SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

Residence Address:

Telephone:

Mailing Address:

Telephone:

TYPE OF INTERVIEW

☐ **Telephone**   ☐ **NONE**

Interview Date

OTHER CASE INFORMATION

☐ **Death of SI**   ☐ **Death of ES**
Date   **Date**

☐ **SI Payee Involvement**

☐ **Eligible Couple Case**

☐ **ES Payee Involvement**

Do Support Materials Include a 1099?

First Day in Review Period

☐ **Retro Payment Involved**

EXIT   **TOOLS**   **START**

Death Of Sampled Individual

SI's Name Propagates Here

SSR Date of Death: [   ]   **SI's Date of Death:** [   ]

Is this an Automated Death Case? [▼]

QR 07020.500 A. " Note: The automated Death Process changes the TMR of a record but not the HUN. Therefore cases may be selected for review where the HUN individual is not recently deceased and the death was already established in the past. For these situations, treat the surviving spouse as the SI and follow regular review and development procedures. "
Troughout this form you'll see the ES SSR data as if the ES was the only SI. The only reference to the original SI will be in APP file name.

Did the SI die prior to the SM? [▼]

Were all payments in the sample period returned timely? [▼]

Go to Element 24 and exclude the case using Code 01

eQA Determination: [   ]

[   ]

CLOSE

Death Of Eligible Spouse

ES's Name Propagates Here

SSR Date of Death: | **ES's Date of Death:**

Did the ES die prior to the SM?

Were all payments in the sample period returned timely?

Go to Element 24 and exclude the case using Code 01

eQA Determination:

CLOSE

e8508 Main Menu

#			#		
1	Proof of Identity / SSN	☐ UTC	13	Negative Property Search	☐ UTC
2	POA / US-Born Citizenship	☐ UTC	14	Vehicles	☐ UTC
3	Nat. Citizen / Alien Status	☐ UTC	15	Life Insurance	☐ UTC
4	Residency	☐ UTC	16	Other Non-Liquid Resources	☐ UTC
5	Marriage	☐ UTC	17	Burial Assets	☐ UTC
6	Living Arrangements / ISM	☐ UTC	18	Transfer of Resources	☐ UTC
7	Self Employment	☐ UTC	19	Summaries	☐ UTC
8	Wages	☐ UTC	20	Representative Payee	☐ UTC
9	Unearned Income	☐ UTC	21	Death of Material Individual	☐ UTC
10	Financial Accounts	☐ UTC	22	Potential Entitlement	☐ UTC
11	Other Liquid Resources	☐ UTC	23	Fraud	☐ UTC
12	Non-Home Property	☐ UTC	24	Exclusions	☐ UTC

START-UP FORM

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

	SYSTEMS DATA	DETERMINATION
SI Identity		
SSN		
SI-PYE Name		
ES Name		
ES SSN		
ES-PYE Name		

| MAIN MENU | SI ID Screen | SI Payee ID Screen | ES Payee ID Screen | ADD REMARKS | | ☐ COMPLETE | NEXT |

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

SI VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name		▼	
SSN		▼	
DOB		▼	
POB		▼	
Residence Address		▼	
Mailing Address		▼	
Other Information		▼	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

QR: Proof of Identity Link

QR: Proof of SSN Link

ES VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

GN: Additional Information Used to Verify Identity Link

MAIN MENU | **DETERMINATION SCREEN** | **ADD REMARKS**

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee ☐ Organizational Payee

NON-ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name		▼	
PYE SSN		▼	
Relationship		▼	
SI Name		▼	
SI SSN		▼	
SI DOB		▼	
SI POB		▼	
Residence Address		▼	
Mailing Address		▼	
Other Information		▼	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☑ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name		▼	
Organization's Contact Name			
Organization's Contact Title			
EIN		▼	
Org. Address		▼	
SI Name		▼	
SI SSN		▼	
SI DOB		▼	
SI POB		▼	
Residence Address		▼	
Mailing Address		▼	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee ☐ Organizational Payee

NON-ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
ES Name			
ES SSN			
ES DOB			
ES POB			
Residence Address			
Mailing Address			
Other Information			

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | SI Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☑ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name		▾	
Organization's Contact Name			
Organization's Contact Title			
EIN		▾	
Org. Address		▾	
ES Name		▾	
ES SSN		▾	
ES DOB		▾	
ES POB		▾	
Residence Address		▾	
Mailing Address		▾	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU | DETERMINATION SCREEN | ADD REMARKS | SI Payee ID Screen

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB _____ FTH _____
POB _____ MTH _____
Citizenship Code _____

SYSTEMS DATA ES

DOB _____ FTH _____
POB _____ MTH _____
Citizenship Code _____

SI

ES

SI's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	▼
	POB Evidence	▼
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination
▼

US-Born Citizenship Determination
▼

ELIGIBLE SPOUSE

DOB Determination
▼

US-Born Citizenship Determination
▼

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB _____ FTH _____
POB _____ MTH _____
Citizenship Code _____

SYSTEMS DATA ES

DOB _____ FTH _____
POB _____ MTH _____
Citizenship Code _____

SI
ES

ES's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	
	POB Evidence	
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination

US-Born Citizenship Determination

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

SI	POB		AR Code	
ES	POB		AR Code	

My SSR / MSSICS Notes

SI
ES

SI's Name Propagates Here

NATURALIZED CITIZEN

Country of Birth	
Type of Evidence	
Document Number	
Date of Issue	

ALIEN STATUS

Country of Birth	
Type of Evidence	
Document Number	
Date of Issue	
Alien Number	**Card Number**
Expiration Date	

SI Determination	
ES Determination	

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

SI	POB		AR Code	
ES	POB		AR Code	

My SSR / MSSICS Notes

SI		ES's Name Propagates Here
ES		

NATURALIZED CITIZEN

Country of Birth	
Type of Evidence	
Document Number	
Date of Issue	

ALIEN STATUS

Country of Birth	
Type of Evidence	
Document Number	
Date of Issue	
Alien Number	Card Number
Expiration Date	

SI Determination	
ES Determination	

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI

ES

SI's Name Propagates Here

ALLEGED		VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Development Required?	
	Method of Travel	
	Method of Payment	
	Source of Funds	
	Was the Ticket a Gift?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

RESIDENCY

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI

ES

Purpose of Travel	
Date left U.S.	
Date Returned to U.S.	
Type Of Evidence	
Development Required?	
Method of Travel	
Method of Payment	
Source of Funds	
Was the Ticket a Gift?	
Was the Ticket Refundable?	
Unearned Income Suspected?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI

ES

ES's Name Propagates Here

ALLEGED		VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Development Required?	
	Method of Travel	
	Method of Payment	
	Source of Funds	
	Was the Ticket a Gift?	

SI Determination

ES Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

CONTINUOUS RESIDENCY IN U.S.

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?	
Last date the ES was outside the U.S.?	

SI		Purpose of Travel	
ES		Date left U.S.	
		Date Returned to U.S.	
		Type Of Evidence	
		Development Required?	
		Method of Travel	
		Method of Payment	
		Source of Funds	
		Was the Ticket a Gift?	
		Was the Ticket Refundable?	
		Unearned Income Suspected?	

SI Determination	
ES Determination	

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

MARRIAGE

SYSTEMS DATA

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					
Holding Out		▾			

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex? | ▾

Does the SI's allegation match the SSR? ▾

Since mm/dd/yyyy was the spouse eligible for SSI? ▾

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM	▾					▾	
IM	▾					▾	
SM	▾					▾	

EVIDENCE TYPE	▾
ISSUING ENTITY	
PLACE ISSUED	
DOCUMENT NUMBER	
DATE ISSUED	
DATE RECORDED	
EVENT DATE	

DETERMINATION

BM	▾
IM	▾
SM	▾

MAIN MENU	PREVIOUS		ADD REMARKS		□ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address | Same as SM? | Residence Start Date

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address — Same as prior residence address?

3

Are the SI and ES living in the same residence?

4 Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address — Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1. **Record the following residence information as of mm/dd/yyyy**

2. **Residence Address** — **Same as prior residence address?**

3.

4. **Are the SI and ES living in the same residence?**

   Residence Type

5. **If Residence Type = 1 or 2, with whom does the SI live?**

6. **Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?**

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	▼		

SM Mailing Address	Match	Current Mailing Address
	▼	

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	▼	▼	▼

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address   Same as prior residence address?

3 ▼

4 Are the SI and ES living in the same residence? ▼

Residence Type ▼

5 If Residence Type = 1 or 2, with whom does the SI live? ▼

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments? ▼

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address   Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

INSTITUTION

	ALLEGED	Date Propagates Here	VERIFIED	
1		Residence Address		
2				
3		Name of Facility		
4		Type of Facility		▼
5		Facility Contact Information		
6		Facility Rep. Name		
		Title of Contact		
		Type of Contact	▼	
		Date of Contact		
		Date of Admission		
		Date of Discharge		

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

Main LA Screen		ADD REMARKS		NEXT

INSTITUTION

1				Type of Contact			
2				Date of Contact			
3				Date of Admission			
4				Date of Discharge			
	SM	IM	BM		SM	IM	BM
5				Medicaid Pays Over 50 %			
6				Total Charge			
				SI's Payment Amount			
				3rd Party Payment Source(s)			
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			
				☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1			
2	**ALLEGED**	**Date Propagates Here**	**VERIFIED**
3		Residence Address	
4		Name of Facility	
5		Type of Facility	
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

ELEMENT 6

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

Type of Contact	
Date of Contact	
Date of Admission	
Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ Infrequent/ Irregular

Main LA Screen   **ADD REMARKS**   **NEXT**

INSTITUTION

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	▼
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

| Main LA Screen | | ADD REMARKS | | NEXT |

INSTITUTION

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

			Type of Contact			
			Date of Contact			
			Date of Admission			
			Date of Discharge			
SM	**IM**	**BM**		**SM**	**IM**	**BM**
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			

☐ **Infrequent/ Irregular**

| Main LA Screen | | ADD REMARKS | | NEXT |

INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED

2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	▾
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen		ADD REMARKS		NEXT

INSTITUTION

1				**Type of Contact**		
2				**Date of Contact**		
3				**Date of Admission**		
				Date of Discharge		
4	SM	IM	BM		SM	IM	BM
5				**Medicaid Pays Over 50 %**			
6				**Total Charge**			
				SI's Payment Amount			
				3rd Party Payment Source(s)		
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			
				☐ **Infrequent/ Irregular**		

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1	ALLEGED	Date Propagates Here		VERIFIED		
2		Residence Address				
3						
4		Name of Facility				
5		Type of Facility				
6		Facility Contact Information				
		Facility Rep. Name				
		Title of Contact				
		Type of Contact				
		Date of Contact				
		Date of Admission				
		Date of Discharge				

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1				Type of Contact			
2				Date of Contact			
3				Date of Admission			
4				Date of Discharge			
	SM	IM	BM		SM	IM	BM
5				Medicaid Pays Over 50 %			
6				Total Charge			
				SI's Payment Amount			
				3rd Party Payment Source(s)			
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			
				☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1						
2	**ALLEGED**	**Date Propagates Here**		**VERIFIED**		
3		Residence Address				
4		Name of Facility				
5		Type of Facility				
6		Facility Contact Information				
		Facility Rep. Name				
		Title of Contact				
		Type of Contact				
		Date of Contact				
		Date of Admission				
		Date of Discharge				
	SM	IM	BM	SM	IM	BM
		Medicaid Pays Over 50 %				
		Total Charge				

Main LA Screen		ADD REMARKS		NEXT

INSTITUTION

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %				
				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

| Main LA Screen | | ADD REMARKS | | NEXT |

NON-INSTITUTIONAL CARE

ELEMENT 6

1	ALLEGED	Date Propagates Here	VERIFIED

2		Residence Address	
3			

| 4 | | Name of Facility | |

| 5 | | Type of Facility | |

| 6 | | # of Residents | |

| | | Facility License # | |

| | | Expiration Date | |

| | | Facility Contact Information | |

| | | Facility Rep. Name | |

| | | Title of Contact | |

| | | Type of Contact | |

| | | Date of Contact | |

| | | Date of Admission | |

| | | Date of Discharge | |

| | | Total Charge | |

| | | SI's Payment Amount | |

| Main LA Screen | ADD REMARKS | NEXT |

NON-INSTITUTIONAL CARE

ELEMENT 6

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
6		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
		# of Residents	
6		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

1			
	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
		# of Residents	
6		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	▼
6		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▼
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

	1	
	2	
	3	
	4	
	5	
	6	

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		**Residence Address**	
3			
4		**Acquisition Date**	
		Disposal Date	
5		**Name of Home Owner(s)**	
6		**Home Ownership Type?**	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Acquisition Date	
		Disposal Date	
		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

1 2 3 4 5 6

Main LA Screen	ADD REMARKS	NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1		Residence Address	
2			
3			
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1		**Residence Address**	
2			
3			
4		**Acquisition Date**	
		Disposal Date	
5		**Name of Home Owner(s)**	
6		**Home Ownership Type?**	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen		ADD REMARKS		NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen		ADD REMARKS		NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1	**Evidence of Rental Payment**
2	**Landlord's Contact Information**
3	
4	**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5	
6	**Who is Related to Landlord?**

CMRV

Evidence of CMRV

Rental Liability Established? **Type**

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1		**Evidence of Rental Payment**
2		**Landlord's Contact Information**
3		
4		**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5		
6		**Who is Related to Landlord?**
		CMRV
		Evidence of CMRV
		Rental Liability Established? **Type**
		Does SI Receive a Housing Subsidy?
		Source of Subsidy Contact information
		Amount of Subsidy
		Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		**Residence Address**	
3			
4		**Residence Begin Date**	
5		**Residence End Date**	
6		**Person(s) with Rental Liability**	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

#	Field	Value
1	Evidence of Rental Payment	
2	Landlord's Contact Information	
3		
4	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
5		
6	Who is Related to Landlord?	
	CMRV	
	Evidence of CMRV	
	Rental Liability Established?	Type
	Does SI Receive a Housing Subsidy?	
	Source of Subsidy Contact information	
	Amount of Subsidy	
	Is Subsidy Excluded?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5	▾	Residence End Date	▾
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	▾
		Landlord's Contact Information	
	▾	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	▾
		Who is Related to Landlord?	
		CMRV	

| Main LA Screen | | ADD REMARKS | | NEXT |

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

#			
1		Evidence of Rental Payment	
2		Landlord's Contact Information	
3			
4		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
5			
6		Who is Related to Landlord?	
		CMRV	
		Evidence of CMRV	
		Rental Liability Established?	Type
		Does SI Receive a Housing Subsidy?	
		Source of Subsidy Contact information	
		Amount of Subsidy	
		Is Subsidy Excluded?	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1	Evidence of Rental Payment
2	Landlord's Contact Information
3	
4	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?
5	
6	Who is Related to Landlord?
	CMRV
	Evidence of CMRV
	Rental Liability Established? **Type**
	Does SI Receive a Housing Subsidy?
	Source of Subsidy Contact information
	Amount of Subsidy
	Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1	**Evidence of Rental Payment**
2	**Landlord's Contact Information**
3	
4	**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5	
6	**Who is Related to Landlord?**
	CMRV
	Evidence of CMRV
	Rental Liability Established? **Type**
	Does SI Receive a Housing Subsidy?
	Source of Subsidy Contact information
	Amount of Subsidy
	Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen		ADD REMARKS	Go To HH Expenses	NEXT

OTHER HOUSEHOLD LA SITUATIONS

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1	ALLEGED	Date Propagates Here	VERIFIED

1
2
3
4
5
6

	Residence Address	
Evidence	
SI eats all meals out?	
If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | **ADD REMARKS** | **Go To HH Expenses** | **NEXT**

OTHER HOUSEHOLD LA SITUATIONS

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen | **ADD REMARKS** | **Go To HH Expenses** | **NEXT**

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1 2 3 4 5 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount		Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen	**ADD REMARKS**	**NEXT**

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1
2
3
4
5
6

	Amount
	Countable?
	If no, Reason
	If yes, CMV ☐ Infrequent or Irregular
	Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV ☐ Infrequent or Irregular		
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
		▼	Type of Assistance		▼
			Source Contact Information		
			Amount		
			Countable?	▼	
			If no, Reason		▼
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		▼

Total Number of Sources		**Additional**		**Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [ ] ▾

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▾	Type of Assistance		▾
		Source Contact Information		
		Amount		
		Countable?	[ ] ▾	
		If no, Reason	|	▾
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		▾

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▾	Type of Assistance		▾
		Source Contact Information		

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1

2

3

4

5

6

	Amount
	Countable?
	If no, Reason
	If yes, CMV	☐ Infrequent or Irregular
	Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources   **Additional**   **Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen   **ADD REMARKS**   **NEXT**

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1

	Amount

2

	Countable?	

3

	If no, Reason	
	If yes, CMV		☐ Infrequent or Irregular

4

	Evidence	

5

ALLEGED		SOURCE 3	VERIFIED	

6

FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	TO		FROM	TO
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources [ ]   **Additional**   [ ] **Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**

3

		Period		

4

		Type of Assistance		

5

	Source Contact Information	

6

	Amount	

	Countable?	

	If no, Reason	

	If yes, CMV	☐ Infrequent or Irregular

	Evidence	

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
	Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1

	Amount

2

	Countable?	

3

	If no, Reason	

4

	If yes, CMV	☐ Infrequent or Irregular

5

	Evidence	

6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	1
2	
3	
4	
5	
6	

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▾	Type of Assistance		▾
		Source Contact Information		
		Amount		
		Countable?	▾	
		If no, Reason		▾
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		▾

Total Number of Sources   **Additional**   **Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen   **ADD REMARKS**   **NEXT**

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?		

	ALLEGED		SOURCE 1		VERIFIED	
	FROM	**TO**		**FROM**	**TO**	
3			Period			
4			Type of Assistance			
5			Source Contact Information			
			Amount			
			Countable?			
			If no, Reason			
			If yes, CMV	☐ Infrequent or Irregular		
			Evidence			

	ALLEGED		SOURCE 2		VERIFIED	
	FROM	**TO**		**FROM**	**TO**	
			Period			
			Type of Assistance			
			Source Contact Information			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

Amount	
Countable?	▼
If no, Reason	▼
If yes, CMV	☐ Infrequent or Irregular
Evidence	▼

ALLEGED			SOURCE 3	VERIFIED	
FROM	TO			FROM	TO
		Period			
▼		Type of Assistance		▼	
		Source Contact Information			
		Amount			
		Countable?	▼		
		If no, Reason	▼		
		If yes, CMV	☐ Infrequent or Irregular		
		Evidence	▼		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? ▢ ▾

2

ALLEGED		SOURCE 1	VERIFIED	

3

FROM	TO		FROM	TO
		Period		
▾		Type of Assistance	▾	
		Source Contact Information		

4

5

6

	Amount	

	Countable?	▢ ▾
	If no, Reason	▾
	If yes, CMV	▢ Infrequent or Irregular
	Evidence	▾

ALLEGED		SOURCE 2	VERIFIED	

FROM	TO		FROM	TO
		Period		
▾		Type of Assistance	▾	
		Source Contact Information		

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1

2

3

4

5

6

	Amount	
	Countable?	
	If no, Reason	
	If yes, CMV	☐ Infrequent or Irregular
	Evidence	

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen		ADD REMARKS		NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
		▼						☐
1		▼	▼			▼	▼	☐
2		▼	▼			▼	▼	☐
3		▼	▼			▼	▼	☐
4		▼	▼			▼	▼	☐
5		▼	▼			▼	▼	☐
6		▼	▼			▼	▼	☐
7		▼	▼			▼	▼	☐
8		▼	▼			▼	▼	☐
9		▼	▼			▼	▼	☐
10		▼	▼			▼	▼	☐
11		▼	▼			▼	▼	

Indicate who are the materialIndividuals

| | | MI-1 | ☐ No material individuals in the review period |
| ▼ | | MI-2 | |

Total number of ineligible children ☐

Total number of ineligible siblings ☐

| Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

1
2
3
4
5
6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								☐

Indicate who are the materialIndividuals

MI-1
MI-2

☐ **No material individuals in the review period**

Total number of ineligible children ____

Total number of ineligible siblings ____

| Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								☐

Indicate who are the materialIndividuals

MI-1   ☐ **No material individuals in the review period**

Total number of ineligible children

MI-2

Total number of ineligible siblings

| Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

1
2
3
4
5
6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the materialIndividuals

| | MI-1 | ☐ No material individuals in the review period | Total number of ineligible children | |
| | MI-2 | | Total number of ineligible siblings | |

| Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

1

2

3

4

5

6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								☐

Indicate who are the materialIndividuals

| MI-1 |
| MI-2 |

☐ **No material individuals in the review period**

Total number of ineligible children

Total number of ineligible siblings

| Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							

Indicate who are the materialIndividuals

MI-1   ☐ No material individuals in the review period
MI-2

Total number of ineligible children [ ]
Total number of ineligible siblings [ ]

Main LA Screen | STUDENT STATUS | ADD REMARKS | ESTABLISH THE IC | NEXT

LIVING ARRANGEMENTS - INELIGIBLE CHILDREN

Use this screen to associate the names of the Ineligible Children/Siblings (IC/Sibling) with the corresponding IC#. These names will display on the income screens throughout the form.

Select the IC/Siblings names from the Dropdown.		Was the IC/Sibling a Student During the Review Period?	
IC-1		IC-1	
IC-2		IC-2	
IC-3		IC-3	
IC-4		IC-4	
IC-5		IC-5	

CLOSE

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		▼
	RENT		▼
	MORTGAGE		▼
	PROPERTY INSURANCE		▼
	PROPERTY TAX		▼
	HEATING/ FUEL		▼
	GAS		▼
	ELECTRICITY		▼
	WATER		▼
	SEWER		▼
	GARBAGE REMOVAL		▼
	TOTAL		

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen		ADD REMARKS		NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1

2

3

4

5

6

Residence Address			AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		▼
	RENT		▼
	MORTGAGE		▼
	PROPERTY INSURANCE		▼
	PROPERTY TAX		▼
	HEATING/ FUEL		▼
	GAS		▼
	ELECTRICITY		▼
	WATER		▼
	SEWER		▼
	GARBAGE REMOVAL		▼
	TOTAL		

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1

2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

4

5

6

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1

2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

4

5

6

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

	Residence Address			AVERAGING PERIOD:	FROM	TO
1						
2						

3	ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
4		FOOD		
5		RENT		
		MORTGAGE		
6		PROPERTY INSURANCE		
		PROPERTY TAX		
		HEATING/ FUEL		
		GAS		
		ELECTRICITY		
		WATER		
		SEWER		
		GARBAGE REMOVAL		
		TOTAL		

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2

Residence Address		AVERAGING PERIOD:	FROM	TO

3

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	FOOD		
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL		

4
5
6

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1
2
3
4
5
6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation [▼]

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

3

4

5

6

Residence Address	

Development of OSS Field Allegation

OSS development remarks

|

OSS code based on field review allegation [▼]

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

|

6

OSS code based on field review allegation ▼

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

| Main LA Screen | | ADD REMARKS | | NEXT |

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation [▼]

Main LA Screen	ADD REMARKS	NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? ▼ ☐ Override

5 Does contribution benefit the SI only? ▼

6

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of ISM	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	▼
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2

Household Member	Amount Alleged	Amount Verified	Evidence

3

4

5

6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					# of HH members
5					Pro-Rata Share
6					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

| Main LA Screen | ADD REMARKS | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? ☐ Override

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2

Household Member	Amount Alleged	Amount Verified	Evidence

3

4

5

6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				☐ Infrequent or Irregular
2				
3				
4				
5				# of HH members
6				Pro-Rata Share
				SI's Contribution
				Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

3

4

5

6

Residence Address

OUTSIDE ISM

Does the SI/MI receive contributions from outside the household? ▼ ☐ Override

Does contribution benefit the SI only? ▼

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of ISM	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable? ▼	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ] ▼

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					# of HH members
5					Pro-Rata Share
6					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen	ADD REMARKS	NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
6
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2

Household Member	Amount Alleged	Amount Verified	Evidence

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					
5					# of HH members
6					Pro-Rata Share
					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here		VERIFIED
	Type of contribution		
	Contributor's Name(s)		
	Contributor's Contact Information		
	Recipient		
	Amount		
	Countable Amount		☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ **Infrequent or Irregular**

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? ▼

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3

4

5

6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					
5					# of HH members
6					Pro-Rata Share
					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

| Main LA Screen | | ADD REMARKS | | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? ▾

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▾
			▾
			▾
			▾
			▾
			▾
			▾
			▾
			▾
			▾
			▾

3

4

5

6

Total Contributions

Household Expenses

Excess Income

☐ Infrequent or Irregular

# of HH members

Pro-Rata Share

SI's Contribution

Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▾	Type of contribution	▾
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 | | | | | ▼ | ☐ Infrequent or Irregular

2 | | | | | ▼

3 | | | | | ▼

4 | | | | | ▼

| | | | | ▼ | **# of HH members** |

5 | | | | | ▼ | **Pro-Rata Share** |

6 | | | | | ▼ | **SI's Contribution** |

| | | | | ▼ | **Countable ISM Amount** |

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	**Type of contribution**	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

| Main LA Screen | | ADD REMARKS | | NEXT |

ADDRESS HISTORY

ELEMENT 6

Residence 1 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Residence 2 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Residence 3 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Residence 4 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Residence 5 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Residence 6 _____ Change Since mm/dd/yyyy? ___ Date of change ___

Type _____

Main LA Screen   **BACK**

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2 | Residence Address

3

Residence Type

4 | Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

5

6 | If yes, date of change?

Main LA Screen
ADD REMARKS
ADDR HISTORY
NEXT

REVIEW PERIOD LA CHANGE

1

2   **Residence Address**

3

   Residence Type

4   Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

5

6   If yes, date of change?

| Main LA Screen | | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address	
Residence Type	

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy? ▼

If yes, date of change?

Main LA Screen	ADD REMARKS	ADDR HISTORY	NEXT

REVIEW PERIOD LA CHANGE

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

LA/ISM DETERMINATION

ELEMENT 6

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

BM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

BM
IM
SM

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM		
IM		
SM		

Other HH member's contribution

	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			
Federal Benefit Rate (BM)			
Inside ISM			
Outside ISM			
ISM to one			
Unstated Income Suspected?			
Transient ISM			
Institutional ISM			
Proration Applies?			

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

Main LA Screen | **ADD REMARKS** | **NEXT**

LA/ISM DETERMINATION

BM
IM
SM

Outside ISM

ISM to one

Unstated Income Suspected?

Transient ISM

Institutional ISM

Proration Applies?

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

IM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

BM | IM | SM

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen | ADD REMARKS | NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

Other HH member's contribution

	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			
Federal Benefit Rate (BM)			
Inside ISM			
Outside ISM			
ISM to one			
Unstated Income Suspected?			
Transient ISM			
Institutional ISM			
Proration Applies?			

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

BM
IM
SM

Outside ISM

ISM to one

Unstated Income Suspected?

Transient ISM

Institutional ISM

Proration Applies?

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM iteration	
Residence Date	
Residence Address	
Basis for Federal LA	
FLA	
OSS	
Flat Fee Amount	
Rent Amount	
Current Market Rental Value	
Food expense	
Shelter expenses	
Total HH expenses	
Number of HH members	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

	FOOD	SHELTER	FOOD/SHELTER
Other HH member's contribution			
SI's contribution			
SI's Pro Rata Share			
Federal Benefit Rate (BM)			
Inside ISM			
Outside ISM			
ISM to one			
Unstated Income Suspected?			
Transient ISM			
Institutional ISM			
Proration Applies?			

BM
IM
SM

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

Outside ISM	
ISM to one	
Unstated Income Suspected?	▼
Transient ISM	
Institutional ISM	
Proration Applies?	▼

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
▼	▼	▼

Main LA Screen

ADD REMARKS

NEXT

SELF-EMPLOYMENT

SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS? [▼]

For the previous or current tax year, have the SI/MI/IC been self-employed? [▼] ☐ Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year? [▼] ☐ Override

Indicate who earned or expects to earn income from self-employment	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5

Determination

[▼]

| MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

SI's Name Propagates Here

ALLEGED				VERIFIED		
		Type of Business				
		Gross income last year				
		Net income last year				
		Gross income this year				
		Net income this year				
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			▾

ALLEGED	Deductions/ Exclusions	VERIFIED		
▾	Student Earned Income			
▾	IRWE			
▾	BWE			
▾	Court-Ordered Pymnts			
▾	PASS			
▾	OTHER			

Was the SI a Student during the Review Period? ▾

Total SEI
SI
SM	
IM	
BM	

Total SEI
MI-1
SM	
IM	
BM	

Total SEI
MI-2
SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI-1's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the MI1 a Student during the Review Period?

Total SEI
SI

SM	
IM	
BM	

Total SEI
MI-1

SM	
IM	
BM	

Total SEI
MI-2

SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

MI-2's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED		Deductions/ Exclusions	VERIFIED		
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Pymnts			
		PASS			
		OTHER			

Was the MI2 a Student during the Review Period?

Total SEI — SI

SM	
IM	
BM	

Total SEI — MI-1

SM	
IM	
BM	

Total SEI — MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			
	Was the IC a Student during the Review Period?			

Total SEI SI

SM	
IM	
BM	

Total SEI MI-1

SM	
IM	
BM	

Total SEI MI-2

SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT

ELEMENT 7

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(2)'s Name Propagates Here

ALLEGED		VERIFIED
	Type of Business	
	Gross income last year	
	Net income last year	
	Gross income this year	
	Net income this year	

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence	▼		

ALLEGED	Deductions/ Exclusions	VERIFIED		
▼	Student Earned Income			
▼	Court-Ordered Pymnts			
▼	PASS			
▼	OTHER			

Was the IC a Student during the Review Period?	▼

Total SEI
SI

SM	
IM	
BM	

Total SEI
MI-1

SM	
IM	
BM	

Total SEI
MI-2

SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(3)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			
	Was the IC a Student during the Review Period?			

Total SEI SI

SM	
IM	
BM	

Total SEI MI-1

SM	
IM	
BM	

Total SEI MI-2

SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

IC(4)'s Name Propagates Here

ALLEGED		VERIFIED
	Type of Business	
	Gross income last year	
	Net income last year	
	Gross income this year	
	Net income this year	

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI
SI
SM	
IM	
BM	

Total SEI
MI-1
SM	
IM	
BM	

Total SEI
MI-2
SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT- DETAIL FORM

SELF-EMPLOYMENT

SI	

IC(5)'s Name Propagates Here

ALLEGED		VERIFIED
	Type of Business	
	Gross income last year	
	Net income last year	
	Gross income this year	
	Net income this year	

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Left nav: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Right panel:
- Total SEI SI — SM, IM, BM
- Total SEI MI-1 — SM, IM, BM
- Total SEI MI-2 — SM, IM, BM

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

WAGES

SYSTEMS DATA

	SM	IM	BM	SY
SI				
MI-1				
MI-2				

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS? [▼]

Have the SI/MI/IC earned wages since mm/dd/yyyy [▼] ☐ Override

Indicate who earned wages	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Was there Telephone Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼
Was there Monthly Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼

Determination

[▼]

| MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

WAGES

SI					

SI's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
		Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Side navigation tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

	ALLEGED							

| SI |

| | | | ▼ | OTHER | | | | | | ▲ |

| MI-1 |

	ALLEGED		**Employer 2**		VERIFIED	

| MI-2 |

| | Employer Name | |

| IC-1 |

| | Employer Contact Information | |

| IC-2 |

| | Date Began | |

| IC-3 |

| | Date Ended | |

| IC-4 |

| | | ▼ | Pay Amount/ Frequency | ☐ Infrequent or Irregular Income involved | |

| IC-5 |

| | Pay Date | |

		SM	IM	BM
	Gross Wages			
	Evidence			▼

ALLEGED	**Deductions/ Exclusions**	VERIFIED	

	▼	Cafeteria Plan			
		Student Earned Income			
	▼	IRWE			
	▼	BWE			
	▼	Court-Ordered Payments			
	▼	PASS			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK | **Student Status** | **ADD REMARKS** | **View Summary** | **NEXT**

WAGES

ELEMENT 8

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

MI-1's Name Propagates Here

ALLEGED	**Employer 1**	**VERIFIED**	

Sidebar tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Cafeteria Plan		
	Student Earned Income		
	IRWE		
	BWE		
	Court-Ordered Payments		
	PASS		

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

	OTHER			

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

| | SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

OTHER

Was the SI a Student during the Review Period?

| Total Number of Employers | | Additional | | Total Number of Employers |

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

SI			

MI-2's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Navigation tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Total Gross Wages SI
- SM
- IM
- BM

Total Gross Wages MI-1
- SM
- IM
- BM

Total Gross Wages MI-2
- SM
- IM
- BM

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

	OTHER			

ALLEGED	Employer 2	VERIFIED

	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
		Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED

	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI

MI-1

MI-2

IC-1

IC-2

IC-3

IC-4

IC-5

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI			

IC(1)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? [ ]

Navigation tabs (left column): SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

ALLEGED	Deductions/ Exclusions	VERIFIED	
▾	Cafeteria Plan		
	Student Earned Income		
▾	Court-Ordered Payments		
▾	OTHER		

Was the IC a Student during the Review Period? ▾

Total Number of Employers		**Additional**		Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary		NEXT

WAGES

SI	IC(2)'s Name Propagates Here		

	ALLEGED	**Employer 1**	VERIFIED
		Employer Name	
		Employer Contact Information	
		Date Began	
		Date Ended	
		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
		Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	**Deductions/ Exclusions**	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

Sidebar tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

	ALLEGED	Deductions/ Exclusions		VERIFIED	
	▾	Cafeteria Plan			
		Student Earned Income			
	▾	Court-Ordered Payments			
	▾	OTHER			

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

Was the IC a Student during the Review Period? ▾

Total Number of Employers		**Additional**		Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES- DETAIL FORM

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(3)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? ▢

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Cafeteria Plan		
	Student Earned Income		
	Court-Ordered Payments		
	OTHER		

Was the IC a Student during the Review Period?

Total Number of Employers   Additional   Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(4)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? ☐

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

	ALLEGED	Deductions/ Exclusions		VERIFIED	
	⌄	Cafeteria Plan			
		Student Earned Income			
	⌄	Court-Ordered Payments			
	⌄	OTHER			

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

Was the IC a Student during the Review Period? ⌄

Total Number of Employers		**Additional**		Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(5)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	▼ Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence	▼		

ALLEGED	Deductions/ Exclusions	VERIFIED
▼	Cafeteria Plan	
	Student Earned Income	
▼	Court-Ordered Payments	
▼	OTHER	

Was the IC a Student during the Review Period? ▼

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

ELEMENT 8

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

Was the IC a Student during the Review Period?

Total Number of Employers   **Additional**   **Total Number of Employers**

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK   **Student Status**   **ADD REMARKS**   **View Summary**   **NEXT**

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	**SI's Name Propagates Here**				
MI-1	**ALLEGED**		**VERIFIED**		
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact Information			
IC-4					
IC-5	To ▾	Dates of Attendance	To ▾		
		Evidence	▾		
		Student exclusion applies?	SM ▾	IM ▾	BM ▾

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

MI-1's Name Propagates Here

ALLEGED		VERIFIED		
	DOB/ Age			
	School Name			
	Contact Name			
	School Contact Information			
	To	▾	Dates of Attendance		To	▾
	Evidence		▾	
	Student exclusion applies?	SM	IM	BM
		▾	▾	▾

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI-2's Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

	Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

ALLEGED		VERIFIED			
	DOB/ Age				
	School Name				
	Contact Name				
	School Contact Information				
To	Dates of Attendance	To			
	Evidence				
	Student exclusion applies?	SM	IM	BM	
	Deeming Allocation Applies?				

List of ICs by Name   BACK   ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(2)'s Name Propagates Here

ALLEGED		VERIFIED	
	DOB/ Age		
	School Name		
	Contact Name		
	School Contact Information		
	To	Dates of Attendance		To	
	Evidence		

	Student exclusion applies?	SM	IM	BM
	Deeming Allocation Applies?			

List of ICs by Name	BACK	ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

Student exclusion applies?	SM	IM	BM

Deeming Allocation Applies?			

List of ICs by Name	BACK	ADD REMARKS

STUDENT INFORMATION

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

	Student exclusion applies?	SM	IM	BM
Deeming Allocation Applies?				

List of ICs by Name	BACK	ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(5)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	**Dates of Attendance**	To
	Evidence	

	Student exclusion applies?	SM	IM	BM
Deeming Allocation Applies?				

| **List of ICs by Name** | **BACK** | **ADD REMARKS** |

UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA			MATCH?	INTERVIEW		
SM	IM	BM		SM	IM	BM
SI-TXVI			▼			
SI-TII			▼			
ES-TXVI			▼			
ES-TII			▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

		SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
□ NO to ALL	☑ SI	□ MI-1	□ MI-2	□ IC-1	□ IC-2	□ IC-3	□ IC-4	□ IC-5
■ Override	■ SI	■ MI-1	■ MI-2	■ IC-1	■ IC-2	■ IC-3	■ IC-4	■ IC-5

Title XVI		▼	▼	▼	▼	▼	▼	▼	
Title 2		▼	▼	▼	▼	▼	▼	▼	
Unstated Income	YES ▼								
VA Pension	NO ▼	▼	▼	▼	▼	▼	▼	▼	
VA Compensation	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Railroad Retirement	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Govt. Pension	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Black Lung	NO ▼	▼	▼	▼	▼	▼	▼	▼	
State Disability Payments	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Foster Care	NO ▼	▼	▼	▼	▼	▼	▼	▼	

Determination

▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	□ COMPLETE	NEXT

UNEARNED INCOME

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?	INTERVIEW		
	SM	IM	BM		SM	IM	BM
SI-TXVI				▼			
SI-TII				▼			
ES-TXVI				▼			
ES-TII				▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

☐ NO to ALL	☑ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5

Dividend/ Royal	NO ▼	▼	▼	▼	▼	▼	▼	▼
Rent Income	NO ▼	▼	▼	▼	▼	▼	▼	▼
Interest	NO ▼	▼	▼	▼	▼	▼	▼	▼
Gifts	NO ▼	▼	▼	▼	▼	▼	▼	▼
Loans	NO ▼	▼	▼	▼	▼	▼	▼	▼
Support from absent parent	NO ▼	▼	▼	▼	▼	▼	▼	▼
Other cash support	NO ▼	▼	▼	▼	▼	▼	▼	▼
Gambling Income	NO ▼	▼	▼	▼	▼	▼	▼	▼
Miscellaneous	NO ▼	▼	▼	▼	▼	▼	▼	▼
Accelerated LI Payments	NO ▼	▼	▼	▼	▼	▼	▼	▼

Determination
▼

| MAIN MENU | PREVIOUS | List of ICs by Name | ADD REMARKS | View Summary | ☐ COMPLETE | NEXT |

UNEARNED INCOME

SYSTEMS DATA			MATCH?	INTERVIEW		
SM	IM	BM		SM	IM	BM
SI-TXVI			▼			
SI-TII			▼			
ES-TXVI			▼			
ES-TII			▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

	☐ NO to ALL	☑ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
	☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Energy Assistance	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Unemployment	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Workers Compensation	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Sick Pay	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Educational Assistance	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Dividend/ Royal	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Rent Income	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Interest	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Gifts	NO ▼	▼	▼	▼	▼	▼	▼	▼	
Loans	NO ▼	▼	▼	▼	▼	▼	▼	▼	

Determination

▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

Unstated Income Development Screen

Consider all household income, savings, debts incurred, outstanding bills, etc. when determining the actual unstated income amount.

	SM	IM	BM	Unstated Income Link
Monthly HH Expenses				
Monthly Income				
Possible Unstated Income				
Actual Unstated Income Amount				

Unstated Income Determination

▾

BACK

NEXT

UNEARNED INCOME

ELEMENT 9

SI | **MI-1** | **MI-2** | **IC-1** | **IC-2** | **IC-3** | **IC-4** | **IC-5**

SI's Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

UNEARNED INCOME

ELEMENT 9

SI			Source Contact Information				
MI-1							
MI-2			Date Began				
IC-1			Date Ended				
IC-2			Pmt. Amount/ Frequency	Infrequent or Irregular Income involved			
IC-3			Payment Date				
IC-4				SM	IM	BM	
IC-5			Gross UM Amounts				
			Evidence				

Deductions/ Exclusions   **VERIFIED**

ALLEGED	**Unearned Income 3**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM **SI**
SM
IM
BM

Total Gross UM **MI-1**
SM
IM
BM

Total Gross UM **MI-2**
SM
IM
BM

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

UNEARNED INCOME

ELEMENT 9

SI

MI-1

MI-2

IC-1

IC-2

IC-3

IC-4

IC-5

		Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved		
		Payment Date			
			SM	IM	BM
		Gross UM Amounts			
		Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	Unearned Income 4	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	
		SM	IM	BM
	Gross UM Amounts	

Total Gross UM SI

SM

IM

BM

Total Gross UM MI-1

SM

IM

BM

Total Gross UM MI-2

SM

IM

BM

BACK   ADD REMARKS   View Summary   NEXT

UNEARNED INCOME

ELEMENT 9

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions   **VERIFIED**

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI1's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI			Source Contact Information				Total Gross UM **SI**
MI-1							SM
MI-2			Date Began				IM
IC-1		▼	Date Ended		▼		BM
IC-2		▼	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved			Total Gross UM **MI-1**
IC-3			Payment Date	SM	IM	BM	SM
IC-4			Gross UM Amounts				IM
IC-5			Evidence		▼		BM

Deductions/ Exclusions   VERIFIED

	▼			

ALLEGED	**Unearned Income 3**	VERIFIED	Total Gross UM **MI-2**
▼	Unearned Income Type	▼	SM
	Source		IM
	Source Contact Information		BM
	Date Began		
▼	Date Ended	▼	

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UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

Pmt. Amount/ Frequency

Payment Date

☐ Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	Unearned Income 4	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	
	Payment Date	

☐ Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI
SM	
IM	
BM	

Total Gross UM
MI-1
SM	
IM	
BM	

Total Gross UM
MI-2
SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

MI2's Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

		SM	IM	BM
	Gross UM Amounts			
	Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		
MI-1		Source Contact Information
MI-2		Date Began
IC-1		Date Ended
IC-2		Pmt. Amount/ Frequency
IC-3		Payment Date
IC-4		
IC-5		

Total Gross UM SI
SM	
IM	
BM	

Total Gross UM MI-1
SM	
IM	
BM	

Total Gross UM MI-2
SM	
IM	
BM	

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions VERIFIED

ALLEGED	Unearned Income 3	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

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UNEARNED INCOME

ELEMENT 9

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

Pmt. Amount/ Frequency

☐ Infrequent or Irregular Income involved

Payment Date

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	**Unearned Income 4**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Pmt. Amount/ Frequency

☐ Infrequent or Irregular Income involved

Payment Date

	SM	IM	BM
Gross UM Amounts			

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM SI
SM	
IM	
BM	

Total Gross UM MI-1
SM	
IM	
BM	

Total Gross UM MI-2
SM	
IM	
BM	

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UNEARNED INCOME

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(1)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
▼	Unearned Income Type	▼
	Source	
	Source Contact Information	
	Date Began	
▼	Date Ended	▼
▼	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence	▼		

Deductions/ Exclusions — VERIFIED

▼			

Unearned Income 2

ALLEGED		VERIFIED
▼	Unearned Income Type	▼
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information
MI-1		
MI-2		Date Began
		Date Ended
IC-1		Pmt. Amount/ Frequency
IC-2		Payment Date
IC-3		
IC-4		Gross UM Amounts
IC-5		Evidence

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		Additional		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

IC(2)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM

SI

SM	
IM	
BM	

Total Countable UM

MI-1

SM	
IM	
BM	

Total Countable UM

MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources

Additional

Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

IC(3)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information
MI-1		
MI-2		Date Began
IC-1		Date Ended
IC-2		Pmt. Amount/ Frequency
IC-3		Payment Date
IC-4		
IC-5		

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(4)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI

MI-1

MI-2

IC-1

IC-2

IC-3

IC-4

IC-5

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources		Additional		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(5)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

Source Contact Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

| Total Number of UM Sources | | | | Total Number of UM Sources |

Additional

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI
SM	
IM	
BM	

Total Countable UM
MI-1
SM	
IM	
BM	

Total Countable UM
MI-2
SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SYSTEMS DATA				My SSR / MSSICS Notes:
CG Field Codes				
SI-RTN		ACCT #		
ES-RTN		ACCT #		

Address each of the categories listed below for the SI/MI(s) since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2
	Override	SI	MI-1	MI-2
Checking Account		▼	▼	▼
Savings/ Money Market Account		▼	▼	▼
Certificate of Deposit		▼	▼	▼
Debit Card from a financial institution		▼	▼	▼
Safe Deposit Box		▼	▼	▼
Name appears on someone else's account		▼	▼	▼
Prior accounts in the last 24 months		▼	▼	▼
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)		▼	▼	▼

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts?　　▼ ☐ **Override**

Determination

▼

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FINANCIAL INSTITUTION ACCOUNTS

| SI |
| MI-1 |
| MI-2 |

SI's Name Propagates Here

Account 1

ALLEGED				VERIFIED		
		Account Type				
		Financial Institution Information				
		Account Number				
		Dedicated Account?				
		Joint Ownership?				
		Dep. by Joint Owner?				
		Owner Name(s)				

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 2	VERIFIED

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	
MI-1	
MI-2	

Account 2

ALLEGED					VERIFIED		
			Account Type				
			Financial Institution Information				
			Account Number				
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
			Owner Name(s)				

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Account 3

ALLEGED	VERIFIED
Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

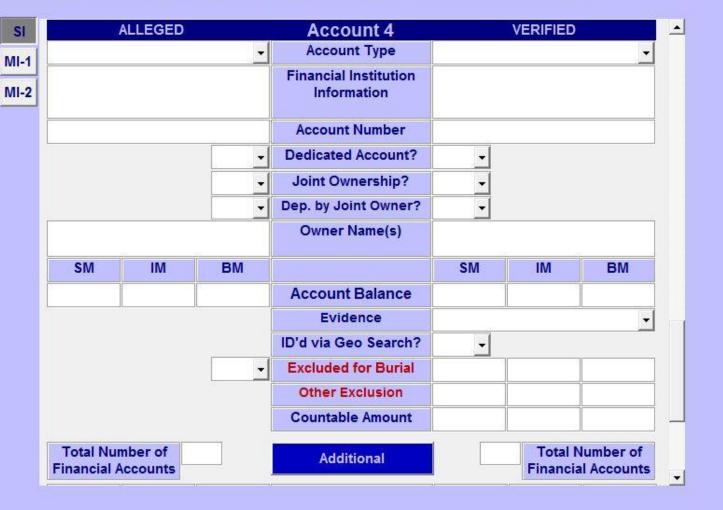**MI-2**

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI
MI-1
MI-2

ALLEGED	Account 4	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts		Additional		Total Number of Financial Accounts

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

	SM	IM	BM		SM	IM	BM
SI				Account Balance			
MI-1				Evidence			
MI-2				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

| Total Number of Financial Accounts | | | | Additional | | Total Number of Financial Accounts | | |

SM	IM	BM	Additional Accounts	SM	IM	BM
			Number of Savings Accounts			
			Countable Savings Account Balance			
			Number of Checking Accounts			
			Countable Checking Account Balance			
			Were any of these additional accounts ID'd via Geo Search?			

Total Financial Accounts

SI

SM	0
IM	0
BM	0

Total Financial Accounts

MI-1

SM	0
IM	0
BM	0

Total Financial Accounts

MI-2

SM	0
IM	0
BM	0

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI |
| MI-1 |
| MI-2 |

MI-1's Name Propagates Here

ALLEGED	Account 1	VERIFIED
▾	Account Type	▾
	Financial Institution Information	
	Account Number	
▾	Dedicated Account?	▾
▾	Joint Ownership?	▾
▾	Dep. by Joint Owner?	▾
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence	▾		
			ID'd via Geo Search?	▾		
▾			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| ALLEGED | Account 2 | VERIFIED |

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				
MI-1				
MI-2				

ALLEGED — Account 2 — VERIFIED

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED — Account 3 — VERIFIED

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI		
MI-1		
MI-2		

ALLEGED	Account 3	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI		
MI-1		
MI-2		

ALLEGED	Account 4	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

	SM	IM	BM		SM	IM	BM
SI				**Account Balance**			
MI-1				**Evidence**			
MI-2				**ID'd via Geo Search?**			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts				**Additional**			**Total Number of Financial Accounts**		
SM	IM	BM	**Additional Accounts**	SM	IM	BM
			Number of Savings Accounts			
			Countable Savings Account Balance			
			Number of Checking Accounts			
			Countable Checking Account Balance			
			Were any of these additional accounts ID'd via Geo Search?			

Total Financial Accounts

SI

SM	0
IM	0
BM	0

Total Financial Accounts

MI-1

SM	0
IM	0
BM	0

Total Financial Accounts

MI-2

SM	0
IM	0
BM	0

BACK | **Transfer of Resources** | **ADD REMARKS** | **VIEW SUMMARY** | **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI
MI-1
MI-2

	MI-2's Name Propagates Here	
ALLEGED	**Account 1**	**VERIFIED**
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	**Account 2**	**VERIFIED**

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

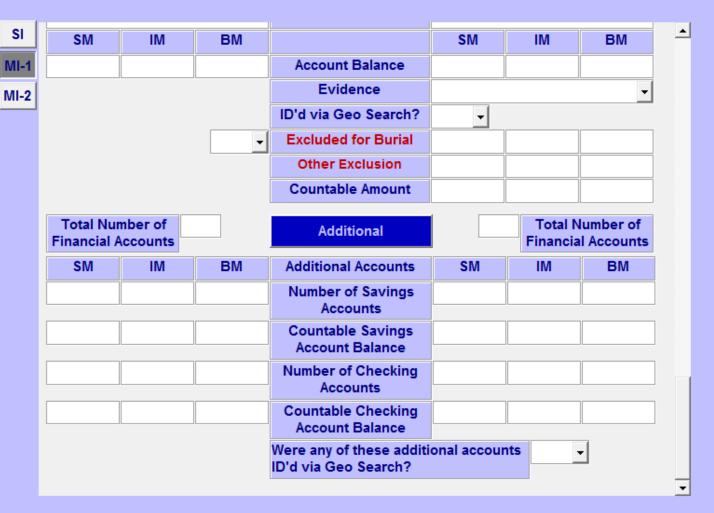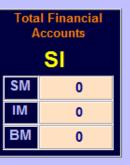| SM	
IM	
BM	

BACK   ADD REMARKS   View Summary   NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI | MI-1 | MI-2 |

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts
SI
SM	
IM	
BM	

Total Financial Accounts
MI-1
SM	
IM	
BM	

Total Financial Accounts
MI-2
SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

SI	ALLEGED	Account 3	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

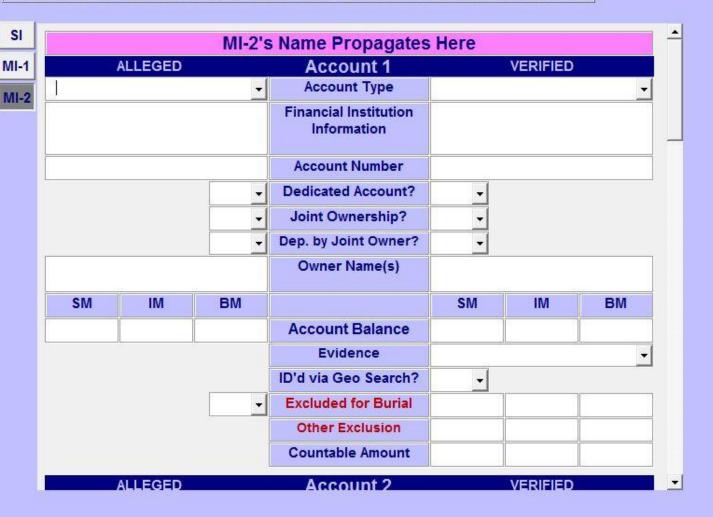**Total Financial Accounts**

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				
MI-1				
MI-2				

ALLEGED	Account 4	VERIFIED
▼	Account Type	▼
	Financial Institution Information	
	Account Number	
▼	Dedicated Account?	▼
▼	Joint Ownership?	▼
▼	Dep. by Joint Owner?	▼
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence	▼		
			ID'd via Geo Search?	▼		
▼			**Excluded for Burial**			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts		**Additional**		**Total Number of Financial Accounts**

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary	NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI					SM	IM	BM
SM	**IM**	**BM**					
			Account Balance				
			Evidence				
			ID'd via Geo Search?				
			Excluded for Burial				
			Other Exclusion				
			Countable Amount				

Total Number of Financial Accounts			**Additional**		**Total Number of Financial Accounts**		
SM	**IM**	**BM**	**Additional Accounts**	**SM**	**IM**	**BM**	
			Number of Savings Accounts				
			Countable Savings Account Balance				
			Number of Checking Accounts				
			Countable Checking Account Balance				
			Were any of these additional accounts ID'd via Geo Search?				

Total Financial Accounts
SI

SM	0
IM	0
BM	0

Total Financial Accounts
MI-1

SM	0
IM	0
BM	0

Total Financial Accounts
MI-2

SM	0
IM	0
BM	0

SI **MI-1** **MI-2**

BACK	Transfer of Resources	ADD REMARKS	VIEW SUMMARY	NEXT

OTHER LIQUID RESOURCES

SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	☐ SI	☐ MI-1	☐ MI-2
☐ Override	☐ SI	☐ MI-1	☐ MI-2	

	SI	MI-1	MI-2
Patient Accounts			
U.S. Savings Bonds			
Promissory Notes			
Stocks			
Bonds			
Mutual Funds			
Trusts			
Retirement Funds			
LI Dividend Accumulations			
Cash on hand			

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources? ☐ Override

MAIN MENU	PREVIOUS		ADD REMARKS	View Summary	☐ COMPLETE	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
SM	IM	BM	Facility Information	SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts | | **Additional** | | **Total Number of Patient Accounts**

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary		NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED			U.S. Sav. Bond 4	VERIFIED		
			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			U.S. Sav. Bond 5	VERIFIED		
			Series			
			Denomination			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

U.S. Sav. Bond 5

ALLEGED					VERIFIED		
			Series				
			Denomination				
			Bond Serial Number				
			Issue Date				
			Ownership				
			Type (Paper/Electronic)				
			Access to Bond				

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds   **Additional**   **Total Number of US Savings Bonds**

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

SI's Name Propagates Here

ALLEGED		Promissory Note 1	VERIFIED	
		Type of Agreement		
		Description		

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

ALLEGED	Stock 1	VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Stock 2	VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.			Name of Stock Symbol			
US Svg Bonds			Type of Stock			
Promissory Notes			Number of Shares			
			Purchase Date			
Stocks			Ownership			
Bonds			Brokerage Firm			

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

Total Number of Stocks **Additional** **Total Number of Stocks**

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Side Navigation:
- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here

Bond 1

ALLEGED		Bond 1	VERIFIED	
		Bond Name		
	▼	Type of Bond		▼
		Number of Bonds		
		Purchase Date		
	▼	Ownership		▼
		Brokerage Firm		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			▼
		▼	**Excluded for Burial**			
			Other Exclusion			
			Countable Amount			

Bond 2

ALLEGED		Bond 2	VERIFIED	
		Bond Name		
	▼	Type of Bond		▼
		Number of Bonds		
		Purchase Date		
	▼	Ownership		▼

Right Panel:

Total Oth. Liquid Resources SI
SM	
IM	
BM	

Total Oth. Liquid Resources MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources MI-2
SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds [ ]   **Additional**   [ ] **Total Number of Bonds**

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2
SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts							

SI's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Left navigation buttons:
- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds [ ]   **Additional**   [ ] **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.	US Svg Bonds	Promissory Notes	Stocks	Bonds	Mutual Funds	Trusts	Ret. Funds	LIP Div. Accum.	Cash On Hand

SI's Name Propagates Here

Trust 1

ALLEGED		VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Trust 2

ALLEGED		VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

Value of Trust

Excluded for Burial

Other Exclusion

Countable Amount

ALLEGED	Trust 2	VERIFIED

Does the SI/Payee have a copy of the trust?

Trustee Contact Information

Type of property held in trust

Date established

Date terminated

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of

Total Number of

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

SI's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds   **Additional**   **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

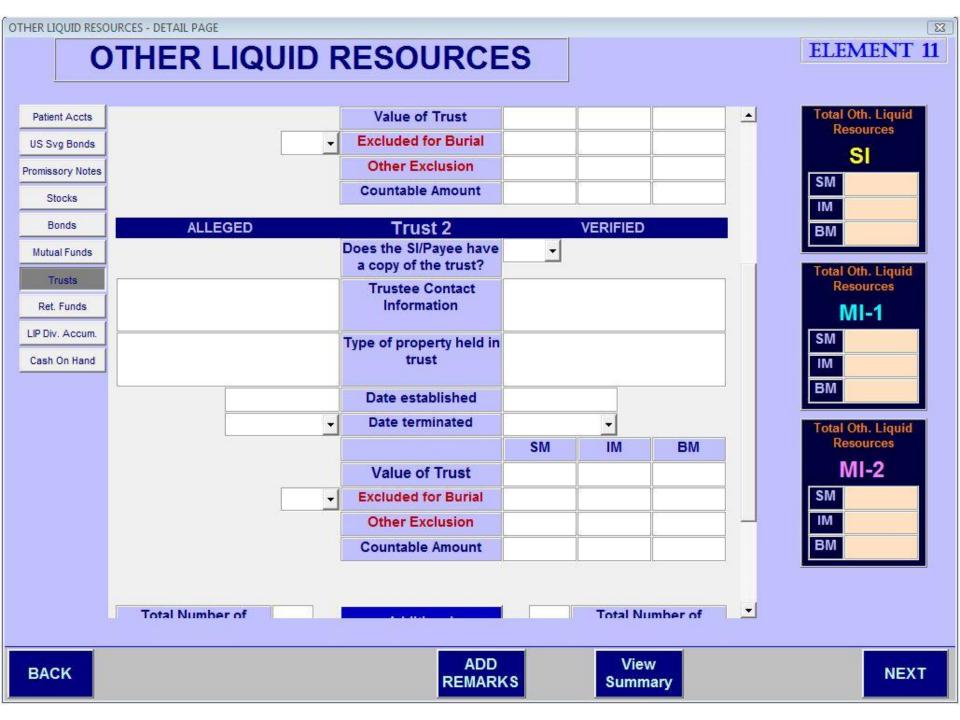| SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Policy 1		VERIFIED	
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2		VERIFIED	
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3		VERIFIED	
	Insurance Company			

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OTHER LIQUID RESOURCES

Patient Accts.
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Cash On Hand

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Policy 4	VERIFIED
	Insurance Company	

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

| Total Number of Policies with Div. Accumulations | | **Additional** | | Total Number of Policies with Div. Accumulations |

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

| BACK | Transfer of Resources | ADD REMARKS | VIEW SUMMARY | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

MI-1's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts | | **Additional** | | **Total Number of Patient Accounts**

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

U.S. Sav. Bond 1

ALLEGED			VERIFIED
	Series		
	Denomination		
	Bond Serial Number		
	Issue Date		
	Ownership		
	Type (Paper/Electronic)		
	Access to Bond		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

U.S. Sav. Bond 2

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	**IM**	**BM**		**SM**	**IM**	**BM**
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	**IM**	**BM**		**SM**	**IM**	**BM**
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1
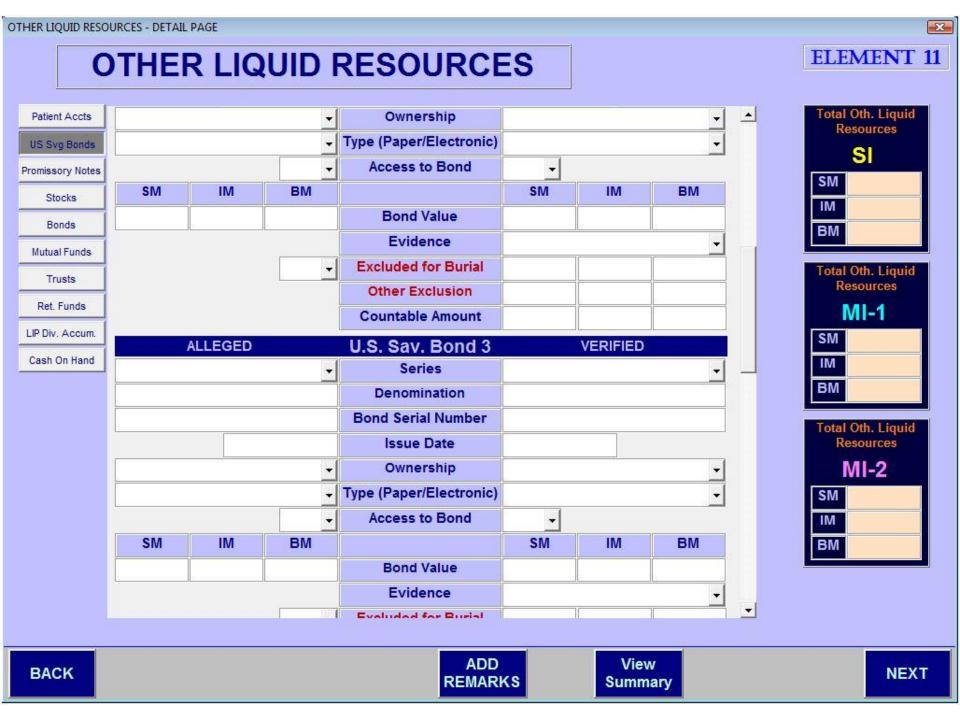
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1
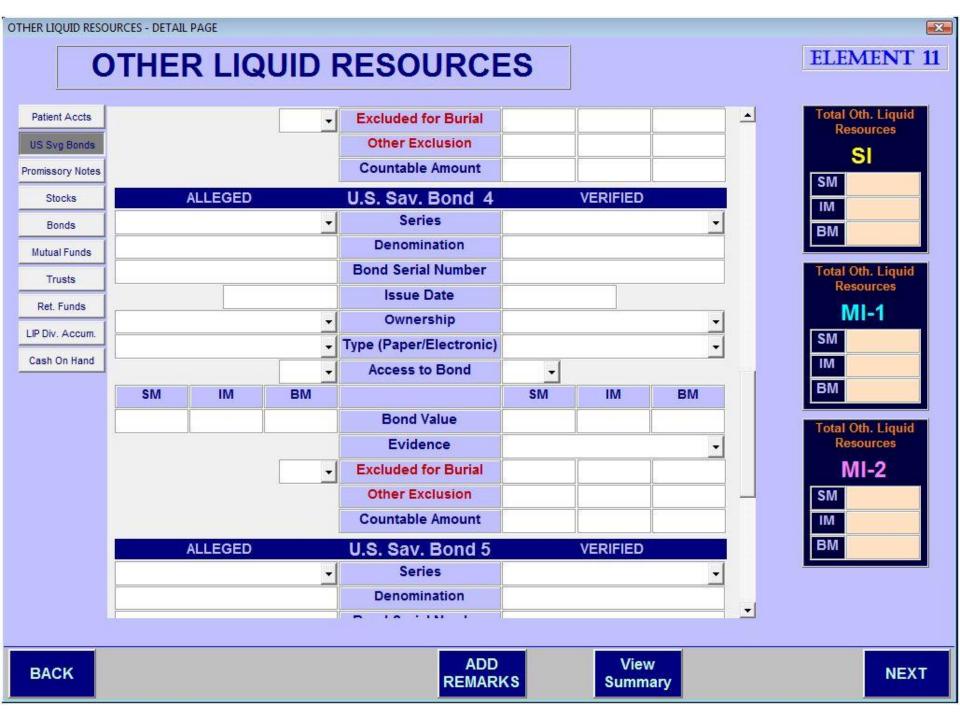
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

U.S. Sav. Bond 5

ALLEGED		VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| Total Number of US Savings Bonds | | **Additional** | | Total Number of US Savings Bonds |

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes [ ]

Additional

[ ] **Total Number of Promissory Notes**

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Stock 1	VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Stock 2	VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts				Name of Stock Symbol			
US Svg Bonds				Type of Stock			
Promissory Notes				Number of Shares			
Stocks				Purchase Date			
Bonds				Ownership			
Mutual Funds				Brokerage Firm			

	SM	IM	BM		SM	IM	BM
				Amount			
				Evidence			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Stocks

Additional

Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

Sidebar navigation: Trusts, Ret. Funds, LIP Div. Accum., Cash On Hand

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ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds | | **Additional** | | **Total Number of Bonds**

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds   **Additional**   **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

| Patient Accts. |
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| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| **Trusts** |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Trust 1	VERIFIED		
	Does the SI/Payee have a copy of the trust?			
	Trustee Contact Information			
	Type of property held in trust			
	Date established			
	Date terminated			
		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED		
	Does the SI/Payee have a copy of the trust?			
	Trustee Contact Information			
	Type of property held in			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED		
	Does the SI/Payee have a copy of the trust?			
	Trustee Contact Information			
	Type of property held in trust			
	Date established			
	Date terminated			
		SM	**IM**	**BM**
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of

Total Number of

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds

Additional

Total Number of Retirement Funds

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
	Insurance Company			

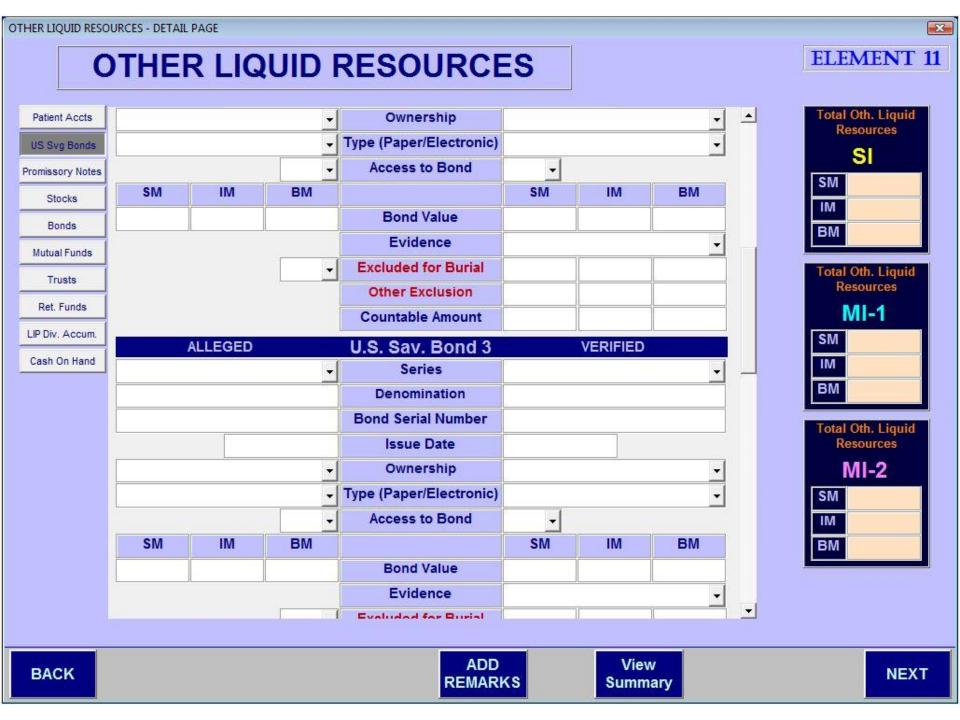| BACK | Transfer of Resources | ADD REMARKS | VIEW SUMMARY | NEXT |

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Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Policy 4	VERIFIED
Insurance Company		

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

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Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-1's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

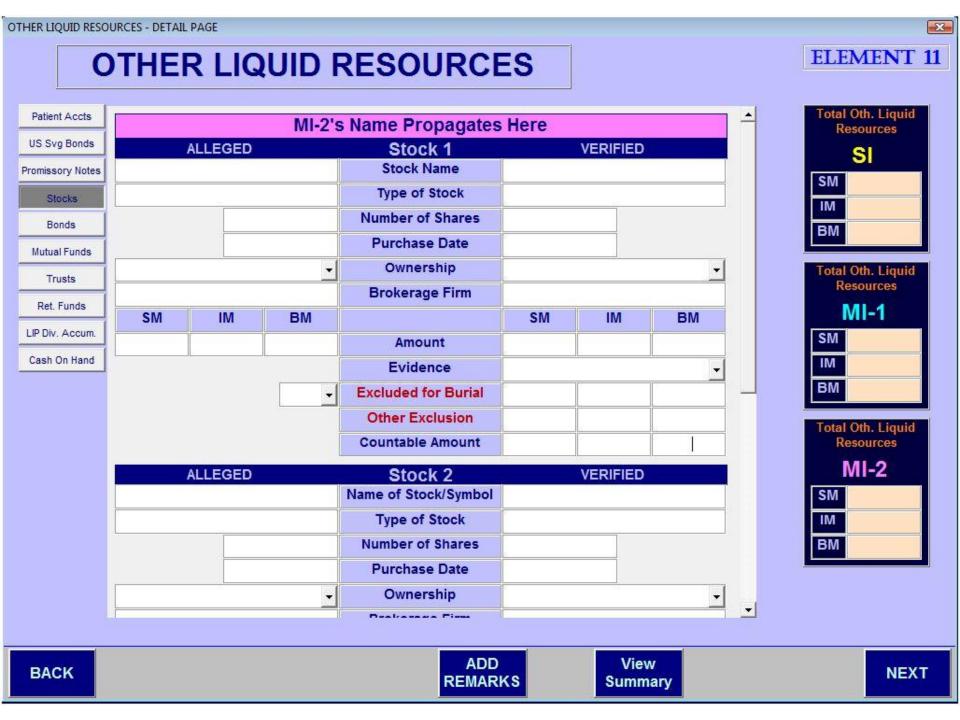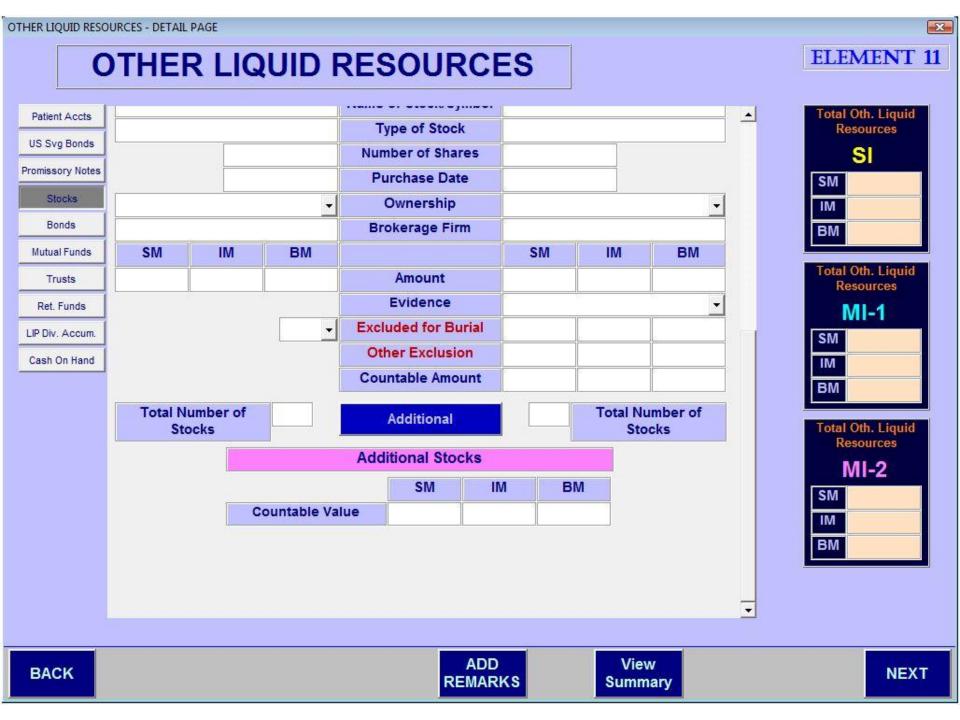| SM	
IM	
BM	

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| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accm. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

Series

Denomination

Bond Serial Number

Issue Date

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED		U.S. Sav. Bond 4	VERIFIED	
	Series		
	Denomination		
	Bond Serial Number		
	Issue Date		
	Ownership		
	Type (Paper/Electronic)		
	Access to Bond		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED		U.S. Sav. Bond 5	VERIFIED	
	Series		
	Denomination		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
	Excluded for Burial					
	Other Exclusion					
	Countable Amount					

Total Number of US Savings Bonds | | **Additional** | | **Total Number of US Savings Bonds**

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

Promissory Note 1

ALLEGED					VERIFIED		
			Type of Agreement				
			Description				
SM	IM	BM			SM	IM	BM
			Amount				
			Evidence				
			Excluded for Burial				
			Other Exclusion				
			Countable Amount				

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

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Patient Accts
US Svg Bonds
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Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED				Stock 1	VERIFIED		
				Stock Name			
				Type of Stock			
				Number of Shares			
				Purchase Date			
				Ownership			
				Brokerage Firm			
SM	IM	BM			SM	IM	BM
				Amount			
				Evidence			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

ALLEGED		Stock 2	VERIFIED	
		Name of Stock/Symbol		
		Type of Stock		
		Number of Shares		
		Purchase Date		
		Ownership		
		Brokerage Firm		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.				Name of Stock Symbol			
US Svg Bonds				Type of Stock			
Promissory Notes				Number of Shares			
				Purchase Date			
Stocks				Ownership			
Bonds				Brokerage Firm			

	SM	IM	BM		SM	IM	BM
Mutual Funds							
Trusts				Amount			
Ret. Funds				Evidence			
LIP Div. Accum.				Excluded for Burial			
Cash On Hand				Other Exclusion			
				Countable Amount			

Total Number of Stocks		Additional		Total Number of Stocks

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2
SM	
IM	
BM	

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| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence	
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds

Additional

Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts | US Svg Bonds | Promissory Notes | Stocks | Bonds | Mutual Funds | Trusts | Ret. Funds | LIP Div. Accum. | Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds   **Additional**   **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

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NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

Navigation
Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

a copy of the trust?

Trustee Contact Information

Type of property held in trust

Date established

Date terminated

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Trusts

Additional

Total Number of Trusts

Additional Trusts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK **ADD REMARKS** **View Summary** **NEXT**

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ] **Additional** [ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
	Insurance Company			

| BACK | Transfer of Resources | ADD REMARKS | VIEW SUMMARY | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Policy 4	VERIFIED
	Insurance Company	

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

BACK	Transfer of Resources	ADD REMARKS	VIEW SUMMARY	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

NON-HOME PROPERTY

ELEMENT 12

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property ? ▼ ☐ Override

Record who owns or is buying non-home property	☐ SI ☐ MI-1 ☐ MI-2
☐ Override	☐ SI ☐ MI-1 ☐ MI-2
Total number of properties	▼ ▼ ▼

Check to display a list of possible ☐
non-home properties.

1. Farmland
2. Commercial (non-farm)
3. Residential property
4. Unimproved Land
5. Foreign Property
6. Mineral/Timber/Water Rights

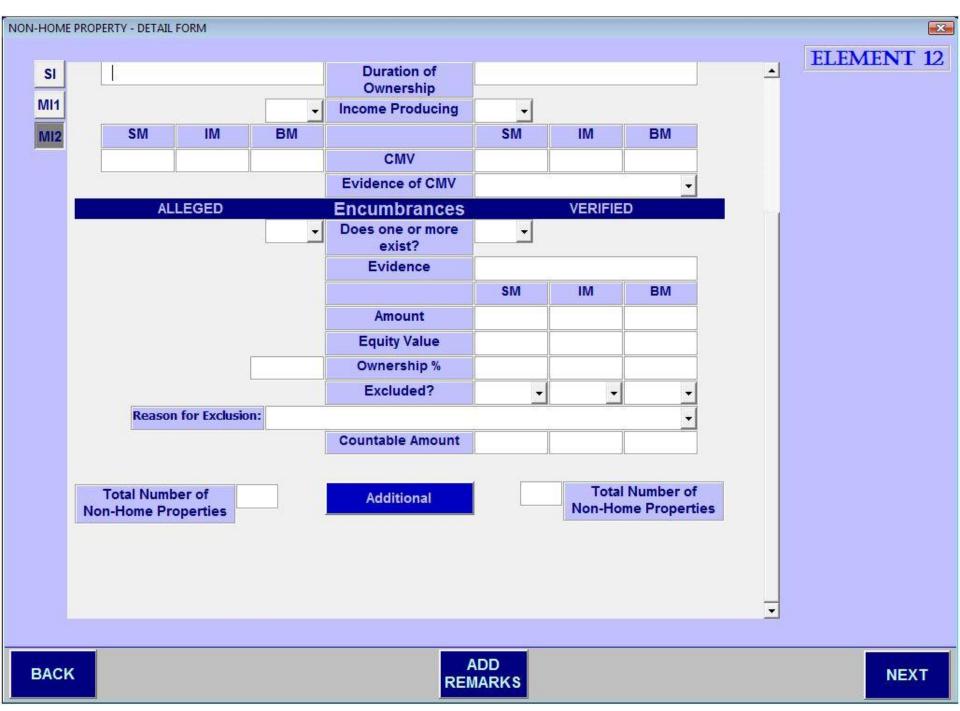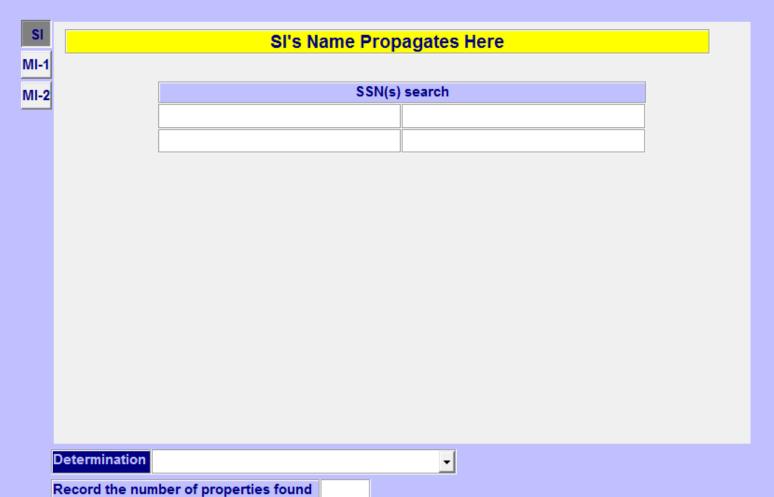Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property? ▼ ☐ Override

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

ELEMENT 12

| SI |
| MI1 |
| MI2 |

SI's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	**Non-Home Property 1**	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	**Encumbrances**	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
Amount				
Equity Value				
Ownership %				
Excluded?				

Reason for Exclusion:

| BACK | ADD REMARKS | NEXT |

ELEMENT 12

SI		
MI1		
MI2		

Duration of Ownership

Income Producing

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

	Countable Amount			

Total Number of Non-Home Properties		Additional		Total Number of Non-Home Properties

Additional Non-Home Properties

	SM	IM	BM
Countable Amount			

BACK	ADD REMARKS	NEXT

ELEMENT 12

| SI |
| MI1 |
| MI2 |

MI-1's Name Propagated Here

| Property Location | | ID'd via Negative Property Search? | |

Non Home-Property 1

ALLEGED		VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

| BACK | ADD REMARKS | NEXT |

ELEMENT 12

SI

MI1

MI2

			Duration of Ownership			
			Income Producing			
SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances		VERIFIED

	Does one or more exist?			
	Evidence			
		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

	Countable Amount			

Total Number of Non-Home Properties

Additional

Total Number of Non-Home Properties

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI

MI1

MI2

MI-2's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non Home-Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI

MI1

MI2

	Duration of Ownership	
	Income Producing	

	SM	IM	BM		SM	IM	BM
				CMV			
				Evidence of CMV			

ALLEGED	**Encumbrances**	VERIFIED

	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

	Countable Amount			

Total Number of Non-Home Properties		**Additional**		**Total Number of Non-Home Properties**

BACK

ADD REMARKS

NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

SI's Name Propagates Here

SSN(s) search	

Determination [▼]

Record the number of properties found [   ]

MAIN MENU **PREVIOUS** **ADD REMARKS** ☐ COMPLETE **NEXT**

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI1's Name Propagates Here

SSN Search | Name Search |

SSN(s) Search	

Determination [▼]

Record the number of properties found [ ]

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI1's Name Propagates Here

SSN Search | Name Search

Name(s) Search	

Jurisdiction Searched	County/Parish/City	ST
		▾

Alpha Listing	▾
Contact Method	▾
Name of Contact	
Title of Contact	
Date of Contact	
Contact Information		

Determination [▾]

Record the number of properties found [ ]

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

NEGATIVE PROPERTY SEARCH

SI

MI-1

MI-2

MI2's Name Propagates Here

SSN Search | Name Search |

SSN(s) Search	

Determination

Record the number of properties found

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

NEGATIVE PROPERTY SEARCH

SI
MI-1
MI-2

MI2's Name Propagates Here

SSN Search | Name Search

Name(s) Search	

Jurisdiction Searched	County/Parish/City	ST

Alpha Listing	
Contact Method	
Name of Contact	
Title of Contact	
Date of Contact	
Contact Information	

Determination

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

VEHICLES

SYSTEMS DATA				My SSR / MSSICS Notes:
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles?   ▾ ☐ Override

Record who owns or is buying vehicles.	☐ SI ☐ MI-1 ☐ MI-2
☐ Override	■ SI ■ MI-1 ■ MI-2
Total number of vehicles	▾ ▾ ▾

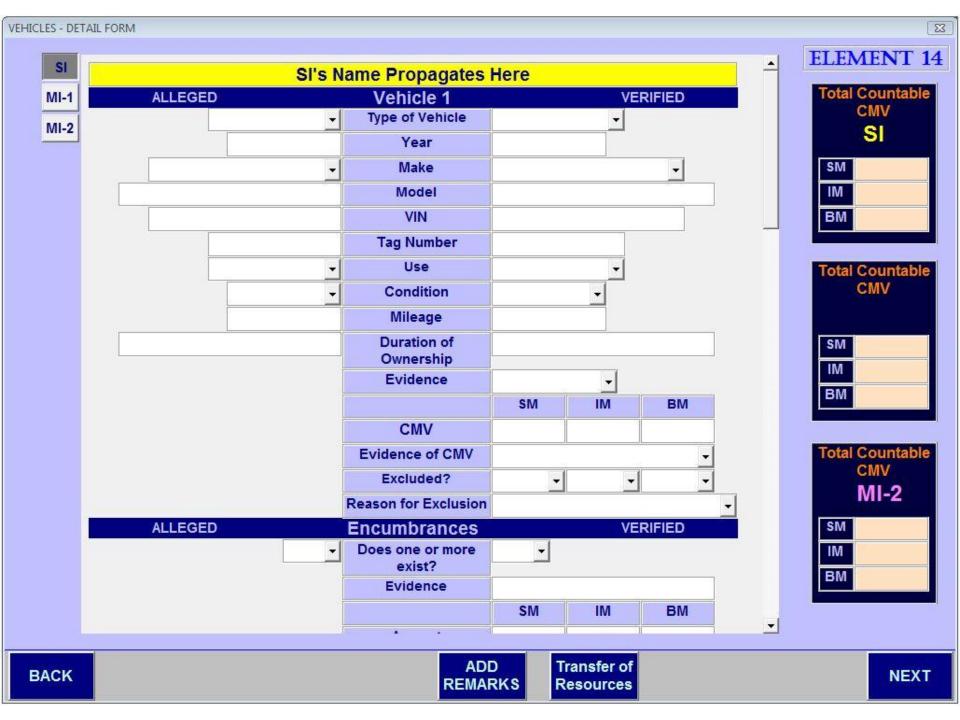Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles?   ▾ ☐ Override

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

ELEMENT 14

ALLEGED	Vehicle 1	VERIFIED

SI's Name Propagates Here

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

SI

MI-1

MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI			

	Amount			
	Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

ALLEGED	**Vehicle 2**	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

Total Countable CMV

SM	
IM	
BM	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	**Encumbrances**	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	Transfer of Resources	NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

	SI	MI-1	MI-2

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles [ ]   **Additional**   [ ] **Total Number of Vehicles**

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **Transfer of Resources**   **NEXT**

ELEMENT 14

SI		
MI-1		
MI-2		

MI-1's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

Amount			
Countable CMV			

ALLEGED	Vehicle 2	VERIFIED
▼	Type of Vehicle	▼
	Year	
▼	Make	▼
	Model	
	VIN	
	Tag Number	
▼	Use	▼
▼	Condition	▼
	Mileage	
	Duration of Ownership	
	Evidence	▼

	SM	IM	BM
CMV			
Evidence of CMV			▼
Excluded?	▼	▼	▼
Reason for Exclusion			▼

ALLEGED	Encumbrances	VERIFIED
▼	Does one or more exist?	▼
	Evidence	

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

SI

MI-1

MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

Total Countable CMV SI

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

SM			
SM	IM	BM

Total Countable CMV

SM	IM	BM

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV MI-2

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

SI				
MI-1	Condition			
MI-2	Mileage			
	Duration of Ownership			
	Evidence			

Total Countable CMV SI

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

SM		
IM		
BM		

ALLEGED	Encumbrances	VERIFIED

Total Countable CMV

		Does one or more exist?		
		Evidence		

	SM	IM	BM
Amount			
Countable CMV			

SM		
IM		
BM		

Total Number of Vehicles		**Additional**		Total Number of Vehicles

Total Countable CMV MI-2

Additional Vehicles

	SM	IM	BM
Countable CMV			

SM		
IM		
BM		

BACK **ADD REMARKS** **Transfer of Resources** **NEXT**

ELEMENT 14

MI-2's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED

| | Does one or more exist? | |
| | Evidence | |

		SM	IM	BM

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI			

	Amount			
	Countable CMV			

Total Countable CMV SI

ALLEGED	Vehicle 2	VERIFIED

ALLEGED			VERIFIED
	Type of Vehicle		
	Year		
	Make		
	Model		
	VIN		
	Tag Number		
	Use		
	Condition		
	Mileage		
	Duration of Ownership		
	Evidence		

SM			

Total Countable CMV

SM	
IM	
BM	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	Transfer of Resources		NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

SI
MI-1
MI-2

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

ELEMENT 14

SI
MI-1
MI-2

Condition		
Mileage		
Duration of Ownership		
Evidence		

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED   **Encumbrances**   **VERIFIED**

Does one or more exist?		
Evidence		

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles   **Additional**   **Total Number of Vehicles**

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   Transfer of Resources   NEXT

LIFE INSURANCE

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies? ▼ ☐ Override

Record who owns or is buying life insurance policies	☐ SI ☐ MI-1 ☐ MI-2
☐ Override	☐ SI ☐ MI-1 ☐ MI-2
Total number of life insurance policies	▼ ▼ ▼ ▼

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies? ▼ ☐ Override

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIFE INSURANCE

ELEMENT 15

| SI | MI-1 | MI-2 |

SI's Policy # 1		SI's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	SI

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	MI-1

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	MI-2

	SM	
	IM	
	BM	

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

Total CSV	Total FV
SI	SI
	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	MI-1
	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	MI-2
	SM	
	IM	
	BM	

SI's Policy # 3		SI's Policy # 4
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	
SM IM BM		SM IM BM

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ADD REMARKS

NEXT

LIFE INSURANCE

SI					SM	IM	BM
MI-1	SM	IM	BM	**Face Value**			
MI-2				**Cash Surrender Value**			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

Dividend Additions:

		Does policy produce Dividend Accumulations?	

Total Number of LI policies		**Additional**		**Total Number of LI policies**

☐ All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV		Total FV
SI		**SI**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		**MI-1**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		**MI-2**
	SM	
	IM	
	BM	

BACK	ADD REMARKS	NEXT

LIFE INSURANCE

ELEMENT 15

| SI | | MI-1 | | MI-2 |

MI-1's Policy # 1		MI-1's Policy # 2
	Insurance Company	
	Contact Information	
▼	Method of Discovery	▼
	Policy Number	
	Issue Date	
▼	Disposal Date	▼
	Owner(s)	
▼	Type of Policy	▼
▼	Evidence	▼
	Age at Issue	
▼	Fully Paid-Up Policy?	▼
▼	Does policy produce Dividend Additions?	▼

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	SI

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	MI-1

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	MI-2

	SM	
	IM	
	BM	

BACK   **ADD REMARKS**   **NEXT**

LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

MI-1's Policy # 3		MI-1's Policy # 4
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM

Total CSV		Total FV
SI		**SI**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		**MI-1**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		**MI-2**
	SM	
	IM	
	BM	

BACK   **ADD REMARKS**   **NEXT**

LIFE INSURANCE

SI | **MI-1** | **MI-2**

Dividend Additions?

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			

Does policy produce Dividend Accumulations?

Total Number of LI policies

Additional

Total Number of LI policies

☐ All Additional LIPs are Term

Additional Life Insurance Policies

Face Value of All Additional Countable LIPs			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV		Total FV
SI		**SI**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		**MI-1**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		**MI-2**
	SM	
	IM	
	BM	

BACK | **ADD REMARKS** | **NEXT**

LIFE INSURANCE

SI	MI-1	MI-2

MI-2's Policy # 1		MI-2's Policy # 2
	Insurance Company	
	Contact Information	
▼	Method of Discovery	▼
	Policy Number	
	Issue Date	
▼	Disposal Date	▼
	Owner(s)	
▼	Type of Policy	▼
▼	Evidence	▼
	Age at Issue	
▼	Fully Paid-Up Policy?	▼
▼	Does policy produce Dividend Additions?	▼

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	SI
SM	
IM	
BM	

Total CSV	Total FV
MI-1	MI-1
SM	
IM	
BM	

Total CSV	Total FV
MI-2	MI-2
SM	
IM	
BM	

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ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

MI-2's Policy # 3		**MI-2's Policy # 4**
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM

Total CSV	Total FV
SI	**SI**
	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	**MI-1**
	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	**MI-2**
	SM	
	IM	
	BM	

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NEXT

LIFE INSURANCE

ELEMENT 15

	SM	IM	BM	Dividend Additions?	SM	IM	BM
				Face Value			
				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

SI
MI-1
MI-2

Does policy produce Dividend Accumulations?

| Total Number of LI policies | | **Additional** | | Total Number of LI policies |

☐ All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	**SI**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	**MI-1**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	**MI-2**

	SM	
	IM	
	BM	

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ADD REMARKS

NEXT

OTHER NONLIQUID RESOURCES

SYSTEMS DATA

RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes:

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy? ▢ ☐ Override

Record who owns or is buying nonliquid resources ☐ SI ☐ MI-1 ☐ MI-2

☐ Override ☐ SI ☐ MI-1 ☐ MI-2

Total number of nonliquid resources: ▢ ▢ ▢

Check to display a list of possible non-liquid resources. ☐

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources? ▢ ☐ Override

---

MAIN MENU   **PREVIOUS**   **ADD REMARKS**   ☐ **COMPLETE**   **NEXT**

NONLIQUID RESOURCES

ELEMENT 16

SI				

SI's Name Propagates Here

MI-1	ALLEGED	**Resource 1**	VERIFIED

| MI-2 | | Type of Resource | ▼ |

| | Evidence of Ownership | ▼ |

| | Duration of Ownership | |

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV	▼		
			Ownership %			

ALLEGED	**Encumbrances**	VERIFIED

| ▼ | Does one or more exist? | ▼ |

| | Evidence | |

		SM	IM	BM
	Amount			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

| **Total Number of Nonliquid Resources** | | **Additional** | | **Total Number of Nonliquid Resources** |

Additional Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **NEXT**

NONLIQUID RESOURCES

ELEMENT 16

SI

MI-1

MI-2

MI-1's Name Propagates Here

ALLEGED	Resource 1	VERIFIED

	Type of Resource	
	Evidence of Ownership	
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

NONLIQUID RESOURCES

SI		
MI-1		
MI-2		

MI-1's Name Propagates Here

ALLEGED	Resource 1	VERIFIED
	Type of Resource	
	Evidence of Ownership	
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
		Ownership %				

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources		**Additional**		Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

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NONLIQUID RESOURCES

ELEMENT 16

SI				Duration of Ownership				
MI-1	SM	IM	BM		SM	IM	BM	
MI-2				CMV				
				Evidence of CMV				▼
				Ownership %				

ALLEGED		Encumbrances		VERIFIED
	▼	Does one or more exist?	▼	
		Evidence		

		SM	IM	BM
		Amount			
	▼	Excluded for Burial			
		Other Exclusion			
		Countable Amount			

Total Number of Nonliquid Resources | | **Additional** | | **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

NONLIQUID RESOURCES

ELEMENT 16

SI						
MI-1						
MI-2						

MI-2's Name Propagates Here

ALLEGED	Resource 1	VERIFIED
▼	Type of Resource	▼
	Evidence of Ownership	▼
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV		▼	
			Ownership %			

ALLEGED	Encumbrances	VERIFIED
▼	Does one or more exist?	▼
	Evidence	

				SM	IM	BM
			Amount			
▼			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources [ ]   **Additional** [ ]   **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

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NONLIQUID RESOURCES

ELEMENT 16

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			

ALLEGED		Encumbrances	VERIFIED		
		Does one or more exist?			
		Evidence			
			SM	IM	BM
		Amount			
		Excluded for Burial			
		Other Exclusion			
		Countable Amount			

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources SI

SM	
IM	
BM	

Total NonLiquid Resources MI-1

SM	
IM	
BM	

Total NonLiquid Resources MI-2

SM	
IM	
BM	

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BURIAL ASSETS

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial? ▼ ☐ Override

Record who owns or is buying burial assets.   ☐ SI   ☐ MI-1   ☐ MI-2

☐ Override   ☐ SI   ☐ MI-1   ☐ MI-2

Total number of burial assets   ▼   ▼   ▼

Check to display a list of possible burial assets. ☐

1. Burial Contracts
2. Burial Trusts
3. Cemetery Lot
4. Crypt
5. Casket
6. Urn
7. Headstone
8. Marker

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial?   ▼ ☐ Override

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

BURIAL ASSETS

SI
MI1
MI2

SI's Name Propagates Here		
ALLEGED	**Asset 1**	**VERIFIED**
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

ALLEGED	**Asset 2**	**VERIFIED**
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

BURIAL ASSETS

SI		
MI1		
MI2		

Source Information

	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

BURIAL ASSETS

SI
MI1
MI2

MI-1's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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NEXT

BURIAL ASSETS

SI				
MI1		Asset Location		
MI2		Identifier		
		Owner Name		
		Designee		
		Date Asset Designated for Burial		
		Irrevocable		

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets		Additional		Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	NEXT

BURIAL ASSETS

ELEMENT 17

SI

MI1

MI2

MI-2's Name Propagates Here		
ALLEGED	Asset 1	VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

ALLEGED	Asset 2	VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

BURIAL ASSETS

SI		Source Information	
MI1		Asset Location	
MI2		Identifier	
		Owner Name	
		Designee	
		Date Asset Designated for Burial	
		Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

TRANSFER OF RESOURCES

SI			
MI-1			
MI-2			

SI's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

	MI-1's Name Propagates Here	
ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU

PREVIOUS

ADD REMARKS

☐ COMPLETE

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Transfers Indicated
☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

MI-1's Name Propagates Here		
ALLEGED	**Transfer 1**	**VERIFIED**
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers   **Additional**   Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated
☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI									
MI-1									
MI-2									

	SM	IM	BM	Number
	US SAVINGS BONDS			
SI				
MI-1				
MI-2				
	PROMISSORY NOTES			
SI				
MI-1				
MI-2				
	STOCKS			
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
	CHECKING			
SI				
MI-1				
MI-2				
	SAVINGS			
	SM	IM	BM	Number
	FINANCIAL INSTITUTION			
SI				
MI-1				
MI-2				
	PATIENT ACCOUNTS			
SI				

MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

MI-1			
MI-2			

BONDS

SI			
MI-1			
MI-2			

MUTUAL FUNDS

SI			
MI-1			
MI-2			

TRUSTS

SI			
MI-1			
MI-2			

RETIREMENT FUNDS

SI			
MI-1			
MI-2			

LI DIVIDEND ACCUMULATIONS

SI			

PATIENT ACCOUNTS

SI			
MI-1			
MI-2			

TOTAL SAVINGS
FINANCIAL + PATIENT ACCOUNTS

SI			
MI-1			
MI-2			

VEHICLES

SI			
MI-1			
MI-2			

LIFE INSURANCE

SI			
MI-1			
MI-2			

BURIAL ASSETS

SI			

MAIN MENU	BACK	ADD REMARKS	☐ COMPLETE	NEXT

SUMMARIES

ELEMENT 19

| RESOURCES | SI/MI INCOME | IC INCOME |

TRUSTS

SI				
MI-1				
MI-2				

RETIREMENT FUNDS

SI				
MI-1				
MI-2				

LI DIVIDEND ACCUMULATIONS

SI				
MI-1				
MI-2				

CASH ON HAND

SI				
MI-1				
MI-2				

VEHICLES

SI				
MI-1				
MI-2				

LIFE INSURANCE

SI				
MI-1				
MI-2				

BURIAL ASSETS

SI				
MI-1				
MI-2				

NON HOME PROPERTY

SI				
MI-1				
MI-2				

Determination

| MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT |

SUMMARIES

ELEMENT 19

| RESOURCES | SI/MI INCOME | IC INCOME |

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

Total Deductions/ Exclusion Amounts Unearned Income				Total Deductions/ Exclusion Amounts Earned Income			
	SI				**SI**		
	SM	IM	BM		SM	IM	BM
Caption from UM Exclusions/Deductions				Cafeteria Plan			
Caption from UM Exclusions/Deductions				Student Earned Income			
Caption from UM Exclusions/Deductions				IRWE			
Caption from UM Exclusions/Deductions				BWE			
Additional UM Exclusions/Deductions				Court-Ordered Payments			
	MI-1			PASS-Earned			
Caption from UM Exclusions/Deductions				OTHER-Earned			
Caption from UM Exclusions/Deductions				**MI-1**			
Caption from UM Exclusions/Deductions							
Caption from UM Exclusions/Deductions				Cafeteria Plan			
Caption from UM Exclusions/Deductions				Student Earned Income			

| MAIN MENU | BACK | | ADD REMARKS | | ☐ COMPLETE | NEXT |

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

				IRWE			
Additional UM Exclusions/Deductions				IRWE			
	MI-2			BWE			
Caption from UM Exclusions/Deductions				Court-Ordered Payments			
Caption from UM Exclusions/Deductions				PASS-Earned			
Caption from UM Exclusions/Deductions				OTHER-Earned			
Caption from UM Exclusions/Deductions					**MI-2**		
Additional UM Exclusions/Deductions				Cafeteria Plan			
				Student Earned Income			
				IRWE			
				BWE			
				Court-Ordered Payments			
				PASS-Earned			
				OTHER-Earned			

Earned Income Determination

	▼

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

Total Deductions/ Exclusion Amounts Unearned Income

	IC-1		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-2		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-3		

Total Deductions/ Exclusion Amounts Earned Income

	IC-1		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	IC-2		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

Additional UM Exclusions/Deductions					Student Earned Income			
		IC-3			Court-Ordered Payments			
					OTHER Earned			
Caption from UM Exclusions/Deductions								
Caption from UM Exclusions/Deductions						**IC-3**		
Additional UM Exclusions/Deductions					Cafeteria Plan			
		IC-4			Student Earned Income			
Caption from UM Exclusions/Deductions					Court-Ordered Payments			
Caption from UM Exclusions/Deductions					OTHER Earned			
Additional UM Exclusions/Deductions						**IC-4**		
		IC-5			Cafeteria Plan			
Caption from UM Exclusions/Deductions					Student Earned Income			
Caption from UM Exclusions/Deductions					Court-Ordered Payments			
Additional UM Excl/Dedct					OTHER Earned			
						IC-5		
					Cafeteria Plan			
					Student Earned Income			
					Court-Ordered Payments			
					OTHER Earned			

MAIN MENU	BACK	ADD REMARKS	☐ COMPLETE	NEXT

REPRESENTATIVE PAYEE

SYSTEMS DATA

Name	
Selection Date	
Payee Type	
Competency Code	
Custody Code	

SAMPLED INDIVIDUAL

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development? [▼]

If yes, indicate the need [▼]

MAIN MENU	PREVIOUS		ADD REMARKS	☐ COMPLETE	NEXT

REPRESENTATIVE PAYEE

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

ELIGIBLE SPOUSE

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD REMARKS

NEXT

DEATH OF MATERIAL INDIVIDUAL

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Did the deceased MI (s) affect payment/eligibility during the sample period?

Name

SSN

Relationship

Date of Death

Evidence

Name

SSN

Relationship

Date of Death

Evidence

Determination

MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT

POTENTIAL ENTITLEMENT

My SSR / MSSICS Notes

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:

Served in the Military?	▾
Belonged to a Labor Union?	▾
Worked for the Federal Government?	▾
Worked for the State/ Local Government?	▾
Worked in the Railroad Industry?	▾
Worked under a Social Security or pension plan of a Country other than the U.S.	▾
Worked for a private employer who offered a pension plan?	▾

Title II Potential Entitlement

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Person with Military service [▼] **SSN** [ ] **Relationship to SI** [| ▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Military service benefits [▼]

Branch of Service	Service number	Period or length of service
[▼]		
[▼]		
[▼]		

Referral to FO [▼] **Reason** [ ]

Person with Military service [▼] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Military service benefits [▼]

Reason for Denial [ ]

Branch of Service	Service number	Period or length of service
[▼]		
[▼]		

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service

Referral to FO   **Reason**

Person with Military service   **SSN**   **Relationship to SI**

Was the employee age 24 or younger during all periods of employment?   **Claim or ID number**

Status of claim for Military service benefits

Reason for Denial

Branch of Service	Service number	Period or length of service

Referral to FO

| BACK | | ADD REMARKS | | Go to T II | | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Union Member [▼] **SSN** [   ] **Relationship to SI** [| ▼]

Status of claim for Union benefits [▼] **Claim or ID number** [   ]

Union name [   ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [   ]

Union Member [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Union benefits [▼] **Claim or ID number** [   ]

Reason for Denial [   ]

Union name [   ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [   ]

Union Member [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Union benefits [▼] **Claim or ID number** [   ]

Reason for Denial [   ]

Union name [   ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Federal Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Federal Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

| BACK | | ADD REMARKS | | Go to T II | | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▾] **Reason**

Federal Employee [▾] **SSN** [ ] **Relationship to SI** [▾]

Status of claim for Federal employment benefits [▾] **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

Referral to FO [| ▾]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

State/Local Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for State/Local benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

State/Local Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for State/Local benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▾]   **Reason** [   ]

State/Local Employee [▾] **SSN** [   ] **Relationship to SI** [▾]

Status of claim for State/Local benefits [▾]   **Claim or ID number** [   ]

Reason for Denial [   ]

Employer(s)	Period or length of employment

Referral to FO [| ▾]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Railroad Employee [_____ ▼] **SSN** [_____] **Relationship to SI** [_____ ▼]

Status of claim for Railroad employment benefits [____ ▼]

RR Claim number [_____]

Employer(s)	Period or length of employment

Referral to FO [__ ▼] **Reason** [_____]

Railroad Employee [_____ ▼] **SSN** [_____] **Relationship to SI** [_____ ▼]

Status of claim for Railroad employment benefits [____ ▼]

Reason for Denial [_____]

RR Claim number [_____]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [   ]

Railroad Employee [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Railroad employment benefits [▼]

Reason for Denial [   ]

RR Claim number [   ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Foreign Employee ___ ▼ **SSN** ___ **Relationship to SI** ___ ▼

Status of claim for Foreign employment benefits ___ ▼ **Claim or ID number** ___

Country(ies)	Period or length of employment

Referral to FO ___ ▼ **Reason** ___

Foreign Employee ___ ▼ **SSN** ___ **Relationship to SI** ___ ▼

Status of claim for Foreign employment benefits ___ ▼ **Claim or ID number** ___

Reason for Denial ___

Country(ies)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼] **Reason** [ ]

Foreign Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Foreign employment benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Country(ies)	Period or length of employment

Referral to FO [| ▼]

| BACK | | ADD REMARKS | Go to T II | | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Employee [▼] **SSN** [ ] **Relationship to SI** [| ▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Reason for Denial	

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼] **Reason** [ ]

Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Reason for Denial [ ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the SI ever applied for retirement benefits on his/her own record? [▼]

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the SI within 4 months of age 62 or older? [▼]

Is the SI insured per PEBES or other queries? [▼]

Referral to FO [▼]   **Reason** [   ]

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the SI ever applied for disability benefits on his/her own record? [▼]

Is the SI insured per DISCO or other queries? [▼]

Referral to FO [▼]   **Reason** [   ]

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record? [▼]

Was the SI disabled prior to age 22? [▼]

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits? [▼]

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason**

Child Benefits

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record? [▼]

Is the SI under age 18? [▼]

If not under 18, is the SI a student attending primary or secondary school under age 19 ? [▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼]   **Reason** [   ]

Spouse Benefits

Was the SI ever married? [▼]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Spouse Benefits

Was the SI ever married?

Has the SI ever applied for benefits from current or prior Spouse?

Did the SI have any marriages that lasted at least 10 years

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

| **Spouse's Name** | | **SSN** | |
| **Spouse's Name** | | **SSN** | |

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO   **Reason**

BACK   **ADD REMARKS**   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [ ] **ES Date of Birth** [ ]

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record? [▼]

Was the SI disabled prior to age 22? [▼]

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased? [▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[ ]

Referral to FO [▼] **Reason** [ ]

Child Benefits

BACK

ADD REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record? [▼]

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ? [▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼]   **Reason** [   ]

Widow(er) benefits

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ] **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | **SI-SURVIVOR** | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Widow(er) benefits

Was the SI ever married? [▼]

Has the SI ever applied for benefits from deceased Spouse? [▼] **Is the SI disabled?** [▼]

Did the SI have any marriages that lasted at least 10 years? [▼]

Did the SI have a marriage that lasted 9 months that did not end in divorce? [▼]

Does the SI have a child in-care under age 16 or disabled and receiving benefits? [▼]

| **Spouse's Name** | | **SSN** | |
| **Spouse's Name** | | **SSN** | |

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼] **Reason** [   ]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Referral to FO [▼] **Reason**

Parent's benefits

Was the SI the Parent of a deceased worker? [▼]

| **Worker's Name** | | **SSN** | |
| **Worker's Name** | | **SSN** | |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼] **Reason**

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the ES ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older?

Is the ES insured per PEBES or other queries?

Referral to FO   **Reason**

| BACK | ADD REMARKS | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth _____ **ES Date of Birth** _____

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the ES ever applied for disability benefits on his/her own record? [_____ ▾]

Is the ES insured per DISCO or other queries? [____ ▾]

Referral to FO [| ▾] **Reason** [_____]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record? [▼]

Was the ES disabled prior to age 22? [| ▼]

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits? [▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼]   **Reason** [   ]

Spouse's Benefits

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason** [   ]

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits? [▼]

Has the ES ever applied for benefits on the SI's record ? [▼]   Is the ES 62 years of age or older? [▼]

Have the SI and ES been married for at least one year? [▼]

Does the ES have a child in-care under age 16 or disabled and receiving benefits? [▼]

Referral to FO [▼]   **Reason** [   ]

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for benefits on the Parents'/Grandparents' record?   [▾]

Was the ES disabled prior to age 22?   [| ▾]

If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased?   [▾]

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO	[▾]	Reason	

Widow(er)'s Benefits

BACK		ADD REMARKS		NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[   ]

Referral to FO [▼]   **Reason** [   ]

Widow(er)'s Benefits

Did the ES have any prior marriages? [▼]

Has the ES ever applied for widow(er) benefits from a prior marriage? [▼]

Did the ES marry the SI after attaining 60 years of age? [▼]

If no, was the ES disabled and married the SI after attaining 50 years of age? [▼]

Referral to FO [▼]   **Reason** [   ]

| BACK | | ADD REMARKS | | NEXT |

FRAUD

My SSR / MSSICS Notes

Is fraud suspected?

Reason

| MAIN MENU | PREVIOUS | ADD REMARKS | COMPLETE | NEXT |

EXCLUSIONS

Is this case excluded?

Reason for exclusion

Link to QR section

| MAIN MENU | PREVIOUS | | ADD REMARKS | | □ COMPLETE | NEXT |

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 1611(c)(1), 1631(d) and (e)(1)(B) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to help us determine the individual's eligibility for benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from making an accurate and timely decision on any claim for benefits.

We rarely use the information you supply for any purpose other than to complete our claims process. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,

2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0040, entitled Quality Review System, 60-0042, entitled Quality Review Case Files, and 60-0057, entitled Quality Evaluation Data Records. Additional information about these and other system of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of *44 U.S.C. § 3507,* as amended by section 2 of the *Paperwork Reduction Act of 1995.* The OMB control number for this information collection is 0960-0133. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to***: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*