## **ACCEPTABLE FORMS FOR RRR/RENEWAL**

Documents/forms that can be used as RRR/ Renewal	MA	SNAP	AF	CW
HealthFirst Colorado Application (SSAP)	Y	N	N	N
Single Purpose Application (SPA) (Paper or PEAK/MyCOBenefits)	<b>Y</b> *	<b>Y</b> *	<b>Y</b> *	<b>Y</b> *
MA Renewal (Paper or PEAK/MyCOBenefits)	<b>Y</b> *	N	N	Ν
<b>CW/AF/SNAP RRR</b> (Paper or PEAK/MyCOBenefits)	<b>Y</b> **	<b>Y</b> *	<b>Y</b> *	<b>Y</b> *
SNAP Interim Periodic Report Form	N	N	Y	Y
<b>CW/AF Change Report Form</b> (CRF) (Paper or PEAK/MyCOBenefits)	Ν	Ν	Υ*	Υ*
SNAP Change Report Form (CRF) (PEAK/MyCOBenefits only)	Ν	N	<b>Y</b> *	<b>Y</b> *
MA Change Report Form (CRF) (Paper or PEAK/ MyCOBenefits)	Ν	N	N	N

\*PEAK: If HLPG or Add-On HLPG is visible on PEAK PDF and meets program requirements below.

\*\*A CDHS RRR which includes a signature form is acceptable to use for a MA Renewal. This includes being acceptable to rescind or re-apply for MA within the 90-day reconsideration period so long as all verifications are received for MA.

For MA: If a renewal packet is required, at minimum the signature form must contain the signature of the applicant or approved authorized representative form and verifications if needed.

For SNAP: At a minimum, the form must contain the Name, Address and Signature of the applicant or authorized representative. "Report My Changes" in PEAK does not meet the requirements for RRR.

For AF: At a minimum, the form must contain the Name, Address and Signature of the applicant, parent, legal guardian, facility administration, or an authorized representative. If an address is not provided, other means of contact such as a phone number or email address shall be utilized to obtain an address.

For CW: At a minimum, the form must contain the signature of the applicant or specified caretaker and a date.



## **VIEW RRR DETAIL LISTING PAGE**

When a Renewal/RRR document is received, you will navigate to the **View RRR Detail Listing**, select the pencil (edit) icon of the program and complete the **Edit RRR Details** for that program.

It is important to enter all information and select the Renewal Document received from the RRR Source Drop-Down list.

Detail			<u>.</u>
Original RRR Month	New RRR Month	Reassessment Month	
04/2023	04/2023	<b></b>	
Current RRR Type	*Appointment Required	Mail-In Due Date	
Regular 🗸	◯ Yes  ● No	<b></b>	
Packet/Re-Assessment Letter Received	Resend Packet	Late RRR - Good Cause Reason	
Date	🔵 Yes 💿 No	Select Late RRR - Good Cause Reasor $$	
RRR Signature Provided	MA Signature Received Date	MA Signature Form Due Date	*RRR Source
⊖ Yes ⊖ No		<b></b>	Select RRR Source V
			Select RRR Source CDHS RRR Packet
Telephone Meeting/Signature			PEAK/My CO PR
Emergency Details			PEAK/MyCOBenefits Application PEAK/MyCOBenefits RRR
			Single Purpose Application (SPA)
Does the household have any Liquid Resources?	Total Amount		SIGNIER



## NOTE:

CBMS will not automatically start another program's Renewal/RRR if the document received is not acceptable for the program.

## **EXAMPLE:**

Rachel is active on Colorado Works and SNAP. Both certification periods are aligned, and the Renewals are due in July for new certifications beginning in August. A signed and dated PEAK Change Report Form with SNAP & CW identified was received on July 1. Because the CRF was signed and dated by the head of household and is identified for CW & SNAP, this form is acceptable for the CW Renewal. However, this form is NOT acceptable to start the SNAP Renewal, so it will not be proceessed with the CW Renewal.

