MSSICS SCREEN PRINTS FOR

OMB # 0960-0174

SSA-8006-F4

The following are screen prints from the Modernized SSI Claim System (MSSICS) that collect information that is equivalent to the paper form SSA-8006-F4. Like the SSA-8006-F4, these MSSICS screens collect information that is needed to establish whether the SSI beneficiary lives in his or her own household or lives in another person's household. Like the SSA-8006-F4, these screens also collect information that is needed to determine if the SSI beneficiary receives in-kind support and maintenance from inside the household, from outside the household, or does not receive any in-kind support and maintenance.

LXHP Screens (Householder In-Kind Support and Maintenance/Cash Income)

The LXHP screens collect information to determine in-kind support and maintenance when an SSI beneficiary is considered to be living in his or her own household and has roommates who contribute to paying the household's expenses.

LOHH Screens (In-Kind Support and Maintenance Provided in the Household of Another)

The LOHH screens collect information to determine in-kind support and maintenance when an SSI beneficiary lives in the household of another and may be receiving food and shelter paid for by the other members of the household.

LISM Screens (In-Kind Support and Maintenance Received from Outside the Household)

The LISM screens collect information to determine whether the SSI beneficiary is getting in-kind support and maintenance because the beneficiary gets food or shelter provided by third parties outside the household.

[1-D]   [2-O]

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

[3-M]

DO OTHERS CONTRIBUTE TO HOUSEHOLD EXPENSES (Y/N): X

[4-C]

EAT ALL MEALS OUT(Y/N): X

   [5-C]

   IF NO, BUY FOOD SEPARATE FROM HOUSEHOLD (Y/N): X

[6-C]   [7-C]

CONTRIBUTION AVERAGE PERIOD FROM (MMYY): PPPP   TO (MMYY): PPPP

      [8-C]

      AMOUNT OTHERS CONTRIBUTE: 9999999

      [9-C]

      MONTHLY LOAN AMOUNT: 9999999

      [10-C]

      AMOUNT CLAIMANT CONTRIBUTES: 9999999   [11-O]

                              REMARKS (Y): X

[1-D] [2-O]

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

[12-M] [13-M]

EXPENSE AVERAGE PERIOD FROM (MMYY): PPPP TO (MMYY): PPPP

   FOR THE PERIOD ABOVE, COLLECT THE FOLLOWING MONTHLY EXPENSES

[14-M] [15-M]

FOOD: 9999999   MORTGAGE/RENT: PPPPPPP

[16-C] [17-C]

PROPERTY INSURANCE: 9999999   PROPERTY TAXES: 9999999

[18-M] [19-M]

HEATING FUEL: 9999999   ELECTRICITY: 9999999

[20-M] [21-M]

GAS: 9999999   GARBAGE REMOVAL: 9999999

[22-M] [23-M]

WATER: 9999999   SEWER: 9999999

[24-D]

TOTAL EXPENSES: SSSSSSS

[25-D]

PRO RATA SHARE: SSSSSSS

[11-O]

REMARKS (Y): X

[1-D]   [2-O]

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

[26-D] DEEMOR	[27-M] AMOUNT DEEMOR CONTRIBUTES:	[28-D] EXCESS FROM DEEMOR	[29-D] CLAIMANT'S SHARE
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	SSSSSSS	SSSSSSS

[30-D]   [31-D]

TOTAL FOR CLAIMANT: SSSSSSSS   CLAIMANT'S EXCESS: SSSS.SS

[32-D]   [33-D]

INSIDE ISM TO CLAIMANT: SSSSSSS   CASH FROM WITHIN THE HOUSEHOLD: SSSSSSS

[34-C]

CONTRIBUTION VERIFICATION REQUIRED - RECEIVED(Y/N): X   [11-O]

REMARKS (Y): X

[1-D]   [2-O]

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

[3-M]

 EAT ALL MEALS OUT (Y/N): X

   [4-C]

   IF NO, BUY FOOD SEPARATE FROM HOUSEHOLD (Y/N): X

 [5-C]

 WISH TO REBUT PMV (Y/N): X

 [6-C]

 CLAIMANT/DEEMOR CONTRIBUTE TOWARD HOUSEHOLD EXPENSES (Y/N): X

   [7-C]

   CLAIMANT MAKES TOKEN CONTRIBUTION (Y/N): X

   [8-C]

   DEEMOR MAKES TOKEN CONTRIBUTION (Y/N): X

[9-C]   [10-C]

CONTRIBUTION AVERAGE PERIOD FROM (MMYY): PPPP   TO (MMYY): PPPP

   [11-C]

   MONTHLY LOAN AMOUNT: 9999999

   [12-C]

   CLAIMANT'S CONTRIBUTION: 9999999

[1-D]   [2-O]

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

[14-M]   [15-M]

EXPENSE AVERAGE PERIOD FROM (MMYY): PPPP   TO (MMYY): PPPP

 FOR THE PERIOD SHOWN, COLLECT THE FOLLOWING MONTHLY EXPENSES

[16-C]   [17-M]

FOOD: 9999999   MORTGAGE/RENT: PPPPPP

[18-C]   [19-C]

PROPERTY INSURANCE: 9999999   PROPERTY TAXES: 9999999

[20-M]   [21-M]

HEATING FUEL: 9999999   ELECTRICITY: 9999999

[22-M]   [23-M]

GAS: 9999999   GARBAGE REMOVAL: 9999999

[24-M]   [25-M]

WATER: 9999999   SEWER: 9999999

[26-D]

TOTAL EXPENSES: SSSSSSS

[27-D]

PRO RATA SHARE: SSSSSSS

[28-C]

CONTRIBUTION VERIFIED (Y/N): Y

[13-O]

REMARKS (Y): X

[1-D]   [2-O]

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

EARMARK OPTIONS 1=NOT EARMARKED   2=FOOD 3=SHELTER 4=BOTH FOOD SHELTER

[29-D]   [30-M]   [31-M]   [32-D]   [33-D]

 DEEMOR   CONTRIBUTION: EARMARKED EXCESS FROM CLAIMANT'S

	DEEMOR		SHARE	
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS
SSSSS SSSSSSSSS	9999999	9	SSSSSSS	SSSSSSS

[34-D]

TOTAL FOR CLAIMANT: SSSSSSS

[13-O]

REMARKS (Y): X

[1-D]   [2-O]

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

[34-D]

TOTAL FOR CLAIMANT: SSSSSSS

[35-M]

CLAIMANT'S CONTRIBUTION EARMARKED FOR: 9   1=NOT EARMARKED

2=FOOD ONLY

3=SHELTER ONLY

4=BOTH FOOD SHELTER

[36-C]   [37-C]

IF 4, FOOD AMOUNT: 9999999 SHELTER AMOUNT: 9999999

[38-D]   [39-D]

FOOD SHARE: SSSSSSS   SHELTER SHARE: SSSSSSS

[40-D]

TOTAL ISM FROM HOUSEHOLD: SSSSSSS

[41-C]

EARMARKED CONTRIBUTION VERIFIED (Y/N): X

[13-O]

REMARKS (Y): X

VERSION 1

MSSICS **ISM** **PAGE 1 OF LISM**

[1-D] [2-O]

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

[3-M]

PERSON RECEIVING ISM: 9   1=SSSSS SSSSSSSSS

2=SSSSS SSSSSSSSS

3=BOTH EQUALLY

[4-M]

SOURCE NAME: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP

[5-M]

SOURCE ADDRESS: PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPP

[6-C] [7-C]

ISM COUNTABLE (Y/N): P   IF NO, REASON:

[8-C] XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TYPE OF ISM: P   1=FOOD

2=SHELTER

3=CLOTHING/ISM TO ONE

4=FOOD/SHELTER (NOT HOUSEHOLD SITUATIONS)

[9-C]

NUMBER WHO SHARE FOOD: 99

[10-O] [11-O] [12-O]

ANOTHER SOURCE (Y): X   DELETE THIS SOURCE (Y): X   REMARKS (Y): X

VERSION 2

MSSICS   **ISM**   **PAGE 1 OF LISM**

                    [1-D]   [2-O]

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

[13-M]

DOES ISM HAVE VALUE (Y/N): X

[14-M]

IF TRANSIENT, WISH TO REBUT PMV (Y/N): X

[4-M]

SOURCE NAME: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP

[5-M]

SOURCE ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPPP
          PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPP

[6-C]   [7-C]

ISM COUNTABLE (Y/N): P   IF NO, REASON:

[8-C]   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TYPE OF ISM: P   1=FOOD
         2=SHELTER
         3=CLOTHING/ISM TO ONE
         4=FOOD/SHELTER (NOT HOUSEHOLD SITUATIONS)

[9-C]

NUMBER WHO SHARE FOOD: 99

[10-O]   [11-O]   [12-O]

ANOTHER SOURCE (Y): X   DELETE THIS SOURCE (Y): X   REMARKS (Y): X

VERSION 3

MSSICS   **ISM**   **PAGE 1 OF LISM**

[1-D]   [2-O]

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

[4-M]

SOURCE NAME: PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP

[5-M]

SOURCE ADDRESS: PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPPP
            PPPPPPPPPPPPPPPPPPPPPP   PPPPPPPPPPPPPPPPPPPPPPP

[6-C]   [7-C]

ISM COUNTABLE (Y/N): P   IF NO, REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[8-C]

TYPE OF ISM: P   1=FOOD
            2=SHELTER
            3=CLOTHING/ISM TO ONE
            4=FOOD/SHELTER (NOT HOUSEHOLD SITUATIONS)

[9-C]

NUMBER WHO SHARE FOOD: 99

[10-O]   [11-O]   [12-O]

ANOTHER SOURCE (Y): X   DELETE THIS SOURCE (Y): X   REMARKS (Y): X

VERSION 1

MSSICS   **ISM**   **PAGE 2 OF LISM**

[1-D]   [2-O]

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

SHELTER EXPENSE TYPE

[15-O]   [16-O]

RENT FREE HOUSING: 9999999   PROPERTY TAXES: 9999999

[17-O]   [18-O]

MORTGAGE/RENT: 9999999   ELECTRICITY: 9999999

[19-O]   [20-O]

HEATING FUEL: 9999999   GARBAGE REMOVAL: 9999999

[21-O]   [22-O]

WATER: 9999999   SEWER: 9999999

[23-O]   [24-O]

GAS: 9999999   RENTAL SUBSIDY: PPPPPP

[25-C]   [26-O]

PROPERTY INS: 9999999   MULTIPLE SHELTER ITEMS: 9999999

[27-D]

TOTAL EXPENSES: SSSSSSSS

[28-M]

MONTHLY VALUE: PPPPPP

[29-D]

ARE PAYMENTS FROM ABSENT PARENT (Y/N): X

[30-C]

CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS

[10-O]   [12-O]

ANOTHER SOURCE (Y/N): X   REMARKS (Y): X

VERSION 2

[1-D]   [2-O]

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

SHELTER EXPENSE TYPE

[15-O]   [16-O]

RENT FREE HOUSING: 9999999   PROPERTY TAXES: 9999999

[17-O]   [18-O]

MORTGAGE/RENT: 9999999   ELECTRICITY: 9999999

[19-O]   [20-O]

HEATING FUEL: 9999999   GARBAGE REMOVAL: 9999999

[21-O]   [22-O]

WATER: 9999999   SEWER: 9999999

[23-O]   [24-O]

GAS: 9999999   RENTAL SUBSIDY: PPPPPP

[25-O]   [26-O]

PROPERTY INS: 9999999   MULTIPLE SHELTER ITEMS: 9999999

[27-D]

TOTAL EXPENSES: SSSSSSSS

[28-M]

MONTHLY VALUE: PPPPPP

[29-C]

ARE PAYMENTS FROM ABSENT PARENT (Y/N): X

[30-D]

CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS

CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS

[10-O]   [12-O]

ANOTHER SOURCE (Y/N): X   REMARKS (Y): X

VERSION 3

MSSICS   ISM   PAGE 2 OF LISM
                         [1-D]   [2-O]
SSS-SS-SSSS   SSSSS SSSSSSSSSS   PERIOD BEGAN: SS/SS/SSSS   TRANSFER TO: XXXX

 [28-M]

MONTHLY VALUE: PPPPPP

[29-D]

ARE PAYMENTS FROM ABSENT PARENT (Y/N): X

[30-C]

CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS

[10-O]   [12-O]

ANOTHER SOURCE (Y/N): X   REMARKS (Y): X

VERSION 4

MSSICS   ISM   PAGE 2 OF LISM
                         [1-D]   [2-O]
SSS-SS-SSSS   SSSSS SSSSSSSSSS   PERIOD BEGAN: SS/SS/SSSS   TRANSFER TO: XXXX

 [28-M]

MONTHLY VALUE: PPPPPP

 [29-D]

ARE PAYMENTS FROM ABSENT PARENT (Y/N): X

[30-C]

CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS
CLAIMANT'S SHARE OF ISM: SSSSS SSSSSSSSS: SSSSSSS

[10-O]   [12-O]

ANOTHER SOURCE (Y/N): X   REMARKS (Y): X