

# Training Guide – Oklahoma Online Portals

The documentation for applicants attempting to qualify using Medicaid or SNAP documentation is listed below. **Oklahoma Access and OK Health Care Authority cards are omitted from the acceptable guidelines.** The reason for the omission of those cards is that those cards may not be exclusive to the SNAP or Medicaid program. Program approval letters and verification of coverage letters are still acceptable. There is also the addition of a screenshot or printout from an online portal or website tool for the Lifeline qualifying program; i.e.: SNAP, Medicaid, etc. The bulk of this letter includes step by step instruction on how field agents can assist potential applicants in obtaining a screenshot or printout in the event the potential applicant does not have a program approval or verification of coverage letter in their possession.

Agents will be permitted to upload the screenshot document via 3 processes.

1. The agent can upload the screenshot directly into CGM.
2. The agent can capture a picture of a printed screenshot.
3. \*The agent can take a picture of a device displaying the screenshot and upload that picture (a pic of a pic)

\*this process is for documents being presented from one of the three approved online portals (My EBT, My SoonerCare, and OK DHS Live!)

## **Medicaid**

- Program approval letter or benefit statement issued by the federal or state government or managed care organization (MCO), with the program name (Medicaid or SoonerCare), consumer's name, and eligibility dates or current participation status
- Verification of coverage letter issued by the federal or state government or MCO, with the program name (Medicaid or SoonerCare), consumer's name, and eligibility dates
- **A screenshot or printout from an online portal or website tool with the consumer's name, Medicaid identification number and eligibility dates**

## **Supplemental Nutrition Assistance Program (SNAP) also known as Access or Food Stamps**

- Program approval letter or benefit statement issued by the federal or state government or other authorized organization with the program name (SNAP or Access Oklahoma), consumer's name, and eligibility dates or current participation status
- Verification of coverage letter issued by the federal or state government or other authorized organization with the program name (SNAP or Access Oklahoma), consumer's name, and eligibility dates or current participation status

- A screenshot or printout from an online portal or website tool with the program name, consumer’s name, and eligibility dates or current participation status

## My EBT (Access Card)

### Log in

If the applicant already knows their username and password, follow the link below and have the customer log in to view their benefits.

<https://www.connectebt.com/okebtclient/index.jsp>

### Sample Benefit Proof

BELOW IS THE SCREENSHOT WE NEED IN THE ORDER.

- Current date must be selected in the Transaction History section.
- Card Holder’s name must match the name on the application.
- Card number must be ACTIVE.

The screenshot shows the Oklahoma Electronic Benefit Transfer (EBT) client portal. At the top, it says "EBT<sup>SM</sup> Electronic Benefit Transfer". There is a navigation menu with links for HOME, PIN, PASSWORD, SECURITY Q&A, REPORT LOST/STOLEN/DAMAGED CARD, and LOG OUT. The user is logged in as "Cardholder Info" with a redacted name. Below this, there is a "My Activity" section with a "Check Transaction History" button and a date selector set to Dec 26, 2018. A "BROADCAST MESSAGE" and "Client Cards and Balances" section are also visible. At the bottom, a table lists card details:

Card Number	Card Number	Issue Date	Freeze Date	FS Balance
XXXXXXXXXXXX8128	ACTIVE	09/25/2017		\$38.08

At the bottom of the page, it says "Electronic Benefit Transfer" and provides language options (English / Español) and the website URL: <https://www.connectebt.com>

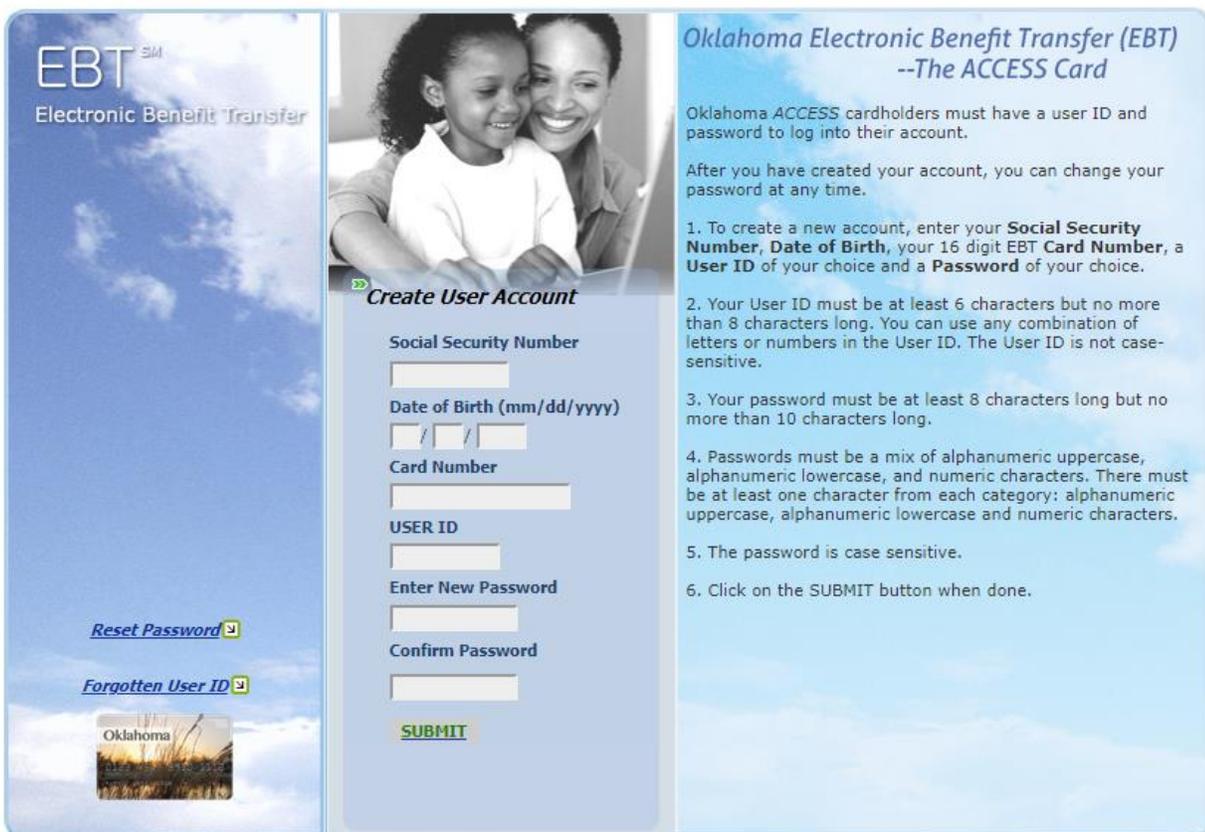
### Create Account

<https://uat.connectebt.com/okebtclient/clientcreate.recip>

Oklahoma ACCESS cardholders must have a user ID and password to log into their account.

After you have created your account, you can change your password at any time.

1. To create a new account, enter your **Social Security Number**, **Date of Birth**, your 16 digit EBT **Card Number**, a **User ID** of your choice and a **Password** of your choice.
2. Your User ID must be at least 6 characters but no more than 8 characters long. You can use any combination of letters or numbers in the User ID. The User ID is not case-sensitive.
3. Your password must be at least 8 characters long but no more than 10 characters long.
4. Passwords must be a mix of alphanumeric uppercase, alphanumeric lowercase, and numeric characters. There must be at least one character from each category: alphanumeric uppercase, alphanumeric lowercase and numeric characters.
5. The password is case sensitive.
6. Click on the SUBMIT button when done.



The screenshot shows the Oklahoma Electronic Benefit Transfer (EBT) website interface. On the left, there is a vertical banner with the EBT logo and the text 'Electronic Benefit Transfer'. Below the banner are links for 'Reset Password' and 'Forgotten User ID', and a small image of an Oklahoma landscape. The main content area is titled 'Oklahoma Electronic Benefit Transfer (EBT) --The ACCESS Card'. It contains a list of instructions for creating an account, identical to the text provided in the document. Below the instructions is a 'Create User Account' form with the following fields: Social Security Number, Date of Birth (mm/dd/yyyy), Card Number, USER ID, Enter New Password, and Confirm Password. A green 'SUBMIT' button is located at the bottom of the form. The background of the page features a photograph of a woman and a young girl smiling together.

Electronic Benefit Transfer

[English / Español](#) • <https://www.connectebt.com>

## Forgot Password

<https://uat.connectebt.com/okebtclient/passwdreset.recip>

1. To reset your password, enter your Social Security Number (SSN), your Date of Birth, your 16 digit EBT Card Number, and a Password twice for confirmation.
2. Your password must be at least 8 characters long but no more than 10 characters long.
3. Passwords must be a mix of alphanumeric uppercase, alphanumeric lowercase, and numeric characters. There must be at least one character from each category: alphanumeric uppercase, alphanumeric lowercase and numeric characters.
4. The password is case sensitive.
5. Once you have created your new account, your User ID does not change. The User ID will display on the "Login to Your Account" screen so that you can see it if all the information entered to reset your password is correct.
6. Click on the SUBMIT button when done.

Please call 1-888-328-6551 if you are still having trouble accessing the Client Portal after trying to use the Reset Password function.

## Forgot User ID

<https://uat.connectebt.com/okebtclient/forgottenUserId.recip>

If you have forgotten your User ID, please enter your **Social Security Number**, **Date of Birth** in mm/dd/yyyy format and your **Card Number**. Click the SUBMIT button and you will be taken to a screen where you will respond to the security questions you chose/answered during Account Creation. When you enter the correct answer your User ID will be emailed to you.

You must have a User ID and password to log into your account. After you have created your account, you can change your password at any time.

If you have forgotten your password and/or your User ID, please select the appropriate link from the Main Landing page to retrieve your password or User ID.

Please call 1-866-328-6551 if you are still having trouble accessing the Client Portal after trying to use the Forgotten User ID function.

**End of My EBT Section**

January 2019

# My Soonercare

## Log in

1. If the applicant already knows their username and password follow the link below and have the customer log in to view their benefits.

<http://mysooner.org>

2. Click on Log In Now

The screenshot shows the Oklahoma HealthCare Authority website. At the top left is the logo for Oklahoma HealthCare Authority. Below the logo is a navigation menu with links for 'about us', 'individuals', 'providers', 'research', 'contact us', and 'search'. The main content area is titled 'SoonerCare Online Enrollment' and features a 'WebAlerts' section. Below this, there are several icons representing different services: 'Log In Now' (circled in red), 'Apply for Benefits', 'Income Guidelines', 'How-To Videos', 'Member Handbook', '#MySoonerCare', 'After Hours Locator', and 'Register to Vote'. At the bottom, there is a footer with the text: 'If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency.'

2. Enter The Username OR the Email (one or the other) and the password and click on LOG ON.

**Log On or Create Your Account**

 Do not use your browser back button or do a screen refresh.

To log on to your existing account, please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (\*). You may enter a User ID (or E-Mail address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: \*  [Forgot your User ID?](#)

Password: \*  [Forgot your Password?](#)

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

## Sample Benefit Proof

BELOW IS THE SCREENSHOT WE NEED IN THE ORDER.

- Date on the upper right of the screen must be visible in the screenshot.
- Case Number and Applicant Name and Applicant ID must be on the screenshot.
- Applicant must be approved and/or have a household member that is Approved.
- Program Name must be SoonerCare
- Start and End dates must fall within the Lifeline order application date.

Date and time Site was accessed

The screenshot displays the Oklahoma HealthCare Authority website interface. At the top left, the logo for Oklahoma HealthCare Authority is visible. The user is logged in as CLAUDIA DEAN. The page shows the 'My Benefits' section with a table of current and additional household members. The table columns are Program, Start, End, and Status. All listed members have a status of 'APPROVED'. The table data is as follows:

Program	Start	End	Status
SoonerCare-Families & Children	10/02/2017	07/31/2019	APPROVED
SoonerCare-Families & Children	10/02/2017	07/31/2019	APPROVED
SoonerCare-Families & Children	05/25/2016	07/31/2019	APPROVED
SoonerCare-Families & Children	08/25/2016	07/31/2019	APPROVED

Other sections on the page include 'Providing Proof Documents', 'Health Assessment', 'Other Programs' (listing Voter Registration, OKJobMatch.com, Food Stamps, School Lunches, and Childcare), and 'I want to...' (listing Get ID Card, End Benefits, View Letters, View definitions of programs, and Contact the Federally Facilitated Marketplace).

Person who logged in to the account. May not be head of household. May only be a member in the household. Must show approved below and no other members of the Household may have Lifeline with any company.

Date must be visible on the screen.

Red for Denied, Green for Approved.  
Program Name must be SoonerCare.  
Start and End Dates must fall within the Lifeline order application date.  
Applicant can be denied but use an approved household member as beneficiary if that person is not already receiving Lifeline.

**Current Benefits Status**

Case Number [Redacted]

Applicant Name & ID Number [Redacted]

Program	Start	End	Status
Federally Facilitated Marketplace**			
SoonerCare			DENIED
Choose not to cooperate with child support			
Additional Household Members and their ID Numbers (children/spouse)			
Program	Start	End	Status
SoonerCare-Families & Children	09/24/2011	09/30/2015	APPROVED

\*\* This information is provided to the Federally Facilitated Marketplace. This is the most current information that is available to OHCA. For the most current information or to make changes to this member's case you must contact the Federally Facilitated Marketplace.

**Providing Proof Documents**  
Upload Your Documents  
Read the Requirements  
UPLOAD NOW

**Health Assessment**  
SoonerCare cares about your health. To help us serve you, please take a few moments to complete the health assessment.

**Other Programs**

**Print Application Results** GO

**Select/Change My Provider** GO

**Update/Renew My Application** GO

**Change Password** GO

**Change Phone, eMail, or Authorized Rep**  
PHONE [Redacted]  
EMAIL [Redacted]

## Create Account

If the customer has their PIN, to create a new user account enter your PIN, the last four digits of your Social Security Number, and date of birth. You will then enter a User ID and password of your choice.

## Create a User Account with Your PIN

 Do not use your browser back button or do a screen refresh.

If you did not create a User Account when you submitted your application, you can create one now by using your Personal Identification Number (PIN). You should have received this number in the mail. It is the 9-character notation located near the top right-hand corner of the letter. You must enter your PIN exactly as it is shown on the letter. See the diagram provided.

You will be asked to create a User ID and password after you enter the the information below.

If you have a user account, [log on to your account](#) to access your application.

PIN is shown below.



Case Number: 1234567890  
ATN: 01-11234-345-999  
PIN: 5X8mHBBn7

Required fields are marked with an asterisk ( \* ).

PIN: \*

SSN (last 4 digits): \*

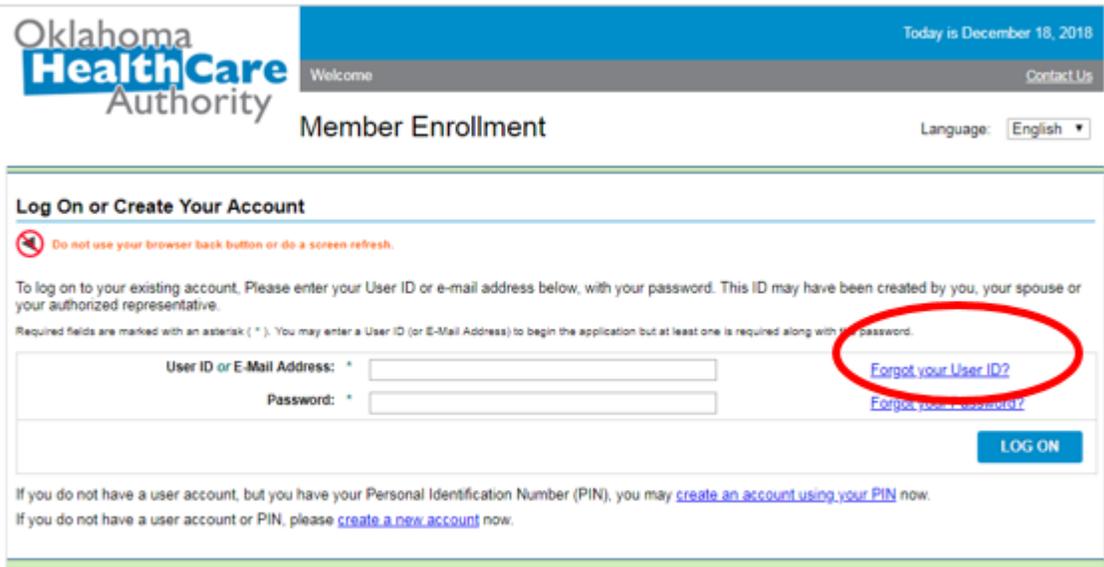
Date of Birth: \* month  day  year  

If you need assistance, please call 1-800-987-7767.

[CONTINUE](#)

## Forgot User ID

1. Did the customer forget their email address or USER ID? Click on forgot User ID.



Oklahoma HealthCare Authority

Welcome

Today is December 18, 2018

Contact Us

Member Enrollment

Language: English

### Log On or Create Your Account

 Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk ( \* ). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with your password.

User ID or E-Mail Address: \*

Password: \*

[Forgot your User ID?](#)

[Forgot your password?](#)

[LOG ON](#)

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

2. Customer can enter their first name, last name, last 4 SSN, and DOB then click Next.

Oklahoma HealthCare Authority

Today is December 18, 2018

Welcome Contact Us | Log On

Member Enrollment Language: English

**Forgot Your User ID?**

Do not use your browser back button or do a screen refresh.

Please provide your First Name, Last Name, SSN and DOB to recover your User ID.  
When you are done, select "Next" to continue. You will be asked to answer one of your challenge questions.

First Name: \*

Last Name: \*

SSN (last 4 digits): \*

Date of Birth: \* month  day  year

**NEXT** ▶

3. The customer will select the secret question they have the answer to. Click Next.

Oklahoma HealthCare Authority

Today is December 18, 2018

Welcome Contact Us | Log On

Member Enrollment Language: English

**Forgot Your User ID?**

Do not use your browser back button or do a screen refresh.

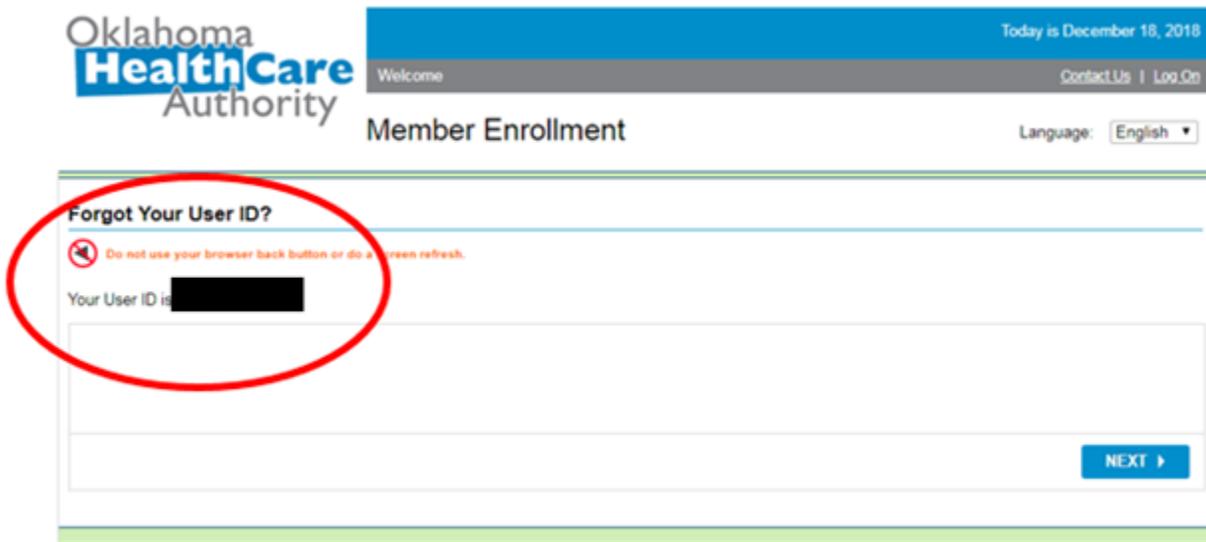
Select and answer one of your challenge questions.

- Select Challenge Question -

Enter your answer to the Challenge Question.

**NEXT** ▶

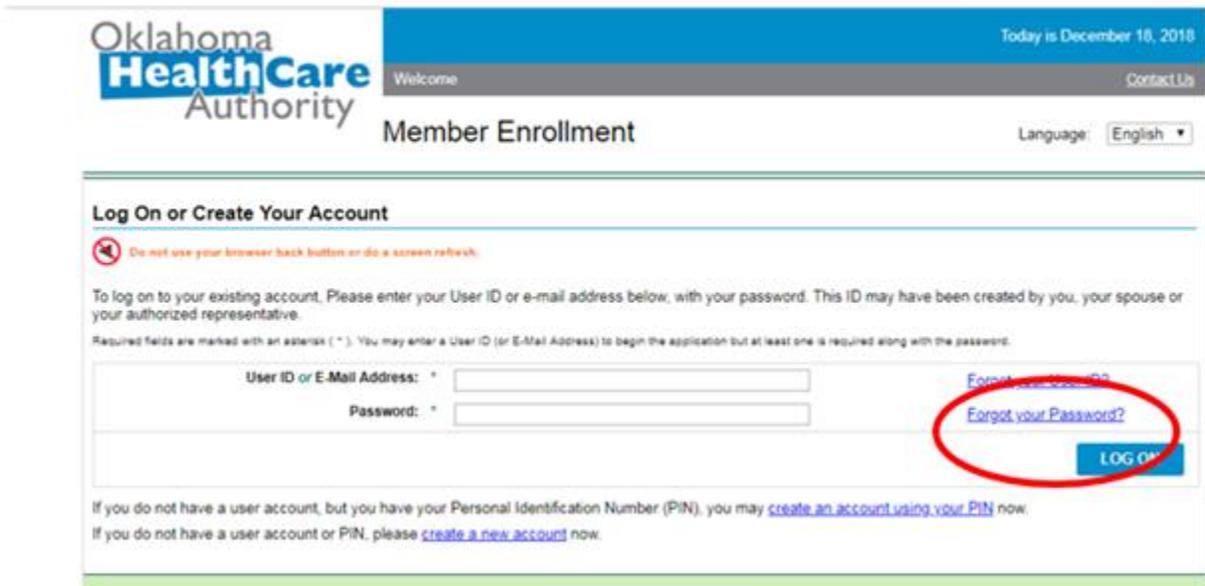
4. Their User ID will appear on the screen. If they click Next, it goes back to the log in.



## Forgot Password

If customer has forgotten their password, they can set up a new password by following these steps.

1. Click on Forgot password



2. Enter the USER ID they were just given by the system, as well as their First Name, Last Name, last 4 SSN, and/or DOB. Click Next.

### Forgot Your Password?

 Do not use your browser back button or do a screen refresh.

You can create a new password by first entering your User ID, First Name, Last Name and then either the last four digits of your Social Security Number (SSN) or your Date of Birth.

When you are done, select "Next" to continue. You will be asked to answer one of your challenge questions.

User ID: *	<input type="text"/>
First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
SSN (last 4 digits):	<input type="text"/>
OR	
Date of Birth:	<input type="text" value="month"/> ▾ <input type="text" value="day"/> ▾ <input type="text" value="year"/> ▾ 

**NEXT** ▸

3. The applicant will then need to answer one of the 3 possible security questions correctly.

### Forgot Your Password?

 Do not use your browser back button or do a screen refresh.

Select and answer one of your challenge questions.

What is your grandmother's nickname? ▾

If you don't know the answers to the challenge questions, click [here](#) to request that a temporary password be sent to your email address.

**NEXT** ▸

4. The following screen will allow the applicant to establish a new password. Password must be:

- Within 8 and 20 characters
- Not contain any spaces
- Not contain the user ID, and
- Contain at least 3 of the following 4 character types:
  - o Upper case letter
  - o Lower case letter
  - o Number
  - o Special character

### Change Your Password

Do not use your browser back button or do a screen refresh.

Enter your password. Choose something that is easy for you to remember but hard for other people to guess.

#### Change Password/Security Questions

[Change my password](#)

New Password: \*

Retype New Password: \*

Your Password must be between 8 and 20 characters long, not contain any spaces, not contain your User ID, and contain at least 3 of the following 4 character types:

- Uppercase letters
- Lowercase letters
- Numbers
- Special Characters

[Change my security questions](#)

### Apply for SoonerCare

If the person believes they qualify for SoonerCare, but do not yet have the program, they can click on Apply for Benefits:

<https://www.apply.okhca.org/Site/Rights.aspx>

Oklahoma HealthCare Authority

Home > Individuals

## SoonerCare Online Enrollment

### WebAlerts

Sign up for small web alerts for the latest news and information about SoonerCare Online Enrollment.

Log In Now | **Apply to Benefits** | Income Guidelines | How To Videos

Member Handbook | #MySoonerCare | Ask Your Local | Register to Vote

English | Spanish

If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency.

They will walk through the easy to understand steps to provide household members information, financial information, and all other requested information in order to verify their household SoonerCare eligibility.

## 2018 SoonerCare Income Guidelines

Children & Soon-To-Be-Sooners (STBS) may qualify for SoonerCare services\* if their tax household's Modified Adjusted Gross Income\* (MAGI) is within the following guidelines.

Size of Household	Monthly Income	Annual Income
1	\$ 2,125	\$ 25,500
2	\$ 2,881	\$ 34,572
3	\$ 3,637	\$ 43,644
4	\$ 4,393	\$ 52,716
5	\$ 5,149	\$ 61,788
6	\$ 5,905	\$ 70,860
7	\$ 6,661	\$ 79,932
8	\$ 7,417	\$ 89,004

\*In addition to income, there are different eligibility requirements and benefit packages available. Visit [www.okhca.org/programs](http://www.okhca.org/programs) for details.

Think your income may be a little too high?  
Apply anyway—some applicants qualify for  
SoonerCare with slightly higher incomes.

## Pregnant Women: Full Scope Benefits & SoonerPlan

Size of Household	Monthly Income	Annual Income
1	\$ 1,346	\$ 16,152
2	\$ 1,825	\$ 21,900
3	\$ 2,304	\$ 27,648
4	\$ 2,782	\$ 33,384
5	\$ 3,261	\$ 39,132
6	\$ 3,740	\$ 44,880
7	\$ 4,219	\$ 50,628
8	\$ 4,698	\$ 56,376

## Adult Caretaker/Relative w/Child

Size of Household	Monthly Income	Annual Income
1	\$ 455	\$ 5,460
2	\$ 617	\$ 7,404
3	\$ 779	\$ 9,348
4	\$ 941	\$ 11,292
5	\$ 1,103	\$ 13,236
6	\$ 1,265	\$ 15,180
7	\$ 1,427	\$ 17,124
8	\$ 1,589	\$ 19,068

Updated  
02/2018

**End of My SoonerCare Section**

# OK DHS Live!

## Log in

1. If the applicant already knows their username and password follow the link below and have the customer log in to view their benefits.

<https://www.okdhslive.org/AuthApplicantLogin.aspx>

2. Enter Email Address and Password



Required questions are marked with an \*

### Log In

Please enter your User ID/Email and password in the provided text boxes below.

\*Email address

\*Password

- [Create a user id and password.](#)
- [Forgot your password?](#)



2. Click on "View Your Open Cases"



**Your Online Benefits Resource**

Home Benefits Contact Us Logout

Welcome [Redacted]

My OKDHSLive! Home Page

What would you like to do?

- Apply for benefits.
- Renew or reopen your benefits
- View your open cases**
- Upload document
- Change your password
- Screening-find out if you might be eligible for benefits (for people not currently receiving benefits)

Continue working on what you started.

You recently worked on the following items. You may continue completing them by using 'Select' to the right of the item.

Case Number	Tracking ID	Type	Save Date
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Things you have completed.

You recently submitted the following things to the Oklahoma Department of Human Services. Use the select link to review your report.

Case Number	Type	Save Date	
[Redacted]	Application for Benefits	11/17/2018	Select

3. Enter Your DOB and Social Security Number or DHS Client ID Number



**Your Online Benefits Resource**

Home Benefits Contact Us Logout

Welcome [Redacted]

Required questions are marked with an \*

Client Portal

**Client Identification**

In order to view your open cases, we need to verify information we have on file for you, please enter the following fields.

\* Date of Birth (mm/dd/yyyy)

and

\* Social Security Number

or

\* OKDHS Client ID Number

Submit Cancel

Back Exit/LogOff

Oklaoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK, 73070  
(405)487-5483

12/21/2018 Non-Discrimination | Accessibility | Privacy 12:11 PM

4. Enter Zip Code and click on SELECT

The screenshot shows the OKDHS Live! website interface. At the top, there is a blue header with the OKDHS Live! logo and the text "Your Online Benefits Resource". Below the header is a navigation menu with links for "Home", "Benefits", "Contact Us", and "Logout". A "Welcome" message is displayed with a redacted name. The main content area is titled "Client Portal" and "Case Selection". It contains a paragraph of instructions: "Look at information about your current benefits or the status of your application or renewal. Enter the first five digits of the zip code for the mailing address of that case in the zip code box, then select the case." Below this is a table with four columns: "Case Number", "Benefit", "Mailing Address Zip Code (5 digit)", and an empty column. The first row shows a redacted case number, "Food Benefits", a redacted zip code box, and a "Select" button. At the bottom of the page, there are "Back" and "Exit/LogOff" buttons. The footer contains the Oklahoma Department of Human Services mailing address, a "12/21/2018" date stamp, and a "12:12 PM" time stamp.

**OKDHS Live!** Your Online Benefits Resource

Home Benefits Contact Us Logout

Welcome [Redacted]

**Client Portal**

**Case Selection**

Look at information about your current benefits or the status of your application or renewal. Enter the first five digits of the zip code for the mailing address of that case in the zip code box, then select the case.

Case Number	Benefit	Mailing Address Zip Code (5 digit)	
[Redacted]	Food Benefits	[Redacted]	Select

Back Exit/LogOff

Oklahoma Department of Human Services  
Mailing address:  
OKDHS Live!  
P.O. Box 2700 Norman, OK. 73070  
(405)487-5483

12/21/2018 Non-Discrimination | Accessibility | Privacy 12:12 PM

## Sample Benefit Proof

Print this page (or take a screenshot) for your records.

**THIS IS THE SCREENSHOT WE WILL NEED IN THE ORDER.**

- Date on the bottom of the screen must be visible in the screenshot.
- Case Number and Applicant Name and Applicant ID should be on the screenshot.
- Applicant must be approved and/or have a household member that is Approved.
- Program Name must be Medical or SNAP/Food Benefits
- Start and End dates must fall within the Lifeline order application date.



Case Information

Case Number: [redacted]  
Email: [redacted]

For SNAP, Medical or Child Care: you may submit a renewal online at www.okdhslive.org. Please allow at least 10 working days for your renewal to be processed.

For TANF or SSP: Your worker will contact you during the month that a renewal is due.

Benefit Information

Section	Status	Last Renewal/ Application Date	Next Benefit Issuance Date	Next Benefit Amount	Next Renewal Date	Application/ Renewal Status	Status Date
SNAP	Open	11/17/2018	01/2019	60	N/A	N/A	N/A

Household Information

First Name	Date of Birth	Financial Assistance	SNAP	Medical	Child Care
[redacted]	[redacted]	No	Yes	No	No
[redacted]	[redacted]	No	Yes	No	No

Snap (Food Benefit) Companion Cases

Back Exit/LogOff

Date and Time the site was accessed is at the bottom of every screen and must be included in the screenshot.

Benefit Information and Status. Status must be OPEN. Benefit renewal date and issuance date must fall within the date the Lifeline application is being placed. "Medical" has been confirmed by DHS to be Medicaid. "Food Benefits" has been confirmed by DHS to be SNAP.

### Create Account

<https://www.okdhslive.org/AuthApplicantRegistration.aspx>

In order for the potential applicant to create an account they will need to already have a valid email address that they have access to.

## Applicant Registration

First Name \*

M.I.

Last Name \*

Date of Birth (mm/dd/yyyy) \*

Email address, this will be your logon/user id. \*

Password must be 8 to 20 letters and numbers.  
Password \*

Confirm Password \*

Choose a secret question, and answer it in the provided textbox below. \*

Answer \*

Choose a secret question, and answer it in the provided textbox below. \*

Answer \*

Choose a secret question, and answer it in the provided textbox below. \*

Answer \*

## Forgot Password

1. Applicant will be given the opportunity to reset their password directly from the app.

Required questions are marked with an \*

Log In

Please enter your User ID/Email and password in the provided text boxes below.

\*Email address

\*Password

Submit

[Create a user id and password.](#)  
[Forgot your password?](#)

Enter Email Address, Last Name, and DOB

Applicant Password Reset

This page will reset your password, enter your user ID (email), last name and birthdate. In order to reset your password you must also answer two of the questions that you chose when you created your account. Your password must contain 8 to 20 characters: with a minimum of 2 letters and 2 numbers. Your password must not contain spaces or any special characters.

\* Email address/User ID

\* Last Name

\* Date of Birth (mm/dd/yyyy)

Continue

2. Answer Security Questions and Click continue



Applicant Password Reset

Please answer the following questions to continue the process of resetting your password.

Which phone number do you remember most from your childhood?

What is the name of your favorite childhood friend?

Continue



12/21/2018

Oklahoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK 73070  
(405)487-5483

Non-Discrimination | Accessibility | Privacy

12:43 PM

3. Create an New Password to use on the next screen.



Applicant Password Reset

[Change my password](#)

New Password: \*

Retype New Password: \*

Continue



12/21/2018

Oklahoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK 73070  
(405)487-5483

Non-Discrimination | Accessibility | Privacy

12:43 PM

END OF DOCUMENT

January 2019