



Proof Of Eligibility

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

Mailing Date:

Agency Information

Family and Social Services Administration Document Center

PO Box 1810

Marion, Indiana 46952

Telephone: 1-800-403-0864

Case Information

Full Name:

Date of Birth:

Case Number:

Mailing Address:

Home Address:

Scheduled Appointment

Appointment Type

Appointment

Scheduled Time

Office Location

Pending Applications

Programs Applied For

Date Application Received

Case Number

Assistance Group

Type of Assistance:

Aid Category:

Emergency Services Only:

Details

Status:

First Card Benefit Available Date:

Case Number:

Current Month Amount:

AG Number:

Next Month Amount:

Effective Date:

Redetermination Month:

End Date:

Monthly Liability (Health Coverage):

Previous Months Benefit Amount:

Assistance Group Clients

Names

Participation Status

Effective Date

End Date

Authorized Representative

Primary Name

Primary Address