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| --- | --- | --- | --- |
| **1. ELIGIBILITY** | | | |
| **1-c. REQUEST FOR DETERMINATION** | **Cross match ETO/UTAB with TRA Maintenance Case**   |  |  | | --- | --- | | **INITIAL Determination** | **PET#:**  **26/26  8/16** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  | | **REDETERMINATION** | **N/A** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  | | **AMENDED Determination** | **N/A** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  |   **\*Entitlements are to be mailed within 14 days of receipt.** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |