

MCS 3.7 CHILD'S IDENTIFICATION 1 CHD1
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS

[\[1-C\]](#) [\[2-C\]](#) [\[3-C\]](#)

BIRTH CITY: XXXXXXXXXXXXXXXX BIRTH STATE: XX BIRTH
COUNTRY: XX

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

HAS ANYONE EVER FILED ON CHILD'S BEHALF FOR BENEFITS (Y/N) X

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

IF YES, NH FIRST NAME: XXXXXXXXXXXXXXXX MI: X LAST:
XXXXXXXXXXXXXXXXXXXX

[\[6-C\]](#) [\[7-C\]](#)

NH SSN: XXXXXXXXX STAT: XX

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

IF AGE 16 OR OLDER, LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N):
P

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

IF OVER 16 IS CHILD DISABLED (Y/N): X

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

FILING AS DISABLED CHILD ON THIS ACCOUNT (Y/N): X

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

IF YES, ONSET DATE: 99999999

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

WILL MEDICARE APPLY: 9 1. YES 2. NO 3. ALREADY ENROLLED

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

IF ALREADY ENROLLED, SSN: 999999999

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

SELECT FILED OR INTEND TO FILE FOR SSI: 9

1. YES
2. NOT DISABLED, BLIND, OR WITHIN 2 MONTHS OF AGE 65 OR OLDER
3. DOES NOT WISH TO FILE

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

IF AGE 17 AND 6 MONTHS, IS CHILD A STUDENT (Y/N) X

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

WORK LAST YEAR THIS YEAR NEXT YEAR (Y/N): X

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

EVER MARRIED (Y/N): X

TRANSFER TO: XXXX

COMM child relationship cRel
[1-D] [2-D] [3-D]
NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS SSSSSSSSSSS
PIC: SSS
BIRTH CITY: SSSSSSSSSSSSSSSSS BIRTH STATE: SS BIRTH COUNTRY:
SS

[4-C]
date dependency met (MMDDCCYY): 99999999

[5-M] [6-M]
*child relationship begin date (mmddccyy): 99999999 *Proof (y/n): x

[7-M]
*Select rELationship type: 9 1=natural legitimate 6=stepchild
2=legitimated child 7=stepchild (216K)
3=adopted child 8=inheritance rights
4=equitably adopted 9=other (216H3)
5=grandchild.

[8-O]
child relationship end dATE (MMDDCCYY): 99999999

[9-C]
select relationship end reason: 9
1=parent divorced nh 3=prospective annulment of parent marriage – voidable
2=annulment of adoption 4=ab initio annulment of parent marriage- voidable
5=ANNULMENT OF PARENT MARRIAGE – VOID
6=CHANGE OF RELATIONSHIP.

[10-O]
DELETE THIS OCCURRENCE OF DATA (Y/N): x

[11-O] [12-O]
ADD NEW OCCURRENCE (Y/N): x REVIEW PRIOR OCCURRENCES
(Y/N): x

[13-D] [14-O]
PF1 HELP AVAILABLE TRANSFER TO: XXXX

MCS 3.3 TRANSFER TO: XXXX CHILD'S IDENTIFICATION 2 CHD2
NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS

[1-M]

IF NOT LIVING WITH NH ANY OF LAST 13 MTHS OR AT TIME OF DTH SHOW
MTHS

YR: ALL O1 O2 O3 O4 O5 O6 O7 O8 O9 10 11 12
99 X X X X X X X X X X X X X
YR: ALL 01 02 03 04 05 06 07 08 09 10 11 12
99 X X X X X X X X X X X X X

[2-C]

IF NOT LIVING WITH NH, WAS CHILD LIVING WITH APPLICANT? (Y/N)

[3-C]

IF No CHILD LIVED WITH:

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[4-C]

ADDRESS 1: XXXXXXXXXXXXXXXXXXXXXXX ADDRESS 2:
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS 3: XXXXXXXXXXXXXXXXXXXXXXX ADDRESS 4:
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[5-C]

IF ADOPTED, NAME OF PERSON ADOPTING IF OTHER THAN NH:

FIRST: XXXXXXXXXX MI: X LAST: XXXXXXXXXXXXXXXXXXXXXXX

MCS 3.7 CHILD'S POTENTIAL ENTITLEMENT CHPE
NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSS SSSSSSSSSSS

[1-M]

CHILD POTENTIALLY ENTITLED ON ADOPTIVE, STEP OR OTHER PARENT
RECORD (Y/N): X

[2-M]

CHILD POTENTIALLY ENTITLED ON A GRAND OR STEP GRANDPARENT
RECORD (Y/N): X

LIST THE NAME AND SSN CHILD POTENTIALLY ENTITLED

[3-C]

[4-C]

FIRST NAME	MI	LAST NAME	SSN
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX

TRANSFER TO: XXXX

COMM CITIZENSHIP (U.S. AND/OR FOREIGN) CLCZ

[\[1-D\]](#) [\[2-D\]](#) [\[3-D\]](#)
NH: SSSSSSSSS SSSSS SSSSSSSSSSS BN: SSSSSSSSS SSSSS
SSSSSSSSSS PIC: SSS

[\[4-M\]](#)
*COUNTRY/TERRITORY OF CITIZENSHIP: xx

[\[5-C\]](#)
SELECT U.S. TYPE IF CITIZENSHIP COUNTRY IS U.S.: 9
1= BIRTH IN U.S. 2= U.S. CITIZEN BORN OUTSIDE U.S. 3=
NATURALIZATION

[\[6-C\]](#)
SELECT U.S. PROOF IF CITIZENSHIP COUNTRY IS U.S.: 9
1= ENUMERATION 4=DEVELOPMENT PENDING
2= TITLE 2/18/16 5=NO PROOF
3= FUTURE USE 6=PRESUMED - SYSTEMS GENERATED ONLY

[\[7-M\]](#)
*CITIZENSHIP START DATE (MMDDCCYY): 999999999

[\[8-O\]](#)
CITIZENSHIP STOP DATE (MMDDCCYY): 999999999

[\[9-O\]](#)
IS LAWFUL PRESENCE DATA NEEDED (Y/N): X

[\[10-O\]](#)
DELETE THIS OCCURRENCE OF DATA (Y/N): X

[\[11-O\]](#) [\[12-O\]](#)
ADD NEW OCCURRENCE (Y/N): X REVIEW PRIOR
OCCURRENCES (Y/N): X

[\[13-D\]](#) [\[14-O\]](#)
PF1 HELP AVAILABLE TRANSFER TO: XXXX

MCS CLAIMANT MAILING ADDRESS CADR
NH: SSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSS SSSSS SSSSSSSSSSS

[\[1-M\]](#)
*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPP ADDRESS 2:
PPPPPPPPPPPPPPPPPPPPPP

ADDRESS 3: PPPPPPPPPPPPPPPPPPPPP ADDRESS 4:
PPPPPPPPPPPPPPPPPPPPPP

[\[2-M\]](#) [\[3-C\]](#) [\[4-C\]](#)
*CITY: PPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[\[5-C\]](#) [\[6-C\]](#)
STATE & COUNTY CODE: PPPPP COUNTY: XXXXXXXXXXXXXXXX

[\[7-C\]](#) [\[8-C\]](#)
COUNTRY: PPPPPPPPPPPPPPPPPPPPP CONSULAR CODE: PPP

[\[9-C\]](#)
FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPP

[\[10-M\]](#) [\[11-M\]](#)
*bank account (y/n): x *direct express (y/N): x

[\[12-C\]](#) [\[13-C\]](#)
DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999 ACCOUNT
TYPE (C/S): A

[\[14-C\]](#)
DEPOSITOR ACCOUNT NUMBER: 9999999999999999

[\[15-C\]](#) [\[16-C\]](#)
DOMESTIC PHONE: PPPPPPPPP FOREIGN PHONE:
PPPPPPPPPPPPPPPP

[\[17-c\]](#)
enter phone code: x 1= home 2= work 3=none 4=unknown 5=other 6=attorney 7=mobile

