ADHS/DBHS Policy Form 101.2

TRACKING OF LOW INCOME SUBSIDY STATUS

Recipient		Case Manager or Primary Point of Contact		Client Information System (CIS)	Limited Income Subsidy (LIS)		
Last Name	**First Name**	**Name**	**Phone number**	**Recipient ID #**	**Dual/ Deemed [Y/N]**	**Applied [Y/N]**	**Effective Date, if eligible**

Revised: 10/1/2014
Effective Date: 10/15/2008