

How to Change Primary Applicant

Scenario: Changing Paul MH as Primary Applicant to Sandra MH as Primary Applicant.

Application - Paul L MH - Application pending New Application Print Client

Paul MH [07/01/2022] ✕

Application Info Benefits History Cancel Save

▶ Comments

▼ Primary Applicant

Client Number	Application Status*	Agency*
0000844067	Application pending	Downeast Community Partners
First Name*	Middle Name	Last Name*
Paul	L	MH
Service Street Address*	Service Apartment	Service Address 2
46 Bartlett Hill Road		
Service City*	Service State*	Service ZIP*
Gouldsboro	ME	04607
County*		
Hancock		
Service Address Status		
<input type="checkbox"/> Mailing Same As Service Address		
Mailing Street Address*	Mailing Apartment	Mailing Street 2
46 Bartlett Hill Road		
Mailing City*	Mailing State*	Mailing ZIP*
Gouldsboro	ME	04607
Mailing Address Status		
Phone	Alternate Phone	Email
(207) 963-4159	(207) 812-8594	

Paul is no longer the Primary Applicant. This needs to reflect Sandra as the new Primary Applicant.

To change the Primary Application

Go to the 'Family Section'

Double Click on the household member that is now the Primary Applicant



<input type="checkbox"/>	First Name	Middle Name	Last Name	
<input type="checkbox"/>	Paul	L	MH	2
<input type="checkbox"/>	Sandra	L	MH	3

Check the 'Primary Applicant' checkbox.

Family □ ×

First Name* <input style="width: 95%;" type="text" value="Sandra"/>	Middle Name <input style="width: 95%;" type="text" value="L"/>	Last Name* <input style="width: 95%;" type="text" value="MH"/>
SSN/Alien # <input style="width: 95%;" type="text" value="*****6866"/>	Date of Birth* <input style="width: 95%;" type="text" value="3/18/1946"/>	Age <input style="width: 95%;" type="text" value="76"/>
Gender* <input style="width: 95%;" type="text"/>	Ethnicity <input style="width: 95%;" type="text" value="none"/>	Race <input style="width: 95%;" type="text" value="none"/>
Marital Status* <input style="width: 95%;" type="text" value="Married"/>	Medical Insurance* <input style="width: 95%;" type="text" value="Medicare"/>	Education* <input style="width: 95%;" type="text" value="12"/>
<input type="checkbox"/> Children 0-2	<input type="checkbox"/> Children 3-5	<input type="checkbox"/> Children 6-17
<input checked="" type="checkbox"/> Primary Applicant	<input checked="" type="checkbox"/> Elderly	<input type="checkbox"/> Uncounted

Demographic Name	Active
Disabled	<input type="checkbox"/>
U.S. Citizen	<input type="checkbox"/>

Click Save.

Family □ ×

First Name* <input style="width: 95%;" type="text" value="Sandra"/>	Middle Name <input style="width: 95%;" type="text" value="L"/>	Last Name* <input style="width: 95%;" type="text" value="MH"/>
SSN/Alien # <input style="width: 95%;" type="text" value="006-44-6866"/>	Date of Birth* <input style="width: 95%;" type="text" value="3/18/1946"/>	Age <input style="width: 95%;" type="text" value="76"/>
Gender* <input style="width: 95%;" type="text"/>	Ethnicity <input style="width: 95%;" type="text" value="none"/>	Race <input style="width: 95%;" type="text" value="none"/>
Marital Status* <input style="width: 95%;" type="text" value="Married"/>	Medical Insurance* <input style="width: 95%;" type="text" value="Medicare"/>	Education* <input style="width: 95%;" type="text" value="12"/>
<input type="checkbox"/> Children 0-2 <input checked="" type="checkbox"/> Primary Applicant	<input type="checkbox"/> Children 3-5 <input type="checkbox"/> Elderly	<input type="checkbox"/> Children 6-17 <input type="checkbox"/> Uncounted

Demographic Name	Active
Disabled	<input type="checkbox"/>
U.S. Citizen	<input type="checkbox"/>

The Primary Applicant will change at the top of the Application and on the tab as well as in the 'Primary Applicant' section.

Application - Sandra L MH - Application pending

New Application Print Client Letter More - - X

Sandra MH [07/01/2022] X

Application Info Benefits History

The new Primary Application will update once saved.

Cancel Save Verify Address Save Settings

Comments

Primary Applicant

Client Number: 0000844067

Application Status*: Application pending

Agency*: Downeast Community Partners

First Name*: Sandra

Middle Name: L

Last Name*: MH

Service Street Address*: 46 Bartlett Hill Road

Service Apartment:

Service Address 2:

Service City*: Gouldsboro

Service State*: ME

Service ZIP*: 04607

County*: Hancock

Service Address Status:

Mailing Same As Service Address

Mailing Street Address*: 46 Bartlett Hill Road

Mailing Apartment:

Mailing Street 2:

Mailing City*: Gouldsboro

Mailing State*: ME

Mailing ZIP*: 04607

Mailing Address Status:

Phone: (207) 963-4159

Alternate Phone: (207) 812-8594

Email: