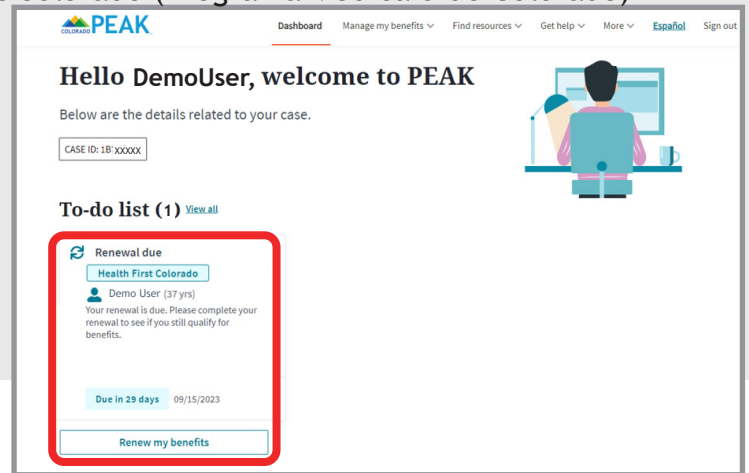


Esta guía explica cómo completar una renovación en PEAK. Para continuar recibiendo algunos beneficios o programas, usted debe completar una renovación. Esto también se conoce como redeterminación, recertificación o RRR. Una renovación verifica si usted y su familia aún califican para recibir beneficios.

Paso 1: Comienza tu renovación

Usted verá una tarjeta de tarea por completar de 'Renovación pendiente' en su panel de control PEAK al menos 60 días antes de su vencimiento. Esta tarjeta de tarea por completar incluirá los programas o beneficios de renovación que están pendientes, quién en su hogar necesita someter la renovación y la fecha de vencimiento. Algunas renovaciones vencen cada 6 meses, y otras vencen cada año. Las renovaciones de Health First Colorado (Programa Medicaid de Colorado) pueden completarse hasta 90 días después de que los beneficios terminan. Otros programas y beneficios tienen un período de renovación tardía de 30 días.

Usted debe seleccionar 'Renovar mis beneficios' para comenzar su renovación. Una vez iniciada, usted puede guardar su renovación en curso por hasta 7 días.



Paso 2: Revisa tu información

Usted debe revisar cada página de su renovación. Usted puede agregar, editar o eliminar información obsoleta. Si la información en una página es aún correcta, usted puede seleccionar 'Yo no tengo cambios que reportar' y continuar.

Is this information correct?

If the information above looks correct, click the box below to proceed.

☐ I have no changes to report.

You must check the box or update the information above to proceed.

Previous
Next

Paso 3: Actualizar la información obsoleta

Seleccione 'editar' junto a cualquier información obsoleta. Usted puede actualizar su información en la página siguiente y seleccionar 'Guardar' para continuar.

Este ejemplo muestra cómo actualizar su información de contacto.

Renew my benefits

Household members | Where you live | **Contact information** | Household bills

Contact information and communication preferences
You can update DemoUser's information and communication preferences below.

Contact information and communication preferences **Edit**

Email address

Mobile number (000)-XXX-XXXX

Communication preferences
U.S. mail

Preferred written language
English

Preferred spoken language
English

Trusted representative
You have not provided any information regarding an authorized representative or organization, legal guardian or power of attorney, or someone else helping with your application. If you have information to provide about this, add it below.

+ Add

Is this information correct?
If the information above looks correct, click the box below to proceed.
☐ I have no changes to report.
☒ You must check the box or update the information above to proceed.

Previous [Submit renewal](#) Next

[Back to Renew my benefits](#)

Household: Household details

Contact information

Contact information [Learn more](#)

We want to make sure we can contact you with important updates about your case. Please let us know how we can reach you.

Email address [Learn more](#)
Enter email address

Mobile number [Learn more](#)
(000)-XXX-XXXX

*Re-enter mobile number
(000)-XXX-XXXX

Additional phone number (optional)
(000)-XXX-XXXX

Communication preferences

How do you want us to let you know when there are new messages in your PEAK Mailbox? [Learn more](#)

☒ Sign up for electronic notifications ☐ Keep getting letters in the mail
28 ANHEERST AVE, PUEBLO, Colorado 81005-2002

Please choose at least one option [Learn more](#)

☐ Email address
☐ Text: (000)-XXX-XXXX
☒ US mail

☐ Need to update your address?
I want my letters to be in large print [Learn more](#)
☐ Yes ☒ No

Get more information about benefits

Would you like to opt-in to get more information about your coverage, benefits, finding providers and how to get help? [Learn more](#)
☐ Yes ☒ No

Language preferences

Preferred written language
English

Preferred spoken language
English

Paso 4: Agrega la información faltante

Algunas páginas tienen un botón de 'Agregar' que usted puede usar para añadir cualquier información faltante. Esto puede incluir agregar nuevos miembros del hogar, una nueva fuente de ingresos o una factura reciente. Este ejemplo muestra cómo agregar una nueva factura médica.

Renew my benefits

Other information | Banking and things you own | **Medical** | Uninsured members

Demo (37 yrs)

Medical costs

You have not provided any information about DemoUser's medical costs. If you have information, add it below.

+ Add

Medicare

Medicare summary

Medicare Beneficiary ID	Type A	Type B	Type C	Type D
	No	No		

+ Add

Long term services and supports

You have not provided any information regarding DemoUser's long term services and supports. If you have information to provide about this, add it below.

+ Add

Health insurance policy

You have not provided any information regarding DemoUser's health insurance. If you have information to provide about this, add it below.

+ Add

PEAK

Dashboard | Manage my benefits | Find resources | Get help | More | **Español** | Sign out

[Back to Renew my benefits](#)

Individual member: Demo (XX yrs)

Demo has the following medical bills

Please report any bills you have from the list below.

You can only report one bill at a time.

Medical care [Learn more](#)

- ☐ Medical visit or procedure (examples: urgent care, deductibles, medical, chiropractor and acupuncture)
- ☐ Emergency or hospital care
- ☐ In-home care
- ☐ Dialysis

Dental and vision care [Learn more](#)

- ☐ Vision care
- ☐ Dental care

Medical - other [Learn more](#)

- ☐ Prescription or other medication
- ☐ Medicare
- ☐ Medical visit transportation
- ☐ Items or services needed because of a disability
- ☐ Medical equipment and supplies
- ☐ Other

Previous **Next**

PEAK

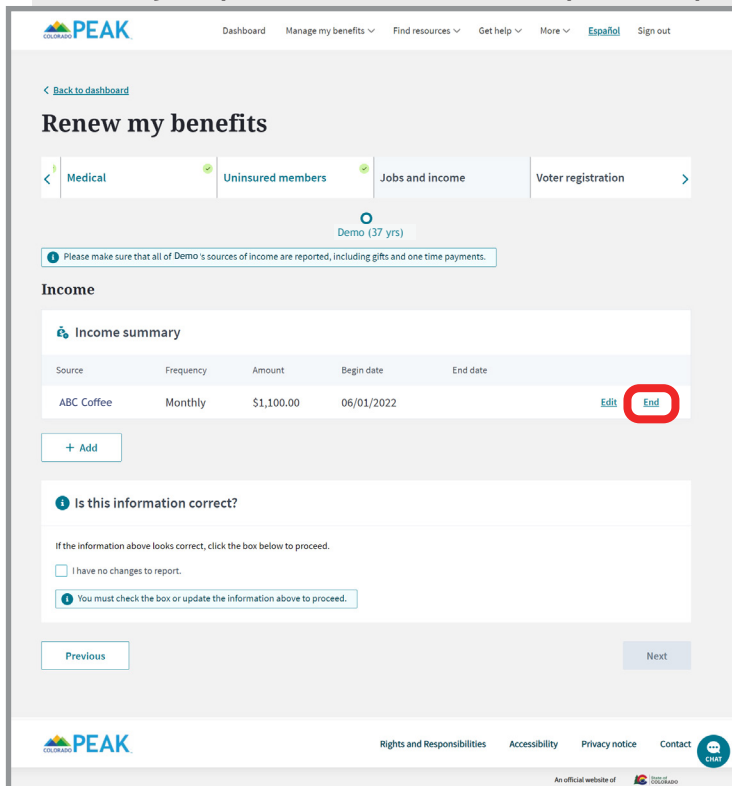
Rights and Responsibilities | Accessibility | Privacy notice | Contact

An official website of 

Paso 5: Finalizar o eliminar información obsoleta

Algunas páginas tienen un botón de 'Finalizar' o 'Eliminar' que usted puede usar para eliminar información obsoleta. Estos tipos de actualizaciones pueden incluir finalizar un trabajo que usted ya no tiene, finalizar una factura que usted ya no recibe o eliminar a un miembro del hogar.

Este ejemplo muestra cómo reportar que usted dejó un trabajo.



Renew my benefits

< Back to dashboard

Medical Uninsured members Jobs and income Voter registration

Demo (37 yrs)

Please make sure that all of Demo's sources of income are reported, including gifts and one time payments.

Income

Income summary

Source	Frequency	Amount	Begin date	End date
ABC Coffee	Monthly	\$1,100.00	06/01/2022	

Edit End

+ Add

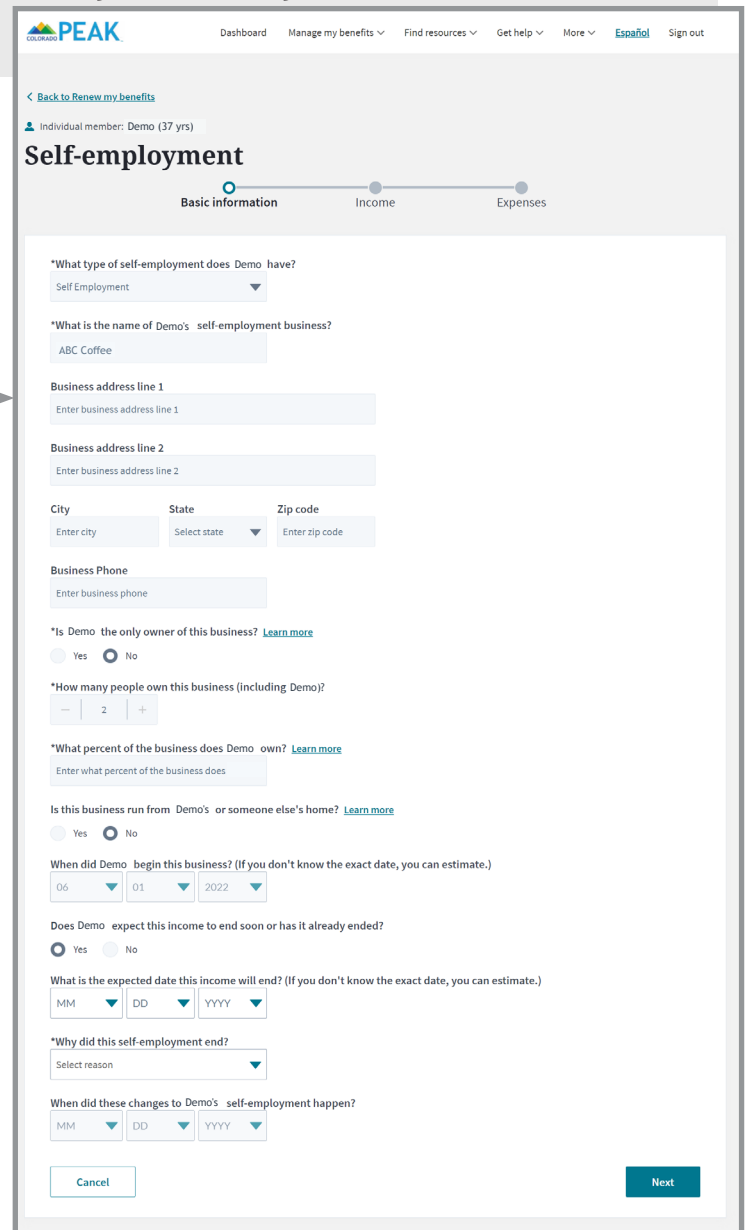
Is this information correct?

If the information above looks correct, click the box below to proceed.

☐ I have no changes to report.

☒ You must check the box or update the information above to proceed.

Previous Next



Self-employment

Basic information Income Expenses

*What type of self-employment does Demo have?

Self Employment

*What is the name of Demo's self-employment business?

ABC Coffee

Business address line 1

Enter business address line 1

Business address line 2

Enter business address line 2

City State Zip code

Enter city Select state Enter zip code

Business Phone

Enter business phone

*Is Demo the only owner of this business? [Learn more](#)

☐ Yes ☒ No

*How many people own this business (including Demo)?

2

*What percent of the business does Demo own? [Learn more](#)

Enter what percent of the business does

Is this business run from Demo's or someone else's home? [Learn more](#)

☐ Yes ☒ No

When did Demo begin this business? (If you don't know the exact date, you can estimate.)

06 01 2022

Does Demo expect this income to end soon or has it already ended?

☒ Yes ☐ No

What is the expected date this income will end? (If you don't know the exact date, you can estimate.)

MM DD YYYY

*Why did this self-employment end?

Select reason

When did these changes to Demo's self-employment happen?

MM DD YYYY

Cancel Next

Paso 6: Firma y somete tu renovación

Usted debe leer primero sus derechos y responsabilidades, que se abrirán en una nueva pestaña. Si está de acuerdo, usted debe firmar electrónicamente para someter su renovación. Puede tardar hasta 2 minutos en someterse, pero no cierre su página mientras se carga.

Uninsured members

Jobs and income

Voter registration

Sign and submit

To submit your renewal, you will need to:

- ☒ [Click to read your rights and responsibilities](#)
- ☐ Sign your renewal

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 renewal. If anyone else is helping you fill out the renewal, you should sign the renewal 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 renewal for myself and/or my family. By signing this renewal electronically, I certify that I have reviewed this renewal; 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 renewal site to help me with getting benefits.

- I understand the questions and statements on this renewal.
- 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 renewal 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 renewal.

☒ Yes
 ☐ No

*First name

Middle initial

Please enter a value for First name

*Last name

Previous

Submit

Paso 7: Rastree de su renovación

Después de someter, usted verá la página de ‘¡Éxito!’ con su número de rastreo. Usted puede rastrear el estado de su renovación en la sección ‘Sometido’ de su panel de control PEAK. Usted también puede llamar a su oficina de su condado local con su número de rastreo para rastrear el estado.

Importante: Si usted somete su renovación por correo o en persona, la tarjeta de tareas por completar en PEAK seguirá apareciendo hasta que su condado la procese.

Success!

CASE ID: 1BXXXXX

We received your renewal.

The tracking number for your renewal XXXXXXXXX

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 your eligibility determination is taking a little longer than expected.

If you have a PEAK account, log in to see if your most current eligibility information is available.

You will use a PEAK account if you qualify for Health First Colorado (Colorado Medicaid) or Child Health Plan Plus (CHP+) benefits.



Next steps

SNAP, Colorado Works and Adult Financial benefits

If you applied for SNAP, Colorado Works or Adult Financial, your application was sent to Pueblo county for a member of our team to review.

If we need more information from you, a member of our team will contact you. They may ask to meet with you by phone or in person to ask you a few more questions. We are working hard to review your renewal as quickly as possible.

If you have questions about the status of your renewal, [contact Pueblo county](#). Have your renewal tracking number available to get answers more quickly.

You can check the status of your renewal on the recently submitted forms section of your Dashboard.