**MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS**

1. QA Office Code: \_\_\_\_\_\_\_\_\_ Sample Cycle: \_\_\_\_\_\_\_\_\_\_\_\_ Study ID: \_\_\_\_\_\_\_\_\_\_

Subsidy Level: \_\_\_\_\_\_\_% Interview date: \_\_\_\_\_\_\_\_\_\_\_\_

2. Beneficiary’s (BN) SSN: \_\_\_\_\_\_\_\_\_\_\_\_

Living-with Spouse’s (LWS) SSN (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_

Date Application Received \_\_\_\_\_\_\_\_\_\_

3. Exclusion:  Yes  No

If yes, exclusion code: \_\_\_\_\_\_\_

If excluding, were Special Procedures considered? Yes  No

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| Name of BN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LWS:  Yes  No  LWS name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LWS contacted:  Yes  No  Remarks: | Other Contact:  Representative Payee (if applicable)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Third Party    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records Interview**

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| **1.** **Identity**    SSN  BN:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LWS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date of Birth  BN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LWS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: | **BN**  SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on Record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LWS**  SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on Record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**Verification Conclusion**

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| **1.Identity**  SSN agrees with systems queries    BN:  Yes  No  LWS:  Yes  No  Remarks: | Proper BN/LWS interviewed  Yes  No  Remarks: |

**SSA Records Interview**

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| **2.** **Marital Status**    Single, Divorced,  Widow(er),  Married Not  LWS  Married LWS  Remarks: | What was your marital status at the time the application was filed?  Single, Divorced, Widow(er), Married Not LWS  Married LWS  Has there been any change in marital status since the application date?  Yes  No  If yes, indicate type of change below.  Divorce  Separation from Spouse  Annulment  Death of your Spouse  Marriage  Resumption of cohabitation  after separation  Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**Verification Conclusion**

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| **2. Marital Status** (Verification not required)  Remarks: | LWS  Yes  No  Deficiency  Yes  No  Remarks: |

**SSA Records** **Interview**

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| **3.** **Family Size** **(FS)**  Number of relatives living with the BN/LWS for whom they allege providing at least ½ financial support:  \_\_\_\_\_  \_\_\_\_\_ Alleged FS  (include BN/LWS)  Remarks: | Household Composition  Check all applicable boxes:  BN  LWS  Deemed children. Number: \_\_\_  Other related individuals. Number: \_\_\_  Unrelated people in the HH. Number: \_\_\_  **Total number people in household (HH) from boxes checked above** \_\_\_\_\_\_  In the chart below, show the name, relationship, income and whether or not ½ support is alleged for each relative in the HH of the BN or LWS.  *(If none, proceed to conclusion column for completion.)*   |  |  |  |  | | --- | --- | --- | --- | | **NAME** | **RELATION-SHIP** | **INCOME** | **½ SUPPORT ALLEGED** | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed | |  |  |  | Yes  No  Deemed |   **Average Monthly HH Expenses**    **Type Amount Type Amount**  Food $\_\_\_\_\_\_\_ Gas $\_\_\_\_\_\_\_  Rent $\_\_\_\_\_\_\_ Electricity $\_\_\_\_\_\_\_  Property Property  Tax $\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_  Water $\_\_\_\_\_\_\_ Sewer $\_\_\_\_\_\_\_  Mortgage $\_\_\_\_\_\_\_ Heating/Fuel $\_\_\_\_\_\_\_  Garbage  Removal $\_\_\_\_\_\_\_  Total Average Monthly HH Expenses $\_\_\_\_\_\_\_  Remarks: |

**Verification Conclusion**

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| **3.** FS  Number of people in HH \_\_\_\_\_  Pro rata share (total monthly expenses divided by number of people in HH)\_\_\_\_\_\_\_\_  1/2 support not met for the following individuals.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1/2 support met for the following individuals.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1/2 support deemed for the following children.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: | Total FS:\_\_\_\_\_\_\_\_\_\_  Difference  Yes No  Stand Alone Deficiency  Yes No  Combined Deficiency  Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**SSA Records** **Interview**

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| **4.** **Liquid Resources (LR)**  No Liquid Resources  Bank Accounts: $\_\_\_\_\_\_  Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: $\_\_\_\_\_\_  Cash: $\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_  Computer Match:  **BN**  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LWS**  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: | Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.  **BN LWS**    **No LR  No LR**  Cash $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Checking Account $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Savings Account $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Cert. of Deposit $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Mutual Funds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Credit Union Accts. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Other Bank Account  (Christmas Club, etc.) $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Patient Accounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Savings Bonds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Stocks/Bonds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Promissory Notes $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  401K Plans/Keogh  Accounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Trusts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Other (Explain)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Verification Conclusion**

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| **4.** Liquid Resources  Evidence provided by BN:  Yes  No  Source document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_\_Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Source document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_\_Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Source document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_\_Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_  Evidence provided by collateral contact:  Yes  No  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account type \_\_\_\_\_\_\_\_\_ Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Remarks: | No Liquid Resources  Total Countable LR:  Bank Accounts: $\_\_\_\_\_\_  Stocks, etc: $\_\_\_\_\_\_  Cash: $\_\_\_\_\_\_  Other: $\_\_\_\_\_\_  Total: $\_\_\_\_\_\_  Total countable LR not over  resource limit.  LR caused  ineligibility.  LR affected  co-pay/deductible only.  Difference  Yes  No  Stand Alone Deficiency  Yes  No  Combined Deficiency  Yes  No  Remarks: |
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**SSA Records Interview**

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| **5.Non-home Real**  **Property (NHRP)**  Ownership:  Yes No  CMV $ \_\_\_\_\_\_\_\_\_  Accurint NHRP lead  Yes  No  Lexis-Nexis Accurint NHRP lead for LWS  Yes  No  Remarks: | Allegation of NHRP ownership by BN/LWS:  Yes  No  Sole Ownership  BN  LWS  Joint ownership  Joint owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMV: $\_\_\_\_\_\_\_ Mortgage balance: $\_\_\_\_\_\_\_\_  Property Essential for Self-Support: $\_\_\_\_\_\_  Lien Holder:  Name/Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sole ownership  BN  LWS  Joint ownership  Joint owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMV: $\_\_\_\_\_\_\_ Mortgage balance: $\_\_\_\_\_\_\_\_  Property Essential for Self-Support: $\_\_\_\_\_\_  Lien Holder:  Name/Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: |

**Verification Conclusion**

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| **5**. Non-Home Real Property  Accurint produced no NHRP leads for BN  Lexus-Nexus produced no NHRP leads for LWS  Allegations verified by:    Government Records (e.g., Tax Assessment Statement)  Contact with applicable government records office (e.g., Assessor’s office)  Date of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Method of Contact Letter Telephone Internet Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (e.g. deed, sales contract, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-government collateral contact made  Yes  No  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Method of Contact Letter Telephone Internet Other  NHRP found  Yes  No    Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verified CMV: $\_\_\_\_\_\_\_\_\_\_ Equity Value: $\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Encumbrances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Property Essential for Self-Support: $\_\_\_\_\_\_  Remarks: | Non-Home Real Property  BN:  Yes  No  LWS:  Yes  No  BN or LWS  owns countable NHRP-Home  Real Property with a total equity value of: $ \_\_\_\_\_\_\_\_  BN orLWS  owns excludable NHRP  Property Essential for  Self Support  Undue Hardship  Difference  Yes  No    Stand Alone Deficiency  Yes  No  Combined Deficiency  Yes  No  Remarks: |

**SSA Records** **Interview**

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| **6. Funeral/Burial**  **Expenses**  Funds expected to be used for funeral or burial expenses?  Yes  No  Remarks: | Funds expected to be used for funeral or burial expenses?  Yes  No  Remarks: |

**Verification Conclusion**

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| **6.** Funeral/Burial Funds (Verification not required) | Exclusion does not apply  Exclusion applies  BN only  LWS only  Both  Difference  Yes  No  *Note: Difference may affect total resource amount.*  Remarks: |

**Total Countable Resources Summary**

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| **Type of Resource Total Value**  Liquid Resources $ \_\_\_\_\_\_\_\_\_\_  Non-Home Real Property $\_\_\_\_\_\_\_\_\_\_    **Subtotal** **$\_\_\_\_\_\_\_\_\_\_**  Minus Burial Fund Exclusion $\_\_\_\_\_\_\_\_\_\_  (If applicable)  **Total $ \_\_\_\_\_\_\_\_\_\_**  **Resources caused ineligibility:**  Yes  No  **Resources affected the co-pay/deductible only:**   Yes  No  Remarks: |

**SSA Records** **Interview**

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| **7**. **Unearned Income (UI)**  **BN**  No UI  Income type: \_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_  Income type: \_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_  Computer Match:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  **LWS**  No UI  Income type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_  Income type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_  Computer Match:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: | Indicate the type(s) of Unearned Income involved and provide the amount and source of verification.  **BN LWS**    No UI  No UI  Title II $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  BN receives no other unearned income  LWS receives no other unearned income  Title XVI $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Bank Deposits $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  VA Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  VA Compensation $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gov’t Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Private Pension $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Railroad Retirement $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Black Lung $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Educational Assistance $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  State Dib Payment $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Unemployment $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Worker’s Comp. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Sick Pay $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Royalties $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Rental Income $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gifts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Alimony $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Patrimony $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Gambling Proceeds $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Child Support $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Cash $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_  Other $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_    Source:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks |

**Verification Conclusion**

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| **7.** UI  Title II (verified by the MBR)  Title XVI (verified by the SSR - *Informational only*)  Verified by award letter or other evidence in  BN/LWS possession.  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Yearly Amount:\_\_\_\_\_\_\_\_\_\_  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Yearly Amount:\_\_\_\_\_\_\_\_\_\_  Collateral contact made:  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Yearly Amount:\_\_\_\_\_\_\_\_\_\_  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Yearly Amount:\_\_\_\_\_\_\_\_\_\_  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Addr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Yearly Amount:\_\_\_\_\_\_\_\_\_\_    Summary of Total UI    Type of Income Yearly Amount  \_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly Unearned Income $\_\_\_\_\_\_\_\_\_  Remarks: | Total Yearly Countable UI  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Difference  Yes  No  Stand Alone Deficiency  Yes  No  Combined Deficiency  Yes  No  Remarks: |

**SSA Records**  **Interview**

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| **8. Earned Income (EI)**  **BN**  No EI  Wages: $ \_\_\_\_\_\_\_  SEI : $ \_\_\_\_\_\_\_  Amounts decreased:  Yes  No  Stopped or plans to stop work?  Yes  No  When? \_\_\_\_\_\_\_\_\_  Work expenses?  Yes  No  Computer Match:  $\_\_\_\_\_\_\_\_\_  **LWS**  No EI  Wages: $ \_\_\_\_\_\_\_  SEI : $ \_\_\_\_\_\_\_  Amounts decreased:  Yes  No  Stopped or plans to stop work?  Yes  No  When? \_\_\_\_\_\_\_\_\_  Work expenses?  Yes  No  Computer Match:  $\_\_\_\_\_\_\_\_\_  Remarks: | BN currently working:  Yes  No  If No, date last employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LWS currently working:  Yes  No  If No, date last employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BN LWS**  No EI  No EI  Wages $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  NESE $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Sheltered Workshop Earnings $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Royalties $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Honoraria $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  In-Kind Earned Income $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_  Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:  Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explanation of increase or decrease in earnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Work Expenses**  IRWE/BWE  Yes  No  Type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Frequency:  Weekly  Monthly  Yearly  Remarks: |

**Verification Conclusion**

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| **8.** EI and EI Exclusions  No EI  EI established:  Employer contact in file  Systems query (DEQY, SEQY)  Tax return  Copy of other business record  BN’s pay stubs  Spouse’s pay stubs  Collateral contact made:  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Contact: \_\_\_\_\_\_\_\_\_\_\_  Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Contact: \_\_\_\_\_\_\_\_\_\_\_  Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Work Expense(s) established:  IRWE  BWE  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Frequency:  Weekly  Monthly  Yearly  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Neither BN  nor LWS has EI  BN yearly countable EI :  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  LWS yearly countable EI:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Yearly CountableEI:  $\_\_\_\_\_\_\_\_\_\_\_  Difference  Yes  No  Stand Alone Deficiency  Yes  No  Combined Deficiency  Yes  No  Remarks: |

**Total Yearly Countable Income Summary**

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| Unearned Income: $ \_\_\_\_\_\_\_\_\_\_\_  Earned Income: $ \_\_\_\_\_\_\_\_\_\_\_  **Total $ \_\_\_\_\_\_\_\_\_\_\_** | Income caused ineligibility or affected the Subsidy Level:  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REMARKS/DEFICIENCY ANALYSIS**

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**REMARKS/DEFICIENCY ANALYSIS (continued)**

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| **Reviewer’s Signature:** | **Date:** |

Attach all Reports of Contacts, Available Documentation, Other Related Worksheets and Continuation Pages.