



COMPASS
CLICK. APPLY. BENEFIT.

Getting to Know COMPASS

Overview for Individuals and Families
April 2018 Update



Click the Resources tab above for a text-only version of this training.



This module contains narration. Please adjust your volume settings.

Click Next to Begin

Welcome to COMPASS!



pennsylvania
DEPARTMENT OF HUMAN SERVICES





What is COMPASS



Where and How to
Access COMPASS



Closer Look at Do I
Qualify



Closer Look at
Creating an Account



Closer Look at
Application/Renewal



Closer Look at My
COMPASS Account

What is COMPASS?



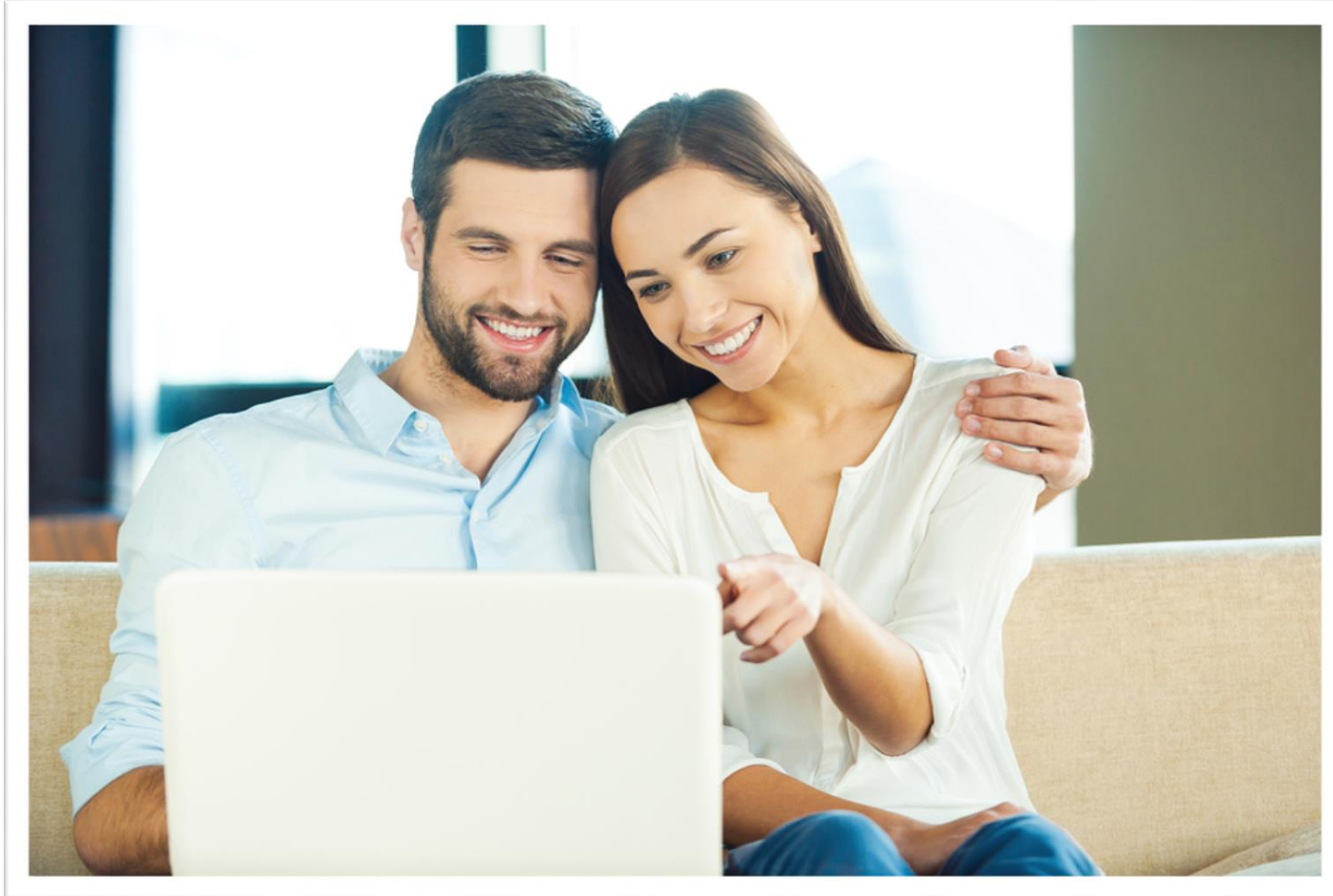
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What is COMPASS?



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Where to Access COMPASS



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www.compass.state.pa.us

Benefits of Using COMPASS



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Easy to use
Available 24/7
No need to leave home
Safe, secure, confidential
One application for multiple
benefits
Routed to the correct agency
Referrals to other services



What Services Can I Access?



The screenshot shows the homepage of the COMPASS website. At the top, there is a dark blue navigation bar with the COMPASS logo on the left and menu items: "WHAT WE OFFER", "HELPFUL LINKS", "ABOUT", "CONTACT US", and "LOGIN / REGISTER". Below the navigation bar is a dark blue banner with the text "Language: En Español | More". The main content area has a blue background on the left with the heading "Welcome to COMPASS" and the sub-heading "The fast and easy way to access benefits - anytime and anywhere". Below this is a paragraph explaining that COMPASS is an online tool for applying for health and human service programs. At the bottom of this section are two buttons: "APPLY NOW" and "DO I QUALIFY?". To the right of the text is a photograph of a smiling woman and a young girl.



Renew Your Benefits

Log in to your My COMPASS Account to renew your benefits. If you do not have a My COMPASS Account, click on the link below.



Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.



Use LIHEAP Registration Number

Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My COMPASS Account, click on the link below.



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Where to Access COMPASS



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[APPLY NOW](#)[DO I QUALIFY?](#)

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[DO I QUALIFY?](#)





WHAT WE OFFER ▾

HELPFUL LINKS ▾

ABOUT

CONTACT US ▾

LOGIN / REGISTER ▾

Health Care

HealthChoices, Pennsylvania's Medical Assistance program, provides you and your family with many health care options.

[Learn More about Pennsylvania's Medical Assistance expansion plan](#)

[Medical Assistance](#)

[Medicaid For Former Foster Care Youth](#)

[CHIP](#)

[Health Insurance Marketplace](#)

Food & Nutrition

The Supplemental Nutrition Assistance Program (SNAP) and the School Meals program help you and your family buy food and receive nutritious free or reduced-price school meals.

[SNAP](#)

[School Meals](#)

Home and Community Based Service Referrals

Home and Community Based Services provide services beyond those covered by Medical Assistance that enable an individual to remain in a community setting. The following services are not available to be applied for on COMPASS, but you can submit a referral to express your interest in the service. Go to [Do I Qualify?](#) to submit your referral today.

[Early Intervention Services](#)

[Intellectual Disability Services](#)

[Adult Autism Services](#)

Other Benefits

[Cash Assistance](#)

[Low Income Home Energy Assistance Program \(LIHEAP\)](#)

[Child Care Works](#)

[Long Term Living Services - Home and Community Based](#)

[Long Term Living Services - Nursing Home and Related Facilities](#)

[SEE ALL BENEFITS »](#)

APPLY NOW

DO I QUALIFY?





WHAT WE OFFER ▾

HELPFUL LINKS ▾

ABOUT

CONTACT US ▾

LOGIN / REGISTER ▾

Using COMPASS

- [COMPASS Web-Based Tutorial](#)
- [COMPASS Quick Reference Guide](#)
- [COMPASS Community Partner Web-Based Tutorial](#)
- [COMPASS Community Partner Quick Reference Guide](#)
- [COMPASS Community Partner Online Self-Registration Guide](#)
- [COMPASS Training Guide for Food Service Directors and Staff](#)
- [Early Learning Program and Provider Search Quick Reference Guide](#)

Important Links

- [Find Early Learning Programs and Child Care Providers](#)
- [Find Home and Community Based Services Providers](#)
- [1095-B Tax Form Reprint](#)
- [Check Application Status](#)
- [Free Summer Meals for Children](#)
- [Voter Registration and Information](#)
- [Voter Registration Form](#)
- [Family Safety Information](#)
- [Other Health and Human Service Programs](#)

FAQs

- [PLEASE READ Rights and Responsibilities](#)
 - [Health Care Coverage](#)
 - [Children's Health Insurance Program \(CHIP\)](#)
 - [Supplemental Nutrition Assistance Program \(Food Stamps\)](#)
 - [Cash Assistance](#)
 - [Home and Community Based Services](#)
 - [Low Income Home Energy Assistance Program \(LIHEAP\)](#)
 - [Child Care Works](#)
- [SEE ALL FAQs »](#)

Site Map

- [Apply Now](#)
 - [Do I Qualify?](#)
 - [Renew Your Benefits](#)
 - [Finish Your Application](#)
 - [Use LIHEAP COMPASS Registration Number](#)
 - [1095-B Tax Form Reprint](#)
 - [Login/Register](#)
- [SEE ALL BENEFITS »](#)





[SAT] Warning! This is a test website. Please [click here](#) to go to the correct website.

About COMPASS

COMPASS provides you access to many of Pennsylvania's health and human services benefits online and allows you to:

- Learn about benefits and see if you qualify
- Apply for benefits and renew existing benefits
- Manage your benefits
- Connect to other benefits that aren't available on COMPASS

What are the advantages of using COMPASS?

- COMPASS is available 24/7 on your computer, tablet or smartphone.
- COMPASS is private, secure and safe.
- COMPASS is available in English and Spanish.
- COMPASS allows you to complete one application for multiple benefits.
- COMPASS is easy to use and provides help features throughout the application.
- COMPASS sends your application to the appropriate agency for review.

COMPASS offers many self-service features. With COMPASS, you can:

- Upload your verification documents and check the status of your application



Call or Email Us

HELPLINE

1-800-692-7262

Call us between 8:30 a.m. and 4:45 p.m. Monday through Friday. If you are hearing impaired, call TTY/TTD at **1-800-451-5886**. If you have a question during non-business hours or prefer to use email.

[Send an Email](#)

Have a question about CHIP benefits or eligibility?

Please visit the CHIP website at www.chipcoverspakids.com and click on "FAQ" at the top right corner to find answers to most questions.

Have a question about the status of your School Meals application or questions about the program?

Please contact the school your child attends.

More Information

If you have other questions or need additional information, please visit the contact page for all up-to-date details.

[Go to the Contact Page »](#)

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

[APPLY NOW](#)

[DO I QUALIFY?](#)





Community Partners

Community Partners are community-based agencies, organizations, coalitions, hospitals, church groups, sponsors of the National School Lunch Program (NSLP) and other groups that wish to help Pennsylvanians submit applications for health and human services.

[Login / Register](#)

Service Providers

Service Providers and Business Partners are public utilities that provide Lifeline and other program benefits to low-income individuals.

[Login / Register](#)

Individuals & Families

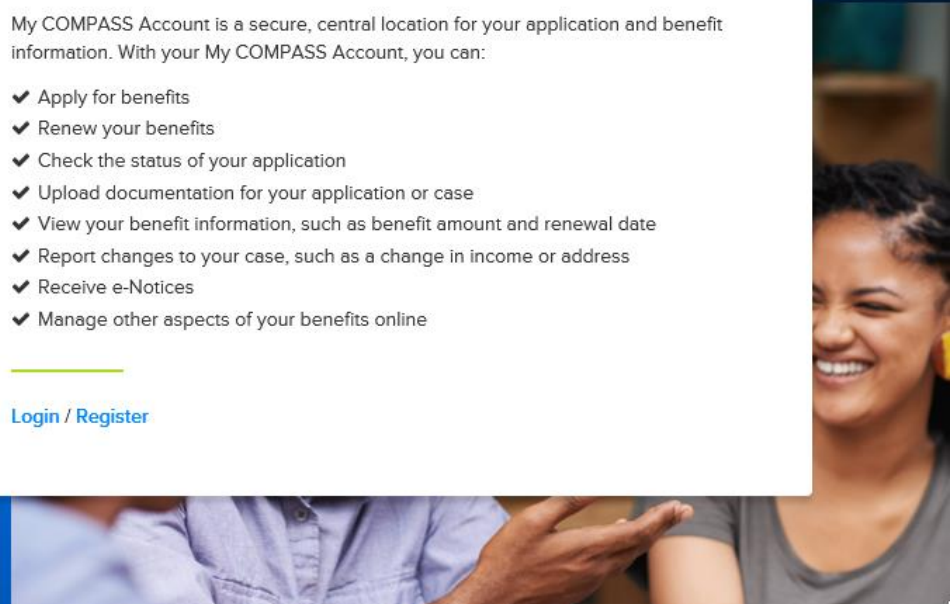
My COMPASS Account is a secure, central location for your application and benefit information. With your My COMPASS Account, you can:

- ✓ Apply for benefits
- ✓ Renew your benefits
- ✓ Check the status of your application
- ✓ Upload documentation for your application or case
- ✓ View your benefit information, such as benefit amount and renewal date
- ✓ Report changes to your case, such as a change in income or address
- ✓ Receive e-Notices
- ✓ Manage other aspects of your benefits online

[Login / Register](#)

APPLY NOW

DO I QUALIFY?





Language: [En Español](#) | [More](#)

Welcome to COMPASS

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[DO I QUALIFY?](#)





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[DO I QUALIFY?](#)





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[Renew Now](#)



Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.

[Continue](#)



Free Summer Meals for Children

Free Summer Meals for Children

[Learn More](#)



Get the myCOMPASS PA App Today!

Access your benefits from anywhere, at any time. Review what benefits you receive, check the status of submitted applications, upload documents, submit your Semi-Annual Reporting (SAR), and report changes directly from your phone.

Your Benefits, Made Easier





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[APPLY NOW](#)

[DO I QUALIFY?](#)





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Closer Look at Do I
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Closer Look at
Application/Renewal



Closer Look at My
COMPASS Account

Getting Started

Do I Qualify?

Your Results



DO I QUALIFY?

Please make a selection below

Screen for Benefits

Please click on the box next to "Screen for Benefits" to see if you or people in your household may be eligible for one or more of the following benefits.



Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)
[More Information](#)



Supplemental Nutrition Assistance Program (Food Stamps)
[More Information](#)



Free or Reduced Price School Meals
[More Information](#)



Cash Assistance
[More Information](#)



Child Care Works
[More Information](#)



Low-Income Home Energy Assistance Program (LIHEAP)
[More Information](#)

Helpful Information

Screen for Benefits

Screen for benefits to see if you might qualify. After you receive your results, you will have the option to start an application right away. If you do not want to apply, you do not have to.

Submit a Referral

If you submit a referral for Early Intervention, Intellectual Disability or Adult Autism Services, your information will be submitted to the appropriate office. The program office will provide more information about how to apply for these services.

Note: The answers you enter when screening or submitting a referral are confidential. After you receive your results and/or confirmation, the information you entered will be erased.

Submit a Referral

Please click on the box next to "Submit a Referral" if you or people in your household would like more information or would like to submit a referral for one or more of the following services.



Early Intervention Services
[More Information](#)



Intellectual Disability Services
[More Information](#)



Adult Autism Services
[More Information](#)


[Back to COMPASS Home Page](#)[Next](#)


DO I QUALIFY?


Please make a selection below


Screen for Benefits


Please click on the box next to "Screen for Benefits" to see if you or people in your household may be eligible for one or more of the following benefits.


 Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)
[More Information](#)

 Supplemental Nutrition Assistance Program (Food Stamps)
[More Information](#)

 Free or Reduced Price School Meals
[More Information](#)


 Cash Assistance
[More Information](#)


 Child Care Works
[More Information](#)


 Low-Income Home Energy Assistance Program (LIHEAP)
[More Information](#)

Submit a Referral

Please click on the box next to "Submit a Referral" if you or people in your household would like more information or would like to submit a referral for one or more of the following services.

 Early Intervention Services
[More Information](#)

 Intellectual Disability Services
[More Information](#)

 Adult Autism Services
[More Information](#)

Getting Started







Do I Qualify?

Your Results



Select the benefits you are interested in

Please click on any benefit that one or more people in your household are interested in. We will look at the selected benefits to see if you may be eligible for them. The benefits you select will determine which questions you will be asked.

-  **Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)**
[More Information](#)
-  **Supplemental Nutrition Assistance Program (Food Stamps)**
[More Information](#)
-  **Free or Reduced Price School Meals**
[More Information](#)
-  **Cash Assistance**
[More Information](#)
-  **Child Care Works**
[More Information](#)
-  **Low-Income Home Energy Assistance Program (LIHEAP)**
[More Information](#)


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Getting Started

Do I Qualify?

Your Results



 **Household**

 **Household**

Please provide the details about the Head of Household first.



Name *

Age *

Sex *

Male

Female

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

About how much is the total value of all the resources owned by the people in the household? 

Does anyone in the household who is 21 or younger have a parent who does not live in the house or who has died?

Yes No

Does anyone in the household have a spouse who is not living in the house or has died?

Yes No

Has anyone in the household lost their job or had their hours reduced through no fault of their own within the past year?

Yes No

Does anyone in the household want help paying for medical bills from the last 3 months?

Yes No

Does anyone live in a medical or long term living services - nursing home and related facilities or have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)?

Yes No

Previous

Next

Household

Please provide the details about the Head of Household first.



Name *

Age *

Sex *

Male

Female

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

About how much is the total value of all the resources owned by the people in the household? 

Format: XXXXXXXX.XX

Does anyone in the household who is 21 or younger have a parent who does not live in the house or who has died?

Yes No

Does anyone in the household have a spouse who is not living in the house or has died?

Yes No

Has anyone in the household lost their job or had their hours reduced through no fault of their own within the past year?

About how much is the total value of all the resources owned by the people in the household? 

Format: XXXXXXXX.XX

Does anyone in the household who is 21 or younger have a parent who does not live in the house or who has died?

Yes No

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Yes No

Does anyone in the household want help paying for medical bills from the last 3 months?

Yes No

Does anyone live in a medical or long term living services - nursing home and related facilities or have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)?

Yes No

Previous

Next

Adam Greenberg

Please tell us about Adam Greenberg

Does Adam Greenberg have one or more jobs?

Yes No

What is Adam Greenberg's other monthly income? [?](#)

Format: XXXXXXXX.XX

Does Adam Greenberg have a disability, medical condition, or take an ongoing medication prescribed by a doctor?

Yes No

Is Adam Greenberg a spouse, widow(er), parent, or minor child of a United States veteran?

Yes No

Previous

Next

Getting Started

Do I Qualify?


Your Results



We looked at your answers and someone in your house may qualify for benefits.



Based on the answers you gave, one or more people in the house may qualify for the following benefits. Click the 'Apply Now' button at the bottom of the page to start the application process.

 Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)

[More Information](#)



Based on the answers you gave, one or more people in your household may also qualify for the following benefits that are not available through COMPASS. Click on the 'More Information' link(s) to learn more about each benefit and how to apply.

The Earned Income Tax Credit(EITC) can be worth up to \$438 [More Information](#)

[Back to COMPASS Home Page](#)

[Start Over](#)

[Previous](#)

[Apply Now!](#)



Based on the answers you gave, we did not determine you eligible for the following benefits you selected. You may still be eligible if you meet certain qualifications that are not determined here. Click on the 'More Information' link(s) to learn more about why you may or may not qualify for these benefits.

Based on the answers you gave, it does not appear that you are eligible for Pennsylvania Medical Assistance or CHIP coverage.

We suggest that you click on the "Health Insurance Marketplace" button below, which will transfer you to the Health Insurance Marketplace where you may apply for federal benefits and/or explore private health care options.

Please note that you may still be eligible for Medical Assistance or CHIP benefits if you meet certain criteria. If you think you may be eligible for Medical Assistance or CHIP benefits, you can apply through COMPASS by clicking on the green "Apply Now" button below. Click on the "More Information" link to learn more about why you may not qualify for Medical Assistance or CHIP.



Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)

[More Information](#)

Health Insurance Marketplace

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Getting Started

Apply

Next Steps

Submit

Confirmation



What To Expect [Setup](#) [Returning Users](#) [Password](#) [Warning](#)

Privacy & Use of Your Information ▾

We will keep your information private as required by law. Everything you enter in this application will be kept confidential and will be used to administer benefits only.

As part of the application process, we may need to retrieve information about you from third party electronic data sources. We will use the information provided by you and the electronic data sources to check your eligibility for benefits only.

- For more information on the security and confidentiality of this website, please read the [Privacy Policy](#).
- For more information on the privacy of protected health information, please read the [HIPAA Notice of Privacy Practices](#).
- For more information on data we receive and what you're required to provide and report, please read the [Rights and Responsibilities](#). You may print a copy of your Rights and Responsibilities at the end of your application.

What information do I need to complete this application? ▲

NEXT

Home

My Benefits

Check EBT

Retrieve 1095-B

Submit LIHEAP Pre-season

Welcome

Select Application Language English ▾

Alerts

How to use your My COMPASS Account: ✕

1. View Benefit Information

Click on My Benefits to view your benefit information or link your benefit information to your account.

2. Apply or Renew

Click on New Application or Renew Your Benefits to apply for or renew benefits.

3. Track Progress on Application

After applying, track the progress of your application by viewing its status. Submit verification documents with your application by selecting your application and clicking on Scan Documents or Attach a File.



New Application



Renew Benefits



Import e-Form



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[APPLY NOW](#)[DO I QUALIFY?](#)

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Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My

[Home](#)[My Benefits](#)[Check EBT](#)[Retrieve 1095-B](#)[Submit LIHEAP Pre-season](#)

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Select Application Language English ▾

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[New Application](#)[Renew Benefits](#)[Import e-Form](#)



e-Form # W999999990686

PRINT

CANCEL

Household

Household Adam (29)

Adam Greenberg

First Name: *

Adam

Middle Initial:

Last Name: *

Greenberg

Suffix:

--Please Select--

Birth Date: *

12/05/1988

Sex: *

Male Female

This person does not live in the same household as applicants, but is included on the household tax return

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

Please confirm who the Head of Household is: *

Adam Greenberg

Please enter your Residential address:

Street Address: *

123 Stefko Blvd

Street Address (2):

City: *

Bethlehem

State: *

PENNSYLVANIA

Zip: *

18017

Zip Ext.:

County: *

Northampton

Is there another address that we should send mail to? *

Yes No

Helpful Information

Please tell us about everyone that lives in the household. Be sure to include people who are temporarily away from home.

For health care applicants, we need to know about everyone on your federal income tax return. You can still apply even if you don't file a federal income tax return.

The Head of Household could be:

- The person who is applying for everyone in the household, including themselves.
- The person in charge of paying the bills.
- The person to whom mail is addressed.

PREVIOUS

NEXT



e-Form # W999999990686

PRINT

CANCEL

Household

Household Adam (29)

Adam Greenberg

First Name: *

Adam

Middle Initial:

Last Name: *

Greenberg

Suffix:

--Please Select--

Birth Date: *

12/05/1988

MM/DD/YYYY

Sex *

Male Female

This person does not live in the same household as applicants, but is included on the household tax return

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

Please confirm who the Head of Household is: *

Adam Greenberg

Helpful Information

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For health care applicants, we need to know about everyone on your federal income tax return. You can still apply even if you don't file a federal income tax return.

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e-Form # W999999990686

PRINT

CANCEL

Household

Household Adam (29)

Adam Greenberg

First Name *

Adam

Middle Initial:

Last Name *

Greenberg

Suffix

--Please Select--

Birth Date *

12/05/1988

MM/DD/YYYY

Sex *

Male Female

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Please confirm who the Head of Household is *

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- The person to whom mail is addressed.

Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace) 

Includes Medical Assistance, Children's Health Insurance Program and Health Insurance marketplace.

Please choose the person(s) who are applying for this benefit

 Adam Greenberg (29)


Supplemental Nutrition Assistance Program (Food Stamps) 

If you are applying for only SNAP (Food Stamps) benefits, you only need to submit your name, address and signature to start your application. At any point in the application, you can go to the end by clicking Summary on the left hand side of the screen. **Please note: Completing as much information as possible on this application may assist the County Assistance Office in completing your application more quickly.**

Free or Reduced Price School Meals 

Provides low-cost or free school lunches to eligible children

Note: Please click on the help button to see this program privacy act statement.

Cash Assistance 

Series of programs that provide cash to individuals or families in need

 **Child Care Works** 

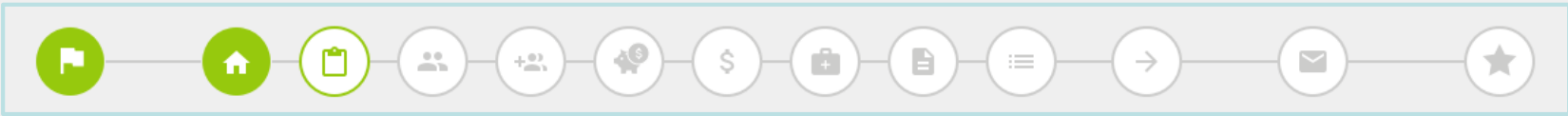
Provides child care financial assistance for eligible families

Low-Income Home Energy Assistance Program (LIHEAP) 

Low Income Home Energy Assistance Program helps people with low incomes pay their heating bills.

Long Term Living Services - Home and Community Based 

Please use this section to apply for Home and Community Based Services through the Office of Long Term Living. The Office of Long Term Living provides services to older adults and individuals with disabilities (over the age of 18), including those with Traumatic Brain Injury (TBI). These services help individuals to live independently in their home and community.



e-Form # W999999990686

PRINT	CANCEL	SAVE & FINISH LATER
-------	--------	---------------------

Benefits

Household Adam (29)

Please click on all of the benefits that one or more people in your household would like to apply for. If needed, we will ask you to tell us which person or people would like to apply for that benefit.

Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)

Includes Medical Assistance, Children's Health Insurance Program and Health Insurance marketplace.

Please choose the person(s) who are applying for this benefit

Adam Greenberg (29)



e-Form # W9999999990686

Individual Details

[Household](#) [Adam \(29\)](#)

Adam Greenberg (29)

[General](#) [Voter Registration](#)

Please provide some details about Adam Greenberg

What is Adam Greenberg's citizenship status? *

Does Adam Greenberg have a representative, power of attorney, or additional contact person? ?

Yes No

Has Adam Greenberg applied for any benefits that they have not received yet? ?

Yes No

What is Adam Greenberg's marital status? *

Providing an SSN is optional for persons not applying for health care coverage, but providing it can speed up the application process.

What is Adam Greenberg's Social Security Number?



e-Form # W9999999990686

PRINT	CANCEL	SAVE & FINISH LATER
-------	--------	---------------------

Income

Household Adam (29)

Household

General

Please answer the following questions regarding the household's current and past sources of income.

If you want to remove an existing employment on file for these individual(s), click the NEXT button to view these employment records and click the 'Remove This' button.

Current or Future Employment

Does anyone currently have income from one or more jobs, or will anyone start a job in the next 30 days (not including Self-Employment)? *

Yes No

Other Income

Does anyone have income from Self-Employment, or receive money from one or more sources other than a job? *

Yes No

Other Income - examples include: Self-Employment, Social Security Disability, Social Security Retirement, Survivors or Disability Income (RSDI), Supplemental Security Income (SSI), Pension/Retirement, Worker Compensation, Unemployment Benefits, Dividends/Interest, Child Support, Alimony, Cash Assistance, Rental Income, Veterans Benefit, VA Aid and Attendance, Annuity, Payments from a Trust, Railroad Retirement, Black Lung

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PRINT

CANCEL

SAVE & FINISH LATER

Expenses

Household Adam (29)

Household

General

Does anyone pay legal fees to collect any income? *

Yes No

Does anyone have any tax deductible expenses they will claim on their federal tax return? Click the "Help" button for examples. *

Yes No

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Insurance

Household Adam (29)

Household

General

Employer Insurance

Is anyone who is applying offered health insurance from a job? Select Yes even if it is from someone else's job, such as a parent or spouse. *

Yes No

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SAVE & FINISH LATER

Resources

Household Adam (29)

Household

General

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 SAVE & FINISH LATER

Completion Check

Your application is **almost finished!**

There are a few more steps to do before you submit your application

First, we will check your application to see if you missed any important questions. If you did, we will highlight these important questions for you. 'Required' questions will be highlighted in red and marked with a stop symbol.

Please answer as many questions as you can. Your answers are needed to complete our review and see if you are eligible.

Required Question

 A required question is one that you must answer to submit your application.

Ready to review your application?

First, be sure to write down your e-Form number and password.

Click 'Next' to start your application check.

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Routing & Provider Information [MA for Workers with Disabilities](#) [Area Agency on Aging](#) [Managed Care Organization](#) [Additional Information](#) [Abs](#)


You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Department of Human Services

The information on this application will be sent to the Department of Human Services County Assistance Office for processing.

Please [click here](#) to view a map and directions to your County Assistance Office.

Eligibility for the following program(s) will be evaluated.

 **Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)** [Learn More](#)

 **Supplemental Nutrition Assistance Program (Food Stamps)** [Learn More](#)

Based on the information you have given us, this application will be submitted for Medical Assistance coverage.

COMPASS automatically sends your application to the program(s) for which the applicant is most likely to be found eligible. If someone in the household does not qualify for Medical Assistance, they may be able to receive CHIP, or be eligible for federal benefits and/or explore private health care options through the Health Insurance Marketplace. In cases where it looks like someone may be eligible for a different health care program, the information in this application will be transferred to the program for which the applicant is most likely to be found eligible.

Health care coverage may include:

- Dental care
- Eye care and eyeglasses
- Hospitalization
- Checkups
- Immunizations
- Sick Visits and Prescription Drugs
- Vision Testing and Eyeglasses
- Emergency room Care
- Lab Tests and X-rays
- Hearing Testing and Hearing aids
- Mental Health and substance Abuse treatment

Print This Page 


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Health care coverage may include:

- Dental care
- Eye care and eyeglasses
- Hospitalization



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PRINT	CANCEL	SAVE & FINISH LATER
-------	--------	---------------------

Signature Options [Rights & Responsibilities](#) [Identity Verification](#) [Certification / Authorization](#) [Submit](#) [Confirmation](#)

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

IMPORTANT: If your household is eligible for SNAP/LIHEAP, you may receive a Fast Track consent form in the mail that could allow you and your household members to be automatically enrolled in Medical Assistance

Would you like to e-Sign for these programs? (An e-signature is the same thing as signing your name with a pen at the bottom of a paper form.)

Supplemental Nutrition Assistance Program (Food Stamps) [Learn More](#)

Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace) [Learn More](#)

Yes I would like to e-Sign

No eligible eSigner is available. Please print and return the signature page.

No, I DO NOT want to e-Sign my application.

If you select this option, you will have to print, sign, and mail the signature page. If you are unable to print the page, one will be mailed to you.

Please note: You must be an adult and have a social security number to e-Sign.


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 **Supplemental Nutrition Assistance Program (Food Stamps)** [Learn More](#)

 **Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)**
[Learn More](#)

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PRINT	CANCEL	SAVE & FINISH LATER
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Signature Options	Rights & Responsibilities	Identity Verification	Certification / Authorization	Submit	Confirmation
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Getting Started

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e-Form # W999999990686

PRINT

CANCEL

SAVE & FINISH LATER

[Signature Options](#) [Rights & Responsibilities](#) [Identity Verification](#) [Certification / Authorization](#) **[Submit](#)** [Confirmation](#)

You are not quite finished! To complete this application, you must click on Submit at the bottom of the screen.

You have entered all of your information. If you want to make any changes, please make them now.

To complete the process, you may need to return the verification documents listed on the following pages. The e-Form Signature page will automatically be signed for you. The electronic signature indicates that you understand your rights and responsibilities.

Please pick the document you would like to print:

- I want to view and/or print the whole e-Form for my own records. I also want to view the signature page or print it so I can mail it to appropriate agency.
- I want to view and/or print the signature page.
- I do not have a printer. Please mail the signature page to the household.

Please indicate which language you would like to view and/or print this document in:

- English
- Spanish

RETURN TO SUMMARY

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SUBMIT

You are not quite finished! To complete this application, you must click on Submit at the bottom of the screen.

You have entered all of your information. If you want to make any changes, please make them now.

To complete the process, you may need to return the verification documents listed on the following pages. The e-Form Signature page will automatically be signed for you. The electronic signature indicates that you understand your rights and responsibilities.

Please pick the document you would like to print:

- I want to view and/or print the whole e-Form for my own records. I also want to view the signature page or print it so I can mail it to appropriate agency.
 - I want to view and/or print the signature page.
 - I do not have a printer. Please mail the signature page to the household.
-

Please indicate which language you would like to view and/or print this document in:

- English
- Spanish

[RETURN TO SUMMARY](#)

[PREVIOUS](#)

[SUBMIT](#)



e-Form # W999999990686

[Signature Options](#) [Rights & Responsibilities](#) [Identity Verification](#) [Certification / Authorization](#) [Submit](#) **[Confirmation](#)**

You have completed this application and your information has been sent to the department(s) mentioned below for review.

[View Summary](#)

To review the summary of the application you submitted, click on the View Summary button.

[View Required Items](#)

To review the verification documents we need from you in order to finish processing your application, click on the View Required Items button. Submit these documents as soon as possible, but no later than May 10, 2018 . Please write the e-Form number and the name of the Head of Household on all mailed or faxed documents.

[Attach a file](#)

To submit verification documents electronically, click on the "Attach a File" or "Scan Documents" button. Note: Documents are unable to be received through this option for the following programs: CHIP, Free or Reduced Price School Meals, and Child Care Works; please mail or fax verification documents for these programs.

[Scan Documents](#)

Submit verification documents as soon as possible, but no later than May 10, 2018.

Your information has been sent to the department(s) mentioned below for review:

Department of Human Services

Northampton County Assistance Office
201 Larry Holmes Drive
P.O. Box 10
Easton, PA 18044-0010
Info Number: 610-250-1700
Fax Number: 610-250-1799
Email: C-NTMPTN@PA.GOV

Account Information

The username you created or logged in with is your My COMPASS Account. Please be sure to write down your username and password so you can access your information in the future. Click My COMPASS Account to log in and view your recently submitted application, scan and submit verification documents, check your application status, and manage your account online. You may also log into your account any time from the 'My COMPASS Account' link located on the COMPASS homepage.

[My COMPASS Account](#)

JobGateway - Important Information

JobGateway is an initiative of the Pennsylvania Department of Labor and Industry to connect Pennsylvania job seekers and potential employers, in support of the Department's mission to improve the quality of life and economic security for Pennsylvania workers and businesses. The Labor and Industry staff is knowledgeable about current labor market conditions, and can provide you with information and resources to meet your job search needs.

All clients may utilize JobGateway. Please note that if you are applying for TANF (Temporary Assistance for Needy Families) Cash benefits and you are 18 or older you are required to apply for at least three jobs per week while the application is pending, unless:

- You are already working 20 hours per week, or
- You have verified you are exempt from work requirements, or
- You have established good cause to not meet work requirements.

Your Caseworker will provide details of how to verify compliance with the job search requirements, but it is strongly recommended that you register with JobGateway to get started. You can find them at: www.jobgateway.pa.gov

Voter Registration Information

The Pennsylvania Department of State's online application makes registering to vote easier than ever before. To register to vote online, or to get more information on voter registration, go to www.votespa.com

Thank you for your interest in Pennsylvania's Health and Human Service programs.

[Back to COMPASS Home Page](#)

[LOGOUT](#)

If you are finished with your application, please close your browser window.

Welcome to COMPASS

The fast and easy way to access benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the [Apply Now](#) button below to begin.

[APPLY NOW](#)

[DO I QUALIFY?](#)



Renew Your Benefits

Log in to your My COMPASS Account to renew your benefits. If you do not have a My COMPASS Account, click on the link below.

[Renew Now](#)



Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.

[Continue](#)



Use LIHEAP Registration Number

Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My COMPASS Account, click on the link below.

[Get Started](#)

Renew Your Benefits

You may only renew benefits for one Department at a time. Please select the benefit(s) you would like to renew:

- Department of Human Services Benefit(s): Medical Assistance, Supplemental Nutrition Assistance Program (Food Stamps) Benefits, Cash Assistance, Home and Community Based Services Waiver, or Long Term Living Services - Nursing Home and Related Facilities
- Department of Human Services Benefit: Children's Health Insurance Program (CHIP)
- Department of Human Services Benefit: Child Care Works Subsidized Child Care Redetermination
- Apply for LIHEAP (Using your COMPASS Registration Number).

[Back to My COMPASS Account](#)

[Sign In](#)



What is COMPASS



Where and How to
Access COMPASS



Closer Look at Do I
Qualify



Closer Look at
Creating an Account



Closer Look at
Application/Renewal



Closer Look at My
COMPASS Account

Welcome to COMPASS

The fast and easy way to access benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

[APPLY NOW](#)[DO I QUALIFY?](#)

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Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.



Use LIHEAP Registration Number

Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My

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Welcome

Select Application Language English ▾

Alerts

How to use your My COMPASS Account: ✕

1. View Benefit Information

Click on My Benefits to view your benefit information or link your benefit information to your account.

2. Apply or Renew

Click on New Application or Renew Your Benefits to apply for or renew benefits.

3. Track Progress on Application

After applying, track the progress of your application by viewing its status. Submit verification documents with your application by selecting your application and clicking on Scan Documents or Attach a File.

[New Application](#)[Renew Benefits](#)[Import e-Form](#)

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New Application



Renew Benefits



Import e-Form

My Benefits

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Benefits

If you are the Head of Household on a Medical Assistance, Cash, SNAP, or CHIP case, you may be able to view your benefit information, report changes, and receive online notices. To view this information online, please agree to the My COMPASS Account terms and conditions and verify your case information below.

Please enter your County/Case Record number or your UFI number. Do not enter both numbers.


County
--Please Select--

Case Record
(Example: 51 - Philadelphia/ 3456789)

UFI #

Please enter your Head of the Household MCI number or Medicaid ID or EBT Card number for this field, or Head of the Household SSN number. If using MCI #, please enter all 9 numbers. If using Medicaid ID or EBT Card #, please enter all 10 numbers.

MCI # / Medicaid ID / EBT Card #


(Click image for larger display)

SSN

Please let us know if you would like to receive online notices.

CHIP notices are not available online at this time.

Go Paperless! Would you like to receive your notices online? Yes No

- Get easy access to your notices online
- Improve your record keeping
- Help the environment

Please Note: If you choose to "Go Paperless", your notices will not be sent directly to this email. Your email will be used to send alerts when your notices are available to be viewed through your My COMPASS Account. You will need to log back into your my COMPASS Account to view the actual notices. By signing up to receive online notices you agree that you will view all online notices that are sent to you and share information in the online notices with other affected members of your household. Certain notices will not be available online. These notices will continue to be mailed to your address.

Terms and Conditions

This policy addresses the collection, security, access, and use of information that may be obtained through "My COMPASS Account". This policy covers the following topics:

- Information We Collect
- Access and Disclosure
- Security
- Information Disclaimer
- Penalty for Misuse

[Click to read all terms](#)



I have read, fully understand and agree to the "My COMPASS Account" Terms and Conditions.

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[Home](#)

My Benefits

[New Application](#)

[Renew Benefits](#)

[Import e-Form](#)

[Check EBT](#)

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[Submit LIHEAP Pre-season](#)

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County



Case Record

(Example: 51 - Philadelphia/ 3456789)

UFI #

Please enter your Head of the Household MCI number or Medicaid ID or EBT Card number for this field, or Head of the Household SSN number. If using MCI #, please enter all 9 numbers. If using Medicaid ID or EBT Card #, please enter all 10 numbers.

MCI # / Medicaid ID / EBT Card #



(Click image for larger display)

SSN



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Case Record

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MCI # / Medicaid ID / EBT Card #



(Click image for larger display)

SSN



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[New Application](#)[Renew Benefits](#)[Import e-Form](#)

EBTSM

Electronic Benefit Transfer

User ID

Password

LOGIN

Help?

Forgotten User ID/Reset Password 

The page has already been submitted.

Create User Account 

Cardholders are required to have a User ID and password to view their:


- Account Balance
- Transaction History

Program Materials

Lost or Stolen Cards

Other Links

Issuance Schedules

Language 

GO



What should I know about my SNAP account?

What should I know about my Cash account?

What is a PIN?

How do I select my PIN?

How do I use my EBT card at the store ?

How do I use my card at the ATM?

How do I protect my EBT card ?

Misuse of your SNAP benefits is a violation of State and Federal laws.

Pennsylvania Electronic Benefit Transfer (EBT)

Welcome to the PA EBT website!

EBT stands for Electronic Benefits Transfer. If you have been approved to receive benefits from one of the programs listed below, you can use this website to view your benefit balance(s).

- Food Assistance (formerly Food Stamp) - Supplement Nutrition Assistance Program (SNAP) benefits.
- Family Assistance (FA) - Temporary Assistance to Needy Families (TANF) or any other emergency or special cash benefits.

This website can also be used to view your transaction history, learn more about EBT, and go to other websites that may be useful in answering additional questions you may have.

The Pennsylvania EBT card is a "debit" card that your SNAP and/or cash benefits are put on each month. If you receive NET benefits, they are put on a different Pennsylvania EBT card for that program.

Now, Let's Get Started:

To use this website to log into your account, you must have the following:

- An EBT card



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Welcome

Select Application Language English ▾

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[New Application](#)[Renew Benefits](#)[Import e-Form](#)

Retrieve Your 1095-B Tax Form

Please enter the required individual information that pertains to the 1095-B tax form that you would like to retrieve. Note: You can enter information for the head of household or any household members that received minimum coverage to retrieve a 1095-B form for the applicable tax year.

First Name *

Last Name *

Date of Birth *



(Example: MM/DD/YYYY)

Please enter your County and Case Record number, CHIP Member ID, or UCI # that pertains to the information entered in the previous section.

County

Case Record

CHIP Member ID or UFI #

If you need your UCI, contact your MCO provider or call the CHIP Call Center at 800-986-5437, option 5.

Please enter your SSN for this field or you may enter MCI Number, Medicaid ID, or EBT Card Number.

SSN

MCI # / Medicaid ID / EBT Card #


 

(Click image for larger display)

Please select the tax year for the 1095-B form that you would like to retrieve and provide consent:

Tax Year *


I consent to receiving the 1095-B Form electronically for this session only.


 I'm not a robot 
reCAPTCHA
Privacy - Terms

1095-B Tax Form

This Form 1095-B provides information needed to report on your income tax return that you, your spouse, and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who do not have minimum essential coverage and do not qualify for an exemption may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services. For more information on minimum essential coverage, see Pub.974, Premium Tax Credit (PTC).

1095-B tax forms are displayed in PDF format. To view these form you will need Adobe Reader. 

Already have Adobe and still having problems viewing your 1095-B tax form? Select the Help button for more information. [Help](#) 

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[New Application](#)[Renew Benefits](#)[Import e-Form](#)

LIHEAP 2017-2018 Benefits

If you received a LIHEAP cash grant during the 2016-2017 season, you may apply for LIHEAP this year using your COMPASS registration number which was mailed to you. Below, enter the COMPASS registration number and the Social Security Number for the payment name from last year's LIHEAP cash grant. This will pre-fill your application with the information we have on file for your household.

Social Security Number *



(example: 123-45-6789)

Registration Number *

(example: 001234567)

[Back to My COMPASS Account](#)

[Sign In](#)

For Further Assistance



pennsylvania
DEPARTMENT OF HUMAN SERVICES



COMPASS Helpline:
1-800-692-7462

or

www.dhs.pa.gov/Feedback/index.htm

Thank You!



pennsylvania
DEPARTMENT OF HUMAN SERVICES

