

Screen Shot 152

This screenshot shows a registration form for a US citizen. At the top right are buttons for 'Review & Submit', 'File Upload', 'Additional Info', 'Change in Email', 'Change in Address', 'Change in Name', 'Change in Household', 'HOH Information', and 'Report a Change'. Below these are two radio buttons: 'Yes' (selected) and 'No'.

The main form fields include:

- A dropdown menu 'Please Select One' with the question 'Is this person a US Citizen?'.
- A dropdown menu 'Relationship to You'.
- Text input fields for 'First Name', 'Middle Name', and 'Last Name'.
- Text input fields for 'SSN', 'Date of Birth', and 'Social Security Number'.
- A checkbox labeled 'I am a U.S. citizen'.
- A note at the bottom: 'If you are eligible to vote, a registration form will be filed out on your behalf or your voter registration information will be updated unless you select one of the following options.'

At the bottom left is a note: 'Reporting your household member's voting status is optional.'

Screen Shot 151

This screenshot shows a list of household members. At the top right are buttons for 'Review & Submit', 'File Upload', 'Additional Info', 'Change in Email', 'Change in Address', 'Change in Household', 'HOH Information', and 'Report a Change'. Below these are two radio buttons: 'Add' (selected) and 'Remove'.

The table columns are 'Household Member', 'Relationship', and 'Decision'.

A note at the top left says: 'Please identify each household member who needs to be changed or removed.'

Below the table, a note reads: 'The number below lists every member. Print this page or write this number together if you leave the screen and come back later or if you need to add more members.'

At the bottom left is a note: 'Reporting your household member's voting status is optional.'

Screen Shot 153

The screenshot shows a voter registration form titled "Report" from the "Department of HUMAN RESOURCES". The form includes fields for "Relationship to Voter?", "Please Select One", "Is this person a US Citizen?", "Are you a registered voter?", "If you are eligible to vote, a registration form will be filled out on your behalf or your voter registration information will be updated unless you select one of the following options.", "Detailed instructions for voter registration", "Already registered to vote", "Decided to register to vote", "Decided to support any changes", "Party Affiliation", and "Other". There are "Yes" and "No" radio buttons for the citizenship question. A "Save And Exit" button is visible at the top right.

Relationship to Voter?

Please Select One

Is this person a US Citizen?

Are you a registered voter?

If you are eligible to vote, a registration form will be filled out on your behalf or your voter registration information will be updated unless you select one of the following options:

• Already registered to vote
• Decided to register to vote
• Decided to support any changes
• Party Affiliation
• Other

Party Affiliation

Other

Yes No

Save And Exit

Screen Shot 154

Next  Back 

[Icon Legend](#)

[Save And Exit Application](#)

Review & Submit
 File Upload
 Add/Delete Information
 Change in Earmarked Income
 Change in Expenses
 Change in Discretionary Income
 Change in Assets
 Change of Address/Change in Costs
 Change in Household Members
 HOI Information
 Report Change

Household Member **Relationship** **Decision** **Shiva Krishnam**

Add **+ Add/Remove**

Please identify each household member who needs to be changed or removed

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Your Control ID: 6695535261

Report a Change

HUMAN RESOURCES
Department of

Translate to Spanish | English | Other Languages | Help | **Shiva**

Screen Shot 155

Report a Change

Internal Change

Your Control ID: 5695535261

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Step 1 of 3

Previous Address

Street Address:	5600 Deepert Rd
City:	Erie
State:	Maryland
Zip Code:	21075
County:	Harford County

Review & Submit

Save And Exit Application

Legend

- HOI Information
- Change in Household Members
- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Change in Earned Income
- Additional Information
- File Upload
- Logon Legend

Translators To Spanish Español Other Languages Help

Shiva

MAN RESOURCES

Screen Shot 156

Report a Previous Address

Address is valid but it also needs a secondary number (apartment, suite, etc.).

6800 Deepditch Rd Elkridge MD 21075

Default Address

Step 1 of 3

Previous Address

6800 Deepditch Rd
Elkridge MD 21075

Street Address

Ave.

City

Elkridge

State

Maryland

Zip Code

21075

County

Hanover County

Change in Household Members

HOH Information

Change of Address/Share Costs

Change in Expenses

Change in Extended Income

Additional Information

File Upload

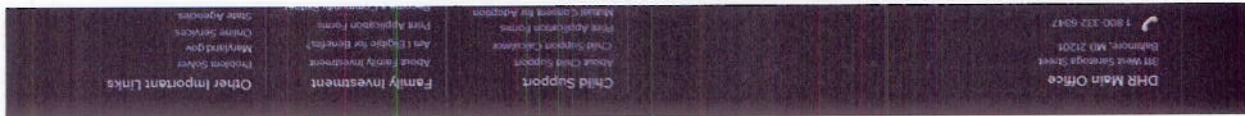
Review & Submit

Next >

Back <

Legend

Screen Shot 158



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Yes No

Is this address a Public Housing?

Zip Code:

City:	State:	Please Select One
Zip Code:	Country:	Please Select One
Street Address:		
<input type="checkbox"/> Same as Residential Address <input type="checkbox"/> Mailing Address Information		

- Change in Eamed Income
- Additional Information
- File Upload
- Review & Submit

Save And Exit Application

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Yes No

City:	State:	Please Select One
Zip Code:	Country:	Please Select One
Street Address:		
<input type="checkbox"/> Same as Residential Address <input type="checkbox"/> Mailing Address Information		

- Change in Unearned Income
- Change in Expenses
- Change in Assets
- HOI Information
- Change in Household Members
- Change of Address/Street Cuts

Report A Change



Screen Shot 160

Screen Shot 159

Report a Change

Your Control ID : 5695555261

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. This helps us keep your information together. If you leave the screens and come back later you will need this number.

Step 3 of 3

Schelter Costs

Do you want to add or remove schelter costs?

Household Member Expenses Details

Is heat included in your rent?

Do you pay an electric bill for light or cooling?

Do you pay for a cordless phone?

Does schelter help you with utility costs?

Legend

- Yes
- No

Save And Exit Application

- Review & Submit
- File Upload
- Add/Update Information
- Charge in Earmarked Income
- Charge in Expenses
- Charge in Unearmarked Income
- Charge in Assets
- Change of Address/Schelter Costs
- Change in Household Members
- HOH Information

Screen Shot 162

Report a Change

Change in Assets

Type of Resource/Asset Name of Owner Balance/Value Location Description

Please tell us about your assets as of the first day of the month. List all assets owned by you or your spouse individually.

Please tell us about other persons.

Jointly or with other persons.

To your local Department of Social Services.

PLAQUE PROVIDE Submit copies of current statements that verify the value of the assets listed you may also fax, mail or bring documents documenting using the file upload option on the "Additional Information" page. You may also fax, mail or bring documents to your local Department of Social Services.

Save And Exit Application

Renew & Submit
 File Upload
 Addendum Information
 Change in Earmarked Income
 Change in Expenses
 Change in Unearmarked Income
 Change in Assets
 Change of Address/Shelter Costs
 Change in Household Members
 HOH Information
 Item Change

Your Control ID : 5695535261

Screen Shot 161

Report a Change

Shelter Costs

Householder Member Expenses Description

Do you want to add or remove shelter costs?

Is heat included in your rent?

Do you pay an electric bill for light or cooking?

Do you pay for air conditioning?

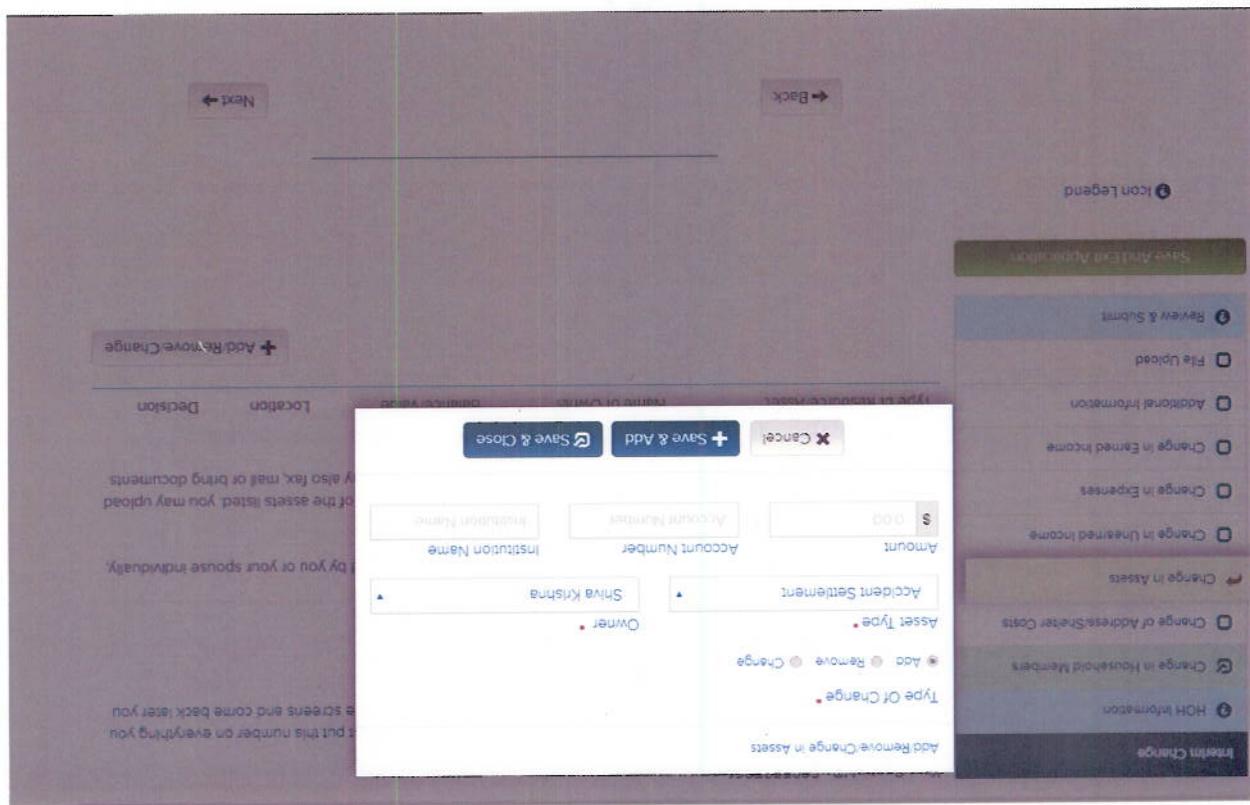
Save And Exit Application

Renew & Submit
 File Upload
 Addendum Information
 Change in Earmarked Income
 Change in Unearmarked Income
 Change in Assets
 Change of Address/Shelter Costs
 Change in Household Members
 HOH Information
 Item Change

Your Control ID : 5695535261

AN RESOURCES

Screen Shot 163



Screen Shot 164

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Icon Legend

Type of Resource/Asset	Name of Owner	Balance/Value	Location	Action
Accident Settlement	Silvia Krishna	0		Add

Change in Assets

Please tell us about your assets as of the first day of the month. List all assets owned by you or your spouse individually, jointly, or with other persons.

PLEASE PROVIDE PROOF Submit copies of current statements that verify the value of the assets listed. You may upload documents using the file upload option on the "Additional Information" page. You may also fax, mail or bring documents to your local Department of Social Services.

Your Control ID: 5695535261

Report a Change

MAIN RESOURCES

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[Logout](#)

Report a Change
[Print Change](#)

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together if you leave the screen and come back later you will need this number.

Your Control ID : 6695535261

Change in Unearned Income

Do you want to add, remove or change any benefits or unearned income?

Recipient	Benefit/Income Type	Status	Decision
+ Add/Remove/Change			

Save And Exit Application

- [Review & Submit](#)
- [File Upload](#)
- [Add/Original Information](#)
- [Change in Earmarked Income](#)
- [Change in Expenses](#)
- [Change in Assets](#)
- [Change in Unearned Income](#)
- [Change of Address/Shift/Costs](#)
- [Change in Household Members](#)
- [HOH Information](#)

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Icon Legend

	Next →	← Back	
<input type="checkbox"/> Add/Remove/Change			
<input checked="" type="checkbox"/> Shiva Krishna	BenefitIncome Type	Status	Decision
<input checked="" type="checkbox"/> Recipient	Alimony	Add	
Do you want to add, remove or change any benefits or unearned income?			
Change in Unearned Income ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Change in Assets <input checked="" type="checkbox"/> Change of Address/Holder Costs <input checked="" type="checkbox"/> Change in Household Members <input checked="" type="checkbox"/> HOI Information <input checked="" type="checkbox"/> Change in Unearned Income <input checked="" type="checkbox"/> Additional Information <input checked="" type="checkbox"/> File Upload <input checked="" type="checkbox"/> Review & Submit 			
Your Control ID : 5695535261 This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.			
Report a Change			
MAN RESOURCES			
Translate to Spanish Español Other Languages Help			

Screen Shot 168

Report a Change

Your Control ID: 5695535261

Step 1 of 4

Change in Expenses

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Do you or anyone in your household have expense you are required to pay such as Child/adult care?

Payer	Provider Name	Cost	Description

+ Add/Remove/Change

Save And Exit Application

Review & Submit

File Upload

Additionl Information

Change in Earmarked Income

Change in Expenses

Change in Assets

Change in Unearmarked Income

Change of Address/Share Costs

Change in Household Members

HOI Information

Report a Change

Next Back

Icon Legend

MAN RESOURCES

Get Started

Contact Us

Translante to Spanish

English

Other Languages

Help

Screen Shot 169

Screen Shot 170

The screenshot displays a software application interface for managing employee changes. A central modal window is open, titled "Add/Remove Change Employee Income". Inside the modal, there are fields for "Household Member Employee" information, including "Tax ID", "Name", "Phone", "Address", and "Zip". Above these fields, there are dropdown menus for "Please Select One" and "Type of Change". Below the modal, a message states: "List all gross income before deductions (such as taxes, health insurance, child support, alimony) and enter the amount in the box below." At the bottom of the modal, there are three radio button options: "Add", "Remove", and "Charge". The background of the application shows a navigation bar with tabs: "Main Resources", "New", "Search", "Other Changes", "Change Log", and "Change Details". On the right side, there is a vertical sidebar with several menu items, each accompanied by an icon: "Report a Change" (highlighted), "Household Member Income", "Employee Income", "Add/Remove Household Member", "Change in Household Member", "Change in Address", "Change in Household Income", "Change in Expenses", "Change in Expenses", "File Upload", "Review & Submit", and "Icon Legend".

Screen Shot 171

Report a Change

Your Control ID: 5695535261

This number helps us identify you. Print this page or write this number down. You must put this number on every thing you will need to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Additional Information

Please use this space if you need to give us more information. Also, if you are an individual with a disability you may be entitled to reasonable accommodations, using the space below please explain your needs.

Hearing Impairment: Using sign language interpreter, providing an assistive listening device.

Visual Impairment: Having a qualified reader to read to a customer.

Motor Impairment: Having a qualified reader to read to a customer.

Development Disabilities: Having things written down, taking breaks, scheduling appointment around medical needs.

Maximum of 2000 characters (0/2000)

Save And Exit Application

Review & Submit

File Upload

Addendum Information

Change in Earned Income

Change in Expenses

Change in Unearned Income

Change in Assets

Change of Address/Other Costs

Change in Household Members

HOH Information

Term Change

Legend

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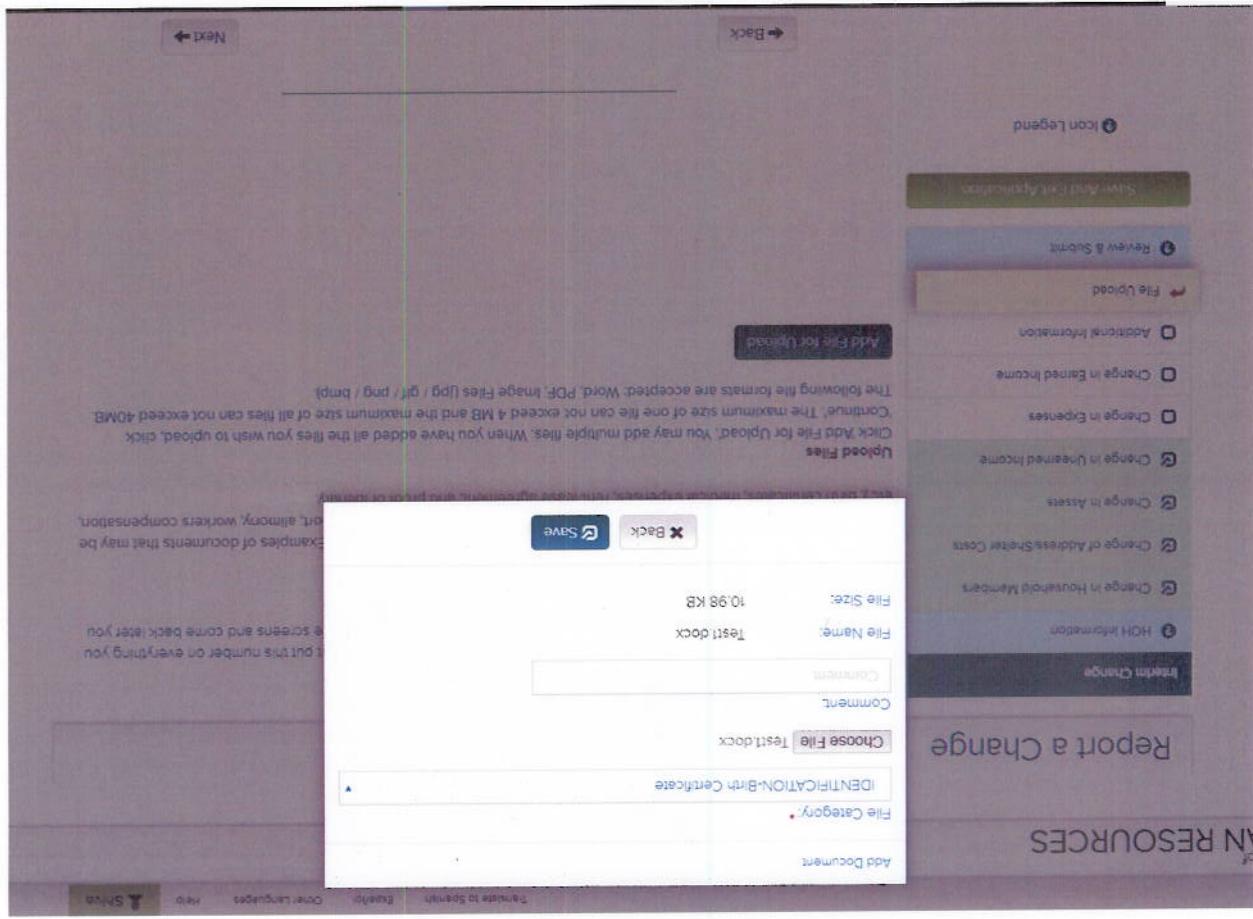
Logout

Translators Spanish English Other Languages Help

Silvia

Department of MAIN RESOURCES

Screen Shot 172



Screen Shot 173

Next Back

Save And Exit Application

File Type	File Name	Comment	File Size	
IDENTIFICATION-Birth Certificate	Test.docx		10.98 KB	<input checked="" type="checkbox"/> Review & Submit

Upload Files

Click Add File for Upload. You may add multiple files. When you have added all the files you wish to upload, click Continue. The maximum size of one file can not exceed 4 MB and the maximum size of all files can not exceed 40MB.

The following file formats are accepted: Word, PDF, image files (jpg / gif / png / bmp).

If you have any documents to support your application, you may upload them here. Examples of documents that may be needed are recent paystubs, other income verification (such as pensions, child support, alimony, workers compensation, etc.), birth certificates, medical expenses, rent/lease agreements, and proof of identity.

Your Control ID : 5695535261

Report a Change

Your Information

This number helps us identify you. Print this page or write this number down. You must put this number on everything you will need this number.

Send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Change in Household Members

Change of Address/Seller Costs

Change in Assets

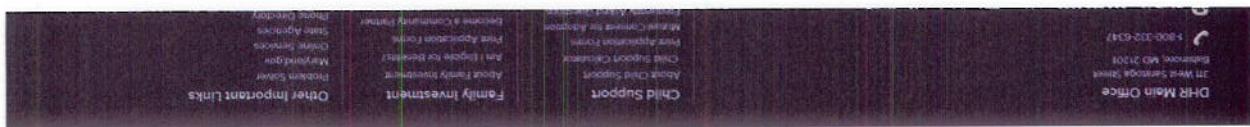
Change in Expenses

Change in Earmarked Income

Additional Information

Review & Submit

File Upload



Back →

Please click "Submit Application" to submit this application to your local office.

I Agree.

I certify that the information above is correct and complete to the best of my ability, and I want to submit my application.

First and Last Name of Head of Household	Sunita Krishna
Date of Birth	06/12/1989

You have completed your application. Confirm the information and read the statement below. Select the "I Agree" checkbox and click the Submit Application button to submit your application.

Agreement

After this form is submitted, Hansagri Helpline must sign and mail it to the Board of Election for your country. This form will not be processed if it is faxed or emailed as an original signature is required.

SHIVA KRISHNA
SHIVA KRISHNA (H)

Icon Legend

Screen Shot 174

Please confirm if the following individuals would like to register to vote.

Voter Registration Confirmation	
<input checked="" type="checkbox"/> SHIVA KRISHNA	SHIVA KRISHNA (H)
<input checked="" type="checkbox"/> SHIVA KRISHNA	SHIVA KRISHNA

Icon Legend

After this form is submitted, Hansagri Helpline must sign and mail it to the Board of Election for your country. This form will not be processed if it is faxed or emailed as an original signature is required.

Name of the Section Status

HOH Information

Change in Assets

Change of Address/Shift in Costs

Change in Expenses

Change in Eamed Income

Change in Household Members

Change of Address/Shift in Costs

Change in Expenses

Change in Assets

Change in Unearned Income

Change in Assets

File Upload

File Upload

Save And Exit Application

Your Control ID : 569535261

Report a Change

This number helps us identify you. Print this page or write this number down together if you leave the screen and come back later you will need this number.

You have completed your application. Confirm the information and read the statement below. Select the I Agree button.

Agreement

Check here if you do not have either a current, valid Maryland drivers license / MVA ID or a Social Security Number.

Social Security Number (Last 4 Digits):

MARYLAND Drivers License or MVA ID Number:

Date of Birth: 06/12/1989

Gender: Male Female

Last Name: Krishna First Name: Shiva Middle Initial: M. Suffix: Jr. etc.

Change boxes that apply:

New Registration Name Change Party Affiliation Change Address Change

Change in Earmarked Income Change in Unearned Income Change in Assets Change in Expenses

Additonal Information File Upload Review & Submit

Name of the Section: Voter Registration Application Status: Step 2 of 5

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You have completed your application. Confirm the information and read the statement below. Select the I Agree button.

Agreement

Please confirm if the following individuals would like to register to vote.

Are you at least 18 years old? Yes No

Are you a U.S. Citizen? Yes No

Print 

Shiva Krishna (Hh)

Shiva Krishna

Print 

Print 

Print 

Print 

Print 

Print 

Print 

Print 

Print 

Print

Print <img alt="Print icon" data-bbox="10275 655 10

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Screen Shot 178

First and Last Name of Head of Household
Date of Birth
Shiva Kishore
06/12/1989

You have completed your application. Confirm the information and read the statement below. Select the I Agree checkbox and click the Submit Application button to submit your application.

Please Select One
County:
City or Town:
Zip Code:
Street Number:
Street Name:
Apt #:
Same as Resident Address
Mailing Address:
Check here if you reside in Baltimore City.
Please Select One
County:
Eldridge
Zip Code:
21075
Street Number:
6800 Deepditch Rd
Street Name:
Mayland Residenece Address:
Step 3 of 6
Change in Expenses
Change in Unearned Income
Additional Information
Review & Submit
File Upload
Name of the Section
Status
Save

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< Back

and want to submit my application

First and Last Name of Head of Household:	Silvia Kriszna
Date of Birth:	09/10/2019
Date:	

First and Last Name of Head of Household: Silvia Kriszna
Date of Birth: 09/10/2019 Date:

First and Last Name of Head of Household: Silvia Kriszna
Date of Birth: 09/10/2019 Date:

First and Last Name of Head of Household: Silvia Kriszna
Date of Birth: 09/10/2019 Date:

I have not been convicted of buying or selling votes.
I am at least 16 years old.
I am a Maryland resident.
I am a U.S. citizen.
Under Penalty of Perjury, I hereby swear or affirm:
in Your County. This form will not be
sent below. Select the [Agree] button
below.

I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment. The information and this application is true to the best of my knowledge. Information and details

Check here if you would like to be an election judge.
 Check here if you need help voting.
 Check here if you would like to be an election judge.

Contact Information:

Daytime Phone:	301-555-1234
Email (optional):	silvia.garlaparigmaryland.gov

Daytime Phone: 301-555-1234 Email (optional): silvia.garlaparigmaryland.gov

Legend

- Change in Assets
- Change in Unearned Income
- Change in Expenses
- Additional Information
- File Upload
- Review & Submit

Screen Shot 180

Screen Shot 180

LAST VOTER REGISTRATION INFORMATION (if applicable):
Name on Last Registration:
Title (e.g. Dr., Mrs.)
Last Name:
First Name:
Middle Name:
Nickname:
Other Name:
Criminal History:
Domestic History:
Complaints:
Court Case:
Case Number:
Court Name:
Date of Birth:
Address on Last Registration:
Street Name:
Street Number:
City or Town:
Zip Code:
City or County:
State:
Please Select One
I have completed my application. I confirm the information and read the statement below. Select the Agree checkbox and click the Submit Application button to submit your application.

Agree

Submit  Back 

Save Name: 06-12-1989
First and Last Name of Head of Household: Date of Birth:

Change in Assets
Change in Unearned Income
Change in Expenses
Change in Earmarked Income
Additional Information
File Upload
Review & Submit
Save And Exit Application

Screen Shot 181

To apply or get information on Child Care Subsidy Program (CCS) benefits, please click here.

Do you want help paying for child care?

Do you need medical insurance?

CLICK here to visit Maryland Health Connection.

Other Benefits & Programs

[Return to myDHR](#)

[Print Application](#)

You have successfully completed and submitted your application for Report a Change. If you choose to print the signature page, be sure to mail it to your local office. Your case worker will have 10 days upon receiving your signature to follow through on your application.

Application Submitted

Your Control ID number has been updated. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

This number helps us identify you. Print this page or write this number down. You must put this number on everything you send to your local office. That helps us keep your information together. If you leave the screens and come back later you will need this number.

Your Control ID : D6935535261

[Report a Change](#)

DEPARTMENT OF HUMAN RESOURCES

SHIVA

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Translators Spanish English Other Languages Help