

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

FIELD REVIEW 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: _____

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: _____

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 _____

ES: _____

Parents _____

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

SSN verified via systems query (in-file).
Issue date _____

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

No SSN discrepancy

Multiple SSNs found but payment not affected

SI/ES receiving SSI under incorrect or multiple SSN
See: _____

Allegation accepted. Age is not material.

Age verified via numident (IDN code of P is indicated)

Age verified via Title II claim.
MBR proof of age code _____

Age Verified - Other _____

Allegation of citizenship by U.S. birth accepted.

Citizenship Verified. _____

Collateral contact made:

Type/date: _____

Place: _____

Name/title: _____

Finding: _____

No material age discrepancy

Citizenship/ Legal Alien Status requirement met:

U.S. born

Naturalized

Alien

Refugee

Other

Material discrepancy found

3. MARITAL STATUS
CODE: _____

Marital History: (including parents of minor child)

Name	SSN	Event	Date
------	-----	-------	------

Spouse Shown:

1.

SI: No Yes

Name: _____

2.

Parents Shown:

SI: No Yes

Name: _____

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)

Facility (Name/Location) _____

CG _____

Facility Representative (Name/Title) _____

FEDERAL LA
CODES

Type of Contact/Date _____

Did SI actively participate in interviews?

Yes No

STATE LA CODES

Date of admission to review period facility _____

Date of release from review period facility _____

STATE/COUNTY

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

Number of residences over last 3 years _____

INSTITUTIONAL

NONINSTITUTIONAL CARE

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

- Adult foster care
- Child foster care
- Other _____

Facility
Precedent:

No Yes

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)

Household Members

Pertinent CG
Entries:

Name	Relationship to SI	Age	PA Income Type

- LA 0
(Sharing \$ _____)
- LA 20 (Rent)
- LA 22 (PA)
- LA 23 (VTR)
- LA 24 (Room)
- LA _____
- Other _____

Federal LA Codes

- _____ 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: _____

State LA Codes

Landlord/rental agency name, address, telephone number

State/County Codes

Landlord related to any household member?

_____ Yes _____ No

If so, how/to whom? _____

J/H Income

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

SI/MI HOUSEHOLD INTERVIEWS

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: _____

SI/MI HOUSEHOLD INTERVIEWS

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

CONCLUSION

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. _____

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 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

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

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

EVIDENCE:

1099 ALERT
Title XVI Recoup

VERIFICATION

CONCLUSION

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 _____

Place _____

Name/Title _____

Income/Income exclusion established _____

Type/Date _____

Place _____

Name/Title _____

Income/Income exclusion established _____

Excluded court ordered support payments made by ineligible spouse/parent

Interest income, see Element 8.

CM _____ IM _____ BM _____

Ineligible child with unearned income:

Name/type: _____

CM _____ IM _____ BM _____

Verified by: _____

Unstated income suspected/confirmed:

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

7. WORK HISTORY
EARNED INCOME

Last date of employment: SI _____ MI _____
Employment history for 3 yrs. ending with sample month:
Type of Work Employer Dates Employee

Military:

Total quarters
from SER:

Year last
worked from
SER: _____

1099 Alert:

Review Period earnings:

Evidence: _____

SSR Wages:

SI:
CM _____
IM _____
BM _____
Retro: Y___ N ___

Earned Income exclusions:

- Work expenses of BI
- IRWE Student child earned income
- PASS None

MI:
CM _____
IM _____
BM _____
Retro: Y___ N ___

Type	Amount	Frequency	Source

SEI:

Employment history prior to last 3 years:

Earned Income
Exclusions:

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.

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:

Source: _____

Date/type: _____

Finding: _____

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 _____

See summary/copy of tax return.

See summary/copy of other business record in file.

Gross wages:

CM _____ IM _____ BM _____

NE/SE amount/period _____

Earned income exclusions established:

Type: _____

Amount/frequency: _____

Established by: _____

Ineligible child with earnings:

Name _____

Amount: CM _____ IM _____ BM _____

Verified by:

No potential entitlement to other benefits

Potential entitlement established for:

No earned income in the review period

Review period earnings - no payment error

The following 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 _____

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

RE Field Entries

Allegation of real property ownership by SI/MI:

None

Ownership interest:

Home property
Type:

SI is sole owner (non-life estate)

MI is sole owner (non-life estate)

Non-farm

Jointly owned with spouse

Farm

Jointly owned with relative (non-spouse)

Trailer/Mobile home

Jointly owned with non-relative

Other

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: _____

VERIFICATION

CONCLUSION

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)

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 ownership 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:

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 _____

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

Name _____
DH: _____
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 O _____

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 _____ Birth record (see above/pg. 2)
- Ineligible sibling of SI Marriage record
Name _____
- Parent to eligible child Date _____ Place _____
- Spouse as parent to eligible child Issued by _____
- Alien sponsor to spouse/dependents
- Other _____

REMARKS/DEFICIENCY ANALYSIS

Reviewer's Signature

Date