SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

RESIDENCE ADDRESS:

Street:

City:

State, Zip:

Telephone:

MAILING ADDRESS:

Street:

City:

State, Zip:

Telephone:

CASE REVIEW INFORMATION

Interviewer Name

Interview Date

TYPE OF INTERVIEW

☐ Face-to-Face   ☐ Telephone   ☐ NONE

☐ Death of SI   ☐ Death of ES
   Date   Date

☐ SI Payee Involvement

☐ Eligible Couple Case

☐ ES Payee Involvement

First Day in Review Period

☐ Retro Payment Involved

EXIT

START

e8508 Main Menu

#			#		
1	Proof of Identity / SSN	☐ UTC	13	Negative Property Search	☐ UTC
2	POA / US-Born Citizenship	☐ UTC	14	Vehicles	☐ UTC
3	Nat. Citizen / Alien Status	☐ UTC	15	Life Insurance	☐ UTC
4	Residency	☐ UTC	16	Other Non-Liquid Resources	☐ UTC
5	Marriage	☐ UTC	17	Burial Assets	☐ UTC
6	Living Arrangements / ISM	☐ UTC	18	Transfer of Resources	☐ UTC
7	Self-Employment	☐ UTC	19	Summaries	☐ UTC
8	Wages	☐ UTC	20	Representative Payee	☐ UTC
9	Unearned Income	☐ UTC	21	Death of Material Individual	☐ UTC
10	Financial Accounts	☐ UTC	22	Potential Entitlement	☐ UTC
11	Other Liquid Resources	☐ UTC	23	Fraud	☐ UTC
12	Non-Home Property	☐ UTC	24	Exclusions	☐ UTC

START-UP FORM

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

	SYSTEMS DATA	MATCH	INTERVIEW	EVIDENCE	PROVEN
SI Name					
SSN					
			SSN Determination		
SI-PYE Name					
ES Name					
ES SSN					
			SSN Determination		
ES-PYE Name					

| MAIN MENU | SI Tel-ID Screen | SI Payee ID Screen | ES Payee ID Screen | ADD REMARKS | | □ COMPLETE | NEXT |

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

SI VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

MAIN MENU	BACK		ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

| SI | | | | |

ES

ES VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name		▾	
SSN		▾	
DOB		▾	
POB		▾	
Residence Address		▾	
Mailing Address		▾	
Other Information			

| MAIN MENU | BACK | | ADD REMARKS | |

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee   ☐ Organizational Payee

NON-ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name		▼	
PYE SSN		▼	
Relationship		▼	
SI Name		▼	
SI SSN		▼	
SI DOB		▼	
SI POB		▼	
Residence Address		▼	
Mailing Address		▼	
Other Information		▼	

MAIN MENU	BACK		ADD REMARKS		ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee   ☐ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name		▾	
Contact Name			
Title			
EIN		▾	
Org. Address		▾	
SI Name		▾	
SI SSN		▾	
SI DOB		▾	
SI POB		▾	
Residence Address		▾	
Mailing Address		▾	

MAIN MENU	BACK	ADD REMARKS	ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type | Competency | Custody

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

NON- ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			
Mailing Address			
Other Information			

MAIN MENU | BACK | ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
Contact Name			
Title			
EIN			
Org. Address			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			

MAIN MENU	BACK		ADD REMARKS

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB

FTH

POB

MTH

Citizenship Code

SYSTEMS DATA ES

DOB

FTH

POB

MTH

Citizenship Code

SI

ES

SI's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	
	POB Evidence	
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination

US-Born Citizenship Determination

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB

FTH

POB

MTH

Citizenship Code

SYSTEMS DATA ES

DOB

FTH

POB

MTH

Citizenship Code

SI

ES

ES's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	▼
	POB Evidence	▼
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination

▼

US-Born Citizenship Determination

▼

ELIGIBLE SPOUSE

DOB Determination

▼

US-Born Citizenship Determination

▼

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

SI POB _____ AR Code _____

ES POB _____ AR Code _____

My SSR / MSSICS Notes

SI

ES

SI's Name Propagates Here
NATURALIZED CITIZEN

Type of Evidence	▼
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence	▼
Country of Birth	
Document Number	
Date of Issue	
Alien Number	Card Number
Expiration Date	

SI Determination ▼

ES Determination ▼

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

SI	POB		AR Code	
ES	POB		AR Code	

My SSR / MSSICS Notes

SI

ES

ES's Name Propagates Here

NATURALIZED CITIZEN

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	
Alien Number	Card Number
Expiration Date	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

Last date the SI was outside the U.S.?

My SSR / MSSICS Notes

SI			
	SI's Name Propagates Here		
ES	ALLEGED		VERIFIED
		Destination	
		Purpose of Travel	
		Date left U.S.	
		Date Returned to U.S.	
		Type Of Evidence	
		Development Required?	
		Method of Travel	
		Method of Payment	
		Source of funds	
		Was the Ticket a Gift?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

Last date the SI was outside the U.S.?

My SSR / MSSICS Notes

SI			
ES	**ES's Name Propagates Here**		

ALLEGED		VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Development Required?	
	Method of Travel	
	Method of Payment	
	Source of funds	
	Was the Ticket a Gift?	

SI Determination

ES Determination

MAIN MENU | **PREVIOUS** | **ADD REMARKS** | ☐ **COMPLETE** | **NEXT**

MARRIAGE

ELEMENT 5

SYSTEMS DATA

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					
Holding Out					

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex?

Does the SI's allegation match the SSR?

Since mm/dd/yyyy was the spouse eligible for SSI?

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM							
IM							
SM							

EVIDENCE TYPE	
ISSUING ENTITY	
PLACE ISSUED	
DOCUMENT NUMBER	
DATE ISSUED	
DATE RECORDED	
EVENT DATE	

DETERMINATION

BM	
IM	
SM	

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address   Same as SM?   Residence Start Date

3

4 Are the SI and ES living in the same residence?

Residence Type

5

If Residence Type = 1 or 2, with whom does the SI live?

6

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address — Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address

Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

5 Residence Type

If Residence Type = 1 or 2, with whom does the SI live?

6

Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1. Record the following residence information as of mm/dd/yyyy

2. Residence Address — Same as prior residence address?

3.

4. Are the SI and ES living in the same residence?

Residence Type

5. If Residence Type = 1 or 2, with whom does the SI live?

6. Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS	ADD REMARKS	□ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address

Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS	ADD REMARKS	□ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address — Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

INSTITUTION

ELEMENT 6

	ALLEGED	Date Propagates Here	VERIFIED		
1					
2		Residence Address			
3					
		Name of Facility			
4					
5		Type of Facility	▼		
6		Facility Contact Information			
		Facility Rep. Name			
		Title of Contact			
		Type of Contact	▼		
		Date of Contact			
		Date of Admission			
		Date of Discharge			

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

Main LA Screen	**ADD REMARKS**	**NEXT**

INSTITUTION

1				Type of Contact			
2				Date of Contact			
3				Date of Admission			
4				Date of Discharge			

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen   **ADD REMARKS**   **NEXT**

INSTITUTION

	ALLEGED	Date Propagates Here	VERIFIED	
1		Residence Address		
2				
3				
4		Name of Facility		
5		Type of Facility	▼	
6		Facility Contact Information		
		Facility Rep. Name		
		Title of Contact		
		Type of Contact	▼	
		Date of Contact		
		Date of Admission		
		Date of Discharge		

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

Main LA Screen		ADD REMARKS		NEXT

INSTITUTION

1							
2				Type of Contact			
3				Date of Contact			
				Date of Admission			
4				Date of Discharge			
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %			
				Total Charge			
				SI's Payment Amount			
				3rd Party Payment Source(s)			
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			
				☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

ELEMENT 6

	ALLEGED	Date Propagates Here	VERIFIED
1		**Residence Address**	
2			
3		**Name of Facility**	
4			
5		**Type of Facility**	▾
6		**Facility Contact Information**	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1				Type of Contact			
2				Date of Contact			
3				Date of Admission			
4				Date of Discharge			

	SM	IM	BM		SM	IM	BM
5				Medicaid Pays Over 50 %			
6				Total Charge			
				SI's Payment Amount			
				3rd Party Payment Source(s)			
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen **ADD REMARKS** **NEXT**

INSTITUTION

	ALLEGED	Date Propagates Here	VERIFIED		
		Residence Address			
		Name of Facility			
		Type of Facility	▼		
		Facility Contact Information			
		Facility Rep. Name			
		Title of Contact			
		Type of Contact	▼		
		Date of Contact			
		Date of Admission			
		Date of Discharge			

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

1 2 3 4 5 6

Main LA Screen   **ADD REMARKS**   **NEXT**

INSTITUTION

ELEMENT 6

			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	**IM**	**BM**		**SM**	**IM**	**BM**
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			
			☐ Infrequent/ Irregular			

Main LA Screen   **ADD REMARKS**   **NEXT**

INSTITUTION

1			
	ALLEGED	**Date Propagates Here**	**VERIFIED**
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	▾
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
	SM	IM	BM		SM	IM	BM	
5				Medicaid Pays Over 50 %				
6				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

Main LA Screen   **ADD REMARKS**   **NEXT**

INSTITUTION

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	▼
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▼
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

Main LA Screen	ADD REMARKS	NEXT

INSTITUTION

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

SM	IM	BM		SM	IM	BM
			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

| Main LA Screen | ADD REMARKS | NEXT |

NON-INSTITUTIONAL CARE

	ALLEGED	Date Propagates Here	VERIFIED
1		Residence Address	
2			
3		Name of Facility	
4			
5		Type of Facility	
		# of Residents	
6		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▾
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	▾
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Buttons: 1, 2, 3, 4, 5, 6

Main LA Screen | **ADD REMARKS** | **NEXT**

NON-INSTITUTIONAL CARE

ELEMENT 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

1
2
3
4
5
6

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

1 2 3 4 5 6

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

	ALLEGED	**Date Propagates Here**	**VERIFIED**
		Residence Address	
		Name of Facility	
		Type of Facility	▾
		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

1 2 3 4 5 6

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Acquisition Date	
		Disposal Date	
		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

1 2 3 4 5 6

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

| Main LA Screen | ADD REMARKS | NEXT |

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

1			
2	**ALLEGED**	**Date Propagates Here**	**VERIFIED**
3		Residence Address	
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	1
	2
	3
	4
	5
	6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Acquisition Date	
		Disposal Date	
		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	
2		Landlord's Contact Information	
3			
4		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
5			
6		Who is Related to Landlord?	
		CMRV	
		Evidence of CMRV	
		Rental Liability Established?	
		Does SI Receive a Housing Subsidy?	
		Source of Subsidy Contact information	
		Amount of Subsidy	
		Is Subsidy Excluded?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1

2

3

4

5

6

Evidence of Rental Payment

Landlord's Contact Information

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Who is Related to Landlord?

CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1		Residence Address	
2			
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1	Evidence of Rental Payment	
2	Landlord's Contact Information	
3		
4	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
5		
6	Who is Related to Landlord?	
	CMRV	
	Evidence of CMRV	
	Rental Liability Established?	
	Does SI Receive a Housing Subsidy?	
	Source of Subsidy Contact information	
	Amount of Subsidy	
	Is Subsidy Excluded?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

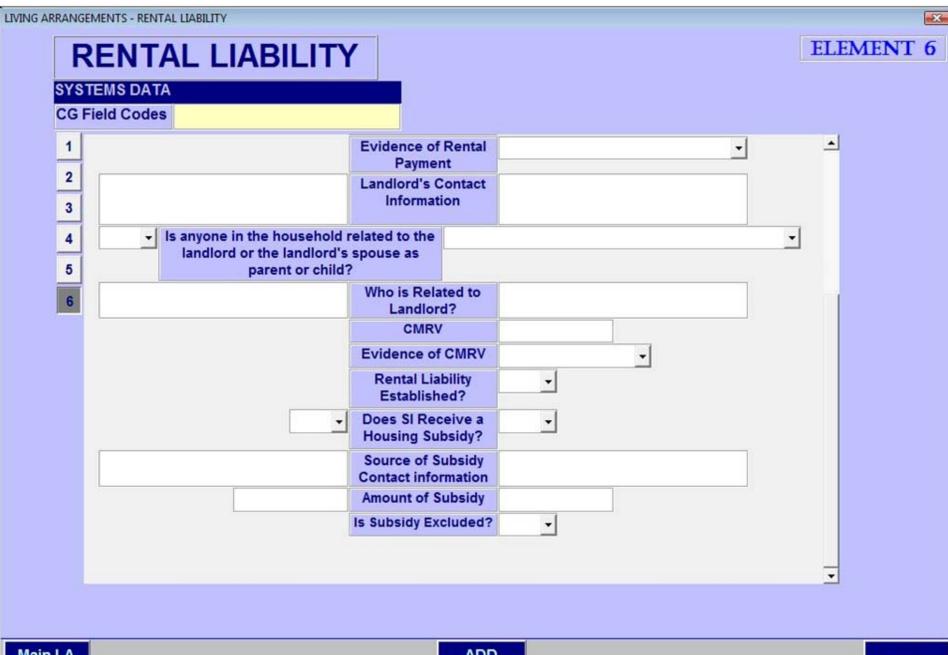|		
1	**Evidence of Rental Payment**	▾
2	**Landlord's Contact Information**	
3		
4	▾ **Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**	▾
5		
6	**Who is Related to Landlord?**	
	CMRV	
	Evidence of CMRV	▾
	Rental Liability Established?	▾
	▾ **Does SI Receive a Housing Subsidy?**	▾
	Source of Subsidy Contact information	
	Amount of Subsidy	
	Is Subsidy Excluded?	▾

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

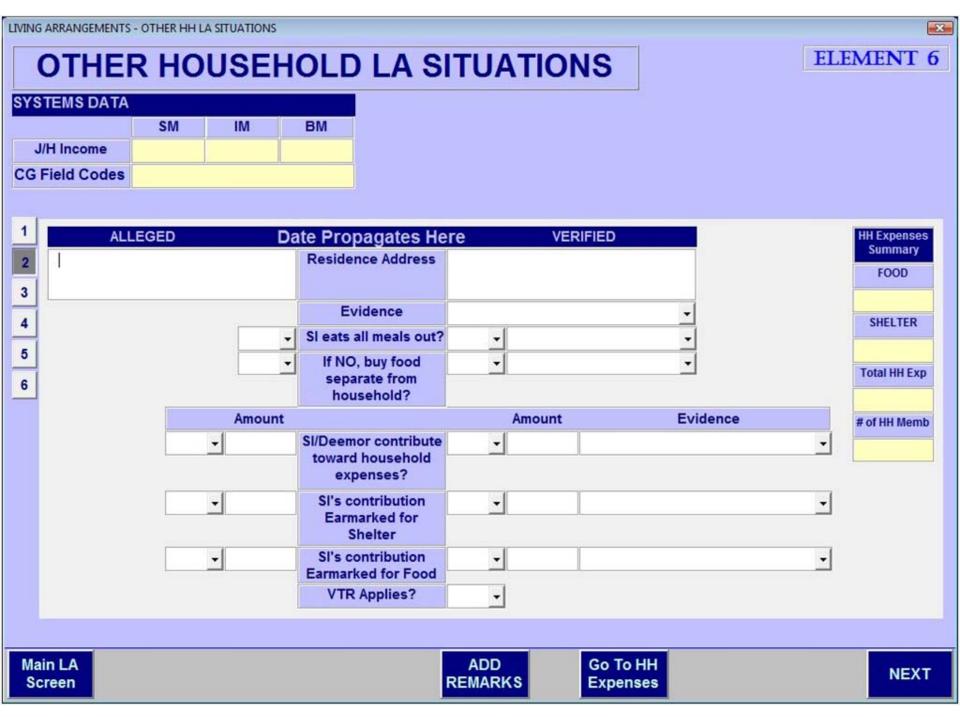|	ALLEGED	Date Propagates Here	VERIFIED
1		Residence Address	
2			
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1 | Evidence of Rental Payment

2 | Landlord's Contact Information

3

4 | Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

5

6 | Who is Related to Landlord?

CMRV

Evidence of CMRV

Rental Liability Established?

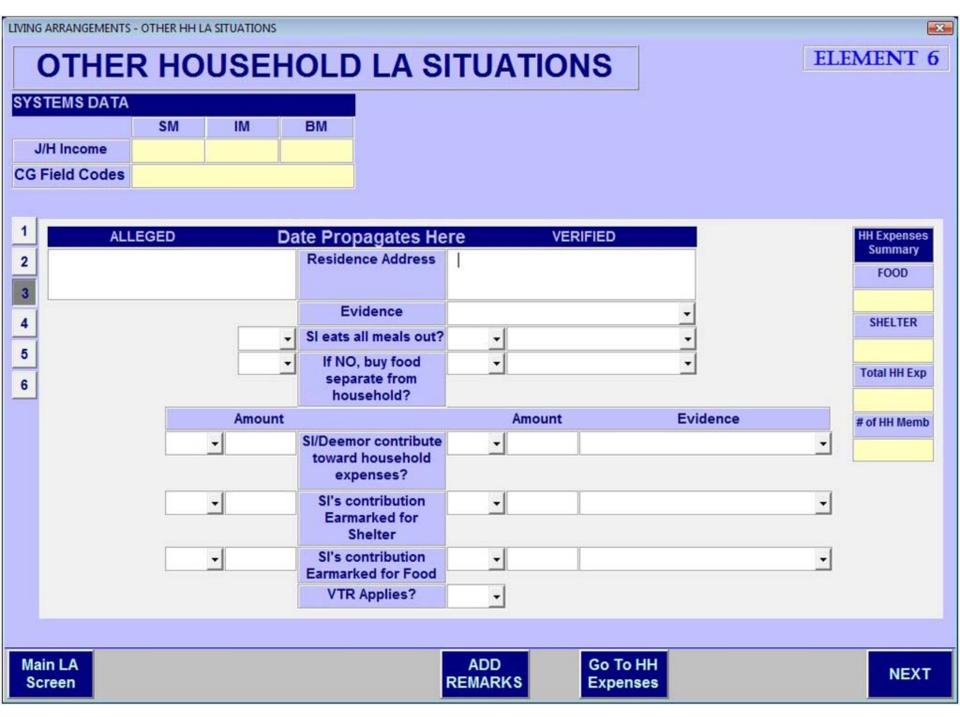Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		**Evidence of Rental Payment**
2		**Landlord's Contact Information**
3		
4		**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5		
6		**Who is Related to Landlord?**

CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?
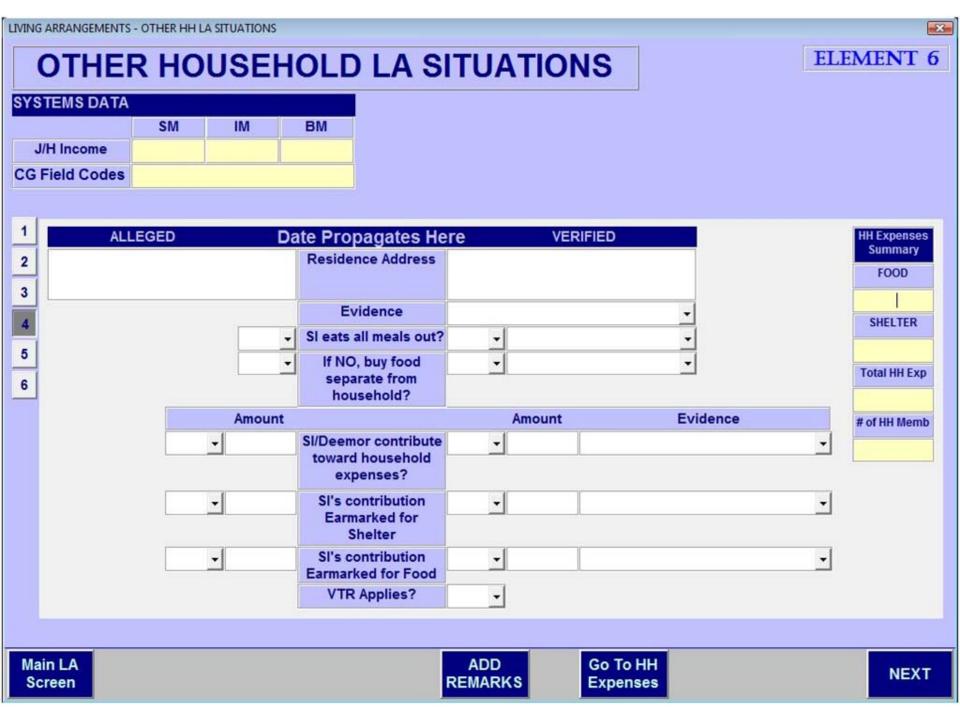
Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen	ADD REMARKS	NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

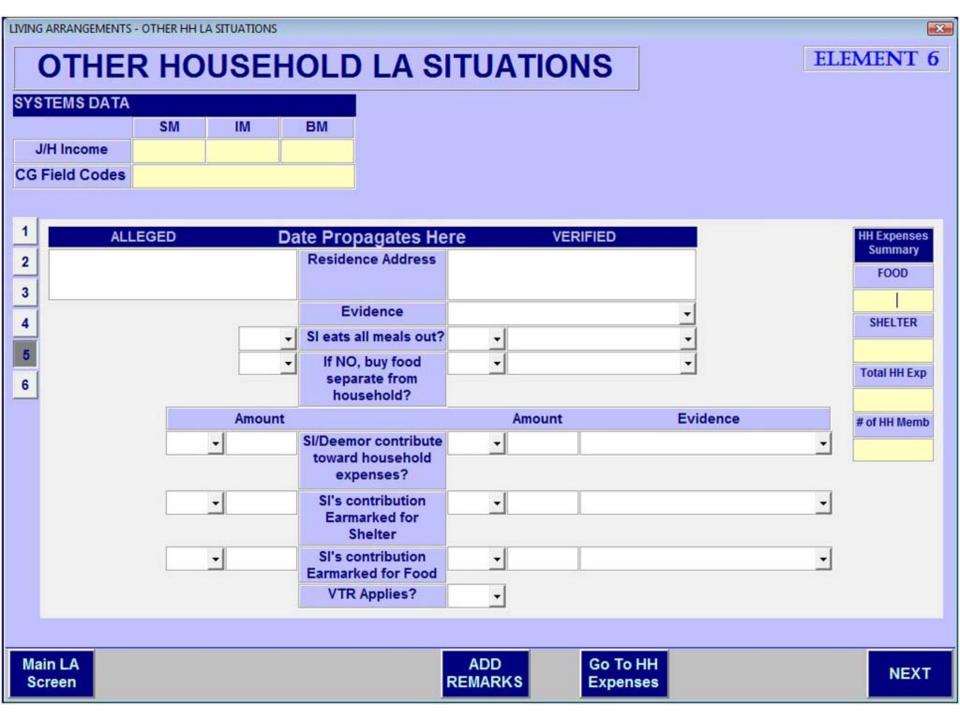| Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen		ADD REMARKS	Go To HH Expenses		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

	ALLEGED	Date Propagates Here	VERIFIED	HH Expenses Summary
1				FOOD
2		Residence Address		
3				
4		Evidence		SHELTER
		SI eats all meals out?		
5		If NO, buy food separate from household?		Total HH Exp
6				

Amount		Amount	Evidence	# of HH Memb
	SI/Deemor contribute toward household expenses?			
	SI's contribution Earmarked for Shelter			
	SI's contribution Earmarked for Food			
	VTR Applies?			

Main LA Screen | **ADD REMARKS** | **Go To HH Expenses** | **NEXT**

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address		
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen	ADD REMARKS	Go To HH Expenses	NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

| | 1 | 2 | 3 | 4 | 5 | 6 |

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen **ADD REMARKS** **Go To HH Expenses** **NEXT**

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | **ADD REMARKS** | **Go To HH Expenses** | **NEXT**

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Evidence	
		SI eats all meals out?	
		If NO, buy food separate from household?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

Main LA Screen   **ADD REMARKS**   **Go To HH Expenses**   **NEXT**

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1

	Amount

2

	Countable?	

3

	If no, Reason	

	If yes, CMV	☐ Infrequent or Irregular

4

	Evidence	

5

6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV		Infrequent or Irregular
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		
		Amount		
		Countable?	▼	
		If no, Reason		▼
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence	▼	

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1

2

3

4

5

6

	Amount	
	Countable?	
	If no, Reason	
	If yes, CMV	☐ Infrequent or Irregular
	Evidence	

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
Period					
Type of Assistance					
Source Contact Information					
Amount					
Countable?					
If no, Reason					
If yes, CMV			Infrequent or Irregular		
Evidence					

Total Number of Sources		**Additional**		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

---

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO

3

		Period		
	▼	Type of Assistance		▼

4

	Source Contact Information	

5

6

	Amount
	Countable? [▼]
	If no, Reason [▼]
	If yes, CMV [ ] ☐ Infrequent or Irregular
	Evidence [▼]

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO

		Period		
	▼	Type of Assistance		▼

	Source Contact Information	

Main LA Screen   **ADD REMARKS**   **NEXT**

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	
3		If no, Reason	
		If yes, CMV	☐ Infrequent or Irregular
4		Evidence	
5			

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		
		Amount		
		Countable?	▼	
		If no, Reason		▼
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		▼

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1

	Amount

2

Countable?	▾

3

If no, Reason	▾

4

If yes, CMV	☐ Infrequent or Irregular

5

Evidence	▾

6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
▾		Type of Assistance	▾	
		Source Contact Information		
		Amount		
		Countable?	▾	
		If no, Reason	▾	
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence	▾	

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [ ] [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO

3

		Period		
	[▼]	Type of Assistance		[▼]

4

	Source Contact Information	

5

	Amount	

6

	Countable?	[▼]
	If no, Reason	[▼]
	If yes, CMV	[ ] ☐ Infrequent or Irregular
	Evidence	[▼]

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
	[▼]	Type of Assistance		[▼]
	Source Contact Information	

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Amount
2		Countable?
3		If no, Reason
4		If yes, CMV ☐ Infrequent or Irregular
		Evidence

5	ALLEGED		SOURCE 3	VERIFIED	
6	FROM	TO		FROM	TO
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV ☐ Infrequent or Irregular		
			Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
		▼	Type of Assistance		▼
			Source Contact Information		
			Amount		
			Countable?	▼	
			If no, Reason		▼
			If yes, CMV		☐ Infrequent or Irregular
			Evidence		▼

Total Number of Sources		**Additional**		**Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [ ] [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**

3

		Period		

4

	[▼]	Type of Assistance		[▼]

5

	Source Contact Information	

6

	Amount	
	Countable?	[ ] [▼]
	If no, Reason	[▼]
	If yes, CMV	[ ] ☐ Infrequent or Irregular
	Evidence	[▼]

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	[▼]	Type of Assistance		[▼]
		Source Contact Information	

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1

	Amount
	Countable?
	If no, Reason
	If yes, CMV □ Infrequent or Irregular
	Evidence

2

3

4

5

6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV □ Infrequent or Irregular		
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

1
2
3
4
5
6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

| MI-1 Name Propagated Here | | **MI-1** | ☐ **No Material Individuals** |
| MI-2 Name Propagated Here | | **MI-2** | **in the review period** |

Main LA Screen

ADD REMARKS

Establish the IC

NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

MI-1 Name Propagated Here | MI-1
MI-2 Name Propagated Here | MI-2

☐ No Material Individuals in the review period

| Main LA Screen | ADD REMARKS | Establish the IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
		▾						☐
1		▾	▾	▾			▾	▾	☐
2		▾	▾	▾			▾	▾	☐
3		▾	▾	▾			▾	▾	☐
4		▾	▾	▾			▾	▾	☐
5		▾	▾	▾			▾	▾	☐
6		▾	▾	▾			▾	▾	☐
7		▾	▾	▾			▾	▾	☐
8		▾	▾	▾			▾	▾	☐
9		▾	▾	▾			▾	▾	☐
10		▾	▾	▾			▾	▾	☐
11		▾	▾	▾			▾	▾	

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

MI-1 Name Propagated Here ▾ **MI-1** ☐ **No Material Individuals**
MI-2 Name Propagated Here ▾ **MI-2** **in the review period**

Main LA Screen   **ADD REMARKS**   **Establish the IC**   **NEXT**

HOUSEHOLD COMPOSITION

ELEMENT 6

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS

3

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

4

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
5		▾						☐
6 1	▾	▾	▾			▾	▾	☐
2	▾	▾	▾			▾	▾	☐
3	▾	▾	▾			▾	▾	☐
4	▾	▾	▾			▾	▾	☐
5	▾	▾	▾			▾	▾	☐
6	▾	▾	▾			▾	▾	☐
7	▾	▾	▾			▾	▾	☐
8	▾	▾	▾			▾	▾	☐
9	▾	▾	▾			▾	▾	☐
10	▾	▾	▾			▾	▾	☐
11	▾	▾	▾			▾		▾

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

| MI-1 Name Propagated Here | ▾ | MI-1 | ☐ No Material Individuals in the review period |
| MI-2 Name Propagated Here | ▾ | MI-2 | |

Main LA Screen | **ADD REMARKS** | **Establish the IC** | **NEXT**

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
		▼						☐
1	▼	▼	▼			▼	▼	☐
2	▼	▼	▼			▼	▼	☐
3	▼	▼	▼			▼	▼	☐
4	▼	▼	▼			▼	▼	☐
5	▼	▼	▼			▼	▼	☐
6	▼	▼	▼			▼	▼	☐
7	▼	▼	▼			▼	▼	☐
8	▼	▼	▼			▼	▼	☐
9	▼	▼	▼			▼	▼	☐
10	▼	▼	▼			▼	▼	☐
11	▼	▼	▼			▼	▼	

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

MI-1 Name Propagated Here ▼ | MI-1 | **No Material Individuals in the review period** ☐

MI-2 Name Propagated Here ▼ | MI-2

Main LA Screen | **ADD REMARKS** | **Establish the IC** | **NEXT**

HOUSEHOLD COMPOSITION

ELEMENT 6

1
2
3
4
5
6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

MI-1 Name Propagated Here | **MI-1** | ☐ **No Material Individuals in the review period**
MI-2 Name Propagated Here | **MI-2** |

Main LA Screen | **ADD REMARKS** | **Establish the IC** | **NEXT**

LIVING ARRANGEMENTS - INELIGIBLE CHILDREN

Use this screen to establish or identify the names of the Ineligible Children. These names will display on the income screens throughout the form.

IC-1	▼
IC-2	▼
IC-3	▼
IC-4	▼
IC-5	▼

CLOSE

HOUSEHOLD EXPENSES

ELEMENT 6

1

2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
4
| | FOOD | | |
5
| | RENT | | |
| | MORTGAGE | | |
6
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

	Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

| 1 |
| 2 |

| Residence Address | | AVERAGING PERIOD: | FROM | TO |

| 3 |
| 4 |
| 5 |
| 6 |

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

| | Does the SI have a loan agreement regarding HH expenses? | | |
| | Unstated income suspected? | |

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
4		FOOD		
5		RENT		
	MORTGAGE		
6		PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
4	FOOD		
5	RENT		
	MORTGAGE		
6	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen		ADD REMARKS		NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

	Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		▾
	RENT		▾
	MORTGAGE		▾
	PROPERTY INSURANCE		▾
	PROPERTY TAX		▾
	HEATING/ FUEL		▾
	GAS		▾
	ELECTRICITY		▾
	WATER		▾
	SEWER		▾
	GARBAGE REMOVAL		▾
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation [▼]

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2 Residence Address

3

Development of OSS Field Allegation

4 OSS development remarks

5

6

OSS code based on field review allegation

| Main LA Screen | | ADD REMARKS | | NEXT |

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

|

OSS code based on field review allegation ▾

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

	Residence Address	

3

Development of OSS Field Allegation

4 OSS development remarks

5

6

OSS code based on field review allegation ▢ ▾

| Main LA Screen | ADD REMARKS | NEXT |

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

|

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address	

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? ▢ ▾ ☐ Override

5 Does contribution benefit the SI only? ▢ ▾

6

ALLEGED	Date Propagates Here	VERIFIED
▾	Type of ISM	▾
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	▾
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2

Household Member	Amount Alleged	Amount Verified	Evidence

3

4

5

6

Total Contributions

Household Expenses

Excess Income

☐ Infrequent or Irregular

\# of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▼	☐ Infrequent or Irregular
2				▼	
3				▼	
4				▼	
5				▼	# of HH members
6				▼	Pro-Rata Share
				▼	SI's Contribution
				▼	Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen	ADD REMARKS	NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4

Does the SI/MI receive contributions from outside the household? ▼ ☐ Override

5

Does contribution benefit the SI only? ▼

ALLEGED	Date Propagates Here	VERIFIED

6

	Type of ISM	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	▼
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ] [▼]

2

Household Member	Amount Alleged	Amount Verified	Evidence	
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼

3

4

5

6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
[▼]	Type of contribution	[▼]
	Contributor's Name(s)	

Main LA Screen   **ADD REMARKS**   **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					
5					# of HH members
6					Pro-Rata Share
					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address |

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? [▼] ☐ Override

5 Does contribution benefit the SI only? [▼]

6

ALLEGED	Date Propagates Here	VERIFIED
[▼]	Type of ISM	[▼]
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	[▼]
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

| Main LA Screen | ADD REMARKS | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [▼]

2

Household Member	Amount Alleged	Amount Verified	Evidence	
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼
				▼

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
[▼]	Type of contribution	[▼]
	Contributor's Name(s)	

Main LA Screen   **ADD REMARKS**   **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					# of HH members
5					Pro-Rata Share
6					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen	ADD REMARKS	NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ] ▼

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3

4

5

6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					
5					**# of HH members**
6					**Pro-Rata Share**
					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? [▼]

5 Does contribution benefit the SI only? [▼]

6

ALLEGED	Date Propagates Here	VERIFIED
[▼]	Type of ISM	[▼]
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable? [▼]	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [____ ▼]

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
[_____ ▼]	Type of contribution	[_____ ▼]
	Contributor's Name(s)	

Main LA Screen   **ADD REMARKS**   **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					
5					# of HH members
					Pro-Rata Share
6					SI's Contribution
					Countable ISM Amount
					☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

| Main LA Screen | ADD REMARKS | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2

Residence Address	

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? [ ] ▼

5 Does contribution benefit the SI only? [ ] ▼

6

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of ISM	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	▼
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

| Main LA Screen | ADD REMARKS | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? ▼

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	

Main LA Screen　　**ADD REMARKS**　　**NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▼
2				▼
3				▼
4				▼
5				▼
6				▼
				▼
				▼

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

ADDRESS HISTORY

ELEMENT 6

Residence 1

Change Since mm/dd/yyyy?   **Date of change**

Type

Residence 2

Change Since mm/dd/yyyy?   **Date of change**

Type

Residence 3

Change Since mm/dd/yyyy?   **Date of change**

Type

Residence 4

Change Since mm/dd/yyyy?   **Date of change**

Type

Residence 5

Change Since mm/dd/yyyy?   **Date of change**

Type

Residence 6

Change Since mm/dd/yyyy?   **Date of change**

Type

Main LA Screen   **BACK**

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address	

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

Residence Address	

Residence Type

4

5

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

6

If yes, date of change?

Main LA Screen | **ADD REMARKS** | **ADDR HISTORY** | **NEXT**

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

4

5

If yes, date of change?

6

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address	

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address	
Residence Type	

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy? [▼]

If yes, date of change?

Main LA Screen | **ADD REMARKS** | **ADDR HISTORY** | | **NEXT**

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

BM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Other HH member's contribution

	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			

Federal Benefit Rate (BM)

Inside ISM

Outside ISM

ISM to one

Transient ISM

Institutional ISM

Proration Applies?

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM	
ISM to one	
Transient ISM	
Institutional ISM	
Proration Applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

IM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen	ADD REMARKS	NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Other HH member's contribution [   ]

	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			

Federal Benefit Rate (BM) [   ]

Inside ISM [   ]

Outside ISM [   ]

ISM to one [   ]

Transient ISM [   ]

Institutional ISM [   ]

Proration Applies? [▼]

Provide explanation when FLA determination differs from interview

[   ]

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

SM FLA Determination [▼]

SM FLA ISM Determination [▼]

SM OSS Determination [▼]

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM	
ISM to one	
Transient ISM	
Institutional ISM	
Proration Applies?	▼

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
▼	▼	▼

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

Other HH member's contribution

	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			

Federal Benefit Rate (BM)

Inside ISM

Outside ISM

ISM to one

Transient ISM

Institutional ISM

Proration Applies?

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM	
ISM to one	
Transient ISM	
Institutional ISM	
Proration Applies?	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

SELF-EMPLOYMENT

SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

For the previous or current tax year, have the SI/MI/IC been self-employed? ▾ ☐ Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year? ▾ ☐ Override

Indicate who earned or expects to earn income from self-employment	☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5
☐ Override	☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5

Determination

▾

| MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

SI's Name Propagates Here

ALLEGED		VERIFIED
	Type of Business	
	Gross income last year	
	Net income last year	
	Gross income this year	
	Net income this year	

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED		Deductions/ Exclusions	VERIFIED		
	▾	Student Earned Income			
	▾	IRWE			
	▾	BWE			
	▾	Court-Ordered Pymnts			
	▾	PASS			
	▾	OTHER			

Was the SI a Student during the Review Period? ▾

Total SEI
SI
SM	
IM	
BM	

Total SEI
MI-1
SM	
IM	
BM	

Total SEI
MI-2
SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

SI				

MI-1's Name Propagates Here

ALLEGED				VERIFIED
		Type of Business		
		Gross income last year		
		Net income last year		
		Gross income this year		
		Net income this year		

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED		Deductions/ Exclusions	VERIFIED		
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Pymnts			
		PASS			
		OTHER			

Was the MI1 a Student during the Review Period?

Side tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Total SEI — SI: SM, IM, BM

Total SEI — MI-1: SM, IM, BM

Total SEI — MI-2: SM, IM, BM

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

MI-2's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Student Earned Income		
	IRWE		
	BWE		
	Court-Ordered Pymnts		
	PASS		
	OTHER		

Was the MI2 a Student during the Review Period?

Total SEI
SI
SM
IM
BM

Total SEI
MI-1
SM
IM
BM

Total SEI
MI-2
SM
IM
BM

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

IC(2)'s Name Propagates Here

SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5

ALLEGED				VERIFIED
	Type of Business		
	Gross income last year		
	Net income last year		
	Gross income this year		
	Net income this year		

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI — SI

SM	
IM	
BM	

Total SEI — MI-1

SM	
IM	
BM	

Total SEI — MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED					VERIFIED		
			Type of Business				
			Gross income last year				
			Net income last year				
			Gross income this year				
			Net income this year				
SM	IM	BM		SM	IM	BM	
			Net SE Profit				
			Net SE Loss				
			Evidence				

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Student Earned Income		
	Court-Ordered Pymnts		
	PASS		
	OTHER		

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

| | SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

IC(5)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

WAGES

SYSTEMS DATA

	SM	IM	BM	SY
SI				
MI-1				
MI-2				

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS? [▼]

Have the SI/MI/IC earned wages since mm/dd/yyyy [▼] ☐ Override

Indicate who earned wages	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	■ SI	■ MI-1	■ MI-2	■ IC-1	■ IC-2	■ IC-3	■ IC-4	■ IC-5
Was there Telephone Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼
Was there Monthly Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼

Determination

[▼]

| MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

WAGES

ELEMENT 8

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

SI's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Cafeteria Plan		
	Student Earned Income		
	IRWE		
	BWE		
	Court-Ordered Payments		
	PASS		

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

SI		OTHER			

Total Gross Wages
SI

	ALLEGED	Employer 2	VERIFIED
MI-1		Employer Name	
MI-2		Employer Contact Information	
IC-1		Date Began	
IC-2		Date Ended	
IC-3		Pay Amount/ Frequency	
IC-4		Pay Date	
IC-5			

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

☐ Infrequent or Irregular Income involved

	SM	IM	BM
Gross Wages			
Evidence			

Total Gross Wages
MI-2

SM	
IM	
BM	

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI-1's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI
SM	
IM	
BM	

Total Gross Wages MI-1
SM	
IM	
BM	

Total Gross Wages MI-2
SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

SI			OTHER			

	ALLEGED	Employer 2	VERIFIED		
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2					
IC-3		Date Began			
IC-4		Date Ended			
IC-5			Pay Amount/ Frequency		
			Pay Date		

☐ Infrequent or Irregular Income involved

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI	MI-2's Name Propagates Here		
MI-1	ALLEGED	**Employer 1**	VERIFIED
MI-2		Employer Name	
IC-1		Employer Contact Information	
IC-2		Date Began	
IC-3		Date Ended	
IC-4		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
IC-5		Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	**Deductions/ Exclusions**	VERIFIED	
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

		OTHER			

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

IC(1)'s Name Propagates Here

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

Employer 1

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved ☐
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

Deductions/ Exclusions

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? ▢

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

	ALLEGED	Deductions/ Exclusions		VERIFIED	
		Cafeteria Plan			
		Student Earned Income			
		Court-Ordered Payments			
		OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Was the IC a Student during the Review Period?

Total Number of Employers ☐   **Additional**   ☐ Total Number of Employers

Total Gross Wages MI-1

SM	
IM	
BM	

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages MI-2

SM	
IM	
BM	

Tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(2)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence		

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period? ▼

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
		Cafeteria Plan	
MI-1		Student Earned Income	
MI-2		Court-Ordered Payments	
IC-1		OTHER	

IC-2

Was the IC a Student during the Review Period? ▼

IC-3	Total Number of Employers		Additional		Total Number of Employers

IC-4

IC-5

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

IC(3)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Cafeteria Plan		
	Student Earned Income		
	Court-Ordered Payments		
	OTHER		

Was the IC a Student during the Review Period?

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

	ALLEGED	Deductions/ Exclusions	VERIFIED	
		Cafeteria Plan		
		Student Earned Income		
		Court-Ordered Payments		
		OTHER		

Was the IC a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

IC(4)'s Name Propagates Here

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

Employer 1

ALLEGED		VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

Deductions/ Exclusions

ALLEGED		VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? ⌄

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI	ALLEGED	Deductions/ Exclusions	VERIFIED	
MI-1		Cafeteria Plan		
		Student Earned Income		
MI-2		Court-Ordered Payments		
IC-1		OTHER		

Total Gross Wages SI

SM	
IM	
BM	

Was the IC a Student during the Review Period? ▢ ▾

Total Number of Employers	▢	**Additional**	▢	Total Number of Employers

Total Gross Wages MI-1

SM	
IM	
BM	

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

IC(5)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	Court-Ordered Payments	
	OTHER	

Was the IC a Student during the Review Period? ☐

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ALLEGED	Deductions/ Exclusions	VERIFIED		
▾	Cafeteria Plan			
	Student Earned Income			
▾	Court-Ordered Payments			
▾	OTHER			

Was the IC a Student during the Review Period? ▾

Total Number of Employers [ ]   **Additional**   [ ] **Total Number of Employers**

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

Tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

BACK | Student Status | ADD REMARKS | View Summary | NEXT

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

	SI's Name Propagates Here	
SI		
MI-1	**ALLEGED**	**VERIFIED**
MI-2	DOB/ Age	
IC-1	School Name	
IC-2	Contact Name	
IC-3	School Contact Information	
IC-4		
IC-5	To ▾	Dates of Attendance	To ▾
	Evidence	▾

Student exclusion applies?	SM	IM	BM
	▾	▾	▾

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

MI-1's Name Propagates Here

ALLEGED		VERIFIED	
	DOB/ Age		
	School Name		
	Contact Name		
	School Contact Information		
	To	Dates of Attendance		To	
	Evidence		
	Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	**MI-2's Name Propagates Here**
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

	Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	**IC(1)'s Name Propagates Here**		
MI-1	**ALLEGED**		**VERIFIED**
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4			
IC-5	To ▼	Dates of Attendance	To ▼
		Evidence	▼

		SM	IM	BM
	Student exclusion applies?	▼	▼		▼

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	IC(2)'s Name Propagates Here		
MI-1	**ALLEGED**		**VERIFIED**
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4			
IC-5	To ▾	Dates of Attendance	To ▾
		Evidence	▾

Student exclusion applies?	SM	IM	BM
	▾	▾	| ▾

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED	VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED		VERIFIED	
	DOB/ Age		
	School Name		
	Contact Name		
	School Contact Information		
To ▼	Dates of Attendance	To ▼	
	Evidence	▼	

Student exclusion applies?	SM	IM	BM
	▼	▼	| ▼

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

	IC(5)'s Name Propagates Here		

SI		ALLEGED			VERIFIED	
MI-1						
MI-2			DOB/ Age			
IC-1			School Name			
IC-2			Contact Name			
IC-3			School Contact Information			
IC-4						
		To	Dates of Attendance		To	
IC-5			Evidence			

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

UNEARNED INCOME

SYSTEMS DATA			MATCH?		INTERVIEW		
SM	IM	BM			SM	IM	BM
TXVI				▼			
TII				▼			

My SSR / MSSICS Notes

Any Unearned Income Exclusions Shown in SSR/MSSICS? ▼

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
	☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Title XVI		▼	▼	▼	▼	▼	▼	▼	
Title 2		▼	▼	▼	▼	▼	▼	▼	
VA Pension	▼	▼	▼	▼	▼	▼	▼	▼	
VA Compensation	▼	▼	▼	▼	▼	▼	▼	▼	
Railroad Retirement	▼	▼	▼	▼	▼	▼	▼	▼	
Govt. Pension	▼	▼	▼	▼	▼	▼	▼	▼	
Black Lung	▼	▼	▼	▼	▼	▼	▼	▼	
State Disability Payments	▼	▼	▼	▼	▼	▼	▼	▼	
Foster Care	▼	▼	▼	▼	▼	▼	▼	▼	
Energy Assistance	▼	▼	▼	▼	▼	▼	▼	▼	
Unemployment	▼	▼	▼	▼	▼	▼	▼	▼	

Determination

▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

SYSTEMS DATA			MATCH?		INTERVIEW		
SM	IM	BM		SM	IM	BM	

My SSR / MSSICS Notes

	SM	IM	BM		SM	IM	BM
TXVI				▼			
TII				▼			

Any Unearned Income Exclusions Shown in SSR/MSSICS? ▼

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	☐ NO to ALL	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
	☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Unemployment		▼	▼	▼	▼	▼	▼	▼	▼
Workers Compensation		▼	▼	▼	▼	▼	▼	▼	▼
Sick Pay		▼	▼	▼	▼	▼	▼	▼	▼
Educational Assistance		▼	▼	▼	▼	▼	▼	▼	▼
Dividend/ Royal		▼	▼	▼	▼	▼	▼	▼	▼
Rent Income		▼	▼	▼	▼	▼	▼	▼	▼
Interest		▼	▼	▼	▼	▼	▼	▼	▼
Gifts		▼	▼	▼	▼	▼	▼	▼	▼
Loans		▼	▼	▼	▼	▼	▼	▼	▼
Support from absent parent		▼	▼	▼	▼	▼	▼	▼	▼
Other cash support		▼	▼	▼	▼	▼	▼	▼	▼

Determination
▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?		INTERVIEW	
	SM	IM	BM		SM	IM	BM
TXVI				▼			
TII				▼			

My SSR / MSSICS Notes

Any Unearned Income Exclusions Shown in SSR/MSSICS? ▼

Address each type of Unearned Income listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
	☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Rent Income	▼	▼	▼	▼	▼	▼	▼	▼	
Interest	▼	▼	▼	▼	▼	▼	▼	▼	
Gifts	▼	▼	▼	▼	▼	▼	▼	▼	
Loans	▼	▼	▼	▼	▼	▼	▼	▼	
Support from absent parent	▼	▼	▼	▼	▼	▼	▼	▼	
Other cash support	▼	▼	▼	▼	▼	▼	▼	▼	
Gambling Income	▼	▼	▼	▼	▼	▼	▼	▼	
Miscellaneous	▼	▼	▼	▼	▼	▼	▼	▼	
Accelerated LI Payments	▼	▼	▼	▼	▼	▼	▼	▼	

Determination

▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

ELEMENT 9

SI	MI-1	MI-2
IC-1	IC-2	IC-3
IC-4	IC-5	

SI's Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM

SI

SM	
IM	
BM	

Total Gross UM

MI-1

SM	
IM	
BM	

Total Gross UM

MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI			Source Contact Information	
MI-1				
MI-2			Date Began	
			Date Ended	
IC-1			Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
IC-2			Payment Date	
IC-3				SM	IM	BM
IC-4			Gross UM Amounts	
IC-5			Evidence	

Deductions/ Exclusions   VERIFIED

ALLEGED	Unearned Income 3	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM
SI
SM	
IM	
BM	

Total Gross UM
MI-1
SM	
IM	
BM	

Total Gross UM
MI-2
SM	
IM	
BM	

BACK　　**ADD REMARKS**　　**View Summary**　　**NEXT**

UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Pmt. Amount/ Frequency

☐ **Infrequent or Irregular Income involved**

Payment Date

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions		**VERIFIED**	

ALLEGED	**Unearned Income 4**	**VERIFIED**
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ **Infrequent or Irregular Income involved**
	Payment Date	

	SM	IM	BM
Gross UM Amounts			

Total Gross UM
SI
SM	
IM	
BM	

Total Gross UM
MI-1
SM	
IM	
BM	

Total Gross UM
MI-2
SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Information

Date Began

Date Ended

Pmt. Amount/ Frequency

☐ Infrequent or Irregular Income involved

Payment Date

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions **VERIFIED**

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

MI1's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary		NEXT

UNEARNED INCOME

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

☐ **Infrequent or Irregular Income involved**

Payment Date

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions — VERIFIED

ALLEGED	Unearned Income 3	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI			Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved	

Payment Date

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — **VERIFIED**

ALLEGED	**Unearned Income 4**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			

Side tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM	IM	BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

Deductions/ Exclusions **VERIFIED**

| Total Number of UM Sources | | **Additional** | | Total Number of UM Sources |

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI2's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	
	Payment Date	

☐ Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions   **VERIFIED**

ALLEGED	**Unearned Income 3**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Pmt. Amount/ Frequency

☐ Infrequent or Irregular Income involved

Payment Date

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	Unearned Income 4	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Pmt. Amount/ Frequency

☐ Infrequent or Irregular Income involved

Payment Date

	SM	IM	BM
Gross UM Amounts			

Total Gross UM
SI
SM	
IM	
BM	

Total Gross UM
MI-1
SM	
IM	
BM	

Total Gross UM
MI-2
SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

	SI
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions		VERIFIED		

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information		
MI-1				
MI-2		Date Began		
		Date Ended		
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved	
IC-2		Payment Date		
IC-3			SM	IM	BM
IC-4		Gross UM Amounts			
IC-5		Evidence		

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

SI

SM	
IM	
BM	

Total Countable UM

MI-1

SM	
IM	
BM	

Total Countable UM

MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(2)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI
SM	
IM	
BM	

Total Countable UM
MI-1
SM	
IM	
BM	

Total Countable UM
MI-2
SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions		**VERIFIED**	

Total Number of UM Sources		**Additional**		**Total Number of UM Sources**	

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

IC(3)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions　　VERIFIED

Total Number of UM Sources　　　**Additional**　　　**Total Number of UM Sources**

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		MI-1		MI-2	IC-1	IC-2	IC-3	IC-4	IC-5

IC(4)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

	SI
SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

□ **Infrequent or Irregular Income involved**

Payment Date

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(5)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI			
MI-1		Source Contact Information	
MI-2		Date Began	
IC-1		Date Ended	
IC-2		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
IC-3		Payment Date	
IC-4			SM	IM	BM
IC-5		Gross UM Amounts	
		Evidence	

Deductions/ Exclusions VERIFIED

Total Number of UM Sources   **Additional**   **Total Number of UM Sources**

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI
SM	
IM	
BM	

Total Countable UM
MI-1
SM	
IM	
BM	

Total Countable UM
MI-2
SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SYSTEMS DATA

CG Field Codes

RTN		ACCT #	

My SSR / MSSICS Notes:

Address each of the categories listed below for the SI/MI(s) since mm/dd/yyyy

	NO to ALL	□ SI	□ MI-1	□ MI-2
	□ Override	□ SI	□ MI-1	□ MI-2
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Debit Card from a financial institution				
Safe Deposit Box				
Name appears on someone else's account				
Prior accounts in the last 24 months				
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts? □ Override

Determination

MAIN MENU | **PREVIOUS** | **ADD REMARKS** | **View Summary** | □ **COMPLETE** | **NEXT**
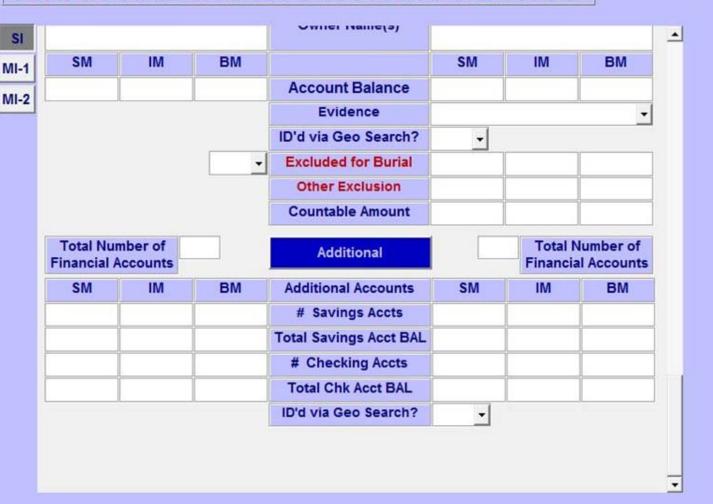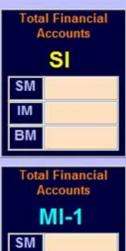
FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI		
MI-1		
MI-2		

SI's Name Propagates Here

ALLEGED	Account 1	VERIFIED
▼	Account Type	▼
	Financial Institution Information	
	Account Number	
▼	Dedicated Account?	▼
▼	Joint Ownership?	▼
▼	Dep. by Joint Owner?	▼
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence ▼			
			ID'd via Geo Search? ▼			
▼			**Excluded for Burial**			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 2	VERIFIED

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI			
MI-1			
MI-2			

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts
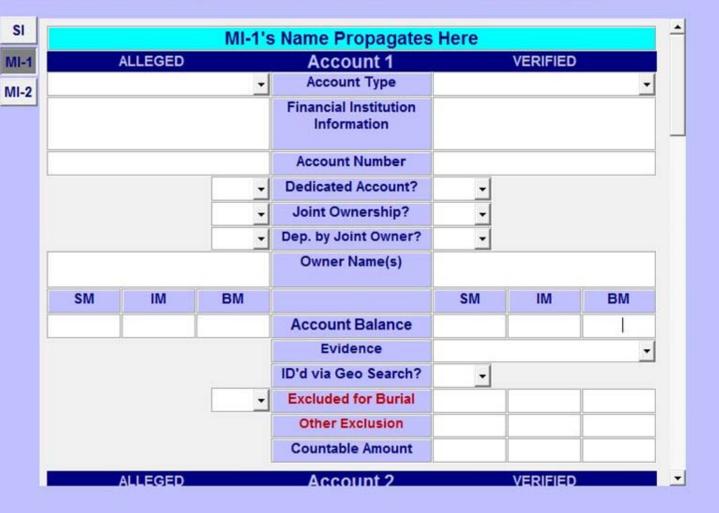
MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	MI-1	MI-2

ALLEGED	Account 3	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

Total Financial Accounts
SI
SM
IM
BM

Total Financial Accounts
MI-1
SM
IM
BM

Total Financial Accounts
MI-2
SM
IM
BM

BACK

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI

MI-1

MI-2

Owner Name(s)

	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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View Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI
MI-1
MI-2

MI-1's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 2	VERIFIED

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI			
MI-1			
MI-2			

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	VERIFIED

	ALLEGED		VERIFIED
		Account Type	
		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

	ALLEGED	Account 4	VERIFIED
		Account Type	

MI-1

MI-2

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK **ADD REMARKS** **View Summary** **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts
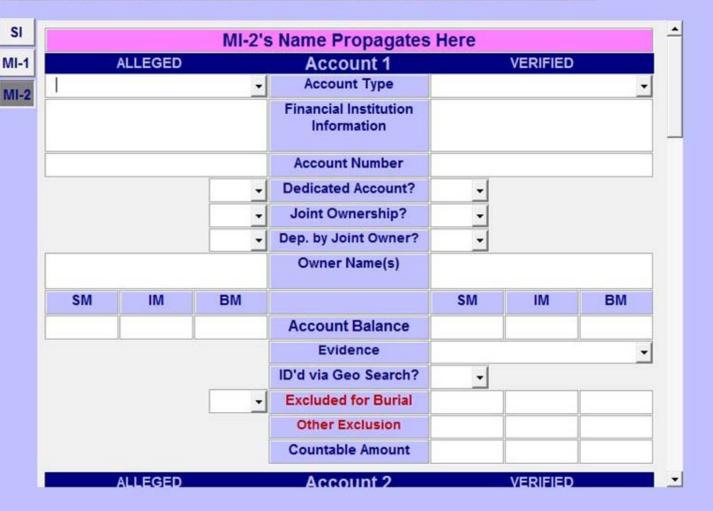
MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI							

Owner Name(s)

	SM	IM	BM		SM	IM	BM
MI-1				**Account Balance**			
MI-2				**Evidence**			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts **Additional** **Total Number of Financial Accounts**

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI |
| MI-1 |
| MI-2 |

MI-2's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| ALLEGED | Account 2 | VERIFIED |

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI			
MI-1			
MI-2			

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	VERIFIED

MI-1

MI-2

ALLEGED		VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI			
MI-1			
MI-2			

ALLEGED	Account 4	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

Total Financial Accounts
SI
SM	
IM	
BM	

Total Financial Accounts
MI-1
SM	
IM	
BM	

Total Financial Accounts
MI-2
SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				Owner Name(s)			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts				Additional		Total Number of Financial Accounts	
SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2
	Override	SI	MI-1	MI-2

Patient Accounts			
U.S. Savings Bonds			
Promissory Notes			
Stocks			
Bonds			
Mutual Funds			
Trusts			
Retirement Funds			
LI Dividend Accumulations			
Cash on hand			

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources? ☐ Override

| MAIN MENU | PREVIOUS | | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence		▾
		▾	Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts [ ]

Additional [ ]

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

U.S. Sav. Bond 1

ALLEGED				VERIFIED	
		Series			
		Denomination			
		Bond Serial Number			
		Issue Date			
		Ownership			
		Type (Paper/Electronic)			
		Access to Bond			

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

U.S. Sav. Bond 2

ALLEGED				VERIFIED	
		Series			
		Denomination			
		Bond Serial Number			
		Issue Date			
		Ownership			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts	
US Svg Bonds	
Promissory Notes	
Stocks	
Bonds	
Mutual Funds	
Trusts	
Ret. Funds	
LIP Div. Accum.	
Cash On Hand	

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

Series

Denomination

Bond Serial Number

Issue Date

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts				
US Svg Bonds				
Promissory Notes				
Stocks				
Bonds				
Mutual Funds				
Trusts				
Ret. Funds				
LIP Div. Accum.				
Cash On Hand				

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds		Additional		Total Number of US Savings Bonds

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary		NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Promissory Note 1	VERIFIED
	Type of Agreement	
	Description	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes [ ]   **Additional**   [ ] **Total Number of Promissory Notes**

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts							

SI's Name Propagates Here

Total Oth. Liquid Resources SI

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

Stock 1

ALLEGED		VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Stock 2

ALLEGED		VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources SI

SM
IM
BM

Total Oth. Liquid Resources MI-1

SM
IM
BM

Total Oth. Liquid Resources MI-2

SM
IM
BM

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		Name of Stock Symbol	
US Svg Bonds		Type of Stock	
Promissory Notes		Number of Shares	
Stocks		Purchase Date	
Bonds		Ownership	
Mutual Funds		Brokerage Firm	

	SM	IM	BM		SM	IM	BM
				Amount			
Trusts				Evidence			
Ret. Funds				**Excluded for Burial**			
LIP Div. Accum.				**Other Exclusion**			
Cash On Hand				Countable Amount			

Total Number of Stocks [ ]   **Additional**   [ ] **Total Number of Stocks**

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds ____   **Additional**   ____ **Total Number of Bonds**

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds   **Additional**   **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

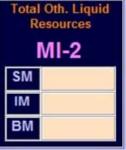**MI-2**

SM	
IM	
BM	

Total Number of

Total Number of

BACK

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ]   **Additional**   [ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
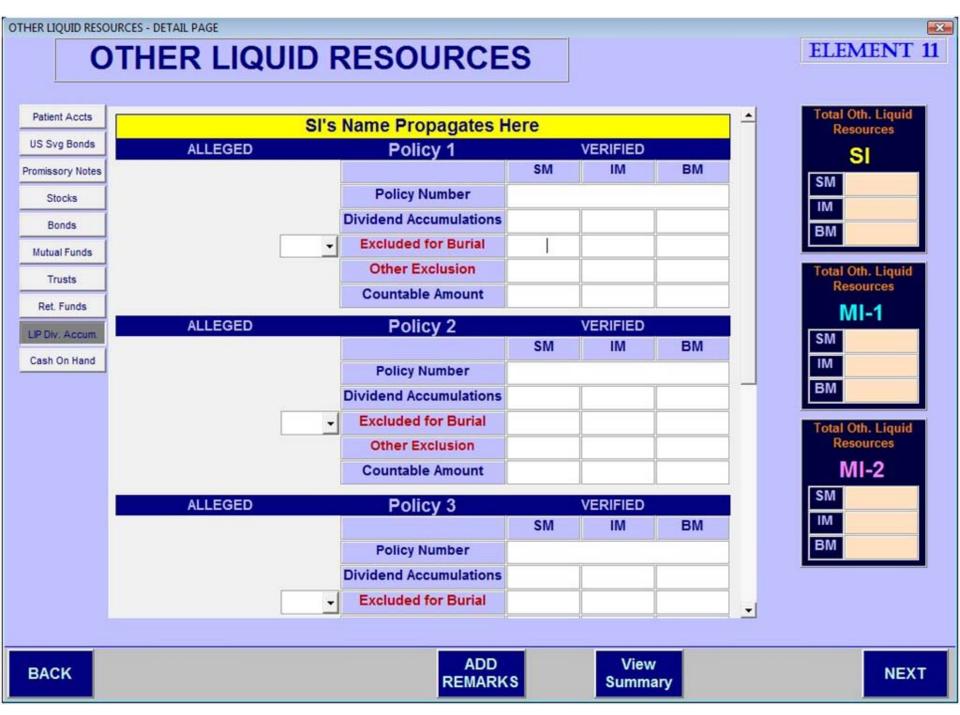
MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

SI's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

		....	....	....
Policy Number				
Dividend Accumulations				
Excluded for Burial				
Other Exclusion				
Countable Amount				

ALLEGED	Policy 4		VERIFIED	
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Policies with Div. Accumulations		Additional		Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Cash on Hand		VERIFIED	
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts [ ]

Additional

[ ] **Total Number of Patient Accounts**

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. | US Svg Bonds | Promissory Notes | Stocks | Bonds | Mutual Funds | Trusts | Ret. Funds | LIP Div. Accm. | Cash On Hand |

MI-1's Name Propagates Here

U.S. Sav. Bond 1

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

U.S. Sav. Bond 2

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources — SI

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts							
US Svg Bonds			Ownership				
Promissory Notes			Type (Paper/Electronic)				
Stocks			Access to Bond				

Total Oth. Liquid Resources

SI

	SM	IM	BM		SM	IM	BM
				Bond Value			
				Evidence			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

SM		
IM		
BM		

Total Oth. Liquid Resources

MI-1

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM		
IM		
BM		

Total Oth. Liquid Resources

MI-2

	SM	IM	BM		SM	IM	BM
				Bond Value			
				Evidence			
				Excluded for Burial			

SM		
IM		
BM		

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts				
US Svg Bonds				
Promissory Notes				
Stocks				
Bonds				
Mutual Funds				
Trusts				
Ret. Funds				
LIP Div. Accum.				
Cash On Hand				

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds   **Additional**   **Total Number of US Savings Bonds**

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED			Promissory Note 1	VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Name of Stock Symbol

Type of Stock

Number of Shares

Purchase Date

Ownership

Brokerage Firm

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks

Additional

Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Trusts	
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LIP Div. Accum.	
Cash On Hand	

MI-1's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

Patient Accts	ALLEGED	Bond 2	VERIFIED

Bond Name

Type of Bond

Number of Bonds

Purchase Date

Ownership

Brokerage Firm

SM	IM	BM		SM	IM	BM

Bond Value

Evidence

Excluded for Burial

Other Exclusion

Countable Amount

Total Number of Bonds

Additional

Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Side navigation:
- Patient Accts
- US Svg Bonds
- Promissory Notes
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- Mutual Funds
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- Ret. Funds
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- Cash On Hand

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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MI-1's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds

Additional

Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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MI-1's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Ret. Funds
LIP Div. Accum.
Cash On Hand

Value of Trust		
Excluded for Burial		
Other Exclusion		
Countable Amount		

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of | | **Total Number of**

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [   ]   **Additional**   [   ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

		...	....	....
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

ALLEGED		Policy 4	VERIFIED	
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

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MI-1's Name Propagates Here

ALLEGED	Policy 1		VERIFIED		
			SM	IM	BM
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial						
	Other Exclusion				
	Countable Amount				

ALLEGED	Policy 2		VERIFIED		
			SM	IM	BM
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				

ALLEGED	Policy 3		VERIFIED		
			SM	IM	BM
	Policy Number				
	Dividend Accumulations				
	Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED	Account 1	VERIFIED
Facility Information		

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

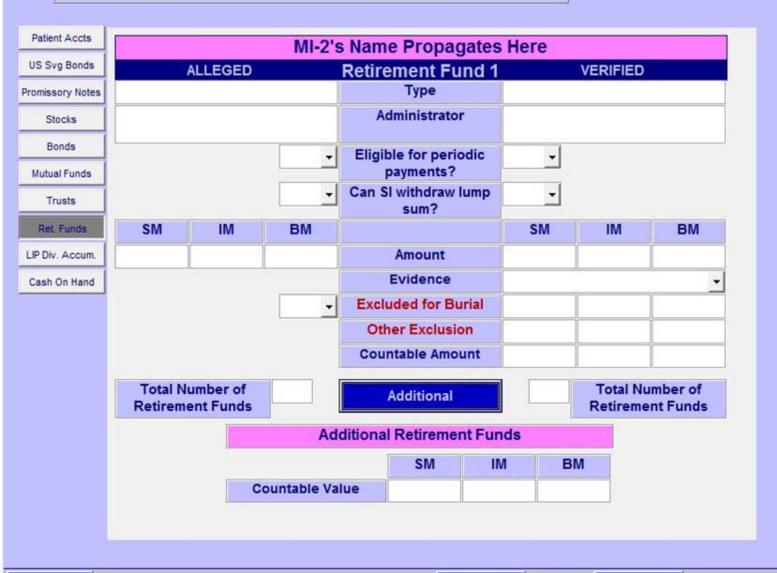**Total Oth. Liquid Resources**

MI-2

SM	
IM	
BM	

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| Bonds |
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| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

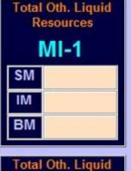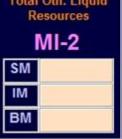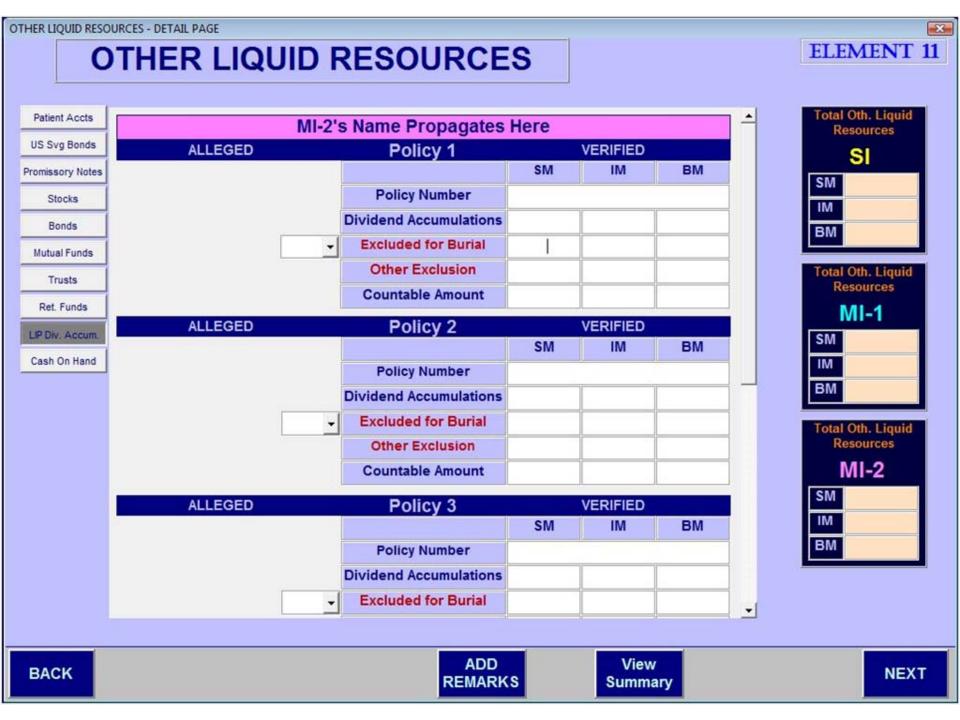| BACK | ADD REMARKS | View Summary | NEXT |

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Cash On Hand

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			

Evidence

			SM	IM	BM
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			

Evidence

Excluded for Burial

Right Panel

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Cash On Hand |

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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U.S. Sav. Bond 5

ALLEGED				VERIFIED		
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds

Additional

Total Number of US Savings Bonds

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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MI-2's Name Propagates Here

ALLEGED	Promissory Note 1	VERIFIED

| | Type of Agreement | |
| | Description | |

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes		Additional		Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2
SM	
IM	
BM	

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MI-2's Name Propagates Here

ALLEGED	Stock 1	VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Stock 2	VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Name of Stock Symbol

	Type of Stock	
Number of Shares	
Purchase Date	
Ownership	
Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks

Additional

Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

Bond 1

ALLEGED		Bond 1	VERIFIED	
		Bond Name		
	▼	Type of Bond		▼
		Number of Bonds		
		Purchase Date		
	▼	Ownership		▼
		Brokerage Firm		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			▼
	▼		**Excluded for Burial**			
			Other Exclusion			
			Countable Amount			

Bond 2

ALLEGED		Bond 2	VERIFIED	
		Bond Name		
	▼	Type of Bond		▼
		Number of Bonds		
		Purchase Date		
	▼	Ownership		▼

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds   **Additional**   **Total Number of Bonds**

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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MI-2's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds   **Additional**   **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Mutual Funds |
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| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary		NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

a copy of the trust?

Trustee Contact Information

Type of property held in trust

Date established

Date terminated

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Trusts

Additional

Total Number of Trusts

Additional Trusts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ]   **Additional**   [ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial					
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

| Patient Accts | US Svg Bonds | Promissory Notes | Stocks | Bonds | Mutual Funds | Trusts | Ret. Funds | LIP Div. Accum. | Cash On Hand |

		....	....	....
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 4	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

| Total Number of Policies with Div. Accumulations | | Additional | | Total Number of Policies with Div. Accumulations |

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| | Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Cash on Hand		VERIFIED		
			SM	IM	BM
	Cash Amounts				
	Excluded for Burial				
	Other Exclusion				
	Countable Amount				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

NON-HOME PROPERTY

ELEMENT 12

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property ?   ▼ ☐ Override

Record who owns or is buying non-home property   ☐ SI   ☐ MI-1   ☐ MI-2

■ Override   ■ SI   ☐ MI-1   ■ MI-2

Total number of properties   ▼ ▼ ▼

Check to display a list of possible non-home properties. ☐

1. Farmland
2. Commercial (non-farm)
3. Residential property
4. Unimproved Land
5. Foreign Property
6. Mineral/Timber/Water Rights

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property?   ▼ ☐ Override

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

ELEMENT 12

SI | MI1 | MI2

SI's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non-Home Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

BACK | ADD REMARKS | NEXT

ELEMENT 12

SI

MI1

MI2

	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

	Countable Amount			

Total Number of Non-Home Properties

Additional

Total Number of Non-Home Properties

Additional Non-Home Properties

	SM	IM	BM
Countable Amount			

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI

MI1

MI2

MI-1's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non Home-Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

				SM	IM	BM
			Amount			
			Equity Value			
			Ownership %			
			Excluded?			

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI						
MI1			**Duration of Ownership**			
MI2			**Income Producing**			

	SM	IM	BM		SM	IM	BM
				CMV			
				Evidence of CMV			

ALLEGED	**Encumbrances**	VERIFIED

		Does one or more exist?		
		Evidence		

			SM	IM	BM
		Amount			
		Equity Value			
		Ownership %			
		Excluded?			

Reason for Exclusion:

		Countable Amount			

Total Number of Non-Home Properties		**Additional**		**Total Number of Non-Home Properties**

BACK   **ADD REMARKS**   **NEXT**

ELEMENT 12

| SI |
| MI1 |
| MI2 |

MI-2's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non Home-Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

| BACK | ADD REMARKS | NEXT |

ELEMENT 12

SI					Duration of Ownership				
MI1					Income Producing				
MI2									

	SM	IM	BM			SM	IM	BM
					CMV			
					Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED

		Does one or more exist?		
		Evidence		

			SM	IM	BM
		Amount			
		Equity Value			
		Ownership %			
		Excluded?			

Reason for Exclusion:

		Countable Amount			

Total Number of Non-Home Properties		**Additional**		Total Number of Non-Home Properties

BACK   ADD REMARKS   NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI1

MI2

SI's Name Propagates Here

Jurisdiction(s) searched		Name(s) searched
County/Parish/City	**ST**	

☐ Copy To MI1

☐ Copy To MI2

	Alpha Listing	
	Contact Method	
	Name of Contact	
	Title of Contact	
	Date of Contact	
	Contact Information or Website	

Determination

Record the number of properties found

MAIN MENU   **PREVIOUS**   **ADD REMARKS**   ☐ **COMPLETE**   **NEXT**

NEGATIVE PROPERTY SEARCH

SI
MI1
MI2

MI1's Name Propagates Here

Jurisdiction(s) searched		Name(s) searched
County/Parish/City	ST	

	Alpha Listing	
	Contact Method	
	Name of Contact	
	Title of Contact	
	Date of Contact	
	Contact Information or Website	

Determination

Record the number of properties found
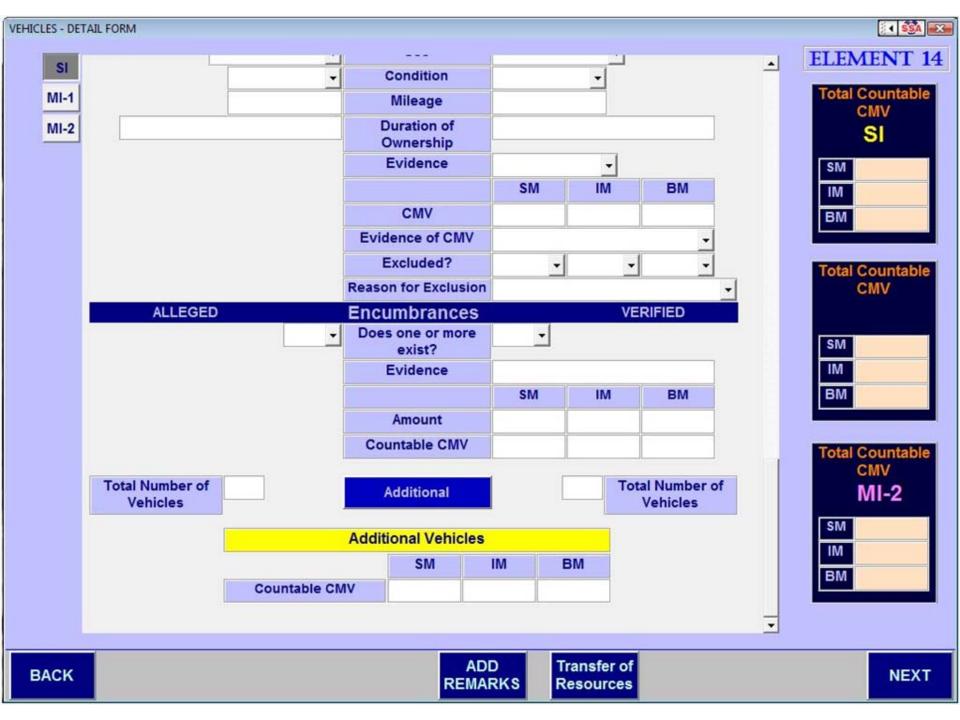
| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI1
MI2

MI2's Name Propagates Here

Jurisdiction(s) searched		Name(s) searched
County/Parish/City	ST	

	Alpha Listing	
	Contact Method	
	Name of Contact	
	Title of Contact	
	Date of Contact	
	Contact Information or Website	

Determination

Record the number of properties found

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

VEHICLES

SYSTEMS DATA				My SSR / MSSICS Notes:
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles? [▼] ☐ Override

Record who owns or is buying vehicles.	☐ SI ☐ MI-1 ☐ MI-2
☐ Override	☐ SI ☐ MI-1 ☐ MI-2
Total number of vehicles	[▼] [▼] [▼]

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles? [▼] ☐ Override

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

ELEMENT 14

SI's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

VEHICLES - DETAIL FORM

ELEMENT 14

Amount			
Countable CMV			

Total Countable CMV — SI

SM	
IM	
BM	

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV

SM	
IM	
BM	

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI

MI-1

MI-2

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles [ ]   **Additional**   [ ] **Total Number of Vehicles**

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

MI-1's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI

MI-1

MI-2

| Amount | | | |
| Countable CMV | | | |

ALLEGED	Vehicle 2	VERIFIED	
	Type of Vehicle		
	Year		
	Make		
	Model		
	VIN		
	Tag Number		
	Use		
	Condition		
	Mileage		
	Duration of Ownership		
	Evidence		

		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED	
	Does one or more exist?		
	Evidence		

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

SI
MI-1
MI-2

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

SI		

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV SI

SM	
IM	
BM	

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Countable CMV

SM	
IM	
BM	

Total Number of Vehicles		Additional		Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV MI-2

SM	
IM	
BM	

MI-1

MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

MI-2's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED
▼	Type of Vehicle	▼
	Year	
▼	Make	▼
	Model	
	VIN	
	Tag Number	
▼	Use	▼
▼	Condition	▼
	Mileage	
	Duration of Ownership	
	Evidence	▼

	SM	IM	BM
CMV			
Evidence of CMV			▼
Excluded?	▼	▼	▼
Reason for Exclusion			▼

ALLEGED	Encumbrances	VERIFIED
▼	Does one or more exist?	▼
	Evidence	

	SM	IM	BM

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI
MI-1
MI-2

	Amount			
	Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

Total Countable CMV

SM	
IM	
BM	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

SI
MI-1
MI-2

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

SI

MI-1

MI-2

Condition

Mileage

Duration of Ownership

Evidence

	SM	IM	BM
CMV			

Evidence of CMV

Excluded?

Reason for Exclusion

ALLEGED	Encumbrances			VERIFIED
	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Countable CMV			

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV **SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV **MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

Transfer of Resources

NEXT

LIFE INSURANCE

SYSTEMS DATA			My SSR / MSSICS Notes
RE Field Codes		CG Field Codes	

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies? ▼ ☐ Override

Record who owns or is buying life insurance policies	☐ SI ☐ MI-1 ☐ MI-2
■ Override	■ SI ■ MI-1 ■ MI-2
Total number of life insurance policies	▼ ▼ ▼

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies? ▼ ☐ Override

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

LIFE INSURANCE

ELEMENT 15

	SI's Policy # 1				SI's Policy # 2		
			Insurance Company				
			Contact Information				
		▼	Method of Discovery			▼	
			Policy Number				
			Issue Date				
		▼	Disposal Date			▼	
			Owner(s)				
		▼	Type of Policy			▼	
		▼	Evidence			▼	
			Age at Issue				
		▼	Fully Paid-Up Policy?			▼	
		▼	Does policy produce Dividend Additions?			▼	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	SI

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	MI-1

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	MI-2

	SM	
	IM	
	BM	

SI
MI-1
MI-2

BACK

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LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts				
MI-1				Countable CSV				
MI-2			▼	Does policy produce Dividend Accumulations?	▼			

Total CSV — **Total FV**
SI — **SI**
	SM	
	IM	
	BM	

Total CSV — **Total FV**
MI-1 — **MI-1**
	SM	
	IM	
	BM	

Total CSV — **Total FV**
MI-2 — **MI-2**
	SM	
	IM	
	BM	

SI's Policy # 3		SI's Policy # 4
	Insurance Company Information	
	Contact Information	
▼	Method of Discovery	▼
	Policy Number	
	Issue Date	
▼	Disposal Date	▼
	Owner(s)	
▼	Type of Policy	▼
▼	Evidence	▼
	Age at Issue	
▼	Fully Paid-Up Policy?	▼
▼	Does policy produce Dividend Additions?	▼

| SM | IM | BM | | SM | IM | BM |

BACK   **ADD REMARKS**   **NEXT**

LIFE INSURANCE

ELEMENT 15

	SM	IM	BM		SM	IM	BM
SI				Dividend Additions:			
MI-1				Face Value			
MI-2				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

Does policy produce Dividend Accumulations?

Total Number of LI policies

Additional

Total Number of LI policies

☐ All Additional LIPs are Term

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV		Total FV
SI		**SI**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		**MI-1**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		**MI-2**
	SM	
	IM	
	BM	

BACK

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NEXT

LIFE INSURANCE

ELEMENT 15

| SI | MI-1 | MI-2 |

MI-1's Policy # 1		MI-1's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	SI

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	MI-1

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	MI-2

	SM	
	IM	
	BM	

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ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?		

MI-1's Policy # 3 | MI-1's Policy # 4

MI-1's Policy # 3			
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

| SM | IM | BM | | SM | IM | BM |

Total CSV — **Total FV**

SI — **SI**

	SM	
	IM	
	BM	

Total CSV — **Total FV**

MI-1 — **MI-1**

	SM	
	IM	
	BM	

Total CSV — **Total FV**

MI-2 — **MI-2**

	SM	
	IM	
	BM	

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LIFE INSURANCE

	SM	IM	BM		SM	IM	BM
SI				**Dividend Additions:**			
MI-1				Face Value			
MI-2				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

Does policy produce Dividend Accumulations?

Total Number of LI policies [ ]

Additional

[ ] **Total Number of LI policies**

☐ All Additional LIPs are Term

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs [ ]

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	**SI**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	**MI-1**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	**MI-2**

	SM	
	IM	
	BM	

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NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

MI-2's Policy # 1				MI-2's Policy # 2		
			Insurance Company			
			Contact Information			
			Method of Discovery			
			Policy Number			
			Issue Date			
			Disposal Date			
			Owner(s)			
			Type of Policy			
			Evidence			
			Age at Issue			
			Fully Paid-Up Policy?			
			Does policy produce Dividend Additions?			

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	**SI**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	**MI-1**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	**MI-2**

	SM	
	IM	
	BM	

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NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?		

Total CSV | **Total FV**
SI | SI
| SM |
| IM |
| BM |

MI-2's Policy # 3		**MI-2's Policy # 4**
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

Total CSV | **Total FV**
MI-1 | MI-1
| SM |
| IM |
| BM |

Total CSV | **Total FV**
MI-2 | MI-2
| SM |
| IM |
| BM |

| SM | IM | BM | | SM | IM | BM |

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LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

Dividend Additions:

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			

	▼	**Does policy produce Dividend Accumulations?**		▼

Total Number of LI policies [ ]

Additional

[ ] **Total Number of LI policies**

☐ All Additional LIPs are Term

Additional Life Insurance Policies		
Face Value of All Additional Countable LIPs		[ ]

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	**SI**
SM	
IM	
BM	

Total CSV	Total FV
MI-1	**MI-1**
SM	
IM	
BM	

Total CSV	Total FV
MI-2	**MI-2**
SM	
IM	
BM	

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NEXT

OTHER NONLIQUID RESOURCES

ELEMENT 16

SYSTEMS DATA				My SSR / MSSICS Notes:
RE Field Codes		CG Field Codes		

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy?   ☐ Override

Record who owns or is buying nonliquid resources   ☐ SI   ☐ MI-1   ☐ MI-2

☐ Override   ☐ SI   ☐ MI-1   ☐ MI-2

Total number of nonliquid resources:

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources?   ☐ Override

Check to display a list of possible non-liquid resources. ☐

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

OTHER NONLIQUID RESOURCES

ELEMENT 16

SI			
MI-1			
MI-2			

SI's Name Propagates Here

ALLEGED	Resource 1	VERIFIED

ALLEGED				VERIFIED		
		Type of Resource				
		Evidence of Ownership				
		Duration of Ownership				
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED

ALLEGED		VERIFIED		
	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK

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NEXT

OTHER NONLIQUID RESOURCES

ELEMENT 16

SI								
				Duration of Ownership				

MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			

ALLEGED		Encumbrances	VERIFIED	
		Does one or more exist?		
		Evidence		
			SM	IM	BM
		Amount			
		Other Exclusion			
		Countable Amount			

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources SI

SM	
IM	
BM	

Total NonLiquid Resources MI-1

SM	
IM	
BM	

Total NonLiquid Resources MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

OTHER NONLIQUID RESOURCES

ELEMENT 16

SI

MI-1

MI-2

MI's Name Propagates Here

Resource 1

ALLEGED				VERIFIED		
			Type of Resource			
			Evidence of Ownership			
			Duration of Ownership			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

Encumbrances

ALLEGED		VERIFIED		
	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

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OTHER NONLIQUID RESOURCES

ELEMENT 16

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			

ALLEGED	Encumbrances	VERIFIED			
	Does one or more exist?				
	Evidence				
		SM	IM	BM	
	Amount				
	Other Exclusion				
	Countable Amount				

Total NonLiquid Resources SI

SM	
IM	
BM	

Total NonLiquid Resources MI-1

SM	
IM	
BM	

Total NonLiquid Resources MI-2

SM	
IM	
BM	

Total Number of Nonliquid Resources | **Additional** | **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

BACK　　　**ADD REMARKS**　　　**NEXT**

OTHER NONLIQUID RESOURCES

ELEMENT 16

SI			

MI-1

MI-2

MI-2's Name Propagates Here

ALLEGED	Resource 1	VERIFIED

Type of Resource	
Evidence of Ownership	
Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Other Exclusion			
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

Total Number of Nonliquid Resources | | **Additional** | | **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

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OTHER NONLIQUID RESOURCES

ELEMENT 16

| SI | | | Duration of Ownership | | | | |

MI-1

MI-2

	SM	IM	BM		SM	IM	BM
				CMV			
				Evidence of CMV			
				Ownership %			

ALLEGED	Encumbrances	VERIFIED

		Does one or more exist?		
		Evidence		

	SM	IM	BM
Amount			
Other Exclusion			
Countable Amount			

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial? ☐ Override

Record who owns or is buying burial assets. ☐ SI ☐ MI-1 ☐ MI-2

☐ Override ☐ SI ☐ MI-1 ☐ MI-2

Total number of burial assets

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial? ☐ Override

Check to display a list of possible burial assets. ☐

1. Burial Contracts
2. Burial Trusts
3. Cemetery Lot
4. Crypt
5. Casket
6. Urn
7. Headstone
8. Marker

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BURIAL ASSETS

SI
MI1
MI2

SI's Name Propagates Here

ALLEGED	Asset 1	VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

ALLEGED	Asset 2	VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

BURIAL ASSETS

SI

MI1

MI2

Source Information

Asset Location

Identifier

Owner Name

Designee

Date Asset Designated for Burial

Irrevocable

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

ELEMENT 17

| SI |
| MI1 |
| MI2 |

MI-1's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

SI

MI1

MI2

	Source Information	
Asset Location	
Identifier	
Owner Name	
Designee	
Date Asset Designated for Burial	
Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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NEXT

BURIAL ASSETS

ELEMENT 17

| SI |
| MI1 |
| MI2 |

MI-2's Name Propagates Here

ALLEGED	Asset 1	VERIFIED
▼	Type of Burial Asset	▼
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable ▼	

	SM	IM	BM
Total Value			
Exclusion Applies	▼	▼	▼
Countable Value			

ALLEGED	Asset 2	VERIFIED
▼	Type of Burial Asset	▼
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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NEXT

BURIAL ASSETS

SI
MI1
MI2

Source Information

Asset Location	
Identifier	
Owner Name	
Designee	
Date Asset Designated for Burial	
Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

SI's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

TRANSFER OF RESOURCES

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Total Number of Transfers		Additional		Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU   **PREVIOUS**   **ADD REMARKS**   ☐ COMPLETE   **NEXT**

TRANSFER OF RESOURCES

ELEMENT 18

SI		
MI-1		
MI-2		

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

MI-1's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:**   **To:**

Total Number of Transfers   **Additional**   **Total Number of Transfers**

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:**   **To:**

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

SI
MI-1
MI-2

MI-1's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

MAIN MENU **PREVIOUS** **ADD REMARKS** ☐ COMPLETE **NEXT**

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers   **Additional**   **Total Number of Transfers**

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU   **PREVIOUS**   **ADD REMARKS**   ☐ COMPLETE   **NEXT**

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI									
MI-1									
MI-2									

	SM	IM	BM	Number
	US SAVINGS BONDS			
SI				
MI-1				
MI-2				
	PROMISSORY NOTES			
SI				
MI-1				
MI-2				
	STOCKS			
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
	CHECKING			
SI				
MI-1				
MI-2				
	SAVINGS			
	SM	IM	BM	Number
	FINANCIAL INSTITUTION			
SI				
MI-1				
MI-2				
	PATIENT ACCOUNTS			
SI				

MAIN MENU | **BACK** | **ADD REMARKS** | ☐ COMPLETE | **NEXT**

SUMMARIES

| RESOURCES | SI/MI INCOME | IC INCOME |

| MI-1 | | | |
| MI-2 | | | |

BONDS			
SI			
MI-1			
MI-2			

MUTUAL FUNDS			
SI			
MI-1			
MI-2			

TRUSTS			
SI			
MI-1			
MI-2			

RETIREMENT FUNDS			
SI			
MI-1			
MI-2			

LI DIVIDEND ACCUMULATIONS			
SI			

PATIENT ACCOUNTS			
SI			
MI-1			
MI-2			

TOTAL SAVINGS			
FINANCIAL + PATIENT ACCOUNTS			
SI			
MI-1			
MI-2			

VEHICLES			
SI			
MI-1			
MI-2			

LIFE INSURANCE			
SI			
MI-1			
MI-2			

BURIAL ASSETS			
SI			

MAIN MENU | BACK | ADD REMARKS | COMPLETE | NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

TRUSTS

SI				
MI-1				
MI-2				

RETIREMENT FUNDS

SI				
MI-1				
MI-2				

LI DIVIDEND ACCUMULATIONS

SI				
MI-1				
MI-2				

CASH ON HAND

SI				
MI-1				
MI-2				

VEHICLES

SI				
MI-1				
MI-2				

LIFE INSURANCE

SI				
MI-1				
MI-2				

BURIAL ASSETS

SI				
MI-1				
MI-2				

NON HOME PROPERTY

SI				
MI-1				
MI-2				

Determination

| MAIN MENU | BACK | | ADD REMARKS | ☐ COMPLETE | NEXT |

SUMMARIES

ELEMENT 19

| RESOURCES | SI/MI INCOME | IC INCOME |

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

Total Deductions/ Exclusion Amounts Unearned Income

	SI		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	MI-1		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			

Total Deductions/ Exclusion Amounts Earned Income

	SI		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	MI-1		
Cafeteria Plan			
Student Earned Income			

| MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT |

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

					IRWE			
Additional UM Exclusions/Deductions								
MI-2					BWE			
Caption from UM Exclusions/Deductions					Court-Ordered Payments			
Caption from UM Exclusions/Deductions					PASS-Earned			
Caption from UM Exclusions/Deductions					OTHER-Earned			
Caption from UM Exclusions/Deductions					**MI-2**			
Additional UM Exclusions/Deductions					Cafeteria Plan			
					Student Earned Income			
					IRWE			
					BWE			
					Court-Ordered Payments			
					PASS-Earned			
					OTHER-Earned			

Earned Income Determination

▼

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

SUMMARIES

ELEMENT 19

| RESOURCES | SI/MI INCOME | IC INCOME |

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

Total Deductions/ Exclusion Amounts Unearned Income

	IC-1		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-2		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-3		

Total Deductions/ Exclusion Amounts Earned Income

	IC-1		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	IC-2		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

RESOURCES | **SI/MI INCOME** | **IC INCOME**

Additional UM Exclusions/Deductions			

IC-3

Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IC-4

Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IC-5

Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Excl/Dedct			

Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

IC-3

Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

IC-4

Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

IC-5

Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU | **BACK** | **ADD REMARKS** | □ COMPLETE | **NEXT**

REPRESENTATIVE PAYEE

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

SAMPLED INDIVIDUAL

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

REPRESENTATIVE PAYEE

ELEMENT 20

SYSTEMS DATA

My SSR / MSSICS Notes

Name

Selection Date

ELIGIBLE SPOUSE

Payee Type

Competency Code

Custody Code

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD REMARKS

NEXT

DEATH OF MATERIAL INDIVIDUAL

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Name	
SSN	
Relationship	
Date of Death	
Evidence	

Name	
SSN	
Relationship	
Date of Death	
Evidence	

Determination

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

POTENTIAL ENTITLEMENT

ELEMENT 22

My SSR / MSSICS Notes

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:	
Served in the Military?	☐ ▾
Belonged to a Labor Union?	☐ ▾
Worked for the Federal Government?	☐ ▾
Worked for the State/ Local Government?	☐ ▾
Worked in the Railroad Industry?	☐ ▾
Worked under a Social Security or pension plan of a Country other than the U.S.	☐ ▾
Worked for a private employer who offered a pension plan?	☐ ▾

Title II Potential Entitlement

MAIN MENU **PREVIOUS** **ADD REMARKS** ☐ **COMPLETE** **NEXT**

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Person with Military service [ ] **SSN** [ ] **Relationship to SI** [ ]

Was the employee age 24 or younger during all periods of employment? [ ] **Claim or ID number** [ ]

Status of claim for Military service benefits [ ]

Branch of Service	Service number	Period or length of service
[ ]		
[ ]		
[ ]		

Referral to FO [ ] **Reason** [ ]

Person with Military service [ ] **SSN** [ ] **Relationship to SI** [ ]

Was the employee age 24 or younger during all periods of employment? [ ] **Claim or ID number** [ ]

Status of claim for Military service benefits [ ]

Branch of Service	Service number	Period or length of service
[ ]		
[ ]		
[ ]		

Referral to FO [ ] **Reason** [ ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service

Referral to FO [▼] **Reason**

| **Person with Military service** | [▼] | **SSN** | | **Relationship to SI** | [▼] |

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number**

Status of claim for Military service benefits [▼]

Branch of Service	Service number	Period or length of service

Referral to FO [▼] **Reason**

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Union Member [▾] **SSN** [   ] **Relationship to SI** [▾]

Status of claim for Union benefits [▾] **Claim or ID number** [   ]

Union name [   ]

Employer(s)	Period or length of employment

Referral to FO [▾] **Reason** [   ]

Union Member [▾] **SSN** [   ] **Relationship to SI** [▾]

Status of claim for Union benefits [▾] **Claim or ID number** [   ]

Union name [   ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼] **Reason** [   ]

Union Member [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Union benefits [▼] **Claim or ID number** [   ]

Union name [   ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [   ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Federal Employee [▼] **SSN** [   ] **Relationship to SI** [| ▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [   ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [   ]

Federal Employee [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [   ]

Employer(s)	Period or length of employment

| BACK | | ADD REMARKS | | Go to T II | | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼] **Reason**

Federal Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason**

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

State/Local Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for State/Local benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

State/Local Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for State/Local benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

| BACK | | ADD REMARKS | | Go to T II | | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason**

| State/Local Employee | [▼] | SSN | Relationship to SI | [▼] |

| Status of claim for State/Local benefits | [▼] | Claim or ID number | |

Employer(s)	Period or length of employment

Referral to FO [▼]   **Reason**

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Railroad Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Railroad employment benefits [ ] **RR Claim number** [ ]

Employer(s)	Period or length of employment

Referral to FO [ ] **Reason** [ ]

Railroad Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Railroad employment benefits [ ] **RR Claim number** [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [   ]

Railroad Employee [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Railroad employment benefits [▼] **RR Claim number** [   ]

Employer(s)	Period or length of employment

Referral to FO [▼]   **Reason** [   ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Foreign Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Foreign employment benefits [ ] **Claim or ID number** [ ]

Country(ies)	Period or length of employment

Referral to FO [ ] **Reason** [ ]

Foreign Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Foreign employment benefits [ ] **Claim or ID number** [ ]

Country(ies)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼] **Reason** [ ]

Foreign Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Foreign employment benefits [▼] **Claim or ID number** [ ]

Country(ies)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Employee [ ] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Employee [ ] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [   ]

Employee [▼] **SSN** [   ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [   ]

Status of claim for Private Sector employment benefits [▼]

Employer(s)	Period or length of employment

Referral to FO [▼]   **Reason** [   ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Has the SI ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the SI within 4 months of age 62 or older?

Is the SI insured per PEBES or other queries?

Referral to FO   **Reason**

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the SI ever applied for disability benefits on his/her own record? [▼]

Is the SI insured per DISCO or other queries? [▼]

Referral to FO [▼]   **Reason** [   ]

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth _____ **ES Date of Birth** _____

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record? ▼

Was the SI disabled prior to age 22? ▼

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits? ▼

Father's Name	_____	SSN	_____
Mother's Name	_____	SSN	_____
Grandparent's Name	_____	SSN	_____

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

_____

Referral to FO ▼ **Reason** _____

Child Benefits

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | **Reason**

Spouse Benefits

Was the SI ever married?

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Spouse Benefits

Was the SI ever married?

Has the SI ever applied for benefits from current or prior Spouse?

Did the SI have any marriages that lasted at least 10 years

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

| **Spouse's Name** | | **SSN** | |
| **Spouse's Name** | | **SSN** | |

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO   **Reason**

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record? [　　　▼]

Was the SI disabled prior to age 22? [| ▼]

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased? [　▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [　▼] **Reason**

Child Benefits

BACK | ADD REMARKS | NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | **Reason**

Widow(er) benefits

BACK | **ADD REMARKS** | **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Widow(er) benefits

Was the SI ever married?

Has the SI ever applied for benefits from deceased Spouse? **Is the SI disabled?**

Did the SI have any marriages that lasted at least 10 years?

Did the SI have a marriage that lasted 9 months that did not end in divorce?

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

| **Spouse's Name** | | **SSN** | |
| **Spouse's Name** | | **SSN** | |

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO **Reason**

| BACK | ADD REMARKS | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Referral to FO [▼]   **Reason**

Parent's benefits

Was the SI the Parent of a deceased worker? [▼]

| **Worker's Name** | | **SSN** | |
| **Worker's Name** | | **SSN** | |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason**

| BACK | ADD REMARKS | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the ES ever applied for retirement benefits on his/her own record? [▼]

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older? [▼]

Is the ES insured per PEBES or other queries? [▼]

Referral to FO [▼]   **Reason** [   ]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Has the ES ever applied for disability benefits on his/her own record? ▾

Is the ES insured per DISCO or other queries? ▾

Referral to FO | ▾   **Reason**

BACK

ADD REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO   **Reason**

Spouse's Benefits

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼]   **Reason** [   ]

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits? [▼]

Has the ES ever applied for benefits on the SI's record ? [▼]   **Is the ES 62 years of age or older?** [▼]

Have the SI and ES been married for at least one year? [▼]

Does the ES have a child in-care under age 16 or disabled and receiving benefits? [▼]

Referral to FO [▼]   **Reason** [   ]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for benefits on the Parents'/Grandparents' record? ⏷

Was the ES disabled prior to age 22? | ⏷

If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased? ⏷

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO ⏷   **Reason**

Widow(er)'s Benefits

BACK		ADD REMARKS		NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [ ]   **ES Date of Birth** [ ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason** [ ]

Widow(er)'s Benefits

Did the ES have any prior marriages? [▼]

Has the ES ever applied for widow(er) benefits from a prior marriage? [▼]

Did the ES marry the SI after attaining 60 years of age? [▼]

If no, was the ES disabled and married the SI after attaining 50 years of age? [▼]

Referral to FO [▼]   **Reason** [ ]

| BACK | ADD REMARKS | NEXT |

FRAUD

My SSR / MSSICS Notes

Is fraud suspected?

Reason

EXCLUSIONS

Is this case excluded?

Reason for exclusion

Link to QR section

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT