



Agents use Your Health Idaho to view all clients for which they are the agent/broker on record.

Agents use YHI to **manage insurance** which includes . . . obtaining payments, managing clients and making plan selections.



Agents are only able to view clients who have designated the agent as an **Agent Authorized Representative**.

Agents use idalink as a special tool to act on behalf of the client who have given permission to DHW to discuss APTC eligibility with the agent.

**Agent information in YHI is not related to the information in idalink. The information does not transfer from one system to another.**

The idalink Agent Console is personal portal for Agents to view a list of clients who are receiving APTC – **AND** – have designated the agent as an Agent Authorized Representative.

In the idalink Agent Console, Agents are able to represent their client and . . .

- View current eligibility status of Health Coverage Assistance and **Advance Payment of Premium Tax Credit (APTC)**.
- Apply for Health Coverage Assistance and APTC.
- View **Department of Health and Welfare (DHW)** notices.
- Report changes in the client's situation.



**NEW!**





Before an agent can use the Agent Console in idalink . . .

- The client must designate the Agent as their **Agent Authorized Representative** in idalink.
- The agent must create an agent account in idalink.

Then the agent will be able to . . .

- Submit applications and represent their clients in idalink.

Suzanne Agent is an agent, her clients will be able to select Suzanne as an Agent Authorized Representative in idalink . . .



Before an agent can use the Agent Console in idalink . . .

- The client must designate the Agent as their **Agent Authorized Representative** in idalink.
- The agent must create an agent account in idalink.

Then the agent will be able to . . .

- Submit applications and represent their clients in idalink.

Client **Martha Taylor**, DOES NOT have an idalink account.

Martha needs to create an idalink account to designate Suzanne Agent as an her **Agent Authorized Representative**.



## Confirmation

When Martha completes her registration, a confirmation window appears and asks her what actions she would like to take.

**Congratulations! You have successfully completed your account registration.**

Using the links below, you may either start your HCA application or designate an Agent Authorized Representative. The Agent Authorized Representative will be able to complete activities related to the HCA program on your behalf.

[Start my application](#)

[Designate an Agent Authorized Representative](#)

Martha clicks here to designate Suzanne as her Agent Authorized Representative.

[Contact Us](#) | [Privacy & Security](#)



Welcome,

Martha Taylor

Authorized Representative



Review &amp; Submit



## Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:

Select from list or type name

SUZ



SUZANNE AGENT (99902)

Next &gt;

[Contact Us](#) | [Privacy & Security](#)

Suzanne Agent is an approved agent, Martha can search for her by typing Suzanne's name



Welcome,  
**Martha Taylor**

Authorized Representative

Review & Submit

## Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:

Select from list or type name

MARK AGENT (99912)  
MARY AGENT (99913)  
RAINBY AGENT (99903)  
SUSAN AGENT (99915)  
SUZANNE AGENT (99902)  
WILLIAM AGENT (99914)  
JOHN ALANIS (503409)  
JOSIAH ALLIS (324279)  
JESSE ALLIS (99912)

Next >

Contact Us | Privacy & Security

OR by clicking the drop  
down and scrolling.



Welcome,  
**Martha Taylor**

**Authorized Representative**

**Review & Submit**

## Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:

SUZANNE AGENT (99902)

**Remove**

Martha clicks NEXT to  
continue

**Next**

Welcome,  
**Martha Taylor**

[My Account](#)[Logout](#)[? Help](#)

## Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

[Authorized Representative](#)[Review & Submit](#)

Agent Name:

Select from list or type name

MARK AGENT (99912)  
MARY AGENT (99913)  
RAINBY AGENT (99903)  
SUSAN AGENT (99915)  
SUZANNE AGENT (99902)  
WILLIAM AGENT (99914)  
JOHN ALANIS (503409)  
JOSIAH ALLIS (324279)  
JESSE ALLIS (99912)

[Next >](#)

When an agent is not listed, the client clicks the Help link to submit an email request.

[Contact Us](#) | [Privacy & Security](#)



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## Report An Issue

If you are experiencing technical problems with the website or unable to log in, please contact us at 1-877-456-1233 or 208-334-6700 between the hours of 8 a.m. and 6 p.m., Monday thru Friday, except holidays or complete the feedback form below and submit.

### NAME

### EMAIL

Please indicate the type of issue you are experiencing:

- Could not log in
- Forgot my password
- Forgot my email
- Do not see the benefit programs or people I expect to see
- The benefit amounts do not match what I expect to see
- Website appears to be broken
- Unable to find agent authorized representative

### The Client . . .

- Completes the form.
- Clicks the check box next Unable to find agent authorized representative.
- Submits the form by clicking SUBMIT.

Client **Jason Anderson**, has an **EXISTING**  
idalink account.

Jason will log in to designate Suzanne Agent as  
an his **Agent Authorized Representative**.

# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

**If you need to report a change** for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application](#)

Jason clicks  
My Account.

## My Benefits

### Health Coverage Assistance

July

August

**Jason Anderson** (12/13/1995)

Medicaid

**Not Covered****Not Covered**

Discontinued

Date: 05/31/15



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[▶ Start Shopping](#)

ACCOUNT SETTINGS

ACCOUNT ACTIVITY

AGENT AUTHORIZED  
REPRESENTATIVE



## Agent Authorized Representative

We currently do not have an Agent Authorized Representative on file for you. Using idalink, your Agent Authorized Representative can perform activities related to your Health Coverage Assistance on your behalf. This includes being able to view notices and report changes. To designate an Agent Authorized Representative, please use the [Designate an Agent Authorized Representative](#) link.



Jason selects the Agent Authorized Representative tab, then clicks Designate an Agent Authorized Representative link.

Welcome,  
**Jason Anderson**

[My Benefits](#) | [My Account](#) | [Logout](#) | [Help](#)



## Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW related to the Health Coverage Assistance program. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

If you wish to designate a new Authorized Representative that is not an agent or remove an existing one, please use the [Report a Change](#) link.

Authorized Representative

Review & Submit

Agent Name:

No Agent Authorized Representative

suza

SUZANNE AGENT (99902)

Jason selects  
Suzanne as his  
agent.

Next >

[Contact Us](#) | [Privacy & Security](#)



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Client **Shawn Smith**, has an **EXISTING** idalink account.

Shawn will designate Suzanne Agent as his **Agent Authorized Representative** during the application process.

Welcome,  
**Shawn Smith**

Last saved Jul 10, 2015 10:22 AM

[My Account](#)

[Logout](#)

[Help](#)



Time Remaining: 72h

Personal Info

About You

Identity Verification

Your Household

Tax Status

Income

Review & Submit

## About You

If you are seeking health coverage for yourself or others in your household, please enter your information below.

### Designate Agent Authorized Representative

Your Agent Authorized Representative is able to receive information related to your family's situation and view notices related to the Health Coverage Assistance program.

Would you like to designate an Agent Authorized Representative?

Yes  No

To designate an Agent Authorized Representative, select an agent from the list.

Agent Name:

No Agent Authorized Representative

- CHELSEI AGENT (99906)
- SUSAN AGENT (99915)
- SUZANNE AGENT (99902)**
- JOHN ALANIS (503409)
- JOSIAH ALLIS (324279)
- JEFF ALLTUS (83)
- LASHA ALVARADO (508122)
- HASANI ANDERSON (387584)
- JEFFREY ANDERSON (101653)

### Designate Authorized Representative

If you are helping someone apply for health coverage on behalf of a trusted friend, family, or third party, please enter their information on their behalf, for all matters relating to their health coverage.

Would you like to designate an Authorized Representative on your behalf?

Yes  No

### Basic Info

Name:

Shawn

Middle Name

Smith

Suffix

Former Name(s):

Shawn will answer YES and select Suzanne as his agent.

Welcome,  
**Shawn Smith**

Last saved Jul 10, 2015 10:27 AM

[My Account](#)

[Logout](#)

[Help](#)



Time Remaining: 72h

Personal Info

Income

Additional Questions

Review & Submit

## Rights & Responsibilities

### Review and Sign

#### I understand that...

My signature certifies that the information on this application is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.

I consent to the gathering and use of income data, including information from tax returns for determining eligibility for help paying for health coverage in future years (up to 5 years). I will receive notice when this occurs, be able to make changes, and may opt out at any time.

I have the right to revoke this consent, in writing, at any time.

Under penalty of perjury, I swear or affirm the information provided on this page is true and accurate. My signature confirms that I have read and understand the terms on this page.

#### PRIMARY APPLICANT

Shawn

Smith

#### PRIMARY APPLICANT'S E-SIGNATURE

Shawn Smith

x

#### TODAY'S DATE

07/10/2015

Shawn MUST submit his application or Suzanne will not be designated as his Agent Authorized Representative.

[Back](#)

[Submit your Application](#)

Now that the Suzanne Agent's clients have designated her as an Agent Authorized Representative in idalink, Suzanne need's to register on idalink as an Agent to gain access to her Agent Console . . .



Before an agent can use the Agent Console in idalink . . .

- ✓ The client must designate the Agent as their **Agent Authorized Representative** in idalink.
- ❑ The agent must create an agent account in idalink.

Then the agent will be able to . . .

- ❑ Submit applications and represent their clients in idalink.

Agents use their existing YHI Login to access idalink.

# Welcome to idalink

*Your online portal for healthcare, food assistance and other programs in Idaho.*

Login

Register

You now have the ability to apply for Health Coverage Assistance and see the results of your application submission online. You may also complete a re-eval for Food Stamps and view other benefits your family is currently receiving.



Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

## You are already registered

According to our records you have already registered with Your Health Idaho or idalink. Please use that account information to sign-in.

Log in >

License

Email Address:

Confirm Email Address:

Security Check



[Privacy & Terms](#)

Type the characters you see in the box above, separated by a space.

When an agent who has already registered with YHI attempts to register on idalink, they will see this pop up.

Suzanne is new,  
she clicks Register  
to get started

# Welcome to idalink

*Your online portal for healthcare, food assistance and other programs in Idaho.*

Login

Register

You now have the ability to apply for Health Coverage Assistance and see the results of your application submission online. You may also complete a re-eval for Food Stamps and view other benefits your family is currently receiving.



Already have an account? [Sign In](#)[Help](#)

## Registration

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? **Register below.**

**If you are an Agent Authorized Representative, check this box.**

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

*\* All fields are required*

**Name:**

**License Number:**

**Email Address:**

**Confirm Email Address:**

**Security Check**

[Privacy & Terms](#)

Type the characters you see in the box above, separated by a space.

 Register

Suzanne must:

- Check that she is an **Agent Authorized Representative.**
- Enter her information.
- Click Register.

Already have an account? [Sign In](#)

[? Help](#)



## Confirmation

Thank you for creating an account. Your password has been sent to [diane-02@portlandwebworks.com](mailto:diane-02@portlandwebworks.com). Please check your inbox and spam folders.

\* All fields are required

**First Name**

**Last Name**

**License Number:**

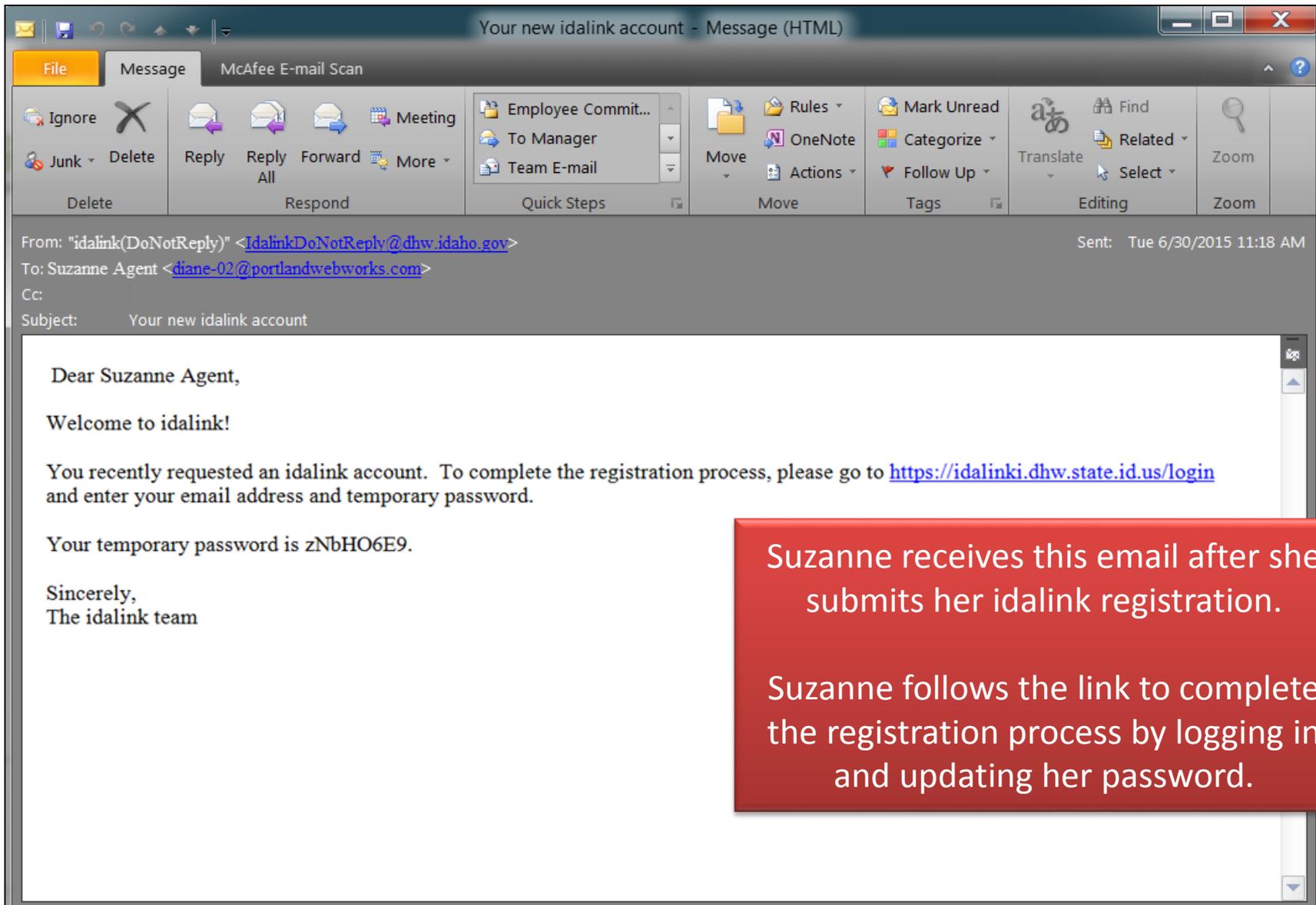
**Email Address**

[Submit Query](#)

Suzanne receives confirmation that her registration is complete.

She checks her email for her password.

[Contact Us](#) | [Privacy & Security](#)



Suzanne receives this email after she submits her idalink registration.

Suzanne follows the link to complete the registration process by logging in and updating her password.



## Registration

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? **Register below.**

**If you are an Agent Authorized Representative, check this box.**

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.



If an Agent is not able to register, the Agent clicks the hyperlink **Send a Report.**

## Report an Issue



If you are experiencing issues registering for idalink as an Agent Authorized Representative, please complete the form below and submit.

### AGENT NAME

### LICENSE NUMBER

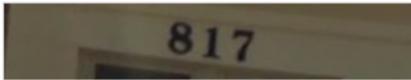
### EMAIL

### PLEASE INDICATE THE TYPE OF ISSUE YOU ARE EXPERIENCING:

- UNABLE TO CREATE AGENT ACCOUNT IN IDALINK  
 OTHER

### ADDITIONAL INFORMATION

Please enter any additional information regarding the issue that you are experiencing



[Privacy & Terms](#)

Submit

The Agent completes the *Report an Issue* form, adds a contact phone number in the comments section and clicks Submit.

The agent will be contacted to resolve the registration issue.

Suzanne Agent was able to complete her log in.

She can log into idalink to view the **Agent Console**. There she will be able to see any clients who have designated her as an **Agent Authorized Representative**.



Before an agent can use the Agent Console in idalink . . .

- ✓ The client must designate the Agent as their **Agent Authorized Representative** in idalink.
- ✓ The agent must create an agent account in idalink.

Then the agent will be able to . . .

- Submit applications and represent their clients in idalink.



### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

[View Client List](#)

This is the Agent Console Home Screen in idalink.

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/ClientID		Type	Status
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Displaying 1-3 of 3 results



## Select Client

To access your client's idalink account, select the client using one of the options below:

### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

[View Client List](#)

Suzanne can find her clients by **Searching** OR by **Viewing** her Client List.

## Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

[Search](#) [Reset](#)

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/ClientID		Type	Status
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Displaying 1-3 of 3 results



## Select Client

To access your client's idalink account, select the client using one of the options below:

### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

[View Client List](#)

## Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/ClientID		Type	Status
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Displaying 1-3 of 3 results

Suzanne can also review the activity completed by the client or the agent in the Submission Log.

The Submission Log will show Suzanne what client took actions and the status of each action.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/ClienId		Type	Status
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Displaying 1-3 of 3 results

Status Field	What it means?	What Suzanne can do
<b>Draft</b>	An application has been started.	Suzanne can view, edit, complete, and submit the application for her client.
<b>Timed Out</b>	An application that was started, passed the 72 hour time limit.	This is informational only for Suzanne. Suzanne or the client can start a new application.
<b>Submitted</b>	An application has been submitted and will be processed by DHW.	Once the application is processed, Suzanne will be able to view the Notice in the View Notices link.

Suzanne can submit an application for Health Coverage Assistance for any client that has designated her as an **Agent Authorized Representative**.

Suzanne searches for her client Martha Taylor by using the **Search By or Client List**.



## Select Client

To access your client's idalink account, select the client using one of the options below:

## Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

Jason Anderson

Martha Taylor



## View Client List

Click the View Client List button for clients who have selected you to be their Representative for their HCA program.

View Client List

## Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** filters. Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking the hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the activity.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/ClientId		Type	Status
07/01/2015 1:52PM			Jason Anderson	12/12/1995	<a href="#">0000607319</a>		Application	Draft

To search using **Search By . . .**

Suzanne clicks the drop down to display all the clients that have designated Suzanne as their Agent Authorized Representative and selects Martha's name  
OR  
By typing Martha's name and pressing the Enter key to search.

Enter CIN # [Search](#) Agent Home IDAHO

Representing **Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 12:45 PM Logout Help 

Time Remaining: 72h

# Applying for Health Coverage Assistance Online

- Personal Info**
- Income**
- Review & Submit**



### Enter Your Information

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.



### Review & Submit

You will have an opportunity to review your completed form before submitting it to us.



### Eligibility

You will receive a determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credits to help pay health coverage premiums or affordable private health insurance plans.

By clicking Martha's name, idalink brings Suzanne directly to Martha's home page.

Suzanne is now representing Martha.



## Select Client

To access your client's idalink account, select the client using one of the options below:

### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

## Submission Log

Recent activity completed by your clients is displayed below. Filter the results by clicking on the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/Clientid		Type	Status
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Displaying 1-3 of 3 results

To search by View Client List . . .

Suzanne clicks View Client List to display all the clients who have designated her as an Agent Authorized Representative.

## Client List

[Back](#)

All clients who have designated you as their Agent Authorized Representative for their HCA program via their idalink account are listed below. (Clients who have only contacted DHW to designate you as their Agent Authorized Representative are not included in this list.)

To begin or continue an HCA application or report a change, click on the client's name.

**Client Name****Date of Birth**

[Christina Henderson](#)  
[Connor Robertson](#)  
[Martha Taylor](#)  
[Chris Smith](#)  
[Samantha Wright](#)  
[Jarrod Zinn](#)

01-03-1975  
12-16-1987  
10-14-1982  
05-15-1968  
06-06-1956  
11-07-1953

By clicking Martha's  
name hyperlink,  
Suzanne can begin  
representing Martha  
and submit an  
application.

[Contact Us](#) | [Privacy & Security](#)

Enter CIN #

Search

Agent Home

IDAHO

Representing  
**Martha Taylor**

Client ID: 1435268330756

Last saved Jun 30, 2015 12:45 PM

Logout

Help



Time Remaining: 72h

Personal Info

Income

Review & Submit

# Applying for Health Coverage Assistance Online



## Enter Your Information

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.



## Review & Submit

You will have an opportunity to review your completed form before submitting it to us.

## Eligibility Determination

You will receive an eligibility determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credits to help pay health coverage premiums or affordable private health insurance plans.

Suzanne can verify that she is representing Martha Taylor by looking at the client name in the top left.

Enter CIN #

Agent Home IDAHO

Representing **Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 12:45 PM

Logout Help

Time Remaining: 72h

**Personal Info**

- About You
- Your Household
- Tax Status

Income

Review & Submit

Suzanne completes all sections of the application and reviews the information at the Application Summary.

Enter CIN #

Agent Home IDAHO

Representing **Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 1:00 PM

Logout Help

Time Remaining: 72h

## Application Summary

Carefully review the information you are about to submit to ensure its accuracy. You can access previously visited sections to make edits to your application for Health Coverage Assistance, as long as there is still time remaining as indicated at the top of each page. Simply click on the section header and this will take you to the relevant section where you can begin editing. Once your application has been submitted, no further edits are allowed.

PDF Print

**About You**

AUTHORIZED REPRESENTATIVES		CITIZENSHIP	
There are no authorized representatives.		Citizenship Status:	US Citizen
BASIC INFO		HEALTH COVERAGE	
Name:	Martha Taylor	Applying for Health Coverage Assistance:	Yes
Date of Birth:	10/15/1982		
Social Security No:	617-56-1234	RACE & ETHNICITY	
Gender:	Female	Hispanic or Latino:	No

Representing  
**Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 1:00 PM

Logout | ? Help



Time Remaining: 72h

## Rights & Responsibilities

Personal Info

Income

Additional Questions

Review & Submit

### Review and Sign

#### I understand that...

My signature certifies that the information on this application is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.

I consent to the gathering and use of income data, including information used to determine eligibility for help paying for health coverage in future years. I understand that I will be able to make changes, and may opt out of this consent at any time.

I have the right to revoke this consent, in writing, at any time except as otherwise provided.

- Under penalty of perjury, I swear or affirm the information I have provided is true and accurate. My signature confirms that I have read and understand the Rights and Responsibilities on this page.

#### PRIMARY APPLICANT

Martha

Taylor

#### AGENT AUTHORIZED REPRESENTATIVE'S E-SIGNATURE

Suzanne Agent

#### TODAY'S DATE

06/30/2015

Suzanne Agent signs the application as an Agent Authorized Representative

Representing  
**Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 1:00 PM

Logout | ? Help



Time Remaining: 72h

Personal Info ✓

Income ✓

Additional Questions ✓

Review & Submit

## Thank You For Applying

Based on the information you have provided on your application today, here are the preliminary eligibility results:

⚠ If you would like a copy of your preliminary eligibility determination, please download it now using the links below. After submission, it will no longer be available.



PDF



Print

### Your Preliminary Eligibility Determination

**Martha Taylor** (10/15/1982)

Advance Payment of Premium Tax Credit

**Eligible**

Medicaid

**Not Eligible**

Please note that the information shown above is not a final determination of eligibility. Once the information you have provided has been verified, you will receive an official notice of your eligibility for Health Coverage Assistance. You can expect to receive this notice within three to five business days.

If you are found eligible to receive an Advance Payment of Premium Tax Credits (APTC) to help pay for insurance premiums, you will be able to select a Qualified Health Plan that meets your household needs. You may visit Idaho's Marketplace to shop for and compare Qualified Health Plans at any time, but if you want financial assistance to

Suzanne receives a Preliminary Eligibility Determination.



### Select Client

To access your client's idalink account, select the client using one of the options below.

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

[View Client List](#)

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/Clientid		Type	Status
06/30/2015 12:45PM	06/30/2015 1:06PM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/26/2015 8:38AM			Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Timed Out
06/26/2015 8:20AM	06/26/2015 8:37AM	Suzanne Agent	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		Application	Submitted
06/25/2015 2:45PM	06/25/2015 2:45PM	Martha Taylor	Martha Taylor	10/14/1982	<a href="#">1435268330756</a>		HCA Agent	Submitted

Suzanne can now see the Application submitted for Martha Taylor.



### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name, Date,**

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each S hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking the IBES CIN/ ClientID hyperlink.

First Name  Last Name  within last month

Start Date	Submitted Date	Submitted By	Applicant
06/30/2015 12:45PM	06/30/2015 1:06PM	Suzanne Agent	Martha Taylor

FileName	Size	Status
<a href="#">MC-Application.1435268330756.2015-06-30.pdf</a>	32KB	Submitted

Hovering over the paperclip icon displays the link for PDF that was submitted.

Suzanne can log into her Agent Console to review the Application Status of Jason Anderson's Application.

Suzanne reviews the **Submission Log** for the status and details of Jason's application.



### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Click the View clients who Representat

Suzanne reviews the Submission Log to see the Jason Anderson's Application is in Draft Status. She needs to complete the application on his behalf.

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the Name. Activity in a Submitted Status has been completed. You may view the submitted forms associated with hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name  Last Name  within last month  Select a Status

Start Date	Submitted Date	Submitted By	Applicant	DOB	IBES CIN/Clientid		Type	Status
07/01/2015 1:52PM			Jason Anderson	12/12/1995	<a href="#">0000607319</a>		Application	Draft
07/01/2015 1:35PM	07/01/2015 1:35PM	Jason Anderson	Jason Anderson	12/12/1995	<a href="#">0000607319</a>		HCA Agent	Submitted

She clicks the IBES CIN/Client ID hyperlink to be taken to the Application.

Enter CIN #

Search

Agent Home

IDAHO

Representing  
**Jason Anderson**  
CIN #: 0000607319

My Benefits

Logout

Help



Time Remaining: 72h

Personal Info

Income

Additional Questions

Review & Submit

## Applying for Health Coverage Assistance Online



### Enter Your Information

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.



### Review & Submit

You will have an opportunity to review your completed form before submitting it to us.



### Eligibility Determination

You will receive an eligibility determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credit to help pay health coverage premiums or affordable private health insurance plans.

Take me to where I left off

Next >

Suzanne can continue the Application representing Jason Anderson just as she did with Martha Taylor.

Enter CIN #  Agent Home IDAHO

Representing  
**Jason Anderson**  
CIN #: 0000607319

Last saved Jun 30, 2015 1:00 PM Logout Help 

## Submission Confirmation

Your application for Health Coverage Assistance was successfully submitted. An email confirmation has been sent to **dlane-02@portlandwebworks.com**. The Department will review the information you have submitted and notify you if we need additional information to process your application. Once we process your application, you will receive an eligibility determination.

Go to [Agent Home](#)

Personal Info	✓
Income	✓
Additional Questions	✓
Review & Submit	

When Suzanne completes the application she will receive an email confirmation.

Suzanne clicks the hyperlink or clicks Agent Home at the top of the screen to return to the Agent Home.

Suzanne's clients have questions on about their status and APTC premiums.

Suzanne searches for her clients by using the **Search By** or **Client List** and clicks his or her name to view *My Benefits* home page.



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

**If you need to report a change** for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

- [Report a Change](#)
- [View Notices](#)

## My Benefits

Health Coverage Assistance		
Advance Payment of Premium Tax Credit (APTC)		
Benefit Members	2015 Monthly Amount	
Christopher <a href="#">[Profile]</a> Melissa <a href="#">[Profile]</a> Cutter <a href="#">[Profile]</a> Frederick <a href="#">[Profile]</a> Pierce <a href="#">[Profile]</a>	\$282.00	Click <a href="#">here</a> to see if your 2016 APTC has been calculated

### Find a Healthcare Provider

If you are not eligible for Medicaid, we have over 1,000 Healthcare Providers



Suzanne can see that Christopher and the members of his household are approved for APTC.



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

Suzanne can also click here to review the notices to verify if the 2016 APTC has been calculated.

- [Report a Change](#)
- [View Notices](#)

## My Benefits

### Health Coverage Assistance

#### Advance Payment of Premium Tax Credit (APTC)

Benefit Members	2015 Monthly Amount	
Christopher  Melissa  Cutter  Frederick  Pierce 	\$282.00	<a href="#">Click here</a> to see if your 2016 APTC has been calculated



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)





# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

Suzanne clicks VIEW NOTICES to view the DHW APTC notices sent to the client.

- Report a Change
- View Notices

Health Coverage Assistance		
Advance Payment of Premium Tax Credit (APTC)		
Benefit Members	2015 Monthly Amount	
Christopher Melissa Cutter Frederick Pierce	\$282.00	Click <a href="#">here</a> to see if your 2016 APTC has been calculated

## Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[▶ Start Shopping](#)



VIEW NOTICES

ACCOUNT SETTINGS

ACCOUNT ACTIVITY

AGENT AUTHORIZED REPRESENTATIVE

## View Notices

FROM  TO

You can view the notices we sent you in the last three months for any active program by clicking on the hyperlinks below. To access notifications sent for active programs more than three months ago, change the Search Date criteria above and click Search.

Notice	Date	
NOA - Health Coverage Assistance - Benefit Change	04/21/2015	<a href="#">View Notice</a>
NOA - Health Coverage Assistance - Benefit Change	04/21/2015	<a href="#">View Notice</a>

Suzanne clicks View notice to see the PDF version of the DHW sent to the client.



# Health Coverage Assistance

[Continue My Application >](#)

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[View Notices](#)

## My Benefits

Health Coverage Assistance			
	July	August	
Sierra			
Advance Payment of Premium Tax Credit (APTC)	Not Eligible	Not Eligible	

Customer Sierra is not eligible for APTC.

### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application](#)

## My Benefits

[View Notices](#)

Health Coverage Assistance			
	July	August	
<b>Griffin</b>			
Medicaid (Basic)	Covered	Covered	
<b>Lillyan</b>			
Medicaid (Basic)	Covered	Covered	
<b>Christina</b>			
Advance Payment of Premium Tax Credit (APTC)	Eligible	Eligible	

For this family, the kids Lillyan and Griffin are covered through Medicaid but the mom Christina is APTC eligible.



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)

# Health Coverage Assistance

[Start My Application >](#)

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[View Notices](#)

## My Benefits

Health Coverage Assistance			
	July		
<b>Peggy</b>			
Advance Payment of Premium Tax Credit (APTC)	Eligible	Eligible	
<b>Reed</b>			
Advance Payment of Premium Tax Credit (APTC)	Eligible	Eligible	

Suzanne can see that Peggy and her spouse Reed are both approved for APTC.

**Find a Healthcare Plan**  
If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase. [Start Shopping](#)

The client who applied for services and signed the application is considered the **Primary Applicant**. This person may or may not be the primary tax filer.

The primary applicant client **OR** his or her Agent Authorized Representative can report changes in idalink.

## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

- Report a Change

- View Notices

### My Benefits

Health Coverage Assistance

Advance Payment of Premium

Benefit Members

If the client is a primary applicant, the client or his Agent Authorized Representative will have the option to click REPORT A CHANGE.

If the client is not the primary applicant, the agent and the client will NOT have the option to report the change.

Suzanne's client Christopher has a change in his household's situation.

Suzanne searches for Christopher by using the **Search By** or **Client List** and clicks his name to view his *My Benefits* home page.



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

Suzanne clicks **REPORT A CHANGE** to report the change in the client's situation.

- Report a Change
- View Notices

## Health Coverage Assistance

### Advance Payment of Premium Tax Credit (APTC)

#### Benefit Members

#### 2015 Monthly Amount

Christopher Melissa Cutter Frederick Pierce	\$282.00	Click <a href="#">here</a> to see if your 2016 APTC has been calculated
---	----------	---



## Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

Start Shopping



Welcome,  
Kasey Heston

Last saved Aug 6, 2015 3:24 PM

[My Benefits](#)[My Account](#)[Logout](#)[Help](#)

Overview

Select Change Type

Review &amp; Submit

 Time Remaining: **72h**  
You have **72 hrs** to complete and submit your Report Change form.

## Report a Change

In this section, you will be able to provide information on changes about your household's situation. You will have the opportunity to review your changes before submitting them to us.

You can also report changes in one of the following ways:

- Complete a [change report form](#) and mail or email that to us according to the information that is listed on the form,
- Call the Department at 1-877-456-1233, or
- Visit a local Health and Welfare office.

Suzanne clicks next to complete and submit a change.

[Next >](#)



Time Remaining: 72h

Overview

Select Change Type

Personal Info

Income

Assets

Expenses

Additional Questions

Review &amp; Submit

## Select Change Type

Would you like to add a new household member?

 Yes  No

Which programs will the new member(s) be eligible for?

- Food Stamps
- Health Coverage Assistance
- Child Care Assistance (ICCP)
- Cash Assistance for Families (TAFI)
- AABD Cash

[← Back](#)

When the change type is to add a new household member, additional sections populate to capture information about the new household member(s) as well as information about existing members of the household.

Welcome  
New Member

Last saved Aug 6, 2015 3:36 PM

My Benefits

My Account

Logout

Help



Time Remaining: 72h

Overview



Select Change Type



Review &amp; Submit



## Select Change Type

Would you like to add a new household member?

Yes  No

To submit a change to your household, choose an option below.

- Report a death
- Report someone has left the household
- Update contact information
- Designate or remove an authorized representative
- Report a new Social Security Number
- Report a pregnancy
- Report an income change
- Report a change in expenses
- Update tax filing status or tax household
- Report health insurance coverage changes
- Close a Benefit program
- Update child care providers (for Child Care programs only)
- Report changes in activity hours (for Child Care programs only)

When the change type is not related to a new household member, the list of reportable changes becomes available to choose from.

The change type list will display change types for multiple programs, not just APTC.

[Back](#)[Next](#)

Welcome,  
Susan Perkins

Last saved Aug 6, 2015 3:36 PM

My Benefits | My Account | Logout | Help



Time Remaining: 72h

Overview



Select Change Type



Review & Submit



## Select Change Type

Would you like to add a new household member?

Yes  No

To submit a change to your household, choose an option below.

Report a death

Expense changes may be applied if you have a Health Coverage Assistance program with Aid to the Aged, Blind, or Disabled (AABD) Medicaid services or a Child Care Assistance program. Child Care Expense changes are only required for children receiving Child Care Assistance. For all other benefit programs, report expense changes at your next re-evaluation.

Report a change in expenses

Update tax filing status or tax household

Report health insurance coverage changes

Close a Benefit program

Update child care providers (for Child Care programs only)

Report changes in activity hours (for Child Care programs only)

Suzanne can hover over a change type for additional information on the change type.

Back

Next

Time Remaining: 72h

Overview



Select Change Type



Update Contact Info



Report a Pregnancy



Health Insurance Coverage



Review &amp; Submit



## Select Change Type

Would you like to add a new household member?

Yes  No

To submit a change to your household, choose an option below.

- Report a death
- Report someone has left the household
- Update contact information
- Designate or remove an authorized representative
- Report a new Social Security Number
- Report a pregnancy
- Report an income change
- [Report a change in expenses](#)
- [Update tax filing status or tax household](#)
- Report health insurance coverage changes
- Close a Benefit program
- Update child care providers (for Child Care programs only)
- [Report changes in activity hours \(for Child Care programs only\)](#)

Suzanne is able to report multiple changes at one time.

[Back](#)[Next](#)

## Change Details

For the household member who is pregnant, please provide the information below.

### Report a Pregnancy

Remove

Name:  First Name  Middle Name  Last Name  Suffix

Date of Birth:  mm/dd/yyyy

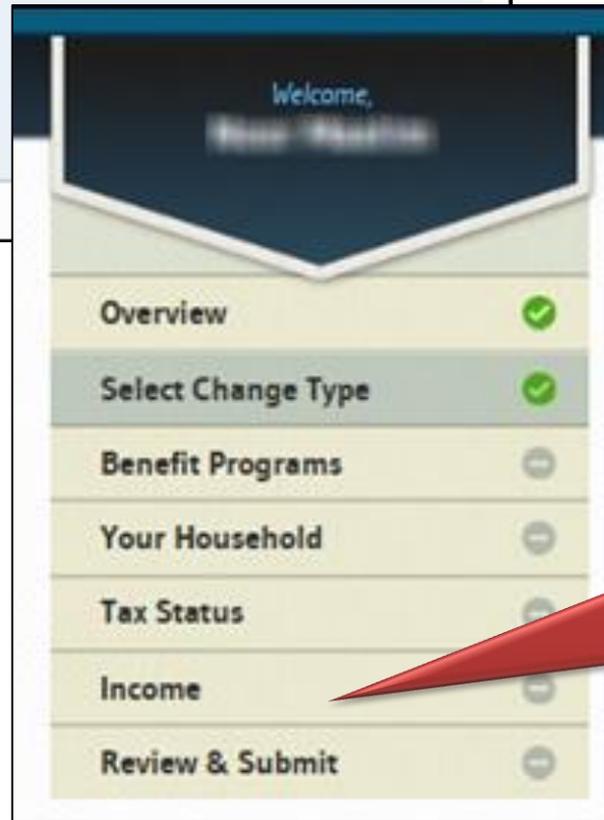
Social Security Number:  XXX  XX  XXXX

\* Either Date of Birth or Social Security Number is required.

Pregnancy Due Date:  mm/dd/yyyy

Is the household member pregnant with more than one baby?  Yes  No

Report Another Pregnancy



A mobile application navigation menu with a dark blue header containing the text "Welcome, Suzanne" and "Home - Suzanne". Below the header is a list of menu items, each with a green checkmark or a grey circle icon to its right. The items are: Overview (checkmark), Select Change Type (checkmark), Benefit Programs (circle), Your Household (circle), Tax Status (circle), Income (circle), and Review & Submit (circle). A red arrow points from the right towards the "Income" menu item.

Menu Item	Status
Overview	Completed (checkmark)
Select Change Type	Completed (checkmark)
Benefit Programs	Not Completed (circle)
Your Household	Not Completed (circle)
Tax Status	Not Completed (circle)
Income	Not Completed (circle)
Review & Submit	Not Completed (circle)

Suzanne will enter customer information based on what type of change she selected.

If Suzanne selected an income change, idalink will gather the income information as well as the tax status information.

Welcome,  
Kasey Heston

Last saved Aug 6, 2015 3:53 PM

[My Benefits](#)[My Account](#)[Logout](#)[Help](#)

Time Remaining: 72h

Overview

Select Change Type

Close Program

Review &amp; Submit

## Review & Submit

Carefully review the information you are about to submit to ensure its accuracy. You can access previously visited sections to make edits by clicking on the section header below. Once your change(s) have been submitted, no further edits are allowed.



PDF



Print

### Close a Benefit Program

Request to Close: Health Coverage Assistance

[← Back](#)[Next →](#)[Contact Us](#) | [Privacy & Security](#)

Suzanne can review and print the change before she submits the change.

Welcome,  
User Name

Last saved Aug 6, 2015 3:53 PM

[My Benefits](#)[My Account](#)[Logout](#)[Help](#)

Time Remaining: 71h

Overview



Select Change Type



Close Program



Review &amp; Submit



## Verification Documents

Verification will likely be required when a part of your household situation has changed (even if the change is small). For example, a common required verification is proof of your current income. Please review the list of possible verification documents below to identify which verifications may apply to your change in situation.

To assist us in updating your household change as quickly as possible, please submit your verification documents. The quickest way to get us your verification is to upload the files now.

### Upload Files

Drag &amp; Drop files here to upload.

[Browse Files](#)

Acceptable file formats are pdf, jpeg, gif, tiff, tif, BMP and png. File size must be less than 5MB.  
You may also mail, fax, or email the documents to us:

**Mail:** Self Reliance Programs  
P.O. Box 83720  
Boise, ID 83720-0026

**Fax:** 1-866-434-8278

**Email:** [mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov)

If you have any questions, you can contact us at 1877-456-1233.

### Types of Documents

#### Income

- Copies of paychecks for the most recent 30 days
- Work Verification form\*, signed by employer
- Proof of income not earned from employment
- Most recent tax forms for self-employment income
- Award letters from Dept of Labor for unemployment insurance income
- Printout or signed statement from payee for Child Support income

#### Medical Expenses

- Proof of unpaid bills or agreements to pay a hospital, doctor, provider, etc.

Suzanne is also able to upload verification provided by the client.

Suzanne can review a list of possible verifications.

Welcome,  
Karin - Member

Last saved Aug 6, 2015 3:58 PM

[My Benefits](#)[My Account](#)[Logout](#)[Help](#)

Time Remaining: 71h

Overview

Select Change Type

Authorized Representative

Close Program

Review &amp; Submit

## E-Signature

Use the form below to certify that the information is accurate and to provide your signature. Once your changes have been submitted, no further edits are allowed.

Under penalty of perjury, I swear or affirm the information I provide is true and complete.

**PRIMARY APPLICANT** **PRIMARY APPLICANT'S E-SIGNATURE****TODAY'S DATE**

08/06/2015

[← Back](#)[Submit your Changes](#)[Contact Us](#) | [Privacy & Security](#)

Suzanne will complete the change report with an E-Signature on behalf of the customer.

Suzanne must click **SUBMIT YOUR CHANGES** for DHW to receive the change.

Welcome,  
Susan Martin

Last saved Aug 6, 2015 3:58 PM

[My Benefits](#)[My Account](#)[Logout](#)[Help](#)

Time Remaining: 71h

## Thank you for submitting your change

Overview



Select Change Type



Authorized Representative



Close Program



Review &amp; Submit



The Idaho Department of Health and Welfare (IDHW) will review your changes to determine the appropriate action to take. You can expect to receive a notice within three to five business days to confirm the changes were applied to your programs or to request additional information required to process your request. If you have any questions, please contact IDHW.

Go to [Benefits Home](#).

Suzanne will receive confirmation that the change has been submitted to DHW.

[Contact Us](#) | [Privacy & Security](#)