

8001Screens2009

FACSIMILE: 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

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

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

FACSIMILE: CLLG - CLIENT LANGUAGE (SCREEN# 1)

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG

SS SSSSSSSSS SSSSS

SSSSSSSSSS

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

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

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

FOR WRITTEN COMMUNICATION: PP

- |                            |                          |                        |
|----------------------------|--------------------------|------------------------|
| 1. ENGLISH                 | 16. ARABIC               | 31. CHINESE-TOISHANESE |
| 2. SPANISH                 | 17. ARMENIAN             | 32. CHINESE-OTHER      |
| 3. AMERICAN SIGN LANGUAGE  | 18. ASSYRIAN             | 33. CREOLE-CRIOLLO     |
| 4. ALASKA NATIVE           | 19. BENGALI              | 34. CREOLE-FRENCH      |
| 5. ALBANIAN                | 20. BOSNIAN              | 35. CREOLE-HAITIAN     |
| 6. AMERICAN INDIAN-APACHE  | 21. BULGARIAN            | 36. CREOLE-OTHER       |
| 7. AMERICAN INDIAN-CHOCTAW | 22. BURMESE              | 37. CROATIAN           |
| 8. AMERICAN INDIAN-CROW    | 23. CAMBODIAN            | 38. CZECH              |
| 9. AMERICAN INDIAN-DAKOTA  | 24. CHAMORRO             | 39. DUTCH              |
| 10. AMERICAN INDIAN-LAKOTA | 25. CHINESE-CANTONESE    | 40. FARSI              |
| 11. AMERICAN INDIAN-NAKOTA | 26. CHINESE-FORMOSAN     | 41. FINNISH            |
| 12. AMERICAN INDIAN-NAVAJO | 27. CHINESE-MANDARIN     | 42. FRENCH             |
| 13. AMERICAN INDIAN-ZUNI   | 28. CHINESE-MIEN         | 43. GERMAN             |
| 14. AMERICAN INDIAN-OTHER  | 29. CHINESE-SHANGHAINESE | 44. GREEK              |
| 15. AMHARIC                | 30. CHINESE-TAIWANESE    | 45. GUJARATHI          |
- (ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)



FACSIMILE 1: AMAR - MARRIAGE DATA

MSSICS

MARRIAGE DATA

PAGE 1 OF AMAR

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

SPOUSE NAME: VVVVVVVVVVVVVVVVVVV VVVVVVVVVVVVVVVVVVV  
VVVVVVVVVVVVVVVVVVVVVVVVVV VVVV

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

SPOUSE SSN: VVVVVVVVVV

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

LIVING TOGETHER SINCE SS/SS/SSSS (Y/N): X

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

MARRIAGE DATE (MMDDCCYY): PPPPPPPP

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

MARRIAGE ENDED (Y/N): B

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

IF YES, DATE ENDED (MMDDCCYY): 99999999

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

REASON MARRIAGE ENDED: X 1=DIVORCE 2=DEATH 3=ANNULMENT  
4=OTHER

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

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

[\[11-O\]](#)

[\[12-O\]](#)

ANOTHER MARRIAGE (Y): X    DELETE THIS SOURCE (Y): X    REMARKS  
(Y): X



FACSIMILE: ACIT - CITIZENSHIP

MSSICS

CITIZENSHIP

ACIT

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

U.S. CITIZENSHIP STATUS: P

1=BIRTH IN THE U.S.

2=U.S. CITIZEN BORN OUTSIDE U.S.

3=NATURALIZED CITIZEN

4=ALIEN

5=NORTH AMERICAN INDIAN ALIEN EXCEPTION

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

DATE OF CHANGE (MMDDYY): 999999

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

IF U.S. CITIZENSHIP STATUS IS 1, 2, 3 OR 5, PROOF: 9

1=ALLEGATION

2=NUMIDENT (MEETS CRITERIA FOR Q CITIZENSHIP STATUS CODE)

3=NUMIDENT (NO U.S. PLACE OF BIRTH SHOWN)

4=BIRTH/BAPTISMAL RECORD

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

5=OTHER TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

CITIZENSHIP CHANGE (Y): X

PRE-1/1/79 RECORD (Y/N): X

FACSIMILE 1: AALN - ALIEN DATA

MSSICS

ALIEN DATA

PAGE 1 OF AALN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

U.S. ENTRY DATE (MMDDCCYY): PPPPPPP  
XX

COUNTRY OF ORIGIN:

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

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

ALIEN STATUS CODE: X

ALIEN STATUS VERIFIED (Y/N): X

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

GRANDFATHERED ALIEN (Y/N): X

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

IF CODE K, S, Y OR 3, DATE OF LAPR (MMDDCCYY): 99999999

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

IF CODE F, REFUGEE PER SECTION 207 (Y/N): X

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

IF CODE L, ASYLEE STATUS GRANTED DATE (MMDDYY): 999999

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

IF CODE X AND CUBAN/HAITIAN ENTRANT, DATE GRANTED (MMYY): 9999

[\[11-C\]](#)

IF CODE G OR X, PAROLEE STATUS GRANTED FOR 1 YEAR OR MORE (Y/N):  
X

[\[12-O\]](#)

IF CODE J AND SECTION 243(H), 241(B)(3),

DEPORTATION WITHHELD DATE (MMDDYY): 999999

[\[13-C\]](#)

IF CODE Z, BATTERY PETITION FILED (Y/N): X

[\[14-O\]](#)

[\[15-C\]](#)

[\[16-C\]](#)

EXCEPTION MET: 9 FROM (MMDDYY): 999999 TO: (MMDDYY):  
999999

1=ACTIVE DUTY MILITARY/VETERAN 3=CHILD OF  
MILITARY/VETERAN

2=SPOUSE/WIDOW(ER) OF MILITARY/VETERAN

[\[17-C\]](#)

IF EXCEPTION 2 OR 3, MILITARY/VETERAN SSN: 9999999999

[\[18-C\]](#)

IF CODE K, S, Y OR 3 OR NEW VERSION AFFIDAVIT IN EFFECT,  
40 QCS CREDITED (Y/N): X [\[19-C\]](#)

IF YES, DATE MET (MMYY): 9999

[\[20-C\]](#)

[\[21-C\]](#)

QCS FROM ANOTHER WORKER (Y/N): X IF YES, WORKER SSN: 999999999  
[\[23-C\]](#) [\[22-D\]](#) [\[24-O\]](#)  
SPONSORED AT ANY TIME SINCE SS/SS/SSSS (Y/N): X REMARKS



FACSIMILE: AWRF - FELONY WARRANT

MSSICS

FELONY WARRANT

AWRF

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

SSS-SS-SSSS

TRANSFER TO: XXXX

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

DATE WARRANT ISSUED (MMDDYY): 999999

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

DATE FLED (MMDDYY): 999999

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

WARRANT SELECTED/ISSUED IN ERROR (Y/N): X

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

WARRANT SATISFIED (Y/N): X

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

IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999

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

GOOD CAUSE: 9 1=ESTABLISHED

2=NOT ESTABLISHED

FACSIMILE: AWRP - PAROLE OR PROBATION VIOLATION WARRANT  
MSSICS PAROLE OR PROBATION VIOLATION WARRANT AWRP

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

SSS-SS-SSSS

TRANSFER TO: XXXX

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

DATE WARRANT ISSUED (MMDDYY): 999999

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

DATE VIOLATED PAROLE OR PROBATION (MMDDYY): 999999

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

WARRANT SELECTED/ISSUED IN ERROR (Y/N): X

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

WARRANT SATISFIED (Y/N): X

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

IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999

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

GOOD CAUSE: 9 1=ESTABLISHED

2=NOT ESTABLISHED

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

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

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

FACSIMILE: ALEF - LAW ENFORCEMENT

MSSICS

LAW ENFORCEMENT

ALEF

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

SSS-SS-SSSS

TRANSFER TO: XXXX

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

ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A  
FELONY (Y/N): X

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

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

IF YES, IN WHICH STATE: XX OR COUNTRY:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X

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

ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X

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

IF STATE LAW, WHICH STATE: XX

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

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

SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE  
OR

PROBATION VIOLATION(Y/N): X



RMEN - RESOURCES MENU

MSSICS

RESOURCES MENU

PAGE 1 OF RMEN

SSSSSSSS SSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO

THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES

LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X LIFE INSURANCE

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X CASH

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION,

CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 1: RFND - BURIAL FUNDS

MSSICS

BURIAL FUNDS

PAGE 1 OF RFND

[1-O]

SSSSSSSSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

select TYPE: 9 1=BURIAL CONTRACT 2=BURIAL TRUST

[3-M]

DESCRIPTION: XX  
XX

XX

[4-M]

DATE ASSET SET ASIDE (MMDDYY): 999999

[5-M]

name for whom set aside:

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXX

[6-M]

meets exclusion relationship (claimant, spouse,  
living with mother, living with father) (y/n): X

[7-M]

EARNS INTEREST (Y/N): X

[8-C]

IF EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X

[9-O]

CO-OWNED (Y/N): X

[10-O]

[11-O]

RESOURCE DISPOSAL AGREEMENT (Y/N): X PROOF OF DISPOSAL (Y/N): X

[12-O]

[13-O]

[14-

FACSIMILE: RGIV - PROPERTY/CASH GIVEN OR SOLD

MSSICS      PROPERTY/CASH GIVEN OR SOLD      RGIV

[1-O]

SSSSSSSSSS SSSSS SSSSSSSSSSS      TRANSFER TO: XXXX

[2-M]

DESCRIPTION OF PROPERTY:

XX  
X

[3-M]

RECEIVER NAME:

XX

[4-M]

ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
XX

[5-M]

RELATIONSHIP TO NEW OWNER: 9 1=NON-  
RELATIVE      2=RELATIVE

[6-M]

[7-M]

TRANSFER DATE (MMDDYY): 999999 MARKET VALUE OR AMOUNT OF CASH  
GIFT: 999999999

[8-M]

NATURE OF TRANSFER: 9 1=SOLD ON OPEN MARKET 3=EXCHANGED FOR  
GOODS OR SERVICES  
2=GIVEN AWAY      4=OTHER

[9-C]

IF SOLD, SALES PRICE: 999999999

[10-C]

IF EXCHANGED FOR GOODS OR SERVICES,  
SPECIFY GOODS/SERVICES RECEIVED:

XX

[11-C]

IF OTHER, EXPLAIN NATURE OF  
TRANSFER:XX

[12-M]

ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED (Y/N): X

[13-C]

EXPLAIN CONSIDERATIONS OR PROCEEDS:

XX

[14-M]

STILL OWN PART OF PROPERTY (Y/N): X

[\[15-O\]](#)

[\[16-O\]](#)

[\[17-O\]](#)

ANOTHER SOURCE (Y): X

IMEN - INCOME MENU (INDIVIDUALS)

MSSICS INCOME MENU PAGE 1 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/SS/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X SSI
- X STATE OR LOCAL ASSISTANCE BASED ON NEED
- X REFUGEE CASH ASSISTANCE
- X AFDC
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
- X DISASTER RELIEF
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X \* HAVE YOU RECEIVED ANY OTHER INCOME
- X SOCIAL SECURITY
- X \* HAVE YOU RECEIVED AND EXPECT TO CONTINUE RECEIVING WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE
- X \* DO YOU MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER TITLE IV-D

E. FACSIMILE 2: IMEN - INCOME MENU

MSSICS INCOME MENU PAGE 2 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X OTHER INCOME BASED ON NEED
- X BLACK LUNG
- X RAILROAD BOARD BENEFITS
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X OFFICE OF PERSONNEL MANAGEMENT

- X PENSION
- X UNEMPLOYMENT COMPENSATION
- X WORKERS' COMPENSATION
- X INTEREST
- X DIVIDENDS
- X ROYALTIES/HONORARIA (UNEARNED)
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
- X ALIMONY

F. FACSIMILE 3: IMEN - INCOME MENU

MSSICS INCOME MENU PAGE 3 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS

TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X CHILD SUPPORT
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- X SICK PAY (EARNED)
- X SICK PAY (UNEARNED)
- X WAGES
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

G. FACSIMILE 4: IMEN - INCOME







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

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

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

ANOTHER WARRANT (Y): X

DELETE THIS SOURCE (Y): X