

RSI/DI QUALITY REVIEW CASE ANALYSIS — PARENT

NOTE TO REVIEWER: In opening the interview, ask if the beneficiaries received an appointment letter. If the letter was not received, show the beneficiaries a copy of the letter. Explain that this case is one of a small number collected by chance for review, and that the purpose of this review is to find out how well the social security program is working. Stress that this case was not selected because there was any question about it. Tell them that the review consists of asking questions about their entitlement to social security benefits and that we need to talk to others who have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

I. IDENTIFYING AND REVIEW INFORMATION

A. SIC: _____ B. NH's SSN: _____

C. Sample Selection Date (As Shown on SCL): _____

D. Review Amount on SCL: \$ _____

E. SSI Offset Involved in Determining the Sample Dollars YES NO

F. Review Amount Determined by QR: \$ _____

G. Explanation of SCL, Changes, if Any: _____

H. NH's Name (As Shown on MBR): _____

I. Beneficiary in Scope of Review

1. BIC _____

2. Name: _____

Address: _____

Phone: (_____) _____

3. Representative Payee

Name: _____

Address: _____

Phone: (_____) _____

II. PARENT

A. Identity

1. Name: _____ 2. SSN (BOAN) _____

B. Other Names and Corresponding SSN's Shown in Claims Folder/Numident

1. Other Names: _____

2. Other SSNs: _____

C. Application

1. Date Claim Filed: _____

2. DOE and MOEL Option Code: _____

3. Was the beneficiary previously entitled to benefits (including SSI) on this or any other SSN?

YES (Explain)

NO

4. Unresolved Claims Issues:

NONE APPLY

Unprocessed Application

Deemed Filing

Protective Filing

Open Application

Partial Adjudication

Potential Entitlement (Leads)

Delayed Claim

Totalization

Explain: _____

5. Month Of Entitlement Determined by Desk Review: _____

D. Multiple Entitlement Involved

YES (Complete Below)

NO

1. Claim Number on Nonsampled SSN: _____

Remarks:

FIELD/TELEPHONE REVIEW

II. PARENT

Consolidated Review

A. Identity

A. Identity

1. Existence Verified by:

Observation Other: _____

2. SSN Verified by: SS Card Medicare Card

Other: _____

B. Other Names and SSN's Used in Reporting Earnings

B. Other Names/SSN's

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

C. Application

C. Application

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

D. Multiple Entitlement Involved

D. Multiple Entitlement

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary.

(Explain) _____

II. PARENT

E. Recovery of Prior Overpayment in Sample Month/Review Period

YES (Complete Below) NO

Total Amount of Overpayment: \$ _____

F. Prior Underpayment on Sampled SSN Needed to Be Addressed

YES (Explain) NO

G. Payment Amount(s)

1. Amount of PMA Check: \$ _____ , for Period(s): _____

2. Amount of CMA/SM Check: \$ _____ , for Period: _____

3. Payment Combined with Other Benefit

YES NO

H. Date of Birth

1. Date of Birth and Proof Code on MBR Printout: _____

2. Evidence/Documentation in Claims Folder/MCS Screens: _____

3. Evidence Needing Verification: _____

4. Date of Birth Established by Desk Review: _____

I. Parent's Relationship

1. Type: _____

2. Support Period: _____

3. Parent's Income: _____

4. NH's Contributions: _____

5. 1/2 Support Determination in Claims Folder

YES NO

6. Evidence Documentation in Claims Folder/MCS Screens: _____

7. Evidence Needing Verification: _____

FIELD/TELEPHONE REVIEW

II. PARENT

Consolidated Review

E. Recovery of Prior O/P in SM/Review Period

E. Recovery of Prior Overpayment in SM/Review Period

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

F. Prior Underpayment on Sampled SSN

F. Prior U/P on Sampled SSN

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

G. Payment Amount(s)

G. Payment Amount(s)

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

H. Date of Birth

H. Date of Birth

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

Evidence Obtained in Field Review: _____

I. Parent's Relationship

I. Parent's Relationship

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

Evidence Obtained in Field Review: _____

II. PARENT

J. Marital History of Parent

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

4. Is the parent's spouse a title II beneficiary?

YES (Spouse's SSN: _____

NO

II. PARENT

J. Marital History of Parent

- Beneficiary Agrees With Marital History in DR Summary
- Beneficiary Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

Consolidated Review:

II. PARENT

K. SMI Determination NOT APPLICABLE

The SMI Determination, including the premium deduction and penalty amounts (if any), is correct.

YES NO (Explain)

L. Misinformation/Contact With SSA Prior to Date Claim Filed

Would it have been to the beneficiary's advantage to file for benefits at an earlier date?

YES (Explain) NO

M. Criminal Activities

Parent Beneficiary Not Involved in Any Criminal Activities Listed Below

Homicide of NH Subversive Activities

Deportation Imprisonment for a Felony

Offenses Against the National Security (Hiss Act)

Beneficiary Entitled on Basis of His Own Disability and that Disability Appears to Have Occurred or Was Aggravated by the Commission of a Felony After October 19, 1980, and for which the Person Was Convicted

Evidence Needing Verification _____

N. Representative payee

Does the claims folder indicate an unresolved representative payee issue (need for payee change, etc.) for the sampled beneficiary?

YES (Explain) NO

II. PARENT

Consolidated Review

K. SMI Determination

K. SMI Determination

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

L. Misinformation/Contact With SSA Prior to Date Claim Filed

L. Misinformation/Contact With SSA Prior to DCF

If II.L. of the desk review summary is answered YES, did the beneficiary inquire about filing at an earlier time but did not file because of misinformation provided by SSA?

(Explain) _____

M. Criminal Activities

M. Criminal Activities

If any of the criminal activities listed in II.M. of the desk review summary are involved, discuss and resolve below.

N. Representative Payee

N. Representative Payee

There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for the sampled beneficiary.

YES (Explain)

NO

II. PARENT

O. Consolidated Review Summary

- Desk and field review findings are in agreement.
- Desk and field review findings are not in agreement. Indicate the section(s) where the disagreement exists.

- | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Section A | <input type="checkbox"/> Section B | <input type="checkbox"/> Section C | <input type="checkbox"/> Section D |
| <input type="checkbox"/> Section E | <input type="checkbox"/> Section F | <input type="checkbox"/> Section G | <input type="checkbox"/> Section H |
| <input type="checkbox"/> Section I | <input type="checkbox"/> Section J | <input type="checkbox"/> Section K | <input type="checkbox"/> Section L |
| <input type="checkbox"/> Section M | <input type="checkbox"/> Section N | | |

Additional Development/Findings/Remarks:

Signature of Reviewer(s):

Desk Reviewer _____ Date: _____

Field Reviewer _____ Date: _____

Consolidated Reviewer _____ Date: _____