TRACKING OF LOW INCOME SUBSIDY STATUS

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