http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013012

Changes June 2007

- SET ASIDE FOR BURIAL OF: 9 [3-M] changed to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X [6-M]
- IF OTHER, NAME: [4-C] changed to NAME FOR WHOM SET ASIDE [5-M]
- Added information/instruction as follows under NAME FOR WHOM SET ASIDE due to SET ASIDE FOR BURIAL OF format change: "For each person's claim path, the system will compare the name entered in this field with the name on ACID in order to select the correct pronoun or name for the SSI printed output (e.g. application). If the resource is set aside for burial of the person whose name and SSN display at the top of the screen, enter the name in this field the same way that it appears on ACID."
- Changed field name for [2-M] TYPE to [2-M] SELECT TYPE.

SCREEN FACSIMILE 1:

```
MSSICS                      BURIAL FUNDS                      PAGE 1 OF RFND
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO: XXXX

 SELECT TYPE: 9   1=BURIAL CONTRACT   2=BURIAL TRUST
 DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 DATE ASSET SET ASIDE (MMDDYY): 999999

 NAME FOR WHOM SET ASIDE:
    XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH FATHER, LIVING WITH MOTHER) (Y/N): X

 EARNS INTEREST(Y/N): X
   IF EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X

 CO-OWNED(Y/N): X

 RESOURCE DISPOSAL AGREEMENT (Y/N): X    PROOF OF DISPOSAL (Y/N): X

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

SCREEN FACSIMILE 2:

```
MSSICS                    BURIAL FUNDS                    PAGE _ OF RFND
 SSS-SS-SSSS  SSSSS  SSSSSSSSSS                            TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 CO-OWNER
 (Y/N) FROM TO    NAME
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X               OTHER CO-OWNERS

 ANOTHER SOURCE (Y): X                                          REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS                    BURIAL FUNDS                    PAGE _ OF RFND
 SSS-SS-SSSS  SSSSS  SSSSSSSSSS                            TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNERS:

 FROM  TO    NAME
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS



 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS                    BURIAL FUNDS                    PAGE _ OF RFND
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX
 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
                 REVOCABLE   IRREVOCABLE
  FROM    TO     ALLEGED/     ALLEGED/      LOAN       EXCLUDED  COUNTABLE
 (MMYY) (MMYY)   VERIFIED     VERIFIED     AMOUNT       AMOUNT     AMOUNT
  PPPP   PPPP    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999
  9999   9999    999999999    999999999    999999999   999999999  SSSSSSSSS
                 999999999    999999999

 EXCLUSION REASON:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X          REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013004

Changes June 2007

- Changed field [22-M] SET ASIDE FOR BURIAL OF to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed field [23-C] IF OTHER, NAME to NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS                    LIFE INSURANCE                    PAGE 1 OF RLIF
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO: XXXX
 TYPE OF POLICY: 9   1=POLICY WITH CSV (WHOLE LIFE, UNIVERSAL LIFE,
                       TERM WITH CSV, ETC.)    2=POLICY WITHOUT CSV
 NAME OF INSURED: P  1=SAME AS ABOVE   2=OTHER
 IF OTHER, SPECIFY: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 FACE VALUE: 999999999       IF POLICY WITH CSV, CSV NEEDED (Y/N): X
 COMPANY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ADDRESS: XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
 POLICY NUMBER: XXXXXXXXXXXX   DATE PURCHASED (MMDDYY): 999999

 POLICY PAYS DIVIDEND ACCUMULATIONS (Y/N): X
 IF POLICY HAS CSV AND NO DIVIDEND ACCUMULATIONS,
    POLICY PAYS DIVIDEND ADDITIONS (Y/N): X

                    SET ASIDE FOR BURIAL (Y/N): X    PASS EXCLUSION (Y/N): X
 IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999
 RESOURCE DISPOSAL AGREEMENT (Y/N): X     PROOF OF DISPOSAL (Y/N): X


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

SCREEN FACSIMILE 2:

```
MSSICS                   LIFE INSURANCE                     PAGE   OF RLIF
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS


 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

 DATE ASSET SET ASIDE (MMDDYY): 999999




 ANOTHER SOURCE (Y): X                                                REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS                    LIFE INSURANCE                    PAGE   OF RLIF
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO: XXXX
  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

  FROM     TO      ALLEGED    VERIFIED      LOAN      EXCLUDED    COUNTABLE
 (MMYY)  (MMYY)      CSV        CSV        AMOUNT      AMOUNT       AMOUNT
  PPPP    PPPP    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
  9999    9999    999999999  999999999  999999999  999999999   SSSSSSSSS
 EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X          REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013009

Changes June 2007

- Changed [28-M] SET ASIDE FOR BURIAL OF to [29-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [29-C] IF OTHER, NAME to [28-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS     PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS      PAGE 1 OF RNOT
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX
 TYPE: 9   1=PROMISSORY NOTE/COMMERCIAL LOAN    3=ORAL/INFORMAL LOAN
           2=WRITTEN/INFORMAL LOAN              4=PROPERTY AGREEMENT
 BORROWER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE: 999 999 9999
  ADDRESS: XXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX
 EARNS INTEREST(Y/N): X

 IF TYPE = 2 OR 3 COMPLETE THE FOLLOWING:
  DATE OF ORIGINAL LOAN (MMDDYY): 999999   AMOUNT OF ORIGINAL LOAN: 999999999
  DESCRIBE COLLATERAL:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  IS THERE A TIMETABLE OR PLAN TO REPAY (Y/N): X
  HOW DOES BORROWER INTEND TO REPAY:
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    VALID UNDER STATE LAW (Y/N): X

 CO-OWNED(Y/N): X    SET ASIDE FOR BURIAL (Y/N): X   PASS EXCLUSION (Y/N): X
 IF TOTALLY EXCLUDED, OWNERSHIP END DATE (MMDDYY): 999999
 RESOURCE DISPOSAL AGREEMENT(Y/N): X  PROOF OF DISPOSAL(Y/N): X

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

SCREEN FACSIMILE 2:

```
MSSICS     PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS      PAGE _ OF RNOT
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 CO-OWNER
 (Y/N) FROM  TO    NAME
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X               OTHER CO-OWNERS


 ANOTHER SOURCE (Y): X                                          REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS     PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS      PAGE _ OF RNOT
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNER:

 FROM  TO    NAME
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
 9999  9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS

 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS     PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS      PAGE _ OF RNOT
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID   SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS



 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

 DATE ASSET SET ASIDE (MMDDYY): 999999

 RESOURCE EARNS INTEREST (Y/N): P
   IF RESOURCE EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X




 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 5:

```
MSSICS     PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS      PAGE _ OF RNOT
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX
 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
   FROM       TO        ALLEGED       VERIFIED       EXCLUDED       COUNTABLE
  (MMYY)    (MMYY)       VALUE          VALUE         AMOUNT         AMOUNT
   PPPP      PPPP      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS
   9999      9999      999999999      999999999      999999999      SSSSSSSSS

 EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X           REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013011

Changes June 2007

- Changed [22-M] SET ASIDE FOR BURIAL OF to [23-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [23-C] IF OTHER, NAME to [22-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS                    OTHER RESOURCES                    PAGE 1 OF ROTH
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                TRANSFER TO: XXXX
 TYPE: 9  1=LIFE ESTATE OTHER THAN RESIDENCE        5=TRUST
          2=UNPROBATED ESTATE OTHER THAN RESIDENCE  6=RETIREMENT/PENSION FUND
          3=BELONGINGS HELD IN SAFE DEPOSIT BOX     7=MINERAL RIGHTS
          4=LIFE INSURANCE DIVIDEND ACCUMULATIONS   8=OTHER
    IF OTHER, SPECIFY:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  IF TYPE = 1, 2, 5, 7 OR 8       INCOME FROM PROPERTY (Y/N): X
  IF TYPE = 5                 DISBURSEMENTS FROM TRUST (Y/N): X
  IF TYPE = 5 OR 8         QUALIFIES AS MEDICAID TRUST (Y/N): X
  IF TYPE = 4, 5, 6 OR 8          SET ASIDE FOR BURIAL (Y/N): X


 CO-OWNED (Y/N): X                        PASS EXCLUSION (Y/N): X

 RESOURCE DISPOSAL AGREEMENT (Y/N): X     PROOF OF DISPOSAL (Y/N): X

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

SCREEN FACSIMILE 2:

```
 MSSICS                   OTHER RESOURCES                  PAGE   OF ROTH
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                             TRANSFER TO: XXXX

  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
  CO-OWNER
  (Y/N) FROM TO    NAME
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
   X               OTHER CO-OWNERS

  ANOTHER SOURCE (Y): X                                         REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS                    OTHER RESOURCES                    PAGE   OF ROTH
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNER:

 FROM  TO    NAME

 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX


 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS                   OTHER RESOURCES                  PAGE   OF ROTH
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                             TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS



 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

 DATE ASSET SET ASIDE (MMDDYY): 999999

 RESOURCE EARNS INTEREST (Y/N): X
    IF RESOURCE EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X



 ANOTHER SOURCE (Y): X                                         REMARKS (Y): X
```

SCREEN FACSIMILE 5:

```
 MSSICS                   OTHER RESOURCES                  PAGE   OF ROTH
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                             TRANSFER TO: XXXX
   RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

     FROM     TO     ALLEGED    VERIFIED      LOAN      EXCLUDED    COUNTABLE
    (MMYY)  (MMYY)    VALUE       VALUE      AMOUNT      AMOUNT      AMOUNT
     PPPP    PPPP   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
     9999    9999   999999999   999999999   999999999   999999999   SSSSSSSSS
  EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X          REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013008

Changes June 2007

- Changed [20-M] SET ASIDE FOR BURIAL OF to [21-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [21-C] IF OTHER, NAME to [20-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS                    STOCKS AND BONDS                    PAGE 1 OF RSTB
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                  TRANSFER TO: XXXX

 TYPE: 9   1=U.S. SAVINGS BOND (SERIES E AND EE)
           2=U.S. SAVINGS BOND (SERIES H AND HH)
           3=OTHER BOND
           4=STOCK
           5=MUTUAL FUND

 DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 IF TYPE IS 2, 3 OR 5,  EARNS INTEREST (Y/N): X
 IF TYPE IS 4 OR 5,  EARNS DIVIDENDS (Y/N): X

 CO-OWNED (Y/N): X                              PASS EXCLUSION (Y/N): X

 SET ASIDE FOR BURIAL (Y/N): X

 RESOURCE DISPOSAL AGREEMENT (Y/N): X      PROOF OF DISPOSAL (Y/N): X

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

SCREEN FACSIMILE 2:

```
MSSICS                    STOCKS AND BONDS                    PAGE   OF RSTB
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 CO-OWNER
 (Y/N) FROM TO    NAME
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X    9999 9999  SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
  X               OTHER CO-OWNERS


 ANOTHER SOURCE (Y): X                                        REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS                    STOCKS AND BONDS                    PAGE   OF RSTB
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNER:

 FROM  TO    NAME

 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX



 ANOTHER SOURCE (Y): X                                   REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS                    STOCKS AND BONDS                    PAGE   OF RSTB
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS



 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

 DATE ASSET SET ASIDE (MMDDYY): 999999

 RESOURCE EARNS INTEREST (Y/N): X
    IF RESOURCE EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X




 ANOTHER SOURCE (Y): X                                          REMARKS (Y): X
```

SCREEN FACSIMILE 5:

```
 MSSICS                   STOCKS AND BONDS                  PAGE   OF RSTB
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX
   RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

     FROM    TO       ALLEGED    VERIFIED                EXCLUDED    COUNTABLE
    (MMYY)  (MMYY)     VALUE      VALUE                   AMOUNT      AMOUNT
     PPPP    PPPP    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
     9999    9999    999999999   999999999               999999999   SSSSSSSSS
  EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X          REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS019013

Changes October 2007

- Revised field [2-O] to read: SELECT TO GO TO DETAIL SCREEN: 99
- Changed field [3-D] NUMBER to a 2-position field.
- Added new field [6-O] MORE (Y):

SCREEN FACSIMILE:

```
 MSSICS   POTENTIAL ELIGIBILITY FOR OTHER BENEFITS STATUS   PAGE 1 OF BLST
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO:
XXXX

    SELECT TO GO TO DETAIL SCREEN: 99
  NUMBER       SCREEN NAME                                          STATUS
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S
    SS         SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS       S

                                                                  MORE (Y):
```

MSSICS POTENTIAL ELIGIBILITY FOR OTHER BENEFITS STATUS PAGE 2 OF BLST
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO:
XXXX

SELECT TO GO TO DETAIL SCREEN: 99

NUMBER	SCREEN NAME	STATUS
SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	S
SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	S
SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	S
SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	S

http://policynet.ba.ssa.gov/msom.nsf/opentransmittals/791

Changes September 2008

FACSIMILE 3 - IMEN Menu for Individuals:

For field [2-M] 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), modified the wording of one of the types of income from SELF-EMPLOYMENT INCOME to SELF-EMPLOYMENT INCOME PRIOR/CURRENT TAXABLE YEAR.

FACSIMILE 15 and S. FACSIMILE 16 – IMEN Menu for Multiples:

For field [8-M] 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, modified the wording of one of the types of income from SELF-EMPLOYMENT INCOME to SELF-EMPLOYMENT INCOME PRIOR/CURRENT TAXABLE YEAR

SCREEN FACSIMILE 1:

```
 MSSICS                          INCOME MENU                   PAGE 1 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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:
  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL 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:
```

SCREEN FACSIMILE 2:

```
 MSSICS         PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS     PAGE 2 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO:
XXXX

  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

  (Y/N)
   X       HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME?
                 02:   03:   04:   05:   06:   07:   08:   09:

           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
           RECEIVING 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:
```

SCREEN FACSIMILE 3:

```
 MSSICS                          INCOME MENU                   PAGE 3 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)

  (Y/N)

           CR WANTS TO DO FULL DEVELOPMENT
                 02:   03:   04:   05:   06:   07:   08:   09:
```

SCREEN FACSIMILE 4:

```
 MSSICS                          INCOME MENU                   PAGE 4 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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:
  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL 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:
```

SCREEN FACSIMILE 5:

```
 MSSICS                          INCOME MENU                   PAGE 5 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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:
  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL 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:
```

SCREEN FACSIMILE 6:

```
 MSSICS                          INCOME MENU                   PAGE 6 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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:
  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS)  07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS)  08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS)  09=(NAME REL 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 (UNEARNED)
           01:   02:   03:   04:   05:   06:   07:   08:   09:
   X       SICK PAY RECEIVED (EARNED)
           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 INC OR SUPPORT NOT PREVIOUSLY MENTIONED
           01:   02:   03:   04:   05:   06:   07:   08:   09:
```

SCREEN FACSIMILE 7:

```
 MSSICS                          INCOME MENU                   PAGE 7 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME REL SSSS)
  02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME REL SSSS)
  03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME REL SSSS)
  Y/N Additional Questions:

  X   PASS INPUT NEEDED
      01:   02:   03:   04:   05:   06:   07:   08:   09:
  X   SCHOOL INPUT NEEDED
      01:   02:   03:   04:   05:   06:   07:   08:   09:
  X   BLIND COUNTABLE INCOME NEEDED (WELFARE CONVERSION)
      01:         03:
  X   DISPLAY INCOME SUMMARY SCREEEN
      01:   02:   03:   04:   05:   06:   07:   08:   09:
```

SCREEN FACSIMILE 8:

```
 MSSICS                          INCOME MENU                   PAGE 1 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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   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 have any support payments under a court order or under
       title IV-D
```

*These questions can appear for an individual who was part of a multiple menu
but will NOT appear for an individual who was not originally part of a multiple
menu (i.e. claimant only).

SCREEN FACSIMILE 9:

```
 MSSICS                          *INCOME MENU                  PAGE 2 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  (Y/N)

           CR WANTS TO DO FULL DEVELOPMENT
```

*This screen can appear for an individual who was part of a multiple menu but
will NOT appear for an individual who was not originally part of a multiple menu (i.e. claimant only).

SCREEN FACSIMILE 10:

```
 MSSICS                          INCOME MENU                   PAGE 3 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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       SOCIAL SECURITY
   X       OFFICE OF PERSONNEL MANAGEMENT
   X       PENSION
   X       UNEMPLOYMENT COMPENSATION
   X       WORKERS' COMPENSATION
   X       INTEREST
   X       DIVIDENDS
   X       ROYALTIES/HONORARIA
   X       RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
   X       ALIMONY
```

SCREEN FACSIMILE 11:

```
 MSSICS                          INCOME MENU                   PAGE 4 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX

  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 (UNEARNED)
   X       SICK PAY (EARNED)
   X       WAGES
   X       SELF-EMPLOYMENT INCOME PRIOR / CURRENT TAXABLE YEAR
   X       OTHER INC OR SUPPORT NOT PREVIOUSLY MENTIONED
```

SCREEN FACSIMILE 12:

```
 MSSICS                          INCOME MENU                    PAGE 5 OF IMEN
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                  TRANSFER TO:
XXXX

  (Y/N) ADDITIONAL QUESTIONS:

   X   PASS INPUT NEEDED
       01:
   X   SCHOOL INPUT NEEDED
       01:
   X   BLIND COUNTABLE INCOME (WELFARE CONVERSION)
       01:
   X   DISPLAY INCOME SUMMARY SCREEN:
            01:
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS016003

Changes June 2008

- Changed field name for [10-M] from FREQUENCY: (W,BW,M,SM,BM,Q,SA,A) to FREQ.
- Added new field, [12-C] REPORTED AMOUNT, to page 1 and page 2 of the IWAG screen.
- Added a separate field for frequency types, [17-C] FREQUENCY TYPES W=WEEKLY BW=BI-WEEKLY M=MONTHLY SM=SEMI-MONTHLY BM=BI-MONTHLY Q=QUARTERLY SA= SEMI-ANNUALLY A=ANNUALLY.
- FIELD DESCRIPTIONS: Added explanation for field [12-C] REPORTED AMOUNT.

```
MSSICS                        WAGES                        PAGE 1 OF IWAG
  SSS-SS-SSSS  SSSSS SSSSSSSSSS
TRANSFER TO: XXXX

  EMPLOYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  EIN:
999999999
  EMPLOYER ADDRESS: XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX
  CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  PHONE: 999
999 9999
     PROJECTION DATE LAST/NEXT PAID SS/SS/SSSS, FREQUENCY SS
  FROM TO    FREQ   ALLEGED   REPORTED   VERIFIED   DEDUCTIONS
POSTED
                    AMOUNT     AMOUNT     AMOUNT       (Y):
AMOUNT
  PPPP PPPP   XX   99999999   99999999   99999999       X
SSSSSSSS
  9999 9999   XX   99999999   99999999   99999999       X
SSSSSSSS
  9999 9999   XX   99999999   99999999   99999999       X
SSSSSSSS
  9999 9999   XX   99999999   99999999   99999999       X
SSSSSSSS
  9999 9999   XX   99999999   99999999   99999999       X
SSSSSSSS
    IF FREQUENCY IS NOT MONTHLY - DATE LAST/NEXT PAID (MMDDYY):
999999
   FREQUENCY TYPES  W=WAGES BW=BI-WEEKLY M=MONTHLY SM=SEMI-
MONTHLY
                    BM=BI-MONTHLY Q=QUARTERLY SA=SEMI-ANNUALLY
A=ANNUALLY

  CONTINUATION SHEET (Y): X
  ANOTHER SOURCE(Y): X       DELETE THIS SOURCE(Y): X
```

REMARKS (Y): X

MSSICS INCOME CONTINUATION SHEET PAGE 2
OF IWAG
SSS-SS-SSSS SSSSS SSSSSSSSSS
TRANSFER TO: XXXX

INCOME TYPE: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

FROM	TO	FREQ	ALLEGED AMOUNT	REPORTED AMOUNT	VERIFIED AMOUNT	DEDUCTIONS (Y):	POSTED AMOUNT
PPPP	PPPP	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS
9999	9999	XX	99999999	99999999	99999999	X	SSSSSSSS

IF FREQUENCY IS NOT MONTHLY - DATE LAST/NEXT PAID (MMDDYY): 999999
FREQUENCY TYPES W=WAGES BW=BI-WEEKLY M=MONTHLY SM=SEMI-MONTHLY
BM=BI-MONTHLY Q=QUARTERLY SA=SEMI-ANNUALLY A=ANNUALLY

ANOTHER CONTINUATION SHEET (Y): X
ANOTHER SOURCE (Y): X
REMARKS (Y): X

MSSICS DEDUCTIONS PAGE S OF IWAG
SSS-SS-SSSS SSSSS SSSSSSSSSS
TRANSFER TO: XXXX

FROM	TO	BEFORE DEDUCTION AMOUNT	GARNISHED FOR COURT ORDERED OR IV-D SUPPORT AMOUNT:	OTHER DEDUCTION AMOUNT:
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999
SS/SS	SS/SS	SSSSSSSSS	99999999	99999999

OTHER DEDUCTION AMOUNT REASON:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MORE (Y): S

REMARKS (Y): X

MORE (Y): S

REMARKS (Y): X

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013013

Changes June 2007

- RELATIONSHIP TO CLAIMANT [5-O] changed to MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, MOTHER, FATHER, MOTHER'S SPOUSE, FATHER'S SPOUSE, CHILD, CHILD'S SPOUSE, SIBLING, SIBLING'S SPOUSE) (Y/N): X [5-M]
- Changed naming convention for field [4-M] NAME FOR WHOM HELD (separate input lines for first name, middle name, last name, and suffix)
- Removed field [6-O] IF OTHER, SPECIFY RELATIONSHIP.
- Changed all field numbers subsequent to IF OTHER, SPECIFY RELATIONSHIP down by 1.

SCREEN FACSIMILE 1:

```
MSSICS            BURIAL SPACES AND RELATED ITEMS           PAGE 1 OF RBSI
 SSS-SS-SSSS  SSSSS SSSSSSSSS                                 TRANSFER TO: XXXX

 SELECT ITEM: 9  1=CEMETERY LOT   2=CRYPT    3=CASKET   4=URN
                 5=HEADSTONE      6=MARKER   7=OTHER

    IF OTHER, SPECIFY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, MOTHER, FATHER,
    MOTHER'S SPOUSE, FATHER'S SPOUSE, CHILD, CHILD'S SPOUSE, SIBLING,
    SIBLING'S SPOUSE) (Y/N): X



 CO-OWNED (Y/N): X

 RESOURCE DISPOSAL AGREEMENT(Y/N): X   PROOF OF DISPOSAL(Y/N): X

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

SCREEN FACSIMILE 2:

```
MSSICS           BURIAL SPACES AND RELATED ITEMS           PAGE _ OF RBSI
 SSS-SS-SSSS  SSSSS  SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 CO-OWNER
 (Y/N) FROM  TO   NAME
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X     9999  9999 SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSS SSSS
 X                OTHER CO-OWNERS

 ANOTHER SOURCE (Y): X                                        REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS           BURIAL SPACES AND RELATED ITEMS           PAGE _ OF RBSI
 SSS-SS-SSSS  SSSSS  SSSSSSSSSS                             TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNERS:

 FROM  TO    NAME
 S
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX


 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS           BURIAL SPACES AND RELATED ITEMS           PAGE _ OF RBSI
 SSS-SS-SSSS  SSSSS   SSSSSSSSSS                             TRANSFER TO: XXXX
 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

  FROM    TO     ALLEGED    VERIFIED     LOAN      EXCLUDED      COUNTABLE
  (MMYY) (MMYY)   VALUE      VALUE       AMOUNT     AMOUNT        AMOUNT
  PPPP   PPPP   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS
  9999   9999   999999999   999999999   999999999  999999999     SSSSSSSSS

 EXCLUSION REASON:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X          REMARKS (Y): X
```

http://policynet.ba.ssa.gov/msom.nsf/lnx/MSSICS013006

Changes June 2007

- Changed [13-M] SET ASIDE FOR BURIAL OF to [14-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [14-C] IF OTHER, NAME to [13-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
 MSSICS                          CASH                          PAGE 1 OF RCSH
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX
  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
  SET ASIDE FOR BURIAL (Y/N): X       PASS EXCLUSION (Y/N): X
   FROM      TO             ALLEGED       EXCLUDED       COUNTABLE
  (MMYY)   (MMYY)            VALUE         AMOUNT         AMOUNT
   PPPP     PPPP           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
   9999     9999           999999999     999999999      SSSSSSSSSS
  EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              CONTINUATION SHEET (Y): X          REMARKS
(Y): X
```

SCREEN FACSIMILE 2:

```
 MSSICS                          CASH                          PAGE   OF RCSH
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                 TRANSFER TO:
XXXX
  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

   FROM      TO             ALLEGED       EXCLUDED       COUNTABLE
  (MMYY)   (MMYY)            VALUE         AMOUNT         AMOUNT
   PPPP     PPPP           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
   9999     9999           999999999      999999999      SSSSSSSSSS
  EXCLUSION REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            CONTINUATION SHEET (Y): X           REMARKS
(Y): X
```

SCREEN FACSIMILE 3:

```
 MSSICS                          CASH                             PAGE _ OF RCSH
  SSS-SS-SSSS  SSSSS SSSSSSSSSS                                    TRANSFER TO:
XXXX

  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS



  NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
XXXX

  MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
     LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

  DATE ASSET SET ASIDE (MMDDYY): 999999
```

http://policynet.ba.ssa.gov/msom.nsf/opentransmittals/699

Changes June 2007

- Changed [22-M] SET ASIDE FOR BURIAL OF to [23-M] MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE, LIVING WITH MOTHER, LIVING WITH FATHER).
- Changed [23-C] IF OTHER, NAME to [22-M] NAME FOR WHOM HELD.

SCREEN FACSIMILE 1:

```
MSSICS           FINANCIAL INSTITUTION ACCOUNTS            PAGE 1 OF RFIA
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO: XXXX
 TYPE OF ACCOUNT: 9   1=CHECKING         5=TIME DEPOSIT
                      2=SAVINGS          6=INDIVIDUAL INDIAN MONEY ACCOUNT
                      3=CREDIT UNION     7=OTHER
                      4=CHRISTMAS CLUB
    IF OTHER,  SPECIFY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 EARNS INTEREST (Y/N): X

   ACCOUNT NUMBER: 99999999999999999999
 INSTITUTION NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          ADDRESS: XXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX
                   XXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX

 CO-OWNED (Y/N): X   SET ASIDE FOR BURIAL (Y/N): X   PASS EXCLUSION (Y/N): X

 RESOURCE DISPOSAL AGREEMENT (Y/N): X    PROOF OF DISPOSAL (Y/N): X

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

SCREEN FACSIMILE 2:

```
MSSICS           FINANCIAL INSTITUTION ACCOUNTS            PAGE   OF RFIA
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
 CO-OWNER
 (Y/N) FROM  TO     NAME
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X    9999  9999   SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSS SSSS
  X                 OTHER CO-OWNERS

 ANOTHER SOURCE (Y): X                                        REMARKS (Y): X
```

SCREEN FACSIMILE 3:

```
MSSICS           FINANCIAL INSTITUTION ACCOUNTS            PAGE   OF RFIA
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

 SPECIFY OTHER CO-OWNERS:

 FROM  TO    NAME
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
 9999  9999  XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX



 ANOTHER SOURCE (Y): X                                      REMARKS (Y): X
```

SCREEN FACSIMILE 4:

```
MSSICS           FINANCIAL INSTITUTION ACCOUNTS            PAGE   OF RFIA
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                              TRANSFER TO: XXXX

 RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS


 NAME FOR WHOM HELD: XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX

 MEETS EXCLUSION RELATIONSHIP (CLAIMANT, SPOUSE,
    LIVING WITH MOTHER, LIVING WITH FATHER) (Y/N): X

 DATE ASSET SET ASIDE (MMDDYY): 999999


 RESOURCE EARNS INTEREST (Y/N): X
    IF RESOURCE EARNS INTEREST, INTEREST REMAINS IN FUND (Y/N): X



 ANOTHER SOURCE (Y): X                                           REMARKS (Y): X
```

SCREEN FACSIMILE 5:

```
MSSICS           FINANCIAL INSTITUTION ACCOUNTS            PAGE   OF RFIA
 SSS-SS-SSSS  SSSSS SSSSSSSSSS                               TRANSFER TO: XXXX
  RESOURCE ID  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

  FROM     TO      ALLEGED     VERIFIED                EXCLUDED    COUNTABLE
 (MMYY)  (MMYY)     VALUE       VALUE                   AMOUNT       AMOUNT
  PPPP    PPPP    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
  9999    9999    999999999   999999999               999999999   SSSSSSSSS
 EXCLUSION REASON:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ANOTHER SOURCE (Y): X      CONTINUATION SHEET (Y): X           REMARKS (Y): X
```