



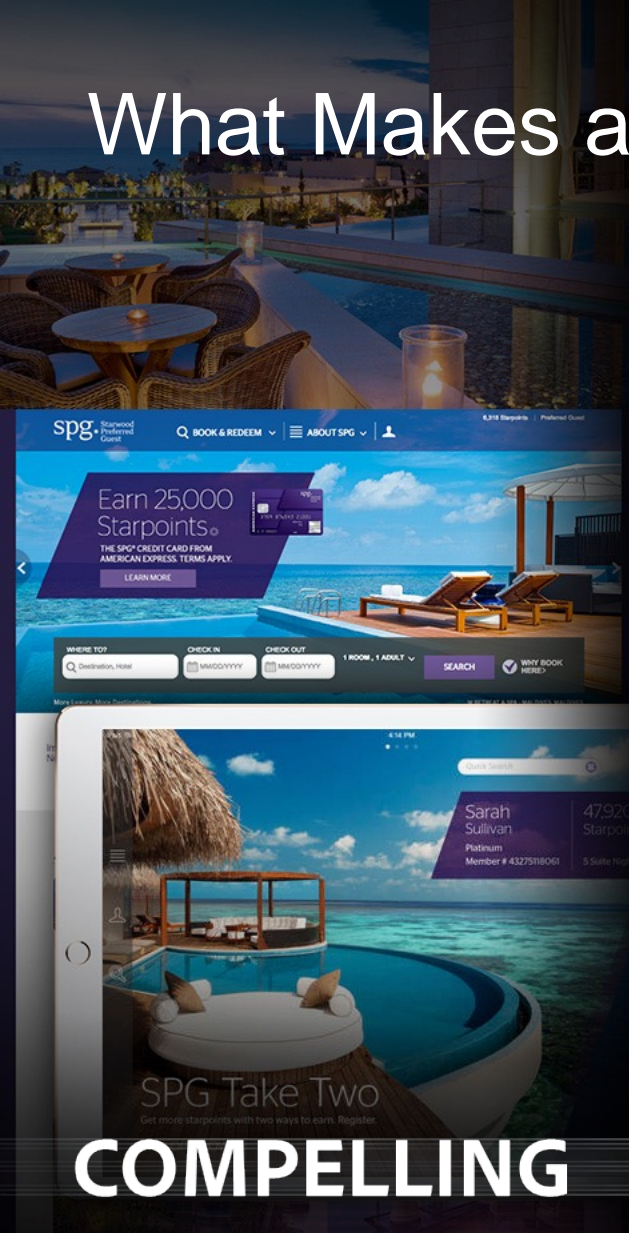
# Adobe Experience Cloud

- Nick Gatz
- Mark Smalley
- Angel Almaguer

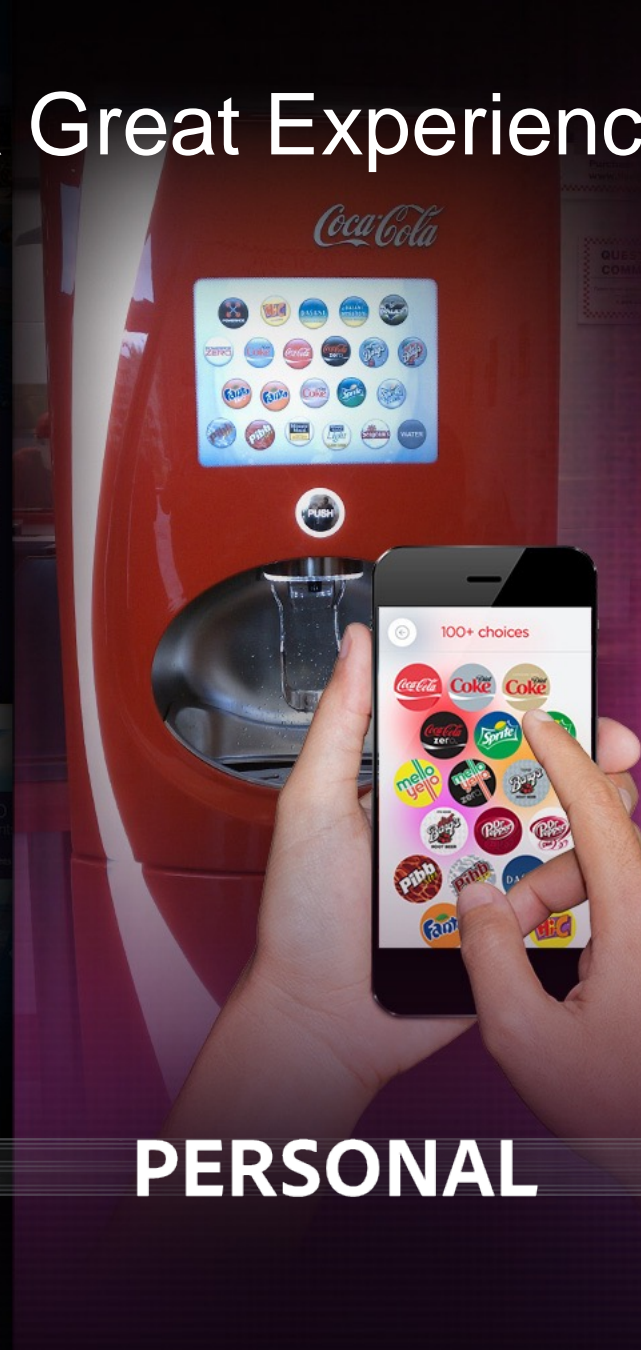
**MAKE IT AN  
EXPERIENCE**

MATTER MORE THAN EVER

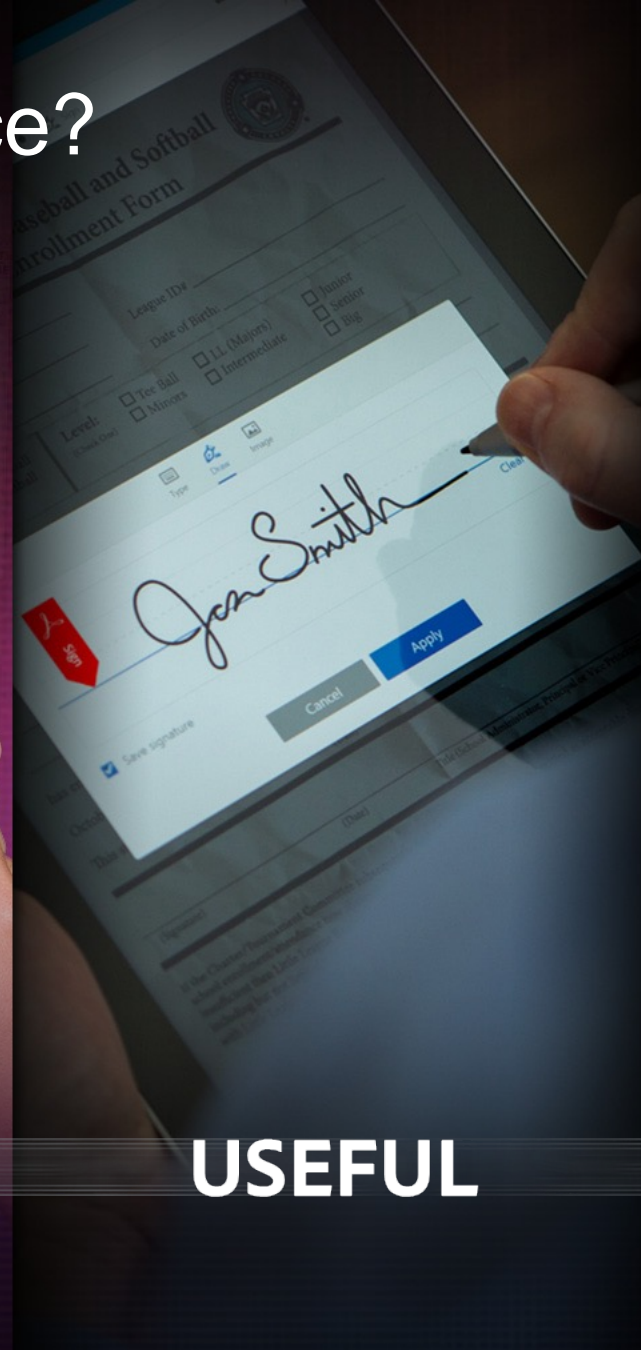
# What Makes a Great Experience?



**COMPELLING**



**PERSONAL**



**USEFUL**



**EVERYWHERE**

# Transform the User Experience

## Best Practices



Connect with users  
on any device



Connect



Improve engagement  
through personalization



Engage



Establish an on-going  
relationship with user



Reach  
Out

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



72%

72% of customers prefer **self-service** interactions to phone or email support

Trends 2015: The Future of Customer Service,  
Forrester Research Inc.



40%

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

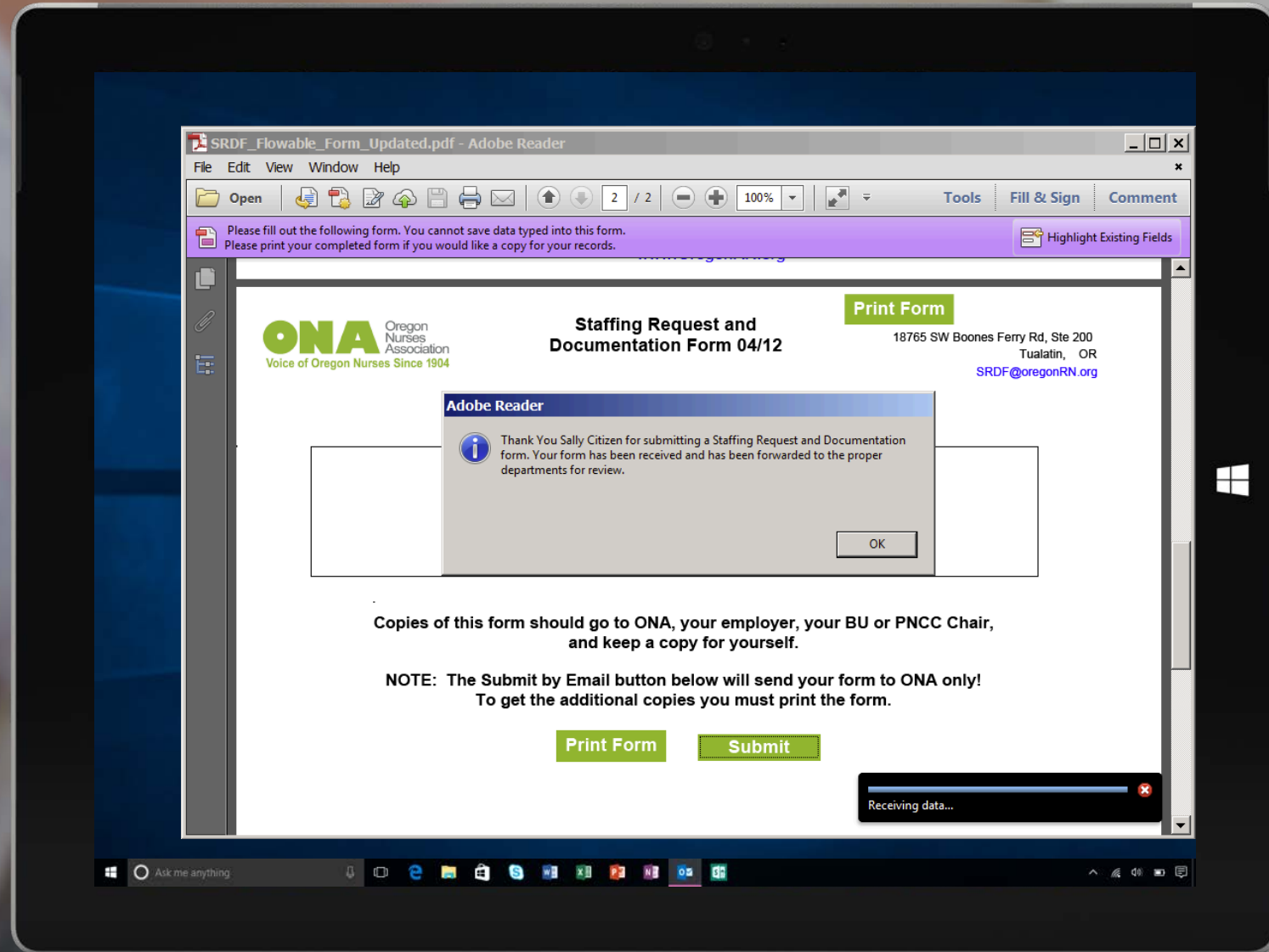


53%

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

LOG IN

Hardship exemption application

START HEREAPPLICATION ASSISTANCEPRIMARY CONTACTYOUR HOUSEHOLDEXEMPTIONSPOUSE AND DEPENDENTSATTESTATION

Assistance with this application

Is there someone helping you complete this application?

No

Yes

Which type of helper is assisting you?

Select type

Insurance Agent or Broker

Certified Application Counselor

Hardship exemption application

Your information contains 1 error(s).

Specify the type of assistance being provided

Assistance with this application

Is there someone helping you complete this application?

No

Yes

Which type of helper is assisting you?

Select type

Insurance Agent or Broker

# Adaptive Task Based Forms

2014-2015 Application Instructions  
 10-10EZ (Rev. 10-1-14)

Department of Veterans Affairs

# INSTRUCTIONS FOR COMPLETING APPLICATIONS FOR HEALTH BENEFITS

## DEFINITIONS

**SERVICE-CONNECTED:** A veteran with a VA determination that an illness or injury was incurred or aggravated while on active duty.

**SERVICE-CONNECTED COMPENSABLE:** A veteran who is paid VA monthly compensation for the service-connected disability.

**SERVICE-CONNECTED NONCOMPENSABLE:** A veteran who is paid 0% service-compensation and not paid VA monthly compensation.

**NONSERVICE-CONNECTED:** A veteran who does not have a VA determined service-related condition.

## SECTIONS TO COMPLETE

The checks (X) in the table below indicate which Sections of the Application for Health Benefits should be completed by the applicant. The Sections in the shaded blocks should be completed only if Section 1B is checked on "YES."

APPLICANT	SECTION					
	I	IIA	IB	IC	IID	IE
0% SERVICE-CONNECTED, NONCOMPENSABLE	✓	✓	✓	✓	✓	✓
0 TO 20% SERVICE-CONNECTED, COMPENSABLE	✓	✓	✓	✓	✓	✓
30 TO 40% SERVICE-CONNECTED, COMPENSABLE	✓	✓	✓	✓	✓	✓
50% OR GREATER, SERVICE-CONNECTED, COMPENSABLE	✓	✓	✓	✓	✓	✓
NONSERVICE-CONNECTED	✓	✓	✓	✓	✓	✓
FORMER POW OR WWI VETERAN	✓	✓	✓	✓	✓	✓
NSC PENSION	✓					✓

## SECTION I: GENERAL INFORMATION

Complete all questions if applying for Health Services, Nursing Home, Hospice, or Dental benefits. Please enter all pertinent information and provide updated information. Skip all blocks with "N/A" or "For Future Use" printed in them.

## SECTION II: FINANCIAL ASSESSMENT

The financial assessment is used to determine certain veterans' priority level for enrollment, possible exemption from co-payment requirements, and eligibility for total benefits. Veterans with a combined VA service-connected disability rating of 50% or greater and veterans in receipt of VA pension benefits are exempt from this assessment and should not complete this section.

## SECTION III: DEPENDENT INFORMATION

If you answer YES in Section IIIB, Complete Sections IIA, IIC, IID, and IE that apply to you. For example, if you are completing the form in June 1995, provide calendar year 1995 information. See table above for sections to complete.

## SECTION IV: FINANCIAL DISCLOSURES

Complete Section IVA if you answered YES in Section IIIB. Use a separate sheet of paper for additional dependent children.

- You may count your spouse as your dependent even if you did not live together, as long as you contributed \$400 or more in support.
- Children under the age of 18 are not required to have attended school in order to be counted as a dependent.
- A child between the ages of 18 and 23 can only be counted as a dependent if they attend high school, or college or vocational school on a full or part time basis.
- Count child support contributions even if not paid in regular set amounts. Contributed items can include tuition payments or payments of medical bills.

## CONSENT TO RELEASE INFORMATION

I hereby authorize the Department of Veterans Affairs to disclose any and all names, diagnosis and treatment information from any medical records (including allegations relating to the diagnosis, treatment or other therapy for the condition of substance abuse, alcoholism or alcohol abuse, mental illness, or testing for or treatment with the human immunodeficiency virus) to the contractor of any health plan contract under which I am currently eligible for medical care or payment of the expense of care or to any other party named within liability. I understand that I may revoke this authorization at any time, except to the extent that contract has already been taken into action by me. Without my express written consent, the contractor shall not disclose, except where it is required by law, VA's claim for reimbursement for my medical care has been completed. I authorize payments of medical bills to VA for any services for which payment is accepted.

SOCIAL SECURITY NUMBER	DATE OF BIRTH
COMPANY OF PATIENT	DATE

10-10EZ

Instructions - Page 1

VA | Vets.gov

AAA

VA Form 1010EZ Application for Health Benefits

Personal Information

Insurance Information

Military Service

Financial Assessment

Review & Submit

Name and general information

Additional information

Demographic information

Veteran's Address

Last Name  
Paget

First Name  
Brian

Middle Name

Mother's Maiden Name

Date of Birth  
MM/DD/YYYY

City of Birth  
Mclean

State of Birth  
Virginia

Social Security Number (SSN)  
###-##-####

Gender  
☐ Male  
☐ Female

VA Form 1010EZ Application for Health Benefits

PROGRESS - 12%

Last Name  
Paget

First Name  
Brian

Middle Name

Mother's Maiden Name

Date of Birth  
MM/DD/YYYY

City of Birth  
Mclean

State of Birth

# Adaptive Task Based Form

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

**DMV OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT**  
COMPLETE BOTH SIDES

Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1500 in damage to your vehicle; 2) More than \$1500 in damage to any one person's property other 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 person (no matter how minor the injury); or, 5) the death of any person.

ACCIDENT DATE: DAY OF WEEK TIME OF DAY AM PM COUNTY

ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) MILE POST

TYPE OF ACCIDENT - The accident involved one or more of the following (Mark all that apply):

- ☐ Two vehicles ☐ ATV / Snowmobile ☐ Pedestrian
- ☐ More than two vehicles ☐ Motorcycle ☐ Overturned vehicle
- ☐ Fatality ☐ Motorized Scooter ☐ Animal
- ☐ Bicycle ☐ Personal (unpowered) mobility device ☐ Road object / property
- ☐ Pedestrian ☐ Train ☐ Other

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

DRIVER'S NAME (Last, First, Middle) DRIVER'S LICENSE NUMBER

DRIVER'S RESIDENCE ADDRESS CITY

MAILING ADDRESS (if different than residence) CITY

VEHICLE OWNER'S NAME AND ADDRESS CITY

☐ SAME

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS CITY

POLICY NUMBER VEHICLE IDENTIFICATION NUMBER VEHICLE PLATE NUMBER

Check all statements that apply:

- ☐ Damage to your vehicle was more than \$1500.
- ☐ Damage to any one person's property (other than vehicle) was more than \$1500.
- ☐ Your vehicle was towed from the scene as a result of damages.
- ☐ You or passengers in your vehicle were injured.
- ☐ The accident occurred while you were driving your employer's vehicle.

**Oregon Department of Transportation**

**Oregon Traffic Accident and Insurance Report**

Instructions

✓ Date, Location & Time

1 Instructions 2 Date, Location & Time 3 Your Vehicle

DATE, LOCATION & TIME

← →

**Date, Location & Time**

Clearly identify the date, location and time of the accident. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

Accident Date:

06/22/2017

Time of Day:

AM or PM

Road On Which Accident Occurred (Name of street, road or route):

Lana Ave NE

Name of Nearest City/Town:

Salem

# Modern Mobile Government Forms

- Move Beyond the PDF
- Make things mobile friendly
- Easily move from Forms to Apps
- Field Worker Offline Access

ROGERS 8:02 AM

smorroe-w7-3

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)  
800-468-8884

DCSE USE ONLY  
Date Application Requested \_\_\_\_\_  
Date Application Mailed \_\_\_\_\_  
Date Application Received \_\_\_\_\_  
DCSE Case # \_\_\_\_\_  
TANF CAP CHILD Y ☐ N ☐

**CHILD SUPPORT ENFORCEMENT SERVICES APPLICATION**

Applicant: Last First Middle Maiden Never Married  
Address: Street & Number City State Zip

Does the child (children) reside with you? ☐ Yes (You are the "Custodial Parent" even if you are not the child's or children's biological parent)  
☐ No (Noncustodial Parent)

Have you applied for or do you currently receive support enforcement services from Virginia, another state, or a private company for any of the children included on this application?  
☐ Yes Name of Organization: \_\_\_\_\_  
Your name as it appears on file with that organization: \_\_\_\_\_  
☐ No

**FEES**

In accordance with Va. Code § 63.2-1904, the following fees may be applicable to you:  
• An annual fee of \$25 for each case in which you have never received Temporary Assistance for Needy Families (TANF) and DCSE has collected and disbursed at least \$500 of child support. (This fee will be deducted from future collections; no payment by you is required.)  
• A fee of \$25 for reopening a case within 6 months from the date your case is closed. (This fee must be paid by cashier's check or money order payable to the Treasurer of Virginia and attached to this application.)

**CASE CLOSURE**

If you close your case, it may take up to ninety (90) days to process.

**PAYMENTS**

If it is determined that the noncustodial parent's earnings are insufficient to cover both the child support amount and the cost of health care coverage, the child support amount will be collected first. The cost of health care coverage may not be paid.

DCSE disburses child support payments by direct deposit into a checking, savings account or debit card issued by the Commonwealth of Virginia. Please select a payment option:  
☐ Direct Deposit (You must complete the Direct Deposit application.)  
☐ Virginia Debit Card

You are personally liable to repay any child support you receive that was paid erroneously. Erroneous payments may be repaid from future child support payments. Indicate your permission for DCSE to recoup a portion of future payments should this occur.

I AUTHORIZE DCSE TO RECOUP FROM FUTURE PAYMENTS ALL CHILD SUPPORT PAID TO ME IN ERROR AFTER NOTICE OF SUCH ERROR HAS BEEN PROVIDED TO ME.

Signature \_\_\_\_\_

1 800-11-6328 (7-493) (1/14)

geometrixX.GOV  
CHILD SUPPORT SERVICES

ENGLISH

**Check Eligibility for Child Support**

Are you: ?

The Custodial parent

The Non-custodial parent

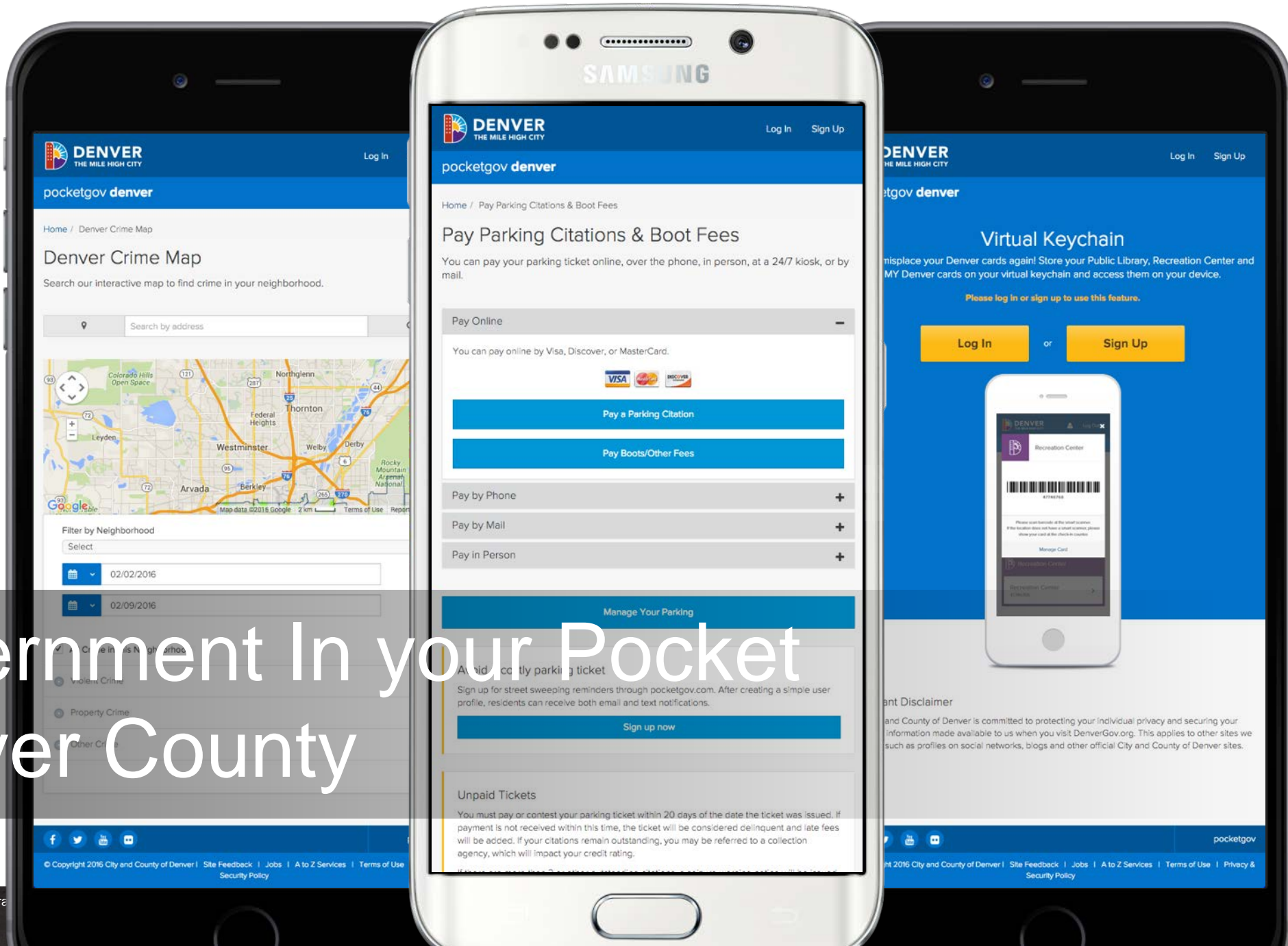
A grandparent or other guardian

A child over 12 years old

None of the above

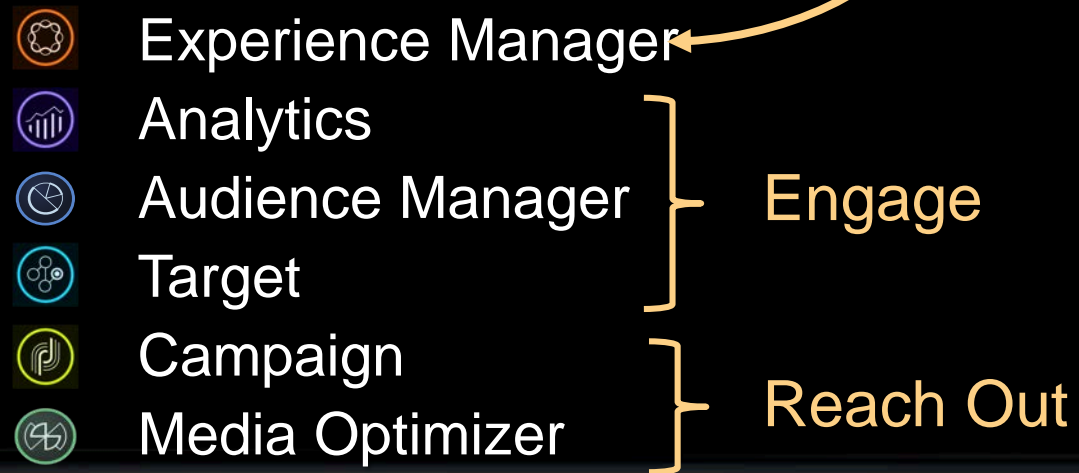
NEXT ➔

# Government In your Pocket Denver County



# Adobe Experience Cloud

## Transform the User Experience



# Where we started.....

NC Senate Forms.docx - Microsoft Word

File Home Insert Page Layout References Mailings Review View Document Security Acrobat

Print Layout Full Screen Reading Web Layout Outline Draft Document Views

Ruler Gridlines Navigation Pane Show

Zoom 100% One Page Two Pages Page Width Zoom

New Window Arrange All Split View Side by Side Synchronous Scrolling Reset Window Position Window Switch Windows Macros

Members' In-State Reimbursement Form

N.C. General Assembly Form: PR008

Administrative Division Rev: 04/2008

Financial Services Section 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.

Financial Services Use: Budget to Charge

(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 MUST be completed to be reimbursed)

Arrived the day prior to meeting day (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.) Yes ☐ No ☐

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 other meeting Yes ☐ No ☐

Page: 1 of 1 Words: 1/179

75%

11:17 AM 1/30/2018


# Adaptive Form

AEM Sites

NC Forms

NCReimburseWK

localhost:4502/content/dam/formsanddocuments/nc\_general\_assembly/ncreimbursewk/\_jcr\_content?type=guide&source=fp&wcmmode=disabled



NC General Assembly  
Administrative Division

NC Members In State Reimbursement Form

Input

Verify

General

Details

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

Location of Meeting


Dates of Meeting

mm/dd/yyyy

mm/dd/yyyy

Member

NCReimburseWK



NC General Assembly  
Administrative Division

NC Members In State Reimbursement Form

Input

Verify

GENERAL

<

>

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

Location of Meeting

Dates of Meeting

mm/dd/yyyy

mm/dd/yyyy

mm/dd/yyyy

375 x 667 - iPhone 6

# Pre-populated list, calendar, calculations

Alcoholic Beverage Control

Appropriations on Department of Transportation

Appropriations Education

Commerce and Job Development

Education - K-12

Emergency Management Oversight

North Carolina River Quality

**Pensions and Retirement**

Regulatory Reform

Rules-Calendar and Operations of the House

Unemployment Insurance

Wildlife Resources

Location of Meeting

Dates of Meeting

mm/dd/yyyy

mm/dd/yyyy

NCReimburseWK

NC General Assembly  
Administrative Division

NC Members In State Reimbursement Form

Input Verify

GENERAL

This form is used to request for in-state reimbursement for subsistence and travel for Committee, Commission or Other In-State Members. This form is for use by members.

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

mm/dd/yyyy

mm/dd/yyyy

NCReimburseWK

DETAILS

Total No Days Subsistence

4

Arrived the Day Prior

Yes

No

Car Mileage(Round Trip)

400

# Round Trips

1

Members Signature

# Signatures – Submittal & Approvals

NCReimburseWK

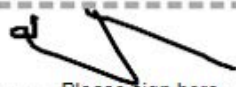
No




Car Mileage(Round Trip)

400

# Round Trips

×

  
Please sign here




Names Of Other Official Legislative Or State Government Meetings Attended During This Visit

Names Of Other Official Legislative Or State Government Meetings Attended During This Visit


⌂ ⏮ ⏭

NCReimburseWK

Members Signature



Approval Signature



Names Of Other Official Legislative Or State Government Meetings Attended During This Visit

Mary Jones, Jake Simmons

# Days Subsistence Claimed-Other Meetings

1 I

Car Mileage Claimed for other Meeting

Yes

No

⌂ ⏮ ⏭

# Signatures – Submittal & Approvals

NCReimburseWK

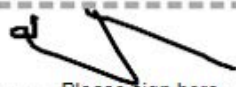
No




Car Mileage(Round Trip)

400

# Round Trips

×

  
Please sign here




Names Of Other Official Legislative Or State Government Meetings Attended During This Visit

Names Of Other Official Legislative Or State Government Meetings Attended During This Visit


⌂ ⏮ ⏭

NCReimburseWK

Members Signature



Approval Signature



Names Of Other Official Legislative Or State Government Meetings Attended During This Visit

Mary Jones, Jake Simmons

# Days Subsistence Claimed-Other Meetings

1 I

Car Mileage Claimed for other Meeting

Yes

No

⌂ ⏮ ⏭

# Workflows & Notifications

The screenshot displays an email client window titled "Inbox - admin@sandbox.adobe...". The interface includes a menu bar (File, Edit, View, Go, Message, Events and Tasks, Tools, Help), a toolbar (Get Messages, Write, Chat, Address Book, Tag, Quick Filter), and a search bar (Search <Ctrl+K>). The left sidebar shows a list of email accounts and their inboxes, with "admin@sandbox.adobe.com" selected, showing 9 messages. The main pane displays a list of messages with columns for Subject, From, and Date. The selected message is "Task Assigned - Initial Review" from "Me <admin@sandbox.adobe.com>". The email body contains a task card with the following details:

TITLE	Initial Review
DESCRIPTION	Initial Review task based on an adaptive form or document of record
DUE DATE	NA
PRIORITY	MEDIUM
WORKFLOW	NC_MembersReimburse_InState


Below the task card is a large teal button labeled "Open Task". At the bottom of the email body, it states: "This is an automatically generated email. Please do not reply to this email." The status bar at the bottom shows the URL "http://localhost:4502/aem/dashboard/formdetails.html?item=/etc/workflow/instances/server0/2018-01-30/NC\_MembersReimburse\_InState\_1/workitems/node1\_etc\_workflow\_instances\_server0\_2018-01-30\_NC\_Me...", along with counts for Unread (9) and Total (23) messages, and a "Today Pane" button.

# Make it an Experience

NC Senate Forms.docx - Microsoft Word

File Home Ins AEM Sites NC Forms NCReimburseWK

localhost:4502/content/dam/formsanddocuments/nc\_general\_assembly/ncreimbursewk/\_jcr\_content?type=guide&source=fp&wcmmode=disabled

 **NC General Assembly**  
Administrative Division

## NC Members In State Reimbursement Form

Input Verify

**General**

Details

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

Location of Meeting


Dates of Meeting

mm/dd/yyyy

mm/dd/yyyy

Member

NCReimburseWK

 **NC General Assembly**  
Administrative Division

## NC Members In State Reimbursement Form

Input Verify

**GENERAL**

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

Location of Meeting

Dates of Meeting

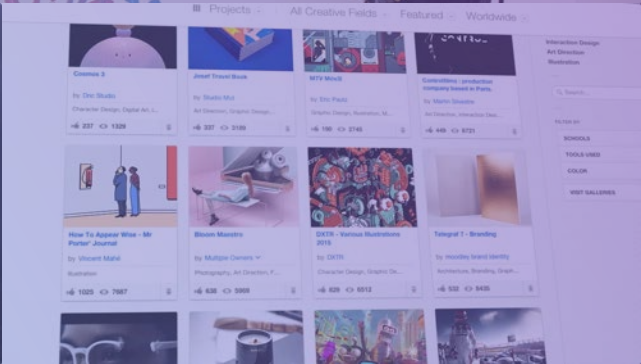
mm/dd/yyyy

mm/dd/yyyy

mm/dd/yyyy

375 x 667 - iPhone 6





# MAKE IT AN EXPERIENCE

