



\*address

[10-m]

\*Country: --

[11-m]

\*Street 1 ppppppppppppppppppppppppp

[12-o] [13-o]

Street 2 ppppppppppppppppppppppppp [+] 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

pppppppppppppppppppppppp -- PP[Maximum of 22 characters]pp

ppppp ppppppppppppppppp

[21-o]

[ ] unknown

[22-o]

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

[23-O] [24-o]

9999999999 999999999999999

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

(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)

Living Arrangements Resources Income Benefit Leads Summary

Period Effective Dates: 08/06/2012 - Continuing

**Living Arrangements**

- Periods
  - 05/01/2010 - 08/05/2012
  - 08/06/2012 - Continuing
    - Residence Address and Jurisdiction
      - Institution Residence
      - In-Kind Support and Maintenance
      - Living Arrangement Change

**Institution Residence**

\* Indicates required information

Select from favorites or type contact information

Show favorites

\*Institution name   Unknown

\*Address

\*Country

\*Street 1

Street 2  [Add Line](#)

\*City/Town  \*State/Territory  \*ZIP Code

Unknown

Phone  U.S.  International

10-digit Number

Date institutionalization began

\*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](#)

Yes  No  Decide Later

[+ Show person remarks](#)  
No remarks

[+ Show file documentation notes](#)  
No notes

[Undo Changes](#)

[Next](#) [Previous](#)

[Save & Return to Mainframe](#)

**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

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

[\[refresh\]](#)

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

[manage office level favorites](#)

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

institution name

ss[varies]SS

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

Address

ss[varies]ss

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

phone

ss[varies]ss

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

actions

[Select]

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

\*Institution Name xxx [ ] unknown

\*address

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

\*Country: --

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

\*Street 1 ppppppppppppppppppppppppp

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

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

Street 2 ppppppppppppppppppppppppp

[\[+\] add line](#)

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

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

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

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

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

\*City/Town:

state/Territory / state/Province/region:

zip code/Postal

Code

pppppppppppppppppppppppp

--

PP[Maximum of 22 characters]pp

ppppp ppppppppppppppppp

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

[ ] unknown

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

phone:  U.S.  International

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

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

9999999999 99999999999999

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  unknown

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

\*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes

YES  NO

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

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

\*Meets Levings requirements [more info](#)

YES  NO  decide later

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

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

admission date ss/ss/ssss \*admission date verified

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

YES  NO

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]

[39-o]

[next] [previous]

[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

**Living Arrangements**

- Periods
  - 05/01/2010 - 08/05/2012
  - 08/06/2012 - Continuing
- Residence Address and Jurisdiction
  - Institution Residence
  - In-Kind Support and Maintenance
  - Living Arrangement Change

**Institution Residence**

\* Indicates required information

Select from favorites or type contact information

Show favorites

\*Institution name   Unknown

\*Address

\*Country

\*Street 1

Street 2  [Add Line](#)

\*City/Town  \*State/Territory  \*ZIP Code

Unknown

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](#)

Yes  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 web form with the following fields and options:

- Discharged from the institution
- \*Institution type**
  - Public
  - Private
  - Unknown
- \*Confinement reason** [dropdown menu]
- Show person remarks** (plus icon)
  - No remarks
- Show file documentation notes** (plus icon)
  - No notes

Buttons at the bottom include: **Next** (dark blue), **Previous** (light blue), **Undo Changes** (grey), and **Save & Return to Mainframe** (light blue).

### 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

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

institution name

ss[varies]SS

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

Address

ss[varies]ss

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

phone

ss[varies]ss

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

actions

[Select]

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

\*Institution Name xx [ ] unknown

\*address

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

\*Country: --

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

\*Street 1 pppppppppppppppppppppppppp

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

[13-o]

Street 2 pppppppppppppppppppppppppp

[+] add line

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

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

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

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

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

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

pppppppppppppppppppppppppppppp -- PP[Maximum of 22 characters]pp  
ppppp ppppppppppppppppppp

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

[ ] 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

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

\*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

**Living Arrangements**

- Periods
  - 05/01/2010 - 08/05/2012
  - 08/06/2012 - Continuing
    - Residence Address and Jurisdiction
      - Institution Residence
      - In-Kind Support and Maintenance
      - Living Arrangement Change

#### Institution Residence

\* Indicates required information

Select from favorites or type contact information

Show favorites

\*Institution name   Unknown

\*Address

\*Country

\*Street 1

Street 2  [Add Line](#)

\*City/Town

\*State/Territory

\*ZIP Code

Unknown

Phone

U.S.  International

10-digit Number

Date institutionalization began

\*Institution for Supplemental Nutrition Assistance Program (SNAP) purposes

Yes  No

Admission date

\*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

Undo Changes

Next Previous

Save & Return to Mainframe

**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  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  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

**\*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 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

**\*Care Type** --

**\*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 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

YES  NO  decide later

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

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

YES  NO  decide later

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

\*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

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

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

YES  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