

Adobe Experience Cloud

- Nick Gatz
- Mark Smalley
- Angel Almaguer



EXPERIENCES MATTER MORE THAN EVER

218

Daft Punk Following 2,438,975 Followers

► SHUFFLE PLAY

share a Coke with Chris

What Makes a Great Experience?



Take Two

COMPELLING

PERSONAL

PUSH

100+ choices

USEFUL

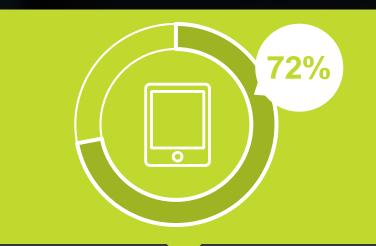
EVERYWHERE

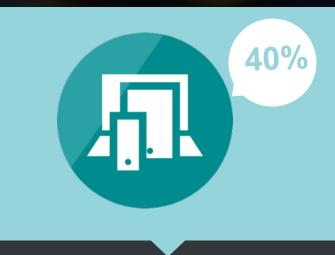
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Transform the User Experience Best Practices



Customers in regulated industries expect self-service, multi-device and on the go access







72% of customers prefer selfservice interactions to phone or email support

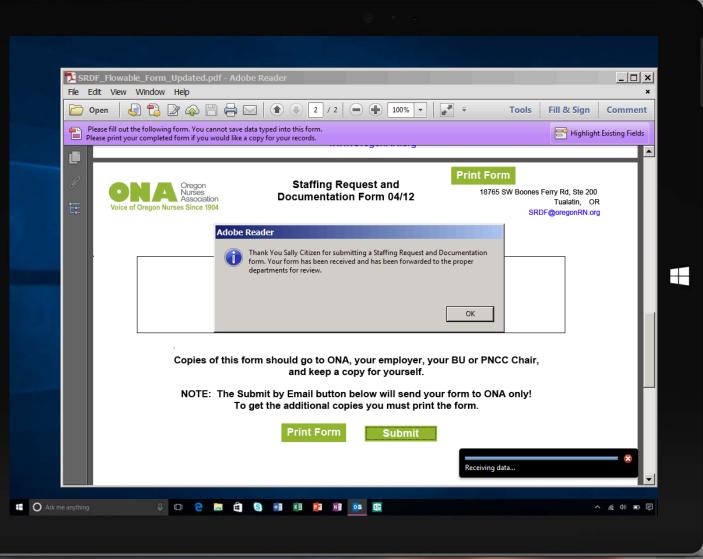
Trends 2015: The Future of Customer Service, Forrester Research Inc. 88% of adults use 2.3 devices per day with 40% start activity on one device and finish on another

Adobe Digital Index 2015 & Econsultancy's Multi-Device Study

53% of adults use smartphones as their primary computing device

Computer and Internet use data released by NTIA / US Census Bureau

85% of Government Processes begin with a Form



Responsive Web Form Experiences

HealthCare.gov Individuals & Families Small Businesses	
Hardship exemption application	Hardship exemption application
START HERE APPLICATION ASSISTANCE PRIMARY CONTACT YOUR HOUSEHOLD EXEMPTION SPOUSE AND DEPENDENTS ATTESTATION	
Assistance with this application	Your information contains 1 error(s). Specify the type of assistance being provided
○ No	
• Yes	Assistance with this application
Which type of helper is assisting you?	Is there someone helping you complete this application?
Select type	○ No
Insurance Agent or Broker	• Yes
Certified Application Counselor	
	Which type of helper is assisting you?
	Select type
	 Insurance Agent or Broker

Adaptive Task Based Forms

Department of Veterans Affeirs	NS FOR COMPLETING FOR HEALTH BENEFITS								
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VA Vets.gov

VA Form 1010EZ Application for Health Benefits

Personal Information Insurance Information Military Service Financial Assessment Review & Submit

VA Form 1010EZ Application for **Health Benefits**

Name and general information	Last Name	Requirea	First Name	Required	Middle Name		PROGRESS - 12%
Additional information	Paget		Brian				
						Last Name	Required
Demographic information	Mother's Maiden Name					Paget	
Veteran's Address						Fager	
	Date of Birth		Required	City of Birth	State	o First Name	Required
	MM/DD/YYYY			Mclean	Virg	Brian	
	Social Security Number (SSN	I)	Required				
	###-##-#####					Middle Name	
	Gender		Required				
	Male					Mother's Maiden Name	
	Female						
						Date of Birth	Required
						MM/DD/YYYY	
						City of Birth	
						Mclean	

State of Birth

Adaptive Task Based Forn

- Improve citizen submittal processes
- <u>Reduce</u> form submittal times
- Increase data collection accuracy
- Leverage existing agency resources

OREGON TRAFFIC ACCIDENT AND INSURA	NCE REPORT	
COMPLETE BOTH SIDES Complete this form ONLY If your accident happened on a highway or premises open to the public, and r More than \$1500 in damage to your vehicle; 2) More than \$1500 in damage to any one person's property of	esuited in any of the following: 1) her than a vehicle: 3) Any vehicle	
has more than \$1500 and any vehicle is towed from the scene as a result of damages; 4) injury to any p injury); or, 5) the death of any person.	person (no matter how minor the	
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Control C		
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Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST	DOther	
agent) and policy number that provided liability coverage for the vehicle you were driving.		
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Check all	Instructions	Date, Location & Time
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Oregon Traffic Accident and Insur	anco	
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Report		06/22/2017
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DATE, LOCATION & TIME	< >	Υ
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Clearly identify the date, location and time of the act	cident. The	Lana Ave NE
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If you are unsure of the county, contact any local law agency for assistance.	venforcement	Name of Nearest City/Town:
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CHILD SUP	PORT ENFORCEMENT SE	RVICES APPLICAT	10N
Applicant:Let Address:	Fist	Middle Marden	Never Married
Have you applied for or do you currer of the children included on this applic Yes Name of Organization: Your name as it appears on file wi No		m Virginia, another state, or a	private company for an
An <u>annual fee of \$25</u> for each case has collected and disbursed at leas inquired). A fee of <u>\$25 for reopening a case</u> money order payable to the Treasur CASE CLOSURE	904, the following fees may be applicable to in which you have new received Temporar 5500 of child support. (This fee will be ded. within 5.mostlar from the date your case is er of Virginia and attached to this application	y Assistance for Needy Familie ucted from future collections; no closed. (This fee must be paid	o payment by you is
If you close your case, it may take up PAYMENTS	to ninety (90) days to process.		
If it is determined that the noncustodil care coverage, the child support and	al parent's earnings are insufficient to cover b unt will be collected first. The cost of health c	both the child support amount care coverage may not be paid	and the cost of health
DCSE disburses child support payme Virginia. Please select a payment op	ints by direct deposit into a checking, savings tion:		
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You are personally liable to repay any future child support payments. Indice	child support you receive that was paid error the your permission for DCSE to recoup a por	neously. Erroneous payments rtion of future payments should	may be repaid from i this occur.
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Modern Mobile Government Forms

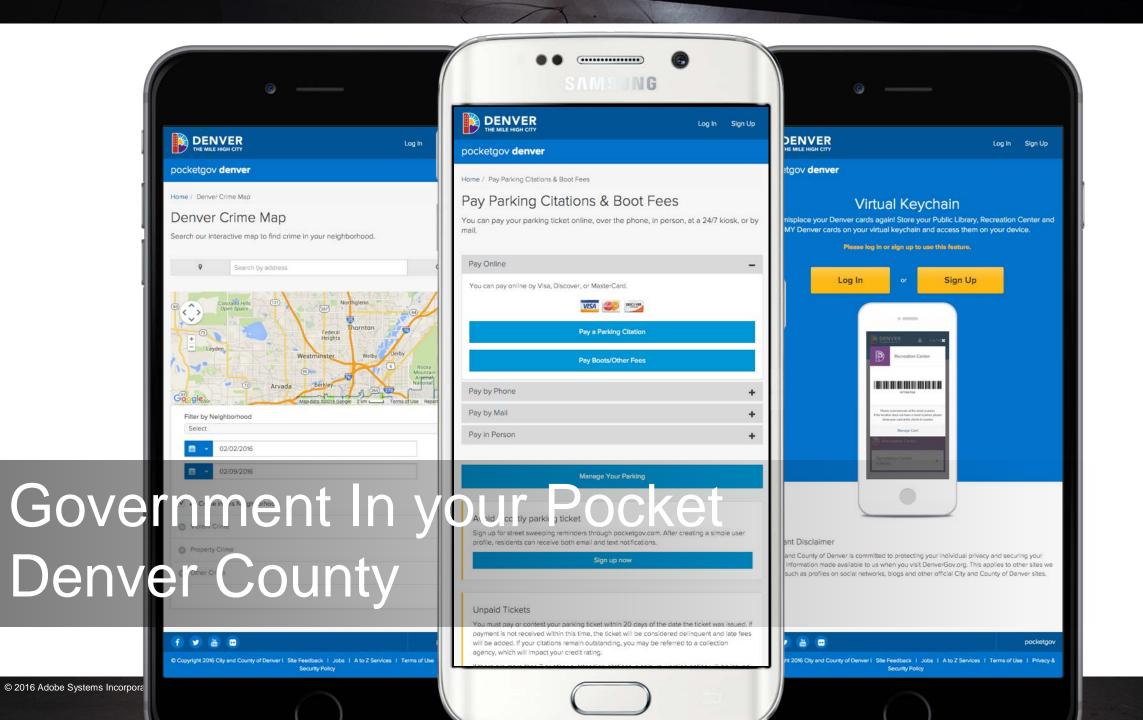
 Move Beyond the PDF

Make things mobile friendly

Easily move from Forms to Apps

 Field Worker Offline Access

english → Engli	
Check Eligibility for Child Support	
Are you:	
The Custodial parent	
The Non-custodial parent	
A grandparent or other guardian	
A child over 12 years old	
None of the above	
NEXT 🔉	



Adobe Experience Cloud

Transform the User Experience





Where we started.....

© 2016 Add

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File Home Insert	Page Layout References Mailings Review View Document Security Acrobat	۵ 3
Print Layout Document Views	Image: Show Image: Ruler Image: Ruler	
	Members' In-State Reimbursement Form	<u>۳</u>
N.C. General Assem	mby Fom: PR008	
Administrative Divis	This form is used to request for in-state reimbursement for subuitence and	
Financial 3	Taviel for Committee, Commission or Other In-State Meetings/Legislative Services Senses Bullers: by members. Budget to Clarge	
	(Complete Name of Committee or Commission or Description of Meeting/Business)	
	Location of Meeting (City):	
	Date(s) of Meeting:	
	Member:	
	Total Number of day's subsistence claimed (This line <u>MUST</u> be completed to be reimbursed)	=
	Arrived the day prior to meeting day Yes No No (Claim one day for each meeting day you attended. If spending the night prior to the first meeting day, you are entitled to an extra day.)	
	Car Mileage (Round Trip)	
	Number of Round Trips	
	(Member's Signature)	
	Must be approved by Chairperson, Senate President Pro Tempore or	
	House Speaker] (Approval Signature)	
	Names of other official legislative or state government meetings attended during this visit:	
	Number of days subsistence claimed for other meeting(s)	
	Car Mileage claimed for <u>other</u> meeting Yes I No I	*
Page: 1 of 1 Words: 1/179 🔇		¥
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Adaptive Form

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	NC Members In State Reimbursemen	n t Form Verify	Input Verify
General		_	GENERAL < >
Details	This form is used to request for in-state reimburse subsistence and travel for Committee, Commissio State Meetings/Legislative Business by members. Name of Committee		This form is used to request for in-state reimbursement for subsistence and travel for Committee, Commission or Other In- State Meetings/Legislative Business by members. Name of Committee
	Dates of Meeting mm/dd/yyyy mm/dd/yyyy		Dates of Meeting mm/dd/yyyy
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Adobe

Pre-populated list, calendar, calculations

© 2016 Adobe

Alcoholic Beverage Control	NCReimburseWK	NCReimburseWK
Appropriations on Department of Transportation	W NC General Assembly	
Appropriations Education	Administrative Division	
Commerce and Job Development	NC Members In State Reimbursement Form	DETAILS
Education - K-12	Input Verify	Total No Dava Subsistence
Emergency Management Oversight		Total No Days Subsistence
North Carolina River Quality	≡	4
G Pensions and Retirement	GENERAL <	Arrived the Day Prior
Regulatory Reform		
Rules-Calendar and Operations of the House	This form is used to request for in-state reimbursement for subsistence and travel for Committee, Commission or Other In-	Yes
Unemployment Insurance	January 2018 V I I I I I I I I I I I I I I I I I I	
Wildlife Resources	Sun Mon Tue Wed Thu Fri Sat	No
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Signatures – Submittal & Approvals

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	Members Signature
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400	5
# Round Trips	Names Of Other Official Legislative Or State Government Meetings Attended During This Visit
×	Mary Jones, Jake Simmons
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Please Sign here	# Days Subsistence Claimed-Other Meetings
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Names Of Other Official Legislative Or State	Car Mileage Claimed for other Meeting
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087	16

Signatures – Submittal & Approvals

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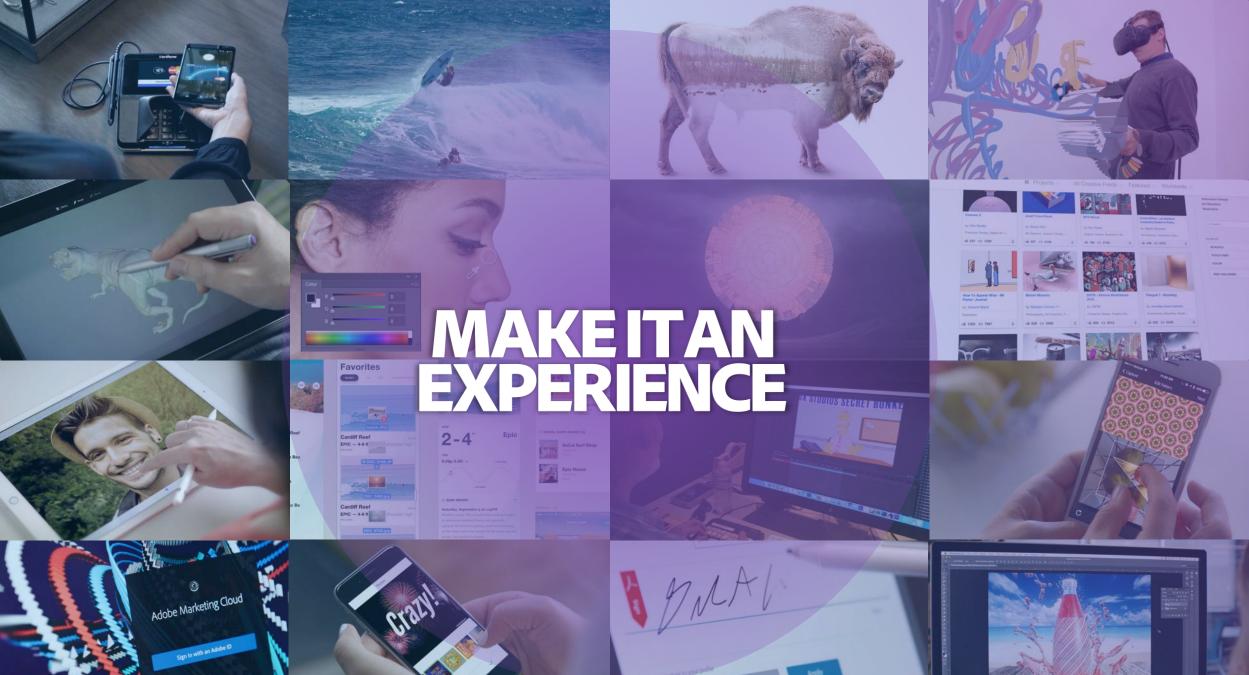
Workflows & Notifications

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