

---

## MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS

---

1. QA Office Code: \_\_\_\_\_ Sample Cycle: \_\_\_\_\_ Study ID: \_\_\_\_\_  
Subsidy Level: \_\_\_\_\_% Interview date: \_\_\_\_\_
2. Beneficiary's (BN) SSN: \_\_\_\_\_  
Living-with Spouse's SSN (If applicable): \_\_\_\_\_  
Type of Application:  Beneficiary Only  Beneficiary/Living-with Spouse  
Date Application Filed: \_\_\_\_\_ Protective Filing Date/MOE: \_\_\_\_\_  
If death precluded interview, provide date of death & exclude: \_\_\_\_\_  
 Other Exclusion (see remarks)  Interview Incomplete (see remarks)
- 

<p>Name of BN: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: (    ) _____</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Spouse: _____</p> <p>Living-with Spouse contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Other Contact:</p> <p><input type="checkbox"/> Representative Payee (if applicable)</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: (    ) _____</p> <p><input type="checkbox"/> Third Party</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: (    ) _____</p>
--	--

**SSA Records**

**Interview**

<p><b>1. Identity</b></p> <p>SSN: Beneficiary: _____</p> <p>Living-with Spouse: _____</p> <p>Date of Birth  Beneficiary: _____</p> <p>Living-with Spouse: _____</p> <p><b>2. Marital Status</b></p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not Living-with Spouse</p> <p><input type="checkbox"/> Married Living-with Spouse</p>	<p><input type="checkbox"/> SSN agrees with systems queries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><b>Beneficiary</b></td> <td style="width: 50%; text-align: center;"><b>Living-with Spouse</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name on Record</td> <td style="border-bottom: 1px solid black;">Name on Record</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of Birth</td> <td style="border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Birthplace</td> <td style="border-bottom: 1px solid black;">Birthplace</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Parents</td> <td style="border-bottom: 1px solid black;">Parents</td> </tr> </table> <hr/> <p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not Living-with Spouse</p> <p><input type="checkbox"/> Married Living-with Spouse</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Divorce</td> <td style="width: 50%;"><input type="checkbox"/> Separation from Spouse</td> </tr> <tr> <td><input type="checkbox"/> Annulment</td> <td><input type="checkbox"/> Death of your Spouse</td> </tr> <tr> <td><input type="checkbox"/> Marriage</td> <td><input type="checkbox"/> Resumption of cohabitation after separation</td> </tr> </table> <p>Date of change: _____</p>	<b>Beneficiary</b>	<b>Living-with Spouse</b>	Name on Record	Name on Record	Date of Birth	Date of Birth	Birthplace	Birthplace	Parents	Parents	<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Spouse	<input type="checkbox"/> Annulment	<input type="checkbox"/> Death of your Spouse	<input type="checkbox"/> Marriage	<input type="checkbox"/> Resumption of cohabitation after separation
<b>Beneficiary</b>	<b>Living-with Spouse</b>																
Name on Record	Name on Record																
Date of Birth	Date of Birth																
Birthplace	Birthplace																
Parents	Parents																
<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Spouse																
<input type="checkbox"/> Annulment	<input type="checkbox"/> Death of your Spouse																
<input type="checkbox"/> Marriage	<input type="checkbox"/> Resumption of cohabitation after separation																

**Verification**

**Conclusion**

<p><b>1. Identity verified:</b></p> <p>Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>2. Marital Status</b></p> <p><input type="checkbox"/> No change/Verification not required</p> <p>Documentary evidence</p> <p><input type="checkbox"/> Divorce Decree <input type="checkbox"/> Separation Agreement</p> <p><input type="checkbox"/> Annulment Decree <input type="checkbox"/> Death Certificate/SSA records</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Collateral contact made:</p> <p>Type/Date _____</p> <p>Place _____</p> <p>Name/Title _____</p> <p>Findings _____</p> <p>Documentary evidence unavailable</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Marital status Change</p> <p><input type="checkbox"/> No Living-with Spouse</p> <p><input type="checkbox"/> Living-with Spouse</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>_____</p>

**SSA Records**

**Interview**

**3. In-kind Support and Maintenance (ISM)**

ISM involved:

Yes  No

Amount of ISM:  
\$ \_\_\_\_\_

- Lives alone  Beneficiary and Living-with Spouse only  
 Lives with others  Medical Facility  Non-Medical Facility  
 Beneficiary/Living-with Spouse has Home Ownership/Rental Liability

NAME	CONTRIBUTES TO HOUSEHOLD		AMOUNT
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

**Average Monthly Household Expenses**

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property		Property	
Tax	\$ _____	Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____

Garbage Removal \$ \_\_\_\_\_  
 Total Average Monthly Household Expenses \$ \_\_\_\_\_

Outside Contributor:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Monthly Amount: \$ \_\_\_\_\_

**Non-Household Situation:**

**Beneficiary**

Type:  Medical  Non-Medical

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Care Rate: \$ \_\_\_\_\_ Facility/3<sup>rd</sup> Party Payment:  
 \$ \_\_\_\_\_

**Living-with Spouse**

Type:  Medical  Non-Medical

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Care Rate: \$ \_\_\_\_\_ Facility/3<sup>rd</sup> Party Payment:

\$ \_\_\_\_\_

**Verification**

**Conclusion**

**3. In-Kind Support and Maintenance (ISM)**

Home Ownership/Rental Liability

**Average Monthly Household Expenses**

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property Tax	\$ _____	Property Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____
Garbage Removal	\$ _____		

Total Monthly Household Expenses \$ \_\_\_\_\_

Type of evidence submitted: \_\_\_\_\_

Contribution amount from other household member(s): \$ \_\_\_\_\_

Food/shelter contributions from outside HH: \$ \_\_\_\_\_

Contributor(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Type/Date: \_\_\_\_\_

Findings: \_\_\_\_\_

**Non-Household Situation:**

**Beneficiary**

Type:  Medical  Non-Medical

Address: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Care Rate: \$ \_\_\_\_\_ Facility/3<sup>rd</sup> Party

Payment: \$ \_\_\_\_\_

**Living-with Spouse**

Type:  Medical  Non-Medical

Address: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

No ISM involved

Total Yearly ISM: \$ \_\_\_\_\_

No deficiency

Deficiency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Discharge: _____ Care Rate: \$ _____ Facility/3 <sup>rd</sup> Party Payment: \$ _____	
---	--

**SSA Records**

**Interview**

**4. Family Size**

Number of relatives living with the beneficiary and/or living-with spouse for whom they allege providing at least 1/2 financial support:

\_\_\_\_\_

Beneficiary

Living-with Spouse

Total Alleged Family Size: \_\_\_\_\_

Beneficiary/living-with spouse does not provide 1/2 support to relatives in household.

Indicate below: the name, relationship, income and whether or not 1/2 support is alleged for each relative in the household of the beneficiary or living-with spouse.

NAME	RELATIONSHIP	INCOME	1/2 SUPPORT ALLEGED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

--	--

**Verification**

**Conclusion**

**4. Family Size**

Collateral Contact(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

Verified Family Size:

\_\_\_\_\_

1/2 support met for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1/2 support not met for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No Deficiency

Deficiency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

--	--

**SSA Records**

**Interview**



<p><b>5. Liquid Resources</b></p> <p><input type="checkbox"/> None</p> <p>Bank Accounts: \$ _____</p> <p>Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: _____ _____</p> <p>\$ _____</p> <p>Computer Match: \$ _____</p>	<p>Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;"><u>Applicant</u></th> <th style="width: 30%; text-align: center;"><u>Living-with Spouse</u></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> None</td> <td style="text-align: center;"><input type="checkbox"/> None</td> </tr> <tr> <td>Cash</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Checking Account</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Savings Account</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Cert. of Deposit</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Mutual Funds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Credit Union Accts.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Bank Account (Christmas Club, etc.)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Patient Accounts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Savings Bonds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Stocks/Bonds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Promissory Notes</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>401K Plans/Keogh Accounts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Trusts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other (Explain)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____ _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____ _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Remarks: _____ _____</p>		<u>Applicant</u>	<u>Living-with Spouse</u>		<input type="checkbox"/> None	<input type="checkbox"/> None	Cash	\$ _____	\$ _____	Checking Account	\$ _____	\$ _____	Savings Account	\$ _____	\$ _____	Cert. of Deposit	\$ _____	\$ _____	Mutual Funds	\$ _____	\$ _____	Credit Union Accts.	\$ _____	\$ _____	Other Bank Account (Christmas Club, etc.)	\$ _____	\$ _____	Patient Accounts	\$ _____	\$ _____	Savings Bonds	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____	Promissory Notes	\$ _____	\$ _____	401K Plans/Keogh Accounts	\$ _____	\$ _____	Trusts	\$ _____	\$ _____	Other (Explain)	\$ _____	\$ _____	_____	\$ _____	\$ _____
	<u>Applicant</u>	<u>Living-with Spouse</u>																																																		
	<input type="checkbox"/> None	<input type="checkbox"/> None																																																		
Cash	\$ _____	\$ _____																																																		
Checking Account	\$ _____	\$ _____																																																		
Savings Account	\$ _____	\$ _____																																																		
Cert. of Deposit	\$ _____	\$ _____																																																		
Mutual Funds	\$ _____	\$ _____																																																		
Credit Union Accts.	\$ _____	\$ _____																																																		
Other Bank Account (Christmas Club, etc.)	\$ _____	\$ _____																																																		
Patient Accounts	\$ _____	\$ _____																																																		
Savings Bonds	\$ _____	\$ _____																																																		
Stocks/Bonds	\$ _____	\$ _____																																																		
Promissory Notes	\$ _____	\$ _____																																																		
401K Plans/Keogh Accounts	\$ _____	\$ _____																																																		
Trusts	\$ _____	\$ _____																																																		
Other (Explain)	\$ _____	\$ _____																																																		
_____	\$ _____	\$ _____																																																		

**Verification**

**Conclusion**

<p><b>5. Liquid Resources</b></p> <p>Evidence viewed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Collateral contact made?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p>	<p><input type="checkbox"/> None</p> <p>Total Countable Liquid Resources:</p> <p>Cash: \$ _____</p> <p>Checking: \$ _____</p> <p>Savings: \$ _____</p> <p>Other: \$ _____</p> <p>Total: \$ _____</p> <p><input type="checkbox"/> Total countable liquid resources did not exceed resource limit during the Evidentiary Period.</p> <p><input type="checkbox"/> Liquid resources caused or contributed to ineligibility or affected the Subsidy Level.</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency _____ _____ _____</p>
--	--

**SSA Records**

**Interview**

<p><b>6. Life Insurance Policy</b></p>	<p>Life Insurance Policies owned by Beneficiary or Living-with Spouse? <input type="checkbox"/> Yes, indicate below      <input type="checkbox"/> No</p>
<p>Have policies with total face value of more than \$1,500?</p>	<p>Type of Policy: <input type="checkbox"/> Whole Life   <input type="checkbox"/> Term Life   <input type="checkbox"/> Other</p>
<p><b><u>Beneficiary:</u></b></p>	<p>Face Value: _____ CSV: _____</p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Dividend Accumulations: _____</p>
<p>Cash Surrender Value (CSV): \$ _____</p>	<p>Date of Issue: _____</p>
<p><b><u>Living-with Spouse:</u></b></p>	<p>Name of Insured Individual: _____</p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Owner of Policy: _____</p>
<p>Cash Surrender Value (CSV): \$ _____</p>	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: (    ) _____</p>
	<p>Type of Policy: <input type="checkbox"/> Whole Life   <input type="checkbox"/> Term Life   <input type="checkbox"/> Other</p>
	<p>Face Value: _____ CSV: _____</p>
	<p>Dividend Accumulations: _____</p>
	<p>Date of Issue: _____</p>
	<p>Name of Insured Individual: _____</p>
	<p>Owner of Policy: _____</p>
	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: (    ) _____</p>
	<p>Type of Policy: <input type="checkbox"/> Whole Life   <input type="checkbox"/> Term Life   <input type="checkbox"/> Other</p>
	<p>Face Value: _____ CSV: _____</p>
	<p>Dividend Accumulations: _____</p>
	<p>Date of Issue: _____</p>
	<p>Name of Insured Individual: _____</p>
	<p>Owner of Policy: _____</p>
	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: (    ) _____</p>

**Verification**

**Conclusion**

<b>6. Life Insurance Policy</b>	<b><u>Beneficiary</u></b>
<input type="checkbox"/> No policies	<input type="checkbox"/> No policies
Collateral contact:	Face Value exceeds \$1500
Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	CSV: \$ _____
Phone: (    ) _____	Dividend Accumulations: \$ _____
Total Face Value: _____ CSV: _____	Total countable value of Life Insurance: \$ _____
Dividend Accumulations: _____	<input type="checkbox"/> No Deficiency
Owner(s): _____	<input type="checkbox"/> Deficiency _____
Name: _____	_____
Address: _____	_____
Phone: (    ) _____	<b><u>Living-with Spouse</u></b>
Total Face Value: \$ _____ CSV: \$ _____	<input type="checkbox"/> No policies
Dividend Accumulations: \$ _____	Face Value exceeds \$1500
Owner(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	CSV: \$ _____
Address: _____	Dividend Accumulations: \$ _____
Phone: (    ) _____	Total countable value of Life Insurance: \$ _____
Total Face Value: \$ _____ CSV: \$ _____	<input type="checkbox"/> No Deficiency
Dividend Accumulations: \$ _____	<input type="checkbox"/> Deficiency _____
Owner(s): _____	_____
Name: _____	_____
Address: _____	
Phone: (    ) _____	
Total Face Value: \$ _____ CSV: \$ _____	
Dividend Accumulations: \$ _____	
Owner(s): _____	

**SSA Records**

**Interview**

<p><b>7. Non-home Real Property</b></p>	<p>Allegation of Non-Home Real Property ownership by Beneficiary/Living-with Spouse:</p>
<p>Ownership:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Sole Ownership <input type="checkbox"/> Beneficiary <input type="checkbox"/> Living-with Spouse</p>
<p>CMV \$ _____</p>	<p><input type="checkbox"/> Joint ownership Joint owner's Name: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: ( ) _____</p>
	<p>Property Address: _____ _____ _____</p>
	<p>CMV: \$ _____ Mortgage balance: \$ _____</p>
	<p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>
	<p>Lien Holder:</p>
	<p>Name/Source: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: ( ) _____</p>
	<p>Encumbrances: _____ _____</p>
	<p><input type="checkbox"/> Sole ownership <input type="checkbox"/> Beneficiary <input type="checkbox"/> Living-with Spouse</p>
	<p><input type="checkbox"/> Joint ownership</p>
	<p>Joint owner's Name: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: ( ) _____</p>
	<p>Property Address: _____ _____ _____</p>
	<p>CMV: \$ _____ Mortgage balance: \$ _____</p>
	<p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>
	<p>Lien Holder:</p>
	<p>Name/Source: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: ( ) _____</p>
	<p>Encumbrances: _____ _____</p>

**Verification**

**Conclusion**

<p><b>7. Non-Home Real Property</b></p> <p>Allegations verified by:</p> <p><input type="checkbox"/> Government records</p> <p><input type="checkbox"/> Tax Assessment Statement</p> <p><input type="checkbox"/> Other (i.e. deed, sales contract, etc.) _____</p> <p>Collateral contact made:</p> <p>Name of Source: _____ Address: _____ Owner(s): _____ Verified CMV: \$ _____ Equity Value: \$ _____</p> <p>Name of Source: _____ Address: _____ Owner(s): _____ Verified CMV: \$ _____ Equity Value: \$ _____</p> <p>Encumbrances: _____ _____ _____</p> <p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>	<p><input type="checkbox"/> No Non-Home Real Property ownership for Beneficiary or Living-with Spouse</p> <p><input type="checkbox"/> Beneficiary or Living-with Spouse owns excluded Non-Home Real Property</p> <p><input type="checkbox"/> Beneficiary or Living-with Spouse owns countable Non-Home Real Property with a total equity value of: \$ _____</p> <p><input type="checkbox"/> Property Essential for Self Support: \$ _____</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency: _____ _____ _____ _____</p>
--	---

**SSA Records**

**Interview**

**8. Funeral/Burial Expenses**

Funds expected to be used for funeral or burial expenses?

Yes  No

Funds expected to be used for funeral or burial expenses?

Yes  No

**Verification**

**Conclusion**

<p><b>8. Funeral/Burial Funds</b></p>	<p><input type="checkbox"/> Exclusion does not apply</p> <p><input type="checkbox"/> Exclusion applies</p> <p style="padding-left: 20px;"><input type="checkbox"/> Beneficiary only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Living-with Spouse only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---------------------------------------	--

**Total Countable Resources Summary**

<u>Type of Resource</u>	<u>Total Value</u>	
Liquid Resources	\$ _____	<input type="checkbox"/> No deficiency  <input type="checkbox"/> Deficiency: _____ _____ _____ _____
Life Insurance Policies	\$ _____	
Non-Home Real Property	\$ _____	
<b>Subtotal</b>	<b>\$ _____</b>	
Minus Burial Fund Exclusion (If applicable)	\$ _____	Resources caused ineligibility or affected the subsidy level:
<b>Total</b>	<b>\$ _____</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



**SSA Records**

**Interview**

<p><b>9. Unearned Income</b></p> <p><b><u>Beneficiary</u></b></p> <p><input type="checkbox"/> None</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: \$ _____</p> <p><b><u>Living-with Spouse</u></b></p> <p><input type="checkbox"/> None</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: \$ _____</p>	<p>Indicate the type(s) of unearned income involved and provide the amount and source of verification.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><b><u>Beneficiary</u></b></th> <th style="width: 20%; text-align: center;"><b><u>Living-with Spouse</u></b></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Title II</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Title XVI</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Bank Deposits</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>VA Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>VA Compensation</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gov't Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Private Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Railroad Retire.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Black Lung</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Educational Assistance</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>State Dib. Pymt</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Unemployment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Worker's Comp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Sick Pay</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Rental Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gifts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Alimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Patrimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gambling</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Proceeds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> </tbody> </table> <p>Source:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p>		<b><u>Beneficiary</u></b>	<b><u>Living-with Spouse</u></b>		Title II	\$ _____	\$ _____		Title XVI	\$ _____	\$ _____		Bank Deposits	\$ _____	\$ _____		VA Pension	\$ _____	\$ _____		VA Compensation	\$ _____	\$ _____		Gov't Pension	\$ _____	\$ _____		Private Pension	\$ _____	\$ _____		Railroad Retire.	\$ _____	\$ _____		Black Lung	\$ _____	\$ _____		Educational Assistance	\$ _____	\$ _____		State Dib. Pymt	\$ _____	\$ _____		Unemployment	\$ _____	\$ _____		Worker's Comp.	\$ _____	\$ _____		Sick Pay	\$ _____	\$ _____		Royalties	\$ _____	\$ _____		Rental Income	\$ _____	\$ _____		Gifts	\$ _____	\$ _____		Alimony	\$ _____	\$ _____		Patrimony	\$ _____	\$ _____		Gambling				Proceeds	\$ _____	\$ _____		Child Support	\$ _____	\$ _____		Cash	\$ _____	\$ _____		Other	\$ _____	\$ _____	
	<b><u>Beneficiary</u></b>	<b><u>Living-with Spouse</u></b>																																																																																																			
Title II	\$ _____	\$ _____																																																																																																			
Title XVI	\$ _____	\$ _____																																																																																																			
Bank Deposits	\$ _____	\$ _____																																																																																																			
VA Pension	\$ _____	\$ _____																																																																																																			
VA Compensation	\$ _____	\$ _____																																																																																																			
Gov't Pension	\$ _____	\$ _____																																																																																																			
Private Pension	\$ _____	\$ _____																																																																																																			
Railroad Retire.	\$ _____	\$ _____																																																																																																			
Black Lung	\$ _____	\$ _____																																																																																																			
Educational Assistance	\$ _____	\$ _____																																																																																																			
State Dib. Pymt	\$ _____	\$ _____																																																																																																			
Unemployment	\$ _____	\$ _____																																																																																																			
Worker's Comp.	\$ _____	\$ _____																																																																																																			
Sick Pay	\$ _____	\$ _____																																																																																																			
Royalties	\$ _____	\$ _____																																																																																																			
Rental Income	\$ _____	\$ _____																																																																																																			
Gifts	\$ _____	\$ _____																																																																																																			
Alimony	\$ _____	\$ _____																																																																																																			
Patrimony	\$ _____	\$ _____																																																																																																			
Gambling																																																																																																					
Proceeds	\$ _____	\$ _____																																																																																																			
Child Support	\$ _____	\$ _____																																																																																																			
Cash	\$ _____	\$ _____																																																																																																			
Other	\$ _____	\$ _____																																																																																																			

**Verification**

**Conclusion**

<p><b>9. Unearned Income</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Title II (verified by the MBR)</p> <p><input type="checkbox"/> Title XVI (verified by the SSR - <i>Informational only</i>)</p> <p><input type="checkbox"/> Verified by award letter or other evidence in Beneficiary's/living-with Spouse's possession.</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ _____ Phone: ( ) _____ Findings: _____ _____</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ _____ Phone: ( ) _____ Findings: _____ _____</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ _____ Phone: ( ) _____ Findings: _____ _____</p> <p><input type="checkbox"/> Unearned Income exclusion established per HI 03020.ff</p> <p>Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____</p>	<p>Total Yearly Unearned Income</p> <p>\$ _____</p> <p>Total Yearly Excludable Unearned Income</p> <p>\$ _____</p> <p>Total Yearly Countable Unearned Income</p> <p>\$ _____</p>
---	--

**SSA Records**

**Interview**

<p><b>10. Earned Income</b></p> <p><b><u>Beneficiary</u></b></p> <p><input type="checkbox"/> None</p> <p>Wages: \$ _____ SEI : \$ _____</p> <p>Amounts decreased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Work expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match: \$ _____</p> <p><b><u>Living-with Spouse</u></b></p> <p><input type="checkbox"/> None</p> <p>Wages: \$ _____ SEI : \$ _____</p> <p>Amounts decreased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Work expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match: \$ _____</p>	<p>Date last worked:                      Beneficiary _____ Spouse _____ Date plans to stop work:              Beneficiary _____ Spouse _____</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;"><b><u>Beneficiary</u></b></th> <th style="width: 35%; text-align: center;"><b><u>Living-with Spouse</u></b></th> </tr> </thead> <tbody> <tr> <td>Wages</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NESE</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sheltered Workshop</td> <td></td> <td></td> </tr> <tr> <td>Earnings</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Honoraria</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>In-Kind Earned Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source Name: _____ Address : _____ Phone : ( ) _____</p> <p>Source Name: _____ Address : _____ Phone : ( ) _____</p> <p>Explanation of decrease in earnings: _____ _____ _____</p> <p style="text-align: center;"><b><u>Work Expenses</u></b></p> <p>IRWE/BWE      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Type(s): _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Yearly</p>		<b><u>Beneficiary</u></b>	<b><u>Living-with Spouse</u></b>	Wages	\$ _____	\$ _____	NESE	\$ _____	\$ _____	Sheltered Workshop			Earnings	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Honoraria	\$ _____	\$ _____	In-Kind Earned Income	\$ _____	\$ _____
	<b><u>Beneficiary</u></b>	<b><u>Living-with Spouse</u></b>																							
Wages	\$ _____	\$ _____																							
NESE	\$ _____	\$ _____																							
Sheltered Workshop																									
Earnings	\$ _____	\$ _____																							
Royalties	\$ _____	\$ _____																							
Honoraria	\$ _____	\$ _____																							
In-Kind Earned Income	\$ _____	\$ _____																							

**Verification**

**Conclusion**

<p><b>10. Earned Income and Earned Income Exclusions</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Earned Income established:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> See employer contact in file</li><li><input type="checkbox"/> See systems query (DEQY, SEQY)</li><li><input type="checkbox"/> See SSA-4201</li><li><input type="checkbox"/> See tax return</li><li><input type="checkbox"/> See copy of other business record</li><li><input type="checkbox"/> See summary of beneficiary's/living-with Spouse's records (i.e. pay stubs)</li></ul> <p><input type="checkbox"/> Collateral contact made: Source: _____ _____ _____ Date of Contact: _____ Finding: _____ _____ Source: _____ _____ _____ Date of Contact: _____ Finding: _____ _____ <input type="checkbox"/> Earned Income Exclusion established per HI 03020.ff: Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____</p> <p>Work Expense(s) established:</p> <p><input type="checkbox"/> IRWE      <input type="checkbox"/> BWE</p> <p>Type: _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Yearly</p> <p>Findings: _____ _____</p>	<p><input type="checkbox"/> Neither Beneficiary nor Living-with Spouse has Earned Income</p> <p><input type="checkbox"/> Beneficiary has yearly Earned Income of: \$ _____</p> <p><input type="checkbox"/> Living-with Spouse has yearly Earned Income of: \$ _____</p> <p>Total Yearly Earned Income: \$ _____</p> <p>Total Earned Income Exclusion: Type: _____ Amount: \$ _____</p> <p><input type="checkbox"/> Work Expense(s):</p> <p><input type="checkbox"/> IRWE   <input type="checkbox"/> BWE: \$ _____</p> <p>Total Yearly Countable Earned Income: \$ _____</p>
---	---



