

LSEL - LEAD SELECTION

MSSICS

LEAD SELECTION

PAGE 1 OF LSEL

[\[1-D\]](#)

REQUESTED SSN: SSS-SS-SSSS

[\[2-O\]](#)

PLACE A Y NEXT TO EACH LEAD YOU WANT DISPLAYED

[\[3-D\]](#) [\[4-D\]](#) [\[5-D\]](#) [\[6-D\]](#) [\[7-D\]](#) [\[8-D\]](#)

(Y) LEAD LEAD NH CLAIMANT PROTECTIVE INFORMAL CLOSE
OUT

	SSN	NAME	FILING DATE	DENIAL	REC DATE		
X	ALL	SSSSSSSSSS	SSSSSS	SSSSSSSSSSSS	SSSSSS	S	SSSSSS
X	SSS	SSSSSSSSSS	SSSSSS	SSSSSSSSSSSS	SSSSSS	S	SSSSSS
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X	SSS	SSSSSSSSSS	SSSSSS	SSSSSSSSSSSS	SSSSSS	S	SSSSSS

[\[9-O\]](#)

ENTER THE NUMBER OF THE LEAD YOU WANT PROPAGATED: 999

[\[10-D\]](#)

MORE (Y): S

SSSSSS SSSSSS SSSSSS SSSSSS SSSSSS SSSSSS
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[\[31-O\]](#)

[\[32-O\]](#)

IS THIS THE LEAD YOU WANT (Y/N): X

REMARKS (Y): P

ACLM - SSI CLAIMS APPLICATION

MSSICS

SSI CLAIMS APPLICATION

ACLM

[\[1-O\]](#)

SSS-SS-SSSS

SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

APPLICATION TYPE: P 1=DEFERRED 2=FULL 3=ABBREVIATED

[\[3-C\]](#)

IF ABBREVIATED, TYPE: 9 1=EXCESS COUNTABLE INCOME

2=INELIGIBLE RESIDENT OF A PUBLIC INSTITUTION

3=ABSENCE FROM U.S.

4=EXCESS RESOURCES

5=NOT A CITIZEN or LAWFULLY ADMITTED ALIEN

6=NOT AGED 65, BLIND, OR DISABLED

7=FAILURE TO PURSUE CLAIM

8=INMATE OF A PENAL INSTITUTION

9=NOT A RESIDENT OF THE UNITED STATES

[\[4-O\]](#)

PROTECTIVE FILING DATE (MMDDYY): P P P P P P

[\[5-M\]](#)

EFFECTIVE FILING DATE (MMDDYY): 999999

[\[6-O\]](#)

PENDING FILE BEGIN DATE (MMYY): SSSS

[\[7-M\]](#)

TYPE OF APPLICANT: P 1=CLAIMANT 2=OTHER INDIVIDUAL 3=AGENCY

[\[8-O\]](#)

REMARKS (Y): X