

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)	Y ¹	Y ¹	Y ¹	Y ¹
MA Renewal (Paper or PEAK/MyCOBenefits)	Y ¹	N	N	N
CW/AF/SNAP RRR (Paper or PEAK/MyCOBenefits)	Y ²	Y ¹	Y ¹	Y ¹
SNAP Interim Periodic Report Form	N	N	N	N
CW/AF Change Report Form (CRF) (Paper or PEAK/MyCOBenefits)	Y	N	Y ¹	Y ¹
SSNAP Change Report Form (CRF) (PEAK/MyCOBenefits only)	Y	N	Y ¹	Y ¹
MA Change Report Form (CRF) (Paper or PEAK/ MyCOBenefits)	N	N	N	N

PROGRAM REQUIREMENTS

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.

1 PEAK: If HLPG or Add-On HLPG is visible on PEAK PDF and meets program requirements (right).

2 A CDHS RRR or Change Report Form which includes a signature form is acceptable to use for a MA Renewal.

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.

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

Edit RRR Details

Detail

Original RRR Month

04/2023

New RRR Month

04/2023

Reassessment Month

Current RRR Type

Regular

*Appointment Required

Yes

No

Mail-In Due Date

Packet/Re-Assessment Letter Received Date

Resend Packet

Yes

No

Late RRR - Good Cause Reason

Select Late RRR - Good Cause Reason

RRR Signature Provided

Yes

No

MA Signature Received Date

MA Signature Form Due Date

*RRR Source

Select RRR Source ...

Select RRR Source ...

CDHS RRR Packet

PEAK/My CO PR

PEAK/MyCOBenefits Application

PEAK/MyCOBenefits RRR

Single Purpose Application (SPA)

SNAP PR

Telephone Meeting/Signature

Emergency Details

Does the household have any Liquid Resources?

Yes

No

Total Amount

Does the household have any Income?

Yes

No

Total Monthly Amount

Upload Document

View Document

Cancel


Save & New

Save

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 processed with the CW Renewal.

ACCESSIBILITY: This document is designed to comply with the Web Content Accessibility Guidelines (WCAG) 2.1 AA standard. If you experience any difficulty accessing the content, please contact SOC_StaffDevelopment@state.co.us for assistance.



COLORADO
Healthcare & Economic Security
Staff Development Division

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