|  |
| --- |
| **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:** |