

MCS TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL  
[1-M]

NH NAME: XXX  
XX

[2-M] [3-M]  
SSN: SSSSSSSSS SEX: X NH BIRTHDATE: 99999999

[4-M] [5-C]  
PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[6-M]  
SELECT CLAIM TYPE(S): 9 9 9 1. RETIREMENT 4. AUXILIARY 7. AGE 72  
2. DISABILITY 5. UNINS MED ONLY 8. ESRD  
[7-C] 3. SURVIVOR 6. LUMP SUM

ABBREVIATED APPLICATION: X  
CLAIMANT (IF DIFFERENT)

[8-C]  
NAME: XXX  
XX

[9-C] [10-C] [11-C]  
SSN: 999999999 SEX: X BIRTHDATE: 99999999

[12-C] [13-C]  
PROOF (A/B/C/F/Q): X PROOF TYPE (P/H/N/O): X

[14-C] [15-C]  
RELATIONSHIP TO NH: 9 1. SPOUSE (SUBSEQUENT CLAIM: 9) 1. RIB  
2. SPOUSE WITH CHILD IN CARE 2. DIB  
3. CHILD  
APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]  
NAME:  
XX  
XXXXXX

[17-C] [18-C] [19-C]  
SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS  
(Y/N): X

MCS CLAIM CONTACT METHOD DATA CCMD  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

select CONTACT METHOD FOR ESTABLISHING APPLICATION:

[1-M]

[2-C]

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

CLAIM TYPE: SSSSSS CONTACT METHOD: 99

1=TELEPHONE -CLAIM INITIATED OVER THE PHONE, USUALLY BY APPOINTMENT

2=VISIT -CLAIM INITIATED IN PERSON WITH THE CLAIMANT

3=MAIL -RECEIVED PAPER APPLICATION IN THE MAIL AND LOADED IN MCS

4=INTERNET -CLAIM started and completed oN the INTERNET

5=ICT -CLAIM ORIGINATED THROUGH 800 NUMBER AND REFERRED TO ICT UNIT

6=OTHER -NO OTHER CM VALUE IS APPROPRIATE CURRENTLY.

[3-C]

unsatisfied felony warrants for your arrest? (y/n) x

[4-C]

unsatisfied federal/state warrants for violation of probation/parole? (y/n) x

[5-C]

DO YOU WANT TO CHECK THE STATUS OF YOUR CLAIM using the internet? (Y/N) X

[6-C]

IF AWARDED, DO YOU WANT A PASSWORD TO USE the INTERNET/PHONE SERVICE? (Y/N) X

[7-C]

SELECT MAILING METHOD (BLIND NOTICE INFORMATON) TYPE: X

1=CERTIFIED MAIL 2=TELEPHONE CONTACT 3=REGULAR MAIL.

PF1 HELP AVAILABLE

MCS 3.7 CHILD'S IDENTIFICATION 1 CHD1  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-C] [2-C] [3-C]

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH  
COUNTRY: XX

[4-M]

HAS ANYONE EVER FILED ON CHILD'S BEHALF FOR BENEFITS (Y/N) X

[5-C]

IF YES, NH FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST:  
XXXXXXXXXXXXXXXXXXXXX

[6-C]

[7-C]

NH SSN: XXXXXXXXX STAT: XX

[8-C]

IF AGE 16 OR OLDER, LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N):  
P

[9-C]

IF OVER 16 IS CHILD DISABLED (Y/N): X

[10-C]

FILING AS DISABLED CHILD ON THIS ACCOUNT (Y/N): X

[11-C]

IF YES, ONSET DATE: 99999999

[12-C]

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED

[13-C]

IF ALREADY ENROLLED, SSN: 999999999

[14-M]

SELECT FILED OR INTEND TO FILE FOR SSI: 9

1. YES
2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3. DOES NOT WISH TO FILE

[15-C]

IF AGE 17 AND 6 MONTHS, IS CHILD A STUDENT (Y/N) X

[16-M]

WORK LAST YEAR THIS YEAR NEXT YEAR (Y/N): X

[17-M]

EVER MARRIED (Y/N): X

TRANSFER TO: XXXX

COMM child relationship cRel  
 [1-D] [2-D] [3-D]  
 NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS  
 PIC: SSS  
 BIRTH CITY: SSSSSSSSSSSSSSSSS BIRTH STATE: SS BIRTH COUNTRY:  
 SS  
 [4-C]  
 date dependency met (MMDDCCYY): 99999999  
 [5-M] [6-M]  
 \*child relationship begin date (mmddccyy): 99999999 \*Proof (y/n): x  
 [7-M]  
 \*Select rElationship type: 9 1=natural legitimate 6=stepchild  
 2=legitimated child 7=stepchild (216K)  
 3=adopted child 8=inheritance rights  
 4=equitably adopted 9=other (216H3)  
 5=grandchild.  
 [8-O]  
 child relationship end dATE (MMDDCCYY): 99999999  
 [9-C]  
 select relationship end reason FOR STEPCHILD/ADOPTED CHILD: 9  
 1=parent divorced nh 3=prospective annulment of parent marriage – voidable  
 2=annulment of adoption 4=ab initio annulment of parent marriage- voidable  
 5=ANNULMENT OF PARENT MARRIAGE – VOID  
 6=CHANGE OF RELATIONSHIP.  
 [10-O]  
 DELETE THIS OCCURRENCE OF DATA (Y/N): x  
 [11-O] [12-O]  
 ADD NEW OCCURRENCE (Y/N): x REVIEW PRIOR OCCURRENCES  
 (Y/N): x  
 [13-D] [14-O]  
 PF1 HELP AVAILABLE TRANSFER TO: XXXX

MCS 3.3 TRANSFER TO: XXXX CHILD'S IDENTIFICATION 2 CHD2  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

IF NOT LIVING WITH NH ANY OF LAST 13 MTHS OR AT TIME OF DTH SHOW  
MTHS

YR: ALL 01 02 03 04 05 06 07 08 09 10 11 12

99 X X X X X X X X X X X X X X

YR: ALL 01 02 03 04 05 06 07 08 09 10 11 12

99 X X X X X X X X X X X X X X

[2-C]

IF NOT LIVING WITH NH, WAS CHILD LIVING WITH APPLICANT? (Y/N)

[3-C]

IF No CHILD LIVED WITH:

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[4-C]

ADDRESS 1: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS 2:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS 3: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS 4:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[5-C]

IF ADOPTED, NAME OF PERSON ADOPTING IF OTHER THAN NH:

FIRST: XXXXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXXXXXX

MCS 3.7 CHILD'S POTENTIAL ENTITLEMENT CHPE  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSS SSSSSSSSSS

[1-M]

CHILD POTENTIALLY ENTITLED ON ADOPTIVE, STEP OR OTHER PARENT  
RECORD (Y/N): X

[2-M]

CHILD POTENTIALLY ENTITLED ON A GRAND OR STEP GRANDPARENT  
RECORD (Y/N): X

LIST THE NAME AND SSN CHILD POTENTIALLY ENTITLED

[3-C]

[4-C]

FIRST NAME	MI	LAST NAME	SSN
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX

TRANSFER TO: XXXX

MCS TRANSFER TO: XXXX NH IDENTIFICATION NHID  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

EVER MARRIED (Y/N): X

[2-M]

child under 18, student 18 to 19, 18 or older and disabled before 22 (y/n): x

[3-M]

NH DEP PARENTS (Y/N): X

[4-M]

WORK LAST YEAR OR THIS YEAR (Y/N): X

[5-M]

[6-M]

[7-M]

PRIOR APPLICATION FOR RSDI (Y/N): X FOR SSI (Y/N): X FOR MEDICARE  
(Y/N): X

[8-C]

[9-C]

CROSS REFERENCE SSN: 999999999 STAT: XX SSN: 999999999 STAT: XX

[10-C]

[11-C]

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X  
XXXXXXXXXXXXXXXXXXXXX SSN: 999999999

NH NAME IN PRIOR APPLICATION: XXXXXXXXXXXX X  
XXXXXXXXXXXXXXXXXXXXX SSN: 999999999

[12-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

[13-C]

OTHER NAMES: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX XXXX

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XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX XXXX

MCS TRANSFER TO: XXXX INFORMATION ABOUT THE DECEASED  
DECD

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-M] [3-C]  
DATE OF DEATH: 99999999 PROOF (P/N): X TYPE OF PROOF (P/O): X

[4-M]  
DOMICILE AT DEATH: XXXXXXXXXXXXXXXXXXXX

[5-M]  
PLACE OF DEATH (CITY/STATE): XXXXXXXXXXXXXXXXXXXX

[6-M] [7-C]  
DISABLED AT TIME OF DEATH (Y/N): X DISABILITY BEGAN: 999999

[8-C]  
WAS CLAIMANT ELIGIBLE AS WIDOW(ER) PRIOR TO 1985 ON ANY SSN  
(Y/N): X

[9-C]  
SURVIVING SPOUSE (Y/N): X

[10-C]  
NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

[11-C]  
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[12-C]  
SPOUSE LIVING WITH DECEASED AT TIME OF DEATH (Y/N): X

[13-C] [14-C]  
AWAY FROM HOME: 9 1. DECEASED DATE LAST HOME: 999999  
2. SPOUSE

[15-C]  
REASON FOR SEPARATION AT DEATH:  
XX

[16-C]  
IF DUE TO ILLNESS, NATURE OF ILLNESS:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[17-C]  
REASON ABSENCE BEGAN:  
XX

[18-C]  
IS SPOUSE: 9 1. LIVING IN SAME HOUSEHOLD 2. ELIGIBLE OR ENTITLED  
TO BENS  
3. NOT ENTITLED TO LSDP







COMM

CITIZENSHIP (U.S. AND/OR FOREIGN)

CLCZ

[1-D]

[2-D]

[3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS  
SSSSSSSSSS PIC: SSS

[4-M]

\*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[5-C]

SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9  
1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=  
NATURALIZATION

[6-C]

SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9  
1= ENUMERATION 4=DEVELOPMENT PENDING  
2= TITLE 2/18 5=NO PROOF  
3= TITLE 16 6=PRESUMED - SYSTEMS GENERATED ONLY

[7-M]

\*CITIZENSHIP START DATE (MMDDCCYY): 999999999

[8-O]

CITIZENSHIP STOP DATE (MMDDCCYY): 999999999

[9-O]

IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[10-O]

DELETE THIS OCCURRENCE OF DATA (Y/N): X

[11-O]

[12-O]

ADD NEW OCCURRENCE (Y/N): X  
OCCURRENCES (Y/N): X

REVIEW PRIOR

[13-D]

[14-O]

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

MCS CLAIMANT MAILING ADDRESS CADR  
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2:  
PPPPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4:  
PPPPPPPPPPPPPPPPPPPPPP

[2-M]

[3-C]

[4-C]

CITY: PPPPPPPPPPPPPPPPPPPPPPP

STATE: PP ZIP: PPPPP

[5-C]

[6-C]

STATE & COUNTY CODE: PPPPP

COUNTY: XXXXXXXXXXXXXXXX

[7-C]

[8-C]

COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP

CONSULAR CODE: PPP

[9-C]

FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPP

[10-C]

[11-C]

DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT  
TYPE (C/S): A

[12-C]

DEPOSITOR ACCOUNT NUMBER: 9999999999999999999

[13-C]

[14-C]

DOMESTIC PHONE: PPPPPPPPP

FOREIGN PHONE:

PPPPPPPPPPPPPP

TRANSFER TO: XXXX CLIENT ADDRESS CLAD  
SS SSSSSSSSS SS SSSSSSSSSSS

[1-D]

ADDRESS TYPE: SSS

[2-C]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPPPP  
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[3-C]

[4-C]

[5-C]

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[6-C]

[7-M]

STATE/COUNTY CODE: PPPPP DISTRICT OFFICE CODE: PPP

[8-C]

[9-C]

FOREIGN COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPP FOREIGN POSTAL ZONE:  
PPPPPPPPPPPPPPPP

[10-C]

[11-C]

CONSULAR CODE: PPP GEOGRAPHIC CODE: PPPPP

[12-M]

[13-C]

[14-C]

START END N/E

(MMDDYY) (MMDDYY)

PPPPPP PPPPPP X

[15-M]

[16-M]

[17-M]

[18-D]

NEW (Y/N): X DELETE THIS PAGE (Y/N): X EXIT CLAD (Y/N): X SS OF SS

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-C]

TYPE OF REMARKS

XXX  
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[2-C]

[3-C]

MORE (Y/N): X

GO TO RPS (Y/N): X

PAGE S