

**COLLECTION INSTRUMENT – Medicaid Use Report – OMB #0960-0267**

The beneficiary’s answers to the following questions must be recorded on a Statement of Claimant or Other Person (SSA-795), or in MSSICS on the DPST or DROC screens.

Per SI 02302.040, the individual should be asked:

- “Have you used any medical care or services in the past 12 months that was paid for by Medicaid (or Medi-Cal, etc.)?”
- “Do you expect to receive any medical care or services in the next 12 months that will be paid for by Medicaid (or Medi-Cal, etc.)?”
- “Without Medicaid (Medi-Cal, etc.), would you be unable to pay your medical bills if you become ill or injured in the next 12 months?”

Based on the individual’s allegations regarding Medicaid use, the technician will transmit the appropriate finding to the SSR per SM 01305.975.

**FACSIMILE: DPST - PERSON STATEMENT (MSOM 022.008)**

MSSICS                      PERSON STATEMENT                      PAGE 1 OF DPST  
SSS-SS-SSSS                      SSSSS SSSSSSSSSSS                      TRANSFER TO: XXXX

SELECT CLAIMANT/PERSON: 99

NAME:                                              RELATIONSHIP/TITLE

- 1=SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSS
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**FACSIMILE: DROC - REPORT OF CONTACT (MSOM 022.010)**

MSSICS                      REPORT OF CONTACT                      PAGE 1 OF DROC  
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SELECT CLAIMANT/PERSON: 99

NAME:                                              RELATIONSHIP/TITLE:

- 1=SSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSS
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**Privacy Act Statement**  
Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, [42 U.S.C. 405(a)] authorizes us to collect this information. We will use the information you provide to help us determine the identity of your spouse. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from paying benefits to your spouse.

We rarely use the information you supply for any purpose other than for determining the identity of a spouse. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency See revised Privacy Act Statement below. in establishing rights to Social Security benefits and/or coverage
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private entities under contract with us).

We may also use the information you provide in 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 matching 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.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled Claims Folders Systems, 60-0089 and Master Beneficiary Record 60-0090. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.ssa.gov](http://www.ssa.gov) or at any local Social Security office.

**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. You do not need to answer these questions unless we display a valid Office of Management and Budget See revised PRA Statement below. estimate that it will take about 3 minutes to read the instructions and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at

[www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Read to participant at the beginning of interview:

Social Security estimated that this interview would take 3 minutes to complete. If you would like to send comments on this time estimate to Social Security, I can provide you with the mailing address. Would you like this address?

If yes, read the Paperwork Reduction Act statement below:

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 approval number is 0960-0267. You may send comments on this time estimate to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401.

## **Privacy Act Statement Collection and Use of Personal Information**

Section 1619(b) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to make a determination of eligibility for Social Security benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. 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 Notice 60-0089, entitled, Claims Folders Systems. Additional information about this and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://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.