

## MSSICS Screen Used to Record Information for this Collection

This is a facsimile of the MSSICS "LINS" screen used to collect information about an SSI recipient's residence in an institution. Item 10-D and 11-D are used to record admission and discharge dates from an institution which are items that the SSI recipient is required to report to SSA.

FACSIMILE 1: LINS - INSTITUTION RESIDENCE DATA

MSSICS INSTITUTION RESIDENCE DATA PAGE 1 OF LINS

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

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

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

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

INSTITUTION NAME: BBB

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

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

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

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

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

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

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

COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXX

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

TELEPHONE: PPP PPP PPPP

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

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

ADMISSION DATE (MMDDYY): SS/SS/SS DISCHARGE DATE (MMDDYY): 999999

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

VERIFIED (Y/N): X

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

DATE INSTITUTIONALIZATION BEGAN (MMDDYY): SS/SS/SS

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

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

INSTITUTION: 9 1=PUBLIC CONFINEMENT REASON: 9 1=MEDICAL/PSYCH

2=PRIVATE

2=EDUCATION/VOC

3=EMERG SHELTER

4=PUB COMM RES

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

5=PRISONER

OVER 50% MEDICAID PAYMENTS (Y/N): B

6=OTHER

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

PRIVATE HEALTH INSURANCE (Y/N): B

[\[18-C\]](#)

INSTITUTION FOR FOOD STAMP PURPOSES (Y/N): P

[19-O]

REMARKS (Y): X

FACSIMILE 2: LINS - INSTITUTION RESIDENCE DATA

MSSICS

INSTITUTION RESIDENCE DATA

PAGE 2 OF LINS

[1-D]

[2-O]

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

[20-M]

INSTITUTION TEMPORARY (Y/N): X

[21-M]

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS - 1619/1611E  
(Y/N): X

[22-C]

IF NO,

ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

[23-C]

IF YES, TYPE OF CARE: 9

CARE OPTIONS 1=ACUTE CARE 2=INTERMEDIATE CARE (MENTAL)

3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING CARE

[24-C]

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSS: 999999

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSS: 999999

[25-C]

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

[26-C]

IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

[27-C]

WHICH MEMBER OF COUPLE: X 1=SSSS SSSSSSSS

2=SSSS SSSSSSSS

3=BOTH

[28-C]

IF NO, 9115 INELIGIBILITY DECISION CODE: X

[19-O]

REMARKS (Y): X

FACSIMILE 3: LINS - INSTITUTION RESIDENCE DATA

MSSICS

INSTITUTION RESIDENCE DATA

PAGE 2 OF LINS

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

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

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

[\[20-M\]](#)

INSTITUTION TEMPORARY (Y/N): X

[\[21-M\]](#)

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS - 1619/1611E  
(Y/N): X

[\[22-C\]](#)

IF NO,

ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

[\[23-C\]](#)

IF YES, TYPE OF CARE: 9

CARE OPTIONS 1=ACUTE CARE 2=INTERMEDIATE CARE (MENTAL)

3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING CARE

[\[24-C\]](#)

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSSS: 999999

[\[25-C\]](#)

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSSS: 999999

[\[26-C\]](#)

IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

[\[28-C\]](#)

IF NO, 9115 INELIGIBILITY DECISION CODE: X [\[19-O\]](#)

REMARKS (Y): X