

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: ARES - RESIDENCY/PRESENCE IN U.S.

MSSICS RESIDENCY/PRESENCE IN U.S. ARES

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

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

RESIDENT OF THE U.S. (Y/N): X

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

IF YES, FIRST U.S. RESIDENCY DATE (MMDDCCYY): P P P P P P P P

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

EVER RESIDED OUTSIDE THE U.S. SINCE FIRST U.S. RESIDENCY (Y/N): X

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

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

IF YES, FROM (MMDDCCYY): TO (MMDDCCYY):

99999999 99999999

99999999 99999999

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

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

CONTINUOUS PRESENCE IN U.S. SINCE SS/SS/SSSS (Y/N): X

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

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

IF NO, LEFT (MMDDCCYY): RETURNED (MMDDCCYY):

99999999 99999999

99999999 99999999

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

LRES - RESIDENCE ADDRESS

MSSICS RESIDENCE ADDRESS PAGE 1 OF LRES

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

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER
TO: XXXX

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

ADDRESS: PXXXXXXXXXXXXXXXXXXXXP PXXXXXXXXXXXXXXXXXXXXP
XXXXXXXXXXXXXXXXXXXXP PXXXXXXXXXXXXXXXXXXXXP

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

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

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

CITY: PXXXXXXXXXXXXXXXXXXXXP STATE: PP ZIP: PXXXX

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

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

COUNTY: XXXXXXXXXXXXXXXXXXXXX COUNTRY:
XXXXXXXXXXXXXXXXXXXXP

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

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

CONSULAR CODE: PPP POSTAL ZONE: PXXXXXXXXXXXXP

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

JURISDICTIONAL RESIDENCE ADDRESS SAME AS ABOVE (Y/N): X

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

CHILD OF ARMED FORCES MEMBER STATIONED
OUTSIDE THE U.S. BY ORDER (Y/N): X

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

IF YES, VERIFIED (Y/N): X

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

OUTSIDE U.S. RESIDENCE START DATE (MMYY): 9999

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

RESIDENCE STATE/COUNTY CODE: PXXXXP

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

STATE/COUNTY OVERRIDE (Y)

RMEN - RESOURCES MENU

MSSICS

RESOURCES MENU

PAGE 1 OF RMEN

SSSSSSSS SSSS SSSSSSSS

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

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:

XX

[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 XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX
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

FACSIMILE: APLC - APPLICANT DATA

MSSICS

APPLICANT DATA

APLC

[1-O]

SSS-SS-SSSS

SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[2-C]

PERSON: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX XXXX

[3-C]

SSN: 999999999

[4-C]

[5-C]

AGENCY:

XX EIN:
999999999

[6-M]

RELATIONSHIP TO CLAIMANT: P 1=NATURAL OR ADOPTIVE MOTHER
WITH CUSTODY

2=NATURAL OR ADOPTIVE FATHER WITH CUSTODY

3=NATURAL OR ADOPTIVE PARENT WITHOUT CUSTODY

4=STEPPARENT

5=LIVING WITH SPOUSE

[7-C]

6=OTHER

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

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

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

ANOTHER WARRANT (Y): X

DELETE THIS SOURCE (Y): X