SUPPLEMENTAL SECURITY INCOME - QUALITY REVIEW CASE ANALYSIS

SSN:	State of Residence:	SM: Title XVI Stewardship
ES SSN:	AIPQB: SSA-FO code:	Case Excluded? ☐ Yes ☐ No Exclusion code:

Removed "Type of Review"

moved to the top

SSR DOCUMENTATION

1. Name of Sampled Individual

2. Residence Address/Telephone number

3. Mailing Address

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 BM

8. State BM

9. Last Effective RZ/LI

FIELD REVIEW DOCUMENTATION

1. Interview Date

2. SI's Existence Verified by
☐ Direct observation
☐ Other

3. MI(s) listed contacted
☐ Yes ☐ No, Explain

4. Address/Telephone entries correct on SSR
☐ Yes ☐ No (provide correct address)

Residence Address/Telephone Number

Mailing Address

5. Others Contacted: ☐ Legal Guardian
☐ Institutional Officer
☐ Interpreter Assistant

6. Federal BM

7. State BM

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.

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 Identification

☐ Other _____

Removed "File includes POMS development required when SSN not issued prior to age 12."

2. AGE CITIZENSHIP/ LEGAL ALIEN STATUS/IDENTITY

Date of Birth

SI:

ES:

BIC

SI:

ES:

AR CODE

SI:

ES:

Allegation	SI	ES
Name on Record	Added chart format	
Date of Birth		
Place of Birth		
Parents Names	Mth: Fth:	Mth: Fth:
Type of Evidence		
Issuing Agency		
Date Recorded		
Date/Place Issued		
Alien Status		
U.S. Entry Date		
Port of Entry		
Country of Origin		
Alien Reg. # / Class code		
Card Expiration Date		

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
Removed "File includes POMS development required when SSN not issued prior to age 12."	☐ SI/ES receiving SSI under incorrect or multiple SSN See: _____

VERIFICATION	CONCLUSION
☐ Allegation accepted. Age is not material.	☐ Allegation of Age Accepted
☐ Age verified via numident (IDN code of P is indicated)	☐ Age Verified
☐ Age verified via Title II claim. MBR proof of age	☐ Does not meet age requirement
☐ Age Verified-other	Added check boxes
	Removed "No material age discrepancy."

VERIFICATION	CONCLUSION
☐ Allegation of Citizenship by U.S. birth accepted	☐ Citizenship/ Legal Alien Status requirement met
☐ Citizenship/Alien status verified? ☐Yes ☐No Type of verification	☐ U.S. born
Added block	☐ Naturalized
☐ Collateral Contact Made	☐ Alien
Type/date	☐ Refugee
Place	☐ Other
Name/Title	added block
Findings	☐ Does not meet Citizenship/Alien Status
	Removed "Material discrepancy found"

Marital History: (including parents of minor child) ☐**None** [Added block]

3. MARITAL STATUS CODE:

.

Spouse Shown:

☐No ☐ Yes

[Created spouse and parents checkboxes]

Name:

Parents Shown:

☐No ☐ Yes

Names:

Spouse or Parents	**Name** [Added table format]	**SSN** *if SSN is unknown, provide DOB/POB/mothers maiden name*	**Event** [Requests DOB/POB/mothers maiden name if SSN is unknown]	**Date**
☐Spouse ☐Parents			☐Married ☐Divorce ☐Separated ☐Widowed [Created checkboxes for the event column]	
☐Spouse ☐Parents			☐Married ☐Divorce ☐Separated ☐Widowed	
☐Spouse ☐Parents			☐Married ☐Divorce ☐Separated ☐Widowed	
☐Spouse ☐Parents			☐Married ☐Divorce ☐Separated ☐Widowed	

Evidence Viewed

[Created text box for Evidence Viewed information, and removed "Type," "Names," "Event date," "Issue Date," and "Issuing Agency."]

Contributions from current or prior spouse? ☐Yes ☐No
If yes, indicate name of spouse and amount of contribution

[Added Yes/No checkboxes]

Entitlement for benefits from spouse/former spouse? ☐Yes ☐No
If yes, indicate Name and SSN, or DOB if SSN is unknown   [Added request for DOB]

Does SI live with an unrelated member of the opposite sex? ☐Yes ☐No
If yes, provide the following information

Name	**Alleged Relationship**

If Disabled, Date SI first became disabled   [Added block]
Note: This may not be the same date as that established on the SSR

Name SSN's/ID info for parents either disabled, deceased or age 62 or over.
If SSN is unknown, provide DOB/POB/Mother's Maiden name   [Added block]

Mother	Father

☐   Allegation agrees with SSR - no reason to doubt.

During review period SI had:

☐   Documentary evidence viewed.

☐   No living with spouse

☐   Collateral contact made:

☐   Eligible spouse

Type/Date	
Place	
Name/Title	
Findings	

☐   Ineligible spouse

☐   No living with parents

☐   Eligible parent(s)

☐   Holding out: ☐ Established
                        ☐ Not established

☐   Ineligible parent(s)

Removed "Material discrepancy found"

☐   See SSA-795s/4178s in file

☐   Other evidence

Potential T2 Entitlement Referral:

Added check box

☐ Yes ☐ No

☐   Potential Title II Entitlement established:

Name	
SSN	
Type	

☐ **NA**   Added block

Facility Name/Address	
Facility Representative Name/Title	
Type of Contact/Date	

4. LA/ISM
(Non Household)

CG:

Date of Admissions to the review period facility

FEDERAL LA
CODES:

Did the SI actively participate in the interview? ☐Yes ☐No

Is the SI currently residing in the facility? ☐Yes ☐No   Added block
If not, date of release from the review period facility

STATE LA CODES:

Removed "Last date SI/ES was out of U.S." and "Number of residences over last 3 years."

INSTITUTIONAL   **NONINSTITUTIONAL CARE**

☐   Public   ☐Adult foster care

STATE/COUNTY:

☐   Private - profit   ☐Child foster care

☐   Private - nonprofit   ☐ Other

☐   Penal

☐   Medical care

☐   Non-medical care

Facility
Precedent:

☐   Publicly operated
      community residence

☐ No   ☐ Yes

☐   Public emergency
      Shelter

Absence/Multiple Residences: Created table format

Dates	From	To

VERIFICATION	CONCLUSION

VERIFICATION

☐**NA** [Added block]

Interview/contact with facility representative established the following:

INSTITUTION [Created table]

SI was institutionalized (Date)	
Amount of Payment for Room and Board	$
Other Third Party Source/Amount	$

[Removed "Size/number of residents"]

[Replaced "Total monthly cost" with "Other Third Party Source/Amount" (moved from below "Tax-Exempt organization"]

☐Medicaid ☐SI's own income ☐Amount:$

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

☐Payment Excluded? ☐Yes ☐No

NON-INSTITUION

SI was in Non-institution care (Date)	
Facility license number/expiration date	
Amount of Room and Board	$
Other third Party Source/Amount	$

[Removed "Placement By" and "Supervised By"]

[Placed "Amount of pymnt for room and board" here]

[Added space for "Other third party source/amount" here]

Total Cost: $

[Removed "Amount of pymt for room and board"]

☐SI's Own Income: Amount
$

☐Foster Care Amount
$

☐Other Third Party (provide source and amount)

☐Other Contact made

Type/Date	
Name/Title	
Place	
Findings	

CONCLUSION

☐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)

Created table

Household Members

Added request for SSN

Name	Relationship to SI	Age	PA income type/SSN

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:

RENTAL LIABILITY/HOME OWNERSHIP

Applies only if SI/Spouse has rental liability/home ownership

Does SI live alone	☐Yes ☐No
Does SI (or living w/spouse) have home ownership interest?	☐Yes ☐No Amount of Mortgage: $
Does SI have rental liability?	☐Yes ☐No Amount of Rental payment $
Provide the name/address/telephone number of the landlord →	
Is the landlord related to any household member as a parent or child? →	☐Yes, (to whom and how?) ☐No
Does SI live in a residence owned or rented by a non-resident of SI's household?	☐Yes (provide name) → ☐No
Name of person in SI's household with rental liability, if any and amount of payment →	

SI/ES DO NOT HAVE HOME OWNERSHIP INTEREST OR RENTAL LIABILITY

Applies only when SI/Spouse do not have rental liability/home ownership

Is SI a Transient	☐Yes ☐No
Is SI a child living in parents HH?	☐Yes ☐No
Is SI in an all PA household?	☐Yes ☐No
Does SI purchase/consume food separately?	☐Yes ☐No
Amount of Shelter Contribution, if any →	$
Does SI Contribute towards the total HH expenses in a sharing arrangement?	☐Yes ☐No Amount of contribution $
Does SI Earmark Contribution towards the food and/or shelter expense?	☐Yes ☐No Food$ Shelter$
SI lives with others and makes no contribution towards the HH expenses?	☐Yes ☐No
Are services required by owner?	☐Yes ☐No

Average Household Expenses

Type	Amount ($)	Description of Evidence
Food		
Rent		
Mortgage (including property Insurance)		
Property Tax (Yr/monthly amount) Added "Yr/monthly amount"		
Heating/Fuel		
Gas		
Electricity		
Water		
Sewer		
Garbage Removal		
TOTAL		

Above Averages are for:

Removed "Household member(s) not contacted because_____

If SI or living w/spouse has ownership interest or rental liability, what is the amount of contributions from other HH members if any?

$

Does SI receive contributions from outside the HH? ☐Yes ☐No Revised language: substituted "contributions" for "food/shelter."
If yes, provide the following:

Name/Address/Telephone of person that SI is receiving contributions from. (SSA-795 in file)	Amount
	$

Does SI receive a housing subsidy? If so, what is the source of the subsidy →	☐Yes ☐No ☐Unknown Added request for the source
What is the amount of the subsidy, if known? →	Removed: "Number of residences during last 3 years."
What is the length of time at the review period residence? →	
Last date SI/ES was out of the U.S.	

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

Temporary absence by SI or any HH member	

Has the SI resided at the current residence address for the entire review period? ☐ Yes ☐ No
If not, complete the applicable living arrangement changes below:

Added question

Removed the blocks that indicated "None" for each statement below.

Changes in household composition in review period

Changes in household expenses in review period

Changes in LA in review period

VERIFICATION	CONCLUSION

VERIFICATION

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

☐ Collateral sources contacted

Name/Telephone #	
Date	
Type of contact	
Findings	

Removed "La/ISM Established" as it is redundant; and removed section on "average household expenses"

☐ SSA-795 in file pertaining to HH expenses   Added blocks

☐ Bills/Receipts of HH expenses were requested for the past 12 months, but were not available

☐ Bills/Receipts were available for _____

QRA Determination   Added table

Number of HH members	
Total HH Expenses	
SI's Pro-rata share	
SI's Contribution	
Other HH Member's Contribution	
Inside ISM (including VTR)	
Outside ISM	

LA/ISM FOR: Created table for this information

Review Period Month	Living Arrangement	ISM $
CM		
IM		
BM		

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
Removed "Rent-free"

☐ PA household

☐ Separate consumption

☐ Separate purchase

☐ Sharing

☐ Earmarked sharing food/shelter

☐ Transient

☐ Intervening A

☐ VTR applies

☐ Child who lives 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.

Created table for this information and reordered some of the categories

Removed "Bank Deposits"

Removed "Private Pension"

Removed "Assistance Based on Need"

SI Allegation	CM	IM	BM	MI Allegation	CM	IM	BM
Title XVI	$	$	$	Title XVI	$	$	$
Title II	$	$	$	Title II	$	$	$
VA Pension	$	$	$	VA Pension	$	$	$
VA Compensation	$	$	$	VA Compensation	$	$	$
Railroad Retirement	$	$	$	Railroad Retirement	$	$	$
Govt. Pension	$	$	$	Govt. Pension	$	$	$
Black Lung	$	$	$	Black Lung	$	$	$
State Disability Payments	$	$	$	State Disability Payments	$	$	$
Foster Care	$	$	$	Foster Care	$	$	$
Energy Assistance	$	$	$	Energy Assistance	$	$	$
Unemployment Compensation	$	$	$	Unemployment Compensation	$	$	$
Workers Comp	$	$	$	Workers Comp	$	$	$
Sick Pay	$	$	$	Sick Pay	$	$	$
Education Assistance	$	$	$	Education Assistance	$	$	$
Dividends/Royals	$	$	$	Dividends/Royals	$	$	$
Rental Income	$	$	$	Rental Income	$	$	$
Interest	$	$	$	Interest	$	$	$
Gifts	$	$	$	Gifts	$	$	$
Loans	$	$	$	Loans	$	$	$
Support from absent parent	$	$	$	Support from absent parent	$	$	$
Other Cash Support	$	$	$	Other Cash Support	$	$	$
Gambling Income	$	$	$	Gambling Income	$	$	$
Miscellaneous	$	$	$	Miscellaneous	$	$	$

☐ Evidence Viewed: *Added block for this informaiton*

VERIFICATION	CONCLUSION

VERIFICATION

FINDINGS
(Added Title "Findings")

(Organized the information on this page in tables)

☐ Title XVI   ☐ Title II   ☐ RRB   ☐ Black Lung

☐ 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 *(Removed block for "Place")*			
Name/Title/Organization *(Added "Organization")*			
Income/Income Exclusion established			
Amounts	CM: $	IM: $	BM:$

(Added blocks for "Amounts")

Type/Date *(Removed block for "Place")*			
Name/Title/Organization *(Added "Organization")*			
Income/Income Exclusion established			
Amounts	CM: $	IM: $	BM:$

(Added blocks for "Amounts")

☐ Interest income, see Element 8.

CM	$
IM	$
BM	$

☐ Ineligible child with unearned income

Name of Child	
Source of Income *(Added "Source")*	
Type of Income	
Verified by	

Amounts	CM: $	IM: $	BM: $

☐ Excluded court ordered support payments made by ineligible spouse/parent
(Moved to bottom of page)

☐ Unstated income suspected/confirmed:

CONCLUSION

☐ Unearned income did not cause an error in the sampled payment.

☐ The following unearned income amount caused a payment error: $ _____

☐ Type R/Type S income received by SI/ES in budget month:

☐ Unearned income exclusion applies to SI/ES's budget month income:

☐ Deeming applies
(Added "Deeming")

7. WORK HISTORY
   EARNED INCOME

   Military:

   Total quarters
   from SER:

   Year last
   worked from
   SER: _____

   1099 Alert:

   SSR Wages:
   SI:
      CM
      IM
      BM

   Removed "Retro: Y__N__"

   MI:
      CM
      IM
      BM

   Removed "Retro: Y__N__"

   SEI:

   Earned Income
   Exclusions:

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

Sampled Individual   Created table

Employer Name/Address or Self Employment	Dates
Removed "Type of Work" and "Employee"	

Material Individual   Created table

Employer Name/Address or Self Employment	Dates
Removed "Type of Work" and "Employee"	

Review Period Earnings

Removed "Evidence"

Earned Income Exclusions? ☐ None

Added blocks

☐ Work expenses of BWE   ☐ IRWE   ☐ Student child earned income
☐ PASS   ☐ Cafeteria Plan
☐ Court Ordered Payments

Type	
Amount	
Frequency	
Source	

Employment history prior to last 3 years   Reorganized as a table

Employer Name/Address or Self Employment	Dates

Added "Yes/No" checkboxes as well as request for "union ID," "dates of service," and explanation of pending claim

Does the SI have a Union membership? →	☐ Yes (union ID) ☐ No
Does the SI have Military Service?	☐ Yes (dates of service) ☐ No
Does the SI have a pending claim/prior denial for benefits based on work/military services? →	☐ Yes (explain) ☐ No

VERIFICATION	CONCLUSION

VERIFICATION

☐ Potential entitlement not suggested by SI/MI's allegations, no reason to doubt.
☐ Potential entitlement suggested:

    ☐ Title II/VA - made referral to file
    ☐ Collateral contact below - made referral to file
    ☐ Ruled out by development in file

☐ Collateral contact made: Created table; added spaces for amounts

Source	
Type	
Date	
Findings	CM: $ IM: $ BM:$

☐ No earned income alleged, no reason to doubt.

☐ Earned income established:

    ☐ See employer contact in file.

    ☐ See summary of SI/MI's records.

    ☐ See SSA-795
    Removed "See summary/copy of tax return"
    ☐ See summary/copy of other business record in file.

Gross wages:

CM	$
IM	$
BM	$

Net Earnings from Self-Employment

Amount	$
Year	

☐ Earned Income Exclusions Established:

Type	
Amount/frequency	
Established by	

☐ Ineligible Child with Earnings

Name			
Amount	CM $	IM $	BM $
Verified by			

CONCLUSION

☐ No potential entitlement to other benefits

☐ Potential entitlement established for:
_____

☐ No earned income in the review period

☐ Review period earnings - no payment error

☐ Earned income caused payment error: $ _____

☐ No earned income exclusions apply

☐ Following earned income exclusions apply:

☐ Deeming applies

8. LIQUID RESOURCES

Direct Deposit
BCR:
BCA:
Name:

1099 Alert:

CG Entries:

- [ ] RE01   SV
- [ ] RE04   CK
- [ ] RE08   CD
- [ ] RE21   Svgs Bds
- [ ] RE_____

Removed "Type of Resource"

Added Yes and No blocks for each type of source, and reordered list

Allegations	SI	MI
Patient Account	☐Yes ☐No	☐Yes ☐No
Checking account	☐Yes ☐No	☐Yes ☐No
Savings account	☐Yes ☐No	☐Yes ☐No
Credit Union	☐Yes ☐No	☐Yes ☐No
Oth. Bank accts (Christmas club, etc).	☐Yes ☐No	☐Yes ☐No
CD	☐Yes ☐No	☐Yes ☐No
Savings Bonds	☐Yes ☐No	☐Yes ☐No
Promissory Notes	☐Yes ☐No	☐Yes ☐No
Stocks/Bonds	☐Yes ☐No	☐Yes ☐No
Mutual Funds	☐Yes ☐No	☐Yes ☐No
Prepaid burial plan	☐Yes ☐No	☐Yes ☐No
Safe Deposit	☐Yes ☐No	☐Yes ☐No
Trusts	☐Yes ☐No	☐Yes ☐No
401(k) plans/Keough accts	☐Yes ☐No	☐Yes ☐No
LI Dividend Accumulations	☐Yes ☐No	☐Yes ☐No
Cash on hand →	CM:$ IM: $ BM:$	CM:$ IM: $ BM:$

Removed "Miscellaneous"; added spaces for different amounts of cash on hand

Positive Allegation   *Added space for this section*

Account Type/ Account Number	Financial Institution	Balances ($)	Owner Name
			☐SI ☐MI
			☐SI ☐MI
			☐SI ☐MI
			☐SI ☐MI

Removed "ID" and "Encumbrances"

Added blocks, and removed "No accounts alleged"

☐ SSI Direct Deposit   ☐ T2 Direct Deposit

Reordered requested information

Check Cashing Location, if no Direct Deposit alleged	
If SI/MI do not have SSN, Provide the Tax ID Number (TID)	*Added space to provide TID*
Is SI/MI's name on anyone else's bank account? If so, provide name	
Prior accounts in the last 24 months?	☐Yes ☐No (if yes, show FI name and location):
Place where funds are kept for burial ☐NA	
Other financial institutions used to transact business i.e., personal loans, mortgages	
Deposits made by joint owner?	☐Yes ☐No if yes, provide Name/Date/Amt

Restated question

Removed "mortgage, pers, loan from"

Removed "SI has been in an institution/non institutional care facility for at least 3 years- no reson to doubt negative allegation" and "Collateral contact made (Include patient account)"

☐ **Findings**

Reorganized section to better record findings

Acct Type/Acct #	Financial Institution	Owner Name	Balances
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8
			CM IM BM Interest ☐Yes ☐No If yes, see element 8

Added block

☐ **Geo Search did not identify additional accounts**

Other Liquid Resource Findings

Included table to record other types of liquid resources

TYPE	BALANCES		
	CM: $	IM: $	BM: $
	CM: $	IM: $	BM: $
	CM: $	IM: $	BM: $

CONCLUSION

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

☐ Liquid resources caused or con tributed to ineligibility for the sampled pymt

☐ Total countable liquid resources on first day of sample month:

	SI	MI
Checking:		
Savings:		
Other:		
Total:		

	CM: $	IM: $	BM: $	

Page 17 will be shown on one page only once SSA's Forms Management Team formats the revised SSA-8508 (See Note on Addendum).

CM: $ IM: $ BM: $

9. REAL PROPERTY

Allegation of real property ownership by SI/MI:

Home Property Ownership ☐Yes ☐No   Added block; removed "None"

Home Property Type
☐**Non-Farm**   ☐**Farm**   ☐**Trailer/Mobile Home**   ☐**Other**

RE Field Entries

Ownership
☐**SI is Sole Owner (non-life estate)**   ☐**MI is Sole Owner (non-life estate0**
☐**Jointly owned with Spouse**   ☐**Jointly owned with relative (non-spouse)**
☐**Jointly owned with non-relative**   ☐**Life Estate**
☐**Unprobated Estate**   ☐**Other**
Removed "Unknown" block   **(equitable ownership, remainder interest, etc)**

Non-Home Property Ownership Interest: ☐Yes ☐No   Added "Yes/No" blocks

Reorganized as chart for ease of recording

Type	Owner	Loan Alleged	CMV
Farmland (rented)		$	$
Farmland (used by SI)		$	$
Commercial (non-farm) or residential property, rented		$	$
Non-Excluded previous or second residence (not rented)		$	$
Unimproved land, idle		$	$
Foreign property		$	$
Other (mineral, timer, water rights, easements, etc)		$	$
Unknown (type cannot be determined)		$	$
Evidence of Ownership/Value		$	$
Burial Plot/Crypt/Location/ Value Designated for			

CG Entries

Removed "Commercial property (non-farm) used by SI or MI," "CMV" and "Encumbrances"; and added "Burial Plot/Crypt/Location/ Value Designated for" into the chart.

Transfer of property since 12/14/1999? ☐Yes ☐No Added date.	If transfer of ownership alleged, provide the following: Type of real property/Name and address of recipient of property/date of transfer/Reason for the transfer/monetary or other compensation received. (Document on SSA 795)
Attempt to Dispose of Property?	☐Yes ☐No
Income producing Property?	☐Yes ☐No

| **VERIFICATION** | **CONCLUSION** |

VERIFICATION

Allegations Verified by Government Records:

Alpha listing Contact method: ☐Personal Visit ☐Letter ☐Telephone ☐Internet

Date of Contact	
Name of Contact	
Title of contact	

Findings:
☐No property ownership found ☐Ownership Discovered

Owner		Owner	
Location		Location	
CMV (duration of ownership)		CMV (duration of ownership)	

☐Other Collateral contact made:

Type Contact/Date	
Findings	

CONCLUSION

☐ 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)

	☐Positive Allegation	Reorganized as table	☐None Alleged	
10. VEHICLES	Year/Make		Year/Make	
RE Field Data	Model		Model	
	Condition		Condition	
	Owner		Owner	
	Use		Use	
	VIN		VIN	
CG Entries	License #		License #	
RE 1_____	Transfer Alleged	☐Yes ☐No	Transfer Alleged	☐Yes ☐No
	Evidence Viewed		Evidence Viewed	Removed "Title," "Regist." and "other"
	Encumbrances		Encumbrances	

Removed "Additional information to verify value/use/ownership," "Handicapped equipped," and "Duration of ownership"

	☐Positive Allegation		☐None Alleged	
11. LIFE INSURANCE	Insurance Company Name		Insurance Company Name	
	Policy Number		Policy Number	
RE Field Data	Issue Date		Issue Date	
	Owner		Owner	
Removed "Insured" from chart	Face Value	$	Face Value	$
	Cash Value	$	Cash Value	$
CG Entries	Outstanding Loans?	☐Yes ☐No	Outstanding Loans?	☐Yes ☐No
	Age at Issue/		Age at Issue	
	Premium amount/frequency		Premium amount/frequency	
	Type of Policy		Type of Policy	
	Fully paid Policy?	☐Yes ☐No	Fully paid Policy?	☐Yes ☐No

Removed "If the policy is not paid up, what is the premium amount etc." and "If yes, does supplemental contract exist?"

	Policy Viewed?	☐Yes ☐No	Policy Viewed?	☐Yes ☐No

Removed "Inf. Allgd" and "Particip" from below "Policy Viewed"

	Does policy produce Dividend additions or div accumulations	☐Yes ☐No	Does policy produce Dividend additions or div accumulations	☐Yes ☐No
	Transfer alleged	☐Yes ☐No	Transfer alleged	☐Yes ☐No
	Accelerated life insurance payments?	☐Yes ☐No	Accelerated life insurance payments?	☐Yes ☐No

Removed need to list the premium amount and frequency of payment for a policy that is not paid up

FINDINGS:

☐ No reason to doubt negative allegations

Removed "Encumbrances" block

☐ N.A.D.A. value(s):

Vehicle #1	$
Vehicle #2	$
Vehicle #3	$
Vehicle #4	$

Created a chart for vehicle usage information

☐ See SSA-795 regarding vehicle use.

☐ Collateral contact made:

Name	
Type/Contact/Date	
Findings	

☐ No vehicle owner-
ship by SI/MI

☐ Vehicle exclusion
applies:
☐ Transportation
☐ Employment
☐ Other

Total vehicle value
$ _____

Non-excluded value
$ _____

Replaced "Value under limit" with "Transportation"

☐ No Reason to doubt negative allegations
☐ Collateral contact made

Created Chart for this information; made room for four Policies to be listed.

☐ 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

Company Name				Company Name			
Policy Number				Policy Number			
Owner Name				Owner Name			
Total Face Value				Total Face Value			
Total CSV	CM	IM	BM	Total CSV	CM	IM	BM

Company Name				Company Name			
Policy Number				Policy Number			
Owner Name				Owner Name			
Total Face Value	$			Total Face Value	$		
Total CSV	CM	IM	BM	Total CSV	CM	IM	BM

☐ CSV/Dividends set aside for burial (See SSA -4169/SSA 795 in file)
Dividends paid? ☐ Yes ☐ No (if yes, see Element 6)

Ownership	
Pertinent Values	
Dividend Accumulation values	

12. RESOURCES SUMMARY/OTHER NONLIQUID RESOURCES	☐Does SI own any other non-liquid resources, (items of unusual value)? ☐Yes ☐No If so, indicate below: Added question and text block
	☐ Transfer alleged
	☐ Income producing
	☐ Encumbrances
	☐ SI/MI alleges following resource(s) are to be used for burial expenses:

13. REPRESENTATIVE PAYEE <mark>Selection Date:</mark> T: CO: CU: Name: Replaced "Repy" with "Selection Date"	☐ 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	
Findings	

☐ Resources excluded due to burial designation, PASS, etc.:

Total nonexcluded resource values:

Liquid

	SI	MI
CM		
IM		
BM		
Retro		

Nonliquid

	SI	MI
CM		
IM		
BM		
Retro		

☐ Deeming applies

Resources cause ineligibility:

☐ No   ☐ Yes

☐ No payee development required

☐ Referred to field office for payee development

Name	
Contact type/date	
Findings	

☐ FO payee development required.

☐ No development required

☐ No development required

☐ Fraud referred due to:

☐ No fraud suspected

☐ Fraud referral made

---

15. DEATH OF MI

DH_____

Name	
Relationship to SI	
Date of Death	
Evidence viewed	

16. STUDENT STATUS

Replaced "Type of Course" with "Full time"

Student Name		Student Name	
Sch. Name		Sch. Name	
Sch. Address		Sch. Address	
Dates of Attendance		Dates of Attendance	
Full time	☐Yes ☐No	Full time	☐Yes ☐No
Evidence Viewed		Evidence Viewed	

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

☐**Eligible Children**

Name		Name		Name	
SSN		SSN		SSN	
DOB		DOB		DOB	

Added space to record more children both eligible and ineligible.

Split eligible and ineligible children into two charts as one requires more information than the other. Removed the following fields: Place of Birth, Date of Issue, and Date Recorded. Replaced "Record Type, ID#" with "Evidence Viewed."

☐**Ineligible Children**

Name		Name		Name	
SSN		SSN		SSN	
DOB		DOB		DOB	
Mth Name		Mth. Name		Mth. Name	
Fth Name		Fth Name		Fth Name	
Evidence Viewed		Evidence Viewed		Evidence Viewed	

Removed "CG DM O"

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**

	Payment effect $
☐None required	
☐Collateral Contact made	☐ PYMT deficiency

Name	
Contact type/date	
Finding	
Evidence Viewed	

☐ Nonpayment deficiency

	☐ No discrepancy
☐None required	
☐Collateral Contact made	☐Student Status verified

Name	
Contact type/date	
Finding	
Evidence Viewed	

Replaced "Material discrepancy" with "Student Status verified"

Removed "None required" block

	☐ No discrepancy
☐ Numident in file IDN _____	
☐ Collateral Contact Made	☐ Age Verified

Name	
Contact type/date	
Finding	
Evidence Viewed	

Replaced "Material discrepancy" with "Age Verified"

Removed need to provide SSNs for children

	☐ No discrepancy
☐Numident in file	
☐Collateral Contact made	☐Relationship verified

Name	
Contact type/date	
Finding	
Evidence Viewed	

Replaced "Material discrepancy" with "Relationship verified"

Moved "Evidence Viewed" from above "Numident in file" to the bottom of the chart.

REMARKS/DEFICIENCY ANALYSIS

Reviewer's Signature	Date