
MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS

1. QA Office Code: _____ Sample Cycle: _____ Study ID: _____
Subsidy Level: _____% Interview date: _____
2. Beneficiary's (BN) SSN: _____
Living-with Spouse's SSN (If applicable): _____
Type of Application: Beneficiary Only Beneficiary/Living-with Spouse
Date Application Filed: _____ Protective Filing Date/MOE: _____
If death precluded interview, provide date of death & exclude: _____
 Other Exclusion (see remarks) Interview Incomplete (see remarks)
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<p>Name of BN: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: () _____</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Spouse: _____</p> <p>Living-with Spouse contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Other Contact:</p> <p><input type="checkbox"/> Representative Payee (if applicable)</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p> <p><input type="checkbox"/> Third Party</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p>
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SSA Records

Interview

<p>1. Identity</p> <p>SSN: Beneficiary: _____</p> <p>Living-with Spouse: _____</p> <p>Date of Birth _____</p> <p>Beneficiary: _____</p> <p>Living-with Spouse: _____</p> <p>2. Marital Status</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not Living-with Spouse</p> <p><input type="checkbox"/> Married Living-with Spouse</p>	<p><input type="checkbox"/> SSN agrees with systems queries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Beneficiary</td> <td style="width: 50%; border: none;">Living-with Spouse</td> </tr> <tr> <td style="border: none;">_____ Name on Record _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____ Date of Birth _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____ Birthplace _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____ Parents _____</td> <td style="border: none;">_____</td> </tr> </table> <hr/> <p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not Living-with Spouse</p> <p><input type="checkbox"/> Married Living-with Spouse</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Divorce</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Separation from Spouse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Annulment</td> <td style="border: none;"><input type="checkbox"/> Death of your Spouse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marriage</td> <td style="border: none;"><input type="checkbox"/> Resumption of cohabitation after separation</td> </tr> </table> <p>Date of change: _____</p>	Beneficiary	Living-with Spouse	_____ Name on Record _____	_____	_____ Date of Birth _____	_____	_____ Birthplace _____	_____	_____ Parents _____	_____	<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Spouse	<input type="checkbox"/> Annulment	<input type="checkbox"/> Death of your Spouse	<input type="checkbox"/> Marriage	<input type="checkbox"/> Resumption of cohabitation after separation
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<input type="checkbox"/> Marriage	<input type="checkbox"/> Resumption of cohabitation after separation																

Verification

Conclusion

<p>1. Identity verified:</p> <p>Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. Marital Status</p> <p><input type="checkbox"/> No change/Verification not required</p> <p>Documentary evidence</p> <p><input type="checkbox"/> Divorce Decree <input type="checkbox"/> Separation Agreement</p> <p><input type="checkbox"/> Annulment Decree <input type="checkbox"/> Death Certificate/SSA records</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Collateral contact made:</p> <p> Type/Date _____</p> <p> Place _____</p> <p> Name/Title _____</p> <p> Findings _____</p> <p>Documentary evidence unavailable</p> <p> Explanation: _____</p> <p> _____</p> <p> _____</p>	<p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Marital status Change</p> <p><input type="checkbox"/> No Living-with Spouse</p> <p><input type="checkbox"/> Living-with Spouse</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>_____</p>

SSA Records

Interview

3. In-kind Support and Maintenance (ISM)

ISM involved:

Yes No

Amount of ISM:
\$ _____

- Lives alone Beneficiary and Living-with Spouse only
 Lives with others Medical Facility Non-Medical Facility
 Beneficiary/Living-with Spouse has Home Ownership/Rental Liability

NAME	CONTRIBUTES TO HOUSEHOLD		AMOUNT
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Average Monthly Household Expenses

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property		Property	
Tax	\$ _____	Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____

Garbage Removal \$ _____
 Total Average Monthly Household Expenses \$ _____

Outside Contributor:

Name: _____
 Address: _____
 Phone: () _____
 Monthly Amount: \$ _____

Non-Household Situation:

Beneficiary

Type: Medical Non-Medical

Address: _____

Date of Admission: _____

Date of Discharge: _____

Care Rate: \$ _____ Facility/3rd Party Payment:
 \$ _____

Living-with Spouse

Type: Medical Non-Medical

Address: _____

Date of Admission: _____

Date of Discharge: _____

Care Rate: \$ _____ Facility/3rd Party Payment:

\$ _____

Verification

Conclusion

3. In-Kind Support and Maintenance (ISM)

Home Ownership/Rental Liability

Average Monthly Household Expenses

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property Tax	\$ _____	Property Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____
Garbage Removal	\$ _____		

Total Monthly Household Expenses \$ _____

Type of evidence submitted: _____

Contribution amount from other household member(s): \$ _____

Food/shelter contributions from outside HH: \$ _____

Contributor(s):

Name: _____

Address: _____

Phone: () _____

Type/Date: _____

Findings: _____

Non-Household Situation:

Beneficiary

Type: Medical Non-Medical

Address: _____

Date of Admission: _____

Date of Discharge: _____

Care Rate: \$ _____ Facility/3rd Party

Payment: \$ _____

Living-with Spouse

Type: Medical Non-Medical

Address: _____

Date of Admission: _____

No ISM involved

Total Yearly ISM: \$ _____

No deficiency

Deficiency: _____

Date of Discharge: _____ Care Rate: \$ _____ Facility/3 rd Party Payment: \$ _____	
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SSA Records

Interview

4. Family Size

Number of relatives living with the beneficiary and/or living-with spouse for whom they allege providing at least 1/2 financial support:

Beneficiary

Living-with Spouse

Total Alleged Family Size: _____

Beneficiary/living-with spouse does not provide 1/2 support to relatives in household.

Indicate below: the name, relationship, income and whether or not 1/2 support is alleged for each relative in the household of the beneficiary or living-with spouse.

NAME	RELATION-SHIP	INCOME	1/2 SUPPORT ALLEGED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Verification

Conclusion

4. Family Size

Collateral Contact(s):

Name: _____

Address: _____

Phone: () _____

Findings: _____

Name: _____

Address: _____

Phone: () _____

Findings: _____

Verified Family Size:

1/2 support met for:

1/2 support not met for:

No Deficiency

Deficiency:

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SSA Records

Interview

<p>5. Liquid Resources</p> <p><input type="checkbox"/> None</p> <p>Bank Accounts: \$ _____</p> <p>Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: _____ _____</p> <p>\$ _____</p> <p>Computer Match: \$ _____</p>	<p>Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Applicant</u></th> <th style="text-align: center;"><u>Living-with Spouse</u></th> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> None</td> <td style="text-align: center;"><input type="checkbox"/> None</td> </tr> </thead> <tbody> <tr> <td>Cash</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Checking Account</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Savings Account</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Cert. of Deposit</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Mutual Funds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Credit Union Accts.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Bank Account (Christmas Club, etc.)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Patient Accounts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Savings Bonds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Stocks/Bonds</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Promissory Notes</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>401K Plans/Keogh Accounts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Trusts</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other (Explain)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____ _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____ _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Remarks: _____ _____</p>		<u>Applicant</u>	<u>Living-with Spouse</u>		<input type="checkbox"/> None	<input type="checkbox"/> None	Cash	\$ _____	\$ _____	Checking Account	\$ _____	\$ _____	Savings Account	\$ _____	\$ _____	Cert. of Deposit	\$ _____	\$ _____	Mutual Funds	\$ _____	\$ _____	Credit Union Accts.	\$ _____	\$ _____	Other Bank Account (Christmas Club, etc.)	\$ _____	\$ _____	Patient Accounts	\$ _____	\$ _____	Savings Bonds	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____	Promissory Notes	\$ _____	\$ _____	401K Plans/Keogh Accounts	\$ _____	\$ _____	Trusts	\$ _____	\$ _____	Other (Explain)	\$ _____	\$ _____		\$ _____	\$ _____
	<u>Applicant</u>	<u>Living-with Spouse</u>																																																		
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Verification

Conclusion

<p>5. Liquid Resources</p> <p>Evidence viewed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Collateral contact made?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____</p> <p>Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p>	<p><input type="checkbox"/> None</p> <p>Total Countable Liquid Resources:</p> <p>Cash: \$ _____</p> <p>Checking: \$ _____</p> <p>Savings: \$ _____</p> <p>Other: \$ _____</p> <p>Total: \$ _____</p> <p><input type="checkbox"/> Total countable liquid resources did not exceed resource limit during the Evidentiary Period.</p> <p><input type="checkbox"/> Liquid resources caused or contributed to ineligibility or affected the Subsidy Level.</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency _____ _____ _____</p>
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SSA Records

Interview

<p>6. Life Insurance Policy</p>	<p>Life Insurance Policies owned by Beneficiary or Living-with Spouse? <input type="checkbox"/> Yes, indicate below <input type="checkbox"/> No</p>
<p>Have policies with total face value of more than \$1,500?</p>	<p>Type of Policy: <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life <input type="checkbox"/> Other</p>
<p><u>Beneficiary:</u></p>	<p>Face Value: _____ CSV: _____</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dividend Accumulations: _____</p>
<p>Cash Surrender Value (CSV): \$ _____</p>	<p>Date of Issue: _____</p>
<p><u>Living-with Spouse:</u></p>	<p>Name of Insured Individual: _____</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Owner of Policy: _____</p>
<p>Cash Surrender Value (CSV): \$ _____</p>	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: () _____</p>
	<p>Type of Policy: <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life <input type="checkbox"/> Other</p>
	<p>Face Value: _____ CSV: _____</p>
	<p>Dividend Accumulations: _____</p>
	<p>Date of Issue: _____</p>
	<p>Name of Insured Individual: _____</p>
	<p>Owner of Policy: _____</p>
	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: () _____</p>
	<p>Type of Policy: <input type="checkbox"/> Whole Life <input type="checkbox"/> Term Life <input type="checkbox"/> Other</p>
	<p>Face Value: _____ CSV: _____</p>
	<p>Dividend Accumulations: _____</p>
	<p>Date of Issue: _____</p>
	<p>Name of Insured Individual: _____</p>
	<p>Owner of Policy: _____</p>
	<p>Policy Number: _____</p>
	<p>Name of Insurance Carrier: _____</p>
	<p>Address of Carrier: _____</p>
	<p>Phone: () _____</p>

Verification

Conclusion

6. Life Insurance Policy	<u>Beneficiary</u>
<input type="checkbox"/> No policies	<input type="checkbox"/> No policies
Collateral contact:	Face Value exceeds \$1500
Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	CSV: \$ _____
Phone: () _____	Dividend Accumulations: \$ _____
Total Face Value: _____ CSV: _____	Total countable value of Life Insurance: \$ _____
Dividend Accumulations: _____	<input type="checkbox"/> No Deficiency
Owner(s): _____	<input type="checkbox"/> Deficiency _____
Name: _____	_____
Address: _____	_____
Phone: () _____	<u>Living-with Spouse</u>
Total Face Value: \$ _____ CSV: \$ _____	<input type="checkbox"/> No policies
Dividend Accumulations: \$ _____	Face Value exceeds \$1500
Owner(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	CSV: \$ _____
Address: _____	Dividend Accumulations: \$ _____
Phone: () _____	Total countable value of Life Insurance: \$ _____
Total Face Value: \$ _____ CSV: \$ _____	<input type="checkbox"/> No Deficiency
Dividend Accumulations: \$ _____	<input type="checkbox"/> Deficiency _____
Owner(s): _____	_____
Name: _____	_____
Address: _____	
Phone: () _____	
Total Face Value: \$ _____ CSV: \$ _____	
Dividend Accumulations: \$ _____	
Owner(s): _____	

SSA Records

Interview

<p>7. Non-home Real Property</p>	<p>Allegation of Non-Home Real Property ownership by Beneficiary/Living-with Spouse:</p>
<p>Ownership:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Sole Ownership <input type="checkbox"/> Beneficiary <input type="checkbox"/> Living-with Spouse</p>
<p>CMV \$ _____</p>	<p><input type="checkbox"/> Joint ownership Joint owner's Name: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: () _____</p>
	<p>Property Address: _____ _____ _____</p>
	<p>CMV: \$ _____ Mortgage balance: \$ _____</p>
	<p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>
	<p>Lien Holder: Name/Source: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: () _____</p>
	<p>Encumbrances: _____ _____</p>
	<p><input type="checkbox"/> Sole ownership <input type="checkbox"/> Beneficiary <input type="checkbox"/> Living-with Spouse</p>
	<p><input type="checkbox"/> Joint ownership Joint owner's Name: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: () _____</p>
	<p>Property Address: _____ _____ _____</p>
	<p>CMV: \$ _____ Mortgage balance: \$ _____</p>
	<p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>
	<p>Lien Holder: Name/Source: _____</p>
	<p>Address: _____ _____</p>
	<p>Phone: () _____</p>
	<p>Encumbrances: _____ _____</p>

Verification

Conclusion

<p>7. Non-Home Real Property</p> <p>Allegations verified by:</p> <p><input type="checkbox"/> Government records</p> <p><input type="checkbox"/> Tax Assessment Statement</p> <p><input type="checkbox"/> Other (i.e. deed, sales contract, etc.) _____</p> <p>Collateral contact made:</p> <p>Name of Source: _____ Address: _____ Owner(s): _____ Verified CMV: \$ _____ Equity Value: \$ _____</p> <p>Name of Source: _____ Address: _____ Owner(s): _____ Verified CMV: \$ _____ Equity Value: \$ _____</p> <p>Encumbrances: _____ _____ _____</p> <p><input type="checkbox"/> Property Essential for Self-Support: \$ _____</p>	<p><input type="checkbox"/> No Non-Home Real Property ownership for Beneficiary or Living-with Spouse</p> <p><input type="checkbox"/> Beneficiary or Living-with Spouse owns excluded Non-Home Real Property</p> <p><input type="checkbox"/> Beneficiary or Living-with Spouse owns countable Non-Home Real Property with a total equity value of: \$ _____</p> <p><input type="checkbox"/> Property Essential for Self Support: \$ _____</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency: _____ _____ _____</p>
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SSA Records

Interview

8. Funeral/Burial Expenses

Funds expected to be used for funeral or burial expenses?

Yes No

Funds expected to be used for funeral or burial expenses?

Yes No

Verification

Conclusion

<p>8. Funeral/Burial Funds</p>	<p><input type="checkbox"/> Exclusion does not apply</p> <p><input type="checkbox"/> Exclusion applies</p> <p style="padding-left: 20px;"><input type="checkbox"/> Beneficiary only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Living-with Spouse only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency: _____ _____ _____</p>
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Total Countable Resources Summary

<u>Type of Resource</u>	<u>Total Value</u>	
Liquid Resources	\$ _____	<input type="checkbox"/> No deficiency <input type="checkbox"/> Deficiency: _____ _____ _____
Life Insurance Policies	\$ _____	
Non-Home Real Property	\$ _____	
Subtotal	\$ _____	
Minus Burial Fund Exclusion (If applicable)	\$ _____	Resources caused ineligibility or affected the subsidy level: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total	\$ _____	

SSA Records

Interview

<p>9. Unearned Income</p> <p><u>Beneficiary</u></p> <p><input type="checkbox"/> None</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: \$ _____</p> <p><u>Living-with Spouse</u></p> <p><input type="checkbox"/> None</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: \$ _____</p>	<p>Indicate the type(s) of unearned income involved and provide the amount and source of verification.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Beneficiary</u></th> <th style="width: 20%; text-align: center;"><u>Living-with Spouse</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Title II</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Title XVI</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Bank Deposits</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>VA Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>VA Compensation</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gov't Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Private Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Railroad Retire.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Black Lung</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Educational Assistance</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>State Dib. Pymt</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Unemployment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Worker's Comp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Sick Pay</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Rental Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gifts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Alimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Patrimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Gambling</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Proceeds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> </tbody> </table> <p>Source:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p>		<u>Beneficiary</u>	<u>Living-with Spouse</u>		Title II	\$ _____	\$ _____		Title XVI	\$ _____	\$ _____		Bank Deposits	\$ _____	\$ _____		VA Pension	\$ _____	\$ _____		VA Compensation	\$ _____	\$ _____		Gov't Pension	\$ _____	\$ _____		Private Pension	\$ _____	\$ _____		Railroad Retire.	\$ _____	\$ _____		Black Lung	\$ _____	\$ _____		Educational Assistance	\$ _____	\$ _____		State Dib. Pymt	\$ _____	\$ _____		Unemployment	\$ _____	\$ _____		Worker's Comp.	\$ _____	\$ _____		Sick Pay	\$ _____	\$ _____		Royalties	\$ _____	\$ _____		Rental Income	\$ _____	\$ _____		Gifts	\$ _____	\$ _____		Alimony	\$ _____	\$ _____		Patrimony	\$ _____	\$ _____		Gambling				Proceeds	\$ _____	\$ _____		Child Support	\$ _____	\$ _____		Cash	\$ _____	\$ _____		Other	\$ _____	\$ _____	
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Verification

Conclusion

<p>9. Unearned Income</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Title II (verified by the MBR)</p> <p><input type="checkbox"/> Title XVI (verified by the SSR - <i>Informational only</i>)</p> <p><input type="checkbox"/> Verified by award letter or other evidence in Beneficiary's/living-with Spouse's possession.</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ Phone: () _____ Findings: _____</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ Phone: () _____ Findings: _____</p> <p><input type="checkbox"/> Collateral contact made: Source: _____ Addr: _____ Phone: () _____ Findings: _____</p> <p><input type="checkbox"/> Unearned Income exclusion established per HI 03020.ff</p> <p>Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____</p>	<p>Total Yearly Unearned Income</p> <p>\$ _____</p> <p>Total Yearly Excludable Unearned Income</p> <p>\$ _____</p> <p>Total Yearly Countable Unearned Income</p> <p>\$ _____</p>
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SSA Records

Interview

<p>10. Earned Income</p> <p><u>Beneficiary</u></p> <p><input type="checkbox"/> None</p> <p>Wages: \$ _____ SEI : \$ _____</p> <p>Amounts decreased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Work expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match: \$ _____</p> <p><u>Living-with Spouse</u></p> <p><input type="checkbox"/> None</p> <p>Wages: \$ _____ SEI : \$ _____</p> <p>Amounts decreased: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p>Work expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match: \$ _____</p>	<p>Date last worked: Beneficiary _____ Spouse _____ Date plans to stop work: Beneficiary _____ Spouse _____</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;"><u>Beneficiary</u></th> <th style="width: 35%; text-align: center;"><u>Living-with Spouse</u></th> </tr> </thead> <tbody> <tr> <td>Wages</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NESE</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sheltered Workshop</td> <td></td> <td></td> </tr> <tr> <td>Earnings</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Honoraria</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>In-Kind Earned Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source Name: _____ Address : _____ Phone : () _____</p> <p>Source Name: _____ Address : _____ Phone : () _____</p> <p>Explanation of decrease in earnings: _____ _____ _____</p> <p style="text-align: center;"><u>Work Expenses</u></p> <p>IRWE/BWE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type(s): _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p>		<u>Beneficiary</u>	<u>Living-with Spouse</u>	Wages	\$ _____	\$ _____	NESE	\$ _____	\$ _____	Sheltered Workshop			Earnings	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Honoraria	\$ _____	\$ _____	In-Kind Earned Income	\$ _____	\$ _____
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Royalties	\$ _____	\$ _____																							
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In-Kind Earned Income	\$ _____	\$ _____																							

Verification

Conclusion

<p>10. Earned Income and Earned Income Exclusions</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Earned Income established:</p> <ul style="list-style-type: none"><input type="checkbox"/> See employer contact in file<input type="checkbox"/> See systems query (DEQY, SEQY)<input type="checkbox"/> See SSA-4201<input type="checkbox"/> See tax return<input type="checkbox"/> See copy of other business record<input type="checkbox"/> See summary of beneficiary's/living-with Spouse's records (i.e. pay stubs) <p><input type="checkbox"/> Collateral contact made: Source: _____ _____ _____ Date of Contact: _____ Finding: _____ _____ Source: _____ _____ _____ Date of Contact: _____ Finding: _____ _____ <input type="checkbox"/> Earned Income Exclusion established per HI 03020.ff: Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____</p> <p>Work Expense(s) established:</p> <p><input type="checkbox"/> IRWE <input type="checkbox"/> BWE</p> <p>Type: _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Findings: _____ _____</p>	<p><input type="checkbox"/> Neither Beneficiary nor Living-with Spouse has Earned Income</p> <p><input type="checkbox"/> Beneficiary has yearly Earned Income of: \$ _____</p> <p><input type="checkbox"/> Living-with Spouse has yearly Earned Income of: \$ _____</p> <p>Total Yearly Earned Income: \$ _____</p> <p>Total Earned Income Exclusion: Type: _____ Amount: \$ _____</p> <p><input type="checkbox"/> Work Expense(s):</p> <p><input type="checkbox"/> IRWE <input type="checkbox"/> BWE: \$ _____</p> <p>Total Yearly Countable Earned Income: \$ _____</p>
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Total Yearly Countable Income Summary

In Kind Support and Maintenance: \$ _____	<input type="checkbox"/> No deficiency
Unearned Income: \$ _____	<input type="checkbox"/> Deficiency: _____ _____ _____ _____
Earned Income: \$ _____	
Total \$ _____	Income caused ineligibility or affected the Subsidy Level: <input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS/DEFICIENCY ANALYSIS
