Form Approved
OMB No. 0960-0133

SUPPLEMENTAL SECURITY INCOME - QUALITY REVIEW CASE ANALYSIS

1. SSN _____ ES SSN _____ SM _____
2. Type of Review: ☐ Stewardship ☐ Other _____
   APQB/SO _____ State of Residence _____ SSA-FO Code _____

SSR DOCUMENTATION

1. Name of Sampled Individual:
   _____
2. Residence Address: _____
   _____
   Mailing Address: _____
   _____
3. Telephone: _____
4. Material Individual(s): ☐ None
   ☐ Payee _____
   ☐ Ineligible Spouse
   ☐ Eligible Spouse
   ☐ Parent(s)
   ☐ Spouse of Parent
   ☐ Ineligible Child
   ☐ Alien Sponsor/Spouse
   ☐ Essential Person
5. Name(s) of MI(s): _____
   _____
6. Address: Same as SI ☐ Yes ☐ No
   _____
   _____
7. Federal Budget Month: _____
8. State Budget Month _____
9. Last effective RZ or LI date: _____

FIELD REVIEW DOCUMENTATION

1. Interview date: _____
2. SI's Existence Verified By:
   ☐ Direct Observation
   ☐ Other, Explain _____
   _____
3. MIs Listed Contacted:
   ☐ Yes
   ☐ No, Explain _____
   _____
4. Address/Telephone Entries Correct on SSR:
   ☐ Yes ☐ No, Correct:
   Residence Address: _____
   _____
   Mailing Address: _____
   _____
   Telephone: _____
5. Others Contacted:
   ☐ Legal Guardian
   ☐ Institutional Officer
   ☐ Interpreter/Assistant
6. Federal Budget Month: _____
7. State Budget Month: _____
8. ☐ CFR not requested
   as the only deficiency is recipient caused and information obtained during the review clearly shows deficiency occurred after last official contact and no pertinent data could be obtained by reviewing the casefile.
9. Case Excluded: Code _____
   Reason for exclusion: _____
   _____

SSR-SYSTEMS	SI/MI INTERVIEW
1. SSN SI _____ ES _____ Verified: _____	☐ Allegation/evidence agrees with SSR ☐ Different or additional SSN/names found _____ _____ Evidence viewed: ☐ SS card ☐ Medicare card ☐ Photo Ident. ☐ Other _____ ☐ File includes POMS development required when SSN not issued prior to age 12.

2. AGE CITIZENSHIP/ LEGAL ALIEN STATUS/IDENTITY	SI		ES
	_____	Name on Record	_____
Date of Birth	_____	Date of Birth	_____
SI: _____	_____	Birthplace	_____
	_____	Parents	_____
ES: _____	_____	Type Evidence	_____
	_____	Issuing Agency	_____
	_____	Date Recorded	_____
BIC	_____	Date/Place Issued	_____
SI: _____	_____	Alien Status	_____
ES: _____	_____	U.S. Entry Date	_____
	_____	Port of Entry	_____
	_____	Country of Origin	_____
AR CODE	_____	Alien Reg. #/ Class Code	_____
SI: _____	_____		_____
	_____	Card Exp. Date	_____
ES: _____			

VERIFICATION	CONCLUSION
☐ SSN verified via SS card/Medicare card	☐ No SSN discrepancy
☐ SSN verified via systems query (in-file). Issue date _____	☐ Multiple SSNs found but payment not affected
☐ File includes POMS development required when SSN not issued prior to age 12.	☐ SI/ES receiving SSI under incorrect or multiple SSN See: _____
☐ Allegation accepted. Age is not material.	☐ No material age discrepancy
☐ Age verified via numident (IDN code of P is indicated)	☐ Citizenship/ Legal Alien Status requirement met:
☐ Age verified via Title II claim. MBR proof of age code _____	☐ U.S. born
☐ Age Verified - Other _____	☐ Naturalized
☐ Allegation of citizenship by U.S. birth accepted.	☐ Alien
☐ Citizenship Verified. _____	☐ Refugee
☐ Collateral contact made:	☐ Other
Type/date: _____	
Place: _____	☐ Material discrepancy found
Name/title: _____	
Finding: _____	

3. MARITAL STATUS CODE: _____

Spouse Shown:

SI: ☐ No ☐ Yes

Name: _____

Parents Shown:

SI: ☐ No ☐ Yes

Name: _____

Marital History: (including parents of minor child)

	Name	SSN	Event	Date
1.				
2.				
3.				

Evidence Viewed:

Type: _____

Names _____

_____

Event date: _____

Issue Date: _____

Issuing Agency: _____

Contributions from current or prior spouse:

_____

_____

Entitlement for benefits from spouse/former spouse:

_____

_____

SI lives with unrelated member of the opposite sex:

Name: _____

Alleged relationship: _____

VERIFICATION	CONCLUSION
☐ Allegation agrees with SSR - no reason to doubt. ☐ Documentary evidence viewed. ☐ Collateral contact made: Type/date: _____ Place: _____ Name/title: _____ Finding: _____ ☐ Holding out: ☐ Established ☐ Not established ☐ See SSA-795s/4178s in file ☐ See other evidence: _____ ☐ Potential Title II entitlement established: Name: _____ SSN: _____ Type: _____	During review period SI had: ☐ No living with spouse ☐ Eligible spouse ☐ Ineligible spouse ☐ No living with parents ☐ Eligible parent(s) ☐ Ineligible parent(s) ☐ Material discrepancy found:

4. LA/ISM (Non Household)

CG _____

FEDERAL LA CODES

STATE LA CODES

STATE/COUNTY

Facility Precedent:

☐ No ☐ Yes

Facility (Name/Location) _____

_____

Facility Representative (Name/Title) _____

_____

Type of Contact/Date _____

Did SI actively participate in interviews?

☐ Yes ☐ No

Date of admission to review period facility _____
Date of release from review period facility _____

Last date SI/ES was out of U.S. _____

Number of residences over last 3 years _____

INSTITUTIONAL

☐ Public
☐ Private - profit
☐ Private - nonprofit
☐ Penal
☐ Medical care
☐ Nonmedical care
☐ Publicly operated community residence
☐ Public emergency shelter

NONINSTITUTIONAL CARE

☐ Adult foster care
☐ Child foster care
☐ Other _____

_____

_____

Absence/Multiple Residences:

From _____ To _____

From _____ To _____

From _____ To _____

VERIFICATION | **CONCLUSION**

SI interview/contact with facility representative established the following:

☐ SI was institutionalized (date) _____
Size/number of residents _____
Total monthly cost _____
Amount of pmt for room/board _____

☐ Medicaid ☐ SI's own income. Amount _____

☐ Tax-exempt organization (Church-Key Amendment applies)

☐ Other third party:
Source _____
Amount _____

Payment excluded: ☐ Yes ☐ No

☐ SI was in noninstitutional care (date) _____
Placement by _____
Supervised by _____
License number and expiration date _____
_____

Total cost:

Amount of pymt for room and board _____
Source of payment:

☐ SI's own income. Amount _____

☐ Foster care agency. Amount _____

☐ Other third party

Source _____
Amount _____

☐ Other Contact Made

Type/date _____
Name/title _____
Place _____
Finding _____
_____

☐ INSTITUTIONAL CARE
☐ Public medical
☐ Private medical

Substantial Medicaid?
☐ Yes ☐ No

☐ Public or private educational/ vocational/technical

☐ Publicly operated community residence

☐ Private nonprofit residential care

☐ Proprietary for profit residential care, educational, or vocational training facility

☐ Public emergency shelter

☐ Public correctional/ holding facility

☐ NONINSTITUTIONAL CARE

☐ State living arrangement:

☐ ISM

U.S./State residency requirement:

☐ Met ☐ Not Met

LA/ISM deficiency:
☐ Yes ☐ No

5. LA/ISM (Household/ Transient)

Pertinent CG Entries:

☐ LA 0 (Sharing $ _____)

☐ LA 20 (Rent)

☐ LA 22 (PA)

☐ LA 23 (VTR)

☐ LA 24 (Room)

☐ LA _____

☐ Other _____

Federal LA Codes

State LA Codes

State/County Codes

J/H Income

Household Members

Name	Relationship to SI	Age	PA Income Type

_____ SI living alone

_____ SI (or living with spouse) has home ownership interest/rental liability
Mortgage amount $ _____ Rent Amt. $ _____

_____ SI lives in a residence owned or rented by a non-resident of SI's household
Person in SI's household with rental liability, if any _____
Amount: _____
Landlord/rental agency name, address, telephone number

_____

_____

Landlord related to any household member?
_____ Yes _____ No
If so, how/to whom? _____

If SI/ES does not have ownership interest or rental liability:

_____ SI is a transient

_____ SI is a child living in parent's HH

_____ SI is in an all-assistance HH

_____ SI purchases/consumes food separately
Amount of shelter contribution, if any: _____

_____ SI contributes toward total HH expenses in a sharing arrangement:
Amount $ _____

_____ SI earmarks contribution toward food and/or shelter expenses:
Amount (food) $ _____
Amount (shelter) $ _____

_____ SI lives with others and makes no contribution toward HH expenses

_____ Services required by owner

Average Household Expenses

TYPE	AMOUNT	DESCRIPTION OF EVIDENCE
Food	$	
Rent	$	
Property Tax	$	
Mortgage (include property insur.)	$	
Heating/Fuel	$	
Gas	$	
Electricity	$	
Water	$	
Sewer	$	
Garbage removal	$	
TOTAL	$	

Above averages are for _____

☐ Household member(s) not contacted because_____

_____

If SI or living with spouse has ownership interest or rental liability, amount of contribution(s) from other household member(s), if any: $ _____

Amount of food/shelter contributions from outside HH: $_____

Name and address of contributor:_____

_____

Housing subsidy ☐ No ☐ Yes ☐ Unknown
Amount of subsidy (if known): $ _____

Length of time at review period residence _____

Number of residences during last 3 years _____

Last date SI/ES was out of U.S. _____

Amount of cash contributions and loans of ISM $ _____
(see SSA-795 in file)

Temporary absence by SI or any household member: _____

Changes in living arrangements including household composition/expenses in review period:

Changes in household composition in review period ☐ None

Changes in household expenses in review period ☐ None

Changes in LA in review period ☐ None

VERIFICATION

☐ LA/ISM/Residency established during interview with SI/other household members.

☐ Collateral sources contacted:
(Name, date, type of contact, findings)
LA/ISM Established

AVERAGE HOUSEHOLD EXPENSES

Amount	Type	Description of Evidence
$ _____	Food	_____
$ _____	Mortgage/Rent	_____
$ _____	Property Tax	_____
$ _____	Property Ins.	_____
$ _____	Heating/Fuel	_____
$ _____	Gas	_____
$ _____	Electricity	_____
$ _____	Water	_____
$ _____	Sewer	_____
$ _____	Garbage Removal	_____
$ _____	TOTAL	_____

Above averages are for _____

Number of household members: _____
Total household expenses $ _____
SI's pro rata share $ _____
SI's contribution _____
Other household member's contribution _____
Inside ISM (including VTR) _____
Outside ISM _____

LA/ISM FOR:

CM _____ LA _____ ISM $ _____

IM _____ LA _____ ISM $ _____

BM _____ LA _____ ISM $ _____

Last date SI/ES outside U.S. _____

CONCLUSION

Basis for Federal LA

☐ Home ownership:
Title
Life estate
Unprobated estate
Trust

☐ Rental Liability
Rent $ _____
CMRV $ _____
Flat Fee $ _____
Room rental
Commercial establishment
Non-commercial
Rent-free

☐ PA household

☐ Separate consumption

☐ Separate purchase

☐ Sharing

☐ Earmarked sharing food/shelter

☐ Transient

☐ Intervening A

☐ VTR applies

☐ Child who ives in household with parent and who is not subject to VTR

Basis for State LA
Inside ISM:
$ _____

Outside ISM:
$ _____

U.S./State residency

Requirement:
☐ Met ☐ Not Met

LA/ISM Deficiency:
☐ No ☐ Yes

6. UNEARNED INCOME

Title XVI

SI:
CM
IM
BM
Retro

MI:
CM
IM
BM
Retro

Title II

SI:
CM
IM
BM
Retro

MI:
CM
IM
BM
Retro

Other

SI:
CM
IM
BM
Retro

MI:
CM
IM
BM
Retro

1099 ALERT

Title XVI Recoup

NOTE: Only BM allegations need be shown if no income changes are alleged for review period.

SI's Allegations (CM)	(IM)	(BM)	Income Type	MI's Allegations (CM)	(IM)	(BM)
			Title XVI			
			Title II			
			Interest			
			Bank Deposits			
			VA Pension			
			VA Compensation			
			Govmt. Pension			
			Private Pension			
			Railroad Retir.			
			Black Lung			
			Assistance Based on Need			
			Educational Assistance			
			State Disb. Pymt			
			Foster Care			
			Energy Assist.			
			Unemply. Comp.			
			Worker's Comp.			
			Sick Pay			
			Dividends/Royal.			
			Rental Income			
			Gifts			
			Loans			
			Support from Absent Parent			
			Other Cash Supp.			
			Gambling Income			
			Miscellaneous			

EVIDENCE:

VERIFICATION	CONCLUSION
☐ Title XVI ☐ Title II ☐ RRB ☐ Black Lung	☐ Unearned income did not cause an error in the sampled payment.
☐ VA ☐ OPM ☐ Verified by SSR - no reason to doubt	
☐ Verified by award letter or other evidence in SI's possession	
☐ Collateral contact made: Type/Date _____ Place _____ Name/Title _____ Income/Income exclusion established _____	☐ The following unearned income amount caused a payment error: $ _____
Type/Date _____ Place _____ Name/Title _____ Income/Income exclusion established _____	☐ Type R/Type S income received by SI/ES in budget month:
☐ Excluded court ordered support payments made by ineligible spouse/parent	☐ Unearned income exclusion applies to SI/ES's budget month income:
☐ Interest income, see Element 8. CM _____ IM _____ BM _____	
☐ Ineligible child with unearned income: Name/type: _____ CM _____ IM _____ BM _____ Verified by: _____	
☐ Unstated income suspected/confirmed:	☐ Deeming applies

7. WORK HISTORY
EARNED INCOME

Military:

Total quarters from SER:

Year last worked from SER: _____

1099 Alert:

SSR Wages:
SI:
CM _____
IM _____
BM _____
Retro: Y___ N ___
MI:
CM _____
IM _____
BM _____
Retro: Y___ N ___

SEI:

Earned Income Exclusions:

Last date of employment: SI _____ MI _____
Employment history for 3 yrs. ending with sample month:

Type of Work	Employer	Dates	Employee

Review Period earnings:

Evidence: _____

Earned Income exclusions:

☐ Work expenses of BI

☐ IRWE ☐ Student child earned income

☐ PASS ☐ None

Type	Amount	Frequency	Source

Employment history prior to last 3 years:

Union membership _____
Military service _____
Pending claim/prior denial for benefits based on work/military service
_____

VERIFICATION	CONCLUSION
☐ Potential entitlement not suggested by SI/MI's allegations, no reason to doubt.	☐ No potential entitlement to other benefits
☐ Potential entitlement suggested:	☐ Potential entitlement established for: _____
☐ Title II/VA - made referral to file	
☐ Collateral contact below - made referral to file	
☐ Ruled out by development in file	
☐ Collateral contact made:	☐ No earned income in the review period
Source: _____ Date/type: _____ Finding: _____	
☐ No earned income alleged, no reason to doubt.	☐ Review period earnings - no payment error
☐ Earned income established:	
☐ See employer contact in file.	☐ The following earned income caused payment error: $ _____
☐ See summary of SI/MI's records.	
☐ See SSA-795 _____	
☐ See summary/copy of tax return.	☐ No earned income exclusions apply
☐ See summary/copy of other business record in file.	
Gross wages:	☐ Following earned income exclusions apply:
CM _____ IM _____ BM _____	
NE/SE amount/period _____	
☐ Earned income exclusions established:	
Type: _____ Amount/frequency: _____ Established by: _____	
☐ Ineligible child with earnings:	
Name _____	☐ Deeming applies
Amount: CM _____ IM _____ BM _____	
Verified by:	

8. LIQUID RESOURCES

Direct Deposit
BCR: _____
BCA: _____
Name _____
_____

1099 Alert

CG Entries

☐ RE01 SV
☐ RE04 CK
☐ RE08 CD
☐ RE21 Svgs Bds
☐ RE_____

Type of Resource	Allegations SI	MI
Checking Account		
Savings Account		
CD		
Other Bank Account (Christmas club, etc.)		
Prepaid Burial Plan		
Patient Account		
Savings Bonds		
Promissory Notes		
Stocks/Bonds		
Mutual Funds		
Credit Union		
Safe Deposit		
Miscellaneous		
401 (K) Plans/Keough Accts.		
Trusts		

Cash on Hand: $ _____

Life Insurance Dividend Accumulations _____

Positive Allegation Information:

Type:	
Institution:	
Owner(s):	
ID:	
Date/Balance:	
Encumbrances:	

Is your name on anyone else's bank acct? ☐ Yes ☐ No

Deposits by joint owner: ☐ No ☐ Yes

Amount of joint owner deposit(s) $ _____
Dates made: _____

☐ No accounts alleged

Check cashing location _____
mortgage, pers. loan from _____
Prior accounts last 24 months at _____
Place where funds are kept for burial _____
Other financial institutions used to transact business _____
_____

VERIFICATION | **CONCLUSION**

☐ SI has been in an institution/non institutional care facility for at least 3 years - no reason to doubt negative allegation.

☐ Collateral contact made (Include patient account)

Type/date: _____ Inst. Name: _____
1. Address: _____
Finding:

☐ No Account ☐ Account type
Account ID _____
Owner(s) _____
Balances CM $_____ IM $_____ BM $_____
Interest
☐ No ☐ Yes, see Element 6

Type/date: _____ Inst. Name: _____
2. Address: _____
Finding:

☐ No Account ☐ Account type
Account ID _____
Owner(s) _____
Balances CM $_____ IM $_____ BM $_____
Interest
☐ No ☐ Yes, see Element 6

Type/date: _____ Inst. Name: _____
3. Address: _____
Finding:

☐ No Account ☐ Account type
Account ID _____
Owner(s) _____
Balances CM $_____ IM $_____ BM $_____
Interest
☐ No ☐ Yes, see Element 6

Type/date: _____ Inst. Name: _____
4. Address: _____
Finding:

☐ No Account ☐ Account type
Account ID _____
Owner(s) _____
Balances CM $_____ IM $_____ BM $_____
Interest
☐ No ☐ Yes, see Element 6

☐ Total countable liquid resources did not exceed resource limit during review period

☐ Liquid resources caused or contributed to ineligibility for the sampled pymt

Total countable liquid resources on first day of sample month:

	SI	MI
Checking:		
Savings:		
Other:		
Total:		

9. REAL PROPERTY

Allegation of real property ownership by SI/MI:

☐ None

RE Field Entries

☐ Home property
Type:

☐ Non-farm

☐ Farm

☐ Trailer/Mobile home

☐ Other

Ownership interest:

☐ SI is sole owner (non-life estate)

☐ MI is sole owner (non-life estate)

☐ Jointly owned with spouse

☐ Jointly owned with relative (non-spouse)

☐ Jointly owned with non-relative

☐ Life-estate

☐ Unprobated estate

☐ Other (equitable ownership, remainder interest, etc.)

☐ Unknown

CG Entries

☐ Nonhome property

Type	Owner	Value

☐ Farmland (rented) _____
☐ Farmland (used by SI/MI) _____
☐ Commercial (non-farm) or residential property, rented _____
☐ Commercial property (non-farm) used by SI or MI _____
☐ Unexcluded previous or second residence (not rented) _____
☐ Unimproved land, idle _____
☐ Foreign property _____
☐ Other (mineral, timber, water rights, easements, etc.) _____
☐ Unknown (type cannot be determined) _____
☐ Evidence of ownership/value _____

CMV: _____

☐ Encumbrances _____

☐ Burial plot/crypt
Location/Number _____
Designated for: _____

☐ Transfer of property
To: _____ Date: _____
Reason: _____
Compensation: _____

☐ Attempt to dispose of property: _____

☐ Income producing property: _____

SI has been in an institutional/noninstitutional care facility at least 3 years - no reason to doubt negative allegations.

Allegations verified by government records:

☐ Alpha listing

Contact method (e.g., personal visit, letter, phone)

Date of contact _____

Name of contact _____

Title of contact _____

Finding: _____

No property ownership

☐ Home ownership

☐ Nonhome (including burial plot) ownership

☐ Nonhome (including non-excluded burial plot) ownership

☐

Owner

Location _____

CMV _____

(duration of ownership interest)

_____

Owner

Location _____

CMV _____

(duration of ownership interest)

_____

Other collateral contact made:

☐ Type contact/date

Finding _____

_____

☐ No real property ownership established for SI/MI

☐ SI/MI owns excluded home property

☐ SI/MI owns nonexcluded real property valued at:
$ _____

☐ SI/MI owns excluded other property (ex. burial plot)

10. VEHICLES

RE Field Data

CG Entries

RE 1 _____

☐ None alleged
☐ Positive allegation

	1	2	3
Yr/Make:			
Model/Body:			
Condition:			
Owner:			
Use:			
VIN:			
License #:			

☐ Transfer alleged

☐ Evidence viewed: ☐ Title ☐ Regist. ☐ Other_____

☐ Additional information to verify value/use/ownership

☐ Handicapped equipped ☐ Encumbrances

☐ Duration of ownership: _____

11. LIFE INSURANCE

RE Field Data

CG Entries

☐ None alleged

	Positive allegation		
Insurance Co.			
Policy Number			
Owner			
Insured			
Face Value			
Cash Value			
Outstanding Loan			
Age at Issue			
Issue Date			
Prem. Amt./Frq			
Type of Policy			
	☐ Policy Vwd ☐ Inf. Allgd ☐ Particip.	☐ Policy Vwd ☐ Inf. Allgd ☐ Particip.	☐ Policy Vwd ☐ Inf. Allgd ☐ Particip.

Fully paid insurance policy? ☐ Yes ☐ No

If the policy is not paid up, what is the premium amount and frequency of payment?

Amount $_____ Frequency_____

If yes, does supplemental contract exist? ☐ Yes ☐ No

Does the policy produce dividend additions or dividend accumulations?
☐ Yes ☐ No ☐ Unknown

☐ Transfer alleged

☐ Accelerated life insurance payments

VERIFICATION	CONCLUSION
☐ No reason to doubt negative allegations. ☐ N.A.D.A. value(s): ☐ Encumbrances _____ _____ _____ _____ ☐ See SSA-795 regarding vehicle use. ☐ Collateral contact made Name _____ Type contact/date _____ Finding:	☐ No vehicle ownership by SI/MI ☐ Vehicle exclusion applies: ☐ Value under limit ☐ Employment ☐ Other Total vehicle value $ _____ Nonexcluded value $ _____
☐ No reason to doubt negative allegations ☐ Collateral contact made Company Policy Owner CM IM BM Total face value: _____ _____ _____ Total CSV: _____ _____ _____ ☐ CSV/dividends set aside for burial (see SSA-4169/SSA-795 in file) Dividends paid ☐ No ☐ Yes (see Element 6) Ownership _____ Pertinent values _____ Dividend accumulation values _____	☐ No life insurance ownshp by SI/MI ☐ Dividend accum. value _____ ☐ Face value does not exceed $1500 per insur. indiv. Total CSV is _____ SI MI CM _____ _____ IM _____ _____ BM _____ _____ Retro _____ _____ ☐ Face value exceeds $1,500 per insured. ☐ Countable CSV value of life ins SI MI CM _____ _____ IM _____ _____ BM _____ _____ Retro _____ _____ ☐ CSV dividends set aside for burial

12. RESOURCES SUMMARY/OTHER NONLIQUID RESOURCES	☐ Transfer alleged ☐ Income producing ☐ Encumbrances ☐ SI/MI alleges following resource(s) are to be used for burial expenses:
13. REPRESENTATIVE PAYEE Repy: T: CO: CU: Name: _____ _____	☐ No alleged or observed need for payee development/change. ☐ Payee development suggested by:
14.FRAUD	☐ No fraud suspected ☐ Fraud suspected before or during interview due to:

VERIFICATION	CONCLUSION
☐ No reason to doubt negative allegation ☐ Collateral contacts made: Name: _____ Type contact/date: _____ Finding:	Total nonexcluded resource values: Liquid SI / MI CM _____ / _____ IM _____ / _____ BM _____ / _____ Retro _____ / _____ Nonliquid SI / MI CM _____ / _____ IM _____ / _____ BM _____ / _____ Retro _____ / _____ ☐ Deeming applies
☐ Resources excluded due to burial designation, PASS, etc.:	Resources cause ineligibility: ☐ No ☐ Yes
☐ No payee development required ☐ Referred to field office for payee development Name _____ Type contact/date _____ Finding: (explain above)	☐ FO payee development required. ☐ No development required.
☐ No development required ☐ Fraud referred due to:	☐ No fraud suspected ☐ Fraud referral made

SUPPLEMENTAL DOCUMENTATION

15. DEATH OF MI

DH: _____

Name _____

Relationship to SI _____

Date of death _____

Evidence viewed _____

16. STUDENT STATUS

STUDENT NAME _____
School Name _____
School Address _____
Dates of Attendance _____
Type of Course _____
Evidence Viewed _____
STUDENT NAME _____
School Name _____
School Address _____
Dates of Attendance _____
Type of Course _____
Evidence Viewed _____
FULL TIME ATTENDANCE ☐ Yes ☐ No

17. AGE

Evidence presented by SI/MI, or derived from collateral contact

☐ Eligible Children (not SI)
☐ Ineligible Children
☐ CG
DM 0 _____

Name _____
Date of Birth _____
Place of Birth _____
Record Type, ID # _____
Issuing Agency _____
Date of Issue _____
Date Recorded _____
Mother's Name _____
Father's Name _____
SSN _____

Name _____
Date of Birth _____
Place of Birth _____
Record Type, ID # _____
Issuing Agency _____
Date of Issue _____
Date Recorded _____
Mother's Name _____
Father's Name _____
SSN _____

18. RELATIONSHIP

☐ Ineligible child of SI _____
☐ Ineligible sibling of SI
☐ Parent to eligible child
☐ Spouse as parent to eligible child
☐ Alien sponsor to spouse/dependents
☐ Other _____

☐ Birth record (see above/pg. 2)
☐ Marriage record
Name _____
Date _____ Place _____
Issued by _____

VERIFICATION	CONCLUSION
☐ None required ☐ Collateral contact made Name_____ Contact type/date _____ Finding:_____ Evidence viewed:_____	Payment effect $ ☐ Pymt deficiency ☐ Nonpayment deficiency
☐ None required ☐ Collateral contact made Name _____ Contact type/date _____ Finding:_____ ☐ Evidence viewed (see page 24)	☐ No discrepancy ☐ Material discrepancy
☐ None required ☐ Numident in file IDN _____ ☐ Collateral contact made Name _____ Contact type/date _____ Finding: _____ ☐ Evidence viewed (see page 24) SSNs for children _____ _____ _____ _____	☐ No discrepancy ☐ Material discrepancy
☐ Evidence viewed ☐ Numident in file ☐ Collateral contact made Name _____ Contact type/date _____ Finding: _____	☐ No discrepancy ☐ Material discrepancy

REMARKS/DEFICIENCY ANALYSIS

Reviewer's Signature	Date