**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 [ ]  NoLWS name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LWS contacted: [ ]  Yes [ ]  NoRemarks: | 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 [ ]  NoLWS: [ ]  Yes [ ]  NoRemarks: | Proper BN/LWS interviewed [ ]  Yes [ ]  NoRemarks: |

**SSA Records Interview**

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| **2.** **Marital Status** [ ]  Single, Divorced, Widow(er),  Married Not  LWS[ ]  Married LWSRemarks: | What was your marital status at the time the application was filed?[ ]  Single, Divorced, Widow(er), Married Not LWS[ ]  Married LWSHas there been any change in marital status since the application date? [ ]  Yes [ ]  NoIf yes, indicate type of change below. [ ]  Divorce [ ]  Separation from Spouse[ ]  Annulment [ ]  Death of your Spouse[ ]  Marriage [ ]  Resumption of cohabitation  after separationDate of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks: |

 **Verification Conclusion**

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| **2. Marital Status** (Verification not required) Remarks: |   [ ]  LWS [ ]  Yes [ ]  NoDeficiency [ ]  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 CompositionCheck all applicable boxes:[ ]  BN[ ]  LWS[ ]  Deemed children. Number: \_\_\_[ ]  Other related individuals. Number: \_\_\_[ ]  Unrelated people in the HH. Number: \_\_\_Total number people in household (HH) counting non relatives\_\_\_\_\_\_ Indicate below: 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.)*

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| **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 PropertyTax $\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_Water $\_\_\_\_\_\_\_ Sewer $\_\_\_\_\_\_\_Mortgage $\_\_\_\_\_\_\_ Heating/Fuel $\_\_\_\_\_\_\_GarbageRemoval $\_\_\_\_\_\_\_Total Average Monthly HH Expenses $\_\_\_\_\_\_\_ Remarks: |

 **Verification Conclusion**

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| **3.** FSNumber 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 [ ]  NoCombined 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/KeoghAccounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ 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 ResourcesEvidence 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 ResourcesTotal 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 [ ]  NoCombined Deficiency[ ]  Yes [ ]  NoRemarks:  |

**SSA Records Interview**

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| **5.Non-home Real**  **Property (NHRP)** Ownership: [ ]  Yes [ ]  NoCMV $ \_\_\_\_\_\_\_\_\_Accurint NHRP lead [ ]  Yes [ ]  NoLexis-Nexis NHRP lead for LWS [ ]  Yes [ ]  NoRemarks: | 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 LWSAllegations 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 [ ] OtherNHRP 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 or LWS owns  excludable NHRP-Home  Real Property  [ ]  Property Essential for  Self Support  [ ]  Undue HardshipDifference [ ]  Yes [ ]  No Stand Alone Deficiency [ ]  Yes [ ]  NoCombined Deficiency[ ]  Yes [ ]  NoRemarks: |

 **SSA Records** **Interview**

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| **6. Funeral/Burial** **Expenses**Funds expected to be used for funeral or burial expenses?  [ ]  Yes [ ]  NoRemarks: | 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 [ ]  NoRemarks: |

 **SSA Records** **Interview**

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| **7**. **Unearned Income (UI)****BN**[ ]  No UIIncome type: \_\_\_\_\_\_\_\_\_\_\_\_Amount: $ \_\_\_\_\_\_Income type: \_\_\_\_\_\_\_\_\_\_\_\_Amount: $ \_\_\_\_\_\_Computer Match:Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: $\_\_\_\_\_\_\_\_\_\_\_\_**LWS**[ ]  No UIIncome 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 UITitle 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 [ ]  NoCombined Deficiency[ ]  Yes [ ]  NoRemarks: |

 **SSA Records**  **Interview**

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| **8. Earned Income (EI)****BN**[ ]  No EIWages: $ \_\_\_\_\_\_\_SEI : $ \_\_\_\_\_\_\_Amounts decreased: [ ]  Yes [ ]  NoStopped or plans to stop work?[ ]  Yes [ ]  NoWhen? \_\_\_\_\_\_\_\_\_Work expenses?[ ]  Yes [ ]  NoComputer Match:$\_\_\_\_\_\_\_\_\_**LWS**[ ]  No EIWages: $ \_\_\_\_\_\_\_SEI : $ \_\_\_\_\_\_\_Amounts decreased: [ ]  Yes [ ]  NoStopped or plans to stop work?[ ]  Yes [ ]  NoWhen? \_\_\_\_\_\_\_\_\_Work expenses?[ ]  Yes [ ]  NoComputer Match:$\_\_\_\_\_\_\_\_\_Remarks: |  BN currently working: [ ]  Yes [ ]  NoIf No, date last employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LWS currently working: [ ]  Yes [ ]  NoIf No, date last employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BN LWS** [ ]  No EI [ ]  No EIWages $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_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 [ ]  NoType(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: $\_\_\_\_\_\_\_\_\_\_\_\_Frequency: [ ]  Weekly [ ]  Monthly [ ]  YearlyRemarks: |

 **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 [ ]  YearlyRemarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  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 [ ]  NoRemarks: |

**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.