



**DISB - DISABILITY INFORMATION**

TRANSFER TO: \_\_\_\_\_ DISABILITY INFORMATION DISB

[1-M]

DISABLING  
CONDITION:

[2-M]

[3-C]

STILL DISABLED (Y/N):

[4-M]

[5-M]

BLIND (Y/N): FREEZE (Y/N):

[6-M]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N):

[7-M]

FILED OR INTEND TO FILE FOR:

[8-M]

[9-C]

DISABILITY WORK RELATED (Y/N):

[10-M]

[11-C]

MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): AMOUNT:

[12-C]

TYPE

[13-M]

[14-C]

ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): AMOUNT:

[15-C]

TYPE

[16-M]

[17-C]

NUMBER OF CHILD CARE YRS: ACTUAL CHILD CARE YRS:

IF PARENT RECEIVED 1/2 SUPPORT AT TIME OF ONSET OF DISABILITY COMPLETE:

[18-C]

NAME

[19-C]

ADDRESS

[20-C]

NAME

[21-C]

ADDRESS

FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N): SPECIFY:

FFSCF

FUGITIVE FELON WARRANT MAIN MENU

FFMN

[1-M]

FUGITIVE FELON SSN: 999999999

[2-M]

WARRANT DATE (MMDDCCYY): 99999999

[3-M]

ORIGINATING AGENCY INDICATOR: XXXXXXXXX

[4-M]

SELECT THE DESIRED OPTION: 1=ESTABLISH 2=UPDATE 3=QUERY.

[5-M]

SELECT THE DESIRED FUNCTION:

1=WARRANT INFORMATION

2=WARRANT PERSONAL INFORMATION

3=WARRANT DISPOSITION

4=WARRANT DUE PROCESS/GOOD CAUSE.

**LCHG - LIVING ARRANGEMENT CHANGE**

**MSSICS                                                  LIVING ARRANGEMENT CHANGE                                                  LCHG**

[1-D]

[2-O]

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

[3-M]

**CHANGE IN LIVING ARRANGEMENT AND/OR RESIDENCE SITUATION SINCE  
SS/SS/SS (Y/N): X**

[4-C]

**IF YES, DATE OF CHANGE (MMDDYY): 999999**

[5-C]

**IF NO, EXPECT CHANGE IN LIVING ARRANGEMENT AND/OR RESIDENCE (Y/N): X**

[6-O]

**SHOW LIVING ARRANGEMENT SUMMARY (Y/N): X**

**CRCS - RESOURCE CASE SUMMARY**

MSSICS RESOURCE CASE SUMMARY PAGE X OF CRCS

SSS-SS-SSSS SSSSSSSSSSSSSSSSS [5-D]

[1-O] [2-D] [3-D] [4-D] ELIG/INEL [6-D] [7-D] [8-D]

DETAIL: FROM TO CLAIMANT SPOUSE DEEMED TOTAL EXCESS  
(Y) MM/YY MM/YY RESOURCES RESOURCES RESOURCES RESOURCES  
RESOURCES

SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
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SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS

[9-D]

MORE (Y): S

**APAD - APPLICANT MAIL ADDRESS**

MSSICS	APPLICANT MAIL ADDRESS	APAD
	[1-O]	
SSS-SS-SSSS SSSSS SSSSSSSSSS		TRANSFER TO: XXXX
[2-M]		
ADDR: PPPPPPPPPPPPPPPPPPPPPPP	PPPPPPPPPPPPPPPPPPPPPPPPPP	
PPPPPPPPPPPPPPPPPPPPPPPPPP	PPPPPPPPPPPPPPPPPPPPPPPPPP	
[3-M]	[4-C]	[5-C]
CITY: PPPPPPPPPPPPPPPPPPPPPPP	STATE: PP	ZIP: PPPPP
[6-C]	[7-C]	
FOREIGN COUNTRY: PPPPPPPPPPPPPPPPPPPPP	POSTAL ZONE:	
PPPPPPPPPPPPPPPP		
[8-C]	[9-C]	
CONSULAR CODE: PPP	STATE/COUNTY CODE: PPPPP	
[10-O]	[11-O]	
DOMESTIC PHONE NO: PPP PPP PPPP	FOREIGN PHONE NO:	
PPPPPPPPPPPPPPPP		
	[12-O]	
	REMARKS (Y): X	

**IMEN - INCOME MENU (INDIVIDUALS)**

**MSSICS**                      **INCOME MENU**                      **PAGE 1 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS                      **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

**MSSICS**                      **INCOME MENU**                      **PAGE 2 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS                      **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

**MSSICS**                      **INCOME MENU**                      **PAGE 3 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS                      **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

MSSICS INCOME MENU PAGE 4 OF IMEN

[1-0]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

(Y/N) ADDITIONAL DEVELOPMENT:

[4-0]

- X PASS INPUT NEEDED

[5-0]

- X SCHOOL INPUT NEEDED

[6-0]

- X BLIND COUNTABLE INCOME INPUT NEEDED

[7-0]

- X DISPLAY INCOME SUMMARY SCREEN

INCOME MENU (MULTIPLES)

MSSICS INCOME MENU PAGE \_ OF IMEN

[1-0]

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

[9-D]

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)  
 02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)  
 03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

- X SSI  
02: 03: 04: 05: 06: 07: 08: 09:
- X STATE OR LOCAL ASSISTANCE BASED NEED  
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X REFUGEE CASH ASSISTANCE  
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X AFDC  
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS  
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X DISASTER RELIEF  
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)  
01: 02: 03: 04: 05: 06: 07: 08: 09: