

ACID - CLIENT IDENTIFICATION

MSSICS	CLIENT IDENTIFICATION	ACID
	[1-O]	
SSS-SS-SSSS		TRANSFER TO: XXXX
[2-M]		
NAME:	PPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPP	
[3-M]	[4-M]	
SEX (M/F): P	BIRTHDATE (MMDDCCYY): PPPPPPPP	
[5-M]	[6-C]	
BIRTHDATE PROOF: P	PROOF TYPE: P	
A=ALLEGED OR N/A	P=PRE-AGE FIVE STATE/LOCAL PUBLIC	
B=PRIMARY EVIDENCE	BIRTH CERTIFICATE	
C=CONVINCING EVIDENCE	H=HOSPITAL BIRTH RECORD	
F=DOB PREVIOUSLY ESTABLISHED	N=NOTIFICATION OF BIRTH REGISTRATION	
Q=DOB ESTABLISHED (OTHER)	O=OTHER EVIDENCE OF AGE	
[7-M]	[8-C]	[9-C]
BIRTHPLACE CITY: PPPPPPPPPPPPPPP	STATE: PP	OR COUNTRY: PP
[10-M]		
OTHER NAMES USED OR SSNS PREVIOUSLY ISSUED/USED (Y/N): P		
[11-M]		
FILING, CLAIM PENDING, OR EVER ELIGIBLE FOR SSI SINCE 99/99/9999 (Y/N): P		
[12-O]		
MOTHER'S MAIDEN NAME: PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPP		
PPPPPPPPPPPPPPPPPPPP PPPP		
[13-O]		
FATHER'S NAME: PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPP		
PPPP		
[14-O]	[15-O]	
DATE OF DEATH (MMDDCCYY): PPPPPPPP	REMOVE DEATH (Y): X	
	[16-O]	
	REMOVE DEATH SUSPENSE (Y): X	
	[17-O]	
	PROOF (Y/N): X	
[18-O]		
SOURCE OF NOTIFICATION: P	1=FO 2=EDR 3=MBR 4=TREASUR	
	[19-O]	
	REMARKS (Y): X	

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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[9-D]

MORE (Y): S

APAD - APPLICANT MAIL ADDRESS

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