

Pro Training Final Scenario

Instructions

Feel free to print this document for use during this exercise but please keep it open in your browser as you will need access to hyperlinks contained within the document.

- a) Right click the following hyperlink and select open in a new tab: <https://training.thebenefitbank.org/>.
- b) In the login name box enter ohpro (lower case) followed by any number between 1 and 100 (example: ohpro35).
- c) In the password box enter **tbb12345** (lower case).
- d) Click login.
- e) Complete the scenario below, then complete the Google quiz linked at the end of the scenario.

To begin, click “Case Manage” to reach the Case Manage page and then click the “Create a Managed Client” button.

1. Your client’s name is Zach Davis.
2. Zach’s Social Security Number is 777-55-9999. His date of birth is January 2, 1951.
3. Zach is male.
4. Zach lives in Ohio, Franklin County, in zip code 43206.
5. Select Ohio Benefit Common Application.
6. Zach prefers the title “Mr.”
7. There are no other people in Zach’s household.
8. Zach is single.
9. He is a U.S. citizen.
10. Zach is not disabled or blind.
11. He prefers English for writing and reading.
12. His address is 100 Town Street, Columbus, 43206.
13. He does not have a separate mailing address.
14. Zach’s home phone is 614-555-4321.

Healthy U and Other Programs

15. He is not currently receiving any public benefits and he would like more information about the Food Assistance Program only.
16. No one in his household is a veteran.
17. Zach nor any other adult in his household lives with a long-term medical condition such as arthritis, diabetes, high blood pressure or heart disease.
18. Zach is not a caregiver and no one else in the household is a caregiver.

Voter Registration

19. Zach is registered to vote where he lives and would not like to register to vote today.

Expenses

20. Zach has qualified medical expenses and shelter expenses. He pays \$75 once per month toward a hospital bill.
21. He does not have child care, child support, or blind/disabled work-related expenses.
22. Zach has shelter expenses. Use the following chart to complete the shelter expense section:

Expense	Amount	Payment Frequency	Paid By
Rent	\$300 (some utilities are included)	Monthly	Zach
Gas	\$110	Monthly	Zach
Cellular Phone	\$50	Monthly	Zach

23. Zach would like to use these calculations for his monthly expenses.

Income Information

24. Zach has work-related income. Use the following chart to complete the income.

Name	Type of Income	Gross Amount	Source	Last Pay Date	Payment Frequency
Zach	Wages	\$90	The Fish Market	Last Thursday	Once each week
Zach	Wages	\$200	BigBox Mart	Last Friday	Once each two weeks

25. Zach does not receive Government or Other income.

Asset Information

26. Zach has liquid assets.

27. He has a checking account at Wachovia with \$300 in it. His account number is 56452144.

28. Zach has no other assets.

Ohio Application for Benefits

29. Zach confirms TBB's calculations of his income for the past 30 days.

30. He confirms the address is in the correct format.

31. Zach is not receiving public assistance in another state.

32. He has never received Ohio Works First.

33. He has not been told he can no longer take part in Ohio Works First because of a third work failure.

34. He is not entitled to Medicare Part A.

35. He is a resident of Ohio.

36. Zach is not visually or hearing impaired.

37. He is not homeless.

38. After paying for housing costs, etc., he has spent all his monthly income.

39. He is not a migrant or seasonal farm worker.

40. Zach is not a student.

41. Zach has never been barred from getting Food Assistance.

42. He is not fleeing to avoid prosecution, police custody, or jail.

43. Zach is not violating a condition of probation or parole.

44. Zach is not ineligible to participate in Ohio Works First.

45. He has never lied or misrepresented where he lived in order to receive cash assistance.

46. Zach pays to heat his home.

47. Zach has not received help from HEAP.

48. He is not on strike.

The Benefit Bank will say Zach is eligible for up to \$_____ per month in Food Assistance.

49. Zach would like to apply for Food Assistance, but not Ohio Works First.

50. He does not want to apply for medical assistance.

51. He does not want to apply for any of the other programs.

52. Zach does want an authorized representative; you are the client's authorized representative; fill in your information.

53. Zach does not need nursing home or in-home care.

54. He can buy and prepare meals.

55. Zach does not need an interpreter.

56. He is not serving a sentence in a penal institution.

57. Zach is white, of non-hispanic origin.

58. He is comfortable speaking English.

59. He does not pay medical support.

60. Zach has never received cash, food, or medical assistance.

61. No one has lost their job in the last 60 days.

62. Zach would like to submit his application now.

****TBB will prepare the application OH Request for Cash, Food and Medical Assistance.****

-End Scenario-

Pro Training Final Quiz

To complete the final quiz click the link below. You can also copy and paste the link into the address line of your web browser. Complete all questions and click "Submit."

<http://support.ohiobenefits.org/pro-certification.html>