human-centered application templates for medicaid work requirements

A practical toolkit for states implementing H.R. 1

February 2026

A report from Civilla

overview

why states should collect work requirement information at the time of application.

Starting January 1, 2027, new federal work requirements will apply to many Medicaid expansion beneficiaries under H.R. 1. The new requirements could cause qualified people to lose their benefits and will create significant new work for staff and applicants.

Many states and vendors are relying only on separate verification steps to collect work requirement information after someone applies. This approach may seem simpler to implement, but it creates real challenges:

For residents: Another form to track down. Another deadline to remember. Another chance to fall through the cracks, even when they're eligible and already meeting new requirements.

For staff: More follow-up correspondence. More incomplete cases. More time spent chasing information that could have been collected upfront.

For states: Higher churn among eligible people who can't complete extra steps, leading to coverage losses and higher administrative burden.

Instead, **states should collect work requirement information in the application.** This approach ensures:

- Eligibility workers can process cases completely and accurately from the start
- Applicants can provide everything in one go
- States can reduce procedural denials and churn

To support states, Civilla, a nonprofit that has spent over a decade designing human-centered benefits systems, has created templates that states can add to existing applications to gather Medicaid work requirement information.

application templates

In this report, we're sharing user-tested, policy-reviewed templates to help states add work requirement questions to their existing Medicaid applications, both on paper and online. These resources can streamline processes for applicants and frontline staff while helping states meet federal requirements by the January 2027 deadline.

What's included:
- **A paper application template** for collecting exemptions and work activities.
- **An online application template** for state Medicaid or integrated applications.
- **A policy and question guide** mapping each template question to the applicable policy group.
- **Implementation guidance** in this report that works whether you adopt the full templates or just the plain language questions.

How we tested: These templates went through 11 rounds of iteration and were tested with 42 residents from November 2025 to February 2026. Participants came from across the U.S. with varying work situations, family sizes, ages, races, and health statuses. At least half had a disability or would likely qualify under the definition of medically frail. After testing, we're confident residents can accurately report their applicable statuses using these templates.

The recommendations and templates in this report align with best practices from other leading organizations working on H.R. 1 implementation, including Justice in Aging, Benefits Tech Advocacy Hub, and the Center on Budget and Policy Priorities. Civilla also partnered with the Center on Budget and Policy Priorities to ensure these templates met relevant policy requirements.

key policy decisions

five key decisions will shape whether implementation protects coverage or creates new barriers.

1. collect work requirement info in the application

What we recommend: States should collect work requirement information through the application—whether Medicaid-only or an integrated application—rather than adding a post-application step.

Why it matters: When work requirement questions are part of the application, eligibility workers can process cases fully and accurately from the start. Applicants provide everything in one go. There are no additional forms to track down, no extra deadlines to remember, and no follow-up steps where eligible people can fall through the cracks.

The impact: States that rely on collecting work requirement information outside the application will create new opportunities for churn. Eligible people who can't complete extra steps will lose coverage even when they qualify, and the additional processing for staff will add a heavy administrative burden.

2. choose a 1-month lookback period

What we recommend: States should choose a 1-month lookback period for work requirements.

Why it matters: A 1-month lookback simplifies data collection by treating all groups that don't need to complete work activities the same way. Whether they are not in the expansion population, in a non-applicable category, or otherwise excluded, no work activity questions are

asked. States that choose a 2- or 3-month lookback likely cannot use this strategy. They'd need to collect work or exemption information separately for each additional month, for every household member that is subject to the requirements.

The impact: Longer lookback periods dramatically increase complexity and burden for both staff and applicants and will require significant changes to the templates we provide here.

3. accept self-attestation for verifications

What we recommend: States should accept self-attestation at application wherever federal rules allow, and integrate with available data sources to verify client statements where self-attestation isn't permitted.

Why it matters: Our templates assume self-attestation is acceptable for both exemptions and work activity reporting, with income information verified through existing Medicaid application processes. This approach reduces administrative burden and procedural denials.

For places where self-attestation isn't permitted, states should integrate with other data systems to verify information, avoiding new burdens on residents and adhering to federal rules. Automatic verification creates the best experience for applicants and ensures accurate eligibility determination. Residents don't need to track down documentation, and workers don't need to manually verify information that's already available. We recognize that data integration is complex

and costly, and that many states are already pursuing it. Below are specific data sources that would help verify information for work requirements:

Data source	What it verifies
SNAP/TANF data	SNAP / TANF work requirement exemptions and compliance, income, household composition
SSI/SSDI records	Disability status, income
Incarceration records	Recent or current incarceration
Education databases	Student status
VA data	Disabled veteran status
Quarterly wage data	Work activity, income
Foster care records	Foster care youth status
Medical claims data	For previous Medicaid recipients, medical frailty indicators

A note on future guidance: If CMS issues new guidance on verification requirements, template language may need to be updated.

4. adopt state-optional exemptions

What we recommend: States should adopt all optional short-term hardship exemptions specified in H.R. 1.

Why it matters: These exemptions recognize that certain circumstances—like receiving inpatient care or traveling for medical treatment—make work requirements unfeasible. Adopting them protects eligible people who are facing hardships from losing coverage.

The impact: Our templates include questions for two state-optional short-term hardship events as specified in

H.R.1, § 71119(a)(xx)(3)(B)(ii)(I) and (III). States should apply for the other optional hardship events (federally declared emergency or disaster and high unemployment area, H.R.1, § 71119(a)(xx)(3)(B)(ii)(II)) when applicable and automatically apply them to relevant groups.

5. communicate policy to residents outside the application

What we recommend: Use pre- and post-application communication to educate residents about work requirements, not the application itself.

Why it matters: The primary purpose of an application is to collect data. Applicants rarely read full instructions or policy information; they're trying to answer questions as quickly as possible. This means that broader education about work requirements must happen through other channels. Outreach materials and follow-up correspondence need to be the primary tools for helping residents understand how the requirements apply to their specific circumstances.

The impact: Communication across multiple channels before and after application submission will be critical to help residents fully understand the new requirements and differentiate them from SNAP work requirements. For user-tested guidance on letters, notices, and text communications, see Civilla's previous report *Human-Centered Work Requirements for Medicaid*.

about the templates

civilla created paper and online templates that states can use to collect work requirement information during the application process.

We recommend that states adopt the full templates for the best user experience. In cases where that is not feasible, states can still adopt the user-tested question language and apply the learnings and design decisions.

adapting these templates for your state

Every state Medicaid system is different. Language and terminology will need to be state-specific so residents understand context (e.g., state-specific terms, state FPL level for Section 1931 parents who are not subject to the work requirement). This also includes small design changes like colors and page and step numbers.

accessibility

We designed these templates to be accessible to all residents. Both paper and online applications use clear text hierarchy, color contrast compliance, adequate white space, and content written to an 8th-grade reading level. States should ensure that their online applications are compliant with WCAG 2.2 AA.

paper application template

this 2-page insert can be added to a current paper Medicaid application with minimal updates.

We built this template to work for as many states as possible. It's designed around the CMS single streamlined application that many states already use, but the core language and structure can be adapted to different state formats, including integrated applications.

page 1: exemptions and non-applicable groups

This page assesses whether residents need to report work activities.

STEP 5 (New) Medicaid Work Requirements

⊘ Skip Step 5 for people under 19, over 64, receiving SSI/SSDI, or American Indian/Alaska Native (AI/AN).

Household work barriers and exemptions
Check all that apply. Are you or anyone applying for Medicaid...

Pregnant now or within the past 12 months?	☐ If yes, who?	☐ No
Enrolled as a student (college or vocational program) full-time or at least half-time?	☐ If yes, who?	☐ No
Already required to complete work requirements for **food (SNAP) or cash benefits (TANF)**?	☐ If yes, who?	☐ No
A **parent or caregiver** of a child under 14, or a caregiver of someone who needs help with daily activities (such as a disabled person or older adult)?	☐ If yes, who?	☐ No
A **parent of a child aged 14-18, whose income is below 53%** of the Federal Poverty Limit (FPL)? *For a family of 2: $11,469. For a family of 4: $17,490.*	☐ If yes, who?	☐ No
In **foster care** at age 18 and younger than 26 last month?	☐ If yes, who?	☐ No
A **disabled veteran** with a 100% disability rating?	☐ If yes, who?	☐ No
Receiving care in a hospital, nursing facility, psychiatric hospital, facility for people with intellectual disabilities, or getting similar care last month?	☐ If yes, who?	☐ No
Traveling outside your community to get medical care for themselves or a dependent last month?	☐ If yes, who?	☐ No
In a **treatment program** for a drug or alcohol disorder?	☐ If yes, who?	☐ No
Living with a **drug or alcohol disorder**?	☐ If yes, who?	☐ No
Living with a physical, intellectual, or developmental **disability** that makes it hard to do daily activities?	☐ If yes, who?	☐ No
Living with a **mental health disorder** (such as schizophrenia, major depression, or OCD)?	☐ If yes, who?	☐ No
Living with a **serious health condition** that requires regular treatment (such as an autoimmune disorder, heart or kidney failure, or other severe condition)?	☐ If yes, who?	☐ No
In **jail or prison** now or were in the past 3 months?	☐ If yes, who?	☐ No

Key notes are emphasized and succinct to make the pages easy to scan.

This language encourages reporting all relevant exemptions.

Applicants don't need to make a distinction between exemptions and qualifying statuses.

"If yes, who? / No" formatting tested successfully throughout Civilla's design work and on this project.

Medical frailty questions are grouped together.

design decisions

this section documents the intentional choices we made about how the exemptions page looks, works, and reads. use these descriptions to understand our approach and adapt it to your context.

question order

What we did: Ordered questions based on processing priority, commonality, logical grouping, and sensitivity.

Why it matters: We heard from a few states that they plan to prioritize the order of questions by statuses that are more permanent or that are easier to verify. Questions are also ordered by how common each status might be. Medical frailty questions are grouped together to speed up processing and placed near other health-related questions for logical flow. The most sensitive question (jail or prison) comes last to avoid triggering negative reactions and affecting how people complete the rest.

What we learned: During testing, we initially grouped the questions into three subsections to make them easier for residents to process, but this added complexity when trying to accurately and descriptively title these groupings. In follow-up testing, residents did not find it overwhelming to see all questions listed together. Based on these findings, we moved forward with the combined approach.

simplified, plain-language questions

What we did: Created simple, plain-language questions.

Why it matters: Complex policy language creates fear and confusion for residents. Simple language allows residents to see themselves in the questions and answer confidently and accurately.

What we learned: Resident input through each round of testing pushed our questions to be simpler and clearer. In some cases, balancing simplicity with accuracy meant making deliberate trade-offs. For example, we ask about SNAP participation more broadly than the policy technically requires because capturing every nuance would make the question too complicated for residents to answer. States should use available data to fully assess these exemptions rather than relying on the form alone.

> **"The questions feel normal—like the ones you usually see on an application. The pages are pretty easy and self-explanatory."**
>
> — Resident

"check all that apply" language

What we did: Added an explicit "check all that apply" instruction.

Why it matters: Workers need complete information to accurately assess status and coverage duration.

What we learned: When we tested without this instruction, some residents were hesitant to check more than one category, even when multiple applied to their household, because they were fearful of the number of proofs that would be required or inaccurately representing their situation.

"if yes, who? / no" question format

What we did: Used this format for all exemption questions.

Why it matters: Residents and eligibility workers appreciate having a way to indicate that something doesn't apply. The "No" checkboxes help people feel confident they've completed the page correctly.

What we learned: When tested without the "No" checkbox, residents specifically mentioned expecting to see one, similar to the rest of the CMS application. This format has tested successfully for over a decade in Civilla's design work.

education question placement

What we did: Added the student question to the "Household work barriers and exemptions" section rather than placing it with other qualifying statuses.

Why it matters: Being a college or vocational student is technically a qualifying status, not an exemption—but applicants don't need to make this distinction.

What we learned: The current format collects information that caseworkers need without creating unnecessary complexity for applicants. In testing, moving this question out of the "Report work" section reduced confusion significantly.

medical frailty questions

What we did: Included four clear questions (substance use disorder, disability, mental health disorder, and serious health condition) and grouped them together.

Why it matters: Medical frailty may feel especially challenging to assess for states as they consider different definitions and CMS guidance. Based on existing policy, these four questions should provide eligibility workers with all information needed for self-attested medical frailty status based on a definition that aligns with H.R.1, § 71119(a)(xx)(9)(A)(ii)(V). Grouping these questions makes it easy for workers to assess this exemption category, and adding them toward the end encourages residents to fill out other, easier-to-verify exemptions first.

What we learned: Across multiple rounds of testing, we refined language to make these questions easier for residents to understand, identify with, and answer accurately. Small changes, such as adding examples or using terms like "regular treatment," helped residents feel more confident. This approach to medical frailty generally aligns with Michigan's CMS-approved process. Since 2019, Michigan has allowed individuals to self-attest medically frail status by answering "yes" to either of two questions about physical, mental, or emotional health conditions that cause limitations.

duplicative questions

What we did: Added certain questions even though similar information may appear elsewhere in the paper application.

Why it matters: Typically, repetitive questions are something to avoid. However, in this case, this approach offers three benefits: states can drop these pages into current paper applications with minimal other changes, workers can assess work status quickly from a single location, and grouping the questions helps residents understand whether they need to report work.

What we learned: In user testing, state leaders and an eligibility staff member confirmed that consolidating all work requirement information in one place could speed up case processing. If states have the capacity to remove repeated questions from other sections of their application, we recommend doing so to decrease redundancy. But based on our research, consolidating work requirement information here is more important than eliminating all repetition.

bold formatting

What we did: Bolded the main idea of each question, especially when there are several questions in a row, to ensure key ideas stand out.

Why it matters: Bold text helps residents quickly identify what each question is asking when scanning through multiple questions.

What we learned: On paper, bolded words take up more visual space than in online applications. We recommend bolding as few words as possible to communicate the main idea.

open sans font

What we did: Used the Open Sans font to match the rest of the CMS application.

Why it matters: Sans-serif fonts are easy to read. Consistency helps reduce friction for residents.

What we learned: While Open Sans is available to translate into over 200 languages and scripts, it does not include scripts such as Arabic, Hebrew, or Chinese. If states need to translate into these languages, we would recommend using Arial or another appropriate font for any non-Latin, Greek, or Cyrillic script.

page 2: work activities

This page helps applicable household members report work activities.

! **Skip this page for anyone**:
- under 19 or over 64
- receiving SSI/SSDI
- who is AI/AN
- you checked "yes" for on the last page (such as pregnant people, people with disabilities, etc.)
- who have already reported $580/month or more in income on this application

Report work (skip for people listed above)

Report work or community service for required household members who completed **80+ hours last month**:

Who?	Type(s) of work (job/internship, self-employment, work program, community service, part-time student)	# of hours last month

Total hours can be a combination of the types of work listed. Community service includes volunteering with a non-profit, school, emergency relief organization, or other unpaid service.

Seasonal workers

Are you or anyone in your household a **seasonal worker** with an average income of $580 per month or more over the last 6 months ($3,480 total or more over 6 months)?

☐ If yes, who? _____ ☐ No

We will use data from state systems to verify what you reported. You do not need to provide proof right now. We will follow up if needed.

Clear, simple instructions that visually stand out help people who don't need to report work skip this section.

An instructive header helps communicate what this section is about.

Multiple rows indicate that this section should be completed for all relevant household members and hours should be reported for each type of work activity.

Seasonal work isn't captured elsewhere in the application, so it's included here.

Language emphasizes that states will rely on existing back-end data first and only ask residents for proof if it's needed.

? **NEED HELP WITH YOUR APPLICATION?** Visit the Medicaid website at **medicaid.org** or call us at **1-555-555-555**. Para obtener una copia de este formulario en Español, llame **1-555-555-5555**. If you need help in a language other than English, call **1-555-555-555** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-555-555-5555**.

design decisions

this section documents the intentional choices we made about how the work activities page looks, works, and reads. use these descriptions to understand our approach and adapt it to your context.

"skip this section" instructions

What we did: Added clear instructions with specific examples of who can skip this page.

Why it matters: These instructions prevent duplicate income information and help people know when they don't need to answer additional questions. The parenthetical examples ("such as pregnant people, people with disabilities, etc.") help residents see themselves in the skip criteria.

What we learned: Based on our user testing, we anticipate that some residents will still report work even when it's not necessary. Applicants view the application as a place to provide more information rather than less, for fear of "getting in trouble" if they leave something out. Because exemption questions come first, workers can still correctly process and exempt these applicants even when they provide unnecessary work information. Although this is not ideal, we believe the section is simple enough so as not to significantly increase resident burden if and when this does happen.

avoiding the appendix

What we did: Kept work reporting in the main application rather than directing residents to an appendix.

Why it matters: The risk of applicants missing the appendix—and being denied due to missing information or asked to complete an additional step—is too high.

What we learned: From extensive user testing, we know applicants rarely fully read or understand instructions. We don't feel confident that an appendix page would be consistently completed when needed for an eligibility determination.

work activity reporting

What we did: Focused this page only on reporting work activities (employment, volunteering, etc.) and hours. Application questions reflect the assumption that all income sources—including "other income" like SSI and child support—count toward the $580 income threshold for qualifying status.

Why it matters: There are several ways to meet work requirements under the new legislation: being a college or vocational student for at least half-time, meeting income thresholds, or reporting at least 80 hours of work, training, education, or community service. Integrating these options in unique ways makes the application significantly easier to navigate.

What we learned: When we tested all qualifying statuses together (income OR work activities OR student status), many residents thought they needed to meet all three requirements or fill out information for all three. To reduce confusion, we added education to the exemptions section on the page before, added the income threshold to the instruction lines above the table, and included seasonal work as a question at the bottom. Part-time students can still report hours in the work activities table.

table format with multiple lines

What we did: Used a simple three-column table for reporting work activities and provided lines for multiple household members.

Why it matters: This is a familiar design pattern that residents can complete quickly and correctly. Multiple lines signal that this section should be completed for all household members who need to report work activities, while saving space and avoiding duplicate steps for each person.

What we learned: A recurring issue during testing was limited space to account for additional household members or activities. Organizing the information in a table allows residents to add household members and activities without increasing page length or complexity. During testing, some residents moved quickly through the table and missed that hours should be reported for "last month," likely because benefit applications typically ask for average work hours. We recommend monitoring this during implementation to ensure clarity and accuracy.

providing proof language

What we did: Added a specific, plain-language explanation about providing proof, including clarification that states will verify information using existing systems first and reach out only if additional documentation is needed.

Why it matters: Residents often feel anxious about documentation requirements and may avoid answering exemption questions if they're unsure whether they have the "right" proof or can obtain it. Clear guidance helps reduce fear and supports accurate responses.

What we learned: In testing, residents consistently expected state agencies to already have much of their information and a preference that they use it to verify their application whenever possible. Language explaining that states will do so tested well and increased trust.

> "The phrase 'we will check state systems' would make me feel even better. I'm sure they have all your info already."
>
> — Resident

online application template

this online template incorporates work requirement questions into existing Medicaid or integrated application flows.

While the paper templates share much of the same question language as the online template, the digital version uses conditional logic to skip irrelevant work reporting questions automatically. This makes online applications significantly simpler for residents.

We used Michigan's MI Bridges design patterns and application flow as a starting point. MI Bridges was built using human-centered design and has been iterated on over many years to respond to resident pain points, so it offers a strong foundation for this design.

integrated exemption questions

New work requirement questions are integrated into the existing application.

integrated exemption questions (continued)

Apply for Benefits
Household Details

Select who these situations apply to.

Who is a Veteran or has served in the military or armed forces?

☑ Tina Green

☐ Issac Pim

☐ Melody Green

Is Tina Green a disabled Veteran with a 100% disability rating?

Yes

No

Continue

‹ Back

Follow-up questions collect information about who an exemption applies to and any other necessary details.

work reporting

Apply for Benefits
Medicaid Work Requirements

Based on your application, the following people need to report **80 hours of work activities** in January. ⍰

Issac Pim

Report work activities Issac Pim completed last month
80 hours of work activities can be a combination of multiple activities. Check all that apply.

☑ A job or internship

Hours reported: 40 ⍰

☐ Self-employment ⍰

☐ Part-time student (college or vocational program)

☐ Work program (such as state run SNAP employment & training or other job training)

☐ Community service (such as volunteering with a non-profit, school, emergency relief organization or other

Only applicable household members are asked to report work activities.

The work reporting page includes options for activities and hours reporting.

design decisions

this section documents our approach to the design of the online templates, including how it differs from the paper application.

audit current questions

What we did: Compared existing application questions with new exemption questions to identify where to simplify, consolidate, or remove redundant questions. This will be different for each state. See the *Policy and Question Guide resource* for specific recommendations.

Why it matters: Many questions needed to determine work reporting status already exist in online applications.

What we learned: Removing redundancies streamlines the experience for residents and reduces conflicting information that workers must later reconcile. This is different from our recommendation for paper applications, where some redundancy is okay. Online conditional logic means that residents don't need to screen themselves for work reporting, as it's done automatically.

integrate exemption questions into the current structure

What we did: We recommend adding exemption questions wherever they make logical sense in the current application structure, rather than creating a new, separate section (see an example based on Michigan's online application flow in the HTML prototype file in the Resources section).

Why it matters: Because states' online application flows differ, exemption questions should be added where they contribute to a logical order. For example, Michigan's online application includes a section about parents and children, which is where we would recommend adding the caregiver question.

What we learned: During testing, residents felt the questions were similar to what they would typically see on an application like this. We feel confident that adding them to existing sections would help residents correctly answer questions.

show *all* exemption questions

What we did: Show all exemption questions, even if someone reports an exemption early in the application. Exemption questions must come before work activity reporting to inform skip logic and conditional questions.

Why it matters: This gives eligibility workers complete information to properly assess eligibility status and duration for all household members applying for Medicaid.

What we learned: Residents were able to move through all exemption questions confidently. Even though they don't see the underlying skip logic, placing all exemption questions before work activity reporting strengthens the flow of the application, allowing conditional logic to function correctly while ensuring eligibility workers receive comprehensive information.

work hours in context

What we did: Included a new question about last month's employment and self-employment hours in the existing income or employment section—alongside other employment-related questions. Any relevant information from the income section should pre-fill in the work activities section when applicable (see *Online Application Template* for details).

Why it matters: Residents orient more easily to questions that are related to one another. Reporting employment information, such as income and last month's hours, in one place also increases accuracy.

What we learned: When we tested this with residents, those who added employment hours in the income section made the connection when those hours were carried forward into the work reporting section.

conditional work reporting

What we did: Used backend logic to determine which household members are in the expansion population, but not exempt or already meeting requirements. Only those household members are asked to report work activities.

Why it matters: This is the core advantage of online applications—residents who don't need to report work never see those questions.

What we learned: In addition to exemption questions, the income and employment sections can inform which household members already meet requirements based on income and monthly hours reported. This reduces the number of people who need to complete additional work reporting. In testing, residents said the experience felt easy to move through and left them feeling confident about the information they provided.

multi-question pages

What we did: Included multiple questions per page rather than one question per screen.

Why it matters: Fewer clicks and a faster pace help residents build momentum as they move through the application.

What we learned: In earlier prototypes, we tested one question per screen ("TurboTax style"), hypothesizing it would be less overwhelming. However, residents preferred seeing multiple questions at once and moved through them quickly by scrolling and answering yes or no. Residents also appreciated that the most important information was bolded, which helped them quickly scan the questions, focus on what mattered, and answer with confidence.

> **"It's a pretty simple application and wouldn't be much of a hassle to complete. It was very seamless to do on a smartphone as well."**
>
> —Resident

implementation guidance

By adopting the templates and guidance in this report, states can create an experience for residents and caseworkers that minimizes the burden of work requirements and helps more eligible people access and maintain their Medicaid benefits.

implementation steps

1. **Make policy decisions first.** For the easiest experience for residents and staff, choose a 1-month lookback period, accept self-attestation where possible, and adopt optional exemptions. States should decide on these policy questions before beginning implementation work.

2. **Adapt templates to your state.** Adjust language, terminology, page numbers, and design elements to match your current application format. Identify questions that overlap with new exemption questions, and make a plan for what to consolidate, simplify, or remove.

3. **Test with residents and staff.** Adapted templates will benefit from user testing. Plan for ongoing feedback loops to identify issues early and make adjustments as needed. Frontline workers have unique knowledge of how application changes will affect day-to-day operations specific to your state.

4. **Plan your communication strategy.** Develop pre-application outreach and post-application correspondence that explains requirements in context. See Civilla's previous report, _Human-Centered Work Requirements for Medicaid_, for guidance on letters, notices, and texts.

a note on CMS guidance

Our templates adhere to current policy guidance from CMS, but additional direction will likely impact application design. The January 2027 deadline doesn't leave room for delay—we recommend states begin implementation now and adjust as guidance evolves.

we're here to help

Every state's benefits system is unique. If you have questions, need implementation support, or want to talk through your approach to H.R. 1, we'd love to hear from you.

Reach out: hello@civilla.org

resources

Access the linked resources below or download all resources including the InDesign and HTML files in this .zip file.

- Paper application template: PDF + InDesign file
- Online application template: Figma file + HTML prototype
- Text of the paper and online questions: Word document
- Policy and question guide: Airtable link + PDF