

DISB - DISABILITY INFORMATION

TRANSFER TO: _____ DISABILITY INFORMATION DISB

[1-M]

DISABLING
CONDITION:

[2-M]

[3-C]

STILL DISABLED (Y/N):

[4-M]

[5-M]

BLIND (Y/N): FREEZE (Y/N):

[6-M]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N):

[7-M]

FILED OR INTEND TO FILE FOR:

[8-M]

[9-C]

DISABILITY WORK RELATED (Y/N):

[10-M]

[11-C]

MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): AMOUNT:

[12-C]

TYPE

[13-M]

[14-C]

ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): AMOUNT:

[15-C]

TYPE

[16-M]

[17-C]

NUMBER OF CHILD CARE YRS: ACTUAL CHILD CARE YRS:

IF PARENT RECEIVED 1/2 SUPPORT AT TIME OF ONSET OF DISABILITY COMPLETE:

[18-C]

NAME

[19-C]

ADDRESS

[20-C]

NAME

[21-C]

ADDRESS

FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N): SPECIFY:

FFSCF

FUGITIVE FELON WARRANT MAIN MENU

FFMN

[1-M]

FUGITIVE FELON SSN: 999999999

[2-M]

WARRANT DATE (MMDDCCYY): 99999999

[3-M]

ORIGINATING AGENCY INDICATOR: XXXXXXXXX

[4-M]

SELECT THE DESIRED OPTION: 1=ESTABLISH 2=UPDATE 3=QUERY.

[5-M]

SELECT THE DESIRED FUNCTION:

1=WARRANT INFORMATION

2=WARRANT PERSONAL INFORMATION

3=WARRANT DISPOSITION

4=WARRANT DUE PROCESS/GOOD CAUSE.

CRCS - RESOURCE CASE SUMMARY

MSSICS RESOURCE CASE SUMMARY PAGE X OF CRCS

SSS-SS-SSSS SSSSSSSSSSSSSSSSS [5-D]

[1-O] [2-D] [3-D] [4-D] ELIG/INEL [6-D] [7-D] [8-D]

DETAIL: FROM TO CLAIMANT SPOUSE DEEMED TOTAL EXCESS
(Y) MM/YY MM/YY RESOURCES RESOURCES RESOURCES RESOURCES
RESOURCES

SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS
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SS/SS	SS/SS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS	SSSSSSSSSS

[9-D]

MORE (Y): S

IMEN - INCOME MENU (INDIVIDUALS)

MSSICS **INCOME MENU** **PAGE 1 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS **TRANSFER TO: XXXX**

[2-M] [3-D]

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

Y/N

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

MSSICS **INCOME MENU** **PAGE 2 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS **TRANSFER TO: XXXX**

[2-M] [3-D]

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

Y/N

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

MSSICS **INCOME MENU** **PAGE 3 OF IMEN**

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS **TRANSFER TO: XXXX**

[2-M] [3-D]

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

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

Y/N

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

MSSICS INCOME MENU PAGE 4 OF IMEN

[1-0]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

(Y/N) ADDITIONAL DEVELOPMENT:

[4-0]

- X PASS INPUT NEEDED

[5-0]

- X SCHOOL INPUT NEEDED

[6-0]

- X BLIND COUNTABLE INCOME INPUT NEEDED

[7-0]

- X DISPLAY INCOME SUMMARY SCREEN

INCOME MENU (MULTIPLES)

MSSICS INCOME MENU PAGE _ OF IMEN

[1-0]

TRANSFER TO: XXXX

[8-M]

[3-D]

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

[9-D]

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

(Y/N)

- X SSI
02: 03: 04: 05: 06: 07: 08: 09:
- X STATE OR LOCAL ASSISTANCE BASED NEED
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X REFUGEE CASH ASSISTANCE
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X AFDC
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X DISASTER RELIEF
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
01: 02: 03: 04: 05: 06: 07: 08: 09: