

**RSI/DI QUALITY REVIEW CASE ANALYSIS – AUXILIARY/SURVIVING SPOUSE AND CHILDREN**

NOTE TO REVIEWER: In opening the interview, explain that this case is one of a small number selected by chance for review and that the purpose of this review is to find out how well the Social Security program is working. Tell them that the review consists of asking questions about their entitlement to Social Security benefits and that we may need to talk to others who have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. The beneficiary is not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.

**I. IDENTIFYING AND REVIEW INFORMATION**

A. SIC: \_\_\_\_\_ B. NH's SSN: \_\_\_\_\_

C. Sample Selection Date (As Shown on SCL): \_\_\_\_\_

D. Review Amount on SCL: \$ \_\_\_\_\_

E. Review Amount Determined by QR: \$ \_\_\_\_\_

F. Explanation of SCL Changes, if Any: \_\_\_\_\_

G. Type of Interview:  Face-to-Face  Telephone

H. NH's Name (As Shown on MBR): \_\_\_\_\_

**I. Beneficiaries in Scope of Review**

1. BIC                      2. Name/Address/Phone                      3. Payee Name/Address/Phone

\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Beneficiary Entitled in Closed Year and Subject to Annual Earnings Test (Complete SSA-4281/SSA-4659)

Additional Beneficiaries In Scope of Review (Complete Separate SSA-2931)

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

A. Number Holder Information

Deceased Number Holder       Nonsampled Number Holder

B. Other Names and SSNs Shown in File/Numident

1. Other Names: \_\_\_\_\_

2. Other SSNs: \_\_\_\_\_

C. Date of Birth  NOT APPLICABLE

1. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_

2. Place of Birth: \_\_\_\_\_

3. MN: \_\_\_\_\_ FN: \_\_\_\_\_

4. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

5. Evidence Needing Verification: \_\_\_\_\_

6. Date of Birth Established by Desk Review: \_\_\_\_\_

D. Date of Death  NOT APPLICABLE

1. Date of Death on MBR: \_\_\_\_\_

2. Place of Death: \_\_\_\_\_

3. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

4. Evidence Needing Verification: \_\_\_\_\_

5. Date of Death Established by Desk Review: \_\_\_\_\_

E. Are there any eligible children of the NH who have not filed for benefits?

YES (Explain)       NO

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

Consolidated Review

A. Number Holder Information

Deceased NH       Nonsampled NH

B. Other Names and SSNs Used

Beneficiary Agrees With DR Summary  
 Beneficiary Disagrees With DR Summary:  
(Explain) \_\_\_\_\_

C. Date of Birth       NOT APPLICABLE

Beneficiary Agrees With DR Summary  
 Beneficiary Disagrees With DR Summary:  
(Explain) \_\_\_\_\_

Evidence Obtained in Field Review:  
\_\_\_\_\_

D. Date of Death       NOT APPLICABLE

Beneficiary Agrees With DR Summary  
 Beneficiary Disagrees With DR Summary:  
(Explain) \_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_

E. Eligible Children

Beneficiary Agrees With DR Summary  
 Beneficiary Disagrees With DR Summary:  
(Explain) \_\_\_\_\_

A. Number Holder Information

B. Other Names/SSNs

C. Date of Birth

D. Date of Death

E. Eligible Children

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

F. Marital History of Number Holder

1. Current/Last Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

j. Evidence Needing Verification: \_\_\_\_\_

2. Prior Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

j. Evidence Needing Verification: \_\_\_\_\_

3. Prior Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

j. Evidence Needing Verification: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

F. Marital History of Number Holder

- Beneficiary Agrees With Marital History in DR Summary
- Beneficiary Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: \_\_\_\_\_

- a. Age/Date of Birth: \_\_\_\_\_ b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_ d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_ g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

2. Prior Marriage to: \_\_\_\_\_

- a. Age/Date of Birth: \_\_\_\_\_ b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_ d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_ g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

3. Prior Marriage to: \_\_\_\_\_

- a. Age/Date of Birth: \_\_\_\_\_ b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_ d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_ g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

Consolidated Review:

\_\_\_\_\_

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

G. Computation Information

Explanation

1. Work Issues

- Wages \_\_\_\_\_
- Self-Employment \_\_\_\_\_
- Lag Wages/SEI \_\_\_\_\_
- Gaps \_\_\_\_\_
- Annual Reports \_\_\_\_\_
- Other \_\_\_\_\_

2. Military Service  NONE

a. Branch of Service: \_\_\_\_\_ b. Serial Number: \_\_\_\_\_

c. Dates of Active Military Duty After September 7, 1939:

From \_\_\_\_\_ To \_\_\_\_\_  ALG  PRV  PRE

From \_\_\_\_\_ To \_\_\_\_\_  ALG  PRV  PRE

d. If MS prior to 1957, NH Receives/Eligible for Military/Civilian Federal Pension?  YES  NO

e. Evidence/Documentation in Claims Folder MCS Screens: \_\_\_\_\_

f. Evidence Needing Verification: \_\_\_\_\_

3. Railroad Employment  NONE

a. Number of Service Months on Earnings Record: \_\_\_\_\_

b. Were 5 or more years of railroad work alleged?  YES  NO

4. Prior Period(s) of Disability  NONE

a. PPD Shown on MBR: Date of Onset: \_\_\_\_\_ Term Date: \_\_\_\_\_

b. Documentation in File: \_\_\_\_\_

c. PPD Established by Desk Review: Date of Onset: \_\_\_\_\_ Term Date: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

Consolidated Review

G. Computation Information

G. Computation Information

1. Work Issues

1. Work Issues

Beneficiary Agrees With DR Summary

\_\_\_\_\_

Beneficiary Disagrees With DR Summary:

Year                      Amount on E/R                      Amount Alleged

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_

2. Military Service

2. Military Service

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) \_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

3. Railroad Employment

3. RR Employment

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) \_\_\_\_\_

4. Prior Period(s) of Disability

4. Prior Period(s) of Disability

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) \_\_\_\_\_

DESK REVIEW

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III. SPOUSE/SURVIVING SPOUSE

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A. Identity

1. Name: \_\_\_\_\_

2. SSN (BOAN): \_\_\_\_\_

B. Other Names and SSNs Shown in Claims Folder/Numident

1. Other Names: \_\_\_\_\_

2. Other SSNs: \_\_\_\_\_

C. Date of Birth/Citizenship

1. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_

2. Place of Birth: \_\_\_\_\_

3. MN: \_\_\_\_\_ FN: \_\_\_\_\_

4. Applications Filed 12/1/96 or Later:  U.S. Citizen/National  Lawfully-Present Alien

5. Evidence/Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

6. Evidence Needing Verification: \_\_\_\_\_

7. Date of Birth Established by Desk Review: \_\_\_\_\_

8. Citizenship/Alien Status Established by Desk Review: \_\_\_\_\_

Remarks:

\_\_\_\_\_



FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

A. Identity

1. Existence Verified by:

Observation       Photo ID \_\_\_\_\_

Other: \_\_\_\_\_

2. SSN Verified by:     SSN Card       Medicare Card

Other: \_\_\_\_\_

B. Other Names and SSNs Used

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) \_\_\_\_\_

C. Date of Birth and Citizenship/Alien Status

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) \_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_

A. Identity

B. Other Names/SSN's

C. DOB and Citizenship/Alien

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

D. Application

- 1. Date Claim Filed: \_\_\_\_\_
- 2. DOE and MOEL Option Code: \_\_\_\_\_
- 3. DOE Determined by Desk Review: \_\_\_\_\_

E. Multiple Entitlement Involved:  YES (Complete Below)  NO

- 1. Claim Number on Non-sampled SSN: \_\_\_\_\_
- 2. Scope of Review on Non-sampled SSN:  
 Full Review  Limited Review  Not in Scope of Review

F. Potential Entitlement on Own SSN:  NOT APPLICABLE (Go to III.G)

- Wages \_\_\_\_\_
- Self-Employment \_\_\_\_\_
- Lag Wages/SEI \_\_\_\_\_
- Gaps \_\_\_\_\_
- Other \_\_\_\_\_
- Military Service \_\_\_\_\_
- Foreign Work \_\_\_\_\_
- Insured Status Met \_\_\_\_\_

G. Other Claims Activity

1. Did the beneficiary ever file for any other benefits (including SSI)?

YES (Explain)  NO

\_\_\_\_\_

2. Unadjudicated Claims Issues:  NONE APPLY

- Unprocessed Application  Deemed Filing
- Protective Filing  Open Application
- Partial Adjudication  Other Potential Entitlement (Leads)
- Delayed Claim  Misinformation

(Explain) \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

D. Application

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary

(Explain) \_\_\_\_\_

E. Multiple Entitlement

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary

(Explain) \_\_\_\_\_

F. Potential Entitlement on Own SSN  NOT APPLICABLE

- Beneficiary Agrees With DR Summary

\_\_\_\_\_

- Beneficiary Disagrees With DR Summary:

Year	Amount on E/R	Amount Alleged
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_____	_____	_____
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_____	_____	_____
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- Evidence Obtained in Field Review: \_\_\_\_\_

G. Other Claims Activity

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary

(Explain) \_\_\_\_\_

D. Application

E. Multiple Entitlement

F. Potential Entitlement

G. Other Claims Activity

III. SPOUSE/SURVIVING SPOUSE

H. Marital History of Spouse/Surviving Spouse

1. Current/Last Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

j. Evidence Needing Verification:

\_\_\_\_\_

2. Prior Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

j. Evidence Needing Verification:

\_\_\_\_\_

3. Prior Marriage to: \_\_\_\_\_

a. Age/Date of Birth: \_\_\_\_\_

b. SSN: \_\_\_\_\_

c. Date of Marriage: \_\_\_\_\_

d. Type: \_\_\_\_\_

e. Place of Marriage: \_\_\_\_\_

f. How Terminated: \_\_\_\_\_

g. Date Terminated: \_\_\_\_\_

h. Place Terminated: \_\_\_\_\_

i. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

j. Evidence Needing Verification:

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

H. Marital History of Spouse/Surviving Spouse

- Beneficiary Agrees With Marital History in DR Summary
- Beneficiary Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: \_\_\_\_\_

- a. Age/Date of Birth: \_\_\_\_\_
- b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_
- d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_
- g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

2. Prior Marriage to: \_\_\_\_\_

- a. Age/Date of Birth \_\_\_\_\_
- b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_
- d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_
- g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

3. Prior Marriage to: \_\_\_\_\_

- a. Age/Date of Birth: \_\_\_\_\_
- b. SSN: \_\_\_\_\_
- c. Date of Marriage: \_\_\_\_\_
- d. Type: \_\_\_\_\_
- e. Place of Marriage: \_\_\_\_\_
- f. How Terminated: \_\_\_\_\_
- g. Date Terminated: \_\_\_\_\_
- h. Place Terminated: \_\_\_\_\_
- i. Evidence Obtained: \_\_\_\_\_

Consolidated Review:

\_\_\_\_\_

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

I. Government Pension Offset

COMPLETE IF SPOUSE/SURV SPOUSE WAS ENTITLED/FILED DECEMBER 1, 1977 OR LATER.

1. Spouse/Surviving Spouse is Entitled to a Government Pension Based on His/Her Own Earnings.

YES  NO (Go to III.J.)

2. Agency or Organization From Which Government Pension or Annuity Received

a. Name of Agency: \_\_\_\_\_

b. Address: \_\_\_\_\_

3. Date First Entitled to Pension: \_\_\_\_\_ 4. Date First Eligible: \_\_\_\_\_

5. GPO Exception Met (Check Any that Apply and Go to I.7.)

- Date First Eligible Prior to 12/01/82 and Entitlement Requirements in Effect in 01/77 Met
- For Benefits 12/82 or Later, First Eligible Prior to 07/83 and One-Half Support Met
- For Benefits 12/84 or Later, Would Have Been Eligible in 11/82 or 6/83 but Payment Delayed
- Federal Employee Filed an Election for Coverage under Social Security or Mandatory Coverage Applies or Worked under Covered Federal Employment for at Least 60 Months before DOE
- For Benefits 1/95 or Later, Receives a Military Pension Based on Non-Covered Reserve Service
- State/Local Govt. Employee Filed for Social Security Prior to 4/04 or Retired from Govt. Service Prior to 7/04 AND Last day of Work Covered under Social Security
- State/Local Govt. Employee Filed for Social Security After 3/04 or Retired from Govt. Service After 6/04 AND Last 60 Months of Work (less if last work prior to 3/09) Covered under Social Security

6. If None of the Exceptions in I.5 are met:

a. Amount of Pension: \$ \_\_\_\_\_ b. Frequency of Payment: \_\_\_\_\_

c. Amount of Offset in Sample Month: \$ \_\_\_\_\_

d. Monthly Benefit After Offset: \$ \_\_\_\_\_

7. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

8. Evidence Needing Verification:

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

I. Government Pension Offset

I. GPO

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

III. SPOUSE/SURVIVING SPOUSE

J. Child-in-Care  NOT APPLICABLE (Go to III.K)

COMPLETE TO ESTABLISH THAT A CHILD OF THE NH IS IN THE BENEFICIARY'S CARE

1. Child-in-Care Under Age 16 or Mentally Disabled, Beneficiary Exercises Parental Control

YES (Complete Below)  NO (Go to J.2)

a. BIC(s) of Child-in-Care: \_\_\_\_\_

b.  Child-in-Care is Living with the Beneficiary

Child-In-Care is Not Living with Beneficiary (Explain)

\_\_\_\_\_

2. Child-in-Care Age 16 or Older and Physically Disabled, Beneficiary Performs Personal Services

YES (Complete Below)  NO (Go to J.3)

a. BIC(s) of Child-in-Care: \_\_\_\_\_

b.  Child-in-Care is Living with the Beneficiary

Child-In-Care is Not Living with Beneficiary

c. Nature and Frequency of Personal Services:

\_\_\_\_\_

3. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

4. Evidence Needing Verification:

\_\_\_\_\_



FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

J. Child-In-Care

NOT APPLICABLE

J. Child-In-Care

1. Child-In-Care Under 16 or Mentally Disabled, Living with Beneficiary

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary (Explain)

a. If CIC, describe the nature and extent of parental control/responsibility:

b. If CIC, Verification of Child's Existence and Residence

- Child Observed in Home ( in person or by phone)
- Child Not Observed in Home

Existence Verified by                  Residence Verified by

2. Child-In-Care 16 or Older & Physically Disabled, Living w/ Beneficiary

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary (Explain)

a. If CIC, describe the nature/frequency of personal services and extent beneficiary's presence required because of the child's disability:

b. If CIC, Verification of Child's Existence and Residence

- Child Observed in Home (in person or by phone)
- Child Not Observed in Home

Existence Verified by                  Residence Verified by

c. If CIC, child's description of the nature/frequency of personal services:

3. Child, as Described in 1. or 2. Above, Not Living with the Beneficiary

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary (Explain)

a. If CIC, SSA-781 Obtained from Beneficiary:     Yes     No

b. Verification of Child's Existence and Child-in-Care (QRM 3612):

- Custodian     School     Child     Other \_\_\_\_\_

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

K. Current DWB or Deemed DWB Entitlement

NOT APPLICABLE (Go to IV.)

1. Period(s) of Disability

a. Established Onset Date: \_\_\_\_\_

b. Date of Entitlement: \_\_\_\_\_

c. Disabled Before End of Prescribed Period: \_\_\_\_\_

YES

NO (Explain)

d. Prior or Current Entitlement to SSI/SSP Benefits:  YES (If Yes, go to e.)  NO

e. Waiting Period(s) Reduced by SSI/SSP Credit:  YES

NO (Explain)

2. Disability-Related Work Information

a. Earnings After Current Established Onset Date:  YES (Complete Below)  NO

b. Disability-Related Work Issues

Explanation

Trial Work Period \_\_\_\_\_

Substantial Gainful Activity \_\_\_\_\_

Unsuccessful Work Attempt \_\_\_\_\_

Cessation \_\_\_\_\_

Extended Period of Eligibility \_\_\_\_\_

Termination \_\_\_\_\_

Expedited Reinstatement \_\_\_\_\_

Other \_\_\_\_\_

c. Evidence/Documentation in File: \_\_\_\_\_

d. Evidence Needing Verification: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

K. Current DWB or Deemed DWB Entitlement

K. Current DWB Entitlement

1. Period(s) of Disability

1. Period(s) of Disability

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain)

\_\_\_\_\_

2. Disability-Related Work Information

2. Disability-Related Work Info

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

DESK REVIEW

IV. CHILD

A. Identity

1. BIC	2. Name	3. SSN (BOAN)
___	_____	_____
___	_____	_____
___	_____	_____
___	_____	_____

B. Application

1. BIC	2. Type of Benefit	3. Date Claim Filed	4. Date of Entitlement
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____

5. Date of Entitlement Determined by Desk Review

BIC ___	DOE _____	BIC ___	DOE _____
BIC ___	DOE _____	BIC ___	DOE _____

C. Multiple Entitlement Involved

YES (BIC \_\_\_ Claim Number \_\_\_\_\_ )  NO

(BIC \_\_\_ Claim Number \_\_\_\_\_ )

(BIC \_\_\_ Claim Number \_\_\_\_\_ )

(BIC \_\_\_ Claim Number \_\_\_\_\_ )

D. Other Claims Activity

1. Did any child beneficiary ever file for any other benefits (including SSI)?

YES (BIC(s) \_\_\_ (Explain) \_\_\_\_\_ )  NO

\_\_\_\_\_

2. Unadjudicated Claims Issues: BIC(s): \_\_\_\_\_  NONE APPLY

<input type="checkbox"/> Unprocessed Application	<input type="checkbox"/> Deemed Filing	<input type="checkbox"/> Delayed Claim
<input type="checkbox"/> Protective Filing	<input type="checkbox"/> Open Application	<input type="checkbox"/> Misinformation
<input type="checkbox"/> Partial Adjudication	<input type="checkbox"/> Potential Entitlement on Another Parent's SSN	

Explain: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

A. Identity

A. Identity

1. BIC                      2. Existence Verified By                      3. SSN Verified By

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Application

B. Application

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:  
(Explain)

\_\_\_\_\_

C. Multiple Entitlement

C Multiple Entitlement

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:  
(Explain)

\_\_\_\_\_

D. Other Claims Activity

D. Other Claims Activity

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:  
(Explain)

\_\_\_\_\_

DESK REVIEW

IV. CHILD

E. Date of Birth

1. BIC: \_\_\_\_\_ a. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_  
b. Place of Birth: \_\_\_\_\_ c. MN: \_\_\_\_\_ FN: \_\_\_\_\_  
c. Applications Filed 12/1/96 or Later:  U.S. Citizen/National  Lawfully-Present Alien  
d. Evidence/Documentation in Claims Folder/MCS Screens:  
\_\_\_\_\_  
e. Evidence Needing Verification: \_\_\_\_\_  
f. Date of Birth Established by Desk Review: \_\_\_\_\_  
g. Citizenship/Alien Status Established by Desk Review: \_\_\_\_\_
2. BIC: \_\_\_\_\_ a. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_  
b. Place of Birth: \_\_\_\_\_ c. MN: \_\_\_\_\_ FN: \_\_\_\_\_  
c. Applications Filed 12/1/96 or Later:  U.S. Citizen/National  Lawfully-Present Alien  
d. Evidence/Documentation in Claims Folder/MCS Screens:  
\_\_\_\_\_  
e. Evidence Needing Verification: \_\_\_\_\_  
f. Date of Birth Established by Desk Review: \_\_\_\_\_  
g. Citizenship/Alien Status Established by Desk Review: \_\_\_\_\_
3. BIC: \_\_\_\_\_ a. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_  
b. Place of Birth: \_\_\_\_\_ c. MN: \_\_\_\_\_ FN: \_\_\_\_\_  
c. Applications Filed 12/1/96 or Later:  U.S. Citizen/National  Lawfully-Present Alien  
d. Evidence/Documentation in Claims Folder/MCS Screens:  
\_\_\_\_\_  
e. Evidence Needing Verification: \_\_\_\_\_  
f. Date of Birth Established by Desk Review: \_\_\_\_\_  
g. Citizenship/Alien Status Established by Desk Review: \_\_\_\_\_
4. BIC: \_\_\_\_\_ a. Date of Birth and Proof Code on MBR Printout: \_\_\_\_\_  
b. Place of Birth: \_\_\_\_\_ c. MN: \_\_\_\_\_ FN: \_\_\_\_\_  
c. Applications Filed 12/1/96 or Later:  U.S. Citizen/National  Lawfully-Present Alien  
d. Evidence/Documentation in Claims Folder/MCS Screens:  
\_\_\_\_\_  
e. Evidence Needing Verification: \_\_\_\_\_  
f. Date of Birth Established by Desk Review: \_\_\_\_\_  
g. Citizenship/Alien Status Established by Desk Review: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

E. Date of Birth and Citizenship/Alien Status

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

E. DOB and Citizenship/Alien

DESK REVIEW

IV. CHILD

F. Relationship and Dependency

1. BIC: \_\_\_\_\_ a. Type of Child Relationship: \_\_\_\_\_
- b. Child Adopted or Equitably Adopted by Someone other than Number Holder:  YES  NO
- c. Deemed Dependency:  YES (Go to d.)  NO Support Period: \_\_\_\_\_
- Dependency Requirement(s) that Applies:  Living With  Contributions  ½ Support
- d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:
- \_\_\_\_\_

e. Evidence Needing Verification: \_\_\_\_\_

2. BIC: \_\_\_\_\_ a. Type of Child Relationship: \_\_\_\_\_
- b. Child Adopted or Equitably Adopted by Someone other than Number Holder:  YES  NO
- c. Deemed Dependency:  YES (Go to d.)  NO Support Period: \_\_\_\_\_
- Dependency Requirement(s) that Applies:  Living With  Contributions  ½ Support
- d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:
- \_\_\_\_\_

e. Evidence Needing Verification: \_\_\_\_\_

3. BIC: \_\_\_\_\_ a. Type of Child Relationship: \_\_\_\_\_
- b. Child Adopted or Equitably Adopted by Someone other than Number Holder:  YES  NO
- c. Deemed Dependency:  YES (Go to d.)  NO Support Period: \_\_\_\_\_
- Dependency Requirement(s) that Applies:  Living With  Contributions  ½ Support
- d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:
- \_\_\_\_\_

e. Evidence Needing Verification: \_\_\_\_\_

4. BIC: \_\_\_\_\_ a. Type of Child Relationship: \_\_\_\_\_
- b. Child Adopted or Equitably Adopted by Someone other than Number Holder:  YES  NO
- c. Deemed Dependency:  YES (Go to d.)  NO Support Period: \_\_\_\_\_
- Dependency Requirement(s) that Applies:  Living With  Contributions  ½ Support
- d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:
- \_\_\_\_\_



DESK REVIEW

---

e. Evidence Needing Verification: \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

F. Relationship and Dependency

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

F. Relationship and Dependency

DESK REVIEW

IV. CHILD

G. Marriage

1. Has any child beneficiary ever been married?  YES (Complete Below)  NO

a. BIC: \_\_\_\_ b. Current/Last Marriage to: \_\_\_\_

c. Age/Date of Birth: \_\_\_\_ d. SSN: \_\_\_\_

e. Date of Marriage: \_\_\_\_ f. Type: \_\_\_\_

g. Place of Marriage: \_\_\_\_

h. How Terminated: \_\_\_\_ i. Date Terminated: \_\_\_\_

j. Place Terminated: \_\_\_\_

k. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

l. Evidence Needing Verification: \_\_\_\_

2. Child's spouse is a Title II Beneficiary:  YES  NO (If Yes, Claim Number): \_\_\_\_\_

H. School Attendance

NOT APPLICABLE

1. BIC(s): \_\_\_\_

2. Name and Address of School: \_\_\_\_

3. Full-Time Attendance or Deemed Full-Time Attendance in Sample Month:  YES  NO

(If NO, Explain) \_\_\_\_

4. School is "Educational Institution":  YES  NO

(If NO, Explain) \_\_\_\_

5. Student Beneficiary Paid by Employer:  YES  NO

(If YES, Explain) \_\_\_\_

6. Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

7. Evidence Needing Verification:

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

G. Marriage

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

H. School Attendance

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

G. Marriage

H. School Attendance

DESK REVIEW

IV. CHILD

I. Current DAC Entitlement

NOT APPLICABLE (Go to V.)

1. Period(s) of Disability:

a. BIC(s): \_\_\_\_\_

b. Established Onset Date: \_\_\_\_\_

c. Disabled before Age 22 or Re-Entitled & Disabled Within Applicable Timeframe:  YES  NO

(Explain) \_\_\_\_\_

2. Disability-Related Work Information:

a. Earnings After Current Established Onset Date:  YES (Explain)  NO

\_\_\_\_\_

b. Disability-Related Work Issues

Explanation

Trial Work Period \_\_\_\_\_

Substantial Gainful Activity \_\_\_\_\_

Unsuccessful Work Attempt \_\_\_\_\_

Cessation \_\_\_\_\_

Extended Period of Eligibility \_\_\_\_\_

Termination \_\_\_\_\_

Expedited Reinstatement \_\_\_\_\_

Other \_\_\_\_\_

c. Evidence/Documentation in File: \_\_\_\_\_

d. Evidence Needing Verification: \_\_\_\_\_

3. Potential Entitlement on Own SSN:

CURRENTLY ENTITLED (Go to V.)

Wages \_\_\_\_\_

Self-Employment \_\_\_\_\_

Lag Wages/SEI \_\_\_\_\_

Gaps \_\_\_\_\_

Other \_\_\_\_\_

DESK REVIEW

---

Insured Status Met \_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

I. Current DAC Entitlement

I. Current DAC Entitlement

1. Period(s) of Disability

1. Period(s) of Disability

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) \_\_\_\_\_

2. Disability-Related Work Information

2. Disability-Related Work Info

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) \_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_

3. Potential Entitlement on Own SSN

3. Potential Entitlement

Beneficiary Agrees With DR Summary

\_\_\_\_\_

Beneficiary Disagrees With DR Summary:

Year	Amount on E/R	Amount Alleged
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence Obtained in Field Review:

DESK REVIEW



DESK REVIEW

V. PAYMENT FOR THE SAMPLE MONTH

A. Underpayment on Sampled SSN Needed to Be Addressed:

YES (Explain)  NO

\_\_\_\_\_

B. Recovery of Overpayment in Sample Month:

YES (Explain)  NO

\_\_\_\_\_

C. SMI Determination  NOT APPLICABLE

The SMI determination, including the premium deduction and penalty amounts (if any), is correct.

YES  NO (Explain)

\_\_\_\_\_

D. Payment Amount(s)

1. BIC	2. Amount of CMA/SM Check	3. Sample Month	4. Payment Cycle Indicator (CYI)
___	\$ ___	___	___
___	\$ ___	___	___
___	\$ ___	___	___
___	\$ ___	___	___

5. Payment Combined with Other Benefit:  YES  NO

6. Check Amount Affected by Other Withholding (e.g., Medicare C/D Premiums, Voluntary Tax Withholding, Garnishment, Treasury Offset Program, etc.):

YES (Explain)  NO

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

V. PAYMENT FOR THE SAMPLE MONTH	Consolidated Review
<p>A. Underpayment on Sampled SSN</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p>	<p>A. Underpayment</p>
<p>B. Recovery of Overpayment in Sample Month</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p>	<p>B. Overpayment</p>
<p>C. SMI Determination</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p>	<p>C. SMI Determination</p>
<p>D. Payment Amount</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p>	<p>D. Payment Amount</p>

DESK REVIEW

VI. ADDITIONAL ISSUES

A. Fugitive Felon

BICs over Age 12: \_\_\_\_\_

Are there any unsatisfied felony warrants for arrest or for violations of probation/parole?

YES (Complete below)       NO

Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

Evidence Needing Verification:

\_\_\_\_\_

B. Criminal Activities

BICs \_\_\_\_\_

Not Involved in Criminal Activities Listed Below

BICs \_\_\_\_\_

Are Involved in Criminal Activities Listed Below

Homicide of NH

Subversive Activities

Removal (formerly Deportation)

Confined for a Criminal Offense

Offenses Against the National Security (Hiss Act)

Disability Determination Based on a Condition That Occurred During the Commission of a Felony After October 19, 1980

Disability Determination Based on a Condition That Occurred During Confinement for a Felony Conviction

Evidence/Documentation in Claims Folder/MCS Screens:

\_\_\_\_\_

Evidence Needing Verification: \_\_\_\_\_

C. Representative Payee

Does the claims folder indicate an unresolved representative payee issue (need for payee change, etc.) for a sampled beneficiary?

YES (BIC \_\_\_\_\_ Explain)       NO

(BIC \_\_\_\_\_ Explain)

\_\_\_\_\_

FACE-TO-FACE/TELEPHONE REVIEW

VI. ADDITIONAL ISSUES

Consolidated Review

A. Fugitive Felon

All beneficiaries state/desk review summary shows that there are no unsatisfied felony warrants for arrest or for violations of probation/parole.

YES

NO (Explain)

\_\_\_\_\_

Evidence Obtained in Field Review:

\_\_\_\_\_

B. Criminal Activities

If any of the criminal activities listed in VI.B of the desk review summary are involved, discuss and resolve below.

\_\_\_\_\_

C. Representative Payee

There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for a sampled beneficiary.

YES (BIC Explain)

NO

(BIC Explain)

\_\_\_\_\_

A. Fugitive Felon

B. Criminal Activities

C. Representative Payee.

CASE SUMMARY

VI. ADDITIONAL ISSUES

D. Consolidated Review Summary

Desk and field review findings are in agreement.

Desk and field review findings are not in agreement. Indicate the section(s) where the disagreement Exists.

Number Holder:  II.A.  II.B.  II.C.  II.D.  II.E.  II.F.  II.G.

Spouse:  III.A.  III.B.  III.C.  III.D.  III.E.  III.F.  III.G.

III.H.  III.I.  III.J.  III.K.

Child:  IV.A.  IV.B.  IV.C.  IV.D.  IV.E.  IV.F.  IV.G.

IV.H.  III.I.

Payment for SM:  V.A.  V.B.  V.C.  V.D.

Additional Issues:  VI.A.  VI.B.  VI.C.

Additional Development/Findings/Remarks:

\_\_\_\_\_

Signature of Reviewer(s):

\_\_\_\_\_  
Desk Reviewer

Date: \_\_\_\_\_

\_\_\_\_\_  
Field Reviewer

Date: \_\_\_\_\_

\_\_\_\_\_  
Consolidated Reviewer

Date: \_\_\_\_\_