

Renew My Benefits User Manual

The screenshot shows the Virginia.gov website interface. At the top, there is a navigation bar with "Virginia.gov" on the left and "Online Services | Agencies | Governor | Help" in the center. On the right side of the navigation bar is "Search Virginia.Gov". Below the navigation bar is the CommonHelp logo, which consists of a hand icon with a heart inside, followed by the text "CommonHelp" and "helping those in need" below it. To the right of the logo, there are links for "Habla Español?", "Sign In", and "Help".

The main content area is divided into two sections. On the left, there is a large image of a man and a woman looking at a smartphone. Below the image, there is text: "CommonHelp is the central, easy way to apply for and get help with assistance in Virginia." and "See if you can get help with food, child care, energy, medical and cash assistance." Below this text are two blue buttons: "Apply For Assistance" with a document icon and "Am I Eligible?" with a lightbulb icon.

On the right side of the main content area, there is a "Sign In" form. The form has the following elements:

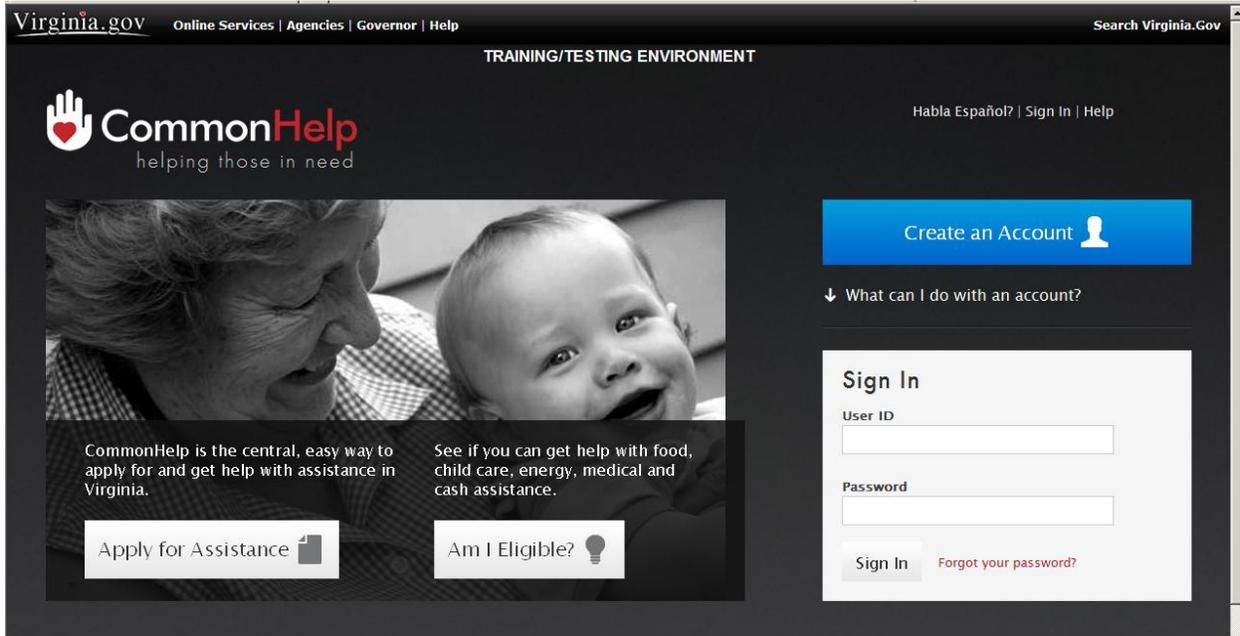
- Sign In** (Section Header)
- Text: "Do you have a CommonHelp account? Sign in to check on or continue your application. If not, [apply now](#)."
- User ID** (Label)
-
- Text: "User ID must be entered."
- Password** (Label)
-
- Text: "Password must be entered."
- Buttons: "Sign In" and "Forgot your password?"

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Log In Procedures:

Landing Page – Login Page



The screenshot shows the Virginia.gov CommonHelp landing page. At the top, there is a navigation bar with "Virginia.gov", "Online Services | Agencies | Governor | Help", and "Search Virginia.Gov". Below this, the text "TRAINING/TESTING ENVIRONMENT" is displayed. The CommonHelp logo, featuring a hand icon and the text "CommonHelp helping those in need", is prominently displayed. To the right of the logo, there are links for "Habla Español?", "Sign In", and "Help". A blue button labeled "Create an Account" with a user icon is visible. Below this, a dropdown menu titled "What can I do with an account?" is open. The "Sign In" section contains two input fields: "User ID" and "Password". Below the "Password" field is a "Sign In" button and a link for "Forgot your password?". On the left side of the page, there is a large image of an elderly woman and a baby. Below the image, there is text describing CommonHelp as a central point for assistance and a list of services: "See if you can get help with food, child care, energy, medical and cash assistance." Two buttons are present: "Apply for Assistance" and "Am I Eligible?".

1. Enter your *User ID*.
2. Enter your *Password*.
3. Click **Sign In**.

Confidentiality Agreement Screen

Virginia.gov Online Services | Agencies | Governor | Help Search Virginia.Gov

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Back to CommonHelp Home

 Confidentiality Agreement

Confidentiality Agreement

By clicking the "I Accept" button, you are accepting the confidentiality, acceptable use and other privacy policies as mandated by Commonwealth of Virginia. Also, note that it is your responsibility for printing and keeping copies of this sensitive information. Click the "I Do Not Accept" button to end this session and log out.

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4. Click **I Accept**.

Renewing Benefits:

Case Selection Screen

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[Am I Eligible?](#) | [Apply For Assistance](#)

Hello, **vasant**. You are logged in.
[Manage My Account](#) [Logout](#)

My Benefits **My Applications** **Learn More**

Case Selection

Case Selection

Listed below are all of the cases associated with this account. Please select one to see more information.

Selection	Name	Benefits	Case Number
<input type="radio"/>	BESSIE BAUSTIN	SNAP, Medical Assistance, TANF	0103872
<input type="radio"/>	LIZA LEHMAN	SNAP	0107235
<input type="radio"/>	VANNA VANE	SNAP, Medical Assistance, TANF	0102353
<input type="radio"/>	BESSIE BAUSTIN	Medical Assistance	163000755008

[Continue](#)

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5. If the customer successfully associated their CommonHelp account with their case the **Case Selection** screen displays.
 - a. Refer to the **Case Association User Guide** for help with how to associate a case with a CommonHelp account.
6. Select the specific radio button associated with the case that they want to renew and click **Continue**.

Case Information Screen

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[Back To Case Selection](#) | [Am I Eligible?](#) | [Apply For Assistance](#) | [Renew My Benefits](#) | [Report My Changes](#)

Hello, Nancy. You are logged in.
[Manage My Account](#) [Logout](#)

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 **Case Information**

Case Information

Case Name :	NANCY GONZALEZ	Case Number :	059000237005
-------------	----------------	---------------	--------------

My Benefits
As of Friday, June 22, 2012.

Benefits	Status	Details
Medical Assistance	In June 2012, NANCY is getting Medical Assistance benefits.	

My Renewals

Benefits	Details
Medical Assistance	In July 2012, you will need to complete a renewal to continue your benefits. Click here to Renew Your Benefits

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7. When a case is ready to be renewed a **My Renewals** section displays on the **Case Information** screen. Select the *Click here to Renew Your Benefits* hyperlink to begin renewing an application for benefits.
 - a. Note: This section and link only displays if a renewal is required and ready to be renewed.

Benefits Renewal Overview

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Benefits Renewal Overview

Benefits Renewal Overview

Before you get started on your renewal, there are a few things you should know:

- ✓ The more complete your information is when you submit it, the less information a worker will have to ask you about later.
- ✓ We may contact you for proof of the answers you give.
- ✓ If you submit your renewal after 5:00 p.m. or on a weekend or holiday, we will receive it on the next business day.
- ✓ If you have recently done a renewal online or in person, please do not submit another one.
- ✓ The renewal process must be completed in order for your benefits to continue.
- ✓ If you don't finish the process completely and click submit at the end, your changes will not be saved.

Benefits to Renew

The following are the benefits that you can renew. Please check the box(es) next to the name of the benefits that you would like to renew. Selecting all benefits at once can save you time.

Benefits	Renew Before
<input type="checkbox"/> Medical Assistance	07/31/2012

Cancel My Changes

NEXT >>

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8. Select the check box (s) for the benefit programs that are up for renewal.
9. Click **Next**.

The system displays the screens necessary for reporting any changes (see the *Report My Changes User Manual* for the specific reporting changes screens). After answering all of the questions for the various change screens, the system displays the **Signing Your Renewal** screen.

Example of a Renewal Screen

Hello, Larry. You are logged in.

People

Additional Information



Information About You

Your Address or Phone Number Change

You have told us that your address or phone number has changed. On the right side of the page, we're showing you the information we have on file. On the left side of the page, you'll see boxes where you can change, add or remove information about how to get in touch with you. When you're done, click the Next button.

Please keep in mind:

- If something hasn't changed, you should leave the answer in the box the way it is.
- The right side of the page won't change until a worker gets and processes your changes.

Please Tell Us Your Changes:

Where You Live

If you're staying in a shelter or living with a friend or family member, you can give us that agency or person's address. Be sure to put the name of the person or agency on the second line.

* Address Line:

111 ONE ST

* City :

RICHMOND

* State:

Virginia

* Zip Code :

23233

Information on File:

111 ONE ST

RICHMOND Virginia 23233

Mailing Address

If you want to receive your mail at a different address, provide this address below.

Street Address or P.O. Box Number :

County / City :

State:

< click here to choose >

Zip Code :

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you don't have one of the items we ask for, just leave it blank.

Home

Phone :

Work Phone :

Ext :

Cell/Message

Phone :

Email

Address :

Cancel My Changes

PREVIOUS NEXT

10. On the right side of the screen the information that is currently on record displays. Make changes to the information on the left side of the screen.
 - a. Note: The information on the right side of the screen will not automatically display the changes that were made from the left.
11. Click **Next**.
 - a. The system directs the user to all the renewal screens in CommonHelp.

Completing a Renewal:

Signing Your Renewal

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Hello, Nancy. You are logged in.

Start Resources Income Bills Submit

Submit

Signing Your Renewal

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your Renewal.

Responsibilities, Rights, and Penalties

GENERAL INFORMATION

U.S. Citizens: By federal law, documentation of U.S. citizenship and identity must be obtained for Medicaid and FAMIS applicants and recipients who declare they are United States (U.S.) citizens. Certain groups of people do not have to prove their U.S. citizenship or identity: people currently receiving Supplemental Security Income (SSI); people who receive Social Security benefits on the basis of a disability, people entitled or receiving Medicare; *children in foster care or who are classified as Title IV-E Adoption Assistance; and children born in the United States to mothers who were covered by Medicaid at the time of the birth.

You will be enrolled in coverage if you meet all other eligibility requirements. A data match will be conducted with the Social Security Administration (SSA) to verify your claim of U.S. citizenship. If the SSA cannot verify your claim of U.S. citizenship, you will receive a written request from your eligibility worker at your local department of social services to provide a document that proves you are a U.S. citizen and a photo identification card or document that identifies you.

If applying for Medicaid for aged, blind, or disabled adults or medically needy children, also provide resource information for the spouse or parents. Include any resources anyone owns, is currently buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

Signature Declaration

BY MY SIGNATURE, I DECLARE:

- I understand and agree to abide by all the information in the Responsibilities, Rights, Penalties, Additional Information, and Signature Declaration sections of this application.
- I understand that if I refuse to cooperate with any review of my eligibility including review by Quality Assurance, my benefits may be denied until I cooperate.
- I understand that my signature on this application certifies, under penalty of perjury, that I am a U.S. Citizen or alien in lawful immigration status (unless applying for emergency services only).
- I understand that I have the right to file a complaint if I believe I have been discriminated against because of race, color, national origin, sex, age, disability, or religious or political beliefs.
- I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing my application.

* First Name: Middle Initial: * Last Name: Suffix:

<< PREVIOUS SUBMIT >>

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12. Review the renewal **Responsibilities, Rights, and Penalties, Singature Declaration,** and **Electronic Signature** overview.
13. Select the check box agreeing to the online signature.
14. Enter your *First Name* and *Last Name*.
15. Click **Submit**.