



FSS409AE001W4029D53



Proof Of Eligibility

State Form 53549 (R2 / 6-20) FI 2430 / IEDSS

Mailing Date: FEBRUARY 01, 2024

Agency Information
Family and Social Services Administration Document Center PO Box 1810 Marion, Indiana 46952 Telephone: 1-800-403-0864

Case Information	
Full Name: Stephanie E Rankin	Date of Birth: 02/05/1974
Case Number: 6007400172,6007387303	Mailing Address:
Home Address: 745 Bellemeade Ave Evansville IN 47713-2318	

Scheduled Appointment			
Appointment Type	Appointment Date	Scheduled Time	Office Location

Pending Applications		
Programs Applied For	Date Application Received	Case Number

Assistance Groups			
Type of Assistance: The Healthy Indiana Plan	Aid Category: MARP	Emergency Services Only: No	
Details			
Status: Approved		EBT Card Benefit Available Date:	
Case Number: 6007387303		Current Month Amount:	
AG Number: 24019531		Next Month Amount:	
Effective Date: MARCH 01, 2024		Redetermination Month: FEBRUARY 2025	
End Date:		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Stephanie E Rankin	Eligible	MARCH 01, 2024	
Authorized Representative			
Primary Name	Primary Address		



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Assistance Groups

Type of Assistance: SNAP		Aid Category: SNAP		Emergency Services Only: N/A	
Details					
Status: Approved			EBT Card Benefit Available Date: JANUARY 27, 2024		
Case Number: 6007387303			Current Month Amount: \$291.00		
AG Number: 23665197			Next Month Amount: \$291.00		
Effective Date: JANUARY 22, 2024			Redetermination Month: DECEMBER 2024		
End Date:			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount: January: \$93.00; December: \$0.00; November: \$0.00					
Assistance Group Clients					
Names		Participation Status		Effective Date	
Stephanie E Rankin		Eligible		JANUARY 22, 2024	
Remel Byrd		Ineligible		JANUARY 22, 2024	
Authorized Representative					
Primary Name		Primary Address			
Haley Keown		1001 Mary St Evansville IN 47710-2029			

Assistance Groups

Type of Assistance: The Healthy Indiana Plan		Aid Category: MARP		Emergency Services Only: No	
Details					
Status: Denied			EBT Card Benefit Available Date:		
Case Number: 6007400172			Current Month Amount:		
AG Number: 23717712			Next Month Amount:		
Effective Date:			Redetermination Month:		
End Date:			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount: N/A					
Assistance Group Clients					
Names		Participation Status		Effective Date	
Stephanie E Rankin		Ineligible			
Authorized Representative					
Primary Name		Primary Address			



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Assistance Groups

Type of Assistance: SNAP		Aid Category: SNAP		Emergency Services Only:	
Details					
Status: Denied			EBT Card Benefit Available Date:		
Case Number: 6007400172			Current Month Amount:		
AG Number: 23717698			Next Month Amount:		
Effective Date:			Redetermination Month:		
End Date:			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount:					
Assistance Group Clients					
Names		Participation Status		Effective Date	
End Date					
Stephanie E Rankin		Ineligible			
Authorized Representative					
Primary Name			Primary Address		

Assistance Groups

Type of Assistance: The Healthy Indiana Plan		Aid Category: MARB		Emergency Services Only: No	
Details					
Status: Closed			EBT Card Benefit Available Date:		
Case Number: 6007400172			Current Month Amount:		
AG Number: 23717722			Next Month Amount:		
Effective Date: SEPTEMBER 01, 2019			Redetermination Month:		
End Date: DECEMBER 31, 2019			Monthly Liability (Health Coverage):		
Previous Months Benefit Amount: N/A					
Assistance Group Clients					
Names		Participation Status		Effective Date	
End Date					
Stephanie E Rankin		Ineligible		SEPTEMBER 01, 2019	
DECEMBER 31, 2019					
Authorized Representative					
Primary Name			Primary Address		



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Assistance Groups

Type of Assistance: The Healthy Indiana Plan	Aid Category: MASP	Emergency Services Only: No	
Details			
Status: Closed		EBT Card Benefit Available Date:	
Case Number: 6007387303		Current Month Amount:	
AG Number: 23665202		Next Month Amount:	
Effective Date: MARCH 01, 2020		Redetermination Month:	
End Date: FEBRUARY 29, 2024		Monthly Liability (Health Coverage):	
Previous Months Benefit Amount: N/A			
Assistance Group Clients			
Names	Participation Status	Effective Date	End Date
Stephanie E Rankin	Ineligible	MARCH 01, 2020	FEBRUARY 29, 2024
Authorized Representative			
Primary Name		Primary Address	