medical Home: ARROYO VISTA-BROADWAY

Visited Medical Home in last two years:

Previous Medical Home: N/A

☐ Eva Justice

Selected Medical Home: ARROYO VISTA-BROADWAY

Visited Medical Home in last two years:

Retain the same medical home:

Previous Medical Home: N/A

☐ Sam Justice

Selected Medical Home: ARROYO VISTA-BROADWAY

Visited Medical Home in last two years:

Retain the same medical home:

Previous Medical Home: N/A

View Application Summary

Medical Home Change History Get Help

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201418100271

Next

## My Health LA Submission (Continued)

After the applicant chooses a Medical Home, the One-e-App system will then take you to a **summary page**. Here, you can review the medical home selection and make sure that the correct medical home was selected.

English | Español

oneeapp

One Stop Access to Apply for Assistance

step 6: Additional Information

help save and close

My Health LA

Change Font Size

A A A

Los Angeles

1Getting Started

2Your Household

3Household Income

4Other Information

5Preliminary Eligibility

6Additional Information

7Program Information

8Next Steps

Document Verification

Notes

Please request the following documents from the applicant and note the type of document collected. Submission of required documentation is required to complete enrollment in all coverage programs.

James Justice

☒ Proof of Income (My Health LA)
 

Verification 

----Select One----

☒ Proof of County Residency (My Health LA)
 

Verification 

----Select One----

☒ Proof of Identification (My Health LA)
 

Verification 

----Select One----

☒ Documentation of Liens or Loans for Assets for Amount Owed of Assets (My Health LA)

Eva Justice

☐ Proof of Income (My Health LA)

☐ Proof of County Residency (My Health LA)

☐ Proof of Identification (My Health LA)

Sam Justice

☐ Proof of Income (My Health LA)

☐ Proof of County Residency (My Health LA)

☐ Proof of Identification (My Health LA)

View Application Summary

Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201418100271

Next

## My Health LA Submission (Continued)

You will then need to identify if you have received **Supporting Documentation** for the program from the applicant, as well as specify what type of supporting documentation was received.

Note – The application is not complete if all the verification documents are not received.

English | Español

One Stop Access to Apply for Assistance

step 6

Additional Information

[help](#)
[save](#)
[close](#)

My Health LA

Change Font Size

A

A

A

Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

Verification Document Summary

Notes

| Person Name | Verification Document              | Verification | Source                                       | Program Name |
|-------------|------------------------------------|--------------|--|--------------|
| Sam Jones   | My Health LA Rights & Declarations | Received     | N/A  | My Health LA |
| Sam Jones   | Proof of County Residency          | Received     | Government Issued ID                         | My Health LA |
| Sam Jones   | Proof of Identification            | Received     | Cert of Indian Blood                         | My Health LA |
| Sam Jones   | Proof of Income                    | Received     | Direct Deposit Statement for Unearned Income | My Health LA |
| Wendy Jones | My Health LA Rights & Declarations | Received     | N/A  | My Health LA |
| Wendy Jones | Proof of County Residency          | Received     | Government Issued ID                         | My Health LA |
| Wendy Jones | Proof of Identification            | Received     | Consular ID                                  | My Health LA |
| Kyle Jones  | My Health LA Rights & Declarations | Received     | N/A  | My Health LA |
| Kyle Jones  | Proof of County Residency          | Received     | Student Picture ID                           | My Health LA |
| Kyle Jones  | Proof of Identification            | Received     | Military Dependent's ID Card                 | My Health LA |

Missing Documents

View Application Summary

Get Help


Report a Bug/Make a Suggestion

Application ID: 19002201418000422

Next

## My Health LA Submission (Continued)

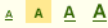
The One-e-App system will then take you to a **summary screen** to show you a summary of what **Verification Documents** you indicated were provided by the applicant.

English | Español

**step 7:** Program Information

help save and close

One Stop Access to Apply for Assistance

Change Font Size  Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information


5 Preliminary Eligibility

6 Additional Information

**7 Program Information**

8 Next Steps

### Signature Option

 Notes

.....

Please select a method for submitting your signature from the options below.

☐ I will print the Rights and Declarations page(s) and either fax or scan them using the document cover sheet provided at the end of the application process.


☐ I want to sign using an electronic signature tablet.

.....

[View Application Summary](#) | [Get Help](#)

[Report a Bug/Make a Suggestion](#)


**Application ID: 19002201415500010**



## My Health LA Submission (Continued)

Next, you will indicate how the applicant would like to sign the **Rights and Declaration** page.





English | Español

step 7: Program Information

help save and close

My Health LA

Change Font Size

Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Notes

Original Application ID: 19002201415500010  
Applicant Name James Justice

Certified Application Assistor: Camron Thissen

Applicant Signature

Date

☐ I decline to sign the above declaration.

Print

View Application Summary

Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

## My Health LA Submission (Continued)

You will then need to print the **Rights and Declarations** and have the applicant sign it, or you can have the applicant sign it electronically with a signature tablet.

Note: The One-e-App system will populate a **Rights and Declarations Form** for every member who is applying for My Health LA. Only the adults in the HH are required to sign form.

English | Español

One Stop Access to Apply for Assistance

step 7: Program Information
help save and close

My Health LA

Change Font Size
A A A
Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Application Completion Process
Notes

My Health LA
Learn More!

Likely Eligible Persons  
James Justice, Eva Justice,  
Sam Justice

Steps to Complete the Application

- If you have not printed your application, you may use the **Reprint Program Application** button below.
- Make sure all forms that require an applicant signature are signed and dated.
- My Health LA requires that you fax or scan all supporting verification documents into the One-e-app application. How would you like to attach these documents?
  - ☐ I have already faxed or scanned the documents.
  - ☐ I will fax
  - ☐ I will scan documents and attach the file(s)

Reprint Program Application

Before the applicant can be enrolled in the MHLA program, the Certified Application Assistor and CEC Supervisor must read and agree to all of the following:

- I attest that the application I am submitting for this applicant(s) is thorough and complete. I understand that a complete application requires the applicant's eligibility documentation (i.e., proof of identification, Los Angeles County residency and income) be uploaded and attached to the electronic application in the One-e-App eligibility and enrollment system. I confirm that I will upload the verification documents reflected and referenced for this application and these applicant(s).
- I further understand that submission of an application via One-e-App without all of the applicant's required documentation (i.e., proof of identification, Los Angeles County residency and income) is considered by the Los Angeles County Department of Health Services to be an incomplete application.
- I further understand that submission of an application via One-e-App without all of the applicant's required documentation (i.e., proof of identification, Los Angeles County residency and income) is considered by the Los Angeles County Department of Health Services to be an incomplete application.
- I further understand that submission of an incomplete application does not constitute a valid enrollment for medical home reimbursement. As a result, the Los Angeles County Department of Health Services will not provide the medical home with monthly reimbursement for program enrollees who have incomplete applications.

☐ Yes, I have read and agree to the terms above.

View Application Summary
Get Help

Report a Bug/Make a Suggestion
Application ID: 19002201418100271

Submit to MHLA

## My Health LA Submission (Continued)

You will next need to identify how you would like to enter the supporting documents that are provided by the applicant. You may submit these documents by faxing or scanning them in.

By clicking “**Submit to MHLA**” the applicant will be enrolled into My Health LA if they meet all of the eligibility requirements and all the verification documents are uploaded in to the system.

## Medi-Cal Submission

For the Medi-Cal check-list, we will need to collect more information regarding the immigration status of the applicant. This will be used to determine whether the applicant may be eligible for Medi-Cal.

English | Español

oneeapp One Stop Access to Apply for Assistance

step 7: Program Information help save and close

Change Font Size A A A Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Tell us about James Justice's immigration status Notes

Does James Justice have a Social Security Number (SSN)? ☐ Yes ☒ No

Is James Justice an amnesty alien with a valid and current I-688? ☐ Yes ☐ No

What was James Justice's Name when he/she first entered the United States?

Same as previously entered ☐

First Name

Middle Name

Last Name

Suffix

What country is James Justice a citizen of?

Date of Entry to U.S. 10 25 2009

View Application Summary  
Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

English | Español

oneeapp One Stop Access to Apply for Assistance

step 7: Program Information help save and close

Change Font Size A A A Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Tell us about James Justice's immigration status Notes

Please indicate the status category which entitles

☐ A conditional entrant admitted to the United States before April 1, 1980

☐ An alien paroled into the United States including Cuban/Haitian entrants

☐ An alien subject to an Order of Supervision

☐ An alien granted an indefinite stay of deportation

☐ An alien granted an indefinite voluntary departure

☐ An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure

☐ An alien who has properly filed an application for lawful permanent resident status

☐ An alien granted a stay of deportation for a specified period

☐ An alien granted asylum

☐ A refugee admitted to the United States since April 1, 1980

☐ An alien granted voluntary departure who is awaiting issuance of a visa

☐ An alien in deferred action status

☐ An alien who entered and has continuously resided in the United States since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA section 249 (eligible as a registry alien)

☐ An alien granted a suspension of deportation whose departure USCIS does not contemplate enforcing

☐ An alien granted withholding of deportation pursuant

☐ An alien, not in one of the above categories, who can show that: (1) USCIS knows he/she is in the United States; and (2) USCIS does not intend to deport him/her, either because of the person's status category or individual

☐ None of the above

View Application Summary  
Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

English | Español

**oneeapp**  
One Stop Access to Apply for Assistance

**step 7: Program Information** help save and close


Change Font Size A A A Los Angeles

Notes

Note: The system is downloading the filled application. If for any reason, it does not appear, please record the signature date below and click Next to proceed. You will have another opportunity to download and print the form.

1 / 1 100% Tools Sign Comment

Please fill out the following form. You cannot save data typed into this form.  
Please print your completed form if you would like a copy for your records.

 **LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES  
COMMUNITY PARTNERS  
MY HEALTH LA**

Jun 22, 2014  
Application ID: 19002201415500010  
Member ID: 31900201000155148

James Justice  
204 First St  
Los Angeles CA 90012

**REFERRAL FOR MEDI-CAL APPLICATION**

We are referring the above person to apply for Medi-Cal. **James Justice** appears to meet the Medi-Cal eligibility requirements. The applicant is currently receiving care from our Department.

**James Justice** has applied for the My Health LA Program. However, as a condition of eligibility to this program, the applicant must apply for Medi-Cal, if potentially eligible, and must fully cooperate in the eligibility determination process, regardless of the level of benefits to which he/she may qualify, (i.e., either full or restricted or with a Share of Cost or without). Failure to cooperate with the Medi-Cal application process may make the applicant ineligible for My Health LA Program.

Thank you for your cooperation in this matter. If you have any questions or need additional information, call me at 916-566-2666

**Camron Thissen**  
916-566-2666  
Ticket fix

8.50 x 11.00 in

#### Languages

Please enter the date of application was signed and then click the Next button to print a copy of this application.

☐ I decline to sign the above declaration.

#### For System Use

Please enter the date the application was signed.





[View Application Summary](#)

[Get Help](#)

[Report a Bug/Make a Suggestion](#)

Application ID: 19002201415500010

Next

## Medi-Cal Submission (Continued)

One-e-App will populate a **Medi-Cal Referral** for each member who is eligible for Medi-Cal.

English | Español

step 7: Program Information

help, save and close

Medi-Cal

Change Font Size

A A A

Los Angeles

Coversheet To The Application For Cash Aid, Food Stamps, and/or Medi-Cal

Notes

**Action Required:** You must print and review SAWS1 and SAWS2 Application. One-e-App has completed some application fields with information you provided. There are additional questions you may have to complete. Please print the application, complete any unanswered questions and sign before submitting to the program.

**Note:** The system is downloading the filled application. If for any reason, it does not appear, please record the signature date below and click Next to proceed. You will have another opportunity to download and print the form.

1 / 17

91.9%

Tools Sign Comment

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

State of California - Health and Human Services Agency

California Department of Social Services  
California Department of Health Services

COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

**TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP,** complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help to apply for or keep getting cash aid, benefits, and services, tell the county.

**BEFORE YOU CAN GET CASH AID, FOOD STAMPS, OR MEDI-CAL/34-COUNTY CMSP, INCLUDING IMMEDIATE NEED, HOMELESS ASSISTANCE, OR FOOD STAMP EXPEDITED SERVICE,** you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

**FOR CASH AID AND FOOD STAMPS,** the county will tell you if and when you need to be fingerprint and photo imaged in order to get benefits.

**TO GET IMMEDIATE NEED AND/OR HOMELESS ASSISTANCE,** you must appear to be eligible for Cash Aid. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your social security number(s), trying to get income available to you, and agreeing to cooperate with the local child support agency about child, spousal, and medical support.

**FOR FOOD STAMPS,** the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another adult household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

**FOOD STAMPS — Date of Eligibility**  
If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

**CASH AID IMMEDIATE NEED**  
If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you do not have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

**CASH AID HOMELESS ASSISTANCE**  
If you are homeless, or have received a Pay Rent or Quit Notice, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

SAWS 1 COVERSHEET (1206) CA IOWA 285-A1 REQUIRED FORM - SUBSTITUTE PERMITTED

**CalWORKs DIVERSION SERVICES**  
Diversion services can help applicants who need some assistance but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.

After reviewing your facts, the county will tell you if you would be eligible for Diversion services. If eligible and you choose to get a Diversion cash payment or non-cash services instead of cash aid:

- You will get a denial notice for cash aid.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

**APPLICANTS FOR FOOD STAMPS:** All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

**FOOD STAMP EXPEDITED SERVICE**  
You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (see the other side of the page for definitions of income and liquid resources), OR
- No more than \$100 liquid resources and less than \$150 income for the month before deductions, OR
- No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, complete Items 1 - 17 on the attached application; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

**MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN**  
If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts of Item 12.

**MEDI-CAL/34-COUNTY CMSP - MEDICAL EMERGENCY/PREGNANCY**  
If you have a medical emergency or are pregnant AND want Medi-Cal/34-County CMSP as soon as possible, complete Items 1-13. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

Languages

Please enter the date of application was signed and then click the Next button to print a copy of this application.

☐ I decline to sign the above declaration.

For System Use

Please enter the date the application was signed.

View Application Summary

Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

## Medi-Cal Submission (Continued)

- ✓ Print the SAWS1 and SAWS2 (Medi-Cal) forms on this page. Have the applicant sign both forms.
- ✓ Enter the date the forms were signed.

Note: You will also have an opportunity to print this form on the program completion page.

**Print Rights, Responsibilities & Other Important Information (SAWS2AQR)**

Note: The system is downloading the filled application. If for any reason, it does not appear, please record the signature date below and click Next to proceed. You will have another opportunity to download and print the form.

Please fill out the following form.

**RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION**  
For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/34-County CMSP. **YOU ARE NOT ELIGIBLE FOR ANY OF THESE PROGRAMS IF YOU ARE:**

- 1. A non-citizen, alien, or foreign-born individual who has not been granted permanent resident status by the federal government.
- 2. A person who is currently in the custody of the State of California Department of Corrections and Rehabilitation.
- 3. A person who is currently in the custody of the State of California Department of Social Services.
- 4. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 5. A person who is currently in the custody of the State of California Department of Public Health.
- 6. A person who is currently in the custody of the State of California Department of Social Services.
- 7. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 8. A person who is currently in the custody of the State of California Department of Public Health.
- 9. A person who is currently in the custody of the State of California Department of Social Services.
- 10. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 11. A person who is currently in the custody of the State of California Department of Public Health.
- 12. A person who is currently in the custody of the State of California Department of Social Services.
- 13. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 14. A person who is currently in the custody of the State of California Department of Public Health.
- 15. A person who is currently in the custody of the State of California Department of Social Services.
- 16. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 17. A person who is currently in the custody of the State of California Department of Public Health.
- 18. A person who is currently in the custody of the State of California Department of Social Services.
- 19. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 20. A person who is currently in the custody of the State of California Department of Public Health.
- 21. A person who is currently in the custody of the State of California Department of Social Services.
- 22. A person who is currently in the custody of the State of California Department of Industrial Relations.
- 23. A person who is currently in the custody of the State of California Department of Public Health.
- 24. A person who is currently in the custody of the State of California Department of Social Services.
- 25. A person who is currently in the custody of the State of California Department of Industrial Relations.

State Civil Rights Bureau  
744 P Street, MS 15-79  
P.O. Box 944243  
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.

2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.

3. To ask for help to complete your application for any other cash aid, food stamp, or Medi-Cal/34-County CMSP form.

4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.

5. To be treated with courtesy, consideration and respect.

6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.

7. To discuss your case with the county and to review your case yourself when you request to do so.

8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.

9. To be told the rules for getting food stamps right away. If we think you might be eligible to get them right away, you will get an interview immediately and get food stamps within three days.

10. To get Medi-Cal/34-County CMSP benefits as soon as possible if you have a medical emergency or are pregnant, if eligible.

11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.

12. To be told the rules for retroactive Medi-Cal eligibility.

13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/34-County CMSP.

15. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.

16. To ask for extra money if your income drops or stops (cash aid only).

17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).

18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).

19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.

20. To have your records kept confidential by the county and state, unless you are getting cash aid or food stamps and there is a felony arrest warrant issued for you, or as otherwise provided by law.

21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.

22. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps and Medi-Cal.

23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in item 21 above.

24. To appeal all 34-County CMSP eligibility issues, you can only write to your county.

25. To be represented at a State hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

SAWS 2A QR (1/07) (RIGHTS, RESPONSIBILITIES) CA 30FA 285-A3M210 (REQUIRED FORM - NO SUBSTITUTE PERMITTED) Page 1 of 10

**Languages**

Please enter the date the application was signed and then click the Next button to print a copy of this application.

☐ I decline to sign the above declaration.

**For System Use**

Please enter the date the application was signed.

[View Application Summary](#) [Contact Us](#) [Learn More](#) [Next](#)

## Medi-Cal Submission (Continued)

✓ Print the SAWS2AQR (Medi-Cal Rights and Responsibilities form)

✓ Enter the date the forms were signed.

Note: You will also have an opportunity to print this form on the program completion page.



English | Español

oneeapp  
One Stop Access to Apply for Assistance

step 7: Program Information help save and close

Change Font Size A A A A  
Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

Application Completion Process

One-e-App has updated the application forms with the information you have provided. You are close but we need you to take a few more steps to complete your application. One-e-App cannot guarantee that you will qualify for the program(s) listed. In order to complete the application process, you will need to follow the steps provided for each program below.

**Medi-Cal** [Learn More!](#)

**Likely Eligible Persons**  
James Justice, Eva Justice,  
Sam Justice

**Steps to Complete the Application**

- If you have not printed your application, you may use the **Reprint Program Application** button below.
- Make sure all forms that require an applicant signature are signed and dated.
- One-e-App recommends that you fax or scan supporting documents into the One-e-App application. How would you like to attach your documents?
  - ☒ I have already faxed or scanned documents or will do so when I finish all applications.
  - ☐ I will fax
  - ☐ I will scan documents and attach the file(s)
- Be sure to include the Los Angeles County Department of Health Services Community Partners **Referral for Medi-Cal Application**

[Reprint Program Application](#)

[View Application Summary](#)  
[Get Help](#)  
[Report a Bug/Make a Suggestion](#)  
Application ID: 19002201415500010

[Next](#)

## Medi-Cal Submission (Continued)

### To refer to Medi-Cal:

- ✓ Print the **Medi-Cal Referral** along with the **SAWS1 and SAWS2 (Medi-Cal)** forms on this page. Have the applicant sign both forms.
- ✓ Recommendation: Fax/Upload these documents into One-e-App for later retrieval.

## SAWS 1 & 2

APPLICATION FOR CASH AND FOOD STAMPS, AND/OR MEDICAL-COUNTY CHIEF

APPLICATION FOR CASH AND FOOD STAMPS, AND/OR MEDICAL-COUNTY MEDICAL SERVICES PROGRAMS

APPLICATION FOR CASH AND FOOD STAMPS, AND/OR MEDICAL-COUNTY CHIEF

English | Español

oneeapp

One Stop Access to Apply for Assistance

step 8

Next Steps

help save and close

Change Font Size

A A A

Los Angeles

1 Getting Started

2 Your Household

3 Household Income

4 Other Information

5 Preliminary Eligibility

6 Additional Information

7 Program Information

8 Next Steps

You Are Almost There....!!!

Notes

You have provided the information needed to apply for the following programs. Please click on the **Next Steps** links to see what you need to do to perfect your application(s).

Your One-e-App Application ID is: 19002201415500010

Next Steps Needed

| Person ID         | Person Name   | Program Name                         | Application Status                | Next Steps |
|-------------------|---------------|--------------------------------------|-----------------------------------|------------|
| 31900201000155148 | James Justice | Medi-Cal Restricted No Share of Cost | Completed                         | Next Steps |
| 31900201000155148 | James Justice | My Health LA                         | Completed                         | Next Steps |
| 31900201001155146 | Eva Justice   | Medi-Cal Restricted No Share of Cost | Completed                         | Next Steps |
| 31900201001155146 | Eva Justice   | My Health LA                         | Pending (More Information Needed) | Next Steps |
| 31900201000172147 | Sam Justice   | Healthy Kids                         | Pending (More Information Needed) | Next Steps |

Next Steps for All

Please note: Further documentation may be required to complete enrollment.

Click the Next button to return to the 'Menu' screen.

Generate Notice | Languages

Print | Print Document Cover Sheet | View/Attach Scanned Documents

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201415500010

Next

Application Completion

This is the last page of the application process. This page displays a summary of the status of the applications – **completed, in progress, or pending.**

Make sure to click on “**Generate Notice**” link. This will populate the award letters for My Health LA.

For more information on next steps, click on the “**Next Steps**” link for that program.

Click “**Next**” to go to the **Main Menu.**







## Faxing and Uploading Documents

---



## Option 1: Printing Fax Cover Sheets from the Program Submission process.

### One-e-App Document Cover Sheet

Application ID: 19002201418100271

Primary Informant: James Justice

Other Persons: Sam Justice, Eva Justice

Address: 123 Main Street, Los Angeles, California, 90021

Phone: (5654321)5645

Date: 7/19/2014

Please mark an "X" in the check box next to each document you are faxing. Example: Please include the verification documents along with Fax Cover Sheet. Fax number: (310)779-9079

Documents Attached

- ☐ Medi-Cal
- ☐ Proof of Income (James Justice, Eva Justice, Sam Justice)
- ☐ My Health LA
- ☐ Proof of Income (James Justice, Eva Justice, Sam Justice)
- ☐ Proof of County Residency (Eva Justice, James Justice, Sam Justice)

Print

Please remember to print this document cover sheet and fax the listed supporting documents to One-e-App.

Get Help  
Report a Bug/Make a Suggestion  
Application ID: 19002201418100271

Next

## Option 2: Printing Fax Cover Sheets after submitting an application in One-e-App

After you have submitted the application in One-e-App, you must fax or upload supporting documents into One-e-App in order to complete the application process and enroll the patient (e.g., income, rights and declarations, identification documents, proof of Los Angeles County residency). Below are instructions on how to fax or upload documents into One-e-App.

## FAXING DOCUMENTS

### Step 1: Print the Fax Cover Sheets

- **One-e-App** has two fax cover sheets for each application - one for permanent documents (i.e., items that do not change, such as birth certificates) and one for temporary documents (i.e., items that do change, such as income). These fax cover sheets can be used for all programs.
- Fax cover sheets may be printed during the application process by clicking on **"Print Document Cover sheet"** during the program submission process (Option 1) OR by selecting the **"Print Document Cover sheet"** from your One-e-App **Dashboard**, searching for the application, and clicking on **"Fax"** under the **"Retrieve Fax"** column (Option 2).

Application Assistance...

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Attach Scanned Documents
- Search Disenrolled Persons
- Print Document Coversheet**
- Print/Re-print forms
- Print Blank Forms
- View Notes
- Support Documentation

oneeapp

Logout

Menu

Change Font Size

Retrieve Document Cover Sheet - Exact Match

To retrieve a document cover sheet, click on the 'Fax' link for the application.

Note: This search was performed based on an exact match on the name search criteria. If you do not find the match you are looking for or there are no results returned, please change/correct the parameters entered or change the search to Scored Matches.

Applications Pending Verification Documents

| Applicant Name                  | Date of Birth | Created By | Creation Date | Program Name | Retrieve Document Cover Sheet | Application ID | Person ID | Score |
|---------------------------------|---------------|------------|---------------|--------------|-------------------------------|----------------|-----------|-------|
| No matching records were found. |               |            |               |              |                               |                |           |       |

Expired or Program Closed Applications

| Applicant Name                  | Date of Birth | Created By | Creation Date | Program Name | Retrieve Document Cover Sheet | Application ID | Person ID | Score | View Documents |
|---------------------------------|---------------|------------|---------------|--------------|-------------------------------|----------------|-----------|-------|----------------|
| No matching records were found. |               |            |               |              |                               |                |           |       |                |

Submitted Applications

| Applicant Name | Date of Birth | Submitted By   | Submission Date | Program Name                | Retrieve Document Cover Sheet | Application ID    | Person ID         | Score  | Notes | View Documents |
|----------------|---------------|----------------|-----------------|-----------------------------|-------------------------------|-------------------|-------------------|--------|-------|----------------|
| James Justice  | 2/2/1986      | Avaneet Buttar | 7/9/2014        | Medi-Cal                    | Fax                           | 19002201418100271 | 31900201013189141 | 100.00 |       | N/A            |
| James Justice  | 2/2/1986      | Avaneet Buttar | 7/9/2014        | Restricted No Share of Cost | Fax                           | 19002201418100271 | 31900201013189141 | 100.00 |       | N/A            |
| Eva Justice    | 2/2/1986      | Avaneet Buttar | 7/9/2014        | Restricted No Share of Cost | Fax                           | 19002201418100271 | 31900201014189149 | 100.00 |       | N/A            |
| Eva Justice    | 2/2/1986      | Avaneet Buttar | 7/9/2014        | MY Health LA Medi-Cal       | Fax                           | 19002201418100271 | 31900201014189149 | 100.00 |       | N/A            |
| Sam Justice    | 2/2/2006      | Avaneet Buttar | 7/9/2014        | Restricted No Share of Cost | Fax                           | 19002201418100271 | 31900201015189146 | 100.00 |       | N/A            |
| Sam Justice    | 2/2/2006      | Avaneet Buttar | 7/9/2014        | MY Health LA                | Fax                           | 19002201418100271 | 31900201015189146 | 100.00 |       | N/A            |

Export Results to Excel

Add Notes

View Clipboard

Search

Begin New Application

Print Document Cover Sheet

Next

## Sample One-e-App Fax

**Document Cover Sheet**  
Permanent Documents

**Document Cover Sheet**  
Temporary Documents

Application ID: 19002201418100271

Primary Informant: Lillian Cooper Date: 8/24/2009

Other Persons: Sally Cooper, Charlie Cooper

Address: 123 Main St, San Jose, California, 95191

Phone: (902)313-3131

Please mark an "X" in the check box next to each document you are faxing. Example

Please fax to: (916)779-4266

**Documents Attached**

☐ Kaiser Permanente Child Health Plan

☐ Proof of Income (Lillian Cooper)

☐ KPCHP Arbitration and Third Party Agreement (Lillian Cooper)

☐ KPCHP Dental Provider Form (Lillian Cooper)

☐ Medi-Cal for Children and Pregnant Women

☐ Proof of Income (Lillian Cooper)

☐ Proof of Santa Clara County Residency (Sally Cooper)

Notes

SCASSTEMP

19002201418100271

## FAXING DOCUMENTS (Continued)

### Step 2: Fax/Send Documents

#### FAX to One-e-App

You may also fax supporting documents into One-e-App at the fax number listed on the fax cover sheet.

- Arrange documents behind the appropriate cover sheet (permanent or temporary) as shown to the left.
- Clearly mark an "X" on the cover sheet next to those items that are attached
- Send the set of two fax cover sheets and documents in each fax transmission
- **It is very important that you do not write anywhere on the bar code!**



## UPLOADING DOCUMENTS INTO One-e-App

You may also upload into One-e-App those supporting documents that you have in electronic image formats (such as .pdf, .gif, etc.) To do this:-

- Click **"Attach Scanned Documents"** from your **One-e-App Dashboard**.
- Search for the application.
- In the search results, check the box next to the application for which you want to upload documents. Then click **"View/Attach Scanned Documents"** at the bottom of the search results page.
- Click **"Browse"** and locate the file that you wish to upload and click **"OK"**.
- Click **"Attach"** to upload the document.
- If you wish to remove the attached item, click **"Remove Documents."**
- If you wish to upload a single file and apply it to multiple documents, click **"Select All Documents"**, then select all of the documents you wish to upload at one time.

After you have uploaded documents, you can view them by clicking on "View Scanned Documents" from your One-e-App Dashboard and following the same steps to find the application in the search results and clicking on "View/Attach Scanned Documents" at the bottom of the search results page.

### Application Assistance...

- Begin Application
- Renew/Modify Application
- Conduct Application Search
- Attach Scanned Documents
- Search Disenrolled Persons
- Print Document Coversheet**
- Print/Re-print forms
- Print Blank Forms
- View Notes
- Support Documentation

#### Submitted Applications

|                                     | Applicant Name | Date of Birth | Submitted By   | Submission Date | Program Name                           | Retrieve Document Cover Sheet | Application ID    | Person ID         | Score  | Notes | View Documents |
|-------------------------------------|----------------|---------------|----------------|-----------------|--|-------------------------------|-------------------|-------------------|--------|-------|----------------|
| <input checked="" type="checkbox"/> | Sam Jones      | 11/21/1979    | Camron Thissen | 6/26/2014       | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201417600016 | 31900201000176143 | 100.00 |       | N/A            |
| <input checked="" type="checkbox"/> | Sam Jones      | 11/21/1979    | Camron Thissen | 6/26/2014       | MY Health LA                           | Fax                           | 19002201417600016 | 31900201000176143 | 100.00 |       | N/A            |
| <input type="checkbox"/>            | Wendy Jones    | 7/12/1978     | Camron Thissen | 6/26/2014       | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201417600016 | 31900201001176141 | 100.00 |       | N/A            |
| <input type="checkbox"/>            | Wendy Jones    | 7/12/1978     | Camron Thissen | 6/26/2014       | MY Health LA                           | Fax                           | 19002201417600016 | 31900201001176141 | 100.00 |       | N/A            |

Export Results to Excel  
Add Notes  
View Clipboard  
Search  
View/Attach Scanned Documents  
Begin New Application

#### Attach Scanned Documents to My One-e-App Application

You will need to provide several documents to verify the information you entered in your application. The **Attach Scanned Documents** will list the types of proof required for the person(s) entered into the system, based off of the information you entered into the system. You can upload scanned documents that will be electronically attached to your application. Please use the **Browse** button to locate the document and then the **Attach** button to upload the document to the system.

Maximum file size per upload: 7MB  
Application ID: 19002201417600016

**Select All Documents** ☒

Select All Permanent Verification Documents ☒

| Documents in this Upload            | Person Name | Permanent Verification Documents   |
|-------------------------------------|-------------|------------------------------------|
| <input checked="" type="checkbox"/> | Kyle Jones  | Birth Certificate                  |
| <input checked="" type="checkbox"/> | Kyle Jones  | Healthy Kids Rights & Declarations |
| <input checked="" type="checkbox"/> | Sam Jones   | Proof of Identification            |
| <input checked="" type="checkbox"/> | Wendy Jones | Proof of Identification            |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof of Identification            |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof of Birth Place               |
| <input checked="" type="checkbox"/> | Sam Jones   | My Health LA Rights & Declarations |
| <input checked="" type="checkbox"/> | Wendy Jones | My Health LA Rights & Declarations |

Select All Temporary Verification Documents ☒

| Documents in this Upload            | Person Name | Temporary Verification Documents |
|-------------------------------------|-------------|----------------------------------|
| <input checked="" type="checkbox"/> | Sam Jones   | Proof of Income                  |
| <input checked="" type="checkbox"/> | Wendy Jones | Proof of Income                  |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof of Income                  |
| <input checked="" type="checkbox"/> | Sam Jones   | Proof of County Residency        |
| <input checked="" type="checkbox"/> | Wendy Jones | Proof of County Residency        |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof of County Residency        |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof of Fresno County Residency |
| <input checked="" type="checkbox"/> | Kyle Jones  | Proof Of Payment                 |
| <input checked="" type="checkbox"/> | Kyle Jones  | Medi-Cal Release of Information  |
| <input checked="" type="checkbox"/> | Kyle Jones  | Medi-Cal Signature Page          |

Browse... Attach

Merge and View attached documents | **Remove Documents** | Print Document Cover Sheet

View Application Summary  
Get Help

Next

**Attach Scanned Documents to My One-e-App Application**

You will need to provide several documents to verify the information you entered in your application. The **Attach Scanned Documents** will list the types of proof required for the person(s) entered into the system, based off of the information you entered into the system. You can upload scanned documents that will be electronically attached to your application. Please use the **Browse** button to locate the document and then the **Attach** button to upload the document to the system.

Maximum file size per upload: 7MB  
Application ID: 19002201417600016

Select All Documents ☐

Select All Permanent Verification Documents ☐

| Documents in this Upload | Person Name | Permanent Verification Documents   | SCAN       |
|--------------------------|-------------|------------------------------------|------------|
| <input type="checkbox"/> | Kyle Jones  | Birth Certificate                  | 07/10/2014 |
| <input type="checkbox"/> | Kyle Jones  | Healthy Kids Rights & Declarations |            |
| <input type="checkbox"/> | Sam Jones   | Proof of Identification            |            |
| <input type="checkbox"/> | Wendy Jones | Proof of Identification            |            |
| <input type="checkbox"/> | Kyle Jones  | Proof of Identification            |            |
| <input type="checkbox"/> | Kyle Jones  | Proof of Birth Place               |            |
| <input type="checkbox"/> | Sam Jones   | My Health LA Rights & Declarations |            |
| <input type="checkbox"/> | Wendy Jones | My Health LA Rights & Declarations |            |

Select All Temporary Verification Documents ☐

| Documents in this Upload | Person Name | Temporary Verification Documents | SCAN       |
|--------------------------|-------------|----------------------------------|------------|
| <input type="checkbox"/> | Sam Jones   | Proof of Income                  | 07/10/2014 |
| <input type="checkbox"/> | Wendy Jones | Proof of Income                  |            |
| <input type="checkbox"/> | Kyle Jones  | Proof of Income                  |            |
| <input type="checkbox"/> | Sam Jones   | Proof of County Residency        |            |
| <input type="checkbox"/> | Wendy Jones | Proof of County Residency        |            |
| <input type="checkbox"/> | Kyle Jones  | Proof of County Residency        |            |
| <input type="checkbox"/> | Kyle Jones  | Proof of Fresno County Residency |            |
| <input type="checkbox"/> | Kyle Jones  | Proof Of Payment                 |            |
| <input type="checkbox"/> | Kyle Jones  | Medi-Cal Release of Information  |            |
| <input type="checkbox"/> | Kyle Jones  | Medi-Cal Signature Page          |            |



## Tip Sheets



### My Assisted Applications

Minimize

0 In Progress (Last 14 days)

0 Expired (Last 14 days)

0 Due for Renewals



### Applications in Progress

|                          |  | Due Date | Creation Date | Applicant Name | Application ID    |
|--------------------------|--|----------|---------------|----------------|-------------------|
| <input type="checkbox"/> |  | N/A      | 6/30/2014     | Brian Lopez    | 19002201418000463 |

Note: Each indicates an extension of 2 days has been applied.

Note: Each indicates a reminder is associated to this application.

Note: Each indicates a renewal application.

Note: Each indicates application has been edited by another application assistor.

Add Notes | Reminders | Extend | Remove | Bring Back

Next

These are additional functions that can assist you in managing the application that is in progress.

The **Add Notes** link allows you to enter notes regarding an application. These notes will be linked to the application.

You can set a **Reminder** by clicking on the little box near the **due date** of the applicant, then click **reminder**. You can add notes that will be linked with the application.

The **Extend** icon extends the application beyond timeframe (e.g., 90 days) that an application can remain in progress. It will extend for two additional days. You can extend an application twice.

The **Remove** icon removes an application from your **Applications Tab** in the **Progress Workload**. You will be prompted by the system to indicate the reason for application removal.

The **Bring Back** icon brings back an application that you removed. Once the application has been “brought back”, it will appear in this workload.

## Applications in Progress Workload

When you click “In Progress” you will be navigated to two different workloads:

- Applications in Progress
- Program Submission Workload

The **Applications in Progress Workload** displays applications that are still in the interview process and for which preliminary eligibility has not been determined.

Click “**Next**” to move to the **Program Submission Workload**.

## Pending Submission Workload

The **Pending Submission Workload** contains two tables.

- Applications Pending Submission
- Applications Submitted

### My Assisted Persons

Minimize

5 Pending Submission (Last 30 days)

6 Submitted (Last 30 days)

### Applications Pending Submission

|                          | Application ID    | MSN | Applicant Name | Preliminary Eligibility              | Coverage Type | System Name |  |
|--------------------------|-------------------|-----|----------------|--------------------------------------|---------------|-------------|--|
| <input type="checkbox"/> | 19002201418100305 | 1   | Justice, James | Medi-Cal Restricted Share of Cost    | Primary       | One-e-App   |  |
| <input type="checkbox"/> | 19002201418100305 | 2   | Justice, Sam   | Healthy Kids                         | Primary       | One-e-App   |  |
| <input type="checkbox"/> | 19002201418100305 | 3   | Justice, Eva   | Medi-Cal Restricted Share of Cost    | Primary       | One-e-App   |  |
| <input type="checkbox"/> | 19002201418200196 | 1   | Justice, James | Medi-Cal Restricted No Share of Cost | Primary       | One-e-App   |  |
| <input type="checkbox"/> | 19002201418200196 | 2   | Justice, Eva   | Medi-Cal Restricted No Share of Cost | Primary       | One-e-App   |  |

### Applications Pending Submission

These are applications that have passed the preliminary eligibility determination pages, but the application has NOT been completed all of the required information and has NOT been submitted.

### Applications Submitted

| Application ID    | Applicant Name | Submission Status | Submission Date | Preliminary Eligibility               | Coverage Type | System Name | Documents |
|-------------------|----------------|-------------------|-----------------|---------------------------------------|---------------|-------------|-----------|
| 19002201414100671 | Doe, Jane      | Successful        | 6/19/2014       | Medi-Cal Restricted, No Share of Cost | Primary       | One-e-App   | N/A       |
| 19002201414200133 | Smith, Jim     | Successful        | 5/23/2014       | Medi-Cal Restricted, No Share of Cost | Primary       | One-e-App   | N/A       |
| 19002201414200133 | Smith, Jim     | Successful        | 5/23/2014       | My Health LA                          | Secondary     | N/A         | N/A       |
| 19002201414200133 | Davis, Mack    | Successful        | 5/23/2014       | Medi-Cal Restricted, No Share of Cost | Primary       | One-e-App   | N/A       |
| 19002201414200133 | Davis, Mack    | Successful        | 5/23/2014       | My Health LA                          | Secondary     | N/A         | N/A       |

### Applications Submitted

These are applications that have been submitted to the My Health LA program. You will also see individuals who are not eligible for applying for programs in this table.

**NOTE:** Applications are not complete until all required documents have been submitted to One-e-App.



## One-e-App Navigation

This tip sheet provides a brief overview of the navigation tools in One-e-App. Below are the methods for jumping around to different screens in throughout the One-e-App system.

**Jump Back To:** The **Jump Back To** feature is available when you are in the middle of an application. It allows you to go back to the beginning of an application section, such as Your Household, Household Income, Application Review, etc. To move forward, click "Next".

**Tabs:** When you are in the middle of an application, you can see 8 Tabs that identify different application sections. Similar to the **Jump Back To** feature, you can move to previous sections. Click on the **purple tabs** to be taken to the beginning of that section. To move forward, click "**Next**".

**Next button:** Throughout the One-e-App program, you will see **Next** Buttons appear at the bottom right-hand corner of the page. Click **Next** to move forward through the application or to go to the next page in other parts of the One-e-App program.

**Green Links:** Throughout One-e-App there are several types of **Green Links**. Click on the **Green Links** to go to an individual person's information, bring up certain forms associated with the application or carry out a specific, desired action (such as removing an individual from the application).

### Helpful Hints

To move forward in an application use the **Next Button**.

To go back to a certain section in an application, use the **Jump Back To** or **Tabs** feature.

To go back to a specific person or location in One-e-App, click on the **Green Links**.

oneeapp One Stop Access to Apply for Assistance

step 3: Household Income

help save and close cancel

English | Español

Change Font Size A A A

Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Step

### Household Income Summary

Review the following summary to make sure you have included everyone's income correctly.

To change the income, Click on the person's name.

To remove a person's income from the application, Click on the 'Remove' link corresponding to that person.

Gina Huff (Adult) Self Affidavit of Income Letter

| Income Type       | Frequency | Amount   | Gross Monthly Amount | Remove |
|-------------------|-----------|----------|----------------------|--------|
| Earnings from job | Monthly   | \$200.00 | \$200.00             | Remove |

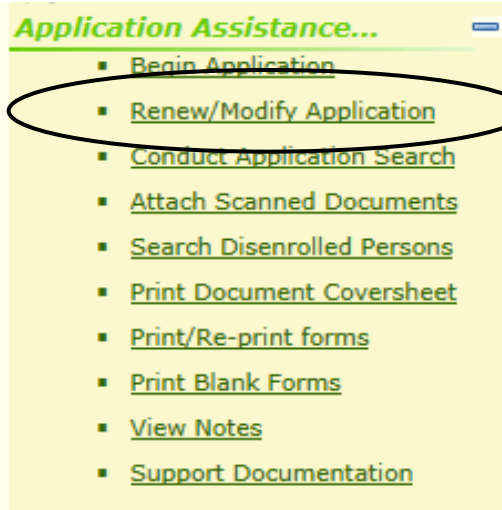
Sample Profit and Loss Statement

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201418000463

Next



## Renew/Modify Application

This tip sheet will provide a brief overview of how to **Renew** or **Modify** an application in One-e-App.

Use **Modify** to make a change to an existing application that impacts eligibility, such as make a change to income, marital status, or add a new child. Applications can be modified at any point, even after the application has been submitted.

My Health LA members must renew their coverage every twelve months. You can automatically generate renewal notices for applicants from the One-e-App system. There is also a table to view applications that are 90, 60, and 30 days from the renewal due date for the My Health LA program.

### Applications in Progress

|                          | Applicant Name | Date Of Birth | Created By     | Creation Date | Application ID    | Person ID | Score  | Notes |
|--------------------------|----------------|---------------|----------------|---------------|-------------------|-----------|--------|-------|
| <input type="checkbox"/> | Sam Jenkins    | 4/21/1980     | Camron Thissen | 3/26/2014     | 19002201408400061 | N/A       | 100.00 |       |
| <input type="checkbox"/> | Jon Sommers    | N/A           | Camron Thissen | 3/29/2014     | 19002201408700015 | N/A       | 100.00 |       |
| <input type="checkbox"/> | Helen Keller   | N/A           | Camron Thissen | 7/8/2014      | 19002201418800037 | N/A       | 100.00 |       |

### Applications Pending Submission

|                          | Applicant Name | Date Of Birth | Created By     | Creation Date | Program Name                           | Retrieve Document Cover Sheet | Application ID    | Person ID         | Notes | View Documents |
|--------------------------|----------------|---------------|----------------|---------------|--|-------------------------------|-------------------|-------------------|-------|----------------|
| <input type="checkbox"/> | Sammie Davis   | 10/21/1981    | Camron Thissen | 5/22/2014     | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201414100259 | 31900201032141148 |       |                |
| <input type="checkbox"/> | Sammie Davis   | 10/21/1981    | Camron Thissen | 5/22/2014     | MY Health LA                           | Fax                           | 19002201414100259 | 31900201032141148 |       |                |
| <input type="checkbox"/> | Leena Lexus    | 10/21/1980    | Camron Thissen | 5/22/2014     | Medi-Cal - Restricted No Share of Cost | Fax                           | 19002201414100259 | 31900201033141146 |       |                |
| <input type="checkbox"/> | Leena Lexus    | 10/21/1980    | Camron Thissen | 5/22/2014     | MY Health LA                           | Fax                           | 19002201414100259 | 31900201033141146 |       |                |
| <input type="checkbox"/> | Dan Williams   | 10/21/1981    | Camron Thissen | 5/29/2014     | MY Health LA                           | Fax                           | 19002201414800403 | 31900201014142145 |       | N/A            |

### Applications Pending Verification Documents

|                                 | Applicant Name | Date Of Birth | Created By | Creation Date | Program Name | Retrieve Fax | Application ID | Person ID | Score |
|---------------------------------|----------------|---------------|------------|---------------|--------------|--------------|----------------|-----------|-------|
| No matching records were found. |                |               |            |               |              |              |                |           |       |

### Expired or Program Closed Applications

|                          | Applicant Name | Date Of Birth | Created By     | Creation Date | Program Name  | Retrieve Document Cover Sheet | Application ID    | Person ID         | Score  | View Documents |
|--------------------------|----------------|---------------|----------------|---------------|---|-------------------------------|-------------------|-------------------|--------|----------------|
| <input type="checkbox"/> | Sandy Miller   | 1/21/1986     | Camron Thissen | 5/28/2014     | Not Preliminarily Eligible for Programs in One-e-App County | N/A                           | 19002201414700611 | 31900201101147145 | 100.00 | N/A            |
| <input type="checkbox"/> | Sandy Miller   | 1/21/1986     | Camron Thissen | 5/29/2014     | Not Preliminarily Eligible for Programs in One-e-App County | N/A                           | 19002201414800411 | 31900201101147145 | 100.00 | N/A            |

### Submitted Applications

|                                     | Applicant Name   | Date Of Birth | Submitted By   | Submission Date | Program Name  | Retrieve Document Cover Sheet | Application ID    | Person ID         | Score  | Notes | View Documents |
|-------------------------------------|------------------|---------------|----------------|-----------------|---|-------------------------------|-------------------|-------------------|--------|-------|----------------|
| <input type="checkbox"/>            | Johnny Appleseed | 10/21/1980    | Camron Thissen | 6/19/2014       | Not Preliminarily Eligible for Programs in One-e-App County | N/A                           | 19002201414100671 | 31900201093141140 | 100.00 |       | N/A            |
| <input type="checkbox"/>            | Jane Doe         | 6/12/1979     | Camron Thissen | 5/23/2014       | Medi-Cal - Restricted No Share of Cost                      | Fax                           | 19002201414100671 | 31900201094141148 | 100.00 |       | N/A            |
| <input type="checkbox"/>            | Dan Williams     | 10/21/1981    | Camron Thissen | 5/23/2014       | Medi-Cal - Restricted No Share of Cost                      | Fax                           | 19002201414200141 | 31900201014142145 | 100.00 |       |                |
| <input checked="" type="checkbox"/> | Dan Williams     | 10/21/1981    | Camron Thissen | 5/23/2014       | MY Health LA  | Fax                           | 19002201414200141 | 31900201014142145 | 100.00 |       |                |

When **Renew/Modify Application** is chosen from the **Menu** or **Dashboard**, you will be taken to the “**Search for Application**” screen. Here you search for the applicant or an application. The search results will show you several tables. Locate the application that you would like to **Renew/Change**, then check the box next to the application from the list and click “**Renew/Modify**”.

## Application ID Assignment

Each time an application is **Renewed** or **Changed**, a new Application ID number will be automatically assigned by the One-e-App system.

Search Renew/Modify View Clipboard Next

## Renew/Modify Application

In some instances there may be more than one application associated with an individual. You can identify which application you are trying to renew or modify by looking at the Creation or Submission Date. It is important that you confirm that you have selected the proper application that you wish to renew or modify, and check the box next to that specific Application ID number. Once you have selected the correct application to renew or modify, click **Renew** or **Modify**.

### Helpful Hints

Use **Modify** to make a change to an existing application that impacts eligibility, such as change in income, marital status, or adding a new child. Applications can be modified at any point.

My Health LA members must renew their coverage every 12 months, but can renew up to 3 months prior to their renewal date.

When you **Modify** an application, you will be directed to the "**Reason(s) for Modification**" screen. Check the box(es) next to the reason that describes why you need to modify the application. Then click "**Next**".

This will bring you directly to the section(s) of the One-e-App application that corresponds to the modification reason you just selected. Once you have completed modifications to the application you will return to the "**Preliminary Eligibility**" screen.

Use the **Tabs** or **Jump Back To** feature to go back and make additional changes to other sections as needed.

English | Español

logout

Menu

Change Font Size

Application History for Application ID: 19002201414200141

Please select the application you would like to renew or modify.

☐ 19002201414200141 (Original Application)

| Person Name   | Date of Birth | Person Type | Creation Date | Submission Date |
|---------------|---------------|-------------|---------------|-----------------|
| Dan Williams  | 10/21/1981    | Adult       | 5/23/2014     | 5/23/2014       |
| Keri Williams | 10/21/1982    | Adult       | 5/23/2014     | 5/23/2014       |
| Cole Williams | 6/12/2008     | Child       | 5/23/2014     | 5/23/2014       |

☐ 19002201414800403 Modified: 5/29/2014

| Person Name   | Date of Birth | Person Type | Creation Date | Submission Date |
|---------------|---------------|-------------|---------------|-----------------|
| Dan Williams  | 10/21/1981    | Adult       | 5/29/2014     | 5/30/2014       |
| Keri Williams | 10/21/1982    | Adult       | 5/29/2014     | 5/30/2014       |
| Cole Williams | 6/12/2008     | Child       | 5/29/2014     | 5/30/2014       |

Status : Application(19002201414200141) has not been submitted to the following programs :

- Keri Williams (My Health LA)

Search | View Document Archive | **Renew** | **Modify**

English | Español

logout

Change Font Size

Please select the reason(s) for this modification

Notes

- Add New Person(s) to the Household ☐
- Remove Person(s) from the Household ☒
- Change Primary Informant ☐
- Change of Name/Address/Contact Information/Immigration Status ☐
- Change of Email Address ☐
- Person(s) from household now seeking coverage ☐
- Change in Gender ☐
- Change in Date Of Birth ☐
- Change in Other Health Insurance ☐
- Change in Income ☐
- Change in Expense ☐
- Change in Pregnancy Information ☐
- Change in Medical condition ☐
- Change of Social Security Number (SSN) ☐
- All of the Above ☐

Note: Please note that any change of information that has an implication on the eligibility logic will require you to go through the Preliminary Eligibility Determination in One-e-App after you make the change.

View Application Summary | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201414800403

Next

oneeapp  
One Stop Access to Apply for Assistance

step 3 Household Income

help save and close cancel

Jump Back To

Change Font Size A A A

Los Angeles

1 Getting Started 2 Your Household 3 Household Income 4 Other Information 5 Preliminary Eligibility 6 Additional Information 7 Program Information 8 Next Steps

**Household Income Summary** Notes

Review the following summary to make sure you have included everyone's income correctly.

To change the income, Click on the person's name.

To remove a person's income from the application, Click on the 'Remove' link corresponding to that person.

James Justice (Adult) Self Affidavit of Income Letter

| Income Type       | Frequency | Amount     | Gross Monthly Amount | Remove |
|-------------------|-----------|------------|----------------------|--------|
| Earnings from job | Monthly   | \$1,200.00 | \$1,200.00           | Remove |

Eva Justice (Adult) Self Affidavit of Income Letter

| Income Type | Frequency | Amount | Gross Monthly Amount | Remove |
|-------------|-----------|--------|----------------------|--------|
| No income   |           |        |                      |        |

Sam Justice (Child) Self Affidavit of Income Letter

| Income Type | Frequency | Amount | Gross Monthly Amount | Remove |
|-------------|-----------|--------|----------------------|--------|
| No income   |           |        |                      |        |

Complete Profit and Loss Statement

**View Application Summary** | Get Help

Report a Bug/Make a Suggestion

Application ID: 19002201418700104

Next

## Application Summary

This tip sheet provides a brief overview of the **Application Summary** in One-e-App.

The **Application Summary** contains all of the relevant information that you have entered into the application up to that point. The **Application Summary** can be viewed and the throughout the application process by clicking on "**View Application Summary**", which can be found in the lower left hand corner.

It is recommended that you review and validate the information on the **Application Summary** prior to proceeding past the One-e-App "**Preliminary Eligibility Page**".

The **Application Summary** is broken into several sections for easy review. The sections of the **Universal Application Summary** include:

- Household Information
- Household Address & Contact Information
- Adult Details
- Child Details
- Household Relationships
- Income Details
- Expenses
- Additional Household Information
- Potential Eligibility Results
- Eligibility Results

By following the "**Re-Print Forms**" link from the One-e-App **Dashboard** and **Menu**, the **Application Summary** can be re-printed at any time after the application has been submitted.

oneeapp  
One Stop Access to Health Insurance  
Application Summary

Generated By Avaneet Buttar  
Generated On 7/10/2014

**Household Information**

|   |                   |                        |                                   |
|---|-------------------|------------------------|-----------------------------------|
| Application ID                                  | 19002201418700104 | Application Created By | Avaneet Buttar                    |
| Creation Date                                   | 07/07/2014        | Assistor Phone Number  | (465)465-4656                     |
|   |                   | Assistor Location      | The Center to Promote Health Care |
| Primary Informant Name                          | James Justice     | Assistor Organization  | The Center                        |
| In Household                                    | Yes               | Assistor Email         | abuttar@socialinterest.org        |
| Entity ID                                       | N/A               | Number of Persons      | 3                                 |
| Preferred Spoken Language by Primary Informant  | English           | Adults                 | 2                                 |
| Preferred Written Language by Primary Informant | English           | Children               | 1                                 |
|   |                   | Unborn Children        | N/A                               |

**Household Address and Contact Information**

|   |                |                   |               |
|---|----------------|-------------------|---------------|
| Homeless                                      | No             |                   |               |
| Are your home and mailing addresses the same? | Yes            |                   |               |
| Delivery Type                                 | Street Address |                   |               |
| Home Address 1                                | 123 N Main St  | Mailing Address 1 | 123 N Main St |
| Home Address 2                                | N/A            | Mailing Address 2 | N/A           |
| City  | Los Angeles    | City              | Los Angeles   |
| State   | California     | State             | California    |
| County  | Los Angeles    | County            | Los Angeles   |
| Zip   | 90012-4106     | Zip               | 90012-4106    |
| Email   | N/A            |                   |               |



## Using the One-e-App Help Desk

---

If you experience an issue or problem in One-e-App, please contact the One-e-App Help Desk by phone at (866) 429-1979 or email at [tpro@oneapp.org](mailto:tpro@oneapp.org) to report your issue. The following are instructions for calling the helpdesk or reporting an issue via e-mail.

### I. Tips for calling the helpdesk:

When calling the One-e-App helpdesk to report an issue, please be prepared to providing the following information:

- The County you live in
- Your User name and organization
- Your ID and role (example, CAA)
- The Application ID or name of applicant or primary client on the application
- Screen print of error message or the URL of the screen name where the issue was encountered, Example URL: <https://thecenter.oneeapp.org/app/APPTYPE.ASPX>
- Detailed description of the problem, at what point in the system that the problem occurred (e.g., Searches, Application Processing, Eligibility Calculation, Data Transfer to Health-e-App, User Account, Faxing of Verification Documents, Generation of Universal Summary, Notices or PDF Documents).

### II. How to report system “bugs” or problems to One-e-App via e-mail:

Send an e-mail to **[tpro@oneapp.org](mailto:tpro@oneapp.org)** with a brief summary of the issue in the subject line and a detailed description of the problem you are experiencing in the body of the e-mail, along with the One-e-App Application ID, User Name and, whenever possible, a screen-shot of the error you have encountered.

The e-mail will get loaded into Test Track Pro’s Helpdesk Log and you will receive an automatic e-mail notification with a ticket number, which can be used for future reference.



#### **Do not reply to messages sent by Test Track Pro**

You should not reply to the automatic messages sent by Test Track Pro, nor should you “cc” or copy anyone at the “TTpro” e-mail address while 'Replying' or 'Forwarding' your original message. This will generate new ticket numbers and duplicate the issues in the helpdesk log.



### **Attaching screen-shots on e-mails to TTPro:**

Attaching screen-shots is a great way to communicate a One-e-App “bug”, or problem, as the screen shots help the Development Team recreate the issue and/or isolate the cause of the problem.

Screen shots that are inserted directly in the body of the e-mail do not work in TTPro. Screen shots must be **attached** as “attachments” to the e-mail.

E-mails sent to **ttpro@oneapp.org** are directly received by the One-e-App Support Team. The text in the body of the e-mail is imported as the “ticket description” and any attachments to the e-mail are attached to the ticket in Test Track Pro. It is important that if a screenshot is included with the e-mail sent to this address, it must be saved to a file and then the file must be attached separately to the e-mail.

### **How to Attach a Screen-shot:**

1. When you create the screen-shot, be sure you are looking at the screen with the problem!
2. Press “print screen” on your keyboard to record the screen-shot to your computer’s clipboard.
3. Open your word processing software (such as Microsoft Word) and create a new document.
4. Choose Edit → Paste from the menu (or Control + V on the keyboard) to paste the screen-shot into the document.
5. Save the document to your computer – remember where you saved it! Saving it to your desktop or a special folder for “One-e App” may be helpful.
6. Write your e-mail to: **ttpro@oneapp.org**
7. From your e-mail software (i.e. MS Outlook, GroupWise, Yahoo, etc...) select “attach a file.”
8. Find the document you saved in step 4 and select it.
9. Verify that your document is now attached to the e-mail (open it up and look at it as a final check, to be sure that you did not attach the wrong document!)
10. Send the e-mail.

### Sample responses from Test Track Pro (TTPro)

TTPro is an automated system that tracks bugs or issues for the help desk. Below are samples of the e-mail notifications of Tickets created from an e-mail you send to the TTPro system. If you don't agree that an issue has been resolved, you can re-open a ticket.

#### Report that a Ticket was created.

Ticket 391710 has been created on June10, 2014.

This is an automated acknowledgement that we received your message on 06/10/2014.

Your issue has been given Ticket# 391710

Should you wish to check on the status or have any further questions on this issue, please call the help desk at 1-866-429-1979 and refer to the Ticket#.

#### Report that a Ticket was closed.

LA One-e-App DOT NET Ticket # 301710 has been closed

Ticket 391710 was closed on 06/15/2014.

Severity: P2 - High

Project: One-e-App DOT NET

Summary: Income screen does not allow commas in employer's name

Description:

**[https://thecenter.oneeapp.org/app/H\\_INC\\_IN C.ASPX?](https://thecenter.oneeapp.org/app/H_INC_IN C.ASPX?)** I tried to include a employer name with a comma, it kept giving me the pop up to "enter valid characters for employer"

.....  
Closure Notes: The allowed values for employer name have been changed so that users may enter employers with commas in the name.

Should you wish to re-open this issue, please refer to the Ticket # 391710 and contact the Help Desk at 1-866-429-1979 for further assistance.

Thank you for your patience.

-- Application Support Team