

MSSICS

SSI MENU

**MSSI**

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

FIELD OFFICE: SSS

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

SSN: 999999999

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

SELECT: 9            1. ESTABLISH    2. UPDATE    3. QUERY

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

SELECT THE DESIRED FUNCTION: 99

- |                         |                            |
|-------------------------|----------------------------|
| 1. ARCHIVAL RETRIEVAL   | 11. DELETE INELIGIBLES     |
| 2. TICKLE LIST REQUEST  | 12. MANUAL PROCESSES       |
| 3. NEW CLAIM            | 13. (FUTURE USE)           |
| 4. CLAIM UPDATE/INQUIRY | 14. DECISION INPUT         |
| 5. CLAIM DEVELOPMENT    | 15. AUTOMATED COMPUTATIONS |
| 6. CLAIMS CLEARANCE     | 16. NEW CLAIM/ABBREVIATED  |
| 7. CASE MOVEMENT        | 17. POSTELIGIBILITY        |
| 8. WMS QUERY REQUEST    | 18. DENIED CLAIM REOPENING |
| 9. APPEALS              | 19. DIRECT SSR UPDATE      |
| 10. SSN CORRECTION      |                            |



MSSICS

SSI CLAIMS APPLICATION

ACLM

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

APPLICATION TYPE: P 1=DEFERRED 2=FULL 3=ABBREVIATED

[3-C]

IF ABBREVIATED, TYPE: 9 1=EXCESS COUNTABLE INCOME  
2=INELIGIBLE RESIDENT OF A PUBLIC INSTITUTION  
3=ABSENCE FROM U.S.  
4=EXCESS RESOURCES  
5=NOT A CITIZEN or LAWFULLY ADMITTED ALIEN  
6=NOT AGED 65, BLIND, OR DISABLED  
7=FAILURE TO PURSUE CLAIM  
8=INMATE OF A PENAL INSTITUTION  
9=NOT A RESIDENT OF THE UNITED STATES

[4-O]

PROTECTIVE FILING DATE (MMDDYY): PPPPPP

[5-M]

EFFECTIVE FILING DATE (MMDDYY): 999999

[6-O]

PENDING FILE BEGIN DATE (MMYY): SSSS

[7-M]

TYPE OF APPLICANT: P 1=CLAIMANT 2=OTHER INDIVIDUAL 3=AGENCY

[8-O]

REMARKS (Y): X

MSSICS            ADDITIONAL CLIENT DATA

ACLD

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

SSS-SS-SSSS    SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

SS/SS/SSSS

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

MARRIED AS OF OR ANYTIME SINCE SS/SS/SSSS (Y/N): X

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

TERMINATED MARRIAGE(S) PRIOR TO SS/SS/SSSS (Y/N): X

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

POSSIBLE HOLDING OUT RELATIONSHIP AS OF OR ANYTIME SINCE  
SS/SS/SSSS (Y/N): X

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

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

DISABLED (Y/N/U): X            BLIND (Y/N/U): X

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

WHY NOT FILING FOR SSI: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

NUMBER OF CHILDREN LIVING WITH CLAIMANT SINCE SS/SS/SSSS: PP

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

SSNS FOR APPLICABLE INELIGIBLE CHILDREN:

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

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

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

SPONSOR OF ALIEN WITH PERMANENT LEGAL RESIDENT STATUS SINCE  
SS/SS/SSSS

WHO IS RECEIVING SSI (Y/N): X

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

SPONSOR HAS DEPENDENTS (Y/N): B

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

REMARKS (Y): X



MSSICS

CITIZENSHIP

ACIT

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-C]

U.S. CITIZENSHIP STATUS: P

1=BIRTH IN THE U.S.

2=U.S. CITIZEN BORN OUTSIDE U.S.

3=NATURALIZED CITIZEN

4=ALIEN

5=NORTH AMERICAN INDIAN ALIEN EXCEPTION

[3-C]

DATE OF CHANGE (MMDDYY): 999999

[4-C]

IF U.S. CITIZENSHIP STATUS IS 1, 2, 3 OR 5, PROOF: 9

1=ALLEGATION

2=NUMIDENT (MEETS CRITERIA FOR Q CITIZENSHIP STATUS CODE)

3=NUMIDENT (NO U.S. PLACE OF BIRTH SHOWN)

4=BIRTH/BAPTISMAL RECORD

[5-C]

5=OTHER TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[6-C]

[7-O]

CITIZENSHIP CHANGE (Y): X

PRE-1/1/79 RECORD (Y/N): X

[8-O]

REMARKS (Y): X



MSSICS

RESIDENCY/PRESENCE IN U.S.

ARES

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

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

[3-C]

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

[4-C]

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

[5-C]

[6-C]

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

99999999 99999999

99999999 99999999

[8-C]

[7-D]

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

[9-C]

[10-C]

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

99999999 99999999

99999999 99999999

[11-O]

REMARKS (Y): X



MSSICS

MAILING/PAYMENT ADDRESS

PAGE 1 OF ADDR

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

ADDR: PPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPPPPPP

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

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

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

CITY: PPPPPPPPPPPPPPPPPPPPPPP

STATE: PP

ZIP: PPPPP

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

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

FOREIGN COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP

POSTAL ZONE:

PPPPPPPPPPPPPPPP

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

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

CONSULAR CODE: PPP

STATE/COUNTY CODE: 99999X

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

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

DOMESTIC PHONE NO: PPP PPP PPPP

FOREIGN PHONE NO:

PPPPPPPPPPPPPPPP

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

PHONE INFO: XXXXXXXXXXXX

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

EXPLAIN C/O ADDRESS:

XX

XX

XXXXXXXXXXXXXXXX

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

SELECT DIRECT DEPOSIT CHOICE: 9

1=BANK NO: PPPPPPPP ACCT TYPE (C/S): P ACCT NO:

PPPPPPPPPPPPPPPPPP

2=ENROLL IN DIRECT EXPRESS 3=NO DIRECT DEPOSIT

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

NOTICE OPTION: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

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

ADD OR UPDATE NOTICE OPTION DUE TO VISUAL IMPAIRMENT (Y/N): X

[\[17-O\]](#)

REMARKS

MSSICS

FINANCIAL INSTITUTIONS PERMISSION

AFIP

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

PERMISSION TO CONTACT FINANCIAL INSTITUTIONS (Y/N): X

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

IF NO, GOOD CAUSE ESTABLISHED (Y/N): X

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

PERMISSION AND / OR GOOD CAUSE CHANGED, DATE (MMDDYY): 999999

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

ineligibility notice date (mmddy): 999999

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

permission status change (y): x

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

REMARKS (Y): X

FACSIMILE: CLLG - CLIENT LANGUAGE (SCREEN# 1)

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 **CLLG**  
SS SSSSSSSSS SSSSS SSSSSSSSSSS

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

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

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

FOR WRITTEN COMMUNICATION: PP

- |                            |                          |                        |
|----------------------------|--------------------------|------------------------|
| 1. ENGLISH                 | 16. ARABIC               | 31. CHINESE-TOISHANESE |
| 2. SPANISH                 | 17. ARMENIAN             | 32. CHINESE-OTHER      |
| 3. AMERICAN SIGN LANGUAGE  | 18. ASSYRIAN             | 33. CREOLE-CRIOLLO     |
| 4. ALASKA NATIVE           | 19. BENGALI              | 34. CREOLE-FRENCH      |
| 5. ALBANIAN                | 20. BOSNIAN              | 35. CREOLE-HAITIAN     |
| 6. AMERICAN INDIAN-APACHE  | 21. BULGARIAN            | 36. CREOLE-OTHER       |
| 7. AMERICAN INDIAN-CHOCTAW | 22. BURMESE              | 37. CROATIAN           |
| 8. AMERICAN INDIAN-CROW    | 23. CAMBODIAN            | 38. CZECH              |
| 9. AMERICAN INDIAN-DAKOTA  | 24. CHAMORRO             | 39. DUTCH              |
| 10. AMERICAN INDIAN-LAKOTA | 25. CHINESE-CANTONESE    | 40. FARSI              |
| 11. AMERICAN INDIAN-NAKOTA | 26. CHINESE-FORMOSAN     | 41. FINNISH            |
| 12. AMERICAN INDIAN-NAVAJO | 27. CHINESE-MANDARIN     | 42.                    |
| FRENCH                     |                          |                        |
| 13. AMERICAN INDIAN-ZUNI   | 28. CHINESE-MIEN         | 43. GERMAN             |
| 14. AMERICAN INDIAN-OTHER  | 29. CHINESE-SHANGHAINESE | 44. GREEK              |
| 15. AMHARIC                | 30. CHINESE-TAIWANESE    | 45. GUJARATHI          |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)

FACSIMILE: CLLG - CLIENT LANGUAGE SCREEN# 2

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG  
SS SSSSSSSSS SSSSS SSSSSSSSSSS

[1-

[M\]](#)

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

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

FOR WRITTEN COMMUNICATION: PP

- |                   |                        |                 |
|-------------------|------------------------|-----------------|
| 46. HEBREW        | 61. MONGOLIAN          | 76. SOMALI      |
| 47. HINDI         | 62. NORWEGIAN          | 77. SWAHILI     |
| 48. HMONG         | 63. OROMO              | 78. SWEDISH     |
| 49. HUNGARIAN     | 64. PASHTO             | 79. SYRIAC      |
| 50. ILOCANO       | 65. PENNSYLVANIA DUTCH | 80. TAGALOG     |
| 51. INDONESIAN    | 66. PERSIAN            | 81. THAI        |
| 52. ITALIAN       | 67. PIDGIN-HAWAIIAN    | 82. TONGAN      |
| 53. JAPANESE      | 68. POLISH             | 83. TURKISH     |
| 54. KHMER         | 69. PORTUGUESE         | 84. TWI (FANTI) |
| 55. KOREAN        | 70. PUNJABI            | 85. UKRAINIAN   |
| 56. KURDISH       | 71. ROMANIAN           | 86. URDU        |
| 57. LAO (LAOTIAN) | 72. RUSSIAN            | 87. VIETNAMESE  |
| 58. LITHUANIAN    | 73. SAMOAN             | 88. YIDDISH     |
| 59. MACEDONIAN    | 74. SERBO-CROATIAN     | 89. YUGOSLAVIAN |
| 60. MALAYALAM     | 75. SLOVAK             | 90. OTHER       |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)

MSSICS

LAW ENFORCEMENT

ALEF

[1-O]

SSS-SS-SSSS

TRANSFER TO: XXXX

[2-M]

ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A  
FELONY (Y/N): X

[3-C]

[4-C]

IF YES, IN WHICH STATE: XX OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXX

[5-D]

[6-C]

SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X

[7-M]

ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X

[8-C]

IF STATE LAW, WHICH STATE: XX

[9-D]

[10-C]

SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE  
OR

PROBATION VIOLATION(Y/N): X

[11-O]

REMARKS (Y): X



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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO

THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES

LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS  
SSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS  
SSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS  
SSSS SSSS SSSS

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

(Y/N)

X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X LIFE INSURANCE

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X CASH

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION,  
CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY  
ACCOUNT)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 2: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO

THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES

LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS  
SSSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS  
SSSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS  
SSSSSS SSSS SSSS

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

(Y/N)

X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X



FACSIMILE 3: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

[1-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[2-D]

[3-D][4-D]

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

[5-M]

(Y/N)

X BURIAL CONTRACTS OR TRUST (FUNDS SET ASIDE FOR BURIAL)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[6-D]

[7-D]

[8-D]

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[9-O]

X DISPLAY RESOURCES SUMMARY

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 4: RMEN - RESOURCES MENU

MSSICS                      RESOURCES MENU

PAGE \_ OF RMEN

SSSSSSSS    SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[\[2-D\]](#) [\[3-D\]](#) [\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

10 B 11 B 12 B

B LIFE INSURANCE

10 B 11 B 12 B

B ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

10 B 11 B 12 B

B CASH

10 B 11 B 12 B

B FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

10 B 11 B 12 B

FACSIMILE 5: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE \_ OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

10 B 11 B 12 B

B PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

10 B 11 B 12 B

B REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

10 B 11 B 12 B

B OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

10 B 11 B 12 B

FACSIMILE 6: RMEN - RESOURCES MENU

MSSICS                      RESOURCES MENU

PAGE \_ OF RMEN

SSSSSSSS    SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

10 B 11 B 12 B

B BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

10 B 11 B 12 B

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

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

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

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

10 X 11 X 12 X

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

X DISPLAY RESOURCES SUMMARY

10 X 11 X 12 X

FACSIMILE 7: RMEN - RESOURCES MENU

MSSICS                      RESOURCES MENU

PAGE 1 OF RMEN

SSSSSSSS    SSSSS    SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

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

(Y/N)

- X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)
- X LIFE INSURANCE
- X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT
- X CASH
- X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)
- X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)
- X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS
- X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,  
(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

FACSIMILE 8: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE 2 OF RMEN

SSSSSSSS SSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

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

(Y/N)

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFE DEPOSIT BOXES OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

X BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

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

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

X SINCE SS/01/SSSS, HAS SSSSS SSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED

OF OR GIVEN AWAY ANY MONEY OR OTHER PROPERTY, INCLUDING PROPERTY

OR MONEY IN FOREIGN COUNTRIES?

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

X DISPLAY RESOURCES SUMMARY

FACSIMILE 1: IMEN - INCOME MENU (INDIVIDUALS)

MSSICS INCOME MENU PAGE 1 OF IMEN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/SS/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X SSI
- X STATE OR LOCAL ASSISTANCE BASED ON NEED
- X REFUGEE CASH ASSISTANCE
- X AFDC
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
- X DISASTER RELIEF
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X \* HAVE YOU RECEIVED ANY OTHER INCOME
- X SOCIAL SECURITY
- X \* HAVE YOU RECEIVED AND EXPECT TO CONTINUE RECEIVING WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE
- X \* DO YOU MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER TITLE IV-D

FACSIMILE 2: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE 2 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X OTHER INCOME BASED ON NEED
- X BLACK LUNG
- X RAILROAD BOARD BENEFITS
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X OFFICE OF PERSONNEL MANAGEMENT
- X PENSION
- X UNEMPLOYMENT COMPENSATION
- X WORKERS' COMPENSATION
- X INTEREST
- X DIVIDENDS
- X ROYALTIES/HONORARIA (UNEARNED)
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
- X ALIMONY



FACSIMILE 3: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE 3 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X CHILD SUPPORT
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- X SICK PAY (EARNED)
- X SICK PAY (UNEARNED)
- X WAGES
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

FACSIMILE 4: IMEN - INCOME MENU  
MSSICS INCOME MENU

PAGE 4 OF IMEN

[\[1-0\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS  
(Y/N) ADDITIONAL DEVELOPMENT:

TRANSFER TO:XXXX

[\[4-0\]](#)

X PASS INPUT NEEDED

[\[5-0\]](#)

X SCHOOL INPUT NEEDED

[\[6-0\]](#)

X BLIND COUNTABLE INCOME INPUT NEEDED

[\[7-0\]](#)

X DISPLAY INCOME SUMMARY SCREEN

FACSIMILE 5: IMEN - INCOME MENU (MULTIPLES)

MSSICS INCOME MENU PAGE \_ OF IMEN

[1-0]

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES

[9-D]

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X SSI 02: 03: 04: 05: 06: 07: 08: 09:

X STATE OR LOCAL ASSISTANCE BASED NEED 01: 02: 03: 04: 05: 06: 07: 08: 09:

X REFUGEE CASH ASSISTANCE 01: 02: 03: 04: 05: 06: 07: 08: 09:

X AFDC 01: 02: 03: 04: 05: 06: 07: 08: 09:

X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS 01: 02: 03: 04: 05: 06: 07: 08: 09:

X DISASTER RELIEF 01: 02: 03: 04: 05: 06: 07: 08: 09:

X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[1-0\]](#)

TRANSFER TO: XXXX

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

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

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

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

- X STATE OR LOCAL ASSISTANCE BASED NEED  
10: 11: 12:
- X REFUGEE CASH ASSISTANCE  
10: 11: 12:
- X AFDC  
10: 11: 12:
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS  
10: 11: 12:
- X DISASTER RELIEF  
10: 11: 12:
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)  
10: 11: 12:

FACSIMILE 7: IMEN - INCOME MENU

MSSICS PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

02: 03: 04: 05: 06: 07: 08: 09:

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

01: 02: 03: 04: 05: 06: 07: 08: 09:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

02: 03: 04: 05: 06: 07: 08: 09:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 8: IMEN - INCOME MENU

MSSICS PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

10: 11: 12:

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

10: 11: 12:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

10: 11: 12:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

10: 11: 12:

FACSIMILE 9: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

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

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 10: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

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

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

10: 11: 12:



FACSIMILE 11: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X OTHER INCOME BASED ON NEED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X BLACK LUNG

01: 02: 03: 04: 05: 06: 07: 08: 09:

X RAILROAD BOARD BENEFITS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS  
A

DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OFFICE OF PERSONNEL MANAGEMENT

01: 02: 03: 04: 05: 06: 07: 08: 09:

X PENSION

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 12: IMEN - INCOME MENU  
MSSICS INCOME MENU

PAGE \_ OF IMEN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[9-D]

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X OTHER INCOME BASED ON NEED

10: 11: 12:

X BLACK LUNG

10: 11: 12:

X RAILROAD BOARD BENEFITS

10: 11: 12:

X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS  
A

DEPENDENT)

10: 11: 12:

X OFFICE OF PERSONNEL MANAGEMENT

10: 11: 12:

X PENSION

10: 11: 12:

FACSIMILE 13: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATIONS SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X UNEMPLOYMENT COMPENSATION

01: 02: 03: 04: 05: 06: 07: 08: 09:

X WORKERS' COMPENSATION

01: 02: 03: 04: 05: 06: 07: 08: 09:

X INTEREST

01: 02: 03: 04: 05: 06: 07: 08: 09:

X DIVIDENDS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X ROYALTIES/HONORARIA

01: 02: 03: 04: 05: 06: 07: 08: 09:

X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X ALIMONY

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 14: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X UNEMPLOYMENT COMPENSATION

10: 11: 12:

X WORKERS' COMPENSATION

10: 11: 12:

X INTEREST

10: 11: 12:

X DIVIDENDS

10: 11: 12:

X ROYALTIES/HONORARIA

10: 11: 12:

X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS

10: 11: 12:

X ALIMONY

10: 11: 12:

FACSIMILE 15: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X CHILD SUPPORT

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OTHER BUREAU OF INDIAN AFFAIRS INCOME

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SICK PAY RECEIVED (EARNED)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SICK PAY RECEIVED (UNEARNED)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X WAGES

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SELF-EMPLOYMENT INCOME prior / current taxable year

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 16: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X CHILD SUPPORT

10: 11: 12:

X OTHER BUREAU OF INDIAN AFFAIRS INCOME

10: 11: 12:

X SICK PAY RECEIVED (EARNED)

10: 11: 12:

X SICK PAY RECEIVED (UNEARNED)

10: 11: 12:

X WAGES

10: 11: 12:

X SELF-EMPLOYMENT INCOME prior / current taxable year

10: 11: 12:

X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

10: 11: 12:

FACSIMILE 17: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

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

X PASS INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X SCHOOL INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X BLIND COUNTABLE INCOME INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X DISPLAY INCOME SUMMARY SCREEN

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 18: IMEN - INCOME MENU  
MSSICS INCOME MENU

PAGE \_ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS)

02=(NAME RELATION SSSS)

03=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

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

X PASS INPUT NEEDED

10: 11: 12:

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

X SCHOOL INPUT NEEDED

10: 11: 12:

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

X BLIND COUNTABLE INCOME INPUT NEEDED

10: 11: 12:

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

X DISPLAY INCOME SUMMARY SCREEN

10: 11: 12:



MSSICS

POTENTIAL ELIGIBILITY FOR OTHER BENEFITS MENU

**BMEN**

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

SELECT

(Y/N)

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

P COMPLETE FOOD STAMPS QUESTIONS

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

X COMPLETE HEALTH EXPENSES QUESTIONS

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

DID YOU, YOUR SPOUSE, A FORMER SPOUSE, OR PARENT (IF YOU ARE FILING AS A CHILD) EVER:

(Y/N)

X SERVE IN THE MILITARY SERVICE

X WORK IN THE RAILROAD INDUSTRY

X WORK FOR THE FEDERAL GOVERNMENT

X WORK FOR A STATE OR LOCAL GOVERNMENT

X BELONG TO A UNION WITH A PENSION PLAN

X WORK FOR A PRIVATE EMPLOYER WITH A PENSION PLAN

X WORK UNDER A SOCIAL SECURITY OR PENSION PLAN  
OF A COUNTRY OTHER THAN THE U.S.

MSSICS

RETIREMENT AND DISABILITY ENTITLEMENT

**BSRD**

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

POTENTIAL ENTITLEMENT ON SSN SSS-SS-SSSS

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

ALREADY ENTITLED TO MAXIMUM BENEFITS (Y/N): X

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

SELECT REASON NOT ENTITLED: 9 1=NEVER WORKED

2=NO WORK SINCE PRIOR DENIAL

3=REFUSED TO FILE

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

LEAD STATUS: 9 1=HANDLED 2=MAILED 3=FILED

4=SSA OFFICE REFERRAL-NO 8051 5=800 NUMBER REFERRAL

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

REMARKS (Y): X

MSSICS

CDW SSI MENU

DWME

SSS-SS-SSSS

SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[2-0]

[1-0]

SHOW (Y)

DATA GROUP NAME

X

PRINT OPTIONS

X

APPEAL PRINT OPTIONS

X

DEVELOPMENT WORKSHEET

x

attestation

X

DISABILITY TRANSMITTAL

X

PERSON STATEMENT

X

PERSON STATEMENT LIST

X

REPORT OF CONTACT

X

REPORT OF CONTACT LIST

X

DEVELOPMENT DOCUMENTATION

X

DEVELOPMENT DOCUMENTATION LIST

X

paper indicator

X

REQUEST ALL