

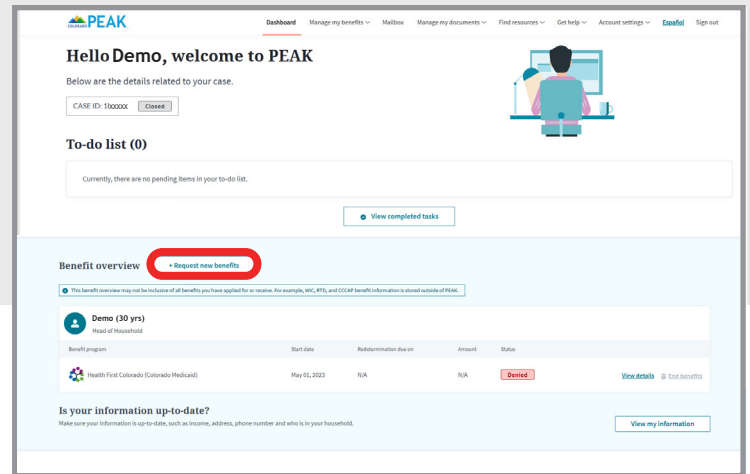
Esta guía explica cómo solicitar nuevos beneficios en PEAK.

Paso 1: Solicitar nuevos beneficios

Hay algunas razones por las que usted puede necesitar solicitar nuevos beneficios en PEAK:

- Si usted ya aplicó para beneficios pero le fueron denegados, puede que quiera volver a aplicar.
- Si usted tuvo beneficios en el pasado pero luego fueron denegados, puede que quiera volver a aplicar.
- Si usted actualmente tiene beneficios, puede que quiera aplicar para otros programas.

Para comenzar, seleccione 'Solicitar nuevos beneficios' en la sección 'Resumen de beneficios' de su Panel de control PEAK.



Paso 2: Seleccionar programas

En la página 'Solicitar nuevos beneficios', usted tiene dos opciones:

- La primera opción puede ser diferente si usted actualmente tiene o tuvo beneficios. Puede incluir el Programa de Asistencia de la Nutrición Complementaria (SNAP (Asistencia alimentaria)), Asistencia médica, Servicios Comunitarios de la Administración de la salud del comportamiento o Asistencia en efectivo.
- Seleccione la segunda opción para aplicar a todos los demás programas en PEAK.

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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. This may include Aid to the Needy Disabled, CCCAP, Colorado WIC, Head Start, LEAP, Nurse-Family Partnership, RTD and SafeCare Colorado.

Continue

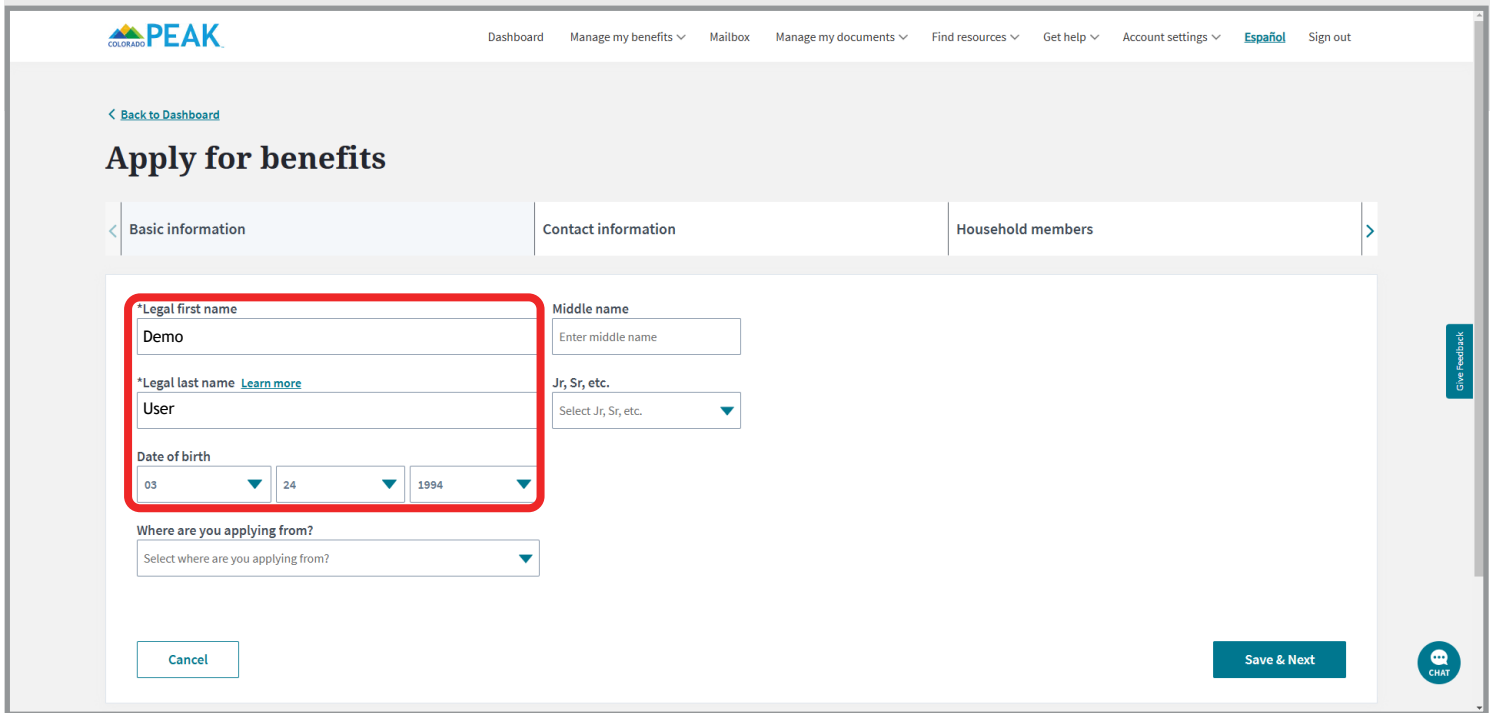
Give Feedback



Paso 3: Completa tu aplicación

Su aplicación puede ya listar parte de su información de un caso o aplicación anterior. Si esta información es incorrecta, usted puede actualizarla ahora.

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



[Back to Dashboard](#)

Apply for benefits

- Basic information
- Contact information
- Household members

*Legal first name
Demo

*Legal last name [Learn more](#)
User

Date of birth
03 / 24 / 1994

Middle name
Enter middle name

Jr, Sr, etc.
Select Jr, Sr, etc.

Where are you applying from?
Select where are you applying from?

[Cancel](#) [Save & Next](#)

[Give feedback](#)

[CHAT](#)

Paso 4: Firmar y someter

Antes de que usted someta su aplicación, 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 aplicación. Este proceso puede tardar hasta 2 minutos en someterse. No cierre su ventana del navegador, ni navegue fuera mientras 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: Rastreo de su aplicación

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



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