

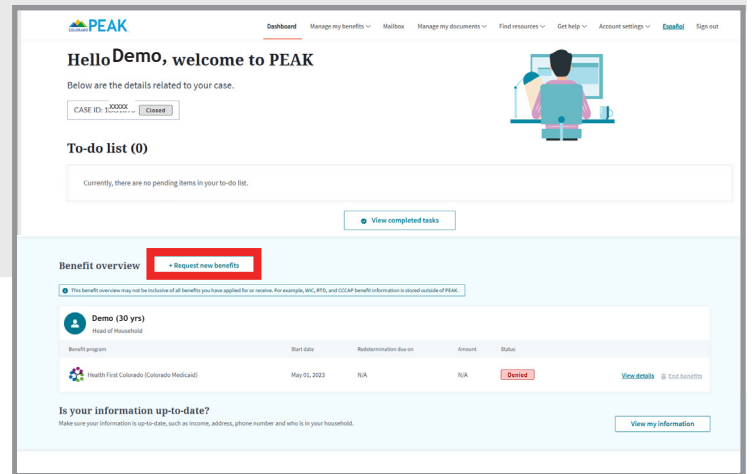
Esta guía explica cómo solicitar nuevos beneficios en PEAK.

Paso 1: Solicitar nuevos beneficios

Existen algunas razones por las que usted podría necesitar solicitar nuevos beneficios en PEAK:

- Si usted ya aplicó para los beneficios pero le fueron denegados, usted puede querer reaplicar
- Si usted tuvo beneficios en el pasado pero luego le fueron denegados, usted puede querer reaplicar.
- Si usted actualmente tiene beneficios, usted puede querer aplicar para otros programas

Para comenzar, seleccione "Solicitar nuevos beneficios" en la sección "Resumen de beneficios" de su panel de PEAK.



Paso 2: Seleccionar programas

En la página 'Solicitar nuevos beneficios', usted tiene dos opciones para seleccionar.

- La primera opción puede ser diferente si usted actualmente tiene o tuvo beneficios. Puede incluir SNAP (Asistencia Alimentaria), Asistencia Médica, Servicios Comunitarios de la Administración de Salud del Comportamiento o Asistencia en Efectivo.
- Seleccione la segunda opción para aplicar todos los otros programas en PEAK

[Back to dashboard](#)

Request new benefits

Please tell us more about what you want to do.

Select one option

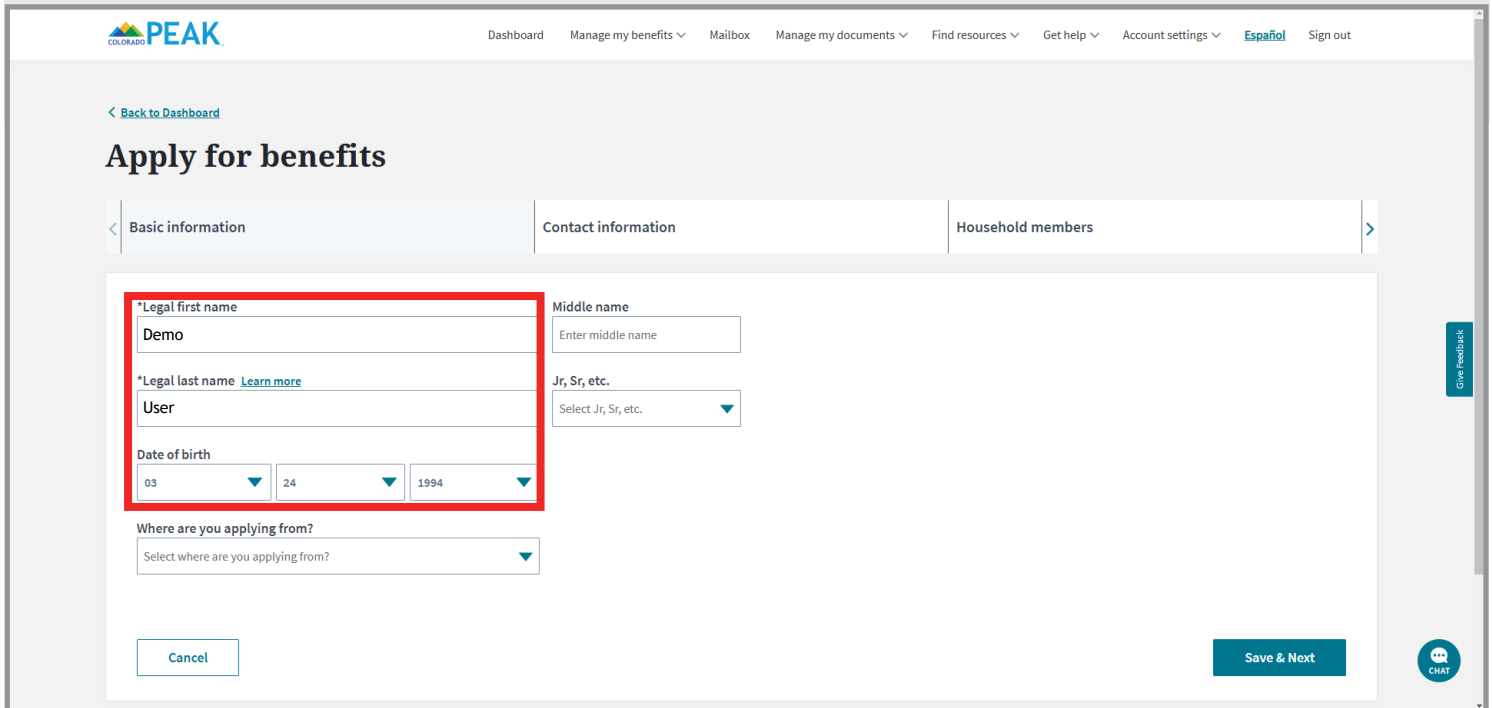
- ☒ I want to add SNAP (Food Assistance), Medical Assistance, Behavioral Health Administration Community Services and Cash Assistance.
- ☐ I want to add another benefit program (e.g., WIC, RTD, CCCAP).

Continue

Paso 3: Completa tu solicitud

Su solicitud puede ya incluir parte de su información. Esto depende de lo que usted haya sometido anteriormente. También puede depender de si usted tiene o tuvo beneficios. Si está información es incorrecta, usted puede actualizarla ahora.

En este ejemplo, el nombre y la fecha de nacimiento del solicitante ya están incluidos debido a una solicitud sometida anteriormente.



Paso 4: Firmar y enviar

Antes de que usted someta su solicitud, usted debe leer sus derechos y responsabilidades, los cuales se abrirán en una nueva pestaña. Si usted está de acuerdo, usted debe firmar electrónicamente para someter su solicitud. Este proceso puede tardar un momento en someterse. No cierre ventana de su navegador ni navegue fuera de la página mientras se carga

Apply for benefits

<	✓ Medical assistance application summary	✓ Voter registration	✓ Interview	✓ Sign and Submit >
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To submit your new application, you will need to:

- ✓ [Click to read your rights and responsibilities](#)
- ✓ Sign your new application

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this new application. If anyone else is helping you fill out the new application, you should sign the new application yourself.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have agreed to submit this new application for myself and/or my family. By signing this new application electronically, I certify that I have reviewed this new application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the new application site to help me with getting benefits.

- I understand the questions and statements on this new application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the new application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I understand that in order to receive SNAP, certain members of the household need to register for work.

*By selecting yes and typing my name below, I am electronically signing this new application.

☐ Yes ☐ No

*First name

Enter first name

Middle initial

Enter middle initial

*Last name

Enter last name

Previous

Submit

Paso 5: Seguimiento de su solicitud

Después de someterlo, usted verá la página de ¡Éxito! con su número de seguimiento. Usted puede llamar a la oficina de su condado local con este número para rastrear el estado, Usted también puede rastrear el estado de su solicitud en la sección 'Sometido' de su panel de control de PEAK



[Dashboard](#)
[Find resources](#)
[Get help](#)
[Account settings](#)
[Español](#)
[Sign out](#)

Success!

We received your new application.

The tracking number for your new application is: XXXXXXXXXX

Please remember your tracking number. You may need it in the future. [Learn more](#)





Medical Assistance Results

Thank you for submitting your application through Colorado.gov/PEAK.

We have received your application but do not have enough information to make an eligibility determination at this time.

There can be several reasons for this, the most common reasons include:

- We may already have a record that is similar to yours and need to follow up with you to ensure that there are not duplicate accounts or
- You may not have filled in enough fields before hitting "submit" for us to process your application.



Behavioral Health Administration Community Services results

We have received your application for Behavioral Health Administration Community Services but do not have enough information to make an eligibility determination at this time.



Next steps