

INTRANETSSI 010.009 Institution Residence Screen Shots

The Institution Residence Data (LINS) screen has changed to INTRANETSSI 010.009 Institution Screen due to MSSICS updated. When continued payments are payable for temporary institutionalization, the physician's certification and home expenses statement must be received by SSA by the recipient's discharge date or 90 days from admission date (whichever is earlier).

The SSA claims representative confirms that the recipient and physician provided this required information by inputting the receipt dates in fields 24-C and 25C (the Facsimile 2 of the INTRANETSSI 010.006 Institution Residence screen below). Fields 24-C and 25-C are not used as collection instrument. Fields C-24 and C-25 are used to tell the SSI computer system that the claims representative has obtained the necessary documentation to determine that SSI recipient is eligible for temporary institutional benefits. If these fields are not completed, the computer system will not pay the temporary institutionalization benefits to the recipient. These fields serve as a safe guard to prevent the issuance of incorrect payments to a recipient who does not meet the requirements to receive temporary institutionalization benefits.

E. FACSIMILE 1: INSTITUTION RESIDENCE (LEVINGS STATE)

[\[1-d\]](#)

period effective dates SS/SS/SSSS – SS/SS/SSSS

institution residence

*indicates required information

institution Favorites

select from favorites or type contact information

[\[2-O\]](#)

[\[+/-\] show/hide favorites](#)

institution Favorites

[\[3-O\]](#)

[refresh]

[\[4-O\]](#)

[manage office level favorites](#)

[\[5-d\]](#)

[\[6-d\]](#)

[\[7-d\]](#)

[\[8-O\]](#)

institution name

Address

phone

actions

ss[varies]ss

ss[varies]ss

ss[varies]ss

[Select]

[\[9-M\]](#)

*Institution Name xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx [] unknown

*address

[\[10-m\]](#)

*Country: --

[\[11-m\]](#)

*Street 1 ppppppppppppppppppppppppppp

[\[12-o\]](#) [\[13-o\]](#)

Street 2 ppppppppppppppppppppppppppp [\[+\] add line](#)

[\[14-O\]](#)

Street 3 ppppppppppppppppppppppppp

[\[15-o\]](#)

Street 4 ppppppppppppppppppppppppp

[\[16-m\]](#)

[\[17-c\]](#) [\[18-c\]](#)

[\[19-c\]](#) [\[20-c\]](#)

*City/Town: state/Territory / state/Province/region: zip code / Postal
Code

pppppppppppppppppppppppppppppppppppp
ppppp ppppppppppppppppppppppppp

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PP[Maximum of 22 characters]pp

[\[21-o\]](#)

[] unknown

[\[22-o\]](#)

phone: (X) U.S. () International

[\[23-O\]](#) [\[24-o\]](#)

999999999 9999999999999999

10-digit number/country code + number

[\[25-D\]](#)

date institutionalization began ss/ss/ssss

[\[26-C\]](#)

*Medicaid, or Medicare Part A with state buy-in, pays more than 50%

() YES () NO () UNKNOWN

[\[27-c\]](#)

monthly charge 9999.99 [] unknown

[\[28-c\]](#)

Amount claimant pays 9999.99 [] unkwnon

[\[29-c\]](#)

*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes

() YES () NO

[\[30-C\]](#)

[\[31-o\]](#)

*Meets Leving requirements [more info](#)

(X) YES () NO () decide later

[\[32-o\]](#)

[\[+/-\]](#) show/hide Person remarks

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

[\[34-o\]](#)

[\[+/-\]](#) show/hide file documentation notes

[\[35-o\]](#)

file documentation notes

XX[maximum of 1000 characters]Xx

[\[36-o\]](#)

[Clear page/Undo changes]

[\[37-O\]](#) [\[38-O\]](#)

[next] [previous]

[\[39-O\]](#)

[save & return to mainframe]

F. SCREENSHOT 1: LEVINGS STATE (MEETS LEVINGS REQUIREMENTS IS YES)

The screenshot shows a web-based application for managing institutional residence information. The main form is titled "Institution Residence". Key fields include:

- Institution name:**
- Address:**
 - Country:** United States or U.S. Territory
 - Street 1:** 111 Main St
 - Street 2:** [Add Line](#)
 - City/Town:** Little Rock
 - State/Territory:** Arkansas
 - ZIP Code:** 72201
- Phone:** U.S. International
10-digit Number
- Date institutionalization began:** 08/05/2012
- Medicaid, or Medicare Part A with state buy-in, pays more than 50%:**
 Yes No Unknown
- Institution for Supplemental Nutrition Assistance Program (SNAP) purposes:**
 Yes No
- Meets Levings requirements:** Yes No Decide Later

At the bottom, there are links for "Show person remarks" (No remarks), "Show file documentation notes" (No notes), and buttons for "Undo Changes", "Save & Return to Mainframe", "Next", and "Previous".

G. FACSIMILE 2: INSTITUTION RESIDENCE (MEETS LEVINGS REQUIREMENTS IS NO)

[\[1-d\]](#)

period effective dates SS/SS/SSSS – SS/SS/SSSS

institution residence

*indicates required information

institution Favorites

select from favorites or type contact information

[\[2-O\]](#)

[\[+/-\] show/hide favorites](#)

institution Favorites

[\[3-O\]](#)

[\[4-O\]](#)

[refresh]

[manage office level favorites](#)

[\[5-d\]](#)

[\[6-d\]](#)

[\[7-d\]](#)

[\[8-O\]](#)

institution name

Address

phone

actions

ss[varies]SS

ss[varies]ss

ss[varies]ss [Select]

[\[9-M\]](#)

*Institution Name xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx [] unknown

*address

[\[10-m\]](#)

*Country: --

[\[11-m\]](#)

*Street 1 ppppppppppppppppppppppppppp

[\[12-o\]](#)

[\[13-o\]](#)

Street 2 ppppppppppppppppppppppppppp [+ add line]

[\[16-m\]](#)

[\[17-c\]](#)

[\[18-c\]](#)

[\[19-c\]](#)

[\[20-c\]](#)

*City/Town: state/Territory / state/Province/region: zip code/Postal Code

pppppppppppppppppppppppppp
ppppp ppppppppppppppp

--

PP[Maximum of 22 characters]pp

[\[21-o\]](#)

[] unknown

[\[22-o\]](#)

phone: (X) U.S. () International

[\[23-o\]](#) [\[24-o\]](#)

9999999999 9999999999999999

10-digit number/country code + number

[\[25-D\]](#)

date institutionalization began ss/ss/ssss

[\[26-C\]](#)

*Medicaid, or Medicare Part A with state buy-in, pays more than 50%

() YES () NO () UNKNOWN

[\[27-c\]](#)

monthly charge 9999.99 [] unknown

[\[28-c\]](#)

Amount claimant pays 9999.99 [] unknwon

[\[29-c\]](#)

*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes

() YES () NO

[\[30-C\]](#)

[\[31-o\]](#)

*Meets Levings requirements [more info](#)

() YES (X) NO () decide later

[\[40-d\]](#)

[\[41-c\]](#)

admission date ss/ss/ssss *admission date verified

[\[42-o\]](#)

() YES () NO

[X] discharged from the institution

[\[43-c\]](#)

[\[44-c\]](#)

*Discharge date 99/99/9999 *discharge date verified

mm/dd/yyyy () YES () NO

[\[45-c\]](#)

*institution type

() public () private () UNKNOWN

[\[46-c\]](#)

*confinement reason

[\[47-c\]](#)

*Private health insurance, or a combination of Private health insurance and Medicaid, is paying or is expected to pay more than 50 percent

() YES () NO () UNKNOWN

[\[32-o\]](#)

[\[+/-\]](#) show/hide Person remarks

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

[34-o]

[+/-] show/hide file documentation notes

[35-o]

file documentation notes

XX[maximum of 1000 characters]Xx

[36-o]

[Clear page/Undo changes]

[37-o] [38-o]

[next] [previous]

[39-o]

[save & return to mainframe]

H. SCREENSHOT 2: LEVINGS STATE (MEETS LEVINGS REQUIREMENTS IS NO)

Living Arrangements Resources Income Benefit Leads Summary

Period Effective Dates: 08/06/2012 - Continuing

Institution Residence

* Indicates required information
Select from favorites or type contact information
+ Show favorites

*Institution name: Unknown

*Address:
*Country: United States or U.S. Territory
*Street 1: 1111 Main St
Street 2:

*City/Town: Little Rock *State/Territory: Arkansas *ZIP Code: 72201

Phone: U.S. International
 10-digit Number

Date institutionalization began: 08/05/2012

*Medicaid, or Medicare Part A with state buy-in, pays more than 50%
 Yes No Unknown

*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes
 Yes No

*Meets Levings requirements (More info)
 No Decide Later

Admission date: 08/05/2012 Admission date verified:
 Yes No

Discharged from the institution

*Institution type:
 Public Private Unknown

*Confinement reason:

+ Show person remarks
No remarks

The screenshot shows a software interface for managing institutional residence information. At the top, there's a checkbox labeled 'Discharged from the institution'. Below it, 'Institution type' has three options: 'Public' (radio button selected), 'Private', and 'Unknown'. A dropdown menu for 'Confinement reason' is shown with a single entry. Under 'Show person remarks', it says 'No remarks'. Under 'Show file documentation notes', it says 'No notes'. At the bottom left are 'Undo Changes' and 'Next / Previous' buttons. On the right is a 'Save & Return to Mainframe' button.

I. FACSMILE 3: INSTITUTION RESIDENCE (NON-LEVINGS STATE)

[\[1-d\]](#)

period effective dates SS/SS/SSSS – SS/SS/SSSS

institution residence

*indicates required information

institution Favorites

select from favorites or type contact information

[\[2-O\]](#)

[+/-] show/hide favorites

institution Favorites

[\[3-O\]](#)

[refresh]

[\[4-O\]](#)

[manage office level favorites](#)

[\[5-d\]](#)

[\[6-d\]](#)

[\[7-d\]](#)

[\[8-O\]](#)

institution name

Address

phone

actions

ss[varies]SS

ss[varies]ss

ss[varies]ss

[Select]

[\[9-M\]](#)

*Institution Name xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx [] unknown

*address

[\[10-m\]](#)

*Country: --

[\[11-m\]](#)

*Street 1 ppppppppppppppppppppppppppp

[\[12-o\]](#) [13-o]

Street 2 ppppppppppppppppppppppppppp [+ add line]

[\[16-m\]](#)

[\[17-c\]](#)

[\[18-c\]](#)

[\[19-c\]](#) [\[20-c\]](#)

*City/Town: state/Territory / state/Province/region: zip code/Postal Code

pppppppppppppppppppppppppppppppp -- PP[Maximum of 22 characters]pp
ppppp ppppppppppppppppp

[\[21-o\]](#)

[] unknown

[\[22-o\]](#)

phone: (X) U.S. () International

[\[23-O\]](#) [\[24-o\]](#)

999999999 999999999999999

10-digit number/country code + number

[\[25-D\]](#)

date institutionalization began ss/ss/ssss

[\[29-c\]](#)

*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes

() YES () NO

[\[40-d\]](#) [\[41-c\]](#)

admission date ss/ss/ssss *admission date verified

[\[42-o\]](#) () YES () NO

[X] discharged from the institution

[\[43-c\]](#) [\[44-c\]](#)

*Discharge date 99/99/9999 *discharge date verified

mm/dd/yyyy () YES () NO

[\[45-c\]](#)

*institution type

() public () private () UNKNOWN

[\[46-c\]](#)

*confinement reason

[\[26-C\]](#)

*Medicaid, or Medicare Part A with state buy-in, pays more than 50%

() YES () NO () UNKNOWN

[\[47-c\]](#)

*Private health insurance, or a combination of Private health insurance and Medicaid, is paying or is expected to pay more than 50 percent

() YES () NO () UNKNOWN

[\[32-o\]](#)

[+/-] show/hide Person remarks

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

[\[34-o\]](#)

[\[+/-\]](#) show/hide file documentation notes

[\[35-o\]](#)

file documentation notes

XX[maximum of 1000 characters]Xx

[\[36-o\]](#)

[Clear page/Undo changes]

[\[37-o\]](#) [\[38-o\]](#)

[next] [previous]

[\[39-o\]](#)

[save & return to mainframe]

J. Screenshot 3: INSTITUTION RESIDENCE (NON-LEVINGS STATE)

Living Arrangements Resources Income Benefit Leads Summary

Period Effective Dates: 08/06/2012 - Continuing

Institution Residence

* Indicates required information

Select from favorites or type contact information
+ Show favorites

*Institution name Unknown

*Address
*Country Unknown

Street 1

Street 2 Unknown

*City/Town *State/Territory *ZIP Code

Phone U.S. International
 10-digit Number

Date institutionalization began 08/05/2012

*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes
 Yes No

Admission date 08/05/2012 *Admission date verified
 Yes No

Discharged from the institution

*Institution type
 Public Private Unknown

*Confinement reason

+ Show person remarks
No remarks

+ Show file documentation notes
No notes

K. FACSIMILE 4: SPECIAL 1619/1611 BENEFITS SELECTED

[\[48-c\]](#)

*institution temporary
(X) YES () NO () decide later

1619/1611E Special Benefits

Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for benefit continuation for up to the first two full months of institutionalization

[\[49-c\]](#)

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)

(X) YES () NO () decide later

[\[50-c\]](#)

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization

(x) YES () NO () decide later

[\[51-c\]](#)

*Institution permits claimant to retain any SSI payment made under this provision

(x) YES () NO () decide later

[\[52-c\]](#)

*Eligible for and chooses up to 2 months of benefit continuation

(x) YES () NO () decide later

[\[32-o\]](#)

[+/-] show/hide Person remarks

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

[\[34-o\]](#)

[+/-] show/hide file documentation notes

[\[35-o\]](#)

file documentation notes

XX[maximum of 1000 characters]Xx

[\[36-o\]](#)

[Clear page/Undo changes]

[\[37-o\]](#) [\[38-o\]](#)

[next] [previous]

[\[39-o\]](#)

[save & return to mainframe]

L. SCREENSHOT 4: SPECIAL 1619/1611 BENEFITS

*Institution temporary
 Yes No Unknown

1619/1611E Special Benefits
 Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two full months of institutionalization.

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)
 Yes No Decide Later

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization
 Yes No Decide Later

*Institution permits claimant to retain any SSI payment made under this provision
 Yes No Decide Later

*Eligible for and chooses up to 2 months of benefit continuation
 Yes No Decide Later

Show person remarks
 No remarks

Show file documentation notes
 No notes

[Undo Changes](#) [Next](#) [Previous](#) [Save & Return to Mainframe](#)

M. FACSIMILE 5: TI BENEFITS SELECTED

[\[48-c\]](#)

*institution temporary

(X) YES () NO () decide later

1619/1611E Special Benefits

Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for benefit continuation for up to the first two full months of institutionalization

[\[49-c\]](#)

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)

(X) YES () NO () decide later

[\[50-c\]](#)

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization

(x) YES () NO () decide later

[\[51-c\]](#)

*Institution permits claimant to retain any SSI payment made under this provision

(x) YES () NO () decide later

[\[52-c\]](#)

*Eligible for and chooses up to 2 months of benefit continuation

() YES (X) NO () decide later

Temporary Institutionalization Benefits

Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return

[\[53-c\]](#)

*Eligible for and chooses up to 3 months of temporary institutionalization benefits

(X) YES () NO () decide later

[\[54-c\]](#)

*care type --

[\[55-c\]](#)

*Which member of couple --

[\[56-c\]](#)

*Home expense statement date for (first name + last name) (SSN) 99/99/9999

[\[57-c\]](#) mm/dd/yyyy

*Physician certification date for (first name + last name) (SSN) 99/99/9999

[\[58-c\]](#) mm/dd/yyyy

[] *Temporary institutionalization benefit period ended

[\[32-o\]](#)

[\[+/-\]](#) show/hide Person remarks

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

N. SCREENSHOT 5: TI BENEFITS SELECTED

*Institution type
 Public Private Unknown

*Confinement reason
 Medical or psychiatric care Other

*Medicaid, or Medicare Part A with state buy-in, pays more than 50%
 Yes No Unknown

*Institution temporary
 Yes No Unknown

1619/1611E Special Benefits
 Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two months of institutionalization.

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)
 Yes No Decide Later

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization
 Yes No Decide Later

*Institution permits claimant to retain any SSI payment made under this provision
 Yes No Decide Later

*Eligible for and chooses up to 2 months of benefit continuation
 Yes No Decide Later

Temporary Institutionalization Benefits
 Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return

*Eligible for and chooses up to 3 months of temporary institutionalization benefits
 Yes No Decide Later

*Care Type
 Medical Psychiatric Other

*Home expense statement date for JAMES WESLEY GROVES JR - 503-23-1709 -
 Claimant mm/dd/yyyy

*Physician certification date for JAMES WESLEY GROVES JR - 503-23-1709 -
 Claimant mm/dd/yyyy

Temporary institutionalization benefit period ended

Show person remarks
 No remarks

Show file documentation notes
 No notes

O. FACSIMILE 6: INELIGIBLE FOR TI BENEFITS

[48-c]

*institution temporary
 (X) YES () NO () decide later

1619/1611E Special Benefits

Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for benefit continuation for up to the first two months of institutionalization

[49-c]

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)
 (X) YES () NO () decide later

[50-c]

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization

(x) YES () NO () decide later

[51-c]

*Institution permits claimant to retain any SSI payment made under this provision

(x) YES () NO () decide later

[52-c]

*Eligible for and chooses up to 2 months of benefit continuation

() YES (X) NO () decide later

Temporary Institutionalization Benefits

Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return

[53-c]

*Eligible for and chooses up to 3 months of temporary institutionalization benefits

() YES (x) NO () decide later

[59-c]

[60-o]

Temporary institutionalization ineligibility reason
Institutionalization Ineligibility Decision Codes

List of Temporary

- () Individual not in a medical facility
- () Individual does not have home expenses that must continue to be paid
- () Proof of home expenses not received(Obsolete)
- () Proof of home expenses not submitted by required date
- () Physician expects institutionalization to last over 90 days
- () Physician certification not submitted by required date
- () Physician's certification not prepared and dated by required date (Obsolete)
- () Physician's certification not received (Obsolete)
- () Individual not eligible for SSI payment in month prior to first month of institutionalization
- () Individual does not have home expenses that must continue to be paid and physician certification not submitted by required date
- () Proof of home expenses not received AND physician's certification not received by required date (Obsolete)
- () Proof of home expenses not submitted by required date and physician certification not submitted by required date

- () Physician expects institutionalization to last over 90 days and physician certification not submitted by required date
- () Physician's certification not prepared and dated by required date AND physician's certification not received by required date (Obsolete)
- () Individual not eligible for SSI payment in month prior to first month of institutionalization, and physician certification not submitted by required
- () Decide later

[\[32-o\]](#)

[\[+/-\] show/hide Person remarks](#)

[\[33-o\]](#)

Person remarks (printed)

XX[maximum of 1000 characters]XX

[\[34-o\]](#)

[\[+/-\] show/hide file documentation notes](#)

[\[35-o\]](#)

file documentation notes

XX[maximum of 1000 characters]Xx

[\[36-o\]](#)

[Clear page/Undo changes]

[\[37-o\]](#) [\[38-o\]](#)

[next] [previous]

[\[39-o\]](#)

[save & return to mainframe]

[\[34-o\]](#)

[\[+/-\] show/hide file documentation notes](#)

[\[35-o\]](#)

file documentation notes

XX[maximum of 1000 characters]Xx

[\[36-o\]](#)

[Clear page/Undo changes]

[\[37-o\]](#) [\[38-o\]](#)

[next] [previous]

[\[39-o\]](#)

[save & return to mainframe]

P. Screenshot 6: INELIGIBLE FOR TI BENEFITS

*Institution temporary
 Yes No Unknown

1619/1611E Special Benefits
Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two full months of institutionalization.

*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)
 Yes No Decide Later

*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization
 Yes No Decide Later

*Institution permits claimant to retain any SSI payment made under this provision
 Yes No Decide Later

*Eligible for and chooses up to 2 months of benefit continuation
 Yes No Decide Later

Temporary Institutionalization Benefits
Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return

*Eligible for and chooses up to 3 months of temporary institutionalization benefits
 Yes No Decide Later

*Temporary institutionalization ineligibility reason [List of Temporary Institutionalization Ineligibility Reason Codes](#)

Individual not in a medical facility
 Individual does not have home expenses that must continue to be paid
 Proof of home expenses not submitted by required date
 Physician expects institutionalization to last over 90 days
 Physician certification not submitted by required date
 Individual not eligible for SSI payment in month prior to first month of institutionalization
 Individual does not have home expenses that must continue to be paid and physician certification not submitted by required date
 Proof of home expenses not submitted by required date and physician certification not submitted by required date
 Physician expects institutionalization to last over 90 days and physician certification not submitted by required date
 Individual not eligible for SSI payment in month prior to first month of institutionalization, and physician certification not submitted by required date
 Decide later

Show person remarks
No remarks

Show file documentation notes
No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Return to Mainframe](#)