

# HEART CASE FILE

## Case Contact Details

**Case Name** SNYDER

**Case Number** CF12345C

**Telephone Number** 5183334456

**Residence Address**  
Street Address  
13 COLLEGE VIEW AVENUE

City/Town	State	Zip
ALBANY	NY	54875

**Mailing Address**  
Care Of Name  
SNYDER

Street Address  
1 MAIN STREET

City/Town	State	Zip
ALBANY	NY	12343

**Reason for referral**  
(Case Notes for "Refer to District)

**Associated Names and Addresses**  
Name  
JACK SPROUT

Street Address  
143 BEAN STALK AVENUE

City/Town	State	Zip
ALBANY	NY	48294

## HEART CASE FILE

### Demographics 1

	Teen Parent Code	First	MI	Last	SSN CD	SSN	Marital Status	CIN	Sex	DOB	Programs Applying For	Reason For Not Applying (If Applicable)	Living in HH	EDC (If Pregnant)	Blind / Disabled
TED P SNYDER	N/A	TED	P	SNYDER	1	482-01-3852	Married(1)	AA33321X	M	06/11/1975	MA/FHP, FPBP	N/A	Y	N/A	N / N
MARIE R SNYDER	N/A	MARIE	R	SNYDER	1	585-92-9582	Married(1)	AA33322V	F	11/01/1978	MA/FHP, FPBP	N/A	Y	09/15/2011	N / N
ZACH B SNYDER	Neither Pregnant Nor Parenting	ZACH	B	SNYDER	1	273-79-5502	Single(2)	AA33323T	M	08/13/1996	MA/FHP, FPBP	N/A	Y	N/A	N / N
UNBORN SNYDER	N/A	UNBORN	--	SNYDER	--	--	N/A	AA33324R	U	--	MA/FHP, FPBP	N/A	Y	N/A	N / N

## HEART CASE FILE

### Demographics 2

	Relationship Code	Veteran Status	Racial / Ethnic Code						Citizenship Code
			H	I	A	B	P	W	
TED P SNYDER	Applicant (01)	9	Y	Y	Y	Y	Y	Y	Refugee - R
MARIE R SNYDER	Legal Spouse (02)	9	Y	Y	Y	Y	Y	Y	Citizen - C
ZACH B SNYDER	Son (04)	9	Y	Y	Y	Y	Y	Y	Citizen - C
UNBORN SNYDER	Unborn (99)	--	N	N	N	N	N	N	--

### Relationships

	MARIE R SNYDER	TED P SNYDER	UNBORN SNYDER	ZACH B SNYDER
MARIE R SNYDER		Legal Spouse	Parent	Parent
TED P SNYDER	Legal Spouse		Parent	Parent
UNBORN SNYDER	Unborn	Unborn		Sister/Brother
ZACH B SNYDER	Son	Son	Sister/Brother	

## HEART CASE FILE

### Alien Status

	Date Entered Country	Alien #	Date of Status	Special Population
TED P SNYDER	08/01/2010	612265485	08/02/2010	
MARIE R SNYDER				
ZACH B SNYDER				
UNBORN SNYDER				

## HEART CASE FILE

### Earned Income and Expenses

Earned Income						Associated Expenses						
Income Source	Employer Name	Amount	Frequency	Student Status	Child/Incapacitated Adult Care Expenses	Person Receiving Care	Frequency	Health Insurance Expenses	Frequency	Other Associated Expense Type	Amount	Frequency
TED P SNYDER (LN 01)	Pizza Hut	\$150.00	Weekly (3)	--	\$0.00			\$15.00	Bi-Weekly (4)		\$0.00	
					\$25.00	ZACH B SNYDER	Weekly (3)	\$0.00			\$0.00	

### Unearned Income and Expenses

Unearned Income					Associated Expenses		
Source	Employer Name	Amount	Frequency	Expense Type	Amount	Frequency	
TED P SNYDER (LN 01)	NYS Dept of Labor Payments	\$35.00	Monthly (6)	Other	\$2.50	Bi-Weekly (4)	

## HEART CASE FILE

### Third Party Health Insurance

Insurance Company	Willing to Cooperate	Type of Coverage	Good Cause Request	Covered Members

### Shelter Expenses

<b>Shelter Type</b>	Rent
<b>Shelter Amount</b>	\$ 250.00
<b>Frequency</b>	Monthly
<b>Water Amount</b>	\$ 12.00
<b>Frequency</b>	Monthly
<b>Additional Allowances</b>	Other
<b>Additional Allowances Amount</b>	\$ 15.00
<b>Frequency</b>	Monthly

## HEART CASE FILE

### Checklist

	Checklist Category	Checklist Type	Due Date	Validation Reason	Date Received
MARIE RSNYDER (LN 02)	DEMOGRAPHICS	PREGNANCY	06/11/2011		
TED PSNYDER (LN 01)	EXPENSES	HEALTH INSURANCE COVERAGE			