

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

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 TRANSFER TO: XXXX RSDHI CLAIMS APPLICATION APPL

[1-M]

NH NAME: XX  
XXXX

[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

[7-C] 2. DISABILITY 5. UNINS MED ONLY 8. ESRD

ABBREVIATED APPLICATION: X 3. SURVIVOR 6. LUMP SUM

FILING FOR SELF ONLY

CLAIMANT (IF DIFFERENT)

[8-C]

NAME: XX  
XXXX

[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 2. DIB

CARE

3. CHILD

APPLICANT (IF DIFFERENT) 4. DEPENDENT PARENT

[16-C]

NAME:

XXX

[17-C] [18-C] [19-C]

SSN: 999999999 EIN: 999999999 WILL APPLICANT BE ENTERED IN RPS (Y/N): X

MCS IDENTIFICATION 1 IDEN

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M]

LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): X

[2-M]

[3-C]

[4-C]

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

[5-M]

[6-M]

RECORD OF BIRTH BEFORE AGE 5: PUBLIC (Y/N): X RELIGIOUS (Y/N): X

[7-C]

OTHER NAMES USED: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXX

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  
XXXX

[8-M]

[9-M]

[10-M]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X CHILD UNDER 18, STUDENT  
18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (Y/N): X

[11-M]

WORK OR EARNINGS IN 20SS 20SS 20SS 20SS (Y/N): X

[12-M]

[13-C]

DISABLED IN LAST 14 MONTHS (Y/N): X ONSET DATE: 99999999

[14-C]

IF YES, APPLYING FOR DISABILITY ON THIS ACCOUNT (Y/N): X

[15-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

TRANSFER TO: XXXX

MCS IDENTIFICATION 2 IDN2

NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M] [2-M] [3-M]

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

[4-C] [5-C]

CROSS REFERENCE SSN: 999999999 stat: xx SSN: 999999999 stat: xx

[6-C]

NH NAME IN PRIOR APPLICATION [7-C]

FIRST NAME MI LAST NAME SSN

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX 999999999

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX 999999999

[8-C]

MULTIPLE SSN: 999999999 999999999 999999999 999999999 999999999

TRANSFER TO: XXXX

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[1-D] [2-D] [3-D]

NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS 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

REVIEW PRIOR OCCURRENCES (Y/N): X

[13-D]

[14-O]

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

COMM                      LAWFUL PRESENCE                      CLLP

[1-D]                      [2-D]                      [3-D]

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

[4-M]

\*SELECT LAWFUL PRESENCE STATUS OF NON U S CITIZEN: x

1=LAWFULLY ADMITTED FOR PERMANENT RESIDENCE (LAPR)

2=DOES NOT NEED REVERIFICATION (OTHER THAN LAPR)

3=NEEDS REVERIFICATION (OTHER THAT LAPR)

4=NOT LAWFULLY PRESENT.

[5-M]

\*START DATE OF THIS LAWFUL PRESENCE STATUS (MMDDCCYY): 99999999

[6-C]

IF NOT LAWFULLY PRESENT, PHYSICALLY PRESENT IN THE U S (Y/N): x

[7-C]

IF LAWFULLY PRESENT, SELECT LAWFUL PRESENCE PROOF: x

1=PROOF 2=NO PROOF 3=DEVELOPMENT PENDING.

[8-C]

LAWFUL PRESENCE STOP DATE (MMDDCCYY): 99999999

[9-O]

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

[10-O]

[11-O]

ADD NEW OCCURRENCE (Y/N): x

REVIEW PRIOR OCCURRENCES (Y/N): x

[12-D]

[13-O]

PF1 HELP AVAILABLE

TRANSFER TO: XXXX

mcs TRANSFER TO: XXXX ADDITIONAL BENEFITS ADDB  
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

ACTIVE U.S. MILITARY/RESERVE/NATL GUARD SERVICE AFTER SEPT 7 1939 (Y/N): X

[2-M]

[3-C]

WORKED IN RR FOR 5 YEARS OR MORE (Y/N): X SPOUSE (Y/N): X

[4-M]

[5-C]

RECEIVING RR RETIREMENT PENSION/ANNUITY (Y/N): X SPOUSE (Y/N): X

[6-M]

[7-C]

COVERED UNDER FOREIGN SSA (Y/N): X COUNTRY: XXXXXXXXXXXX IF COVERED

[8-C]

[9-C]

FILING FOR FOREIGN SSA (Y/N): X REQUIRES FOREIGN QC'S FOR US FILING (Y/N): X

[10-C]

[11-C]

SPOUSE COVERED UNDER SSA OF OTHER COUNTRY (Y/N): X COUNTRY: XXXXXXXXXXXX

[12-M]

[13-C]

CIVILIAN EMPLOYEE OF FEDERAL GOVT IN JAN 1983 (Y/N): X SPOUSE (Y/N): X

[14-M]

[15-C]

JAPANESE INTERNEE (Y/N): X VOW OF POVERTY (Y/N):

[16-M]

QUALIFY FOR US FED/STATE/LOCAL GOVT PENSION BASED ON ANY WORK YOU PERFORMED

which was NOT COVERED UNDER SSA (Y/N): x

[17-M]

CURRENTLY ENTITLED TO A PENSION NOT COVERED UNDER SSA (Y/N): X

[18-C]

IF NO, DO YOU EXPECT TO BE ENTITLED TO A PENSION NOT COVERED UNDER SSA IN THE FUTURE (Y/N): X

[19-C]

IF YES, SHOW FUTURE ENTITLEMENT DATE (MMYY): 9999

[20-C]

FILING FOR MEDICARE ONLY, RESTRICTING MONTHLY BENEFITS (Y/N): X

[21-C]

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

[22-M]

IF CLAIMANT IS FILING AS A SURVIVING SPOUSE, IS CLAIMANT FILING FOR BENEFITS ON OWN RECORD (Y/N): X

MCS NH MILITARY SERVICE NHMS

NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSSS

FIRST NAME USED IN SERVICE: XXXXXXXXXXXX MI: X LAST NAME:

XXXXXXXXXXXXXXXXXXXX

SERVICE NO: XXXXXXXXXX

\*RECEIVE OR ELIGIBLE FOR MIL OR CIV FEDERAL AGENCY BENEFIT (SELECT ONE): 9  
1=CIVILIAN 2=MILITARY 3=BOTH 4=NONE.

[ A/R	BRANCH OF SERVICE	START	END	N/E	RANK	PROOF
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX
X	XXXXXXXXXXXXXXXXXXXX	999999	999999	X	XXXXXXXXXXXXXXXXXXXX	XXX

IS DEVELOPMENT OF VA SURVIVOR PENSION REQUIRED (Y/N): X

[ JAPANESE INTERNEE	START	END	PROOF	HOURLY WAGE
	999999	999999	X	99999999
	999999	999999	X	99999999



MCS 3.4 NH MARRIAGE NMAR  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

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

SPOUSE'S FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST NAME:  
XXXXXXXXXXXXXXXXXXXX

[4-C]

SPOUSE'S SSN: 999999999

[5-C] [6-C]

SPOUSE 'S BIRTHDATE (MMDDYYYY): 99999999 IF BIRTHDATE UNKNOWN, AGE: 999

[7-M] [8-M]

MARRIAGE DATE (MMDDCCYY): 99999999 PROOF (Y/N): X

[9-C]

MARRIAGE OCCURRED IN WHAT STATE/FOREIGN COUNTRY: XX

[10-C]

SELECT MARRIAGE TYPE: 9 1=CLERGY/PUBLIC OFFICIAL  
2=COMMON LAW  
3=OTHER CEREMONIAL  
4= DEEMED.

[11-M] [12-C] [13-C]

MARRIAGE ENDED (Y/N): X MARRIAGE END DATE(MMDDCCYY): 99999999 PROOF  
(Y/N): X [14-C]

STATE OR FOREIGN COUNTRY WHERE MARRIAGE ENDED: XX

[15-C]

SELECT REASON: 9 1=DEATH  
2=DIVORCE  
3=ANNULMENT OR VOIDABLE  
4=PUTATIVE  
5=VOID/VOIDED

[16-C]

IF SPOUSE DECEASED, DATE OF DEATH (MMDDCCYY): 99999999

[17-M] [18-C]

OTHER MARRIAGES (Y/N): X DELETE SCREEN (Y/N): X

[19-D] [20-C]

MCS 2.5 TRANSFER TO: XXXX DEPENDENT CHILDREN OF NH DEPC

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

LIST ALL CHILDREN OF NH: UNDER 18

18-19 AND ATTENDING SECONDARY SCHOOL

[1-M] DISABLED/HANDICAPPED PRIOR TO 22

NAME:

XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

MCS 3.4 TRANSFER TO: XXXX WORK HISTORY WORK  
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSSSSSSSSSSSSSS

[1-M]

EMPLOYED IN 19SS 19SS 19SS 19SS (Y/N): X [3-C] [4-C]

[2-C] MMYM MMYM [5-C]

EMPLOYER NAME ADDRESS START DATE END DATE N/E

1. XXX  
XXX 9999 9999  
X

2. XXX  
XXX 9999 9999  
X

3. XXX  
XXX 9999 9999  
X

[6-C]

AUTHORIZATION TO CONTACT EMPLOYERS (Y/N): X

[7-C] [8-C]

CORPORATE OFFICER (Y/N): X RELATED TO CORPORATE OFFICER (Y/N): X

[9-C]

CLOSE/FAMILY CORPORATION (Y/N): X

[10-M]

SELF-EMPLOYED IN 19SS 19SS 19SS 19SS (Y/N): X

[11-C] [12-C] [13-C]

IF YES, SHOW: YEARS TYPE OF BUSINESS NET OVER \$400 (Y/N)

99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X

[14-C]

[15-C]

MORE (Y/N): X DELETE THIS PAGE (Y/N): X PAGE: S

MCS 3.7 TRANSFER TO: XXXX EARNINGS EARN

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

LIST ALL EARNINGS AND TYPES FOR SSSS SSSS SSSS

TYPES ARE:1=FICA WAGES 2=SEI 3=EMPLOYEE REPORTED TIPS 4=RR LAG

PROOF CODES ARE: P=PROVEN R=READILY AVAILABLE N=NOT AVAILABLE

D=DELETED LAG

	[1-C]	[2-C]	[3-C]	[4-C]	
YEAR	TYPE	AMOUNT			PRF
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X
99	9	999999999			X

[5-C]

DO YOU WISH US TO COMPUTE YOUR BENEFITS AND COMPLETE YOUR CLAIM WITHOUT USING UNPOSTED RECENT EARNINGS (Y/N): X

TRANSFER TO: XXXX      DISABILITY INFORMATION      DISB

NH SSSSSSSSS    SSSSS SSSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSSSS

[1-M]

DISABLING

CONDITION:XX

[2-M]                            [3-C]

STILL DISABLED (Y/N): X IF NO, DATE DISABILITY ENDED (MMYY): 9999

[4-M]                            [5-M]

BLIND (Y/N): X      FREEZE (Y/N): X

[6-M]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N): X

[7-M]

FILED OR INTEND TO FILE FOR: 9 9 9 1. VA 2. WC/Public disability Benefits

3. NOT FILING

[8-M]                            [9-C]

DISABILITY WORK RELATED (Y/N):X REASON NOT FILING:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[10-M]                            [11-C]

MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): X      AMOUNT: 99999999

[12-C]

TYPE: XXX

[13-M]                            [14-C]

ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): X      AMOUNT: 99999999

[15-C]

TYPE: XXX

[16-M]                            [17-C]

NUMBER OF CHILD CARE YRS: 9      ACTUAL CHILD CARE YRS: 99 99 99 99 99

IF PARENT RECEIVED 1/2 SUPPORT AT TIME OF ONSET OF DISABILITY COMPLETE

[18-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX

[19-C]

ADDRESS:

XX

[20-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX

[21-C]

ADDRESS:

XX

FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N): S SPECIFY:SSSSSSSSSSSSSS

MCS CLAIMANT MAILING ADDRESS CADR  
NH: SSSSSSSSS SSSSS SSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSS  
[1-M]  
ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 2: PPPPPPPPPPPPPPPPPPPPPPP  
ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPPP ADDRESS 4: PPPPPPPPPPPPPPPPPPPPPPP  
[2-M] [3-C] [4-C]  
CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: P P P P P  
[5-C] [6-C]  
STATE & COUNTY CODE: P P P P P COUNTY: XXXXXXXXXXXXXXXX  
[7-C] [8-C]  
COUNTRY: PPPPPPPPPPPPPPPPPPPPPP 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: 9999999999999999  
[13-C] [14-C]  
DOMESTIC PHONE: PPPPPPPPPP FOREIGN PHONE: PPPPPPPPPPPPPPP







QRY                    ROUTING TRANSIT NUMBER                    RTND  
TRANSFER TO: XXXX                    UNIT: SSSSS

[1-C]

ROUTE RESPONSE TO/RETURN TO: 1 (1=SCREEN, 2=PRINTER/MAIN, 3=PRINTER)

FINANCIAL INSTITUTION LISTING BY ROUTING TRANSIT NUMBER

[2-C]

ROUTING TRANSIT NUMBER: 999999999

FINANCIAL INSTITUTION LISTING BY NAME AND STATE

[3-C]

FINANCIAL INSTITUTION NAME:

XX

[4-C]

FINANCIAL INSTITUTION STATE: XX

MCS TRANSFER TO: XXXX ABBREVIATED DISABILITY ABBD

NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[1-M] [2-C]

EVER MARRIED (Y/N): X CURRENTLY MARRIED (Y/N): X

[3-M]

CHILD UNDER 18, STUDENT 18 TO 19, 18 OR OLDER AND DISABLED BEFORE 22 (y/n): X

[4-M]

WORK OR EARNINGS IN SSSS SSSS SSSS SSSS (Y/N): X

[5-M]

ONSET DATE: 99999999

[6-M]

DISABLING CONDITION:

XX