

# HEALTHCARE APPLICATION PROCESS

Language Selection: [En Español](#) | [но-преску](#) | [用汉语](#) | [Bảng Tiếng Việt](#) | [සිංහල](#)



**Welcome to COMPASS**  
The fast and easy way to apply for benefits - anytime and anywhere. COMPASS is an online application for Pennsylvanians to apply for many health and human service programs. Click on the Apply Now button below to begin or use the links on the right side for further assistance.

[Apply Now](#)



**Interested in Health Care?**  
HealthChoices, Pennsylvania's Medical Assistance program, provides you and your family with many health care options. Click on the Apply Now button below to quickly see what options may be available to you.

[Apply Now](#)

[Learn more about Pennsylvania's Medical Assistance expansion plan](#)  
[Learn More About the Health Insurance Marketplace](#)

[Get Started Now](#)

[Do I Qualify?](#)

[Apply for Health Care Only](#)

[Apply for Any Benefits](#)

[Use LIHEAP COMPASS Registration Number](#)

[Returning Users](#)

[My COMPASS Account](#)

[Renew your Benefits](#)

[Finish your Application/Renewal](#)

[Check Application Status](#)

## About COMPASS

If you want to find out if you qualify for Pennsylvania health and human services, apply for new benefits, finish your application or check your status, you're in the right place. By using COMPASS you can apply at any time during the day or night from home, a library or any location with Internet access.

COMPASS is an online application for Pennsylvanians to apply for many health and human service programs.

[Learn More About COMPASS](#)

## Helpful Links

[Need Help Using COMPASS](#)

## Learn About Benefits

For complete information on the specific health and human service programs or benefits available through COMPASS, click on the links below.

### Health Care

- Medical Assistance
- CHIP

### Home and Community Based Services Referrals

- Early Intervention Services
- Intellectual Disability Services
- Autism Services

[Long Term Living Services](#)

## Community Partners

Community Partners are community-based agencies, organizations, coalitions, hospitals, church groups, sponsors of the National School Lunch Program (NSLP) and other groups that wish to help Pennsylvanians submit applications for health and human services.

[Community Partner Login/Registration](#)

## Service Providers and Business Partners

Service Providers and Business Partners are public utilities that provide Lifeline and other program benefits to low-income individuals.

[Registration / Login](#)

This link will take you to the Community Partner (CP) login page.

## Community Partner Information

[Back to COMPASS Home Page](#)

### Welcome Community Partners

Community Partners are community-based agencies, organizations, coalitions, hospitals, church groups, sponsors of the National School Lunch Program (NSLP) and other groups that wish to help Pennsylvanians submit applications for health and human services.

### Why become a COMPASS Community Partner?

Registered COMPASS Community Partners have access to a centralized location to help them manage their applications. This location is commonly known as the Community Partner Dashboard and allows Community Partners to:

- Submit and track all applications in one location
- E-Sign applications on behalf of applicants
- Access saved and submitted applications for up to 180 days
- View statuses of submitted applications
- Submit documents electronically on behalf of applicants and recipients
- View quick reports of applications
- View detailed reports of applications through search function
- View messages from headquarters
- Access forms, links and other publications

If you are a Medical Assistance (MA) provider, and you use your MA provider number when filing the application, you will receive notices of your patient's eligibility, including their MA ID number for billing purposes.

### User ID

[Forgot User ID?](#)

### Password

[Forgot/Change Password?](#)

Sign In

**Want to Become a Community Partner?**

[Start Online Self-Registration](#)

[Online Self-Registration Guide](#)

This is where the CP Delegated Administrator (DA) or user will enter their login credentials.

CLICK, APPLY, BENEFIT.

Home Quick Reports Information Administration Select Organization Aaa1 (Harrisburg) 4211 Union Deposit Road

New Application  
Renew Benefits  
Screen for Benefits  
Screen for Health Care  
Search  
Scan Documents  
PE Worksheet

You have submitted  
**0**

Messages from Headquarters  
No Messages Available

### Aaa1 (Harrisburg)

Applications your organization recently saved

e-Form#	Applicant	Last edited by	Last edit date
W49157172	Rob, Bob	B-DWARKE	10/17/2016

Continue Application Summary

Applications you have recently saved

This is the button you will select to begin a new application.

- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

**Please choose one of the following:**

- I am enrolled with DHS as a MA or non-MA provider and I am applying on behalf of a client (I can provide a valid MA or non-MA provider number).
- I am a community based organization, applying on behalf of a client (I do not have a valid MA or non-MA provider number).

**Please enter your provider information (either MA or Non-MA)**

**Type of Medical Service:**

**MA Provider:**

**MA Provider Number (123456789-1234):**

**Date Of First Admission or Treatment:**

MM/DD/YYYY

**Non-MA Provider:**

**Non-MA Provider Number (A1234567):**

**Date Of First Admission or Treatment:**

CPs that are registered with a correctional facility will choose the first radio button as shown. The CP user will then select the "Type of Medical Service" and enter their Non-MA Provider Number as well as the individual's date of first admission or treatment, if necessary.

- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form


**Optional Section**

Are you applying on behalf of someone who is the Head of Household on a Medical Assistance, Cash, or SNAP case that is active? If so, enter the information below and you may be able to pre-populate this application with information known to the system. If you do not have information for Steps 1 and 2, leave the checkbox and all fields blank and click the 'Next' button to continue with the application.

Community Partners are able to submit a pre-populated application on behalf of a citizen, given they have received approval from the citizen to submit a pre-populated application on their behalf. By checking this box, you are verifying that you have received permission to submit a pre-populated application on behalf of the individuals on the case.

Step 1 : Please enter the Head of the Household MCI number or Medicaid ID or EBT Card number for this field, or Head of the Household SSN.

**MCI #/ Medicaid ID/EBT Card # :**

 (Click image for larger display)

-OR-

**SSN**

(example: 123-45-6789)

Step 2 : Please enter the County/Case Record number.

**County # / Case Record # :**

◀ Previous

Next ▶

The box shown may be selected if you have been given approval on behalf of the individual to complete a pre-populated application. If the individual does not have an active case or you don't know their case information, leave this page blank and click "Next".

- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

**IMPORTANT!** Please write down the application number and what you choose as your password! You will need both of these to access or check on this application's status in the future.

-The password must be **8 to 14 characters long** and contain the following four criteria:

- At least one uppercase letter
- At Least one Lower case
- At least one number
- Spaces are not allowed

The e-Form Number is: **W75343073**

Choose a Password: (Required)



Re-enter Password: (Required)

The questions and answers below will be used in case you lost or forget your password. The questions and answers should be personal and something not known to many people.

You must select 3 unique questions in order to continue.

Your hint answers are case-sensitive. This means they must be entered exactly the same way each time. For example: TEAM4ALL cannot be entered as 'team4all' or 'Team4All'. It must be entered as TEAM4ALL each time.

Hint Question:

Hint Answer:

Enter a password for this application. As a CP, you do not have to answer the security questions at the bottom of the screen.

**Getting Started**

- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

**Household**

Jane

### Household Information

Please tell us about everyone that lives in the household. Be sure to include people who are temporarily away from home. For health care applicants, if you file taxes, we need to know about everyone on your federal income tax return. (You don't need to file taxes to get health care coverage).

To get started, tell us about the Head of Household first. The Head of Household could be:

- The person who is applying for everyone in the household, including themselves
- The person in charge of paying the bills
- The person to whom mail is addressed

Hide Remove this

**First Name:** (Required)  **Middle Initial:**  **Last Name:** (Required)  **Suffix:**

**Birth Date:** (Required)  **Sex (Required)**  Male  Female

Begin entering information in the fields above. All questions that show as (Required) must be answered before the application can be submitted.

If there is anyone else in the household, please click the 'Add Another Person' button.

[+ ADD ANOTHER PERSON](#)

Please confirm who the Head of Household is: (Required)

Jane Doe

Please enter your Residential address:

Street Address: (Required)

111 Main Street

Street Address (2):

City: (Required)

Harrisburg

State: (Required)

PENNSYLVANIA

Zip: (Required)

17102

Zip Ext.:

County: (Required)

Dauphin

(Continued from page 7.)



Getting Started

Household

Benefits

Individual Details

Additional Details

Income

Expenses

Insurance

Resources

Summary

Next Steps

Submit e-Form

Household

Jane

### Benefits

Please click on all of the benefits that one or more people in your household would like to apply for. If needed, we will ask you to tell us which person or people would like to apply for that benefit. [Help](#)

**Health Care Coverage (CHIP, Medical Assistance, Mental Health/Substance Abuse, Health Insurance Marketplace)** [Help](#)

Includes Medical Assistance, Children's Health Insurance Program and Health Insurance marketplace.

Please choose the person(s) who are applying for this benefit

Jane Doe

**Supplemental Nutrition Assistance Program (Food Stamps)** [Help](#)

If you are applying for only SNAP (Food Stamps) benefits, you only need to submit your name, address and signature to start your application. At any point in the application, you can go to the end by clicking Summary on the left hand side of the screen. **Please note: Completing as much information as possible on this application may assist the County Assistance Office in completing your application more quickly.**

**Free or Reduced Price School Meals** [Help](#)

Since this is a Health Care application, you will select the box above.

Getting Started

Household

Household

Benefits

Individual Details

Additional Details

Income

Expenses

Insurance

Resources

Summary

Next Steps

Submit e-Form

Household

Jane

### Individual Details

Household

Has anyone in the household ever applied for benefits with a different name or social security number? (Required)

Yes  No

Contact Information

Home or Contact Phone Number:

Work Phone Number:

Ext.:

Mobile Phone Number:

E-mail Address:

When is the best time to call?

Have you ever applied for or received benefits while in another U.S. state?

Yes  No

What school district does the household live in? (Required)

Central Dauphin

City/Township/Borough: (Required)

BERRYSBURG BORO

Please answer the following questions. Even if someone in the household has a criminal history, you can still get benefits.

Is anyone currently in prison or another correctional facility? (Incarcerated) (Required)

Yes  No

Who?

Jane Doe

Previous

Next

Since the individual is still in prison and has not been released, the question above will be answered "Yes".

- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Jane

General
Voter Registration
Incarceration

Please provide some details about Jane Doe

**What is Jane Doe's citizenship status? (Required)**

US Citizen

Does Jane Doe have a representative, power of attorney, or additional contact person? Help

Yes  No

Has Jane Doe applied for any benefits that they have not received yet? Help

Yes  No

**What is Jane Doe's marital status? (Required)**

Single/Never Married

**Is Jane Doe pregnant? (Required)**

Yes  No

**When is Jane Doe due?**

02/24/2017

MM/DD/YYYY

**How many babies are expected? (Required)**

1

Providing an SSN is optional for persons not applying for health care coverage, but providing it can speed up the application process.

What is Jane Doe's Social Security Number?

---

Please enter Jane Doe's Driver's License or State ID information:

**State or Territory:**

--Please Select--

**Driver's License or State ID Number:**

**Is Jane Doe planning on filing a federal income tax return? (Required)**

Yes  No

**Will anyone claim Jane Doe as a tax dependent? (Required)** Help

Yes  No

**What is Jane Doe's Race?**

- Black or African American
- Native Alaskan or American Indian
- Asian
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other

**Is Jane Doe of Hispanic origin?**

Yes  No

**Has Jane Doe ever been known by another name?**

Yes  No

**If not eligible for full health care coverage, does Jane Doe want to be reviewed for coverage for the Family Planning Services program only?**

Yes  No

Questions will display based on the individual's situation. The individual in this application is pregnant, which has populated the questions above. Entry of SSN is not required but is needed to e-Sign the application.

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

- Household
- Jane

Jane

- General
- Voter Registration
- Incarceration

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Tell us by answering the question below.

**IF YOU DO NOT ANSWER THE QUESTION, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

To register, you must:

- Be at least 18 on the day of the next election;
- Be a citizen of the United States for at least one month **PRIOR TO THE NEXT ELECTION**;
- Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

**Is Jane Doe interested in registering to vote?**

--Please Select--

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120.

(Toll-free telephone number 1-877-VOTESPA)

Previous

Next

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

- Household
- Jane

Jane

General Voter Registration Incarceration

County of Placement: (Required)  
Chester

Admission Date: (Required)  
12/01/2015  
MM/DD/YYYY

Discharge Date:  
10/28/2016  
MM/DD/YYYY

Previous Next

The "County of Placement" is where the individual is currently incarcerated. "Admission Date" is the 'incarceration begin date'. "Discharge Date" is the 'incarceration release date'.

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details**
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

- Household
- Jane

### Additional Details

Household

Does anyone applying have a medical condition (including a disability), a chronic condition (such as arthritis), or an ongoing special health care need? (Required)  
 Yes  No

Does anyone applying have a medical condition that requires health sustaining medication? (Required)  
 Yes  No

Has anyone received Supplemental Security Income in the past? (Required) [Help](#)  
 Yes  No

Does anyone have any paid or unpaid medical bills that have a date of service that occurred this month or within the past 3 months? (Required) [Help](#)  
 Yes  No

Has anyone in the household lost their job or had their work hours reduced through no fault of their own within the past year?  
 Yes  No

Previous

Next

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Household

Jane

## Income

Household

Please answer the following questions regarding the household's current and past sources of income.

If you want to remove an existing employment on file for these individual(s), click the NEXT button to view these employment records and click the 'Remove This' button.

**Current or Future Employment:** Help

Does anyone currently have one or more jobs, or will someone start a job in the next 30 days? (Required)

Yes  No

**Other Income:** Help

Does anyone receive money from one or more sources other than a job? (Required)

Yes  No

Other Income - examples include: Self-Employment, Social Security Disability, Social Security Retirement, Survivors or Disability Income (RSDI), Supplemental Security Income (SSI), Pension/Retirement, Worker Compensation, Unemployment Benefits, Dividends/Interest, Child Support, Alimony, Cash Assistance, Rental Income, Veterans Benefit, VA Aid and Attendance, Annuity, Payments from a Trust, Railroad Retirement, Black Lung

e-Form # W30957995

Print

Cancel

Save & Finish Later

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses**
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Household

Jane

## \$ Expenses

Household

Does anyone pay legal fees to collect any income? (Required)

Yes  No

Previous

Next



- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

- Household
- Jane

### Insurance

Household    Employer Insurance

Does anyone have health (or medical) insurance (including Medicare or Long Term Living Services - Nursing Home and Related Facilities Insurance)? (Required)

Yes     No

Has anyone lost health insurance in the last 90 days? (Required)

Yes     No

Previous

Next

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Household  
Jane

### Insurance

Household    Employer Insurance

Is anyone who is applying offered health insurance from a job? Select Yes even if it is from someone else's job, such as a parent or spouse. (Required) [Help](#)

Yes     No

Previous

Next

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- ➔ Next Steps
- Submit e-Form

Information Managed Care Organization **Additional Information**

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Your answers to the following questions WILL NOT affect your eligibility for Health and Human Services.

**What language do the applicants most easily understand?** (Required)

English

If other, please be specific:

**If an interview is necessary, do you want an interpreter?** (Required)

Yes  No

**Do you have any additional comments?**

Yes  No

The following questions are optional and WILL NOT affect your eligibility for Health and Human Services.

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

**Signature Options** Rights & Responsibilities Identity Verification Cert

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

As a part of the application process, applicants must provide documents confirming the information entered on the e-Form. Applicants must choose to sign and return a signature page indicating that they understand the rights and responsibilities of the e-Form and that the e-Form has been completed accurately, OR to have the community partner assisting with this e-Form electronically sign the e-Form on their behalf. Applicants that choose to have the community partner e-Sign on their behalf may also ask the community partner to confirm the information entered as they progress through the e-Form.

**The online confirmation and e-Signature may be completed under the following conditions:**

- The applicant has identification documents that are readily available for verification by the Community Partner.
- The applicant has documents readily available for any income, resource, expense, and pregnancy information and can provide these documents to the Community Partner as proof of statements made on the online form.
- The Community Partner is familiar with the documentation valid for confirmation.
- The applicant has given his/her word to the Community Partner, indicating the information entered on the online form is true to the best of his/her knowledge under the penalty of perjury.
- The Community Partner has ensured that the applicant has read and understands the online form Rights and Responsibilities.
- The Community Partner is confident of the validity of the applicant's identity and information provided.
- The Community Partner is assured that the applicant wishes to have the online form e-Signed on his/her behalf.
- If the applicant has some, but not all documents on hand, the available documents can be used to confirm the information. The outstanding documents must then be mailed into the appropriate agency at a later time. More detailed instructions will be provided at the end of the application.

**Would you like to e-Sign for these programs?** (An e-signature is the same thing as signing your name with a pen at the bottom of a paper form.)

Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace) [Learn More](#)

Yes, I would like to e-sign on behalf of the applicant. I have been authorized by the applicant to e-sign on his or her behalf. I have ensured the applicant has read and understands the Rights and Responsibilities for this application. I have viewed the necessary identification information for the applicant

**Please note: The applicant must be an adult and have a social security number to e-sign.**

No, I DO NOT want to e-Sign my application.

If you select this option, you will have to print, sign, and mail the signature page. If you are unable to print the page, one will be mailed to you.

This is where you can e-Sign the application. Note that a Social Security number must be entered for an adult in order to e-Sign.

Previous

Return To Summary

Next

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Responsibilities Identity Verification **Certification / Authorization** Summary

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Please type your initials in the box below as verification that:

- You have checked for proof of the applicant's identity, and
- The applicant has read, certifies, and agrees that:
  - The person(s) being applied for are U.S. citizens or aliens in satisfactory immigration status. (This certification does not apply to an alien who is applying only for Medical Assistance emergency health care benefits.)
  - He/she must sign (or have the Community Partner electronically sign) the application in order to be eligible for all programs applied for under law.
  - He/she authorizes the release of personal, financial, and medical information for the purpose of determining eligibility.
  - He/she certifies to the best of his or her knowledge that he/she understands his/her rights and responsibilities and certifies that all the information in this application is correct under penalty of perjury.

Community Partners Initials:  x

Previous

Return To Summary

Next

You will enter your initials in the box above if you e-Sign the application.

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

ibilities Identity Verification Certification / Authorization **Submit** Cc

You are not quite finished! To complete this application, you must click on Submit at the bottom of the screen.

You have entered all of your information. If you want to make any changes, please make them now.

To complete the process, you may need to return the verification documents listed on the following pages. The e-Form Signature page will automatically be signed for you. The electronic signature indicates that you understand your rights and responsibilities.

Please choose one of the following:

- I want to view and/or print the e-Form for my records.
- I want to view and/or print the e-Signed signature page
- I do not want to view and/or print the e-Form at this time

Please indicate which language you would like to view and/or print this document in:

- English
- Spanish

Previous

Return To Summary

Submit

Once you are finished with the application, you can click the "Submit" button to submit the application.

**You have completed this application and your information has been sent to the department(s) mentioned below for review.**

**VIEW SUMMARY** To review the summary of the application you submitted, click on the View Summary button.

**VIEW REQUIRED ITEMS** To review the verification documents we need from you in order to finish processing your application, click on the View Required Items button. Submit these documents as soon as possible, but no later than November 17, 2016 . Please write the e-Form number and the name of the Head of Household on all mailed or faxed documents.

**SCAN DOCUMENTS** To submit verification documents electronically, click on the Scan Documents button. Note: Documents are unable to be received through this option for the following programs: CHIP, Free or Reduced Price School Meals, Child Care Works, and Intellectual Disabilities Services. Please mail or fax verification documents for these programs.

Scan, mail, or fax verification documents as soon as possible, but no later than November 17, 2016.

**Your information has been sent to the department(s) mentioned below for review:**

**Department of Human Services**

Dauphin County Assistance Office  
2432 North 7th Street  
P.O. Box 5959  
Harrisburg, PA 17110-0959  
Info Number: 717-787-2324  
Fax Number: 717-787-3040  
Email: C-DAUPHINC@STATE.PA.US

**JobGateway - Important Information**

JobGateway is an initiative of the Pennsylvania Department of Labor and Industry to connect Pennsylvania job seekers and potential employers, in support of the Department's mission to improve the quality of life and economic security for Pennsylvania workers and businesses. The staff is knowledgeable about current labor market conditions, and can provide you with information and resources to meet your job search needs.

All clients may utilize JobGateway. Please note that if you are applying for TANF (Temporary Assistance for Needy Families) Cash benefits and you are 18 or older you are required to apply for at least three jobs per week while the application is pending, unless:

- You are already working 20 hours per week, or
- You have verified you are exempt from work requirements, or
- You have established good cause to not meet work requirements.

Your Caseworker will provide details of how to verify compliance with the job search requirements, but it is strongly recommended that you register with JobGateway to get started. You can find them at: [www.jobgateway.pa.gov](http://www.jobgateway.pa.gov)

Thank you for your interest in Pennsylvania's Health and Human Service programs.

**← BACK TO COMPASS HOME PAGE** **← LOGOUT**

If you are finished with your application, please close your browser window.

If you need to scan documents on behalf of the individual, you will click "Scan Documents" above. If you are done with the application, you can go "Back to COMPASS Home Page" or "LOGOUT". You can also go back to the CP Dashboard by clicking the "CPD Home" button.