MSSICS Screen Used to Record Information for this Collection

This is a facsimile of the MSSICS "LINS" screen used to collect information about an SSI recipient's residence in an institution. Item 10-D and 11-D are used to record admission and discharge dates from an institution which are items that the SSI recipient is required to report to SSA.

FACSIMILE 1: LINS - INSTITUTION RESIDENCE DATA

MSSICS   INSTITUTION RESIDENCE DATA   **PAGE 1 OF LINS**

[1-D]   [2-O]

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

[3-M]

INSTITUTION NAME: BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

[4-M]

ADDRESS: PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
         PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[5-M]   [6-C]   [7-M]

CITY: PPPPPPPPPPPPPPPPPPPPPPPP   STATE: PP   ZIP: PPPPP

[8-C]

COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX

[9-O]

TELEPHONE: PPP PPP PPPP

[10-D]   [11-O]

ADMISSION DATE (MMDDYY): SS/SS/SS   DISCHARGE DATE (MMDDYY): 999999

[12-M]

VERIFIED (Y/N): X

[13-D]

DATE INSTITUTIONALIZATION BEGAN (MMDDYY): SS/SS/SS

[14-M]   [15-M]

INSTITUTION: 9 1=PUBLIC   CONFINEMENT REASON: 9 1=MEDICAL/PSYCH
                2=PRIVATE   2=EDUCATION/VOC
                                             3=EMERG SHELTER
                                             4=PUB COMM RES

[16-C]   5=PRISONER

OVER 50% MEDICAID PAYMENTS (Y/N): B   6=OTHER

[17-C]

PRIVATE HEALTH INSURANCE   (Y/N): B

[18-C]

INSTITUTION FOR FOOD STAMP PURPOSES (Y/N): P

[19-O]
REMARKS (Y): X

FACSIMILE 2: LINS - INSTITUTION RESIDENCE DATA

MSSICS   INSTITUTION RESIDENCE DATA   **PAGE 2 OF LINS**

[1-D]   [2-O]

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

[20-M]

INSTITUTION TEMPORARY (Y/N): X

[21-M]

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS - 1619/1611E (Y/N): X

  [22-C]

  IF NO,

    ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

  [23-C]

  IF YES, TYPE OF CARE: 9

    CARE OPTIONS   1=ACUTE CARE   2=INTERMEDIATE CARE (MENTAL)

            3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING CARE

      [24-C]

      HOME EXPENSE STATEMENT DATE FOR   SSSSS SSSSSSSSSS: 999999

      HOME EXPENSE STATEMENT DATE FOR   SSSSS SSSSSSSSSS: 999999

      [25-C]

      PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

      PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

      [26-C]

      IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

        [27-C]

        WHICH MEMBER OF COUPLE: X 1=SSSSS SSSSSSSSS

                      2=SSSSS SSSSSSSSS

                      3=BOTH

      [28-C]

      IF NO, 9115 INELIGIBILITY DECISION CODE: X

                    [19-O]

                    REMARKS (Y): X

FACSIMILE 3: LINS - INSTITUTION RESIDENCE DATA

                        [1-D]   [2-O]

SSSSSSSSS SSSSS SSSS-SS-SSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[20-M]

INSTITUTION TEMPORARY (Y/N): X

[21-M]

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS - 1619/1611E
(Y/N): X

   [22-C]

   IF NO,

     ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

   [23-C]

   IF YES, TYPE OF CARE: 9

     CARE OPTIONS 1=ACUTE CARE   2=INTERMEDIATE CARE (MENTAL)
              3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING CARE

       [24-C]

       HOME EXPENSE STATEMENT DATE FOR   SSSSS SSSSSSSSSS: 999999

       [25-C]

       PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

       [26-C]

       IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

     [28-C]

     IF NO, 9115 INELIGIBILITY DECISION CODE: X   [19-O]

                        REMARKS (Y): X