

MSSICS

SSI MENU

MSSI

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

FIELD OFFICE: SSS

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

SSN: 999999999

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

SELECT: 9 1. ESTABLISH 2. UPDATE 3. QUERY

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

SELECT THE DESIRED FUNCTION: 99

- | | |
|-------------------------|----------------------------|
| 1. ARCHIVAL RETRIEVAL | 11. DELETE INELIGIBLES |
| 2. TICKLE LIST REQUEST | 12. MANUAL PROCESSES |
| 3. NEW CLAIM | 13. (FUTURE USE) |
| 4. CLAIM UPDATE/INQUIRY | 14. DECISION INPUT |
| 5. CLAIM DEVELOPMENT | 15. AUTOMATED COMPUTATIONS |
| 6. CLAIMS CLEARANCE | 16. NEW CLAIM/ABBREVIATED |
| 7. CASE MOVEMENT | 17. POSTELIGIBILITY |
| 8. WMS QUERY REQUEST | 18. DENIED CLAIM REOPENING |
| 9. APPEALS | 19. DIRECT SSR UPDATE |
| 10. SSN CORRECTION | |

MSSICS

SSI CLAIMS APPLICATION

ACLM

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

APPLICATION TYPE: P 1=DEFERRED 2=FULL 3=ABBREVIATED

[3-C]

IF ABBREVIATED, TYPE: 9 1=EXCESS COUNTABLE INCOME
2=INELIGIBLE RESIDENT OF A PUBLIC INSTITUTION
3=ABSENCE FROM U.S.
4=EXCESS RESOURCES
5=NOT A CITIZEN or LAWFULLY ADMITTED ALIEN
6=NOT AGED 65, BLIND, OR DISABLED
7=FAILURE TO PURSUE CLAIM
8=INMATE OF A PENAL INSTITUTION
9=NOT A RESIDENT OF THE UNITED STATES

[4-O]

PROTECTIVE FILING DATE (MMDDYY): PPPPPP

[5-M]

EFFECTIVE FILING DATE (MMDDYY): 999999

[6-O]

PENDING FILE BEGIN DATE (MMYY): SSSS

[7-M]

TYPE OF APPLICANT: P 1=CLAIMANT 2=OTHER INDIVIDUAL 3=AGENCY

[8-O]

REMARKS (Y): X

MSSICS ADDITIONAL CLIENT DATA

ACLD

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

SS/SS/SSSS

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

MARRIED AS OF OR ANYTIME SINCE SS/SS/SSSS (Y/N): X

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

TERMINATED MARRIAGE(S) PRIOR TO SS/SS/SSSS (Y/N): X

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

POSSIBLE HOLDING OUT RELATIONSHIP AS OF OR ANYTIME SINCE
SS/SS/SSSS (Y/N): X

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

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

DISABLED (Y/N/U): X BLIND (Y/N/U): X

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

WHY NOT FILING FOR SSI: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

NUMBER OF CHILDREN LIVING WITH CLAIMANT SINCE SS/SS/SSSS: PP

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

SSNS FOR APPLICABLE INELIGIBLE CHILDREN:

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

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

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

SPONSOR OF ALIEN WITH PERMANENT LEGAL RESIDENT STATUS SINCE
SS/SS/SSSS

WHO IS RECEIVING SSI (Y/N): X

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

SPONSOR HAS DEPENDENTS (Y/N): B

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

REMARKS (Y): X

MSSICS

CITIZENSHIP

ACIT

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-C]

U.S. CITIZENSHIP STATUS: P

1=BIRTH IN THE U.S.

2=U.S. CITIZEN BORN OUTSIDE U.S.

3=NATURALIZED CITIZEN

4=ALIEN

5=NORTH AMERICAN INDIAN ALIEN EXCEPTION

[3-C]

DATE OF CHANGE (MMDDYY): 999999

[4-C]

IF U.S. CITIZENSHIP STATUS IS 1, 2, 3 OR 5, PROOF: 9

1=ALLEGATION

2=NUMIDENT (MEETS CRITERIA FOR Q CITIZENSHIP STATUS CODE)

3=NUMIDENT (NO U.S. PLACE OF BIRTH SHOWN)

4=BIRTH/BAPTISMAL RECORD

[5-C]

5=OTHER TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[6-C]

[7-O]

CITIZENSHIP CHANGE (Y): X

PRE-1/1/79 RECORD (Y/N): X

[8-O]

REMARKS (Y): X

MSSICS

RESIDENCY/PRESENCE IN U.S.

ARES

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

RESIDENT OF THE U.S. (Y/N): X

[3-C]

IF YES, FIRST U.S. RESIDENCY DATE (MMDDCCYY): PPPPPPPP

[4-C]

EVER RESIDED OUTSIDE THE U.S. SINCE FIRST U.S. RESIDENCY (Y/N): X

[5-C]

[6-C]

IF YES, FROM (MMDDCCYY): TO (MMDDCCYY):

99999999 99999999

99999999 99999999

[8-C]

[7-D]

CONTINUOUS PRESENCE IN U.S. SINCE SS/SS/SSSS (Y/N): X

[9-C]

[10-C]

IF NO, LEFT (MMDDCCYY): RETURNED (MMDDCCYY):

99999999 99999999

99999999 99999999

[11-O]

REMARKS (Y): X

MSSICS

FINANCIAL INSTITUTIONS PERMISSION

AFIP

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

PERMISSION TO CONTACT FINANCIAL INSTITUTIONS (Y/N): X

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

IF NO, GOOD CAUSE ESTABLISHED (Y/N): X

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

PERMISSION AND / OR GOOD CAUSE CHANGED, DATE (MMDDYY): 999999

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

ineligibility notice date (mmddy): 999999

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

permission status change (y): x

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

REMARKS (Y): X

FACSIMILE: CLLG - CLIENT LANGUAGE (SCREEN# 1)

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 **CLLG**
SS SSSSSSSSS SSSSS SSSSSSSSSSS

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

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

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

FOR WRITTEN COMMUNICATION: PP

- | | | |
|----------------------------|--------------------------|------------------------|
| 1. ENGLISH | 16. ARABIC | 31. CHINESE-TOISHANESE |
| 2. SPANISH | 17. ARMENIAN | 32. CHINESE-OTHER |
| 3. AMERICAN SIGN LANGUAGE | 18. ASSYRIAN | 33. CREOLE-CRIOLLO |
| 4. ALASKA NATIVE | 19. BENGALI | 34. CREOLE-FRENCH |
| 5. ALBANIAN | 20. BOSNIAN | 35. CREOLE-HAITIAN |
| 6. AMERICAN INDIAN-APACHE | 21. BULGARIAN | 36. CREOLE-OTHER |
| 7. AMERICAN INDIAN-CHOCTAW | 22. BURMESE | 37. CROATIAN |
| 8. AMERICAN INDIAN-CROW | 23. CAMBODIAN | 38. CZECH |
| 9. AMERICAN INDIAN-DAKOTA | 24. CHAMORRO | 39. DUTCH |
| 10. AMERICAN INDIAN-LAKOTA | 25. CHINESE-CANTONESE | 40. FARSI |
| 11. AMERICAN INDIAN-NAKOTA | 26. CHINESE-FORMOSAN | 41. FINNISH |
| 12. AMERICAN INDIAN-NAVAJO | 27. CHINESE-MANDARIN | 42. |
| FRENCH | | |
| 13. AMERICAN INDIAN-ZUNI | 28. CHINESE-MIEN | 43. GERMAN |
| 14. AMERICAN INDIAN-OTHER | 29. CHINESE-SHANGHAINESE | 44. GREEK |
| 15. AMHARIC | 30. CHINESE-TAIWANESE | 45. GUJARATHI |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)

FACSIMILE: CLLG - CLIENT LANGUAGE SCREEN# 2

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG
SS SSSSSSSSS SSSSS SSSSSSSSSSS

[1-

M]

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

[2-M]

FOR WRITTEN COMMUNICATION: PP

- | | | |
|-------------------|------------------------|-----------------|
| 46. HEBREW | 61. MONGOLIAN | 76. SOMALI |
| 47. HINDI | 62. NORWEGIAN | 77. SWAHILI |
| 48. HMONG | 63. OROMO | 78. SWEDISH |
| 49. HUNGARIAN | 64. PASHTO | 79. SYRIAC |
| 50. ILOCANO | 65. PENNSYLVANIA DUTCH | 80. TAGALOG |
| 51. INDONESIAN | 66. PERSIAN | 81. THAI |
| 52. ITALIAN | 67. PIDGIN-HAWAIIAN | 82. TONGAN |
| 53. JAPANESE | 68. POLISH | 83. TURKISH |
| 54. KHMER | 69. PORTUGUESE | 84. TWI (FANTI) |
| 55. KOREAN | 70. PUNJABI | 85. UKRAINIAN |
| 56. KURDISH | 71. ROMANIAN | 86. URDU |
| 57. LAO (LAOTIAN) | 72. RUSSIAN | 87. VIETNAMESE |
| 58. LITHUANIAN | 73. SAMOAN | 88. YIDDISH |
| 59. MACEDONIAN | 74. SERBO-CROATIAN | 89. YUGOSLAVIAN |
| 60. MALAYALAM | 75. SLOVAK | 90. OTHER |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)

MSSICS

LAW ENFORCEMENT

ALEF

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

SSS-SS-SSSS

TRANSFER TO: XXXX

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

ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A
FELONY (Y/N): X

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

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

IF YES, IN WHICH STATE: XX OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXX

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

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

SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X

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

ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X

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

IF STATE LAW, WHICH STATE: XX

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

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

SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE
OR

PROBATION VIOLATION(Y/N): X

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

REMARKS (Y): X

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[\[2-D\]](#) [\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X LIFE INSURANCE

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X CASH

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 2: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO

THEIR NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES

LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 3: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

X BURIAL CONTRACTS OR TRUST (FUNDS SET ASIDE FOR BURIAL)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

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

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

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

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

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

X DISPLAY RESOURCES SUMMARY

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

FACSIMILE 4: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE _ OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[\[2-D\]](#) [\[3-D\]](#) [\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

10 B 11 B 12 B

B LIFE INSURANCE

10 B 11 B 12 B

B ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

10 B 11 B 12 B

B CASH

10 B 11 B 12 B

B FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

10 B 11 B 12 B

FACSIMILE 5: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE _ OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

10 B 11 B 12 B

B PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

10 B 11 B 12 B

B REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

10 B 11 B 12 B

B OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

10 B 11 B 12 B

FACSIMILE 6: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE _ OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

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

[\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

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

(Y/N)

B BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

10 B 11 B 12 B

B BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

10 B 11 B 12 B

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

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

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

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

10 X 11 X 12 X

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

X DISPLAY RESOURCES SUMMARY

10 X 11 X 12 X

FACSIMILE 7: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE 1 OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

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

(Y/N)

- X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)
- X LIFE INSURANCE
- X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT
- X CASH
- X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)
- X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)
- X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS
- X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,
(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

FACSIMILE 8: RMEN - RESOURCES MENU

MSSICS RESOURCES MENU

PAGE 2 OF RMEN

SSSSSSSS SSSSS SSSSSSSSS

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

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

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

(Y/N)

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFE DEPOSIT BOXES OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

X BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

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

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

X SINCE SS/01/SSSS, HAS SSSSS SSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED

OF OR GIVEN AWAY ANY MONEY OR OTHER PROPERTY, INCLUDING PROPERTY

OR MONEY IN FOREIGN COUNTRIES?

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

X DISPLAY RESOURCES SUMMARY

FACSIMILE 1: IMEN - INCOME MENU (INDIVIDUALS)

MSSICS INCOME MENU PAGE 1 OF IMEN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[2-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/SS/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X SSI
- X STATE OR LOCAL ASSISTANCE BASED ON NEED
- X REFUGEE CASH ASSISTANCE
- X AFDC
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
- X DISASTER RELIEF
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X * HAVE YOU RECEIVED ANY OTHER INCOME
- X SOCIAL SECURITY
- X * HAVE YOU RECEIVED AND EXPECT TO CONTINUE RECEIVING WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE
- X * DO YOU MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER TITLE IV-D

FACSIMILE 2: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE 2 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X OTHER INCOME BASED ON NEED
- X BLACK LUNG
- X RAILROAD BOARD BENEFITS
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X OFFICE OF PERSONNEL MANAGEMENT
- X PENSION
- X UNEMPLOYMENT COMPENSATION
- X WORKERS' COMPENSATION
- X INTEREST
- X DIVIDENDS
- X ROYALTIES/HONORARIA (UNEARNED)
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
- X ALIMONY

FACSIMILE 3: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE 3 OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X CHILD SUPPORT
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- X SICK PAY (EARNED)
- X SICK PAY (UNEARNED)
- X WAGES
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

FACSIMILE 4: IMEN - INCOME MENU
MSSICS INCOME MENU

PAGE 4 OF IMEN

[\[1-0\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS
(Y/N) ADDITIONAL DEVELOPMENT:

TRANSFER TO:XXXX

[\[4-0\]](#)

X PASS INPUT NEEDED

[\[5-0\]](#)

X SCHOOL INPUT NEEDED

[\[6-0\]](#)

X BLIND COUNTABLE INCOME INPUT NEEDED

[\[7-0\]](#)

X DISPLAY INCOME SUMMARY SCREEN

FACSIMILE 5: IMEN - INCOME MENU (MULTIPLES)

MSSICS INCOME MENU PAGE _ OF IMEN

[1-0]

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES

[9-D]

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X

SSI

02: 03: 04: 05: 06: 07: 08: 09:

X

STATE OR LOCAL ASSISTANCE BASED NEED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X

REFUGEE CASH ASSISTANCE

01: 02: 03: 04: 05: 06: 07: 08: 09:

X

AFDC

01: 02: 03: 04: 05: 06: 07: 08: 09:

X

GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X

DISASTER RELIEF

01: 02: 03: 04: 05: 06: 07: 08: 09:

X

VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 6: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

[\[1-0\]](#)

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X STATE OR LOCAL ASSISTANCE BASED NEED

10: 11: 12:

X REFUGEE CASH ASSISTANCE

10: 11: 12:

X AFDC

10: 11: 12:

X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS

10: 11: 12:

X DISASTER RELIEF

10: 11: 12:

X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)

10: 11: 12:

FACSIMILE 7: IMEN - INCOME MENU

MSSICS PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

02: 03: 04: 05: 06: 07: 08: 09:

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

01: 02: 03: 04: 05: 06: 07: 08: 09:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

02: 03: 04: 05: 06: 07: 08: 09:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 8: IMEN - INCOME MENU

MSSICS PUBLIC MAINTENANCE/TITLE IV-D QUESTIONS PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

10: 11: 12:

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

10: 11: 12:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

10: 11: 12:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

10: 11: 12:

FACSIMILE 9: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

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

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 10: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

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

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

10: 11: 12:

FACSIMILE 11: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X OTHER INCOME BASED ON NEED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X BLACK LUNG

01: 02: 03: 04: 05: 06: 07: 08: 09:

X RAILROAD BOARD BENEFITS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS
A

DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OFFICE OF PERSONNEL MANAGEMENT

01: 02: 03: 04: 05: 06: 07: 08: 09:

X PENSION

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 12: IMEN - INCOME MENU
MSSICS INCOME MENU

PAGE _ OF IMEN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[9-D]

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X OTHER INCOME BASED ON NEED

10: 11: 12:

X BLACK LUNG

10: 11: 12:

X RAILROAD BOARD BENEFITS

10: 11: 12:

X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS

A

DEPENDENT)

10: 11: 12:

X OFFICE OF PERSONNEL MANAGEMENT

10: 11: 12:

X PENSION

10: 11: 12:

FACSIMILE 13: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATIONS SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X UNEMPLOYMENT COMPENSATION

01: 02: 03: 04: 05: 06: 07: 08: 09:

X WORKERS' COMPENSATION

01: 02: 03: 04: 05: 06: 07: 08: 09:

X INTEREST

01: 02: 03: 04: 05: 06: 07: 08: 09:

X DIVIDENDS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X ROYALTIES/HONORARIA

01: 02: 03: 04: 05: 06: 07: 08: 09:

X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X ALIMONY

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 14: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X UNEMPLOYMENT COMPENSATION

10: 11: 12:

X WORKERS' COMPENSATION

10: 11: 12:

X INTEREST

10: 11: 12:

X DIVIDENDS

10: 11: 12:

X ROYALTIES/HONORARIA

10: 11: 12:

X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS

10: 11: 12:

X ALIMONY

10: 11: 12:

FACSIMILE 15: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[9-D]

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X CHILD SUPPORT

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OTHER BUREAU OF INDIAN AFFAIRS INCOME

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SICK PAY RECEIVED (EARNED)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SICK PAY RECEIVED (UNEARNED)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X WAGES

01: 02: 03: 04: 05: 06: 07: 08: 09:

X SELF-EMPLOYMENT INCOME prior / current taxable year

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 16: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

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

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

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

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X CHILD SUPPORT

10: 11: 12:

X OTHER BUREAU OF INDIAN AFFAIRS INCOME

10: 11: 12:

X SICK PAY RECEIVED (EARNED)

10: 11: 12:

X SICK PAY RECEIVED (UNEARNED)

10: 11: 12:

X WAGES

10: 11: 12:

X SELF-EMPLOYMENT INCOME prior / current taxable year

10: 11: 12:

X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

10: 11: 12:

FACSIMILE 17: IMEN - INCOME MENU

MSSICS

INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

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

X PASS INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X SCHOOL INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X BLIND COUNTABLE INCOME INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

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

X DISPLAY INCOME SUMMARY SCREEN

01: 02: 03: 04: 05: 06: 07: 08: 09:

FACSIMILE 18: IMEN - INCOME MENU
MSSICS INCOME MENU

PAGE _ OF IMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

01=(NAME RELATION SSSS)

02=(NAME RELATION SSSS)

03=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

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

X PASS INPUT NEEDED

10: 11: 12:

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

X SCHOOL INPUT NEEDED

10: 11: 12:

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

X BLIND COUNTABLE INCOME INPUT NEEDED

10: 11: 12:

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

X DISPLAY INCOME SUMMARY SCREEN

10: 11: 12:

MSSICS

POTENTIAL ELIGIBILITY FOR OTHER BENEFITS MENU

BMEN

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

SELECT

(Y/N)

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

P COMPLETE FOOD STAMPS QUESTIONS

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

X COMPLETE HEALTH EXPENSES QUESTIONS

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

DID YOU, YOUR SPOUSE, A FORMER SPOUSE, OR PARENT (IF YOU ARE FILING AS A CHILD) EVER:

(Y/N)

X SERVE IN THE MILITARY SERVICE

X WORK IN THE RAILROAD INDUSTRY

X WORK FOR THE FEDERAL GOVERNMENT

X WORK FOR A STATE OR LOCAL GOVERNMENT

X BELONG TO A UNION WITH A PENSION PLAN

X WORK FOR A PRIVATE EMPLOYER WITH A PENSION PLAN

X WORK UNDER A SOCIAL SECURITY OR PENSION PLAN
OF A COUNTRY OTHER THAN THE U.S.

MSSICS

RETIREMENT AND DISABILITY ENTITLEMENT

BSRD

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

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

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

POTENTIAL ENTITLEMENT ON SSN SSS-SS-SSSS

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

ALREADY ENTITLED TO MAXIMUM BENEFITS (Y/N): X

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

SELECT REASON NOT ENTITLED: 9 1=NEVER WORKED

2=NO WORK SINCE PRIOR DENIAL

3=REFUSED TO FILE

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

LEAD STATUS: 9 1=HANDLED 2=MAILED 3=FILED

4=SSA OFFICE REFERRAL-NO 8051 5=800 NUMBER REFERRAL

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

REMARKS (Y): X

MSSICS

CDW SSI MENU

DWME

SSS-SS-SSSS

SSSSS SSSSSSSSSS

TRANSFER TO: XXXX

[2-0]

[1-0]

SHOW (Y)

X

X

X

x

X

X

X

X

X

X

X

X

X

DATA GROUP NAME

PRINT OPTIONS

APPEAL PRINT OPTIONS

DEVELOPMENT WORKSHEET

attestation

DISABILITY TRANSMITTAL

PERSON STATEMENT

PERSON STATEMENT LIST

REPORT OF CONTACT

REPORT OF CONTACT LIST

DEVELOPMENT DOCUMENTATION

DEVELOPMENT DOCUMENTATION LIST

paper indicator

REQUEST ALL