

# DC Access Mobile Application:

## How to Submit an Application in the DC Access Mobile App

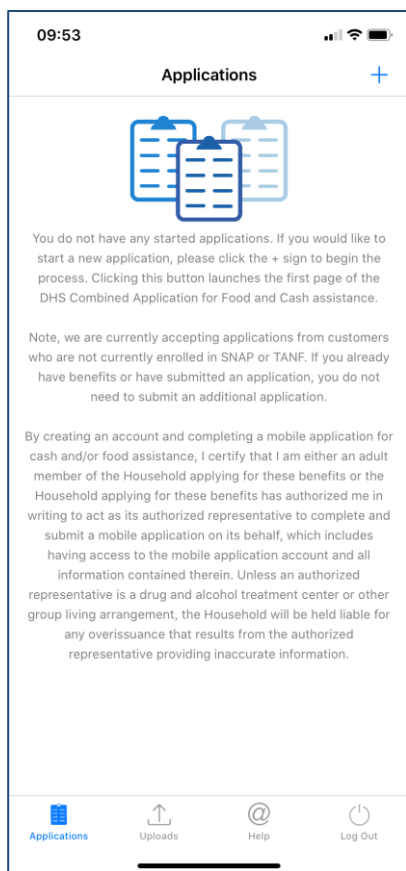
### Procedure

#### How to Submit an Application in DC Access (Mobile App)

**Overview:** The following user guide gives an overview on how to submit an application in the DC Access mobile app

#### Step-by-Step:

- 1 Log into the DC Access mobile app
- 2 Navigate to the "**Applications**" screen
- 3 Click the "+" icon to create a new application



4

Review the "Language Accessibility" screen and note that if you need a Spanish, Amharic, Chinese, or Vietnamese interpreter, you can call ESA at the listed number. Otherwise, click "Next"

10:44
5G
Close
DC Combined Application

Language Accessibility

If you live in DC, you can use this form to apply for benefits. If you need help with this form, just ask your worker or another ESA employee. You can also call (202) 727-5355. Free interpreters are available.

**SPANISH**  
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (202) 727-5355 (TTY/TDD 711)

**AMHARIC**  
 ማሳሰቢያ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (202) 727-5355 (መስማት ለተሳናቸው፡ TTY/TDD 711)

**TRADITIONAL CHINESE**  
 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(202) 727-5355 (TTY/TDD 711)

**VIETNAMESE**  
 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (202) 727-5355 (TTY/TDD 711)

Previous
Next

## 5 Applicant Information

- The Applicant Information section asks for you to provide information such as your name, date of birth, sex, and contact information.

10:49	10:50	10:50
<a href="#">Close</a> DC Combined Application	<a href="#">Close</a> DC Combined Application	<a href="#">Close</a> DC Combined Application
<b>Applicant Information</b>	<b>Your Address</b>	<b>Your Address</b>
First name* John	Are you experiencing homelessness? <input type="radio"/> Yes <input checked="" type="radio"/> No	Street (including quadrant)*
Middle name		Apt.
Last name* Doe		City Washington
Date of birth* >		State* District of Columbia >
Sex* <input type="radio"/> Male <input type="radio"/> Female		ZIP*
Telephone*		Is your mailing address different than your current address? <input type="radio"/> Yes <input checked="" type="radio"/> No
Email address*		Do you plan to stay in DC?* <input type="radio"/> Yes <input type="radio"/> No
Confirm your email address*		
<a href="#">Previous</a> <a href="#">Next</a>	<a href="#">Previous</a> <a href="#">Next</a>	<a href="#">Previous</a> <a href="#">Next</a>

## 6 What Are You Applying For

- The What Are You Applying section asks you to select which programs you are applying for (i.e., SNAP, TANF / Cash Assistance, Interim Disability Assistance (IDA), or Non-MAGI Medicaid / Alliance / Immigrant Children's Program.

The screenshot shows a mobile application interface for the 'DC Combined Application'. At the top, the status bar shows the time 10:56, 5G signal, and battery level. Below the status bar, there is a 'Close' button and the title 'DC Combined Application'. The main heading is 'What Are You Applying For'. Below this, there is a section titled 'I am applying for\*' with four checkboxes and their corresponding program names: SNAP, TANF/ Cash Assistance, Interim Disability Assistance (IDA), and Non-MAGI Medicaid/Alliance/Immigrant Children's Program. Below the checkboxes, there are three sections with descriptions: 'SNAP' (Supplemental Nutrition Assistance Program), 'TANF/ Cash Assistance' (Cash assistance for different needs), and 'IDA' (Interim Disability Assistance). At the bottom, there is a section for 'Non-MAGI Medicaid/Alliance/Immigrant Children's Program' and two buttons: 'Previous' and 'Next'.

## 7 Your Social Security Number

- The next session confirms whether or not you have a social security number. Please note that it is not necessary to provide your social security number but doing so will speed up processing of your application.

10:59 5G

Close DC Combined Application

Your Social Security Number

Do you have a Social Security Number?\*

☐ Yes
☐ No

Previous Next

10:59 5G

Close DC Combined Application

Your Social Security Number

You do not need to tell us your Social Security Number, however adding your Social Security Number now can speed up processing time for your application.

Social Security Number

Previous Next

10:59 5G

Close DC Combined Application

Your Social Security Number

Have you applied for a Social Security Number?\*

☐ Yes
☐ No

If No, tell us why you have not applied for an Social Security Number?

☐ I'm making my best effort to apply
☐ This is for a newborn under age 1 who has not yet received an SSN
☐ I'm not eligible for an SSN
☐ Other

Previous Next

## 8 Expedited SNAP (Only Applicable if You are Applying for SNAP)

- The Expedited SNAP section only appears if you are applying for SNAP and helps determine if you are eligible to receive SNAP benefits immediately.

The screenshot shows a mobile application interface for the "DC Combined Application". At the top, the status bar displays "16:05", "5G", and a battery icon. Below the status bar, there is a "Close" link and the title "DC Combined Application". The main section is titled "Expedited SNAP" and contains the following text: "You might be able to get SNAP benefits in less than a week! To see if you qualify for Expedited Assistance, please tell us:". Below this text are three questions, each with "Yes" and "No" radio button options:

- Will your household income be more than \$150 this month?\*
- Do you have more than \$100 in cash or in the bank?\*
- Is your income & ready cash this month more than your rent and utilities?\*

Below the questions is another question with "Yes" and "No" radio button options:

- Are you or anyone in your household a migrant or seasonal farm worker?\*

At the bottom of the form, there are two blue buttons labeled "Previous" and "Next".

## 9 Authorized Representatives

- The Authorized Representative section allows you to elect an authorized representative to act on your behalf, when needed. By adding an Authorized Representative, you have authorized this person to act on your behalf and to complete and submit a mobile application on your behalf, which includes having access to the mobile application account and all information contained therein. Unless an authorized representative is a drug and alcohol treatment center or other group living arrangement, the Household will be held liable for any over issuance that results from the authorized representative providing inaccurate information.

The screenshot shows a mobile application interface. At the top, the status bar displays '16:05' and '5G'. Below the status bar, there is a header with a 'Close' button and the title 'DC Combined Application'. The main section is titled 'Authorized Representative' and contains the question 'Do you want someone else to act for or represent you?'. Below the question are two radio button options: 'Yes' and 'No'. At the bottom of the screen, there are two buttons: 'Previous' and 'Next'.

## 10 Immigrants (Non-Citizens) Applying for Benefits

- The Immigrants (Non-Citizens) Applying for Benefits section asks for your immigration information. (Please note: This section will only appear if you indicated that you are not a U.S. citizen.

07:28	07:28	07:29
Close DC Combined Application	Close DC Combined Application	Close DC Combined Application
Immigrants (Non-Citizens) Applying for Benefits	Your Immigration Information	Your Immigration Information
<p>Many immigrants are eligible for benefits. For any non-citizen applying for benefits, please provide the immigration information below. <b>If your status is "OTHER", then we will not ask you for any more information about your immigration status.</b></p> <p>If you are only applying for your child, you do not have to give details about your immigration status. Instead, you can just give your child's immigration information. If you just want benefits for your child, you can mark "OTHER" for your own immigration status.</p> <p>We may ask Immigration Services (USCIS) to verify the status of anyone who is NOT listed as "OTHER". This may affect your eligibility for benefits and the amount of your benefits</p> <p>Do you want to provide your immigration information?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Alien ID #*</p> <p>Only include digits, e.g. if your number is "A123456789", enter "123456789".</p> <p>Current status*</p> <p>If Other, describe</p> <p>If Other is your current status</p>	<p>Date moved to the U.S.*</p> <p>Were you ever a refugee/asylee?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Cuban/Haitian?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
Previous Next	Previous Next	Previous Next

## 11 Who Lives With You

- The Who Lives With You section asks for information regarding any household members including name, date of birth, sex, relation, etc.

The image displays two screenshots of a mobile application interface for the 'DC Combined Application'.

**Left Screenshot:** The screen shows the 'Others In Household' section. It includes a heading 'Others In Household' and a paragraph: 'You need to include everyone who lives in the household with you, even if you are not applying for benefits for them. Is there another person in your household?'. Below this are two radio button options: 'Yes' and 'No'. At the bottom are 'Previous' and 'Next' buttons.

**Right Screenshot:** This screen shows the 'Others In Household (1)' section, indicating one person is being added. It includes a trash icon in the top right corner. The form fields are: 'First name\*', 'Middle name', 'Last name\*', 'Is this person applying for benefits?\*' (with 'Yes' and 'No' radio buttons), 'Sex\*' (with 'Male' and 'Female' radio buttons), 'Date of birth\*' (with a date picker icon), and 'Social Security Number'. A note at the bottom states: 'You can leave this blank if this person does not have'. At the bottom are 'Previous' and 'Next' buttons.

## 12 General Questions

- The General Questions section asks for general information such as marital status, military status, pregnancy (females only), long-term care, child- or elder-care charges, etc.

<p>07:36</p> <p>Close DC Combined Application</p> <p>Marital Status</p> <p>Are you*</p> <p><input type="radio"/> Single</p> <p><input type="radio"/> Married</p> <p><input type="radio"/> Divorced</p> <p><input type="radio"/> Separated</p> <p><input type="radio"/> Widowed</p> <p>Previous Next</p>	<p>07:59</p> <p>Close DC Combined Application</p> <p>Military Or Veteran</p> <p>Is anyone in the military or a U.S. Veteran?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>	<p>07:59</p> <p>Close DC Combined Application</p> <p>Long Term Care Facility</p> <p>Are you in a long-term care facility (such as nursing home, intermediate care facilities, children's residential facility)?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>
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## 13 Income

- The Income section asks questions related to your sources of income include employment, rent payments, and other income.

<p>08:05</p> <p>Close DC Combined Application</p> <p>Income From Work</p> <p>If you are self-employed, your employer's name will be your own</p> <p>Are you or is anyone in your house working?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>	<p>08:05</p> <p>Close DC Combined Application</p> <p>Other Income</p> <p>Do you or anyone else get income from any other sources (such as SSI, Social Security, Child Support, Unemployment, Veterans Benefits, Retirement)?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>	<p>08:06</p> <p>Close DC Combined Application</p> <p>Payment For Meals Or Rent</p> <p>Does anyone pay your family for meals or to rent a room (for example, a roommate or boarder)?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>
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## 14 Assets

- The Assets sections asks questions related your various assets including property, vehicles, stocks, cash, and others.

08:10 Close DC Combined Application	08:10 Close DC Combined Application	08:10 Close DC Combined Application
<b>Car</b> Does anyone own a car, truck or van?*	<b>Bank Accounts</b> Does anyone have more than \$1,000 in the bank?*	<b>Life Insurance</b> Does anyone have life insurance that they can cash in?*
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PreviousNext	PreviousNext	PreviousNext

## 15 For the Blind & Disabled

- The “**For the Blind & Disabled**” section asks if you or anyone in your household is blind or has any other disabilities.

08:16

Close DC Combined Application

Blind or Disabled

Is anyone in your house blind or severely disabled?\*

☐ Yes

☐ No

Who is blind or disabled?

☐ J P

To get DC Disability Medicaid and Interim Disability Assistance (IDA), you may need to show that you are blind or disabled. Please get a Medical Form and have a doctor fill it out. If you do not have a doctor, call the DC Department of Healthcare Finance's Office of the Ombudsman on (202) 724-7491. They can help you find a doctor. The doctor will fill out the Medical Form for you. DHS will treat all of your information as confidential.

**Note:** You do **not** need to fill out a Medical Form (856) if you are **age 65 or older** or if a child **under 19 lives with you**. Also, you may not need to fill out the form if you get Social Security disability benefits. If you have questions, please ask your worker or call (202) 727-5355.

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## 16 Housing, Utilities & Other Bills

- The Housing, Utilities & Other Bills section asks questions related to your expenses including housing (e.g., rent), utilities (e.g., gas, electric) and whether or not you received LIHEAP Benefits.

<p>08:16</p> <p>Close DC Combined Application</p> <p>Housing, Utilities, &amp; Other Bills</p> <p>Your SNAP amount may depend on your housing, utility, and medical bills. Please tell us the current amount of these bills. Do not include any past due amount. To qualify for more SNAP, you must provide proof of these bills. If you do not, we will assume that you do not want this deduction.</p> <p>Do you pay rent?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>	<p>08:16</p> <p>Close DC Combined Application</p> <p>Housing, Utilities, &amp; Other Bills</p> <p>Check off expenses you pay below. If you do not pay any of these, do not check anything.</p> <p><input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Property Taxes</p> <p><input type="checkbox"/> Homeowners Insurance</p> <p><input type="checkbox"/> Condo Fees</p> <p><input type="checkbox"/> Other Expenses</p> <p>Do not answer Property Taxes, Homeowners Insurance or Condo Fees if they are included in your rent or mortgage payment.</p> <p>Previous Next</p>	<p>08:16</p> <p>Close DC Combined Application</p> <p>Heating or Cooling</p> <p>Do you pay for heating or air-conditioning separately from your rent?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Did you get LIHEAP (Low Income Home Energy Assistance Program) benefits during the past 12 months?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>
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## 17 Health Insurance & Medical Bills

- The Health Insurance & Medical Bills section asks you to provide details related to your health insurance and medical costs.

<p>08:33</p> <p>Close DC Combined Application</p> <p>Medical Bills</p> <p>Is there anyone who is disabled or age 60 or older who pays medical bills?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>	<p>08:35</p> <p>Close DC Combined Application</p> <p>Health Insurance and Medical Bills</p> <p>You may still get Medical Assistance even if you have other health insurance. We can also pay your Medicare premiums for you. Please tell us about your health insurance.</p> <p>Does anyone have Medicare?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>A red, white and blue card</p> <p>Previous Next</p>	<p>08:35</p> <p>Close DC Combined Application</p> <p>Health Insurance</p> <p>Does anyone have any other health insurance?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Previous Next</p>
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## 18 Voluntary Questions

- The Voluntary Questions section asks demographic questions that you are not required to answer, we only ask for this information to make sure we do not discriminate.

08:35	08:35
Close DC Combined Application	Close DC Combined Application
<b>Voluntary Questions</b>  You may check more than one race. Also, you do not have to provide this information. None of this information will affect your benefits. We only ask for this information to make sure that we do not discriminate. <b>Ethnicity*</b>  <input type="radio"/> Hispanic/Latino  <input type="radio"/> Not Hispanic/Latino  <input type="radio"/> Prefer not to answer  <b>Race*</b>  <input type="checkbox"/> Black/African-American  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> White  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Prefer not to answer	<b>Language Preference</b>  The DC Language Access Act requires that we provide services for persons who do not speak English or cannot speak English well. The law also requires that we collect information on the languages that our customers use. Please answer the following questions: <b>What is the language that you usually speak?*</b>  <input type="radio"/> English  <input type="radio"/> Spanish  <input type="radio"/> French  <input type="radio"/> Vietnamese  <input type="radio"/> Korean  <input type="radio"/> Amharic  <input type="radio"/> Chinese (Mandarin)  <input type="radio"/> Chinese (Cantonese)  <input type="radio"/> Other  If Other, please enter the language here
Previous Next	Previous Next

- 19 Read your rights and responsibilities and click the arrow to continue. Once you have reviewed, tap to sign and date your application.

08:35

Close DC Combined Application

Your Rights and the Program Rules

**Recertification**

We will send you a recertification notice in the mail. If you get Medical Assistance, just complete the form and send it back to DHS. If you get Food Stamps or cash assistance (TANF, GC or IDA), then you will need to come to DHS for an interview. If you do not recertify, then you will lose your benefits. Also, please let us know if you move. Just call (202) 727-5355 to report your new address.

**General Rules**

You must give true and complete information. If you lie or give false information, you may lose your benefits. You could also be fined and go to prison. We may verify your information to make sure it is correct. We may check on your income, your Social Security information, and your immigration information. We verify this information through computer matching programs. We may also interview you and do a home visit.

I have read and agree the rights and responsibilities and the program rules ☐

Previous Next

- 20 Before applying, we highly recommend you review your application before you apply by tapping "**Review Form**". Once you apply, you cannot make changes to your application. After you have reviewed, tap "**Apply**" to submit your application.

08:35


Close

DC Combined Application

You have completed your application!

Use the 'Review' button below to review your answers. You can tap on a question if you would like to change your answers in that section of the application if you would like. Make sure you have provided all the information you want to use with your application. Once you press submit, it cannot be updated.

Review



Previous

Submit

- 21 Once you have successfully submitted your application, you will see the confirmation screen. To immediately begin uploading your documents, tap "**Upload Documents**".

