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| **Benefit Types** | **Events Types** |
| GAP | Application Submitted/Pending |
| General Relief | Approved |
| Medicaid | Denied |
| Medicare | Appeal |
| Private Health Insurance | Terminated |
| Retirement/Pension | Intake (already has at intake) |
| SNAP |  |
| SSA |  |
| SSDI |  |
| SSI |  |
| TANF |  |
| VAMC Healthcare |  |
| Veterans Disability |  |
| Veterans Pension |  |

**Complete for all Clients who applied or received a determination for benefits.**

Record the type of benefit for which there was an event, the event that occurred, the date of the event, the award amounted (if applicable).

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| **Client ID** | **Benefit Type** | **Application/Appeal/Denial** | **Event Date** | **Award Amount** |
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