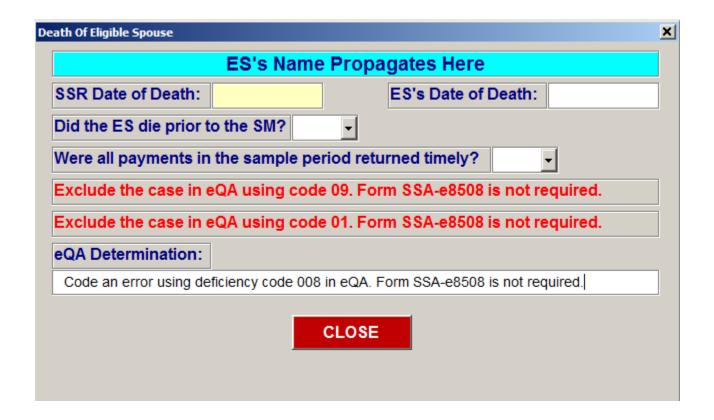
SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

S	YSTEMS DATA	TYPE OF INTERVIEW
AIPQB/SO:		□ Telephone □ NONE
Sample Month:		Reviewer Name:
SSN:		Interview Date:
SI Name:		
'		OTHER CASE INFORMATION
Desidence Address		☐ Death of SI ☐ Death of ES
Residence Address:		Date Date
		□ SI Payee Involvement
		□ Eligible Couple Case
Telephone:		□ ES Payee Involvement
!		
Mailing Address:		Do Support Materials Include a 1099?
		First Day in SM Review Period:
		Retroactive Payment Amount:
Telephone:		Retroactive Review Period:
		From: To:

EXIT

TOOLS

START



MAIN MENU

e8508 Main Menu

1	Proof of Identity / SSN	□ UTC	13	Negative Property Search	☐ UTC
2	POA / US-Born Citizenship	⊏итс	14	Vehicles	⊏итс
3	Nat. Citizen / Alien Status	⊏ итс	15	Life Insurance	□ UTC
4	Residency	⊏ итс	16	Other Non-Liquid Resources	⊏ итс
5	Marriage	⊏итс	17	Burial Assets	⊏итс
6	Living Arrangements / ISM	⊏ итс	18	Transfer of Resources	□ UTC
7	Self Employment	⊏ итс	19	Summaries	⊏ итс
В	Wages	⊏ итс	20	Representative Payee	⊏ итс
9	Unearned Income	⊏ итс	21	Death of Material Individual	□ UTC
0	Financial Accounts	⊏итс	22	Potential Entitlement	⊏итс
1	Other Liquid Resources	⊏ итс	23	Fraud	□ итс
2	Non-Home Property	⊏ итс	24	Exclusions	□ UTC

SYSTEMS DATA

ELEMENT 1

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

DETERMINATION

SI Identity	•	j
SSN	•	ĺ
	-	Ī
SI-PYE Name	▼	
ES Name		_
ES SSN		•
ES-PYE Name	_	ĺ

MAIN MENU SI ID Screen SI Payee ID Screen ES Payee ID Screen ADD REMARKS

 \Box COMPLETE

NEXT

23

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

SI		SI VERBAL IDEI	NTIFICAT	TION
ES		SYSTEMS DATA	MATCH	INTERVIEW
	Name		_	
	SSN		-	
	DOB		-	
	РОВ		-	
	Residence Address		-	
	Mailing Address		_	
	Other Information		_	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

ELEMENT

×

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

SI		ES VERBAL IDE	NTIFICA	TION
ES		SYSTEMS DATA	MATCH	INTERVIEW
	Name		<u> </u>	
	SSN		-	
	DOB		-	
	POB		-	
	Residence Address		<u>-</u>	
	Mailing Address		<u> </u>	
	Other Information		<u> </u>	

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

SYSTEMS DATA

Type Competency Custody

Type of Payee: ✓ Non-Organizational Payee ☐ Organizational Payee

	NON-ORGANIZAT	TIONAL P	AYEE
	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name		_	
PYE SSN		-	
Relationship		▼	
SI Name		-	
SI SSN		_	
SI DOB		▼	
SI POB		_	
Residence Address		<u>-</u>	
Mailing Address		•	
Other Information		_	

ELEMENT

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

PROOF OF IDENTITY / SSN

SYSTE	MS DAT	Ą		
Туре	С	ompetency	Custody	

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

	ORGANIZATIO	NAL PAY	ÆE.
	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
	Organization's Co	ontact Name	
	Organization's (Contact Title	
EIN		<u> </u>	
Org. Address		<u> </u>	
SI Name		_	
SI SSN		▼	
SI DOB		Ţ	
SI POB		T	
Residence Address		<u> </u>	
Mailing Address		•	

ELEMENT

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU DETERMINATION SCREEN

ADD REMARKS ES Payee ID Screen

PROOF OF IDENTITY / SSN

SYSTEMS DATA Type | Competency | Custody |

Type of Payee: ✓ Non-Organizational Payee ✓ Organizational Payee

	NON-ORGANIZAT	IONAL P	AYEE
	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN		_	
Relationship		_	
ES Name		-	
ES SSN		_	
ES DOB		_	
ES POB		-	
Residence		_	
Address			
Mailing		_	
Address			
Other		_	
Information			

ELEMENT

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

PROOF OF IDENTITY / SSN

SYSTEMS DATA Type | Competency | Custody

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

	ORGANIZATIO	NAL PAY	EE .
	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
	Organization's Co	ntact Name	
	Organization's 0	Contact Title	
EIN			
Org. Address		<u> </u>	
ES Name		<u>_</u>	
ES SSN		_	
ES DOB		<u> </u>	
ES POB		_	
Residence Address		<u> </u>	
Mailing Address		•	

ELEMENT

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

QR: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU DETERMINATION SCREEN

ADD REMARKS SI Payee ID Screen

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

YS	TEMS DATA SI		SYS	TEMS DATA ES	
ОВ	FTH		DOB	F	тн
ОВ	мтн		POB	M	тн
Ci	tizenship Code		Cit	tizenship Code	
i i	Si's	Name Propagates	Here		
s	ALLEGED			VERIFIED	
_		Given Name			
		Date of Birth			
		Place Of Birth			
		Father's Name			
		Mother's Maiden Name	•		
		DOB Evidence		▼	
		POB Evidence		<u>-</u>	
		Document Number		_	
		Date Issued/ Recorded	d		
		Place Issued		П	
	SAMPLE INDIVIDUAL		EL	IGIBLE SPOUSE	
	OOB Determination	DOB	Determir	ation	
		▼		•	
Į	JS-Born Citizenship Determinatio	n US-Bo	orn Citiz	enship Determination	
		▼		▼	
					4

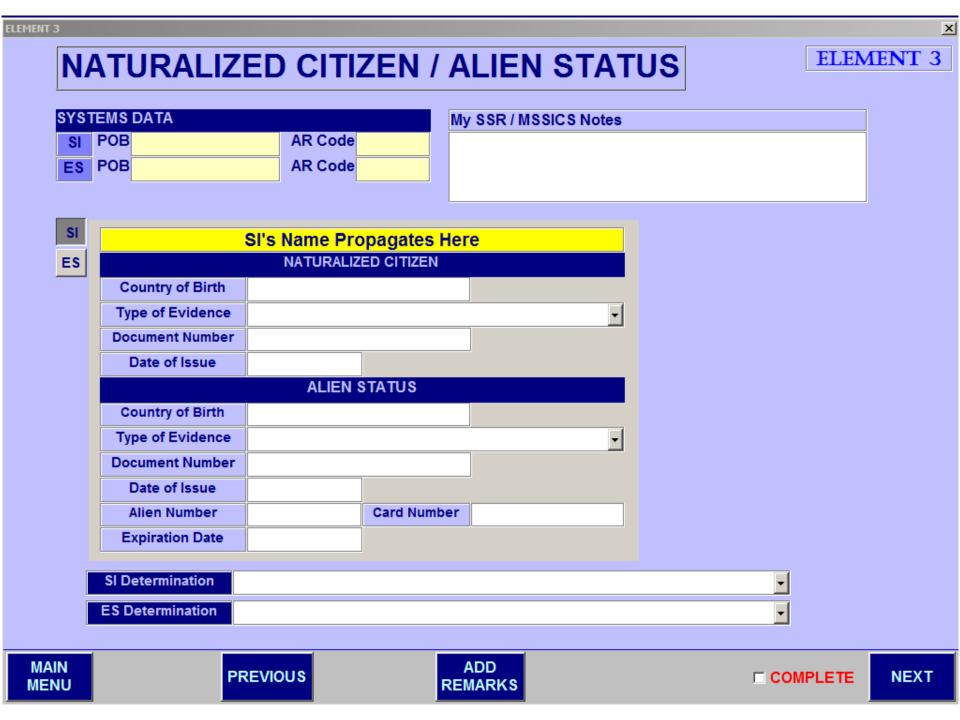
MAIN MENU

PREVIOUS

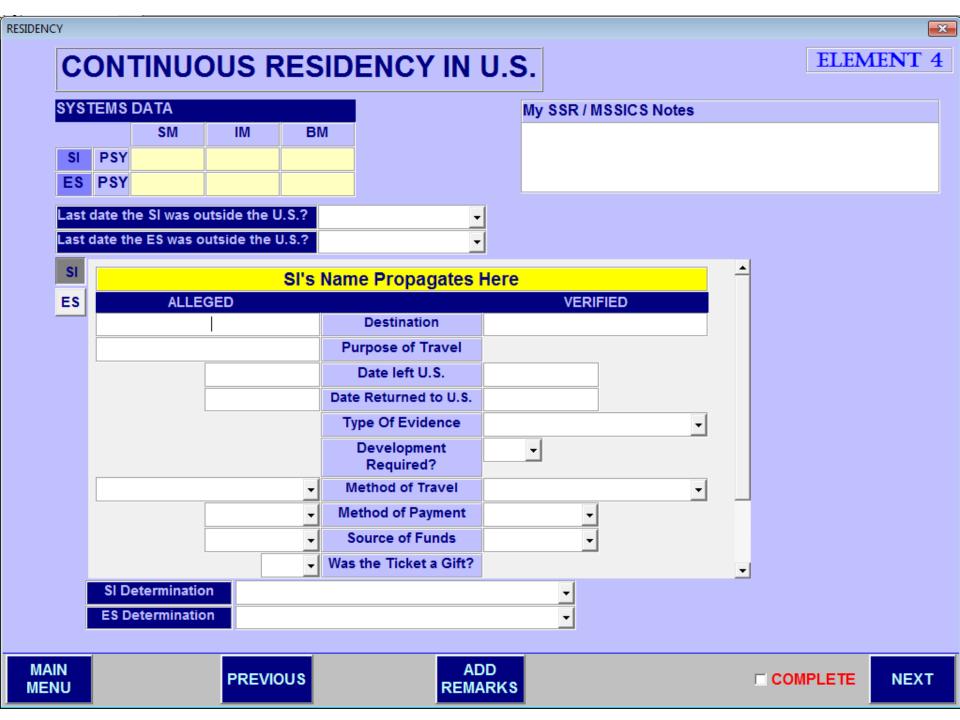
ADD REMARKS

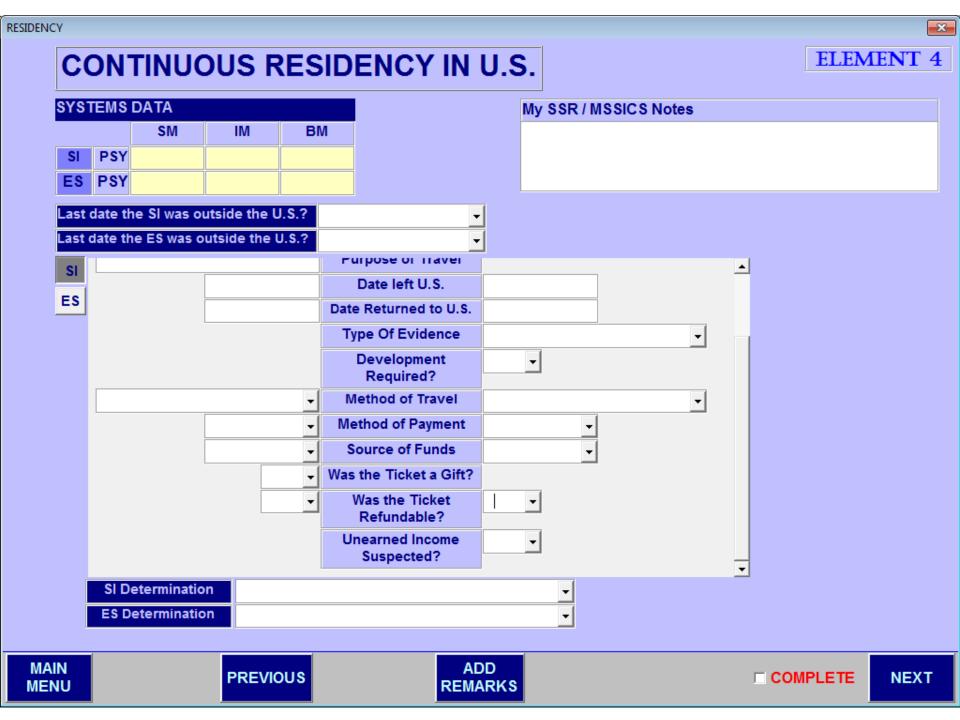
☐ COMPLETE

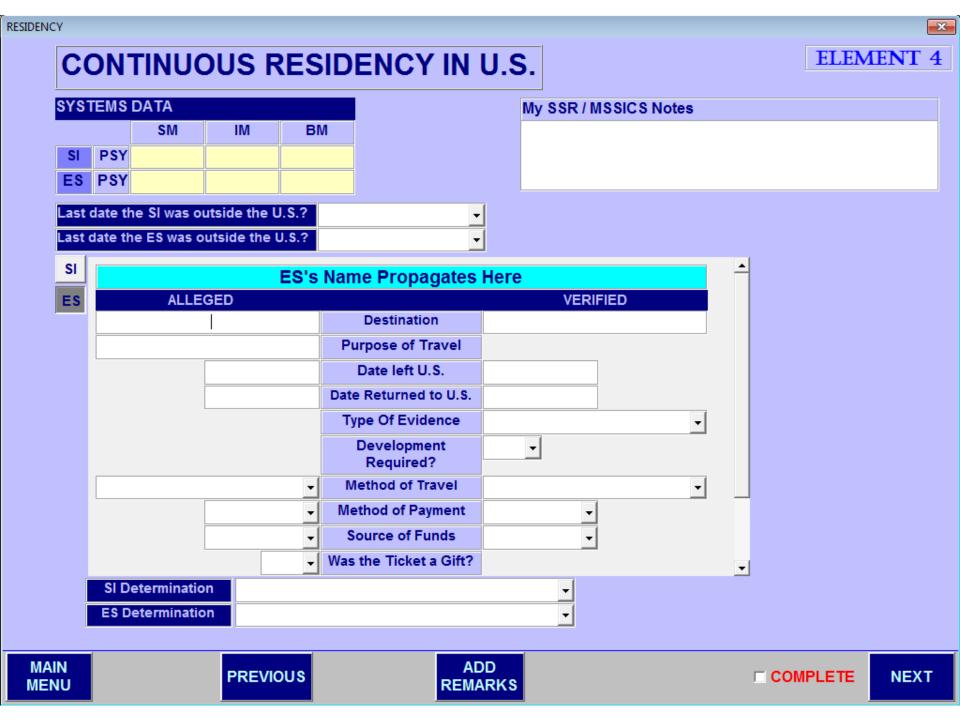
NEXT

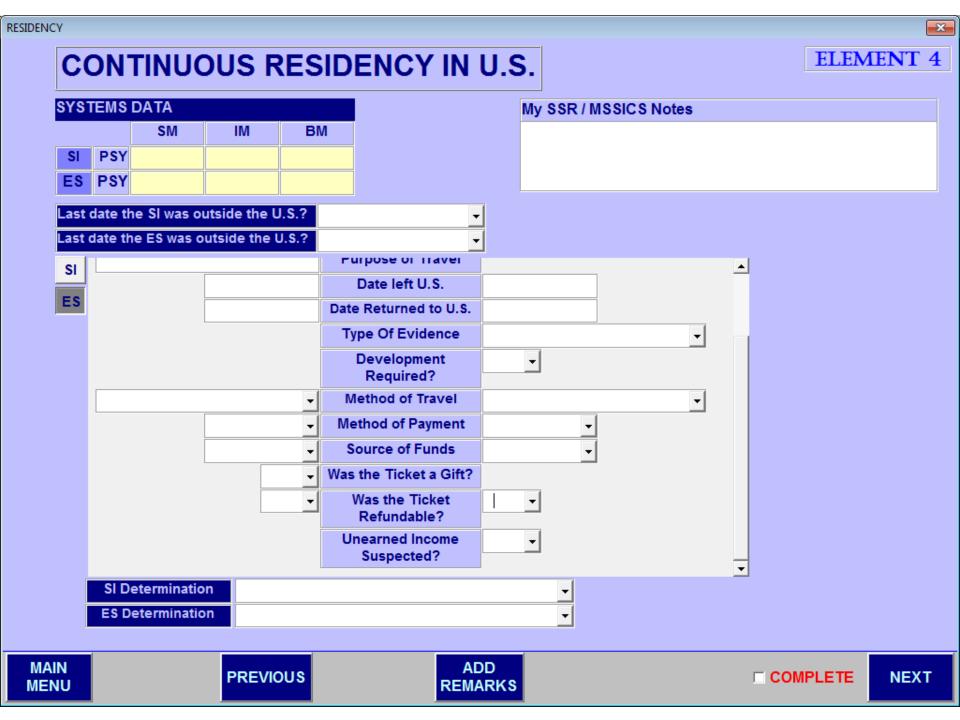


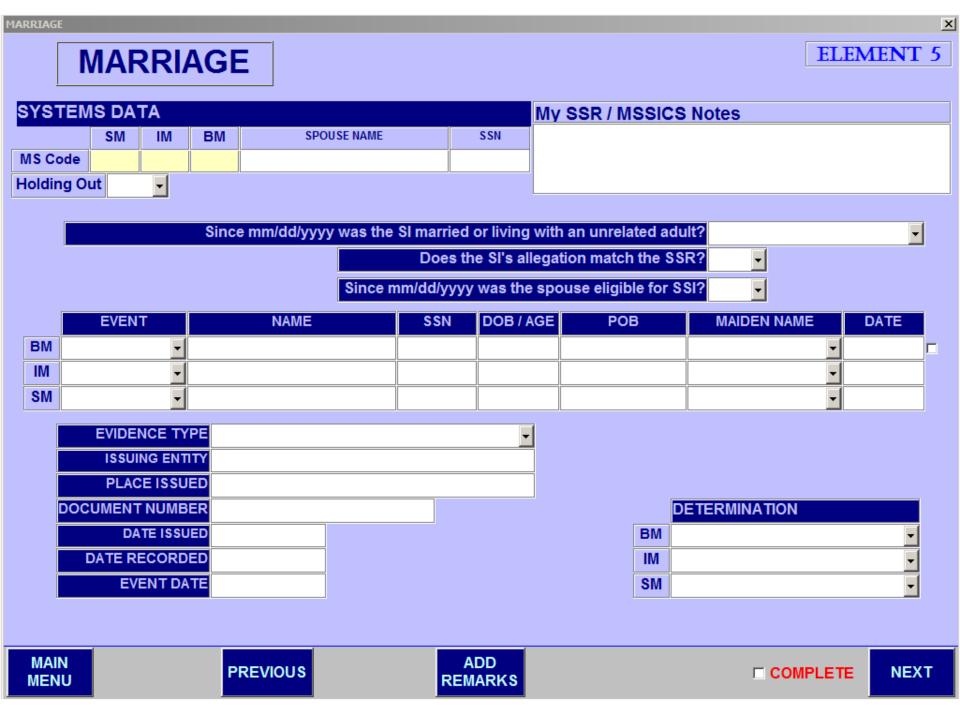
POB	AR Code	Му	SSR / MSSICS	Notes	
РОВ	AR Code				
	S's Name Pro		e		
Country of Birth	NATORALIZE	D OTTILLIN			
Type of Evidence	1			Ţ	
Document Number	·				
Date of Issue					
	ALIEN S	TATUS			
Country of Birth					
Type of Evidence				-	
Document Number					
Date of Issue					
Alien Number		Card Number			
Expiration Date					
SI Determination					▼
ES Determination					Ţ

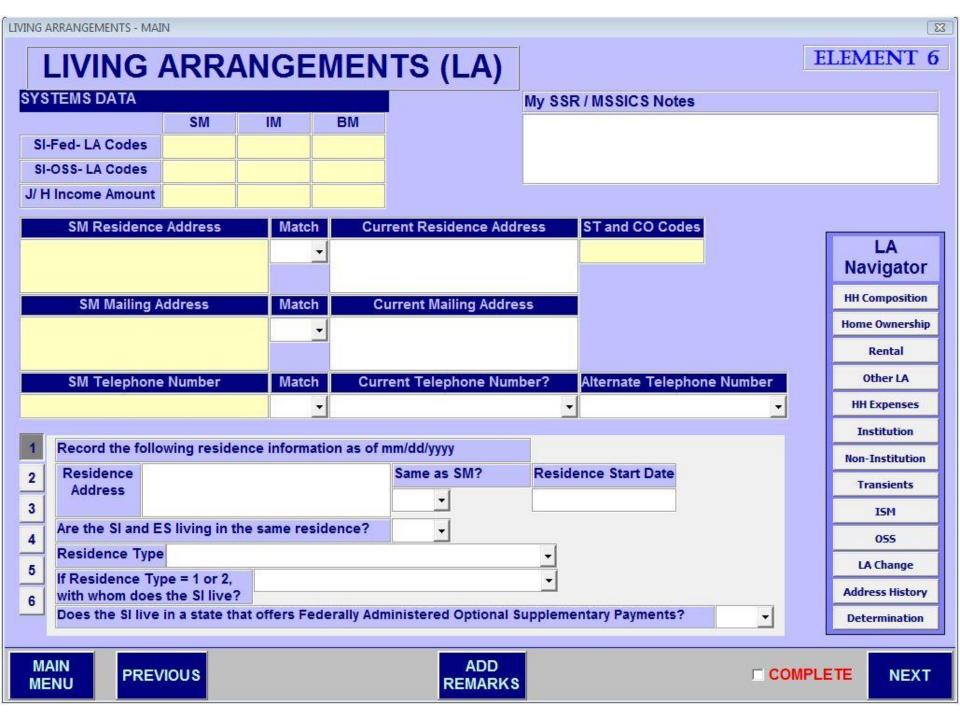


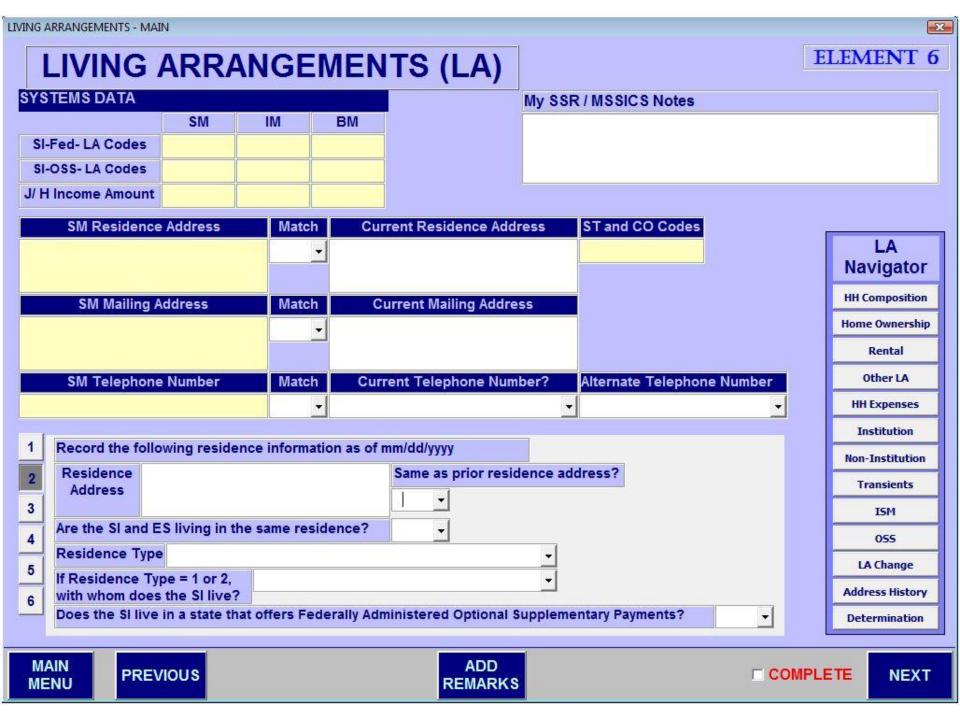


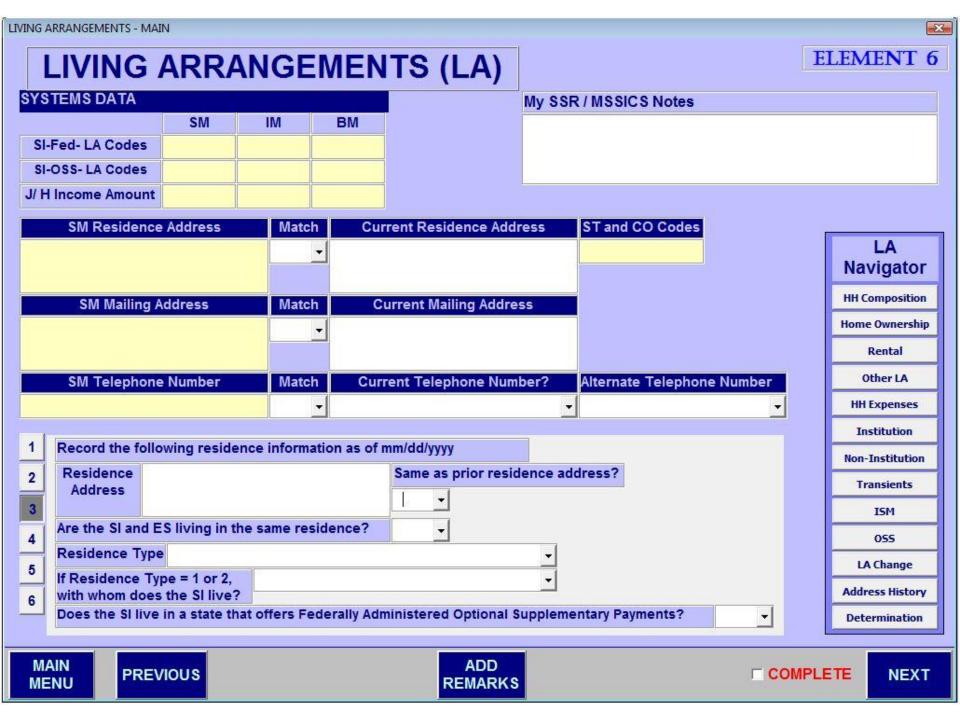


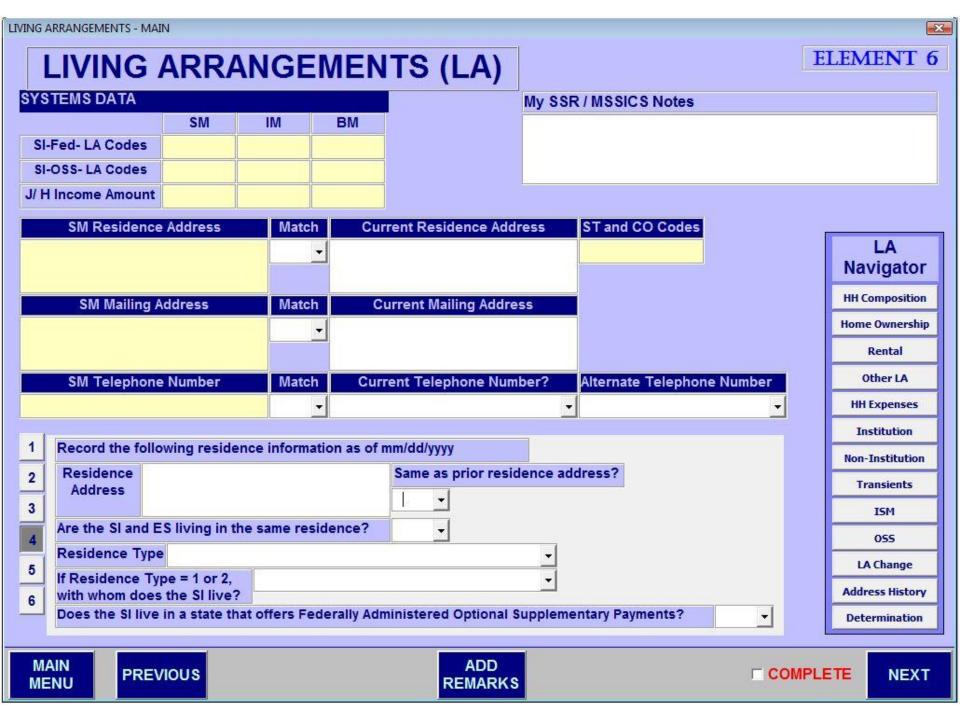


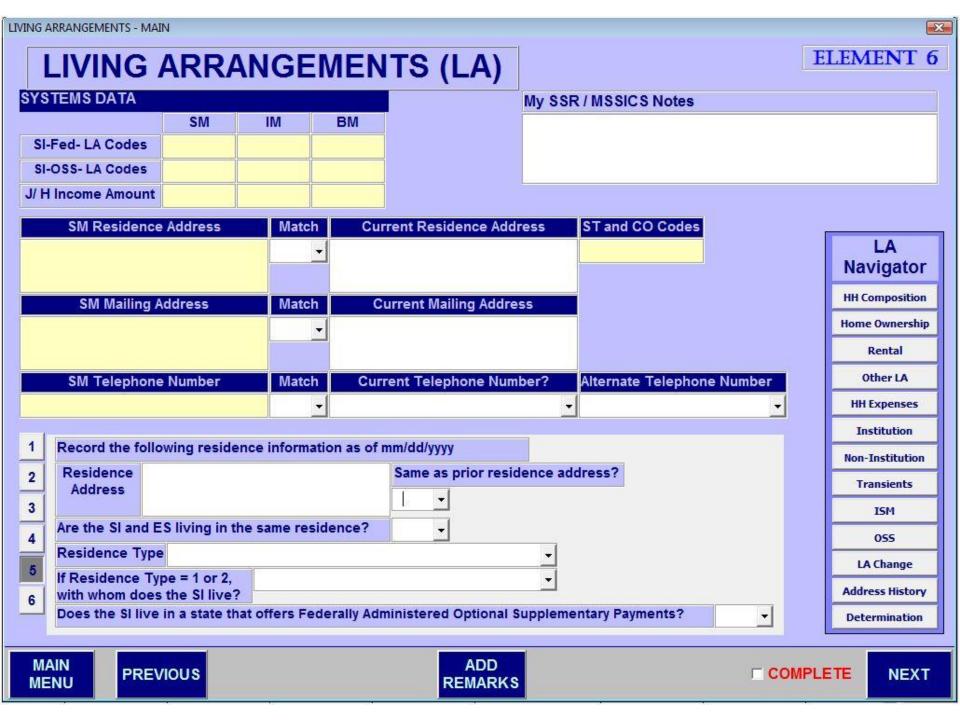


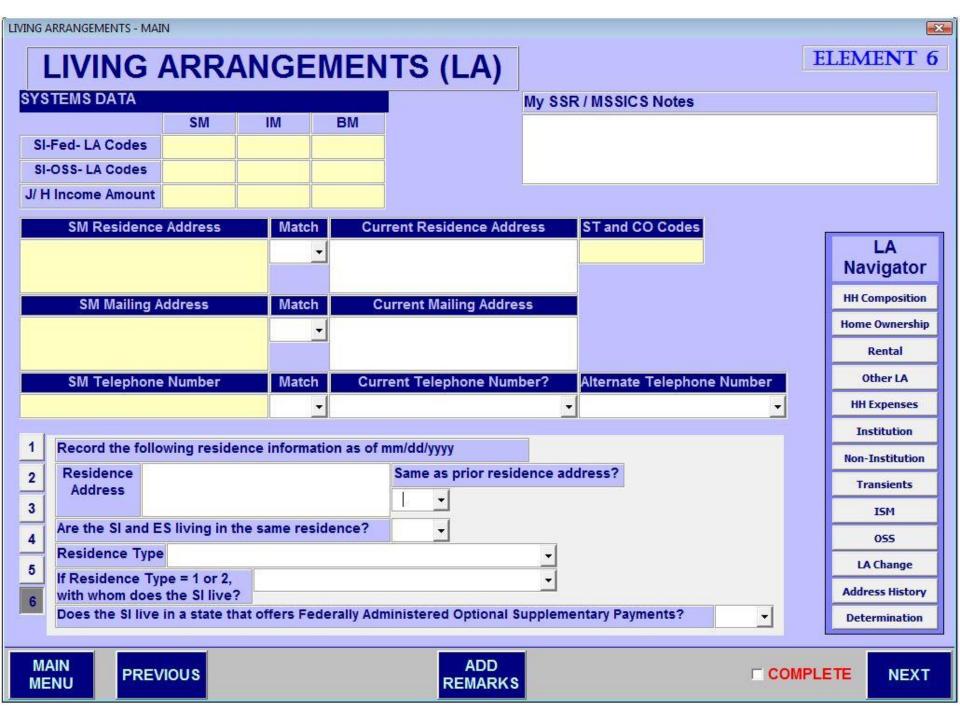












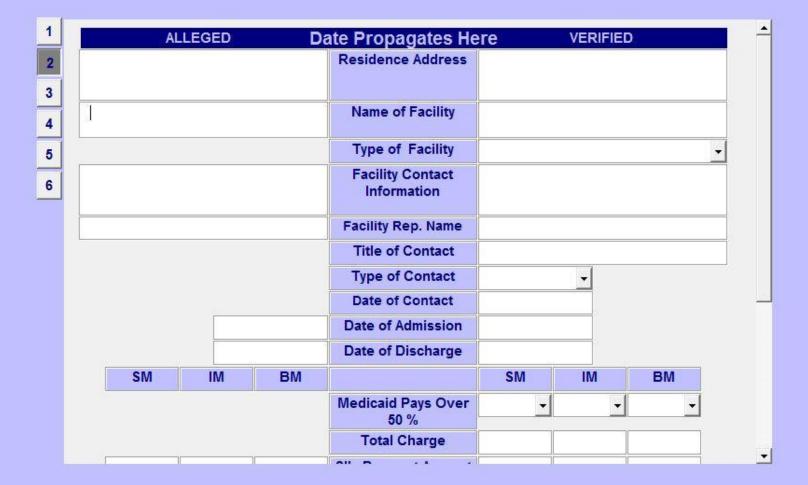
INSTITUTION

ELEMENT 6

1	AL	LEGED		ate Propagates Her	е	VERIFIE)
2				Residence Address			
3							
4				Name of Facility			
5				Type of Facility			
6				Facility Contact Information			
				Facility Rep. Name			
				Title of Contact			
				Type of Contact		-	
				Date of Contact			
				Date of Admission			
				Date of Discharge			
	SM	IM	BM		SM	IM	BM
				Medicaid Pays Over 50 %	·	•	·
				Total Charge			

ELEMENT 6

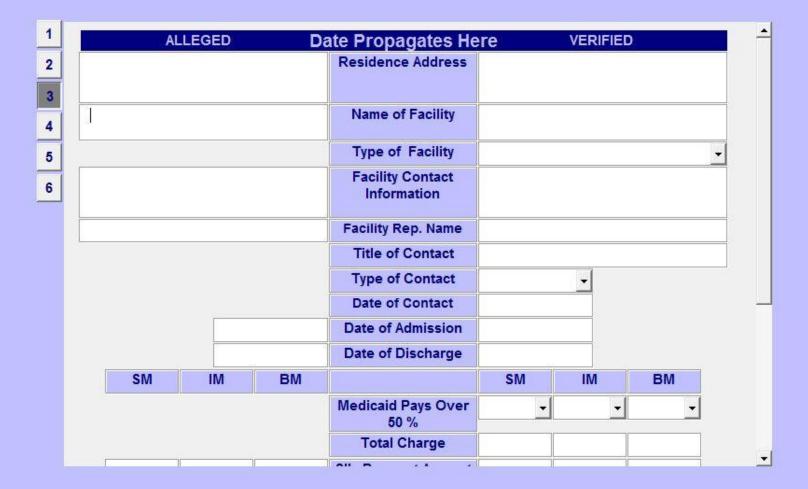
INSTITUTION



REMARKS

Screen

INSTITUTION

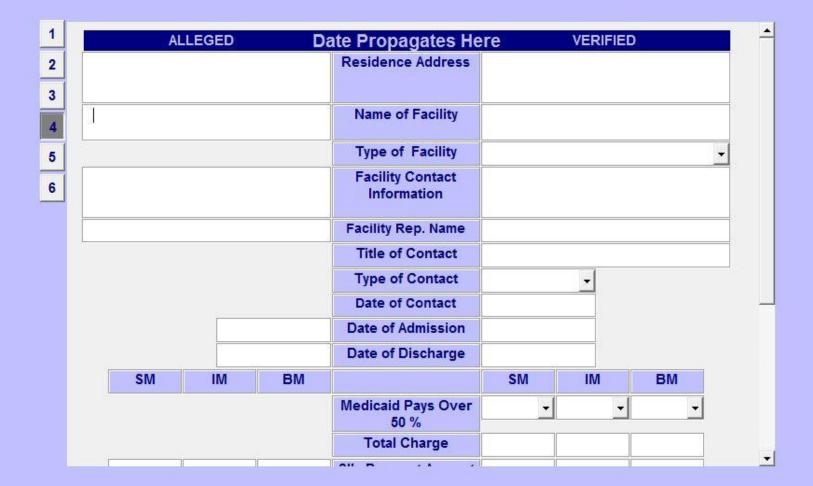


REMARKS

Screen

ELEMENT 6

INSTITUTION



INSTITUTION

1 ALLEGED **VERIFIED Date Propagates Here** Residence Address 2 3 Name of Facility 4 5 Type of Facility **Facility Contact** 6 Information Facility Rep. Name Title of Contact Type of Contact **Date of Contact** Date of Admission Date of Discharge SM IM BM SM IM BM Medicaid Pays Over 50 % **Total Charge**

Main LA Screen

ADD REMARKS

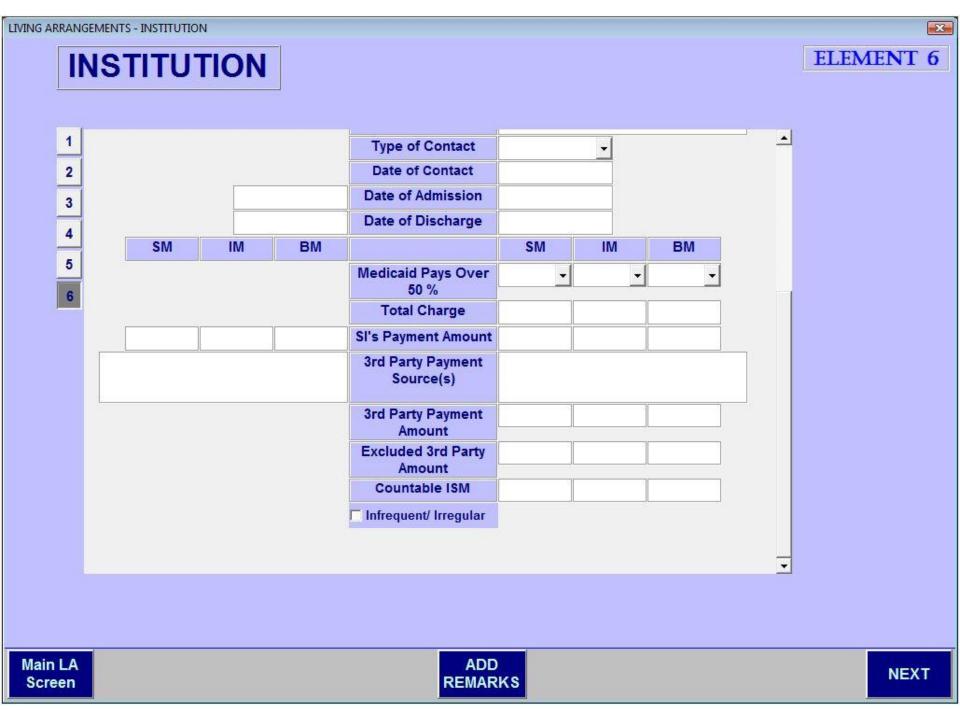
REMARKS

Screen

INSTITUTION

1 ALLEGED **Date Propagates Here VERIFIED** Residence Address 2 3 Name of Facility 4 Type of Facility 5 **Facility Contact** Information Facility Rep. Name **Title of Contact** Type of Contact **Date of Contact** Date of Admission Date of Discharge SM IM BM SM IM BM Medicaid Pays Over 50 %

Total Charge



NON-INSTITUTIONAL CARE

ELEMENT 6

	ALLEG	ED	Date Propagates Here	VERIFIED
			Residence Address	
			Name of Facility	
	3		Type of Facility	
1			# of Residents	
			Facility License #	
			Expiration Date	
			Facility Contact Information	
			Facility Rep. Name	
			Title of Contact	
			Type of Contact	10
			Date of Contact	
			Date of Admission	
		===	Date of Discharge	
			Total Charge	
			SI's Payment Amount	

Main LA Screen ADD REMARKS

REMARKS

Screen

REMARKS

Screen

Screen

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes



Main LA Screen ADD REMARKS **ELEMENT 6**

ADD REMARKS

ADD REMARKS

ADD REMARKS





REMARKS

Screen

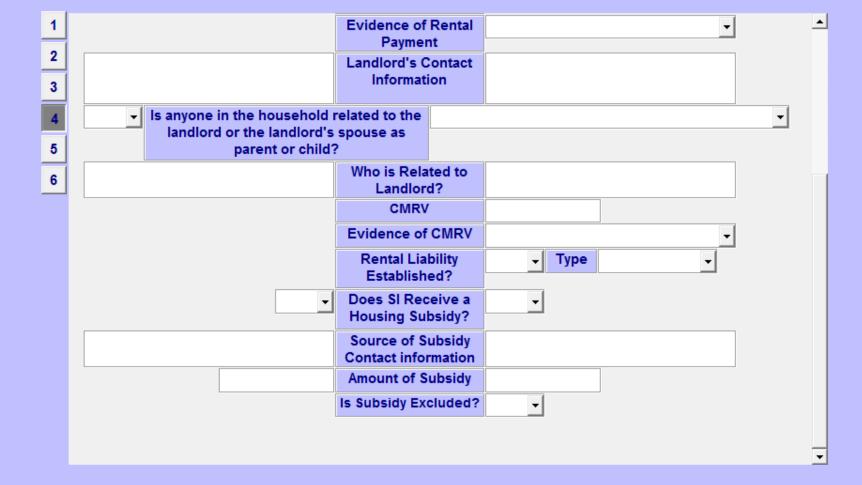


×

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes



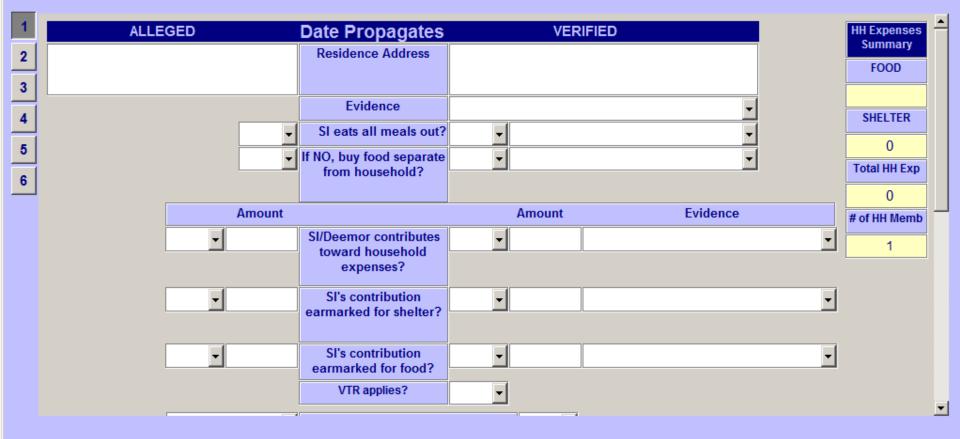


ADD REMARKS

ELEMENT 6

OTHER HOUSEHOLD LA SITUATIONS

SYSTEMS DATA							
	SM	IM	BM				
J/H Income							
CG Field Codes							



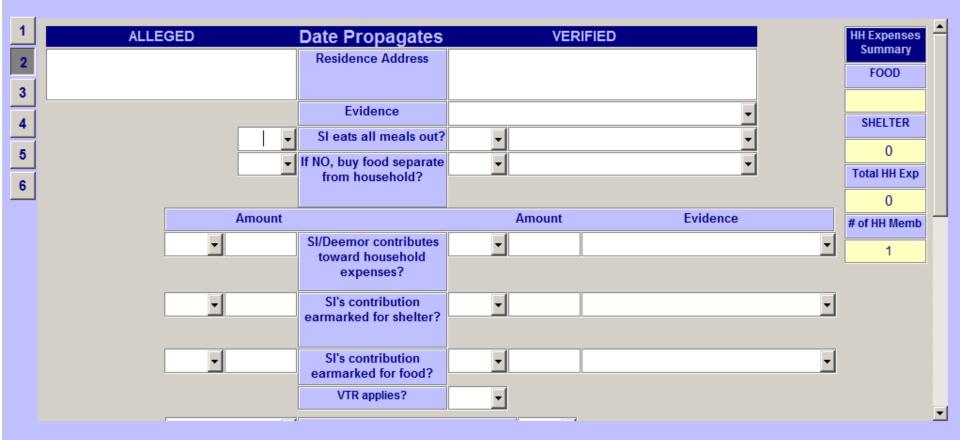
Main LA Screen ADD REMARKS Go To HH Expenses

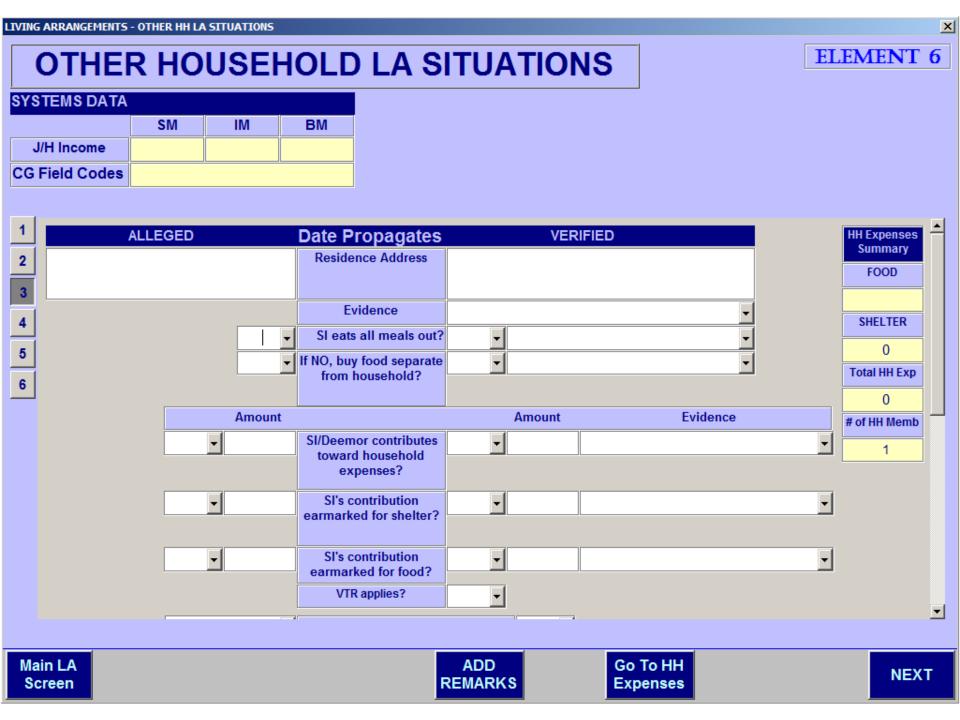
Screen

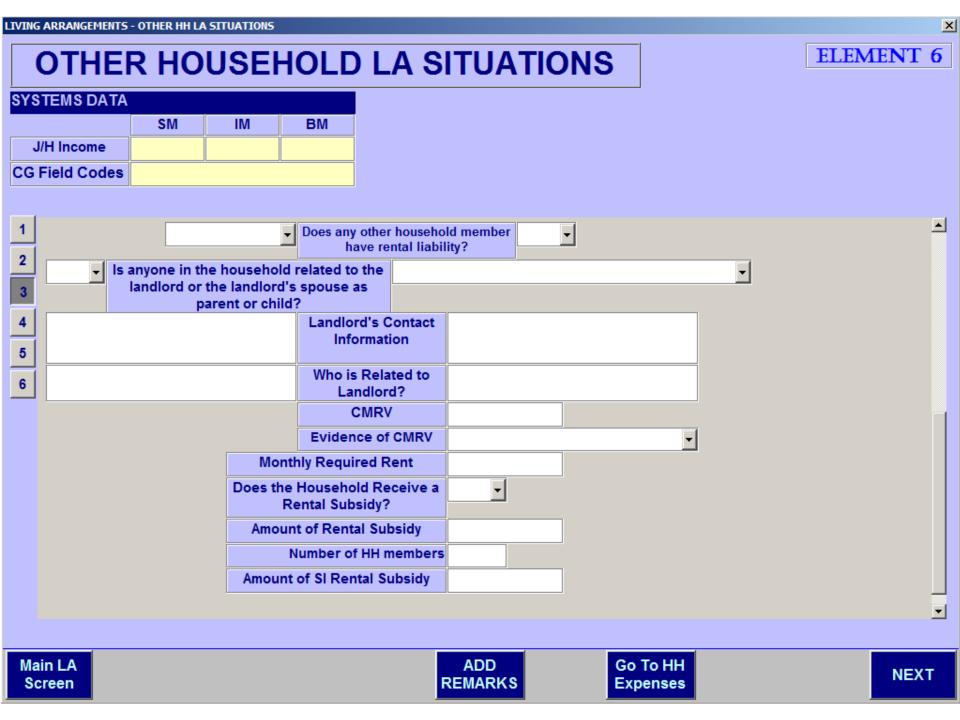
REMARKS

Expenses

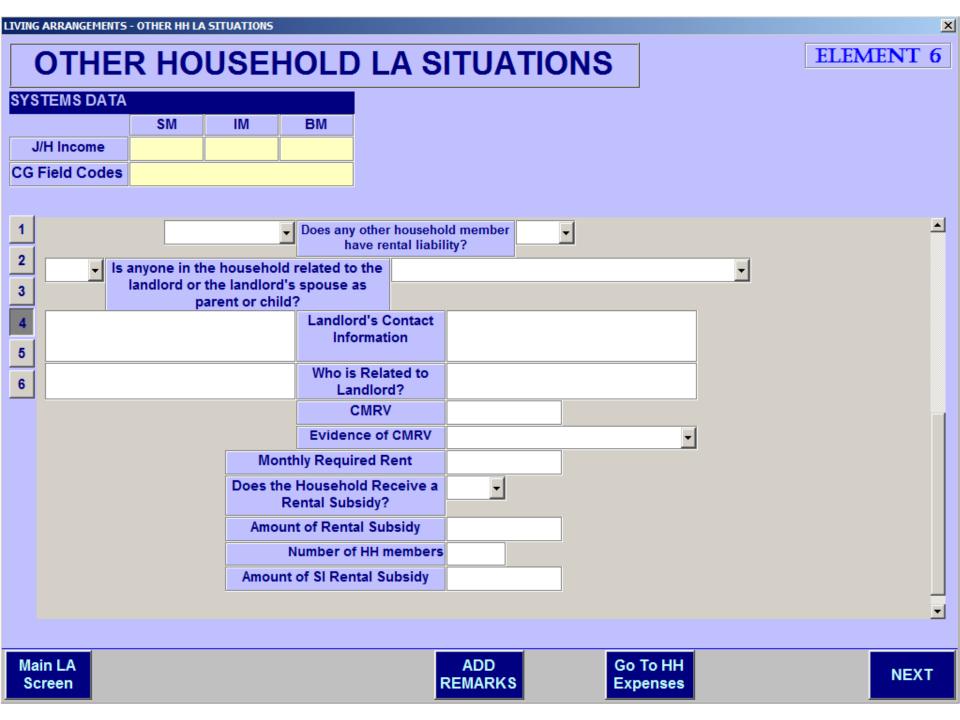
SYSTEMS DATA SM IM BM J/H Income CG Field Codes



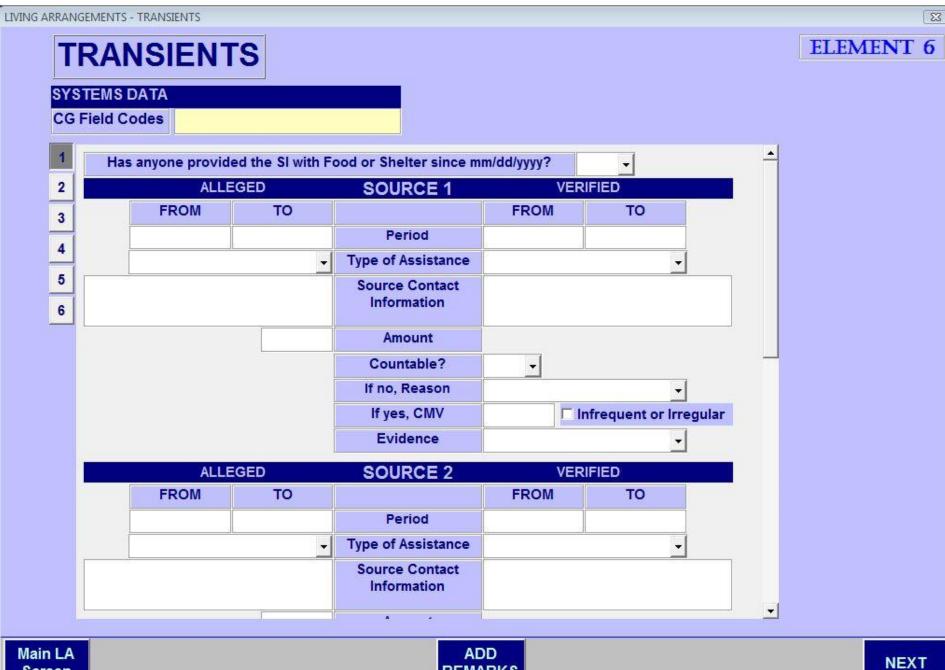


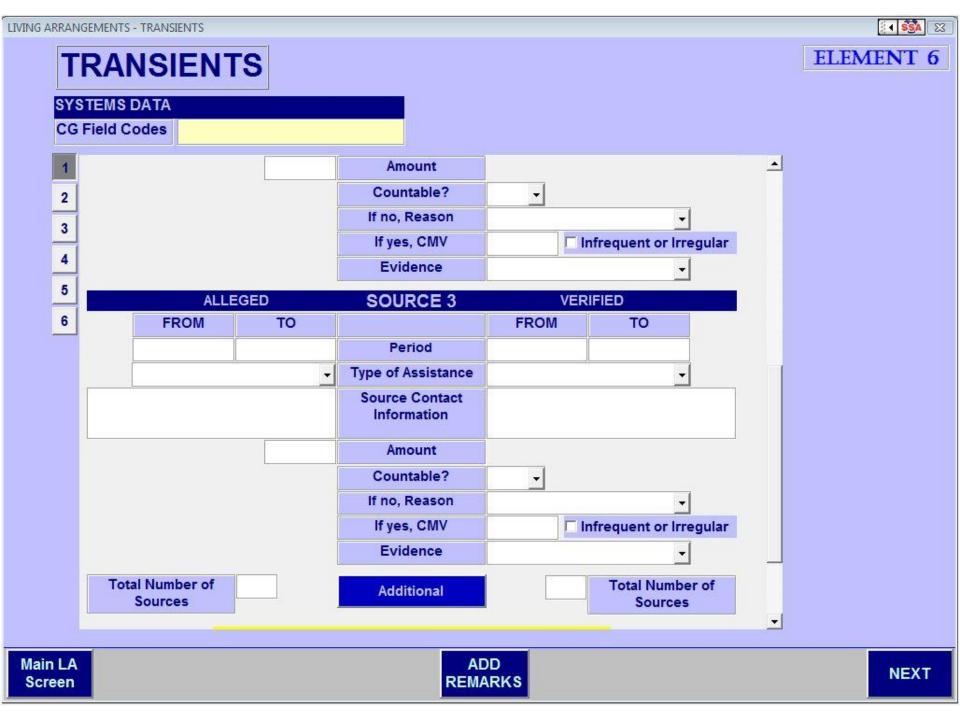


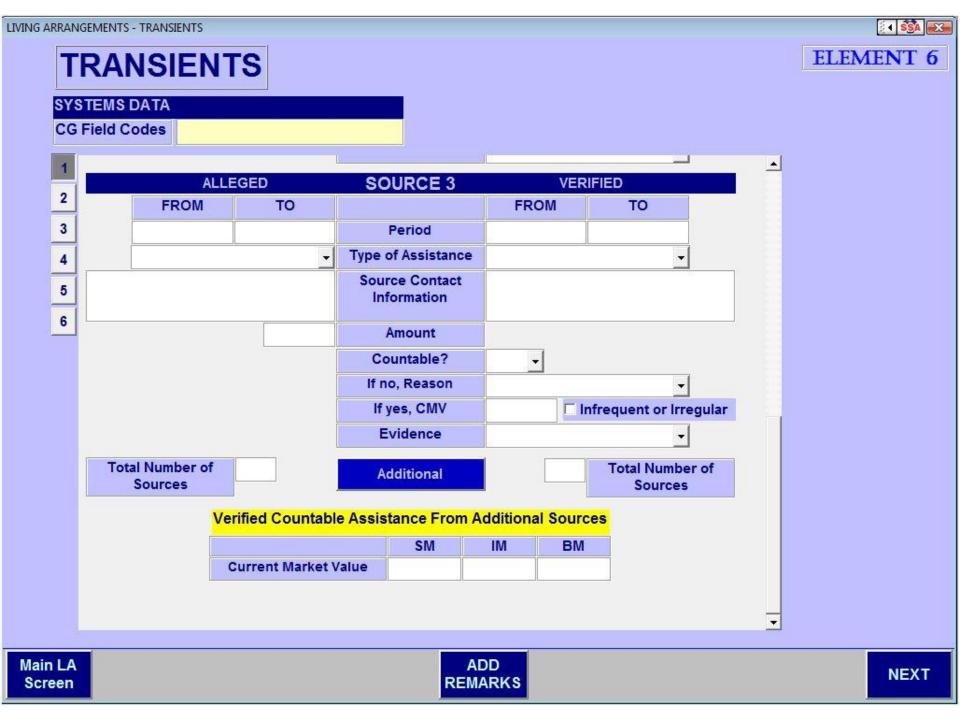
ADD REMARKS Go To HH Expenses

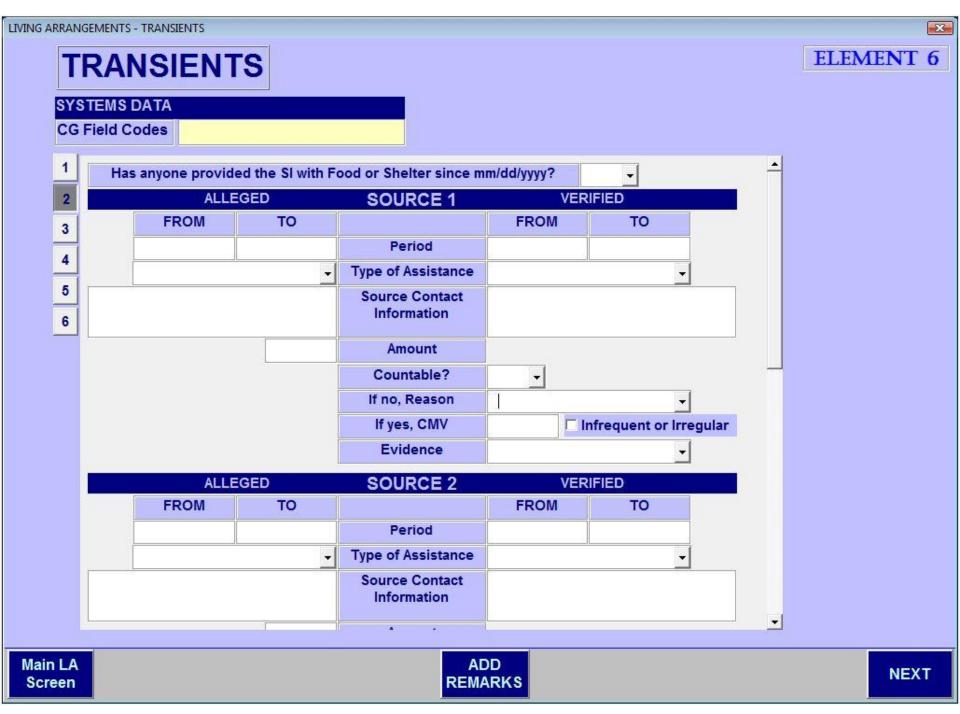


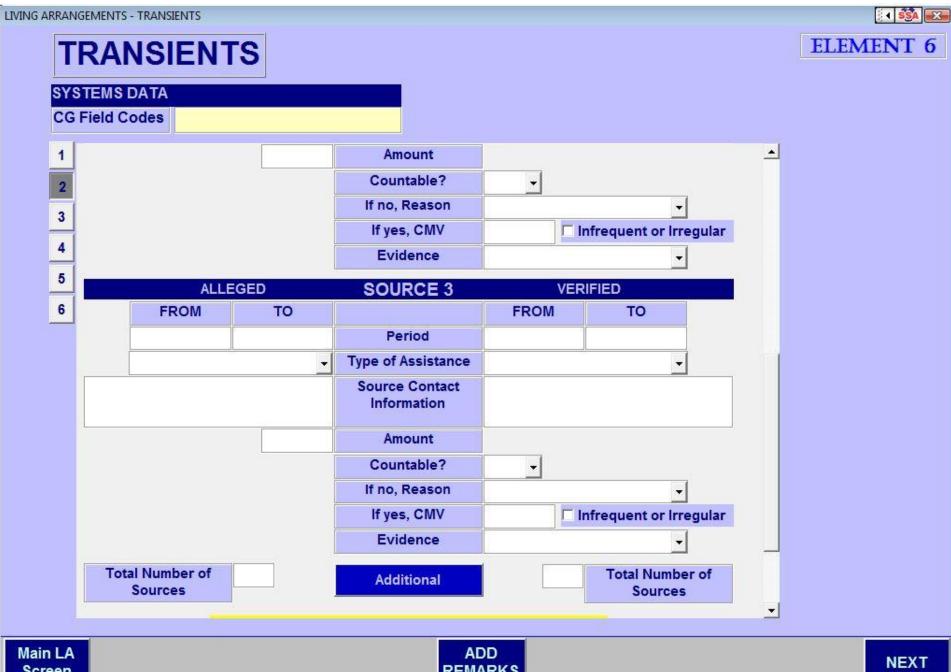
ADD REMARKS Go To HH Expenses

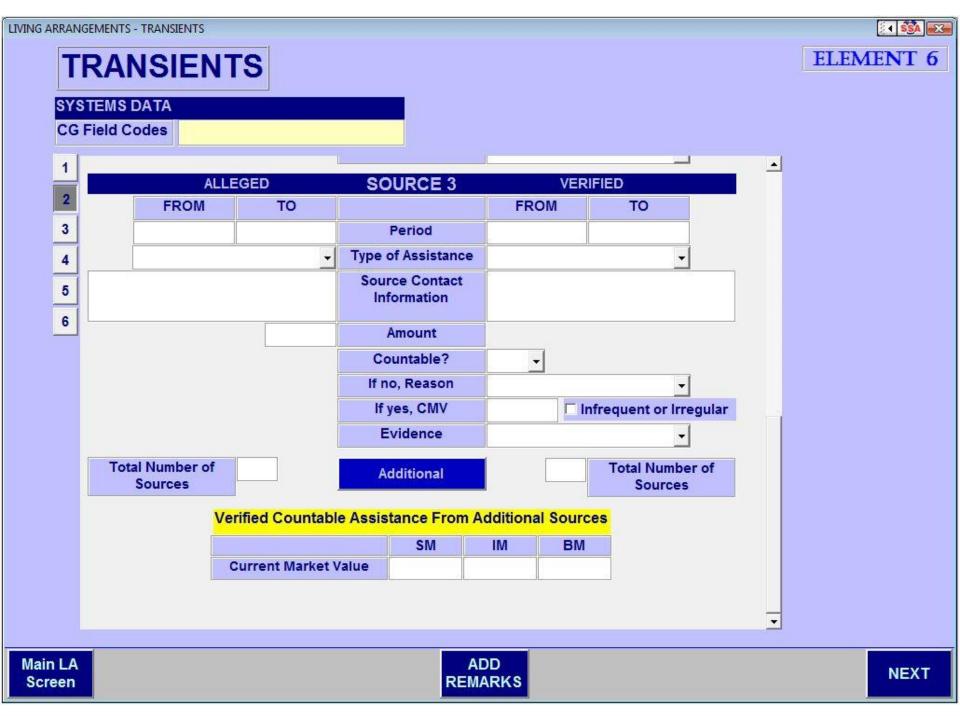


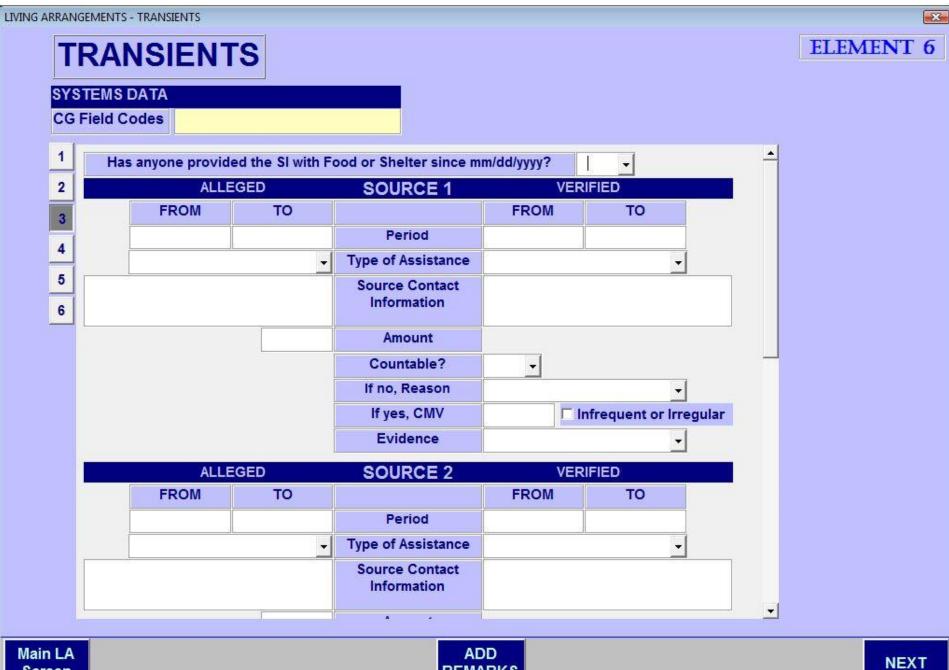


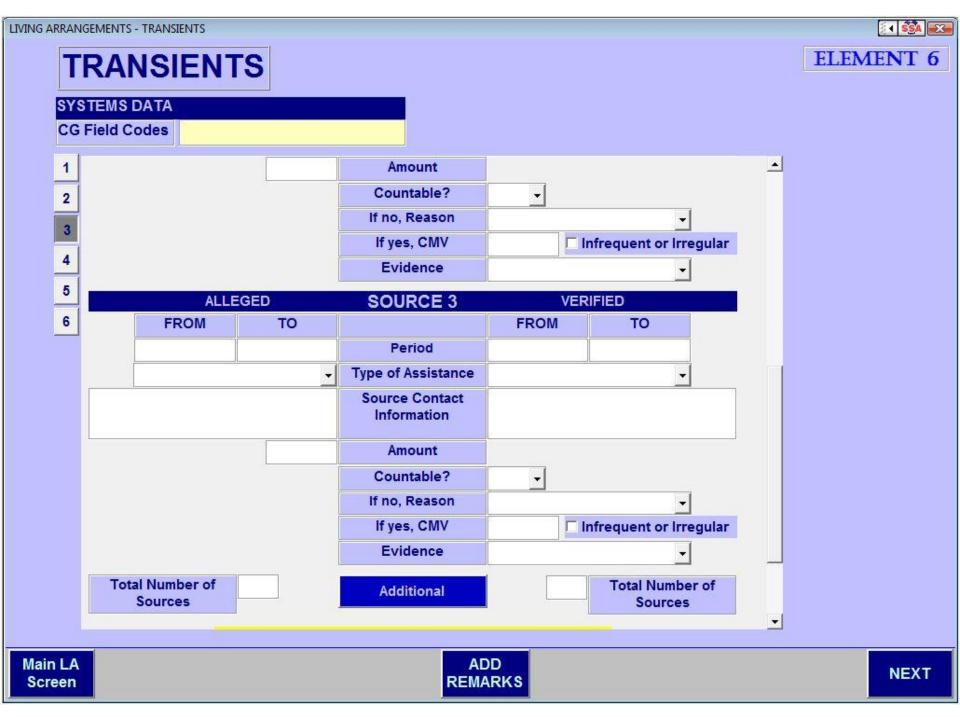


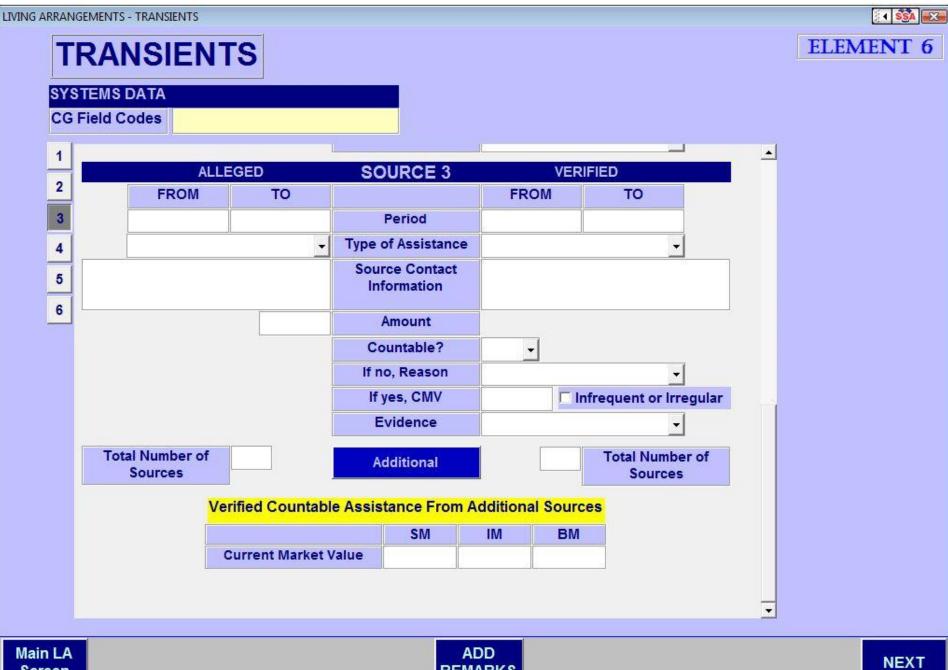


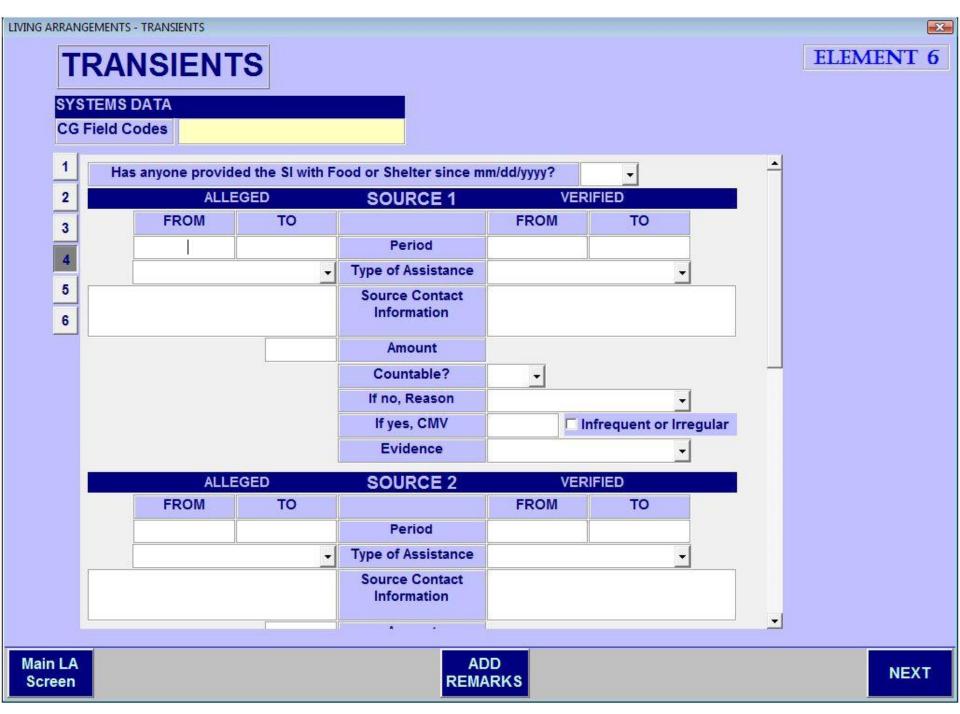


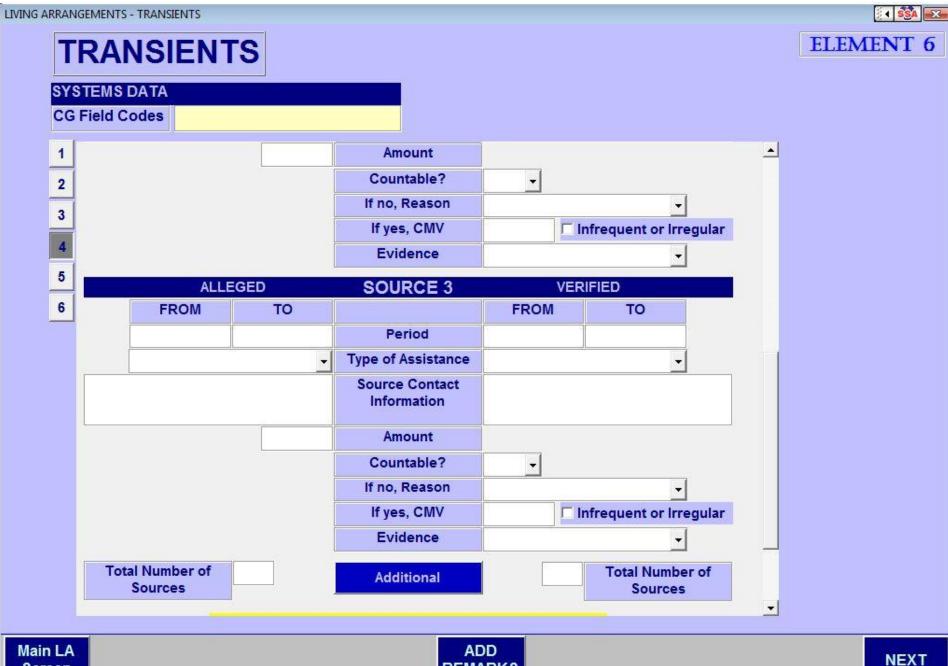


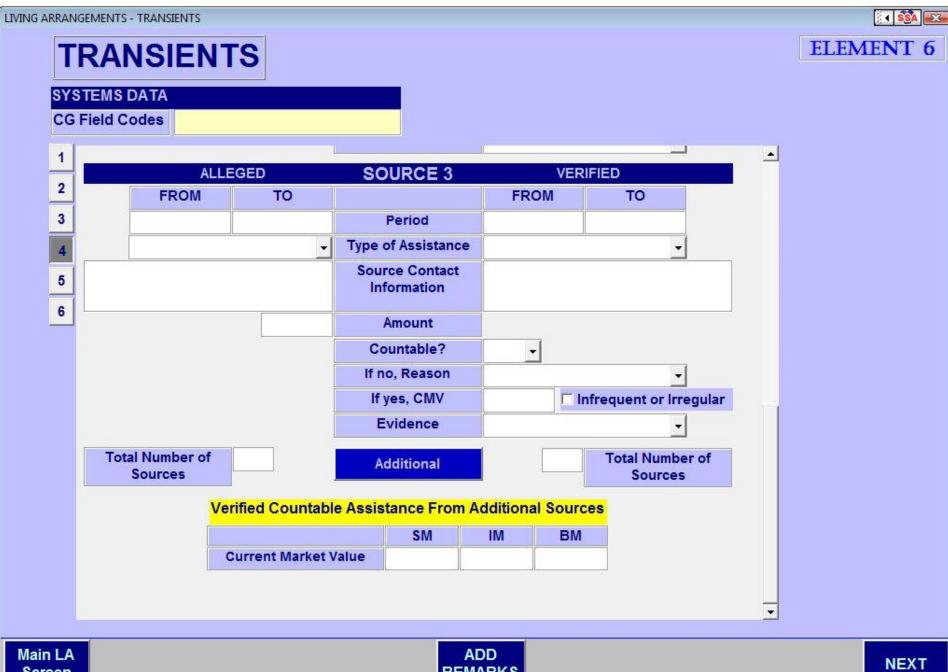


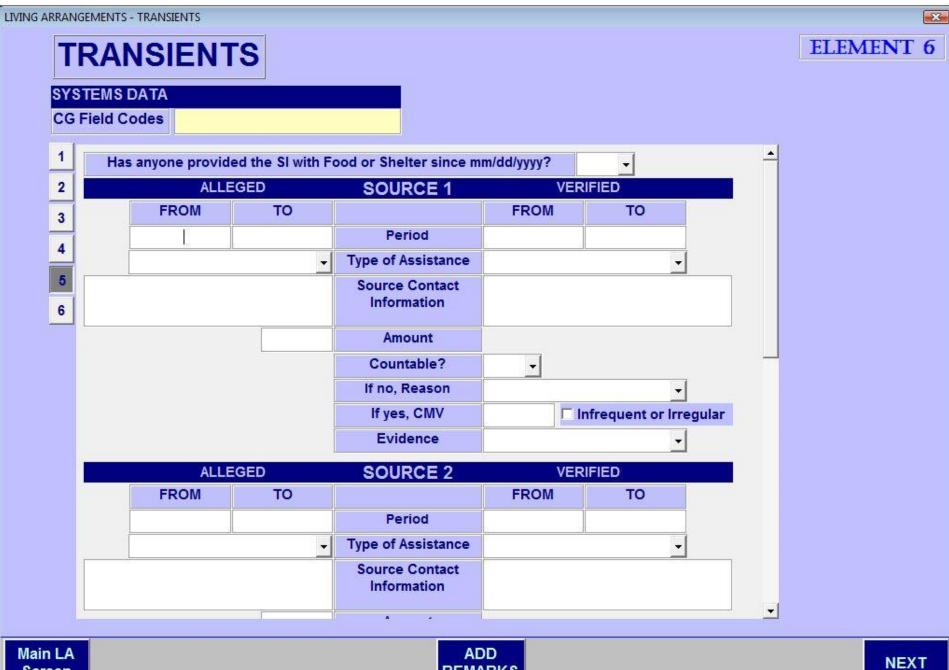


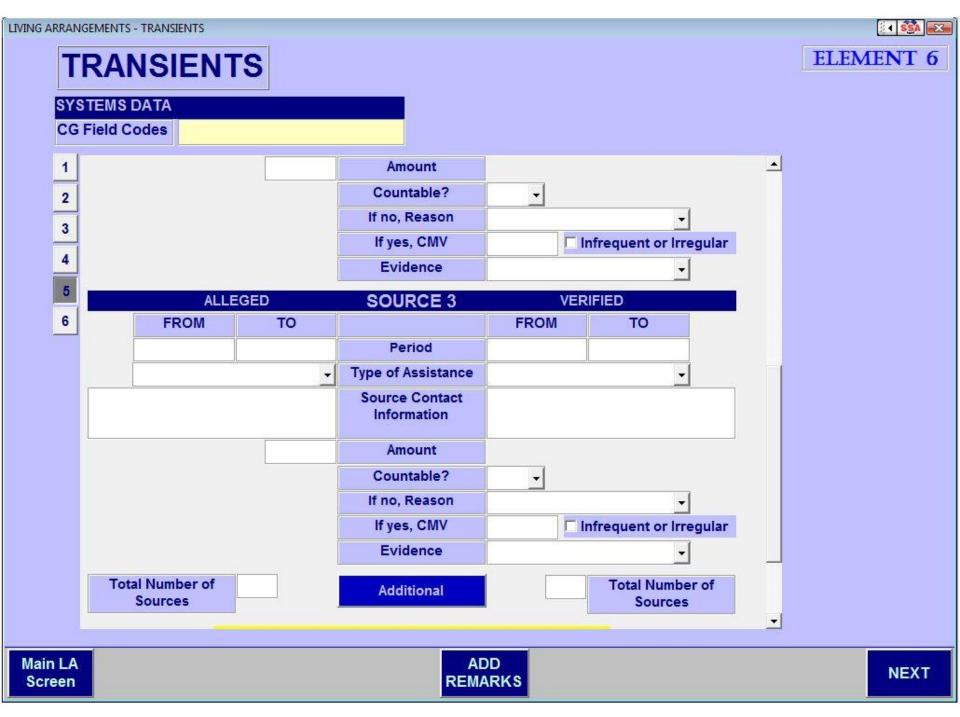


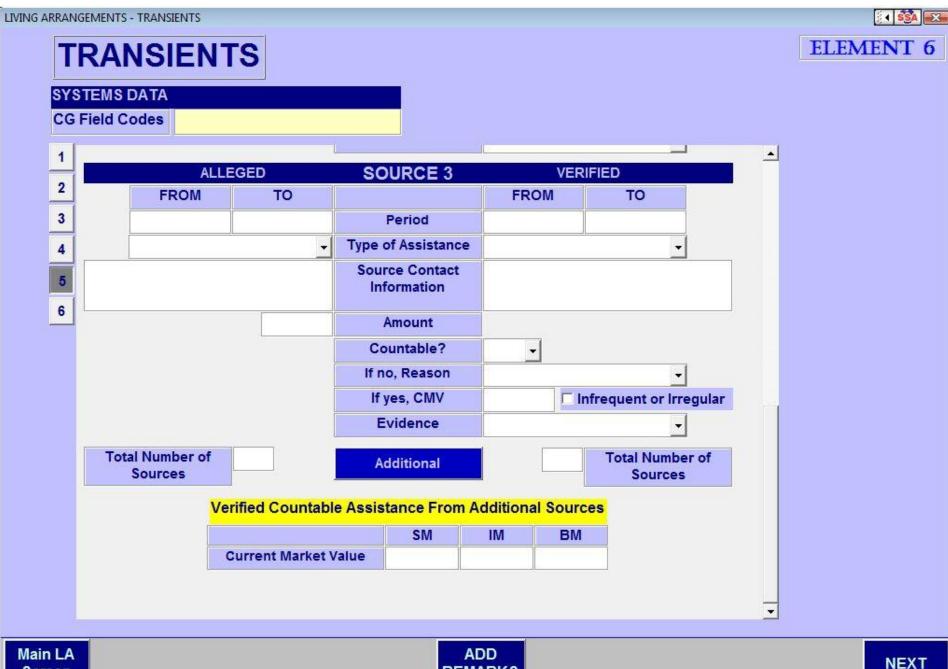






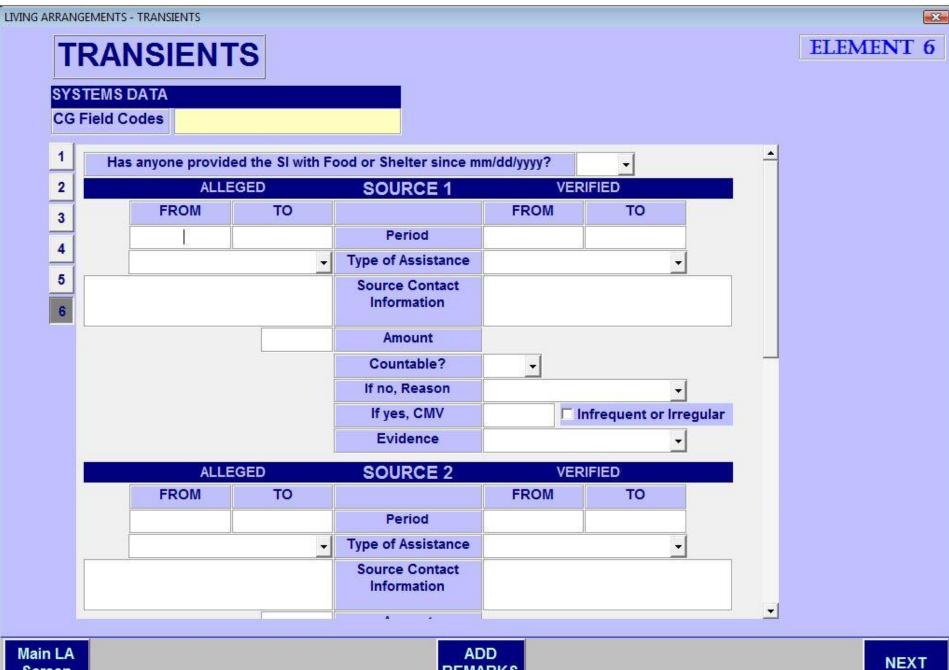


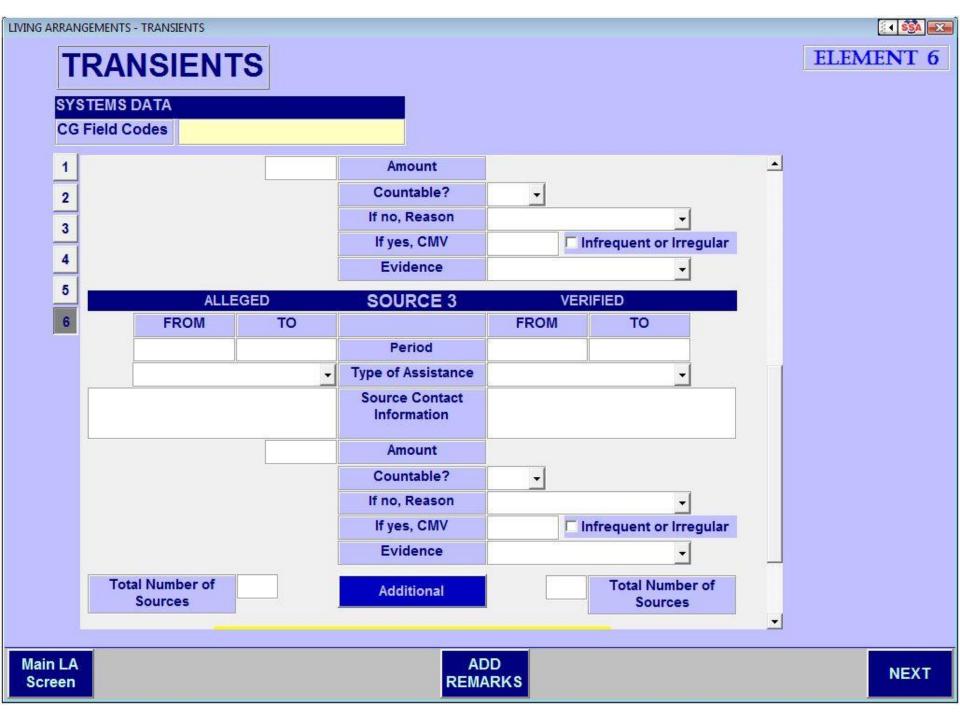


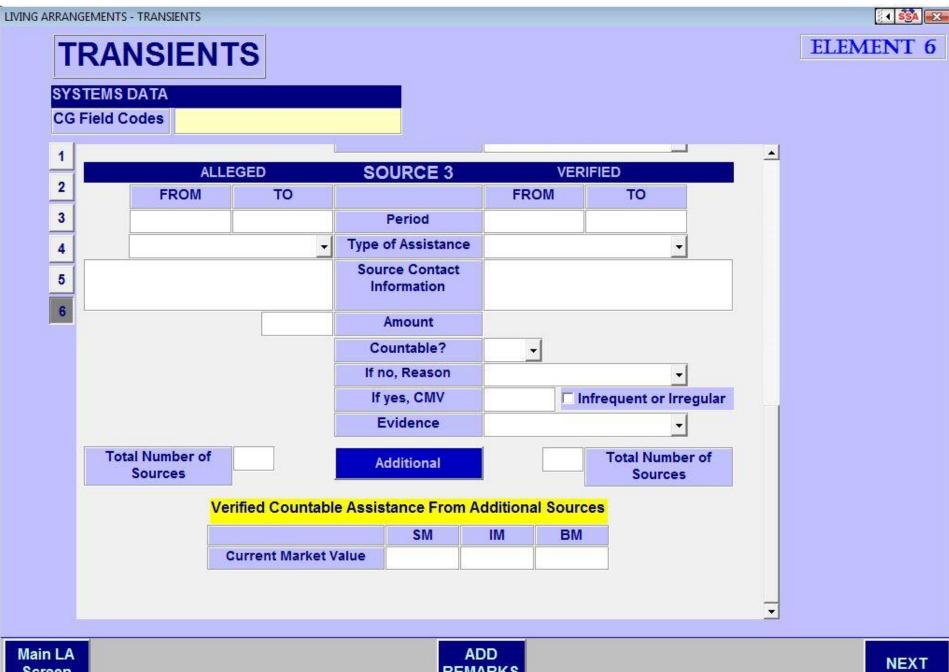


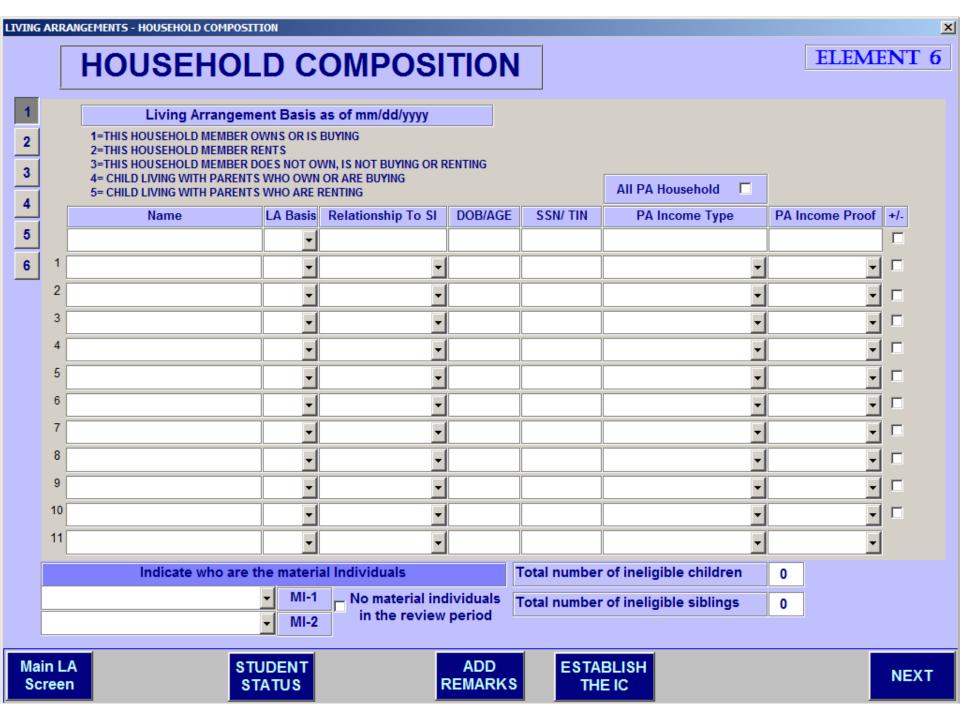
REMARKS

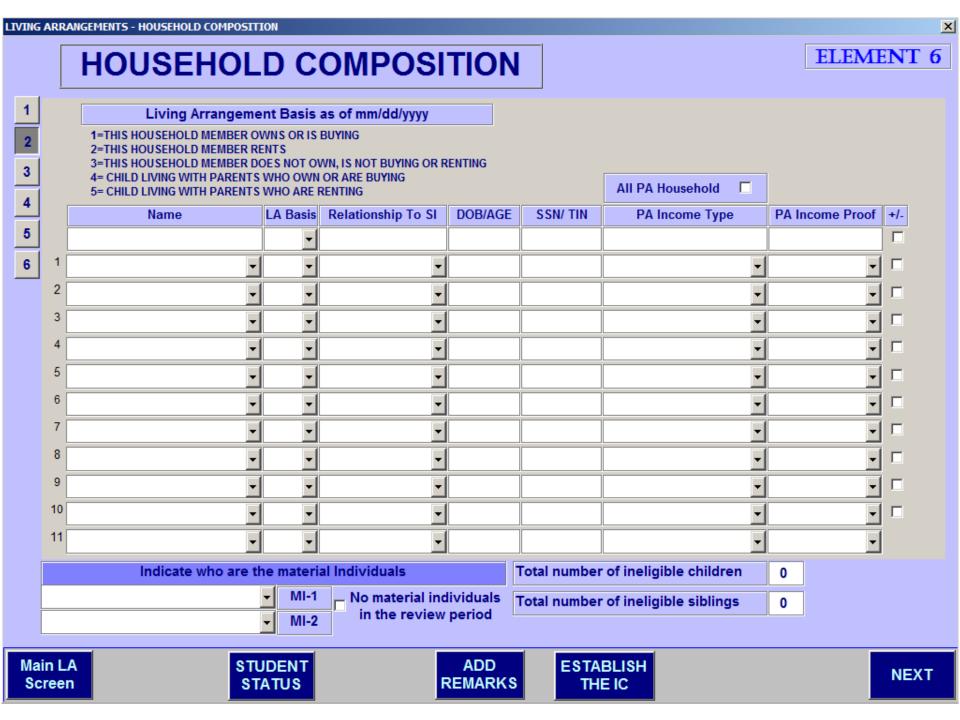
NEXT







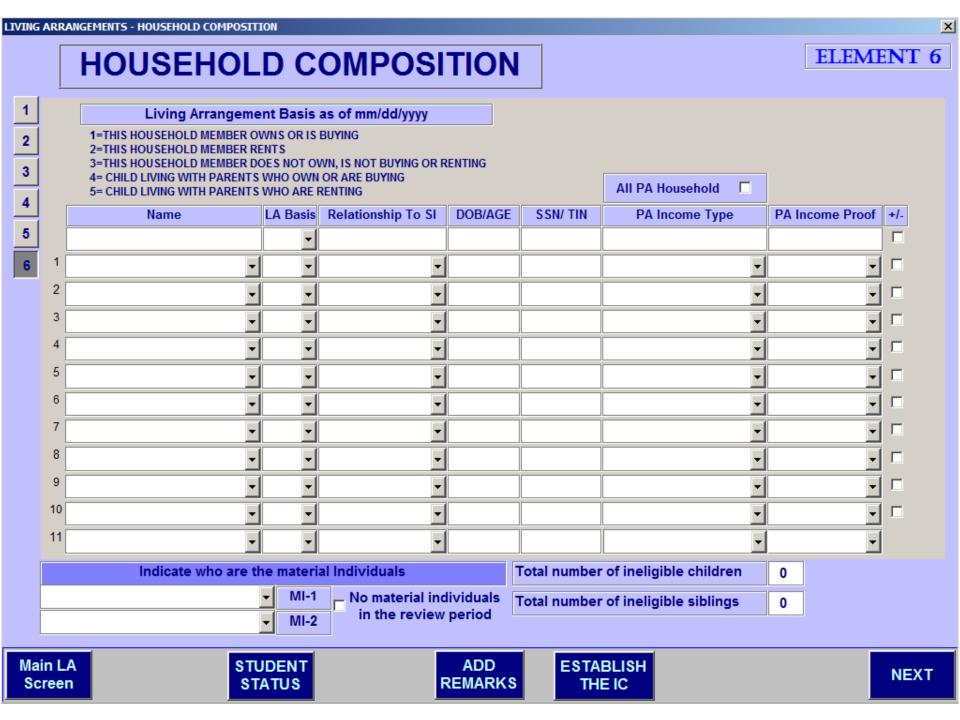


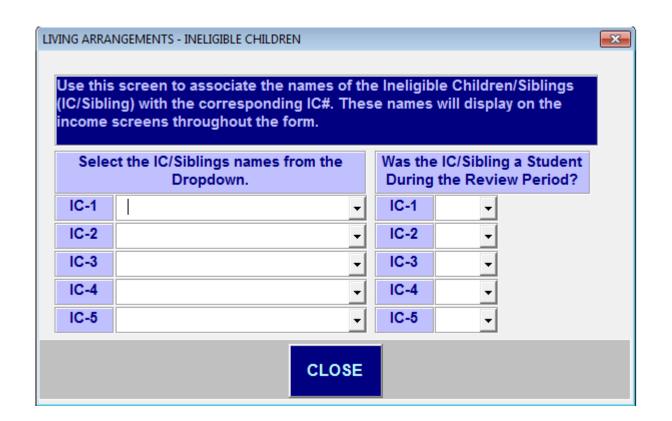


IVING	ARR	ANGEMENTS - HOUSEHOLD COMPOSITI	ION						×
		HOUSEHOL	D C	OMPOSI	TION			ELEME	NT 6
1 2 3 4		Living Arrangeme 1=THIS HOUSEHOLD MEMBER OF 2=THIS HOUSEHOLD MEMBER RE 3=THIS HOUSEHOLD MEMBER DO 4= CHILD LIVING WITH PARENTS 5= CHILD LIVING WITH PARENTS	WNS OR IS ENTS DES NOT O' WHO OWN WHO ARE	BUYING WN, IS NOT BUYING OR R I OR ARE BUYING RENTING			All PA Household		
		Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
5									
6	1			<u>-</u>			<u> </u>	<u> </u>	
	2	▼		•			•	▼	
	3		-	•			•	<u></u>	
	4		T	•			•	•	
	5	V	•	▼			•	▼	
	6	▼	•	•			•	▼	
	7	▼	•	•			•	▼	
	8	V	•	▼			•	▼	
	9	▼	•	▼			•	▼	
	10		•	▼			•	<u> </u>	
	11	<u> </u>	•	▼			•	V	
		Indicate who are th	ne materi	al Individuals		Total number	of ineligible children	0	
			MI-1	No material ind in the review		Total number	of ineligible siblings	0	
	in L ree		IDENT ATUS	F	ADD REMARKS		BLISH E IC		NEXT

IVING	ARR	ANGEMENTS - HOUSEHOLD COMPOSITI	ION						2
		HOUSEHOL	D C	OMPOSI	TION			ELEMI	ENT 6
1		Living Arrangeme	nt Basis	as of mm/dd/vvvv					
2		1=THIS HOUSEHOLD MEMBER O	WNS OR IS						
_		2=THIS HOUSEHOLD MEMBER RE 3=THIS HOUSEHOLD MEMBER DO		WN, IS NOT BUYING OR R	ENTING				
3		4= CHILD LIVING WITH PARENTS 5= CHILD LIVING WITH PARENTS	WHO OWN	OR ARE BUYING			All PA Household		
4		Name	LA Basis		DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/_
5			-	•			7		П
6	1	\		V				▼	
_	2			<u> </u>					
	3								
	4								
	5								
	6								Г
	7								Г
	8		<u>_</u>						
	9	<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	
	10	<u> </u>		<u> </u>			<u></u>		
	11	<u>M</u>		<u> </u>			<u> </u>	<u> </u>	
				_					
		Indicate who are th					of ineligible children	0	
			▼ MI-1			Total number	of ineligible siblings	0	
			IVII-2						
	in L		IDENT ATUS	F	ADD REMARKS		BLISH E IC		NEXT

IVING	ARR	ANGEMENTS - HOUSEHOLD COMPOSITI	ION						×
		HOUSEHOL	D C	OMPOSI	TION	1		ELEMI	NT 6
1 2 3	_	Living Arrangeme 1=THIS HOUSEHOLD MEMBER OV 2=THIS HOUSEHOLD MEMBER RE 3=THIS HOUSEHOLD MEMBER DO 4= CHILD LIVING WITH PARENTS 5= CHILD LIVING WITH PARENTS	WNS OR IS ENTS DES NOT ON WHO OWN WHO ARE I	BUYING WN, IS NOT BUYING OR R I OR ARE BUYING RENTING			All PA Household □		
		Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
5									
6	1		_	▼			▼	•	
	2	<u> </u>	_	-			-	•	
	3 [▼	•	<u>-</u>			-	-	
	4		T	▼			Ţ	-	
	5	-	T	▼			▼	_	
	6	<u>-</u>	-	<u></u>			<u> </u>	-	
	7	<u></u>	-	<u></u>			<u></u>	-	
	8	-	-	<u>-</u>			\	•	
	9	<u>-</u>		-			-	-	
	10	<u> </u>		<u>-</u>			-	•	
	11	<u> </u>	-	<u></u>			<u> </u>	-	
		Indicate who are th	ne materi	al Individuals		Total number	of ineligible children	0	
			▼ MI-1			Total number	of ineligible siblings	0	
			▼ MI-2	in the review	period				
	in L ree		IDENT ATUS	F	ADD REMARKS		BLISH E IC		NEXT





HOUSEHOLD EXPENSES

ELEMENT 6

2

3

4

Residence Address		A	VERAGING PERIOD:	FROM	то
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
	FOOD				-
	RENT				-
22	MORTGAGE				-1
	PROPERTY INSURANCE				-
	PROPERTY TAX				₹
15	HEATING/ FUEL				-
	GAS				-
	ELECTRICITY				₹
12	WATER				-
(9)	SEWER				-
	GARBAGE REMOVAL				-
ï	TOTAL				
-1	Does the SI have a loan				-
	agreement regarding HH expenses?				
	Unstated income suspected?	<u> </u>			

ELEMENT 6

×

HOUSEHOLD EXPENSES

2

3

4

5 6

Residence Address			AVERAGING PERIOD:	FROM	то
Address			PERIOD:		
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
	FOOD				-
	RENT				•
	MORTGAGE				•
	PROPERTY INSURANCE				•
	PROPERTY TAX				-
	HEATING/ FUEL				-
	GAS				•
	ELECTRICITY				
	WATER				-
	SEWER				•
	GARBAGE REMOVAL				•
	TOTAL				
	Does the SI have a loan agreement regarding HH expenses?		-		<u>*</u>
	Unstated income suspected?		<u>-</u>		

Main LA Screen ADD REMARKS

NEXT

×

HOUSEHOLD EXPENSES

2

3

4 5

Residence Address			AVERAGING PERIOD:	FROM	ТО
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
1	FOOD				
	RENT				
	MORTGAGE				-
	PROPERTY INSURANCE				
	PROPERTY TAX				
	HEATING/ FUEL				-
	GAS				
	ELECTRICITY				-
	WATER				-
	SEWER				T.
	GARBAGE REMOVAL				-
	TOTAL				
	Does the SI have a loan agreement regarding HH expenses?		-		_
	Unstated income suspected?		•]		

HOUSEHOLD EXPENSES

ELEMENT 6

3 5

esidence Address		1	VERAGING PERIOD:	FROM	то
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
	FOOD				-
	RENT				-
	MORTGAGE				-
	PROPERTY INSURANCE				-
	PROPERTY TAX				-
	HEATING/ FUEL				¥
10	GAS				-
.0	ELECTRICITY				-
	WATER				•
10	SEWER				
	GARBAGE REMOVAL				V
	TOTAL				-
<u> </u>	Does the SI have a loan agreement regarding HH expenses?	•			_
	Unstated income suspected?	_			

■ SSA

HOUSEHOLD EXPENSES

ELEMENT 6

1

3

-

Residence Address		1	AVERAGING PERIOD:	FROM	то
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
1	FOOD				
	RENT				
	MORTGAGE				
	PROPERTY INSURANCE				-
	PROPERTY TAX				-
	HEATING/ FUEL				,
	GAS				
	ELECTRICITY				
	WATER				
	SEWER				-
	GARBAGE REMOVAL				
	TOTAL				
•	Does the SI have a loan agreement regarding HH	•			-
	expenses? Unstated income suspected?	<u>-</u>			



HOUSEHOLD EXPENSES

ELEMENT 6

3

5

Residence Address		A	VERAGING PERIOD:	FROM	то
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
1	FOOD				
	RENT				Ţ.
	MORTGAGE				
	PROPERTY INSURANCE				¥
.0	PROPERTY TAX		8		F
	HEATING/ FUEL				-
	GAS				÷
,10	ELECTRICITY		8		-
	WATER				
11	SEWER				Ť
	GARBAGE REMOVAL				
	TOTAL				
<u> </u>	Does the SI have a loan agreement regarding HH expenses?	<u>-</u>			
	Unstated income suspected?	-	e E		

Main LA Screen

ADD REMARKS

NEXT

ELEMENT 6

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA							
	SM	IM	BM				
SI-Fed- LA Codes							
SI-OSS- LA Codes							

Residence Address
Development of OSS Field Allegation
OSS development remarks
OSS code based on field review allegation

Main LA Screen ADD REMARKS

ELEMENT 6

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA					
	SM	IM	BM		
SI-Fed- LA Codes					
SI-OSS- LA Codes					

Residence Address	
D	Development of OSS Field Allegation
OSS development remar	rks
1	
	SK 20

Main LA Screen ADD REMARKS

Main LA Screen ADD REMARKS

NEXT

×

ELEMENT 6

Main LA Screen

OSS code based on field review allegation

ADD REMARKS

NEXT

X

ELEMENT 6

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA				
	SM	IM	BM	
SI-Fed- LA Codes				
SI-OSS- LA Codes				

1	Residence	
2	Address	
3	Develop	oment of OSS Field Allegation
4	OSS development remarks	
5	1	
6		
	OSS code based on field review	allegation 🔻

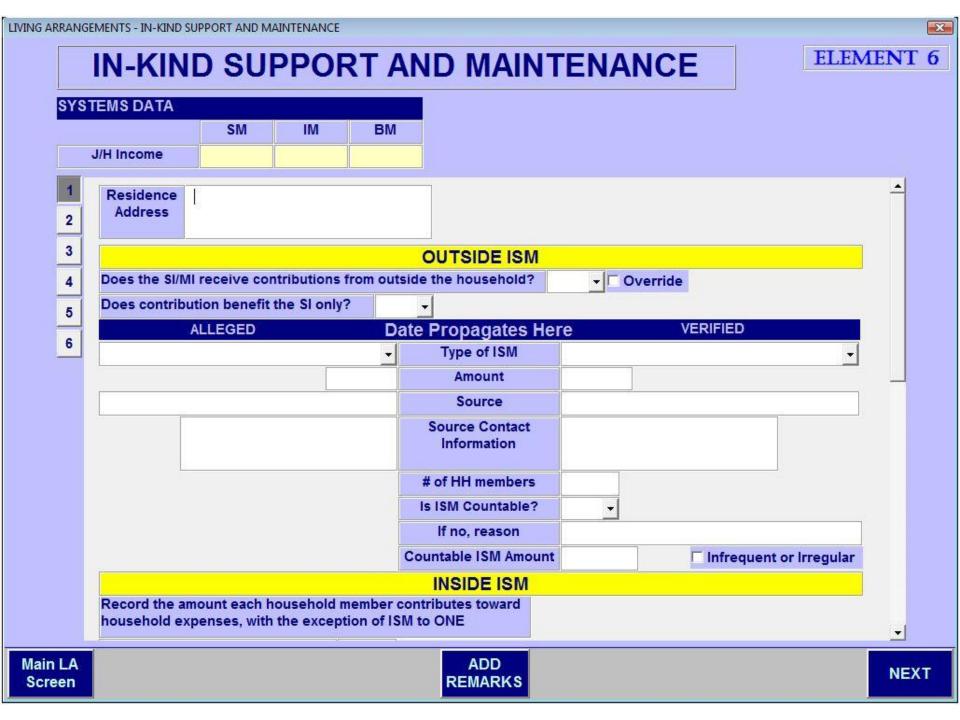
Main LA Screen ADD REMARKS

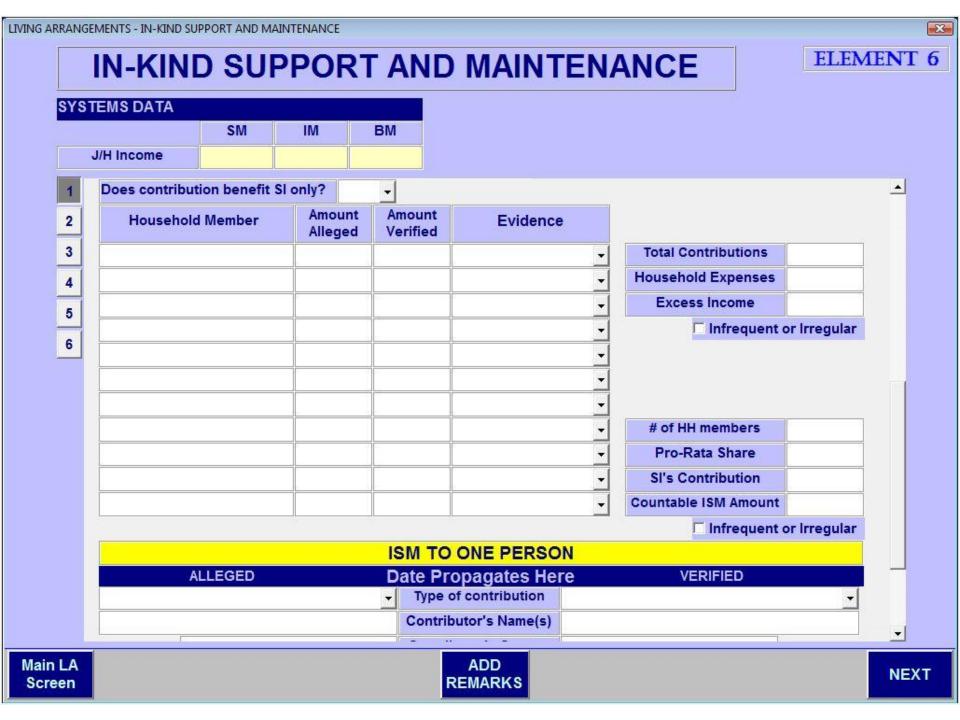
Main LA Screen ADD REMARKS

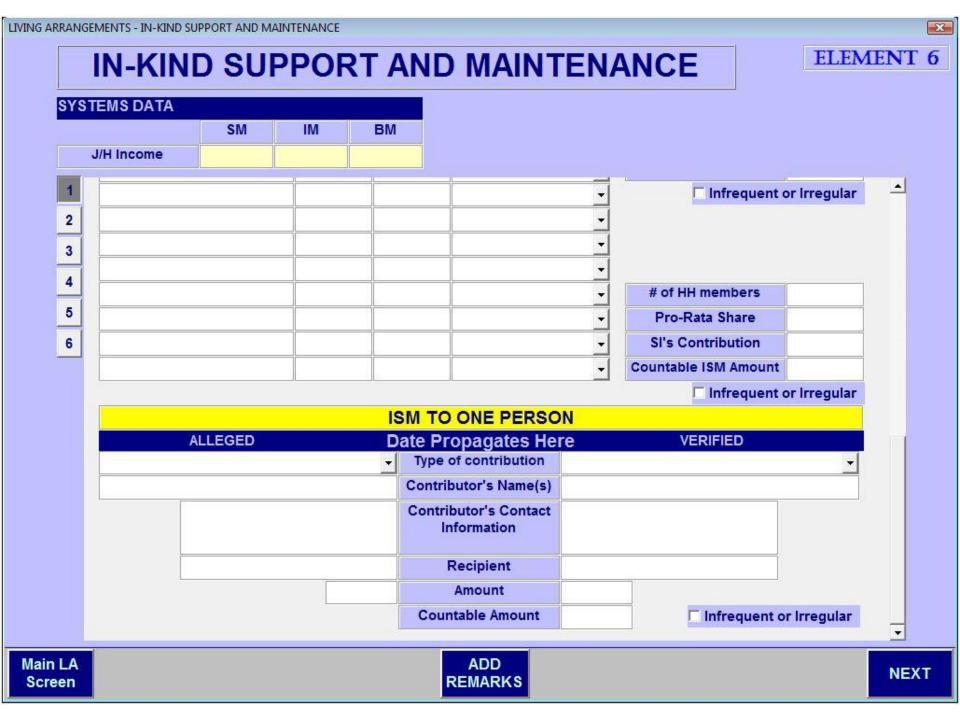
NEXT

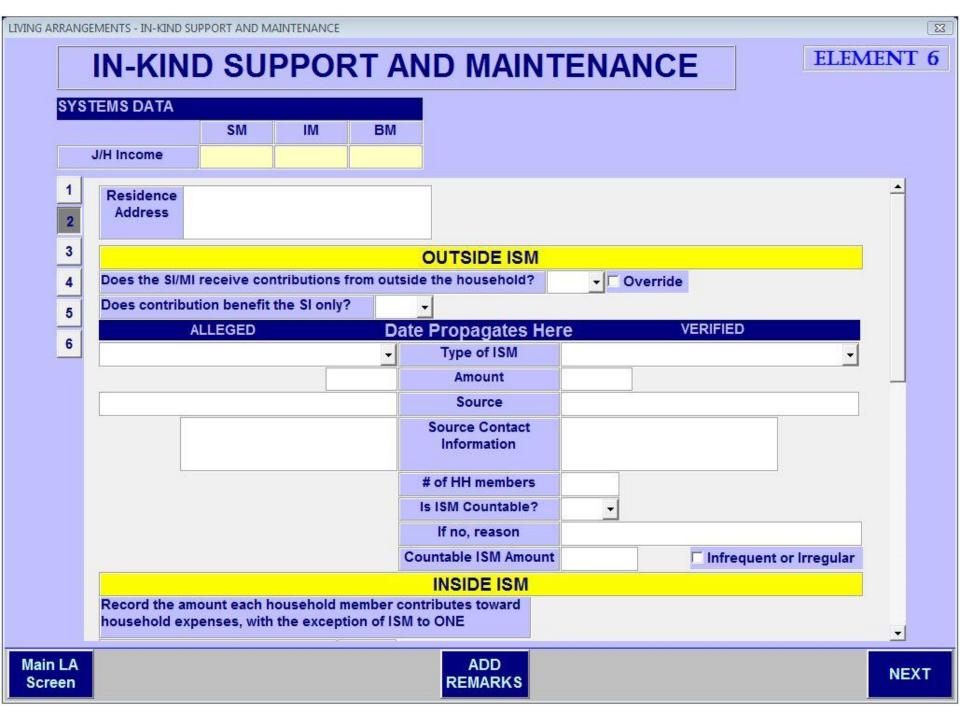
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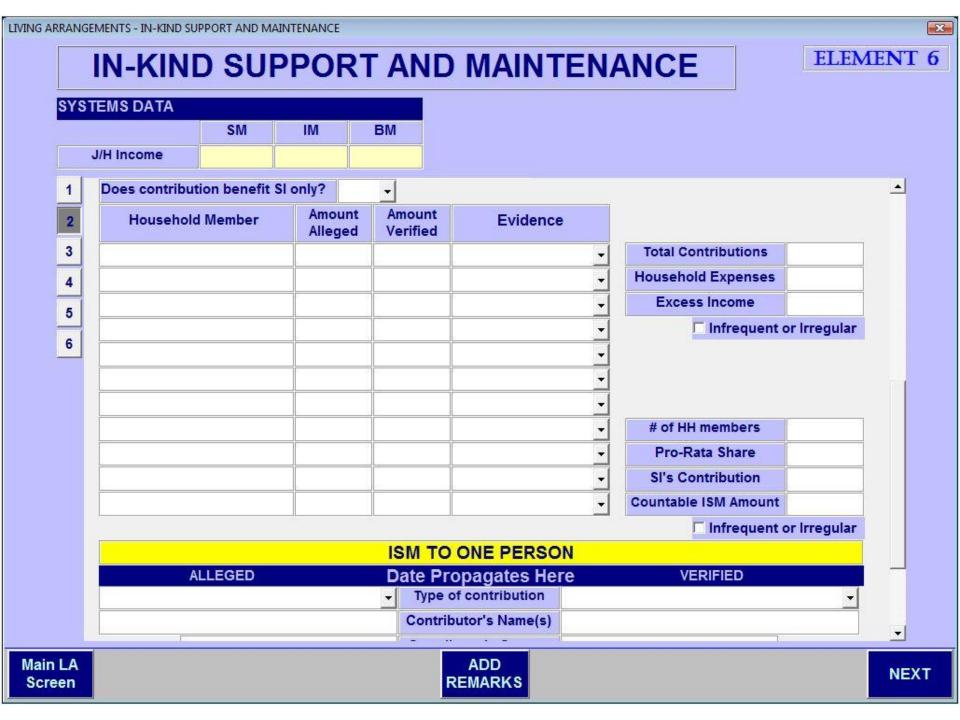
ELEMENT 6

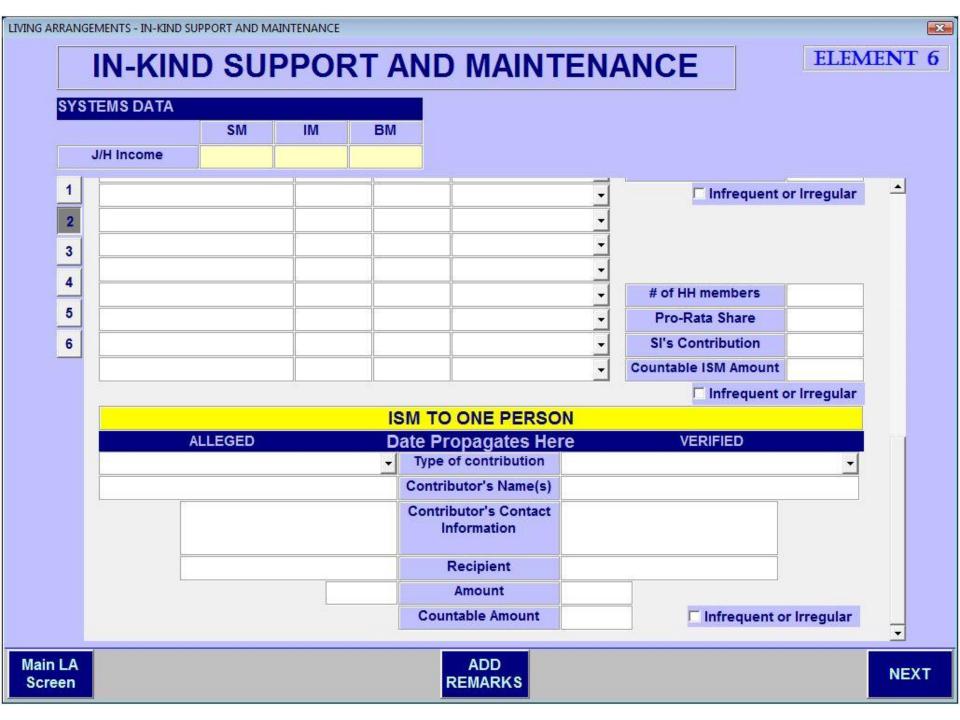


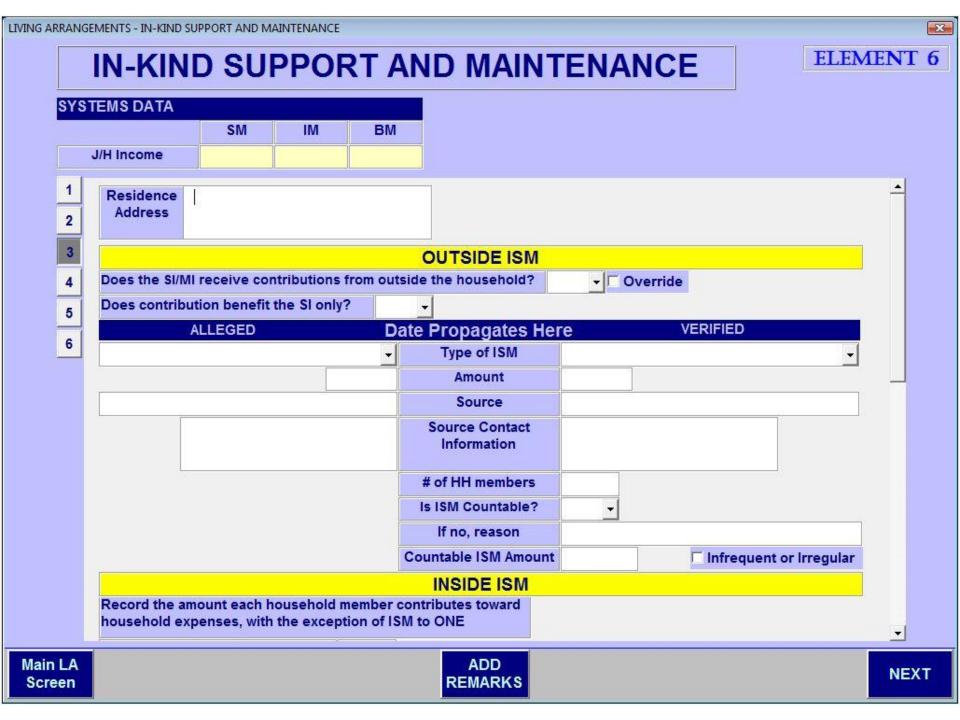


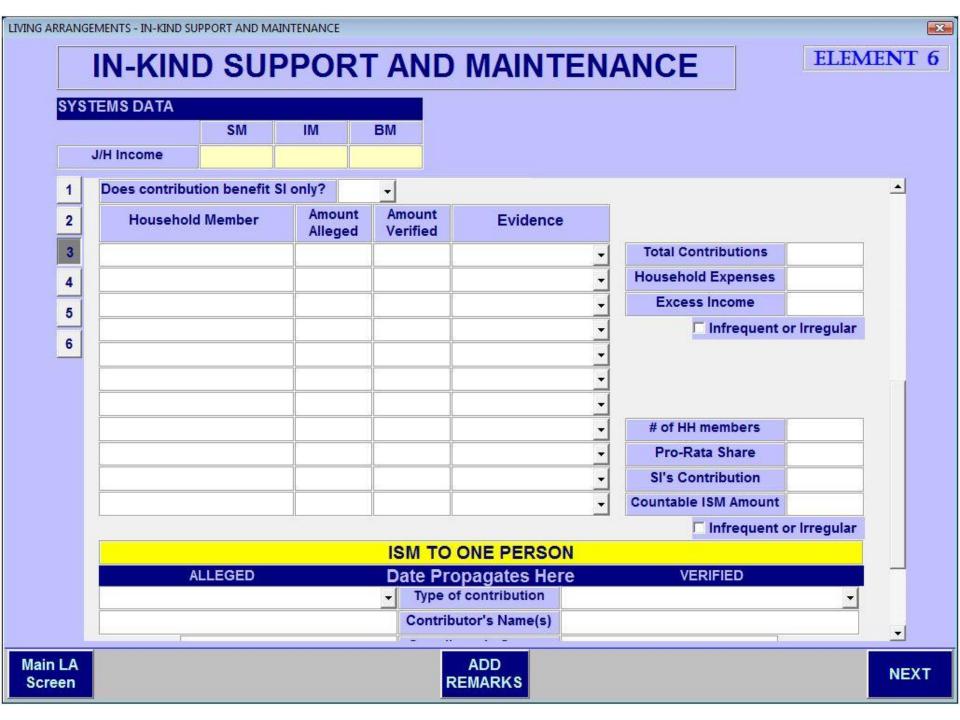




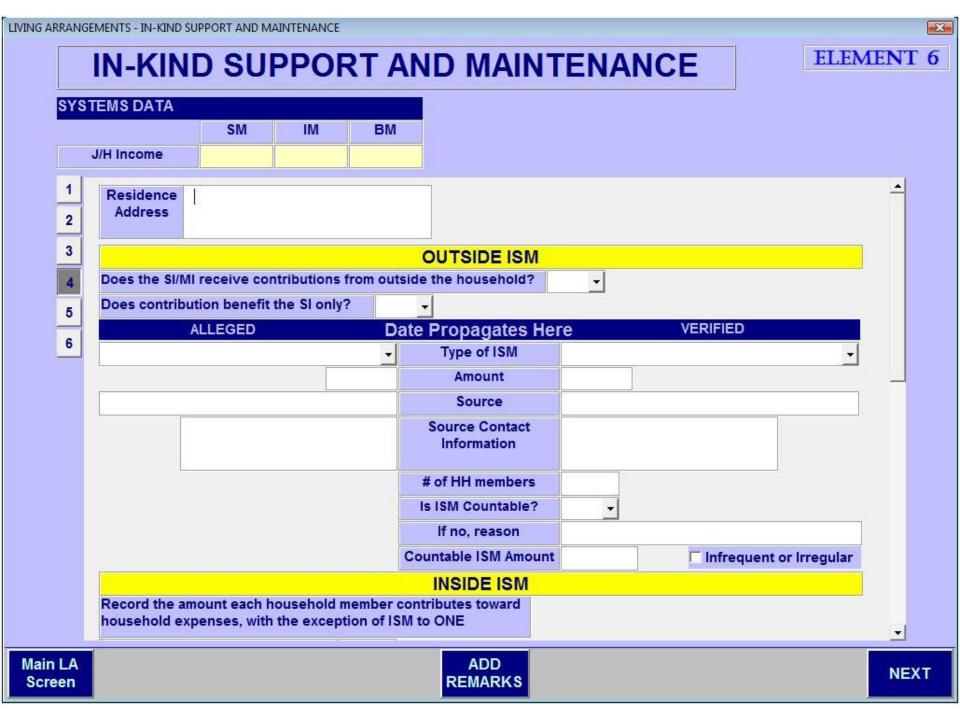


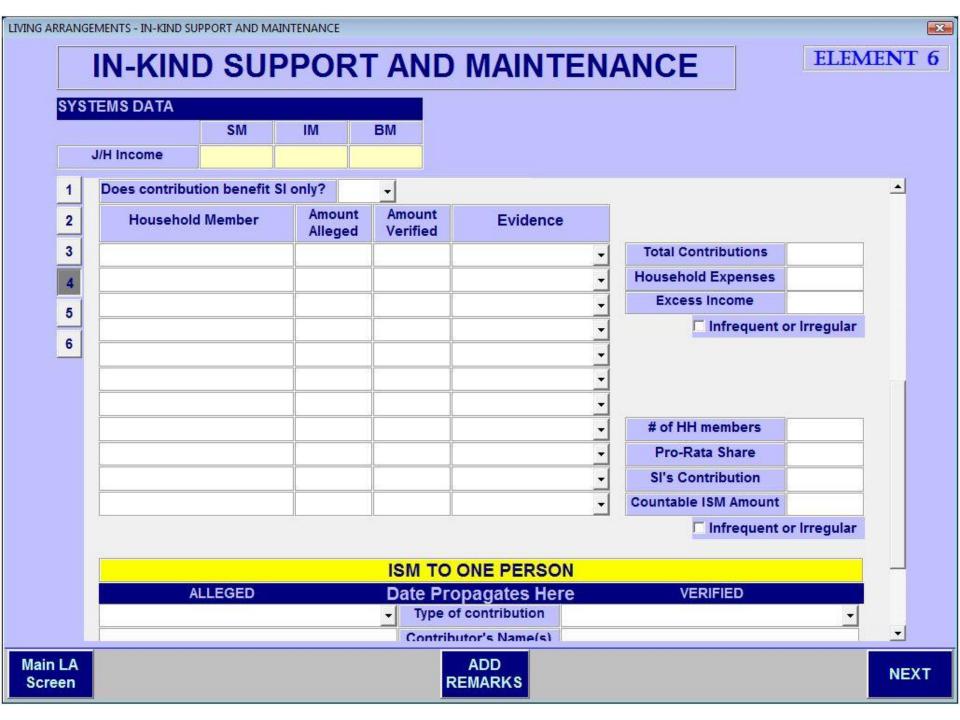


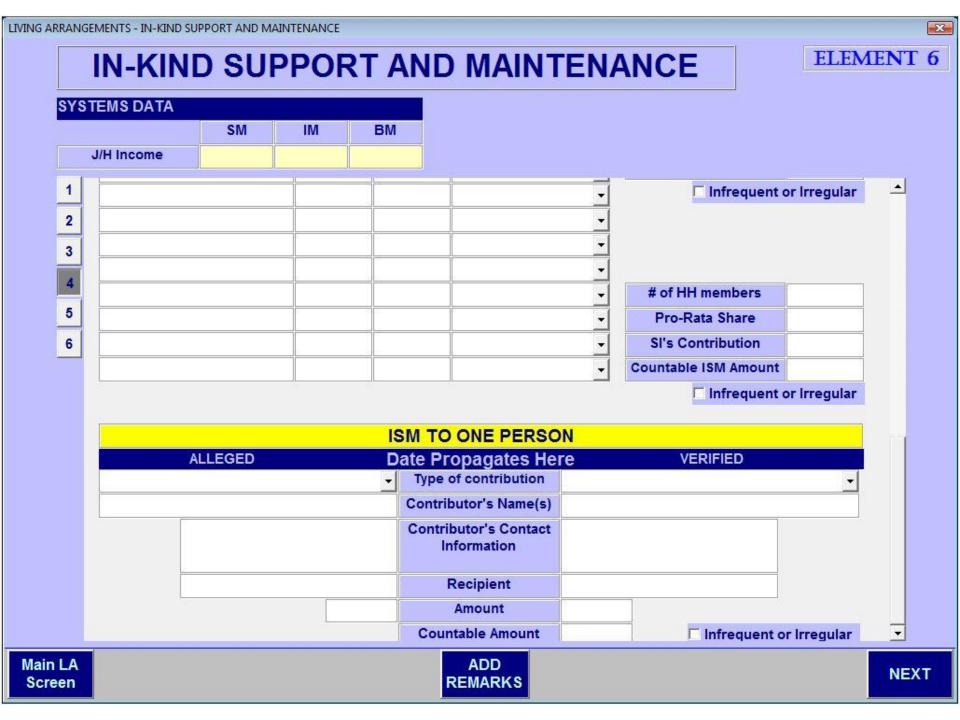


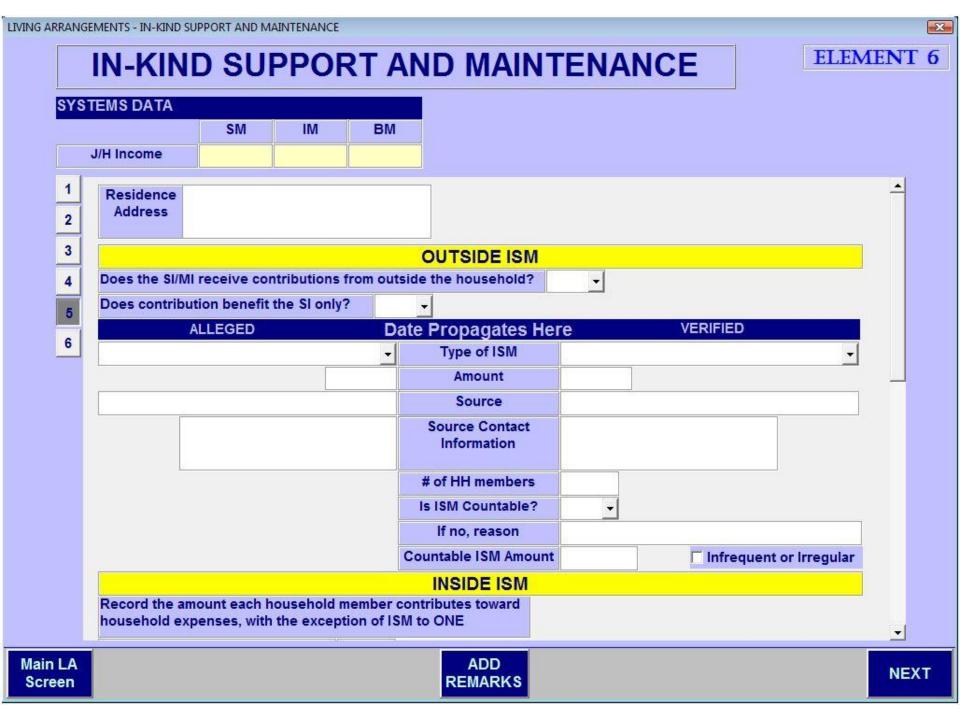


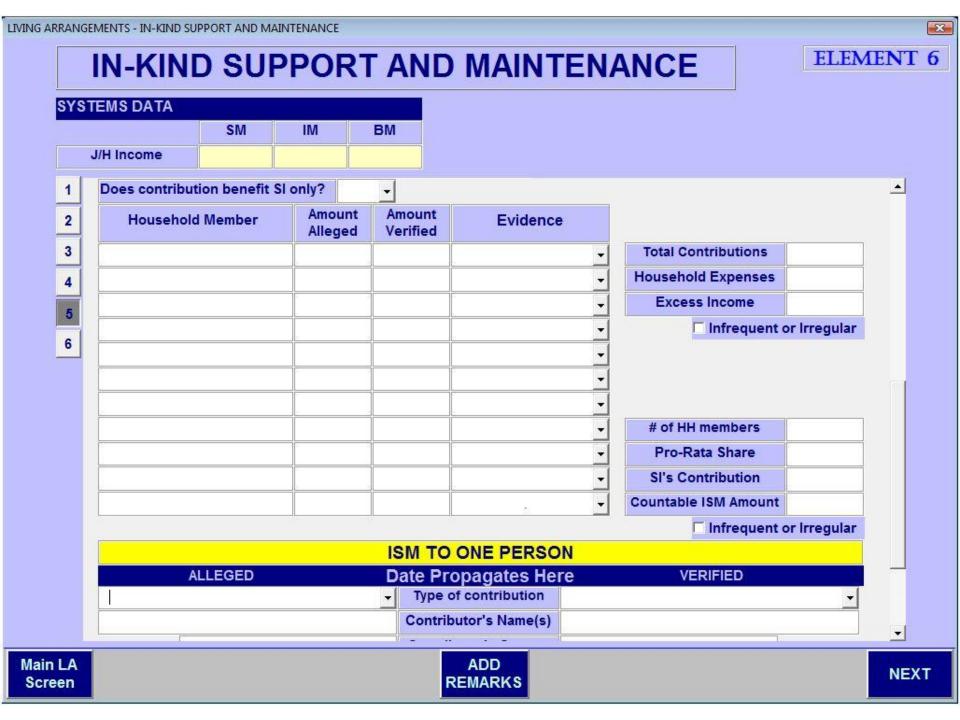
SYSTEMS DA	TA						
V	SM	IM	ВМ				
J/H Income	e						
1				<u> </u>	==	☐ Infrequent or Irregu	lar 🔺
2		15		45	Ţ		
3		-			Ī		
4					_		
					_	# of HH members	
5						Pro-Rata Share	
6				15		SI's Contribution	_
						Countable ISM Amount	
			14	OM TO ONE DEDOO	VI.	☐ Infrequent or Irregu	lar
	ALLEGED			<mark>SM TO ONE PERSO</mark> Date Propagates Her		VERIFIED	
	ALLEGED		-	Type of contribution	C	VERNILD	-1
				Contributor's Name(s)			
				Contributor's Contact Information		Á.	
				Recipient		*	
				Amount		17/	
				Countable Amount		☐ Infrequent or Irregul	ar

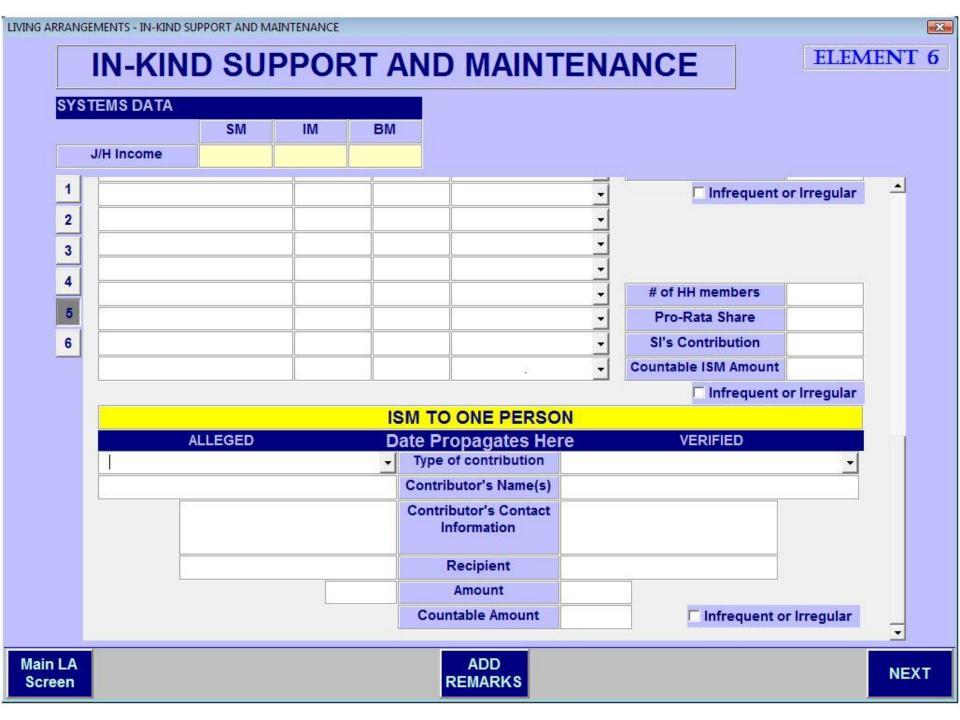


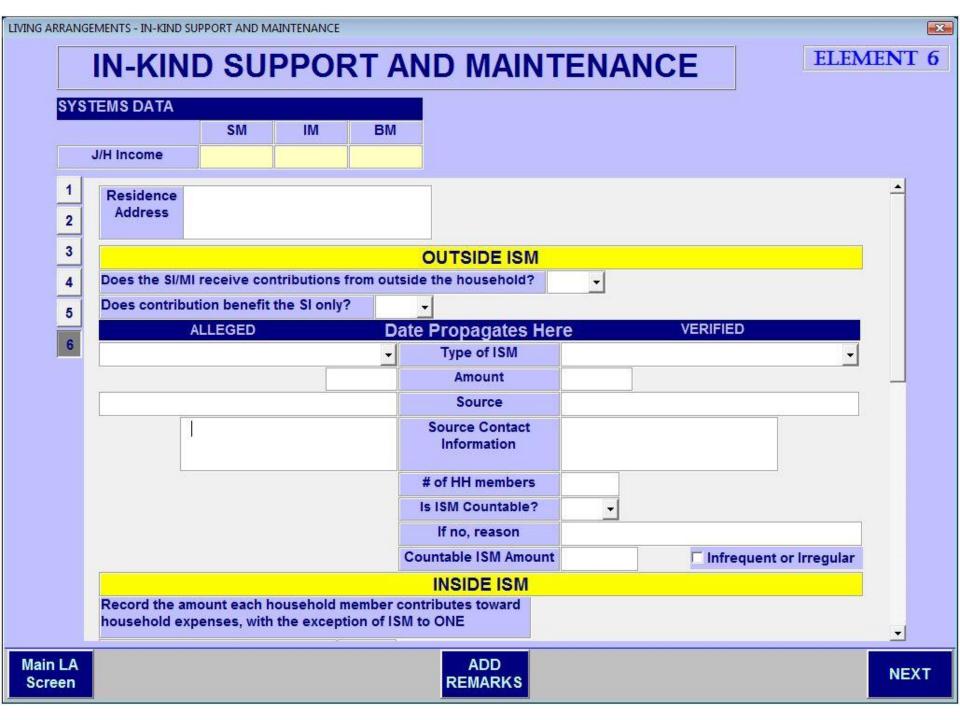


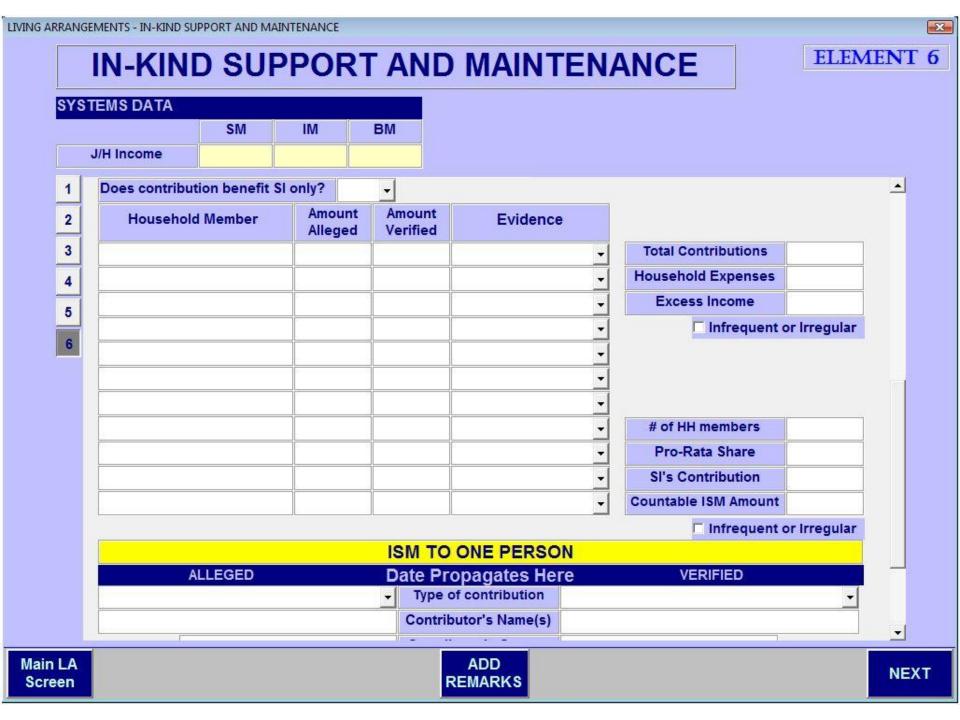


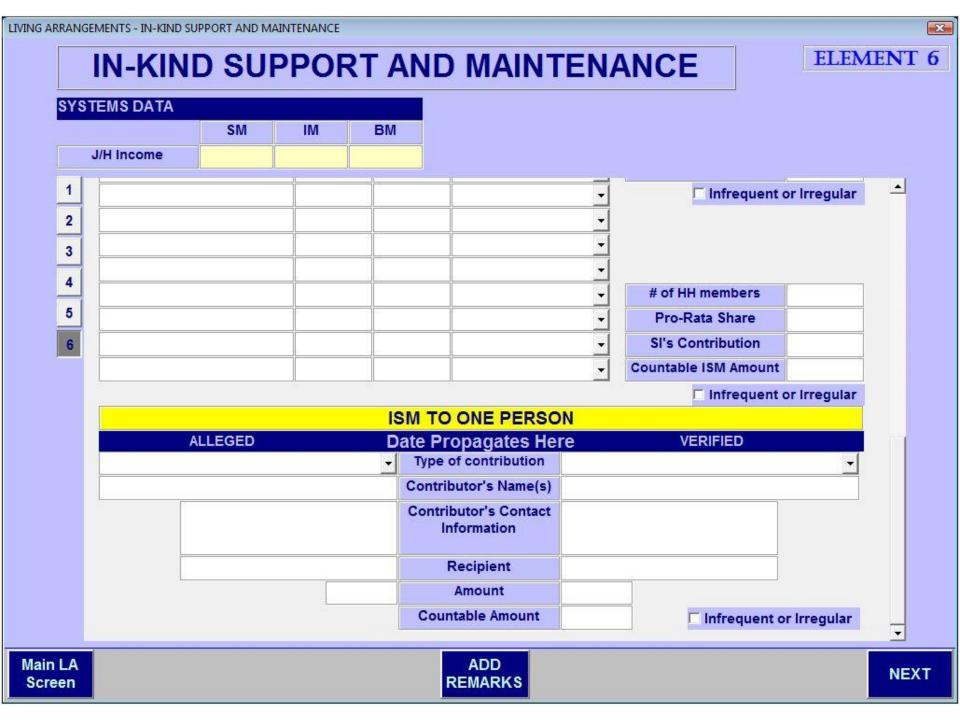












ADDRESS HISTOR	RY	ELEME
Residence 1	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 2	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 3	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 4	Change Since mm/dd/yyyy?	Date of change
Туре		

Change Since mm/dd/yyyy?

Date of change

Main LA Screen

BACK

Туре

Туре

Residence 6

2.5

REVIEW PERIOD LA CHANGE

ELEMENT 6

Residence
Address

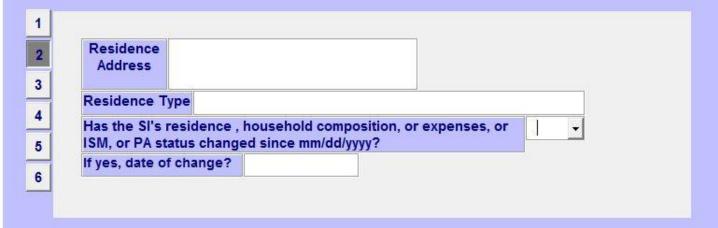
Residence Type

Has the SI's residence, household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen ADD REMARKS ADDR HISTORY

REVIEW PERIOD LA CHANGE



×

Main LA Screen ADD REMARKS ADDR HISTORY

Main LA Screen

ADD REMARKS ADDR HISTORY ×

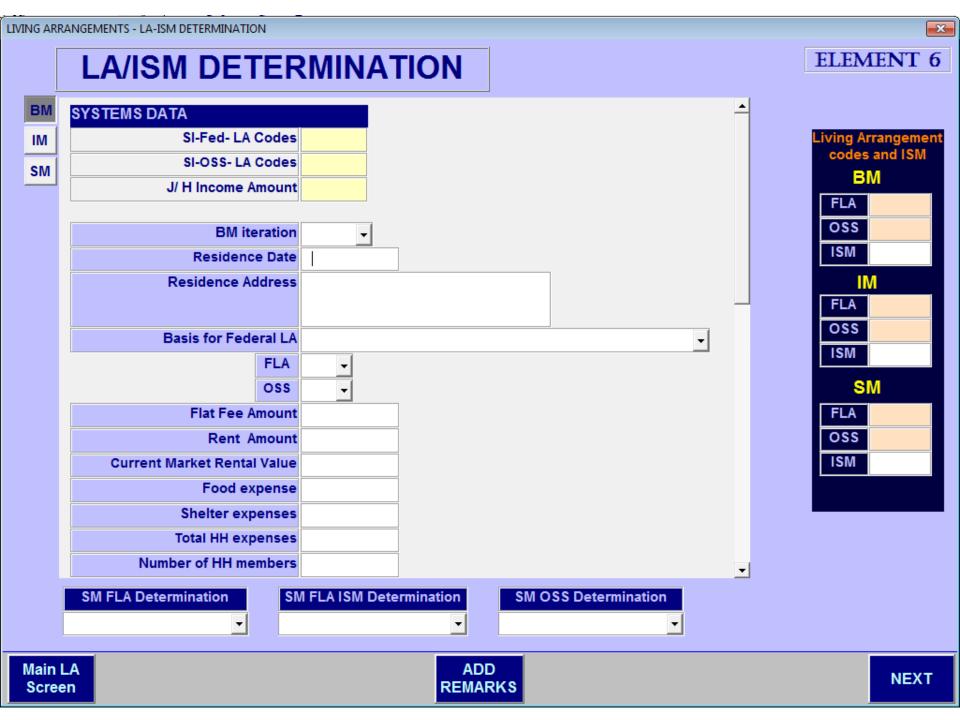
ELEMENT 6

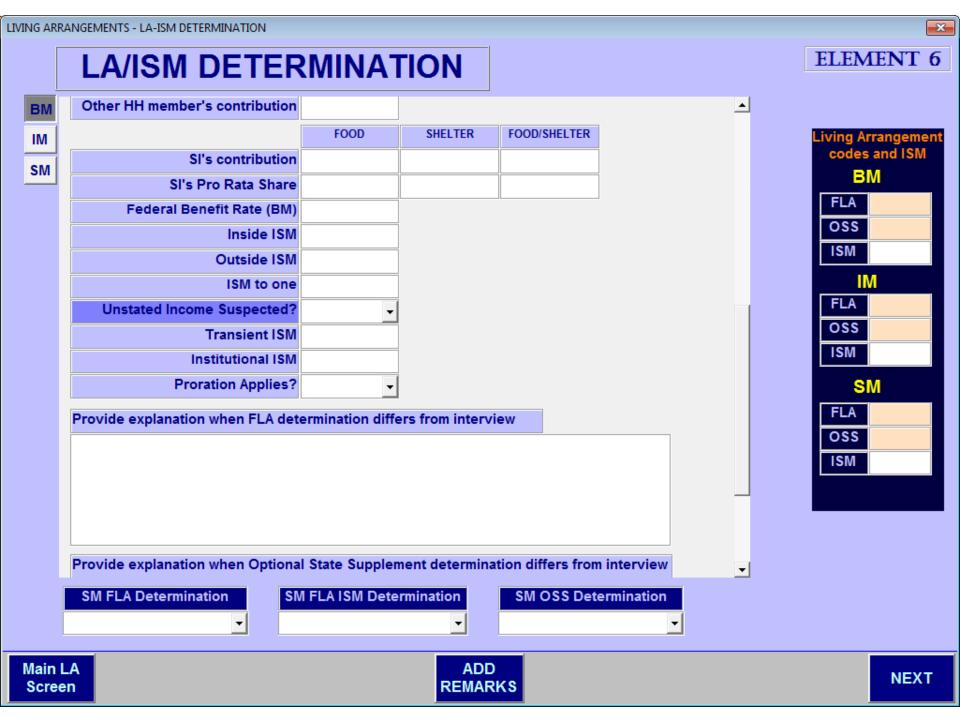
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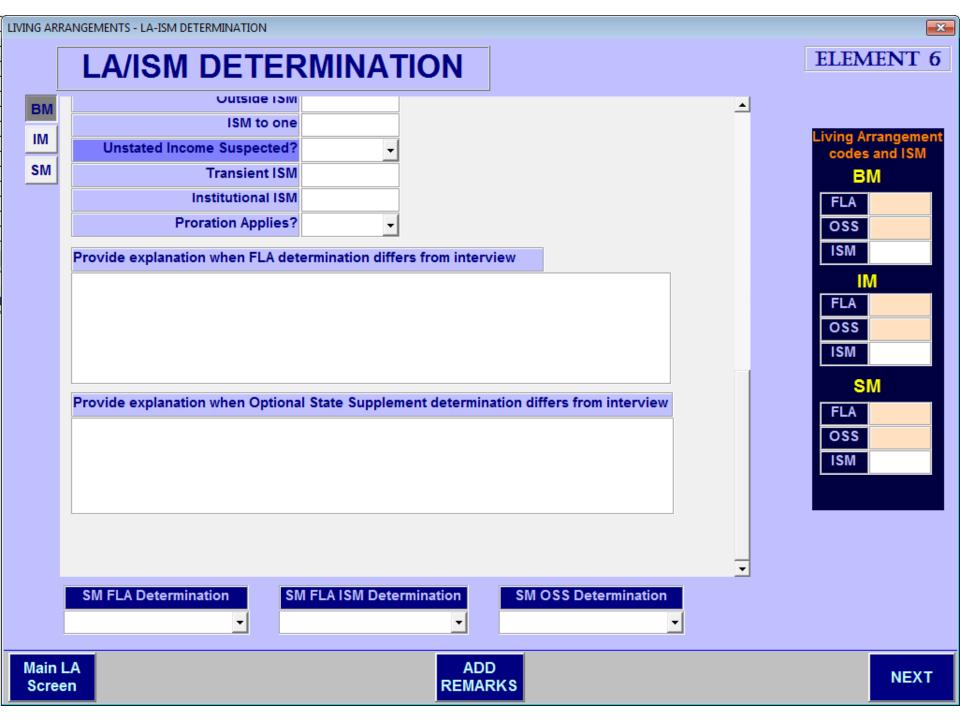
Main LA Screen

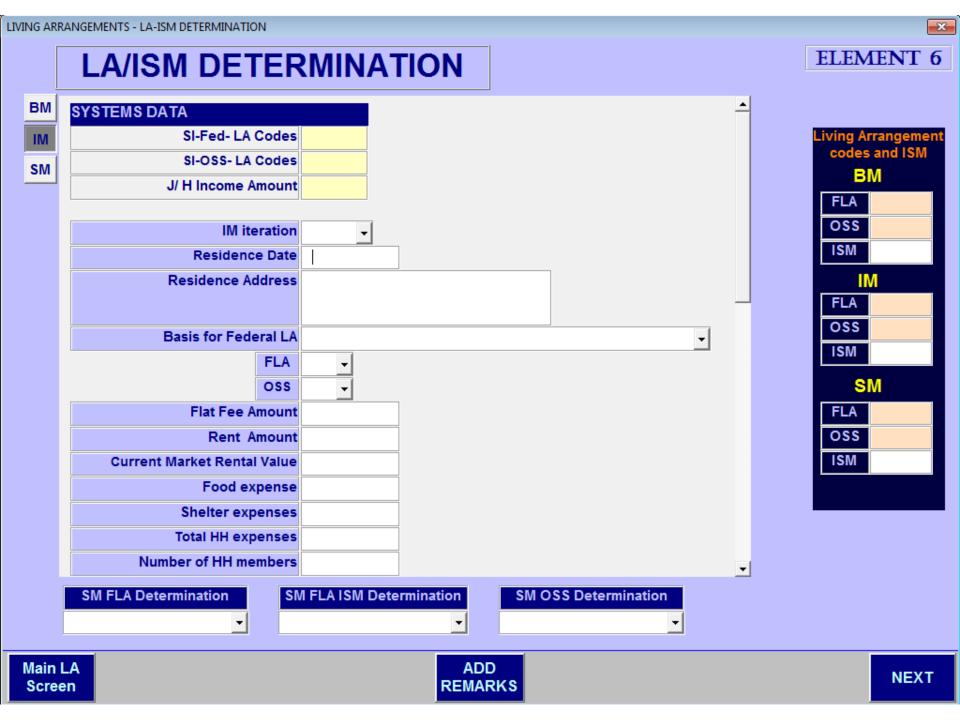
ADD REMARKS ADDR HISTORY

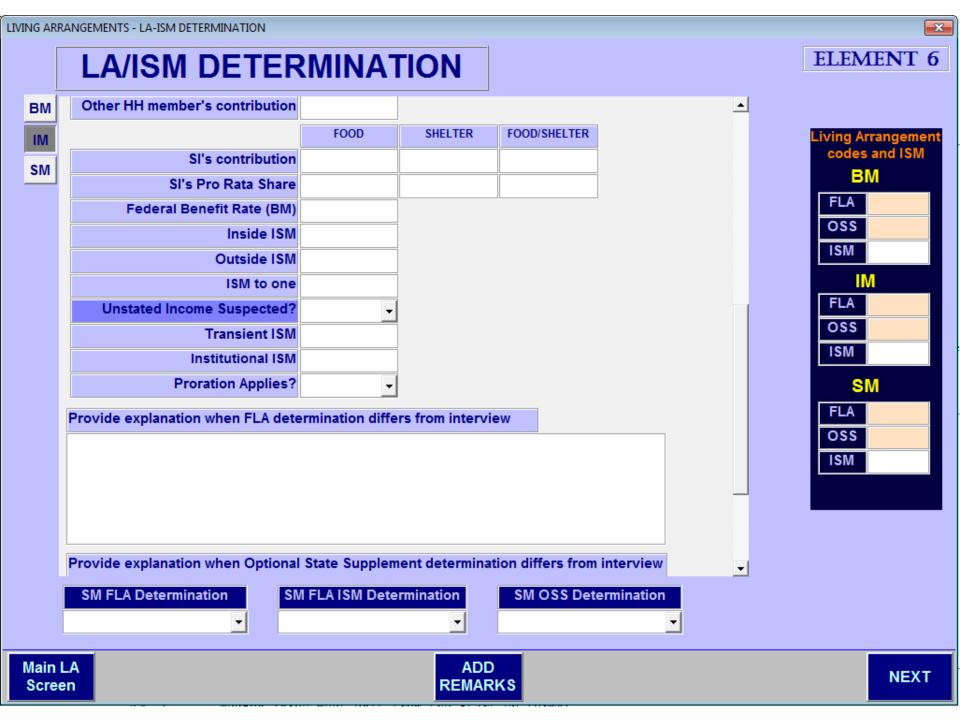
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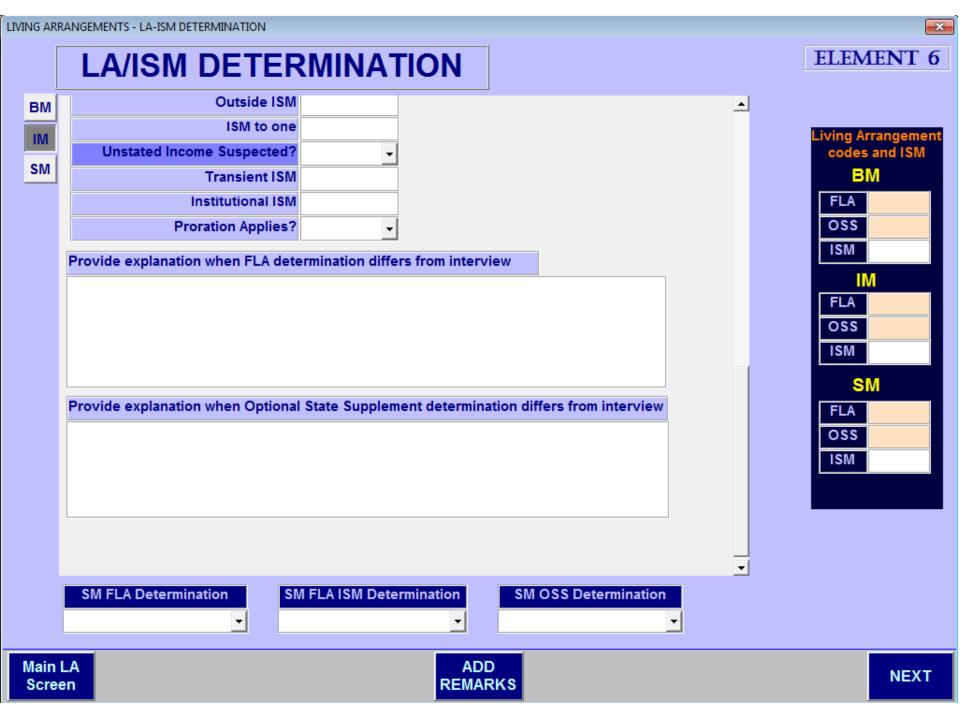


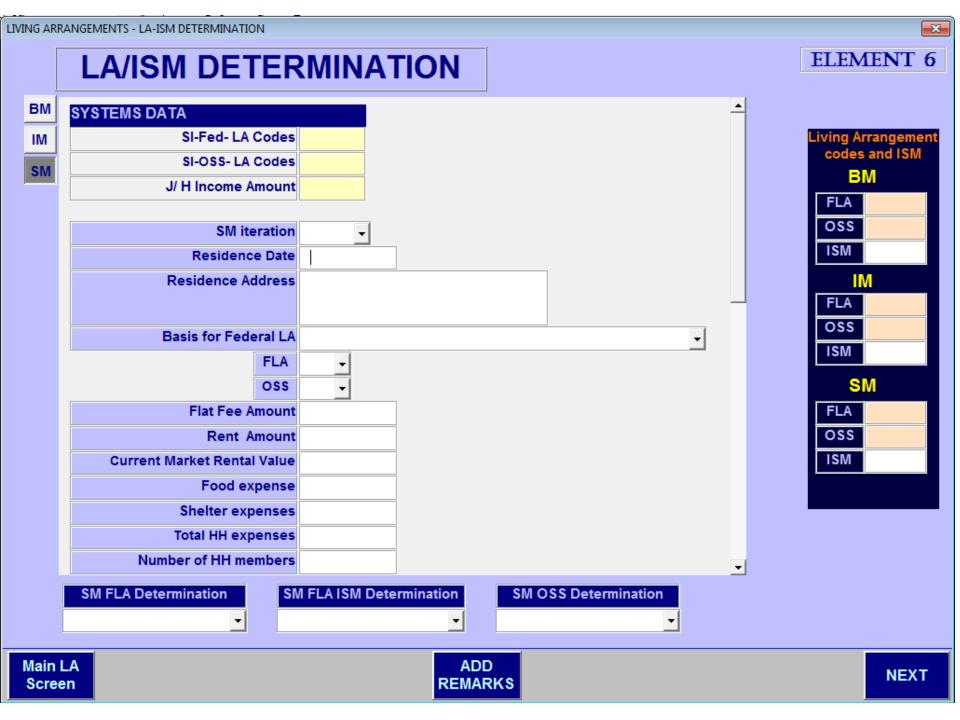


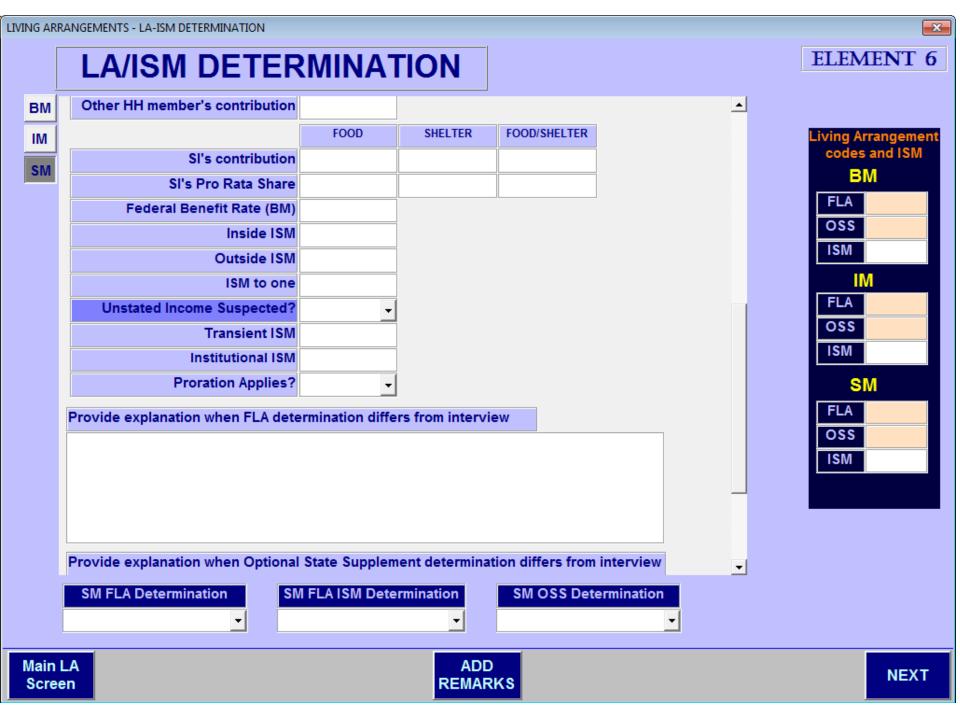


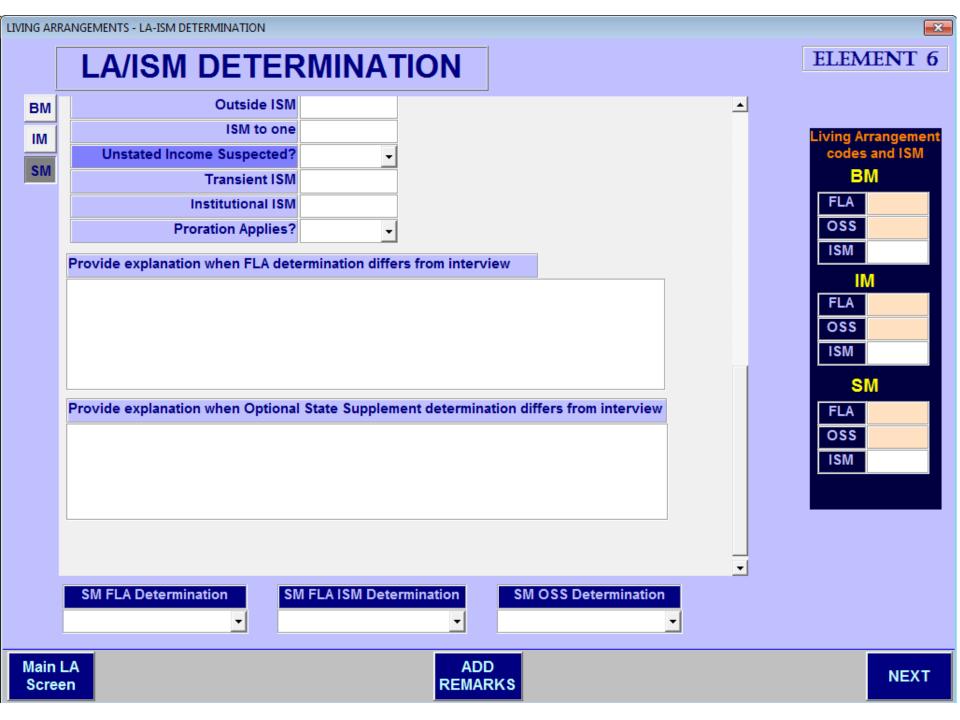












Summary

NEXT

COMPLETE

PREVIOUS

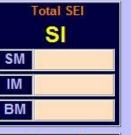
by Name

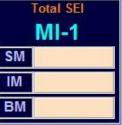
MENU

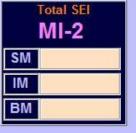
SELF-EMPLOYMENT

SI SI's Name Propagates Here ALLEGED **MI-1 VERIFIED** Type of Business MI-2 Gross income last year IC-1 Net income last year IC-2 Gross income this year Net income this year IC-3 BM SM IM BM SM IM IC-4 **Net SE Profit** IC-5 **Net SE Loss** Evidence Deductions/ Exclusions ALLEGED **VERIFIED** Student Earned Income **IRWE** BWE **Court-Ordered Pymnts** PASS OTHER Was the SI a Student during the Review Period?

ELEMENT 7







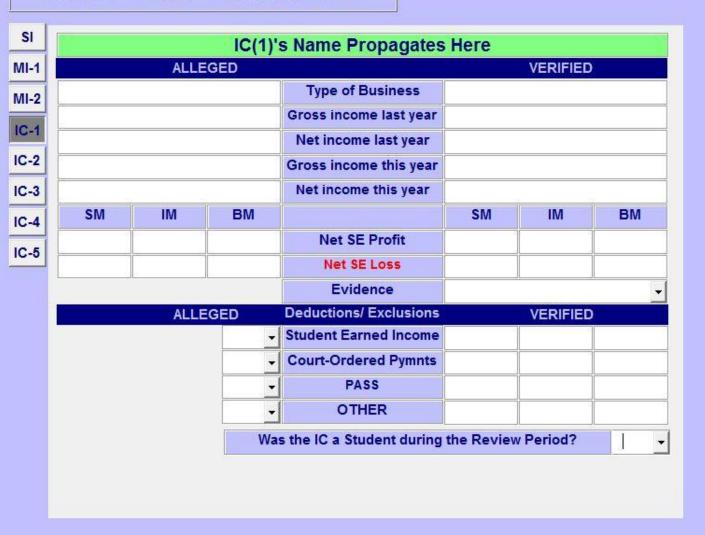




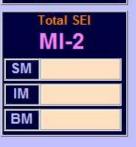
ELEMENT 7

×

SELF-EMPLOYMENT



Total SEI
SM
IM
BM
Total SEI
MI-1
SM



BM

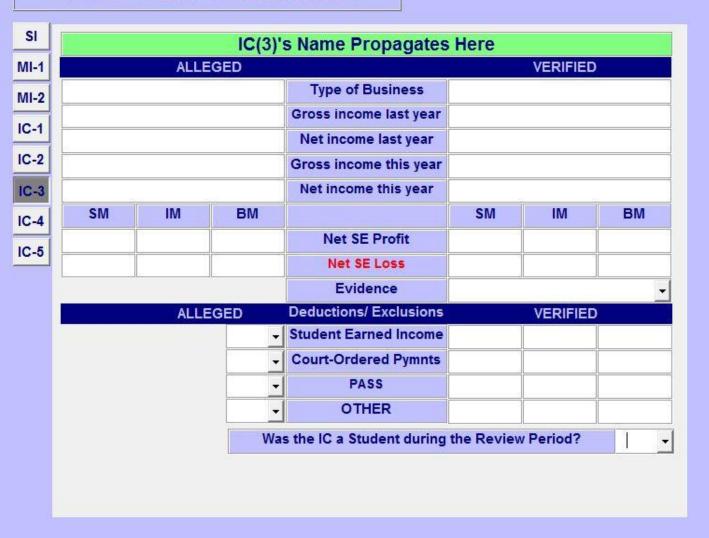
Summary

STATUS

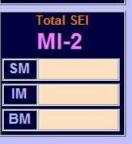
ELEMENT 7

×

SELF-EMPLOYMENT



Total SEI
SI
SM
IM
BM
Total SEI
MI-1
SM



BM

Summary

STATUS

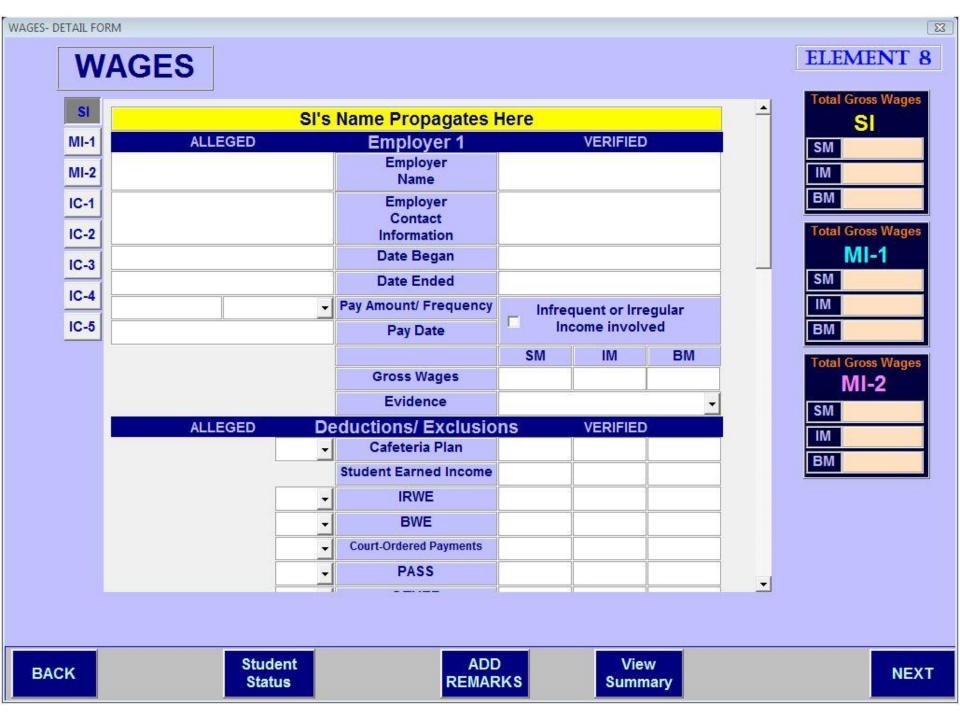
Summary

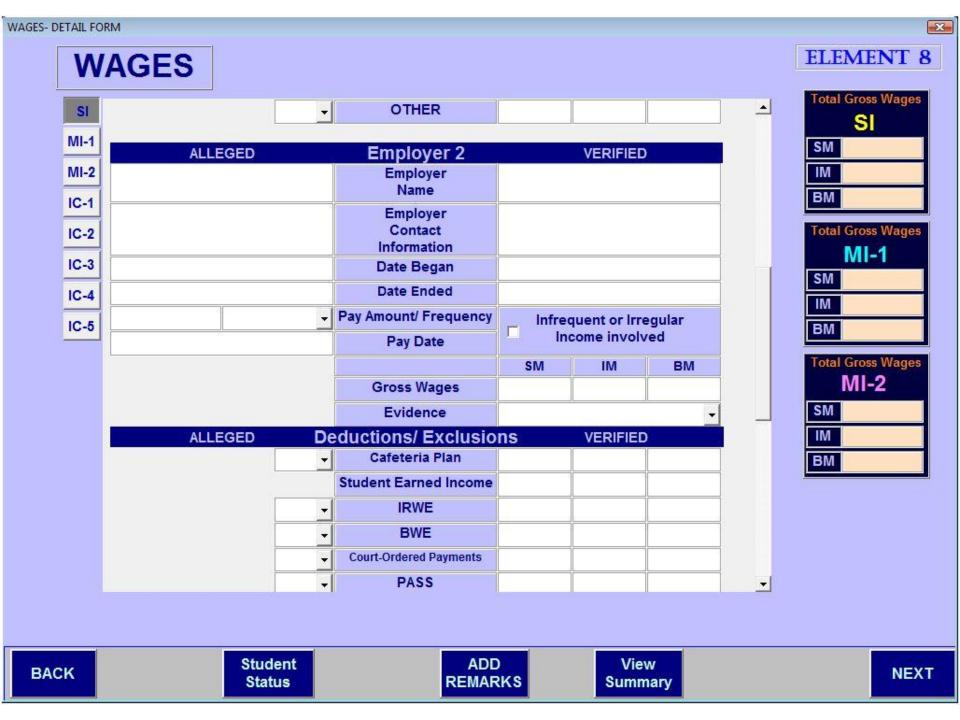
STATUS

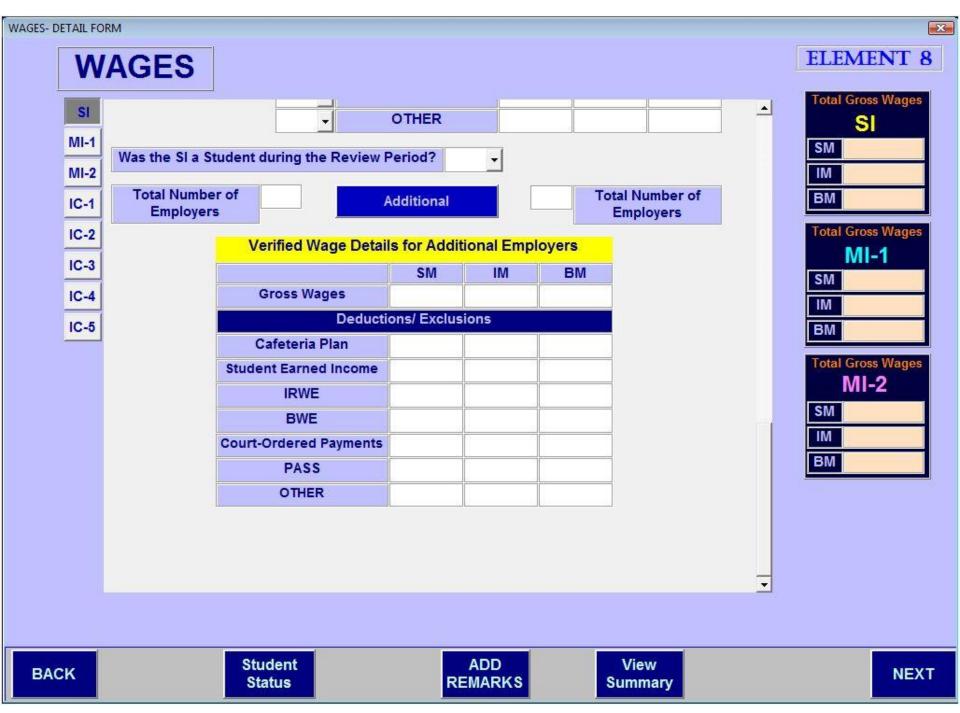
NEXT

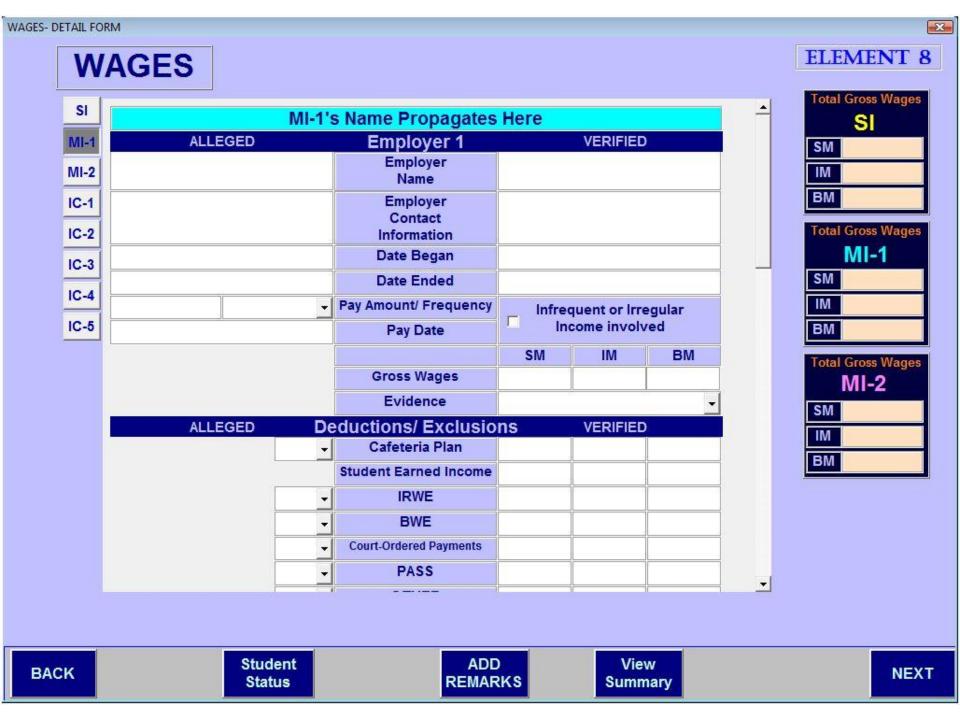


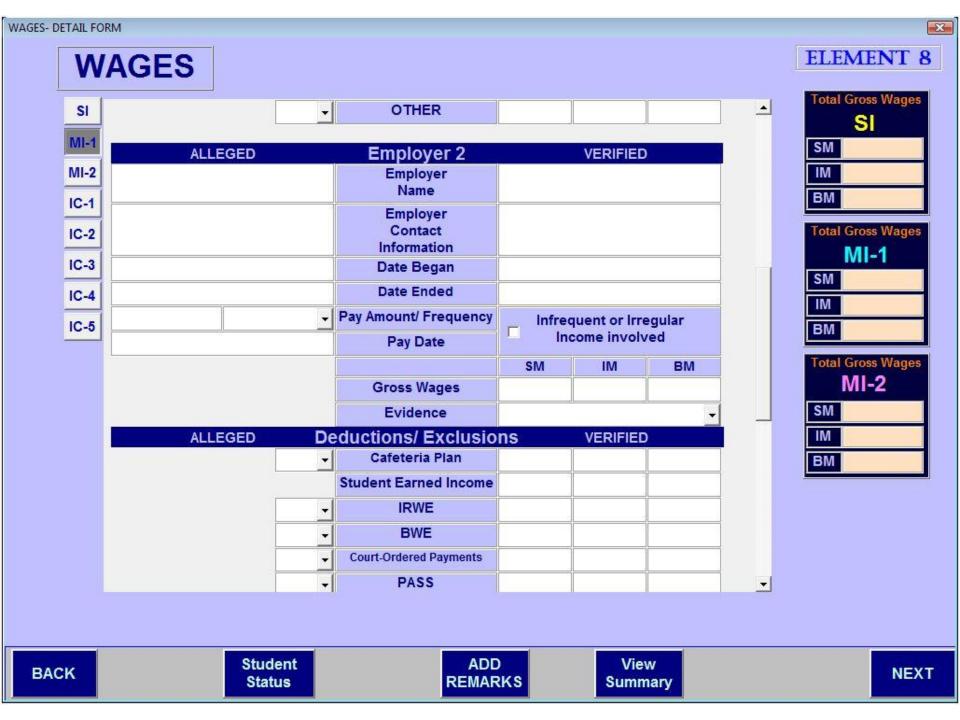
Determination

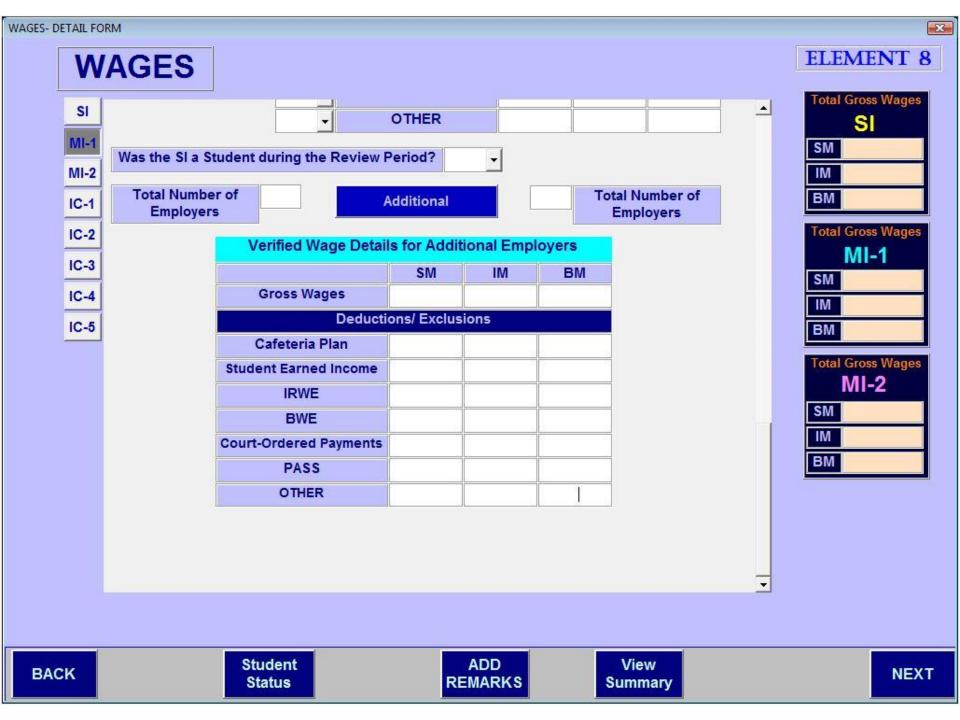


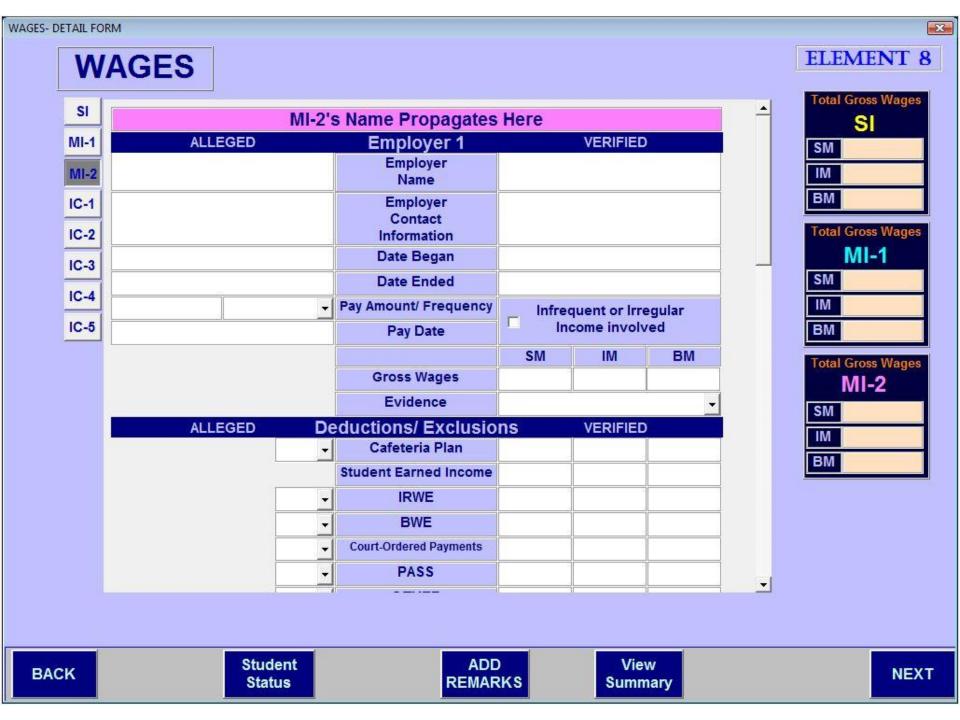


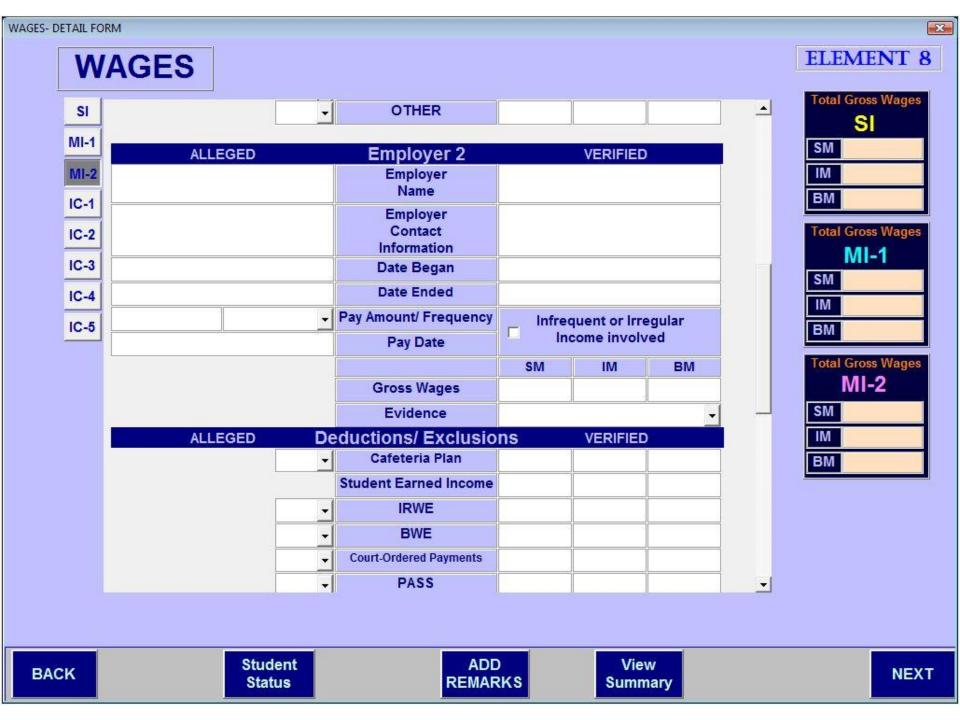


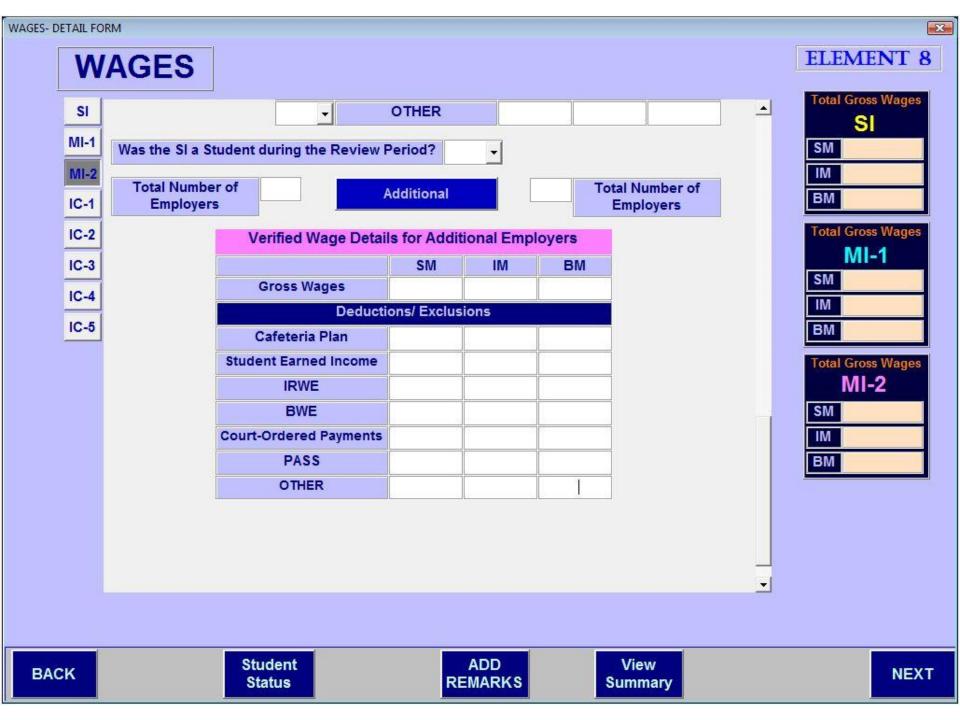


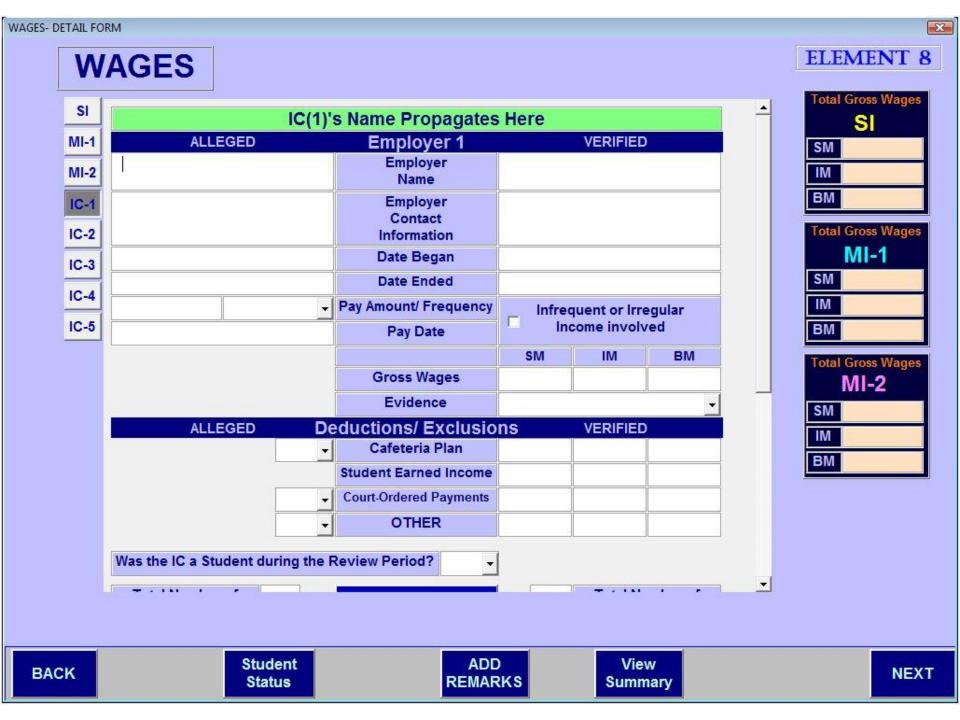


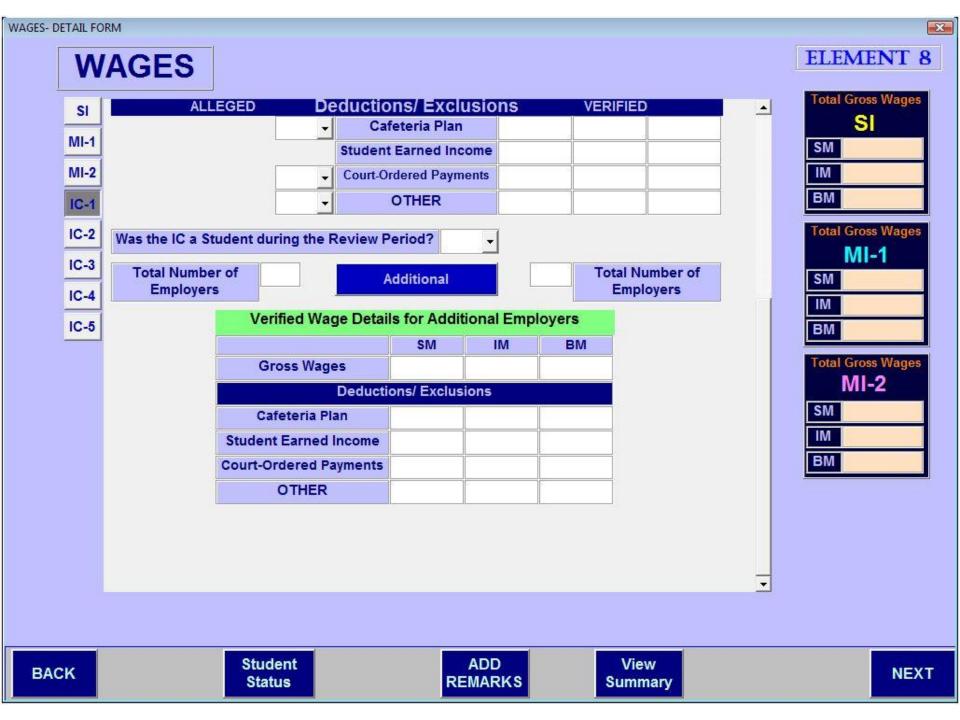


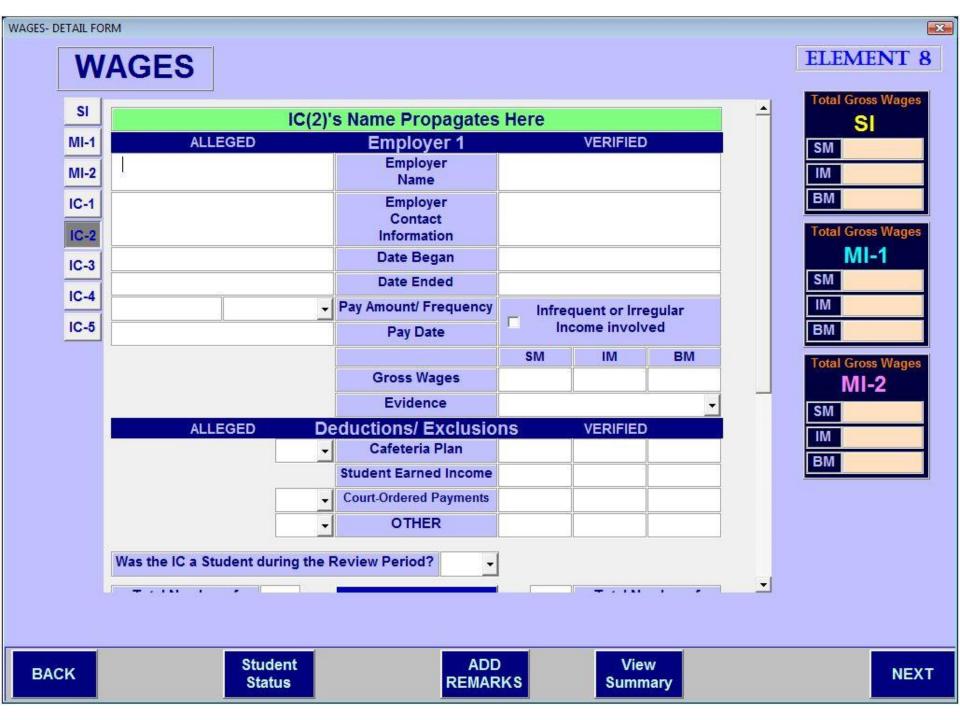


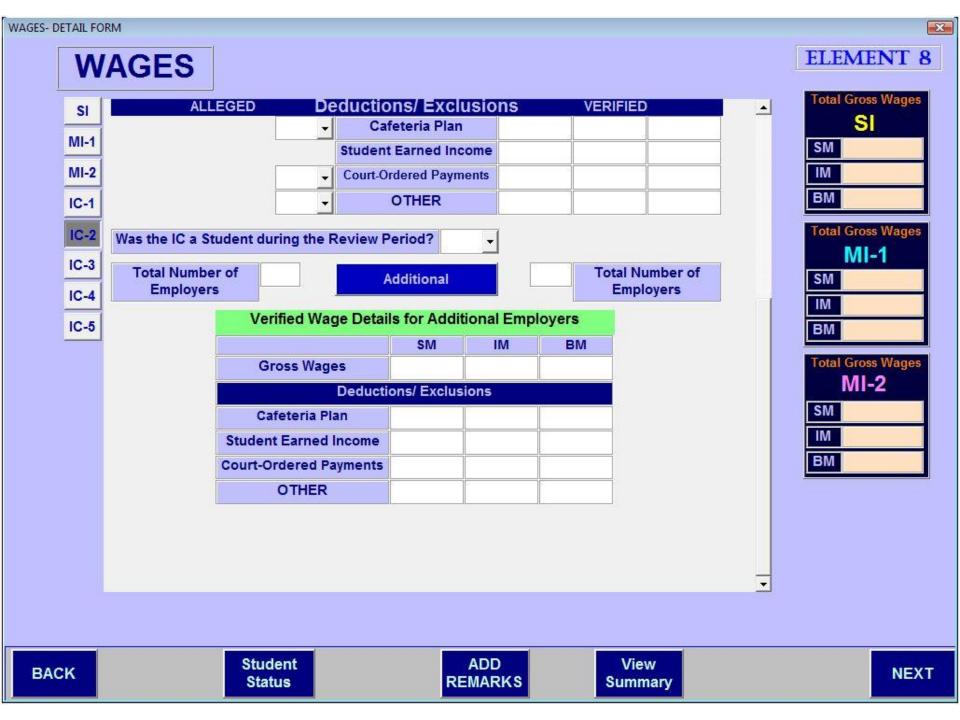


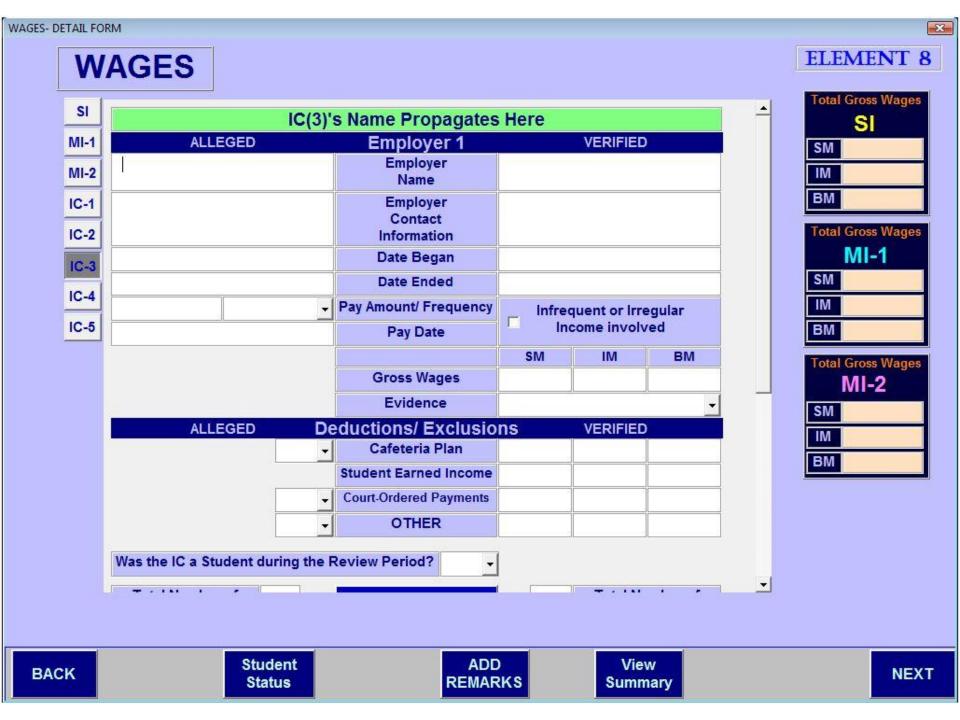


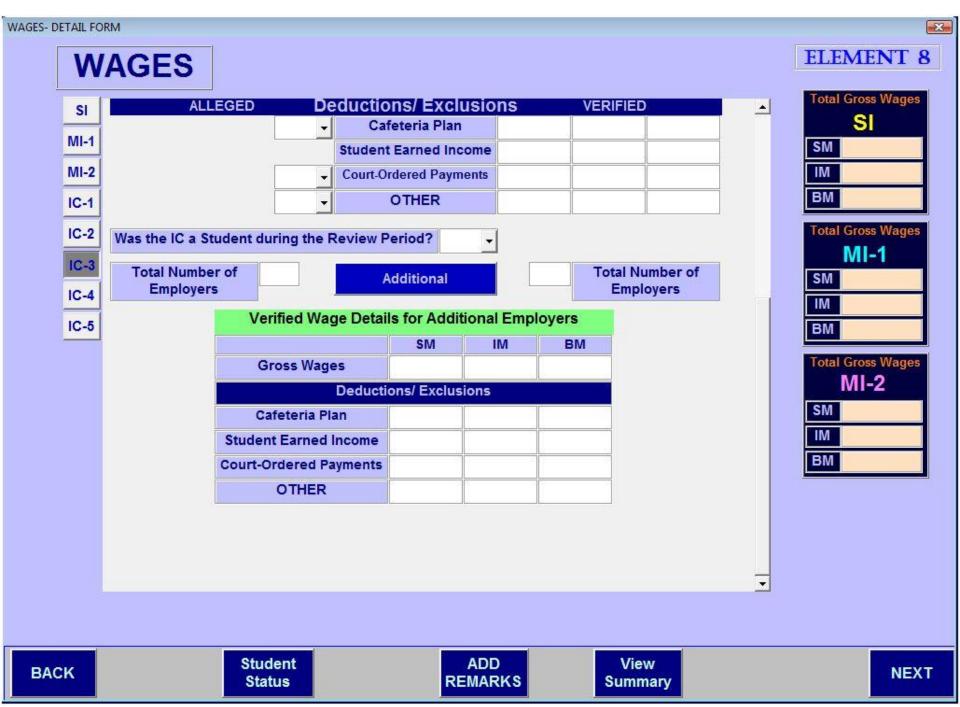


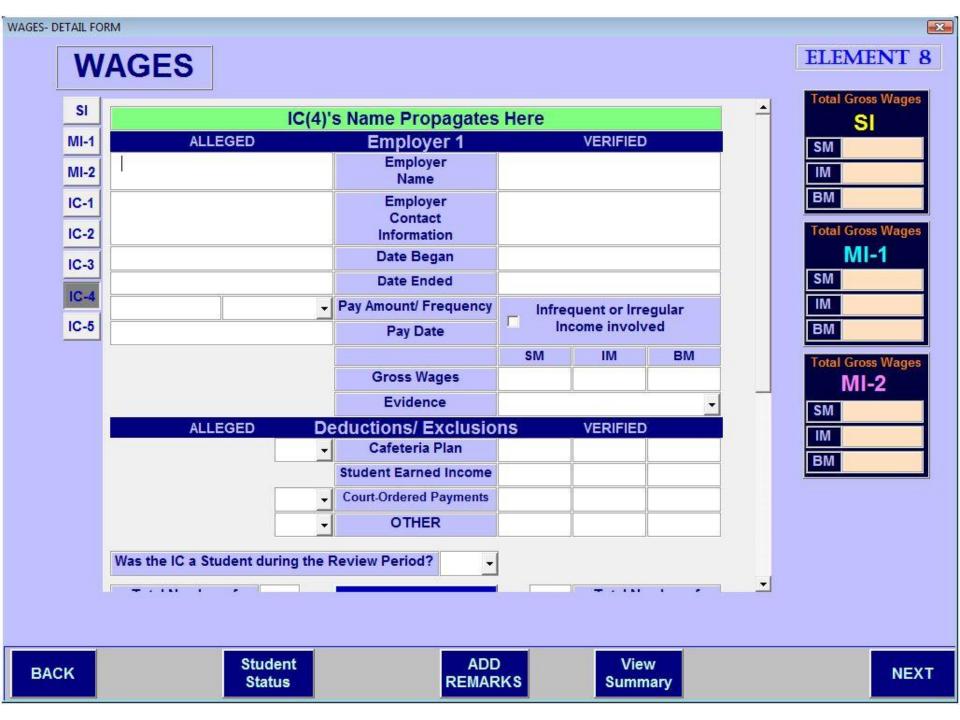


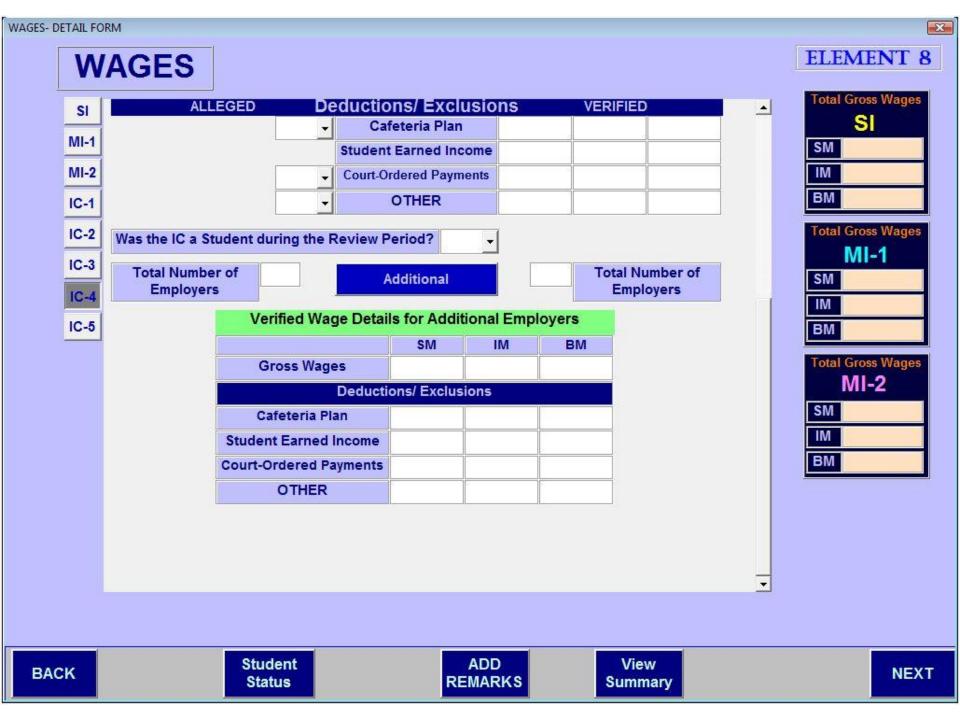


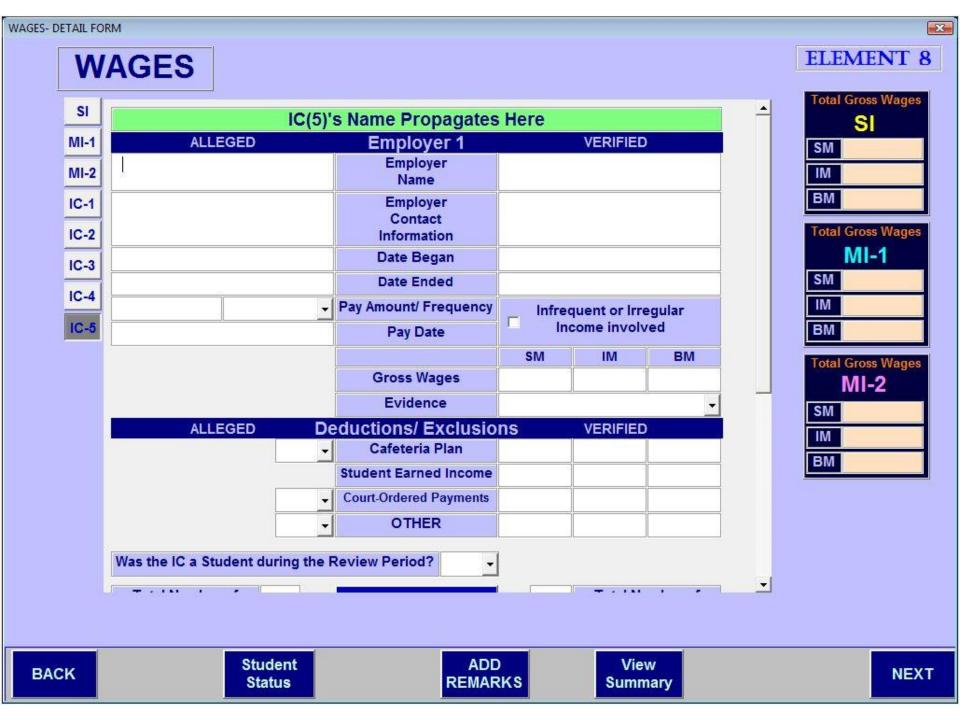


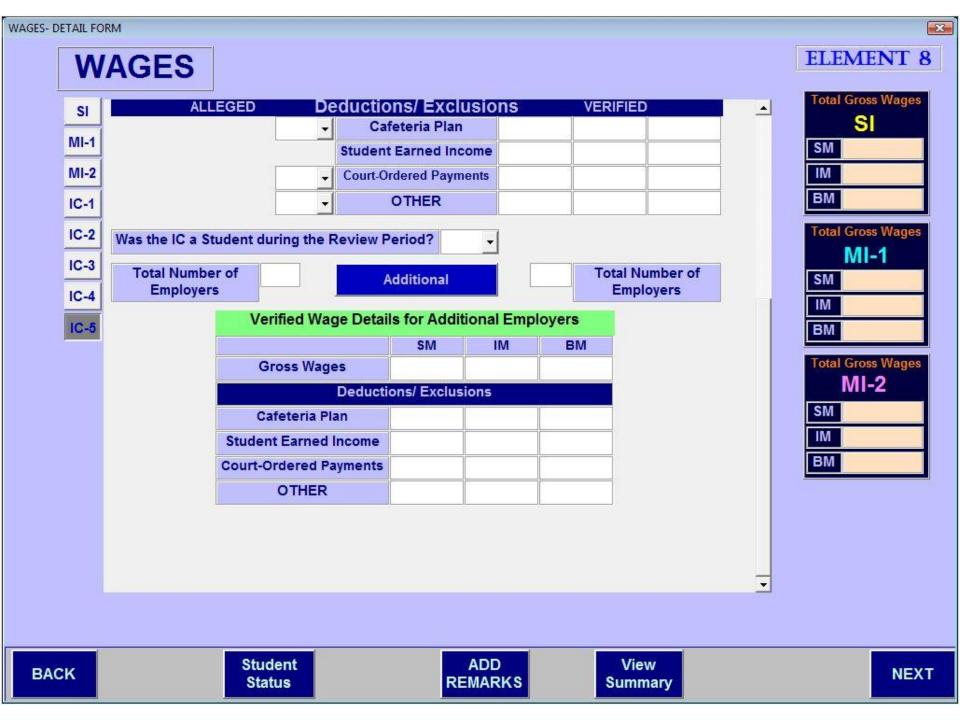












SYSTEMS DATA		
	SY	
SI		
MI1		



SI	SI's Name Propagates Here				
MI-1	ALLEGED		Ŋ	/ERIFIED	
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact Information			
IC-4	То	→ Dates of Attendance		То	Į.
IC-5	<u> </u>	Evidence			-
		Student exclusion	SM	IM	вм
		applies?	¥	-	•

SYSTEMS DATA		
	SY	
SI		
MI1		



SI	MI-2's Name Propagates Here				
MI-1	ALLEGED)
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact Information			
IC-4	To	Dates of Attendance		То	~
IC-5		Evidence			-
		Student exclusion	SM	IM	ВМ
		applies?	Ţ		

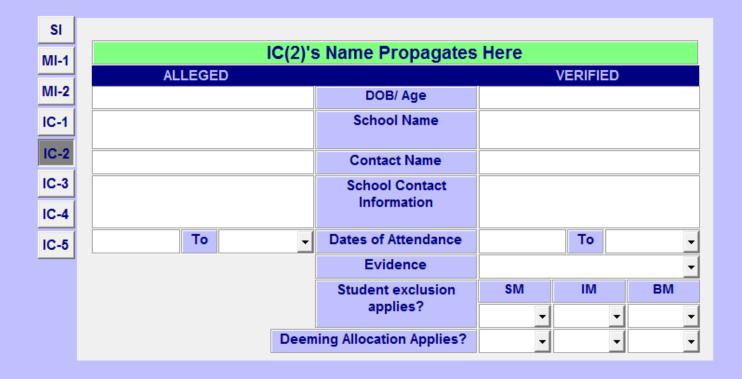
SYSTEMS DATA			
	SY		
SI			
MI1			

My SSR / MSSICS Notes

SI					
MI-1	IC(1)'s Name Propagates Here				
-	ALLEGED		V	ERIFIED	
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact			
IC-4		Information			
IC-5	To	Dates of Attendance		То	-
		Evidence			▼
		Student exclusion	SM	IM	ВМ
		applies?	<u> </u>		<u> </u>
	Deeming Allocation Applies?			~	

SYSTEMS DATA			
	SY		
SI			
MI1			

My SSR / MSSICS Notes



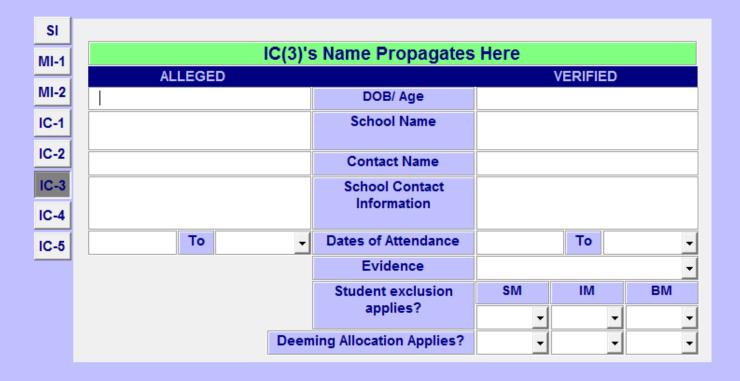
List of ICs by Name

BACK

ADD REMARKS

SYSTEMS DATA			
	SY		
SI			
MI1			





List of ICs by Name

BACK

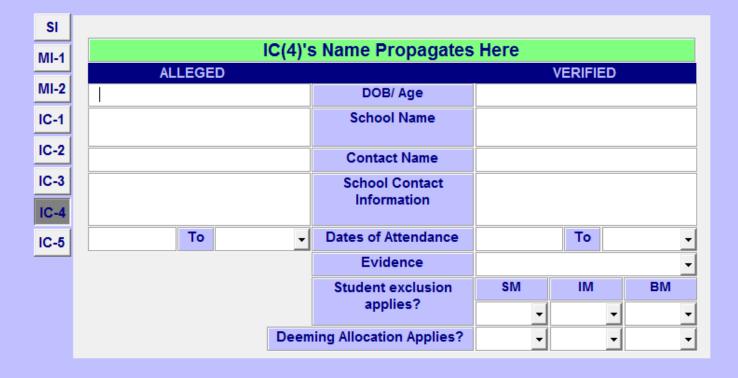
ADD REMARKS

STUDENT INFORMATION

SYSTEMS	DATA
	SY
SI	
MI1	



×



List of ICs by Name

BACK

ADD REMARKS

STUDENT INFORMATION

SYSTEMS DATA
SY
SI
MI1

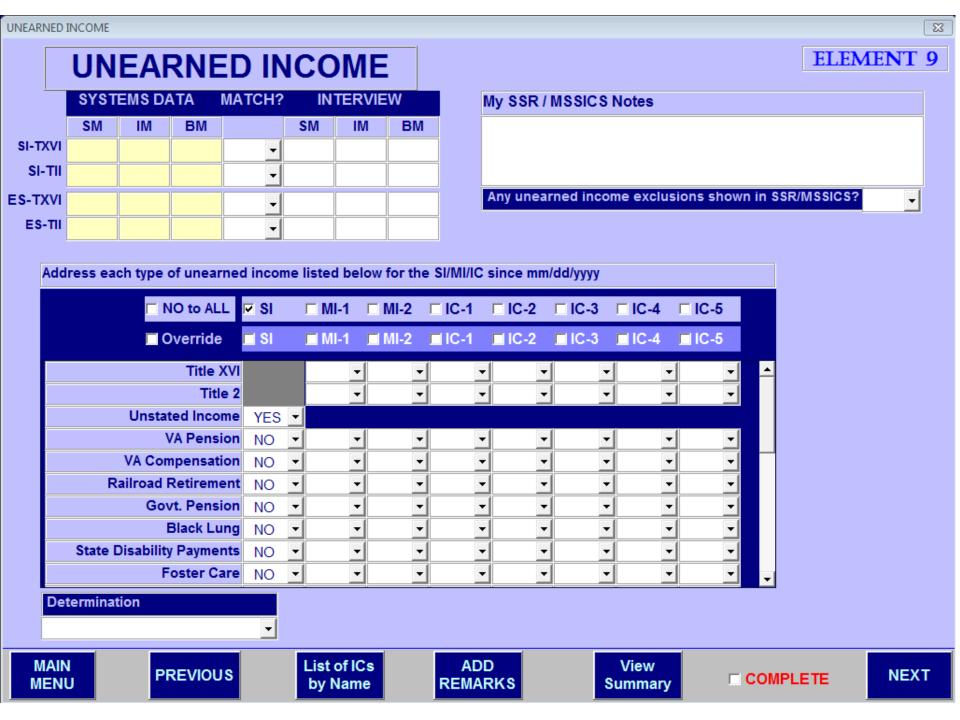


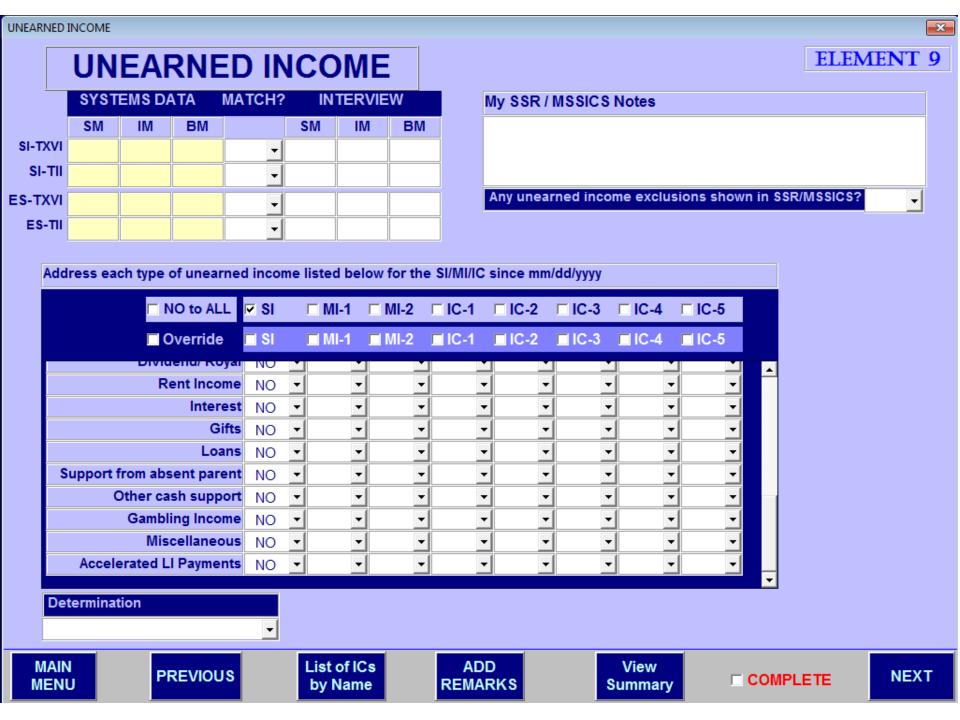
SI					
MI-1	IC(5)'s	s Name Propagates	Here		
-	ALLEGED		١	VERIFIED	
MI-2	1	DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact			
IC-4		Information			
IC-5	To	Dates of Attendance		То	<u>-</u>
		Evidence			▼
		Student exclusion	SM	IM	ВМ
		applies?		·	<u> </u>
	Deem	ning Allocation Applies?	<u> </u>	•	•

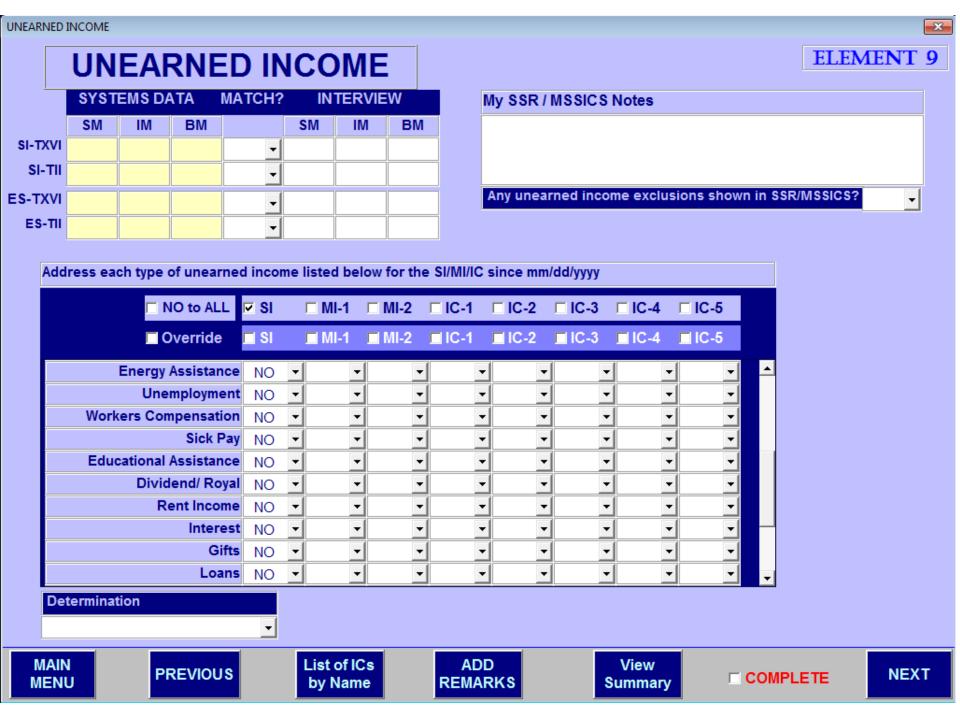
List of ICs by Name

BACK

ADD REMARKS





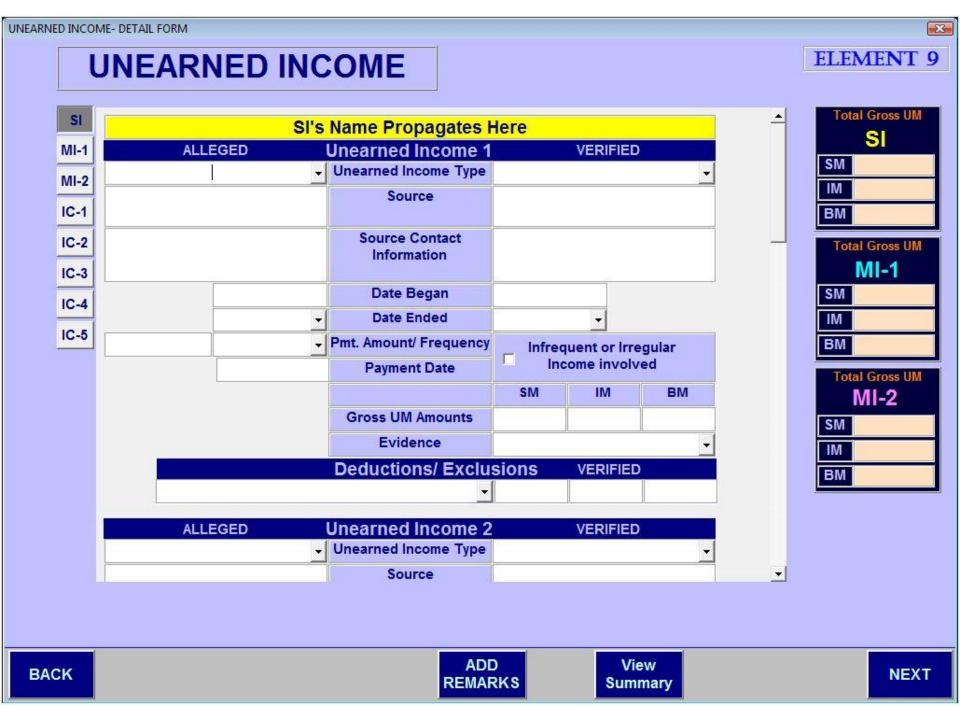


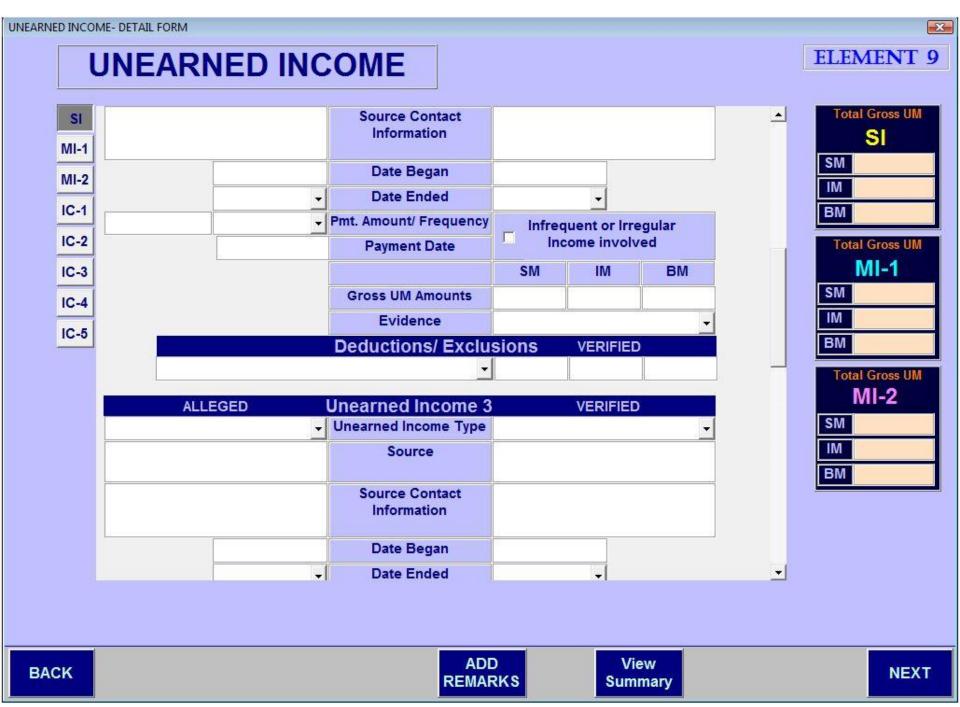
Sampled Individual Unstated Income Development Screen

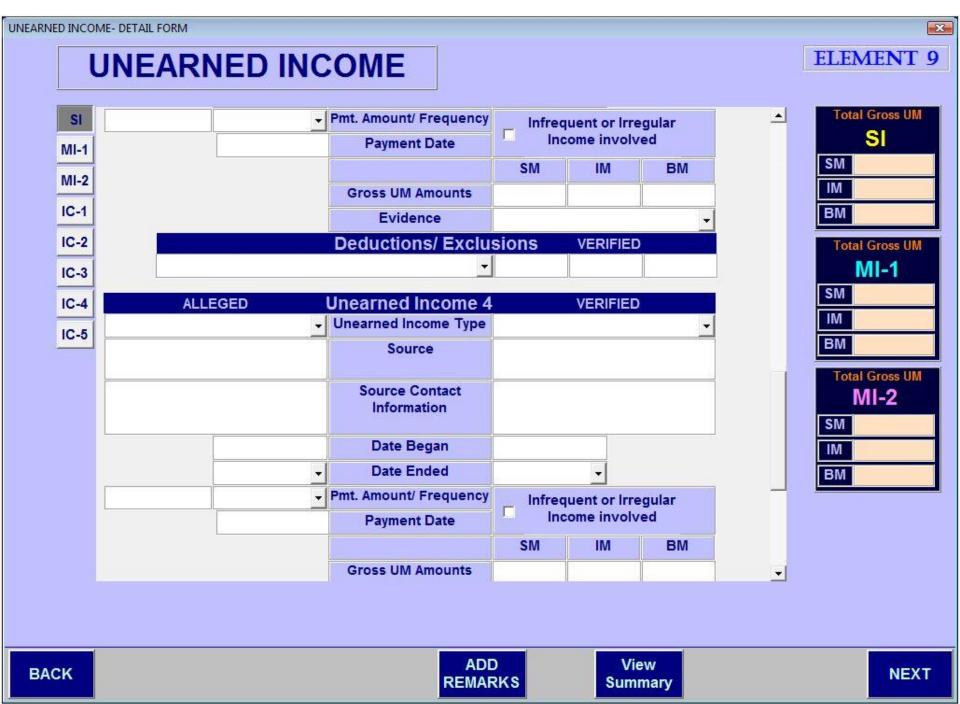
	SM	IM	ВМ	Unstated Income
Monthly HH Expenses				
Monthly Income				Consider all household income, savings, debts incurred, outstand
Possible Unstated Income				bills, etc. to determine the Actual Unstated Income amount.
Actual Unstated Income Amount				

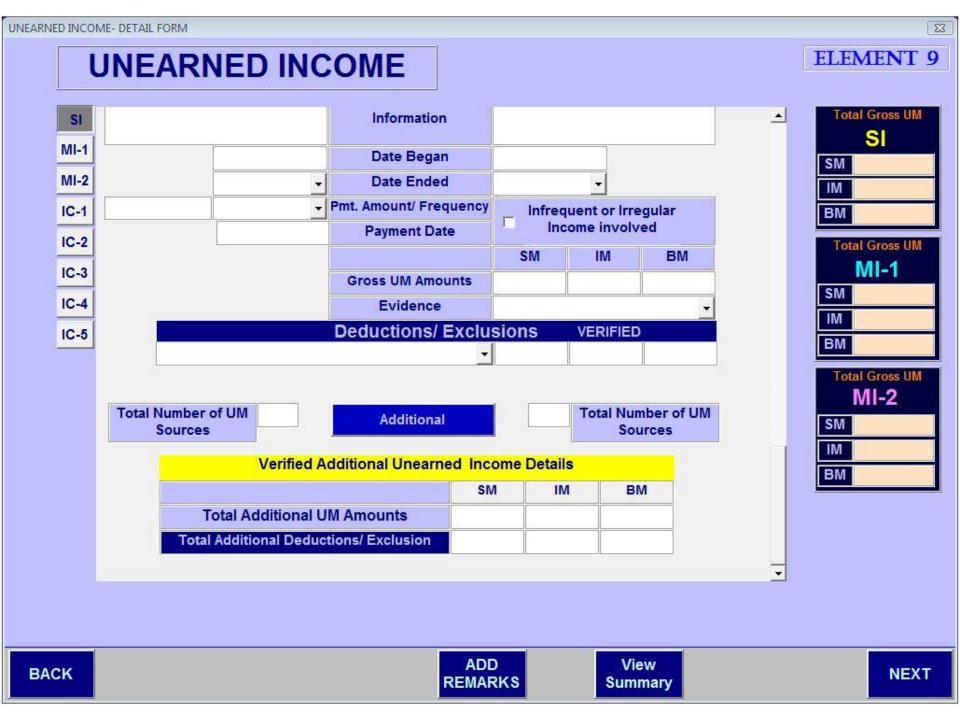
Explain why the "Actual Unstated Income" amount is different from the "Possible Unstated Income" amount.

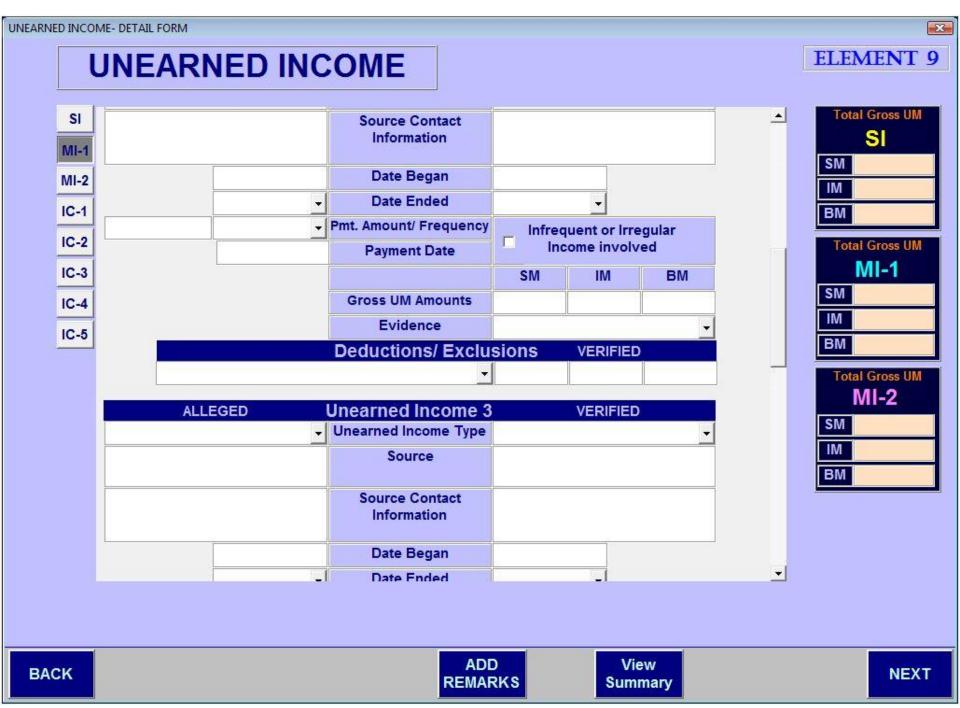
Unstated Income Determination	
	•

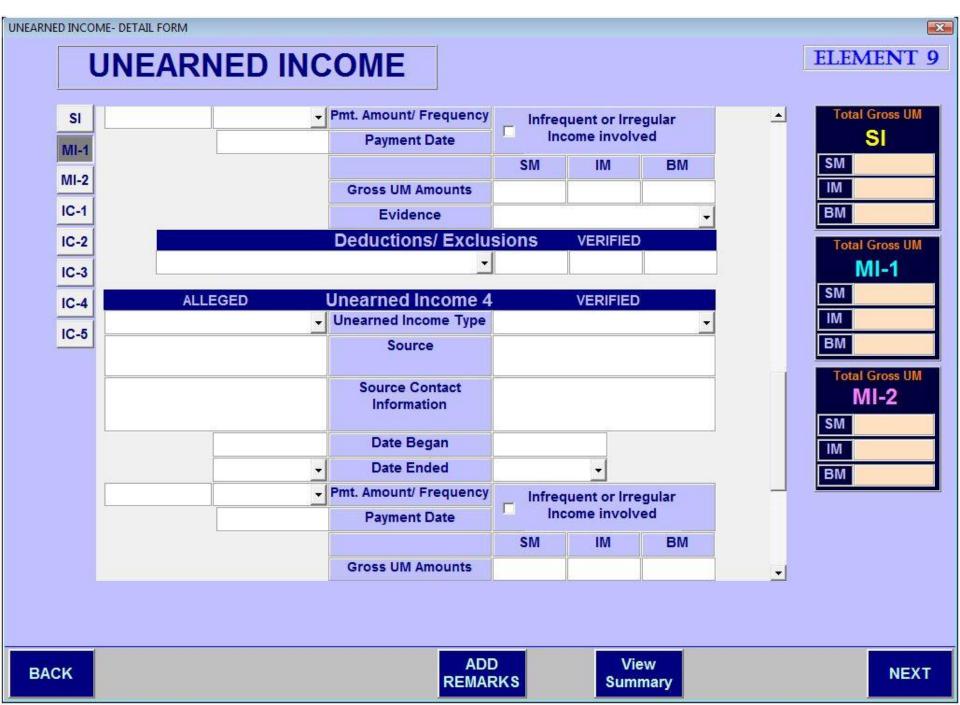


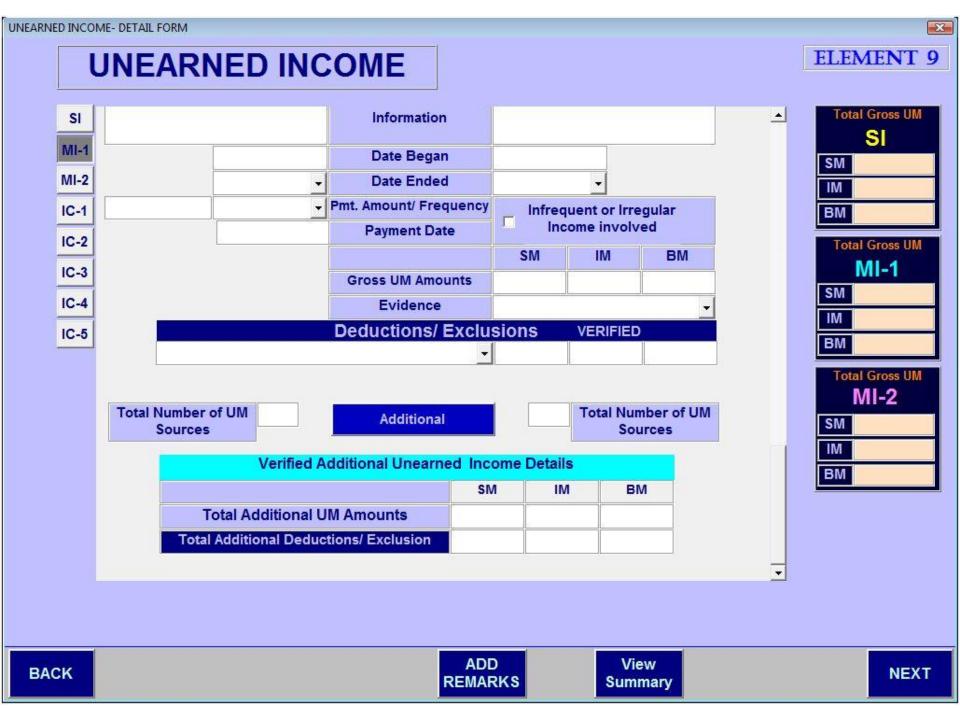


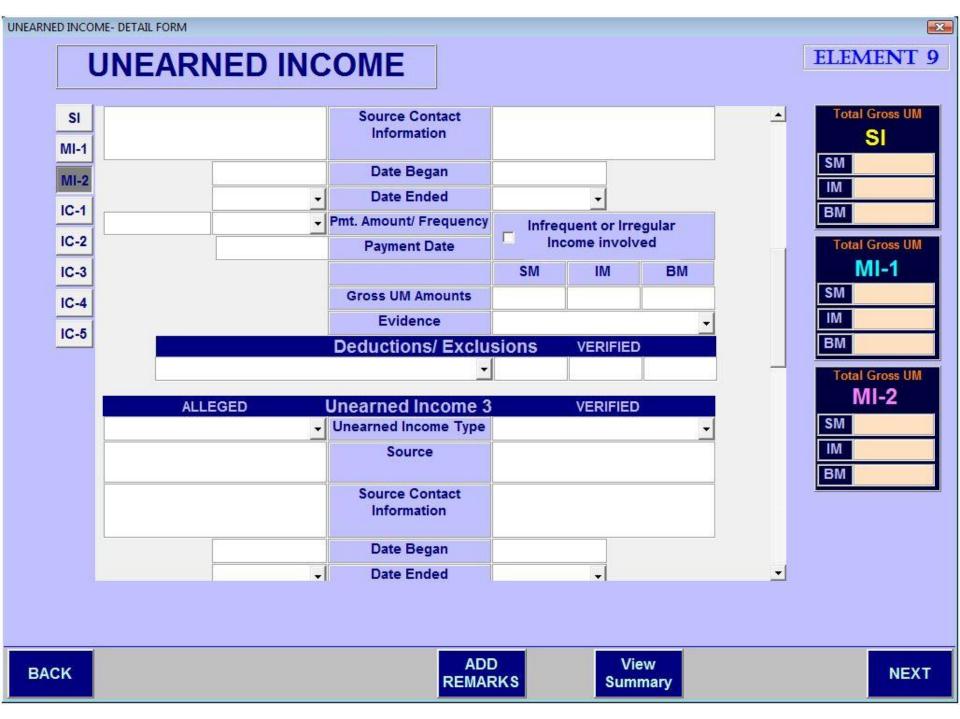


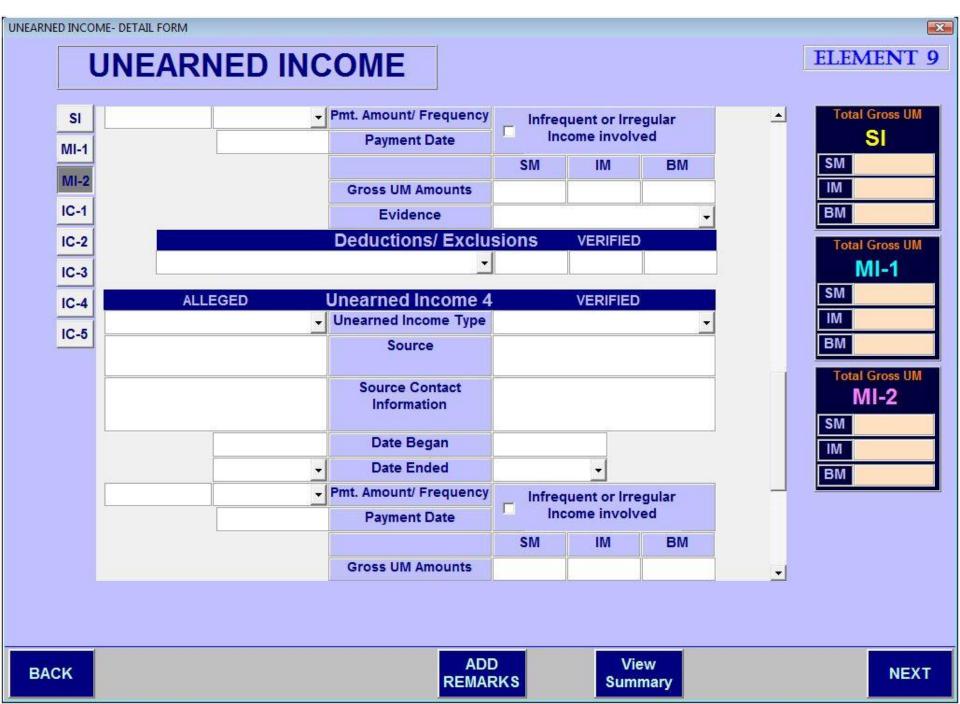


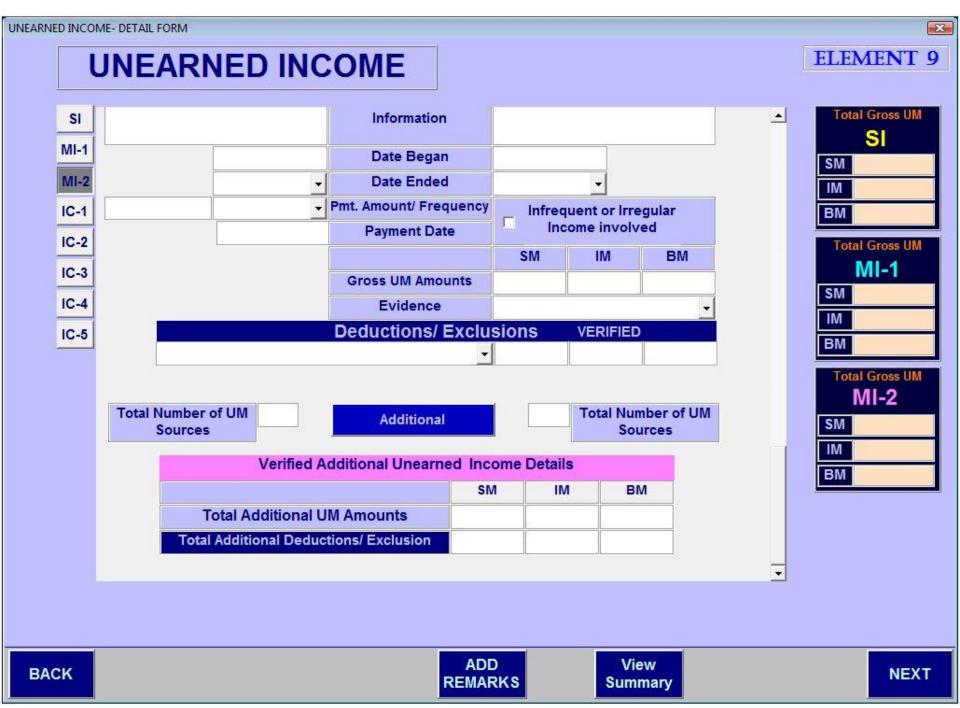












ADD

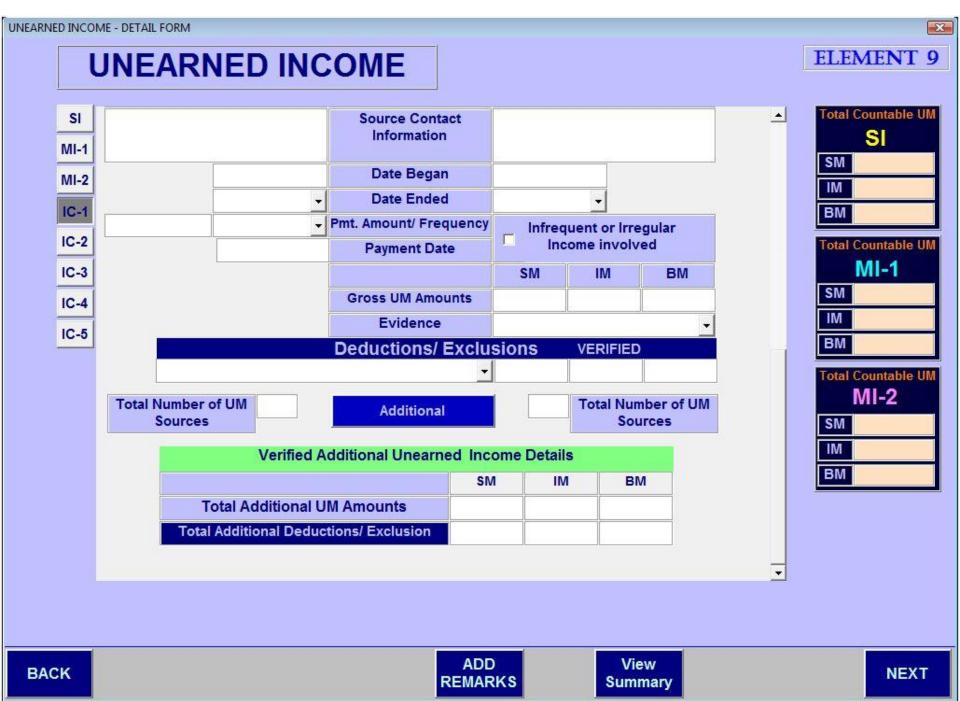
REMARKS

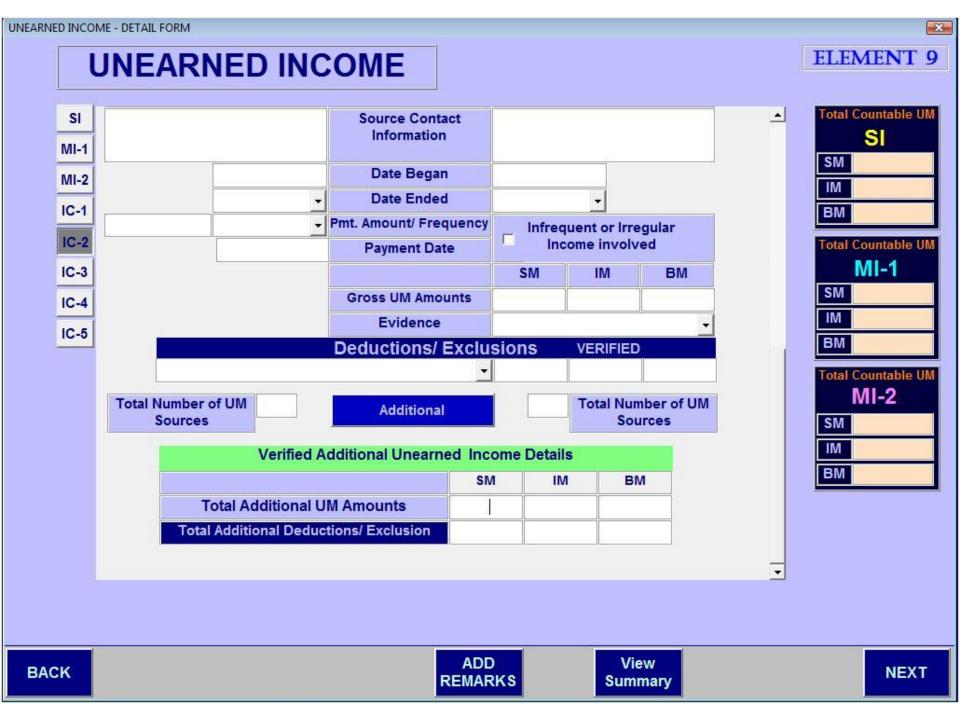
BACK

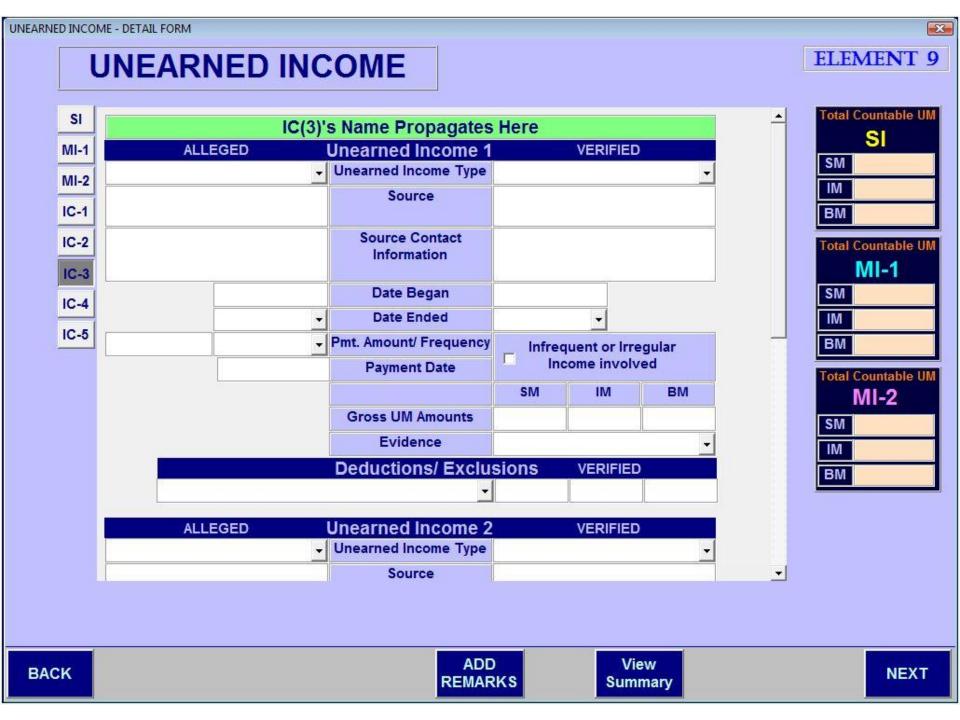
View

Summary

NEXT







BACK

ADD REMARKS View Summary

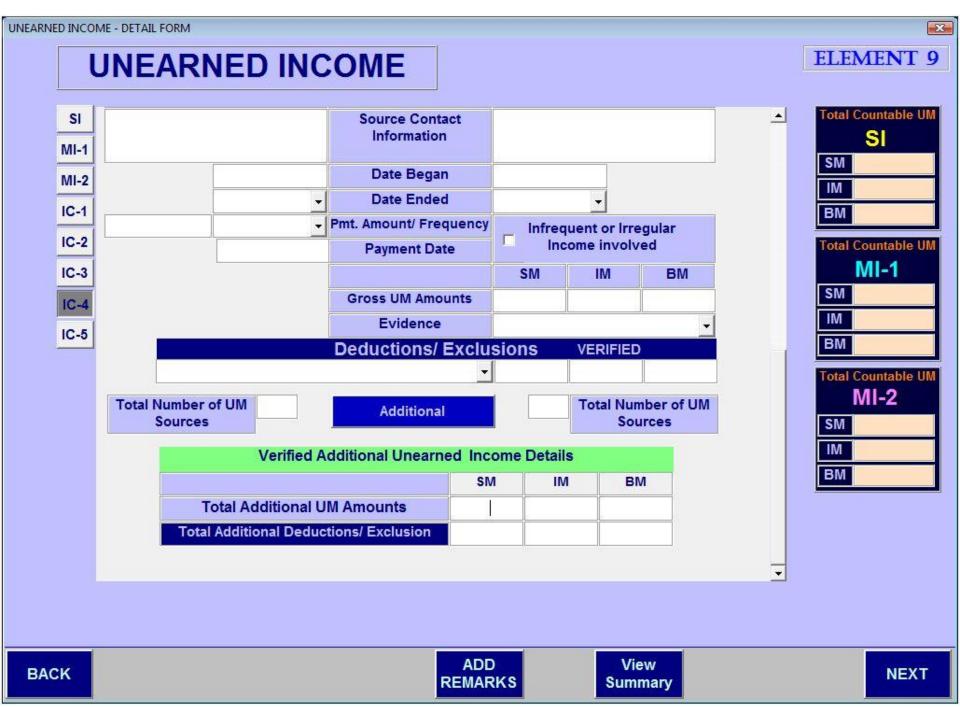
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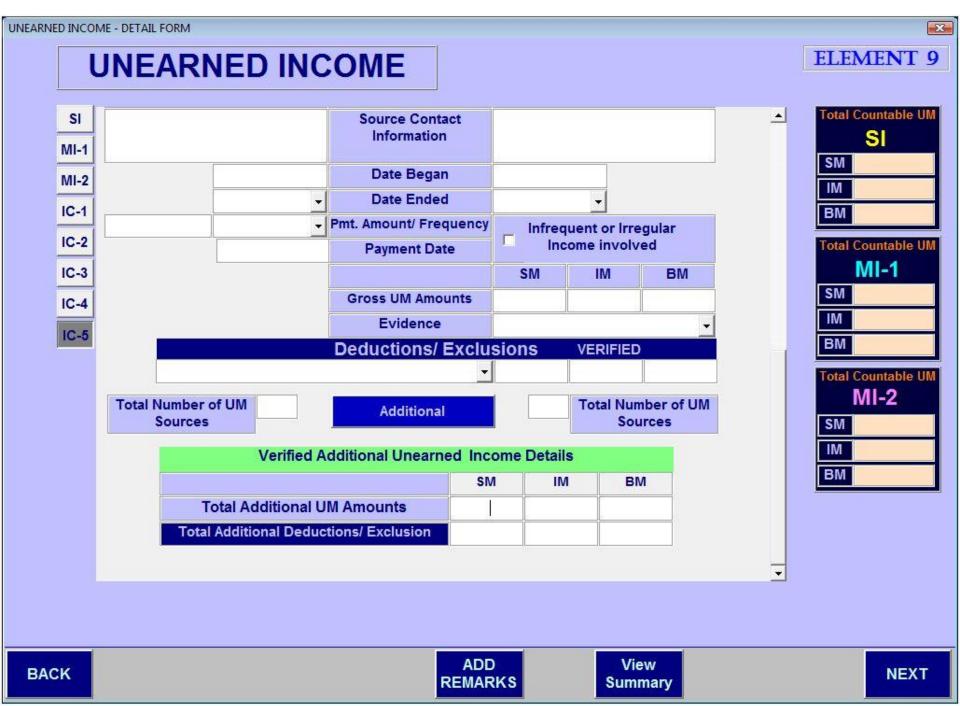
REMARKS

Summary

NEXT

BACK





FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SYSTEMS DATA			My	SSR/	MSSI	CS No	tes:	
CG Field Codes								
SI-RTN	ACCT#							
ES-RTN	ACCT#							
Address each of	the categories listed below	for the SI/MI(s) since r	mm/dd/y	ууу				
		□ NO to ALL	□ SI	□МІ	-1 	MI-2		
		Override	⊒ SI	□ MI	-1 🔲	MI-2		
		Checking Account	•	-	~	¥		
	Savings/ Mo	oney Market Account	•		-	-		
	C	ertificate of Deposit	-		-	-		
	Debit Card from	a financial institution	•		-	-		
		Safe Deposit Box	•		-	-		
	Name appears on som	eone else's account	•		-	_		
	Prior accounts	in the last 24 months	•		-	_		
	lls cash checks or transact o		•		-	_		
Tinano	cial institutions (e.g., Person	ai ioans, Mortgages)						
Since mm/dd/yyyy accounts?	y have the SI/ MI(s) transferi	ed, disposed of or giv	en awa	y fund:	s from :	any fin	ancial institution	▼ □ Override
Determination								
						-		

MAIN MENU

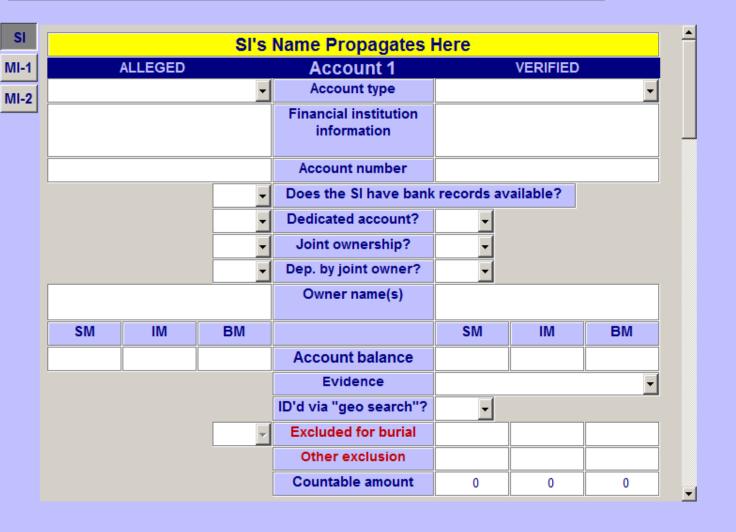
PREVIOUS

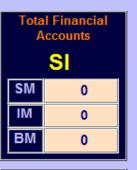
ADD REMARKS View Summary

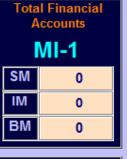
☐ COMPLETE

NEXT

FINANCIAL INSTITUTION ACCOUNTS

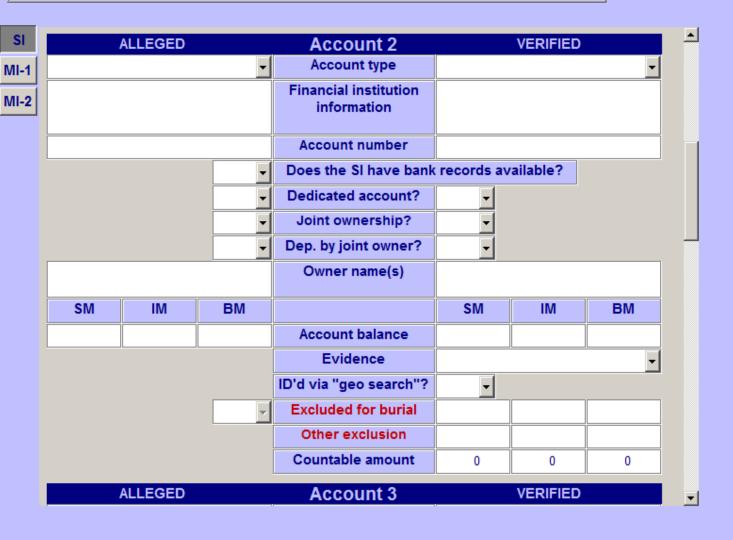




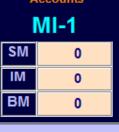




FINANCIAL INSTITUTION ACCOUNTS

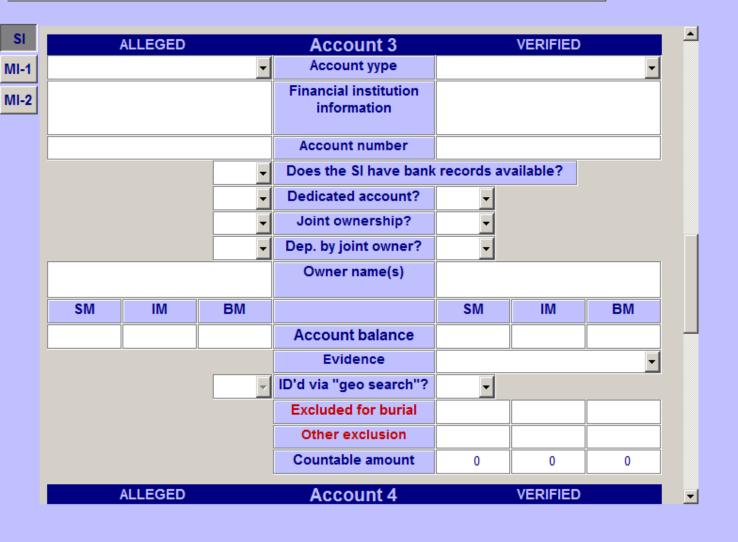


	l Financial ccounts	
SM	0	
IM	0	
BM	0	
Total Financial Accounts		

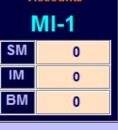


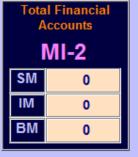


FINANCIAL INSTITUTION ACCOUNTS



Total Financial Accounts				
SI				
SM	0			
IM	0			
BM 0				
Total Financial Accounts				
MI-1				

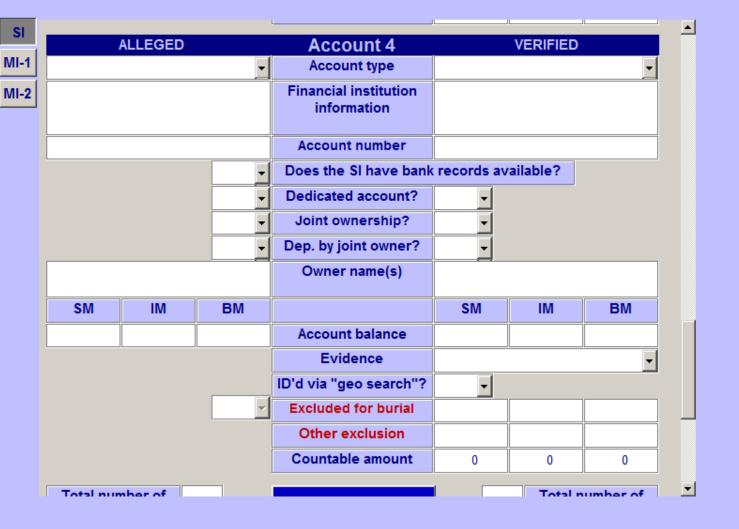




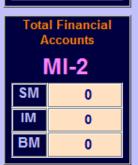
ELEMENT 10

X

FINANCIAL INSTITUTION ACCOUNTS



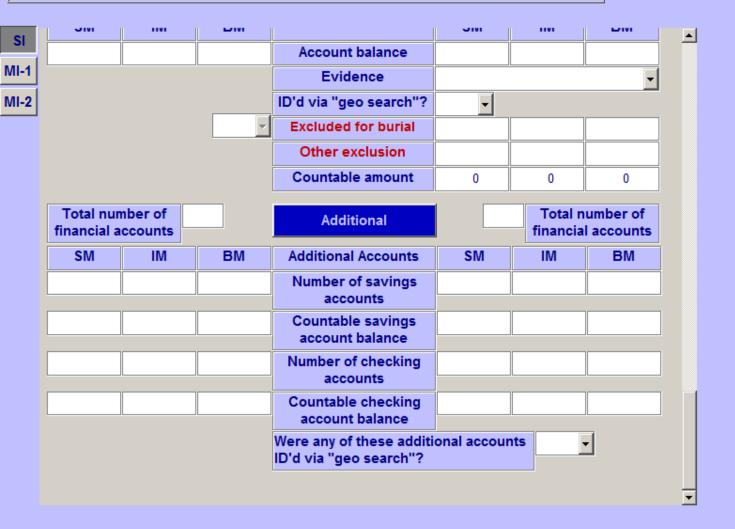


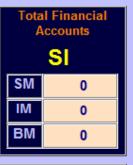


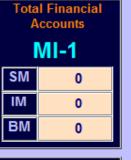
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BM

FINANCIAL INSTITUTION ACCOUNTS

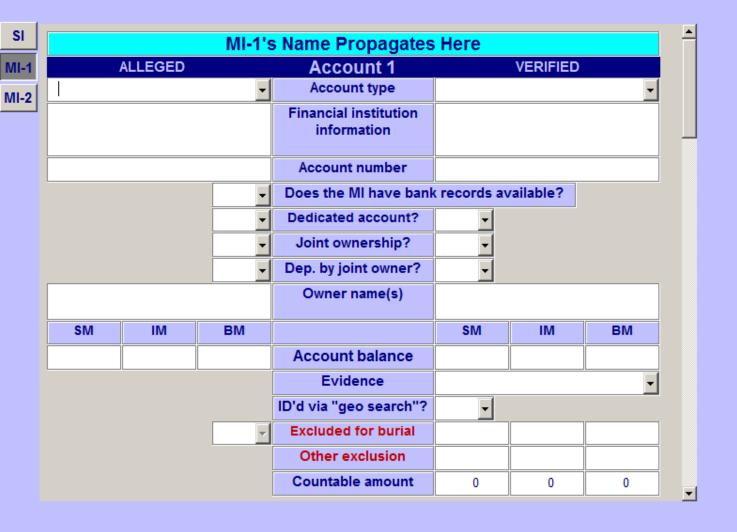


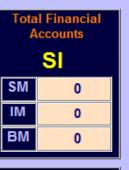


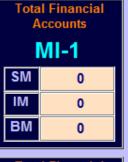


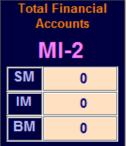


FINANCIAL INSTITUTION ACCOUNTS



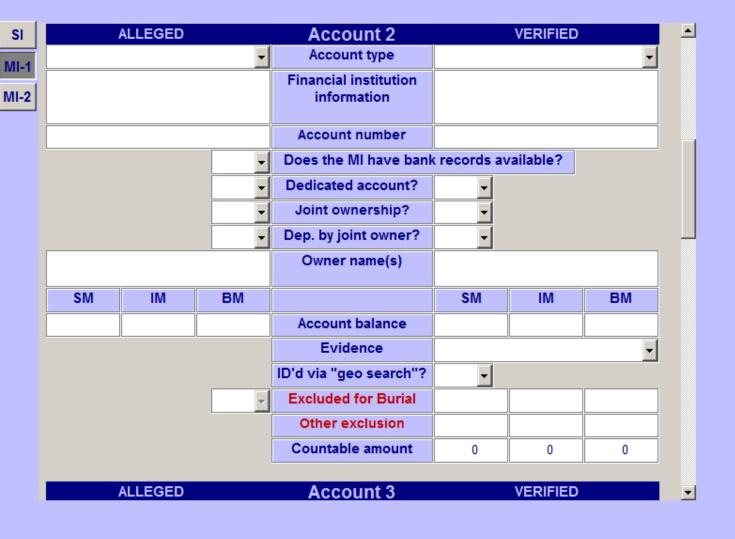


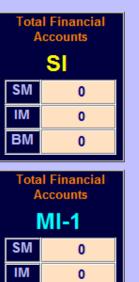




FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10



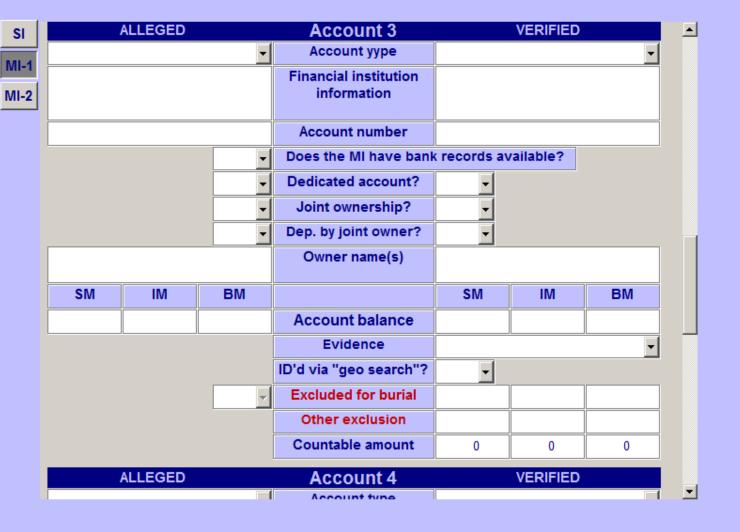




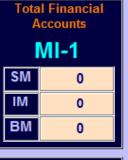
0

BM

FINANCIAL INSTITUTION ACCOUNTS



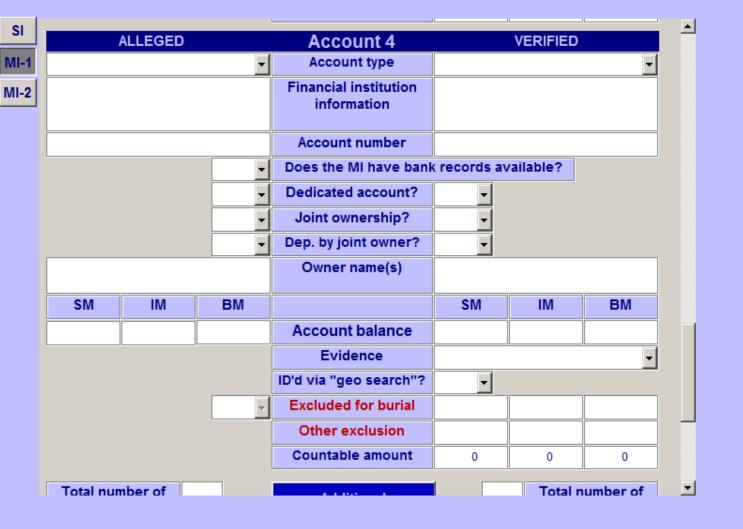


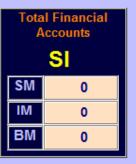


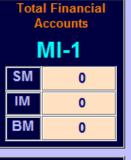


X

FINANCIAL INSTITUTION ACCOUNTS



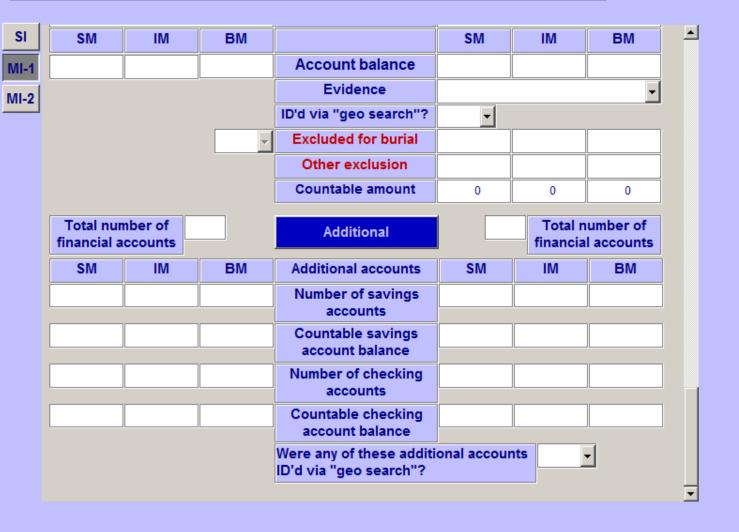


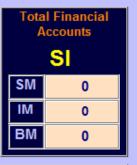


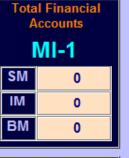


FINANCIAL INSTITUTION ACCOUNTS









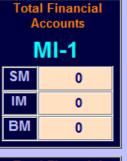


X

FINANCIAL INSTITUTION ACCOUNTS





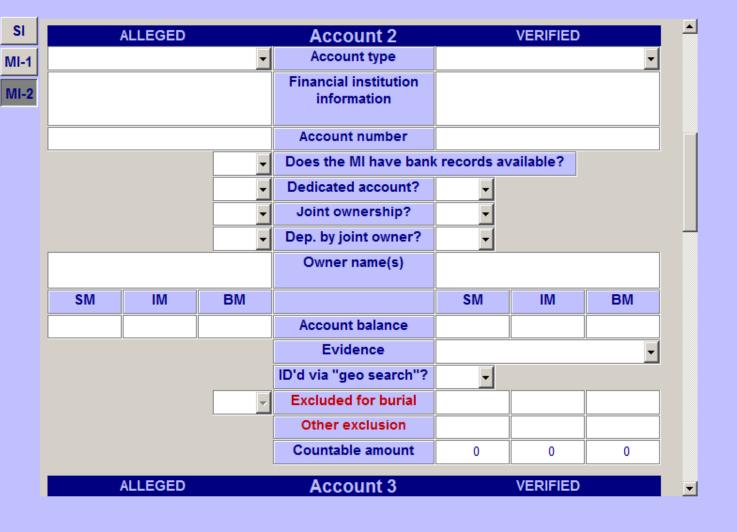




X

FINANCIAL INSTITUTION ACCOUNTS

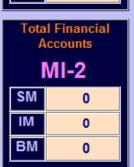
ELEMENT 10



Total Financial Accounts			
	SI		
SM	0		
IM	0		
BM	0		
	l Financial ccounts		
MI-1			
SM	0		

0

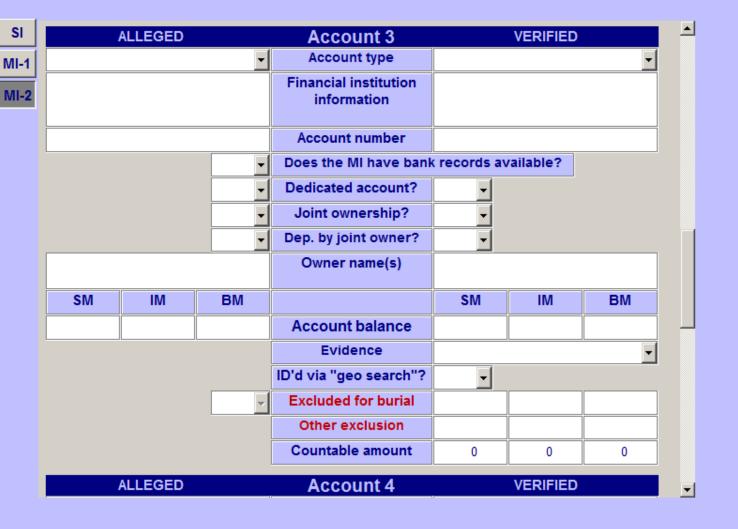
0

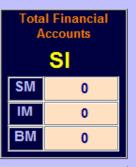


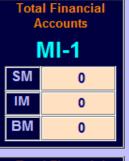
IM

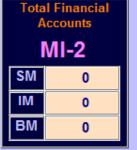
ВМ

FINANCIAL INSTITUTION ACCOUNTS

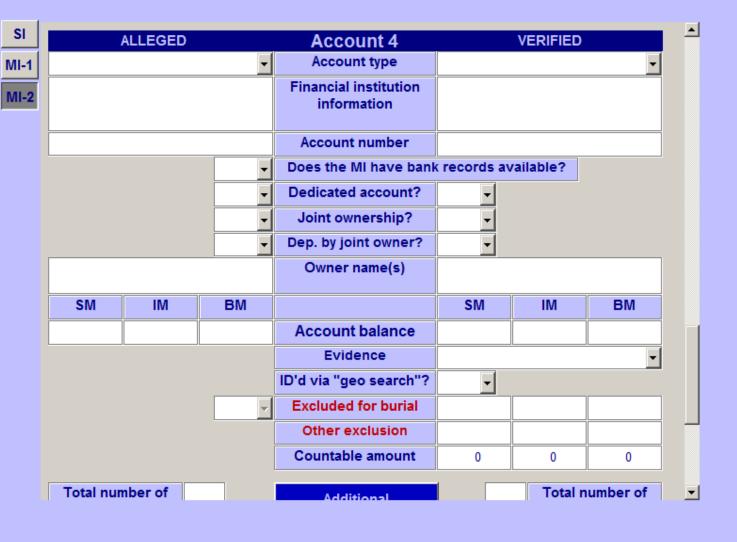


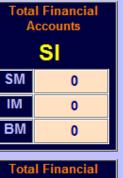


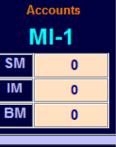




FINANCIAL INSTITUTION ACCOUNTS

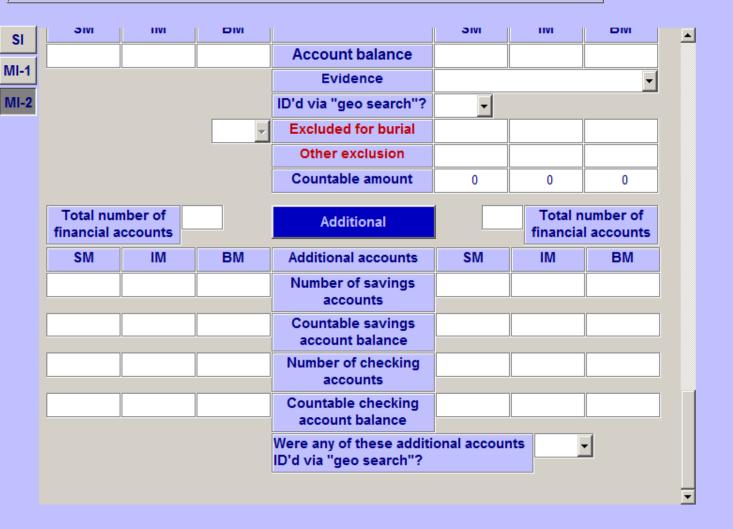


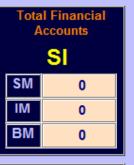


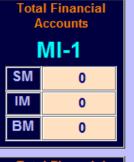


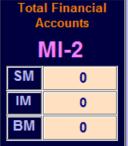


FINANCIAL INSTITUTION ACCOUNTS





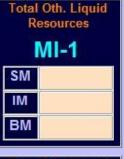


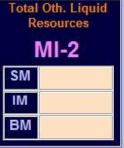


OTHER LIQUID RESOURCES



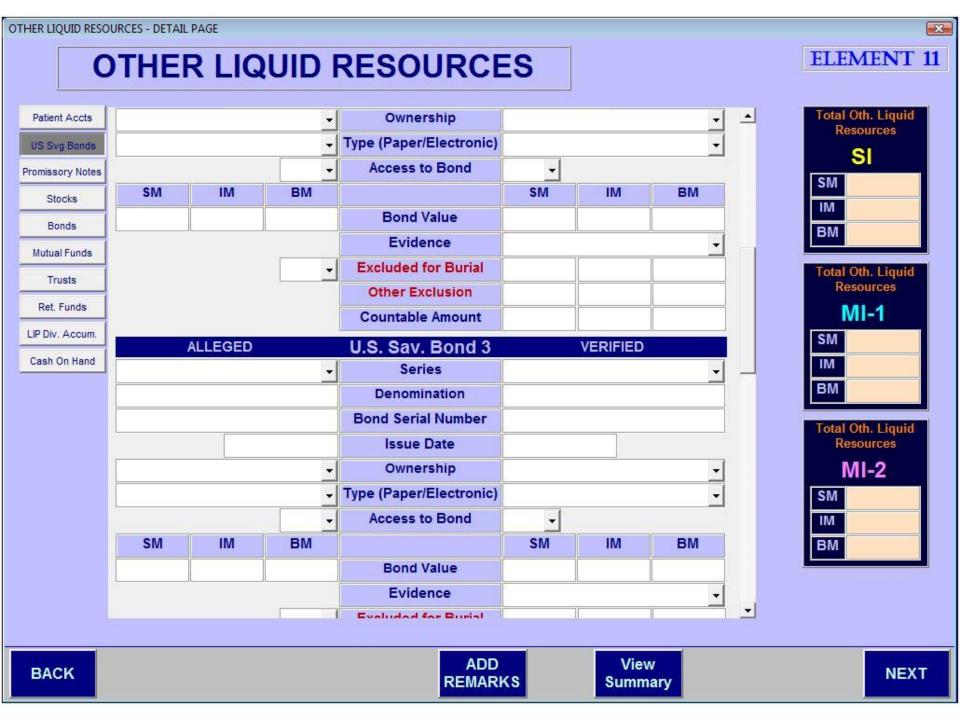


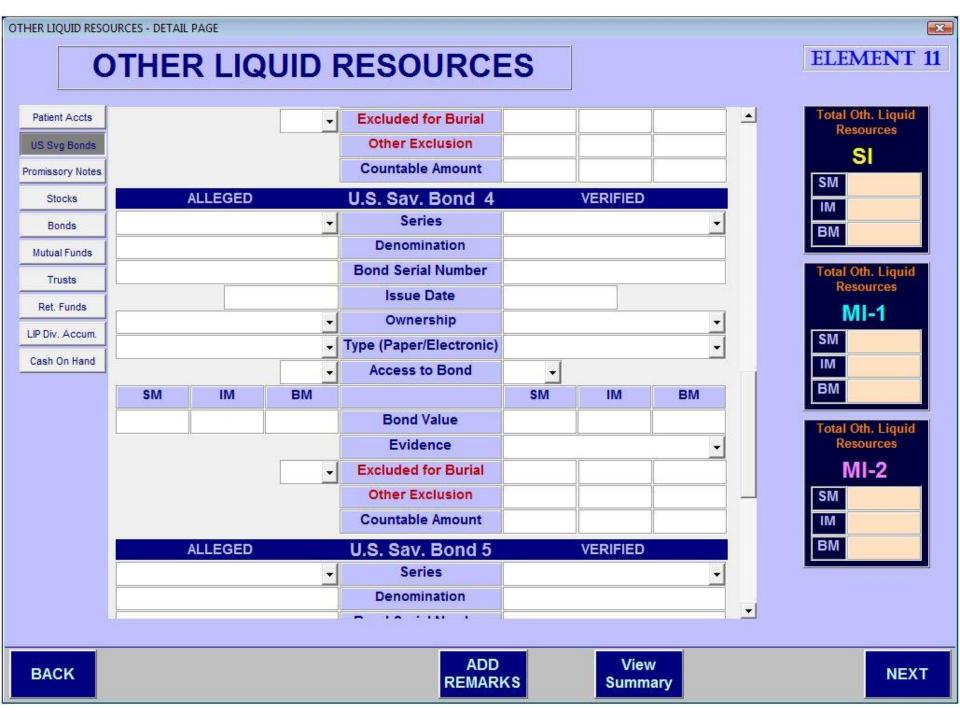


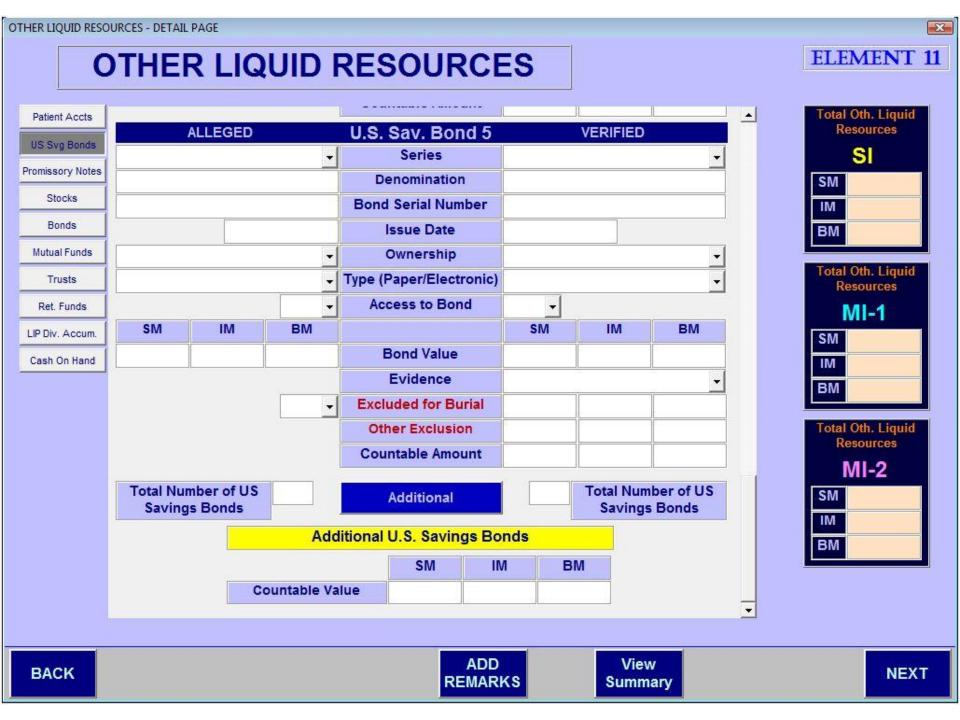


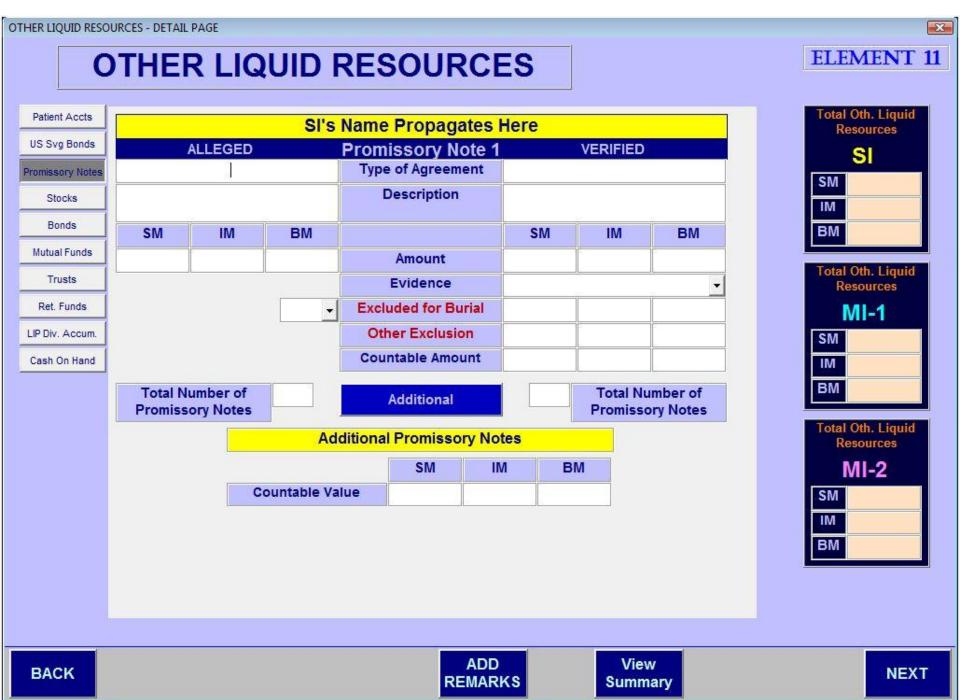
REMARKS

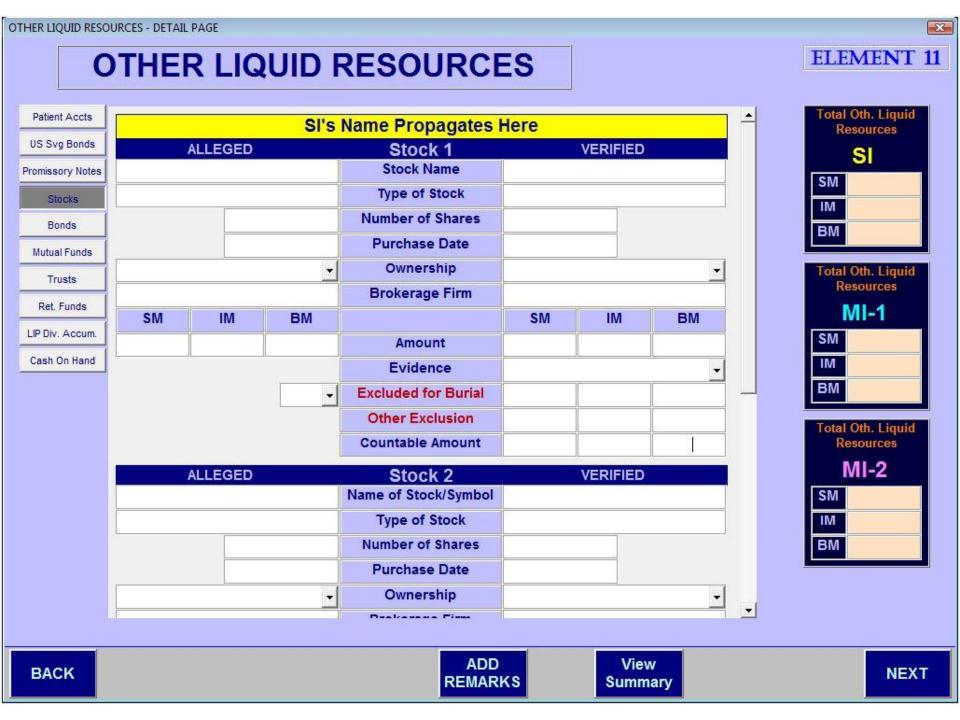
Summary

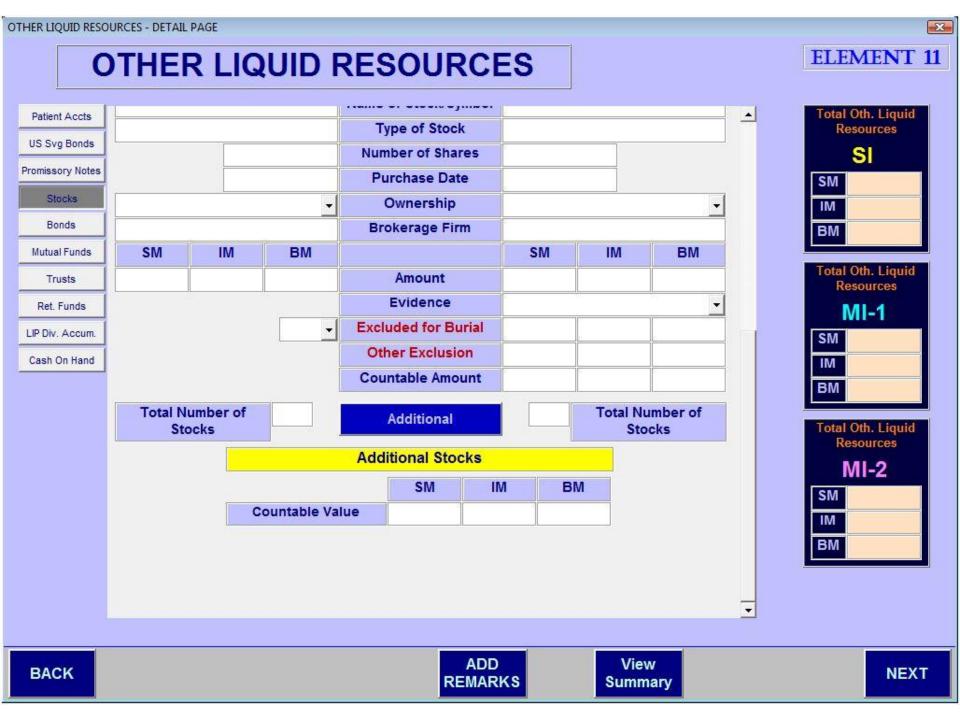


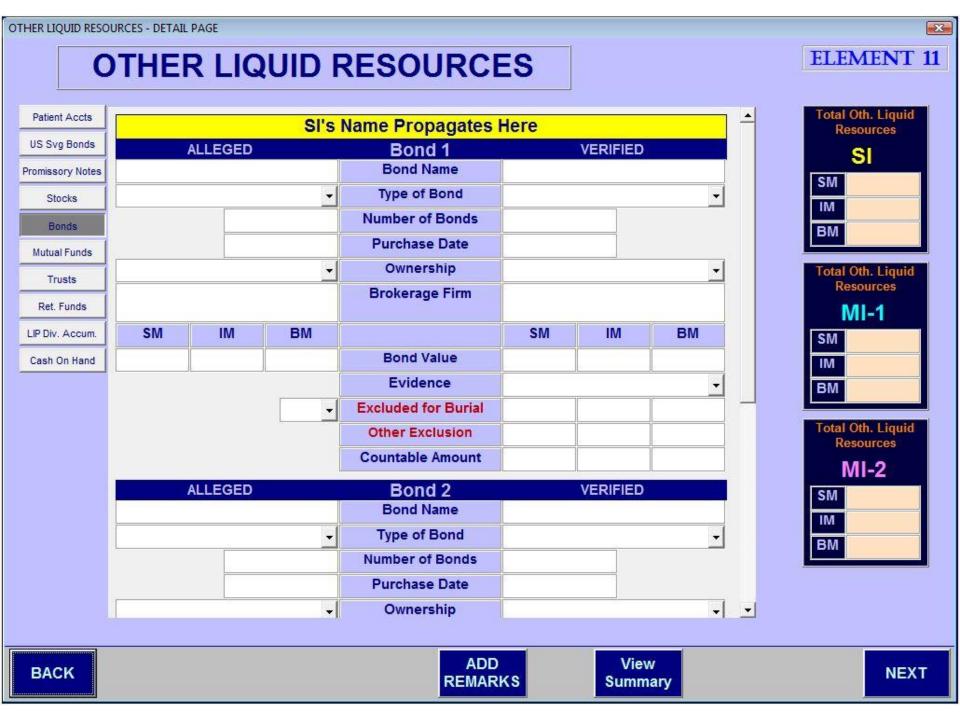












BACK

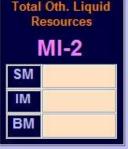
ADD REMARKS View Summary

OTHER LIQUID RESOURCES



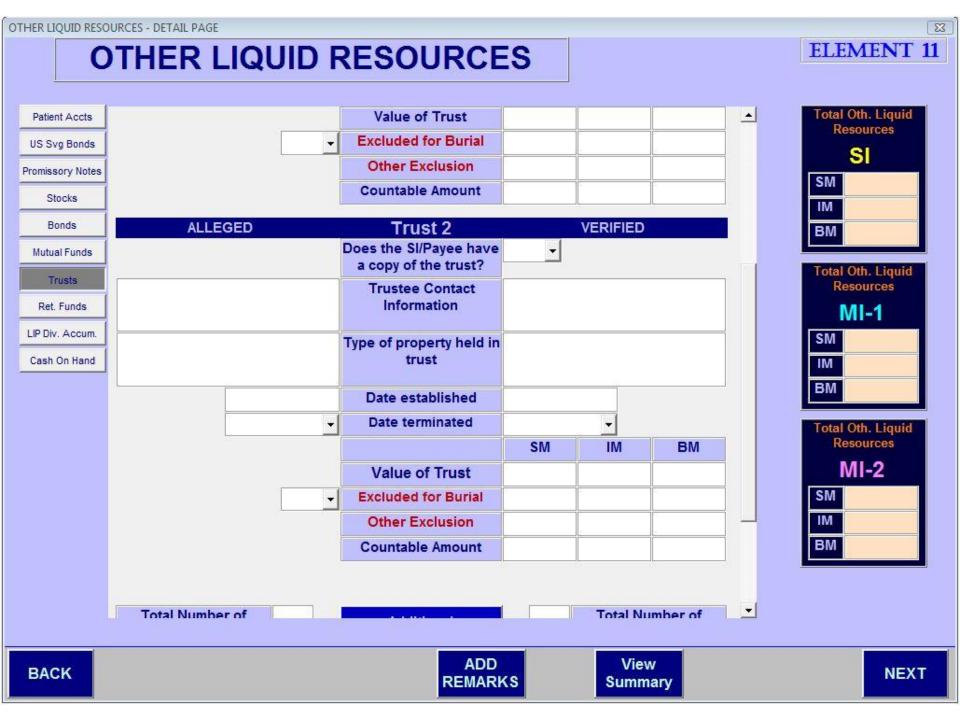
Total Oth. Liquid Resources		
	SI	
SM		
IM		
ВМ		

Total Oth. Liquid Resources		
MI-1		
SM		
IM		
ВМ		



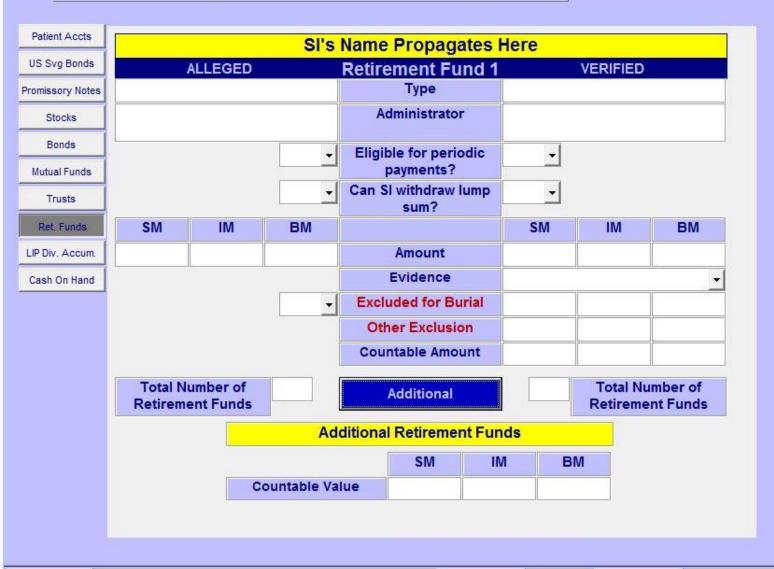
BACK

ADD REMARKS View Summary

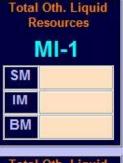


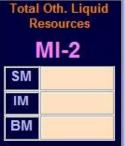
23

OTHER LIQUID RESOURCES



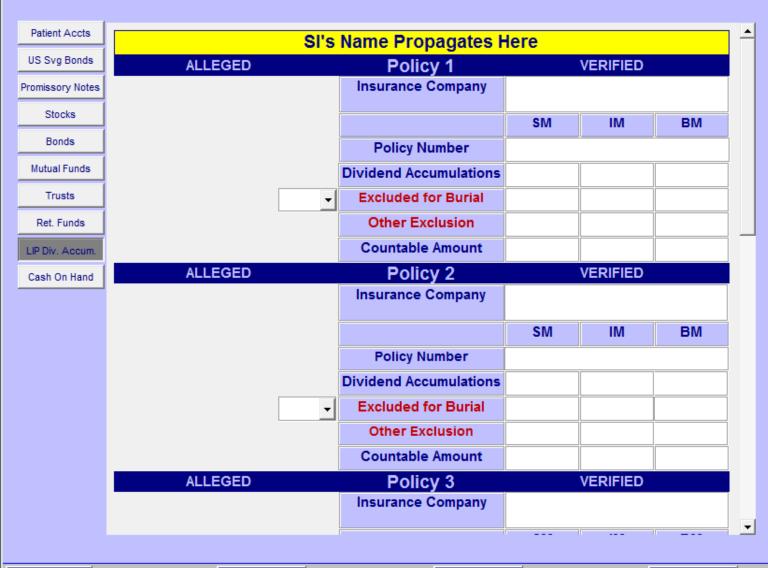






OTHER LIQUID RESOURCES

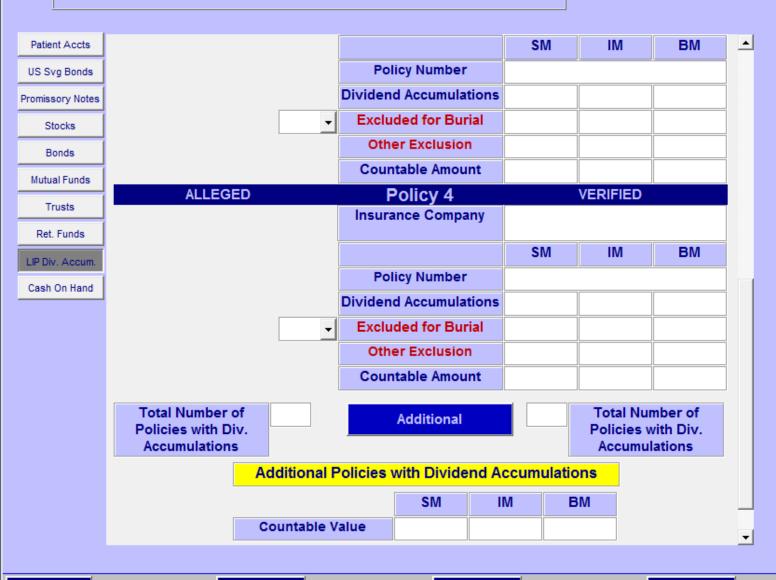
ELEMENT 11



BACK

Transfer of Resources ADD REMARKS VIEW SUMMARY

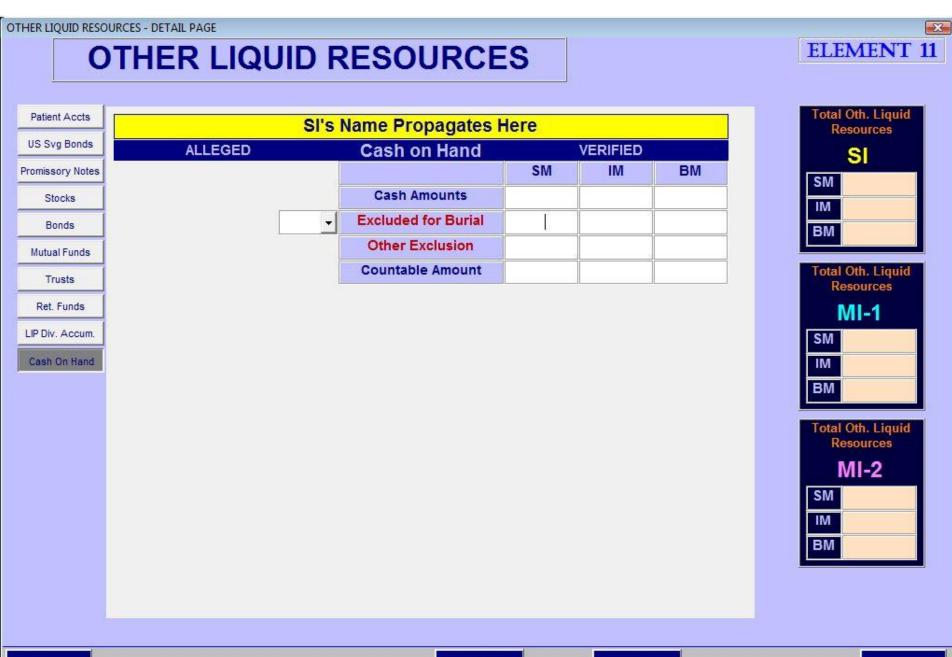
OTHER LIQUID RESOURCES



BACK

Transfer of Resources

ADD REMARKS VIEW SUMMARY



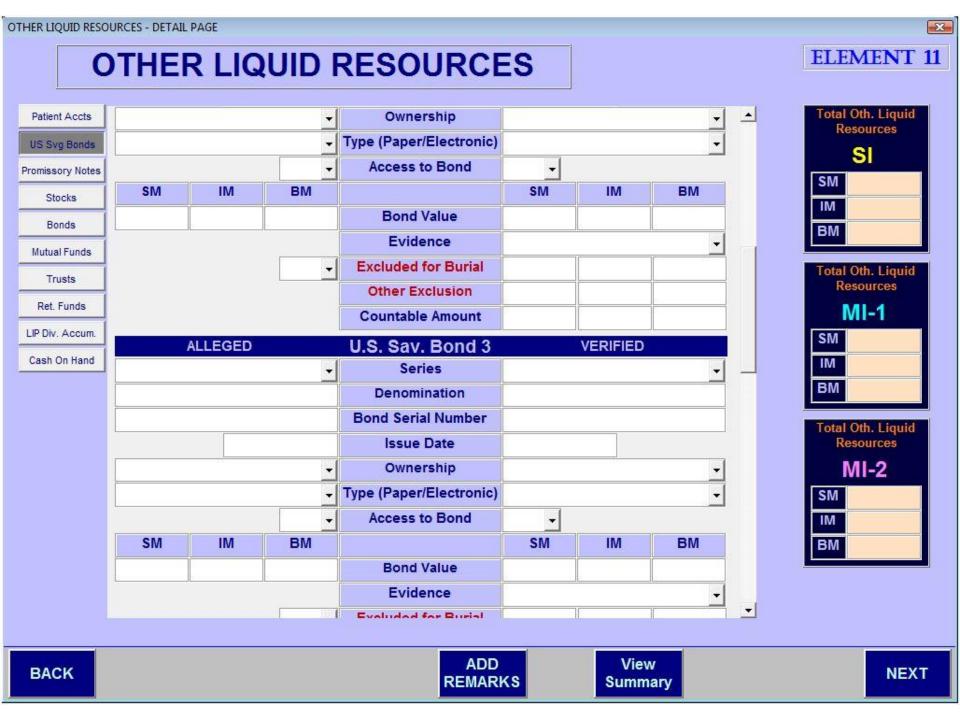
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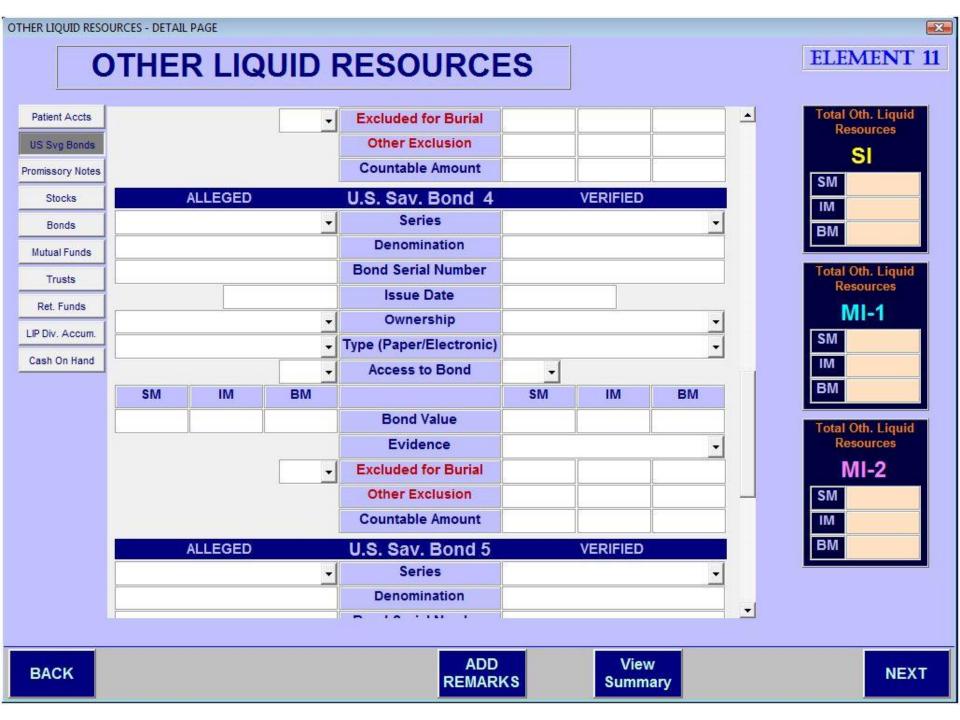
ADD REMARKS View Summary

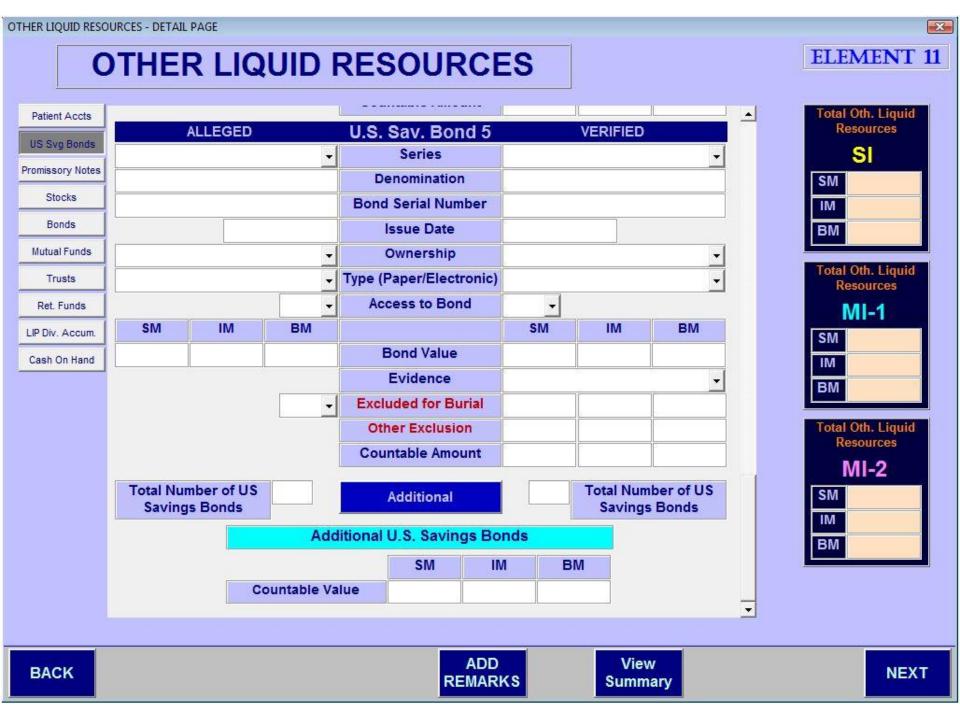
REMARKS

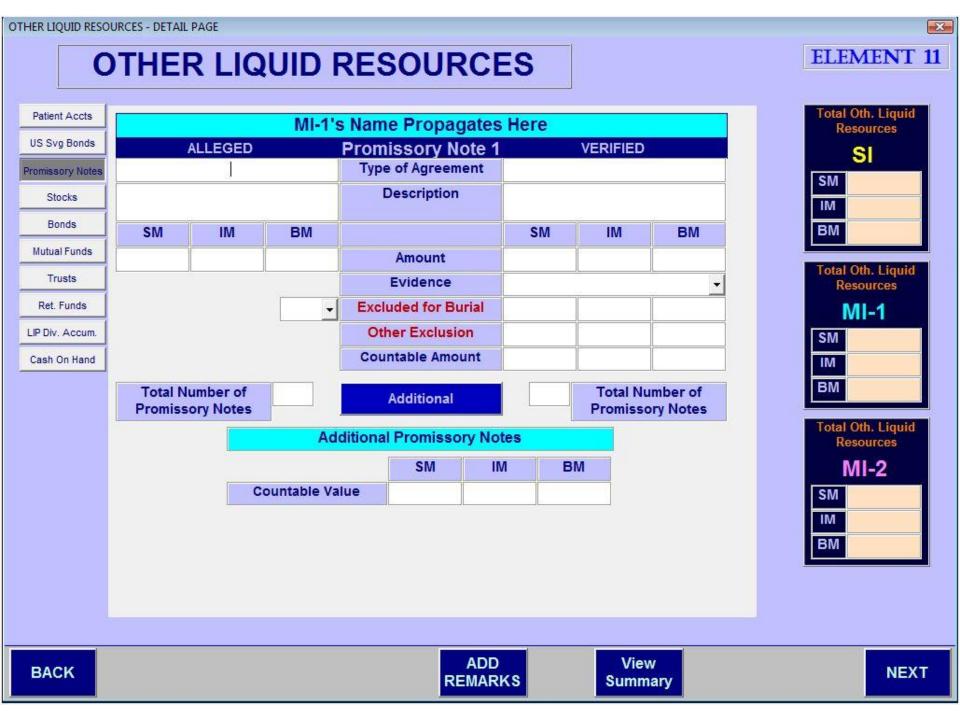
Summary

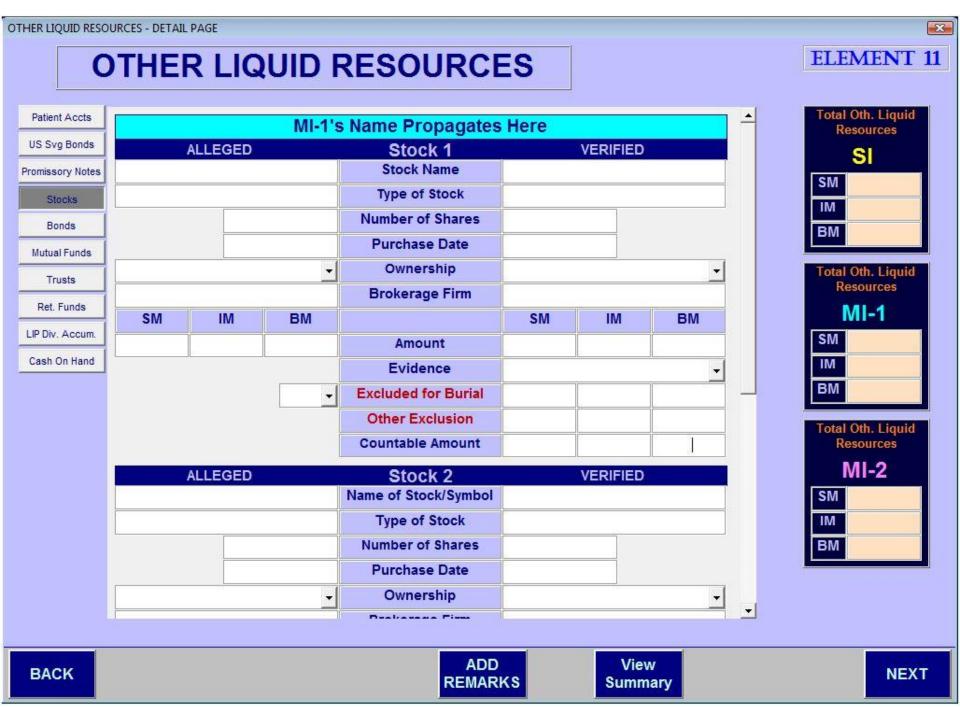
BACK

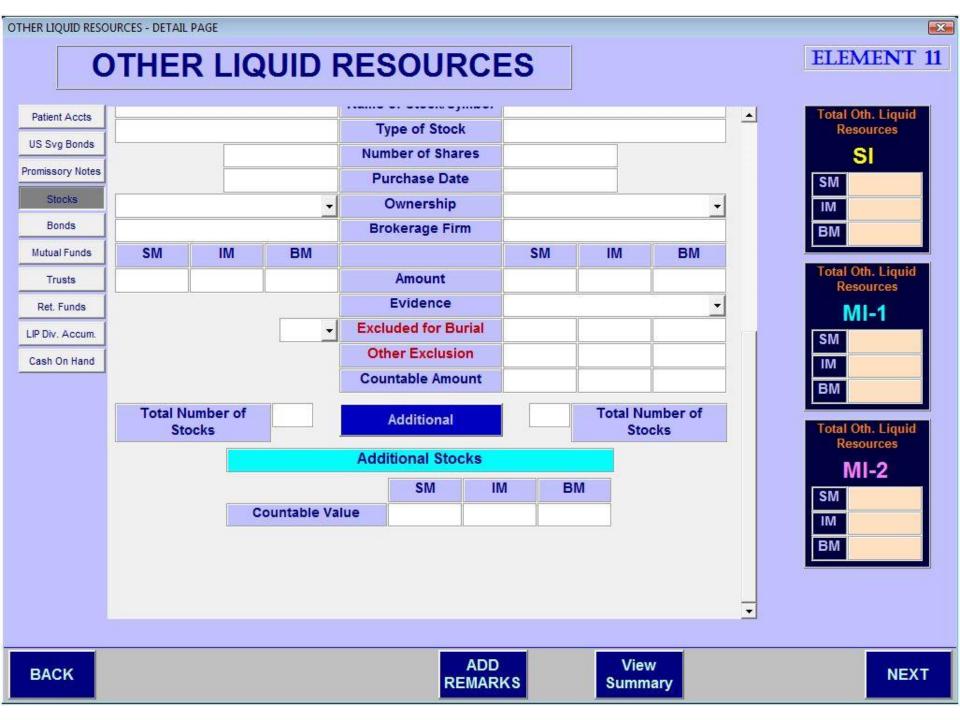


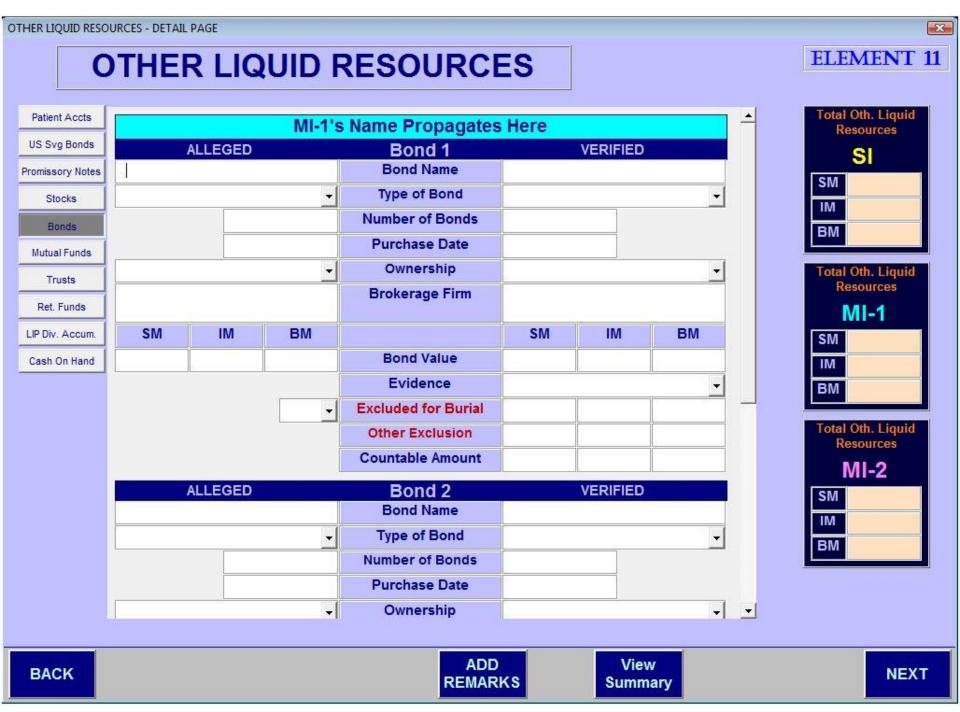


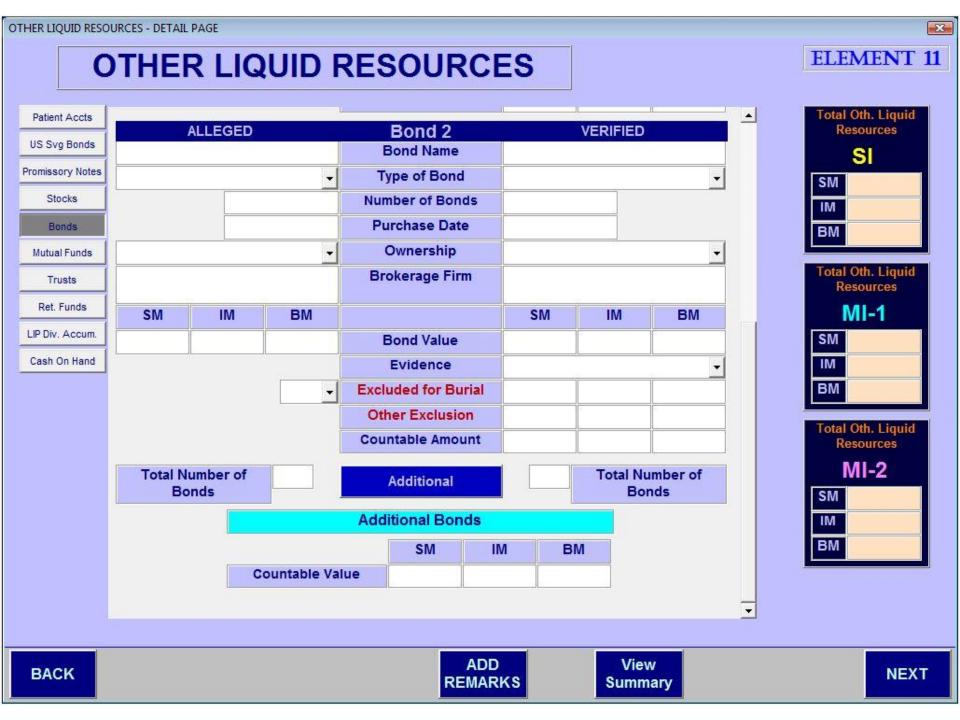








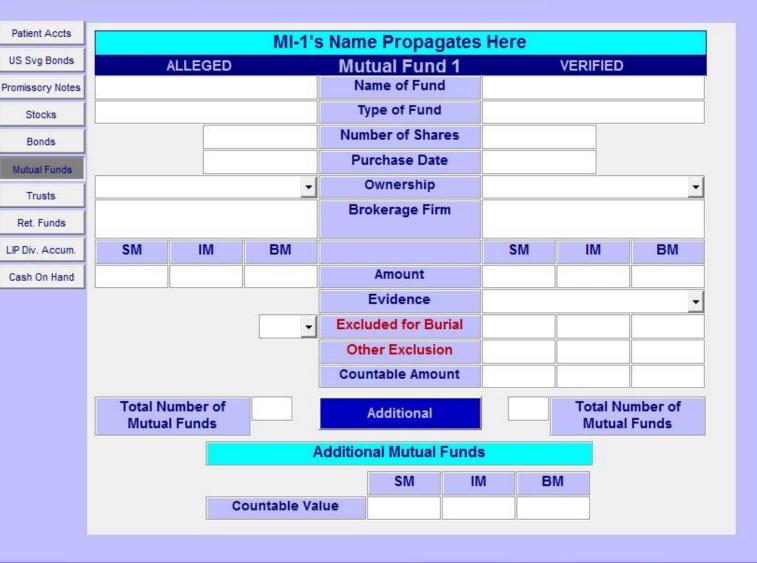




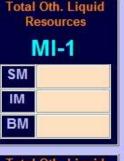
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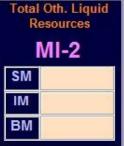
OTHER LIQUID RESOURCES

ELEMENT 11



	Oth. Liquid
	SI
SM	
IM	
ВМ	





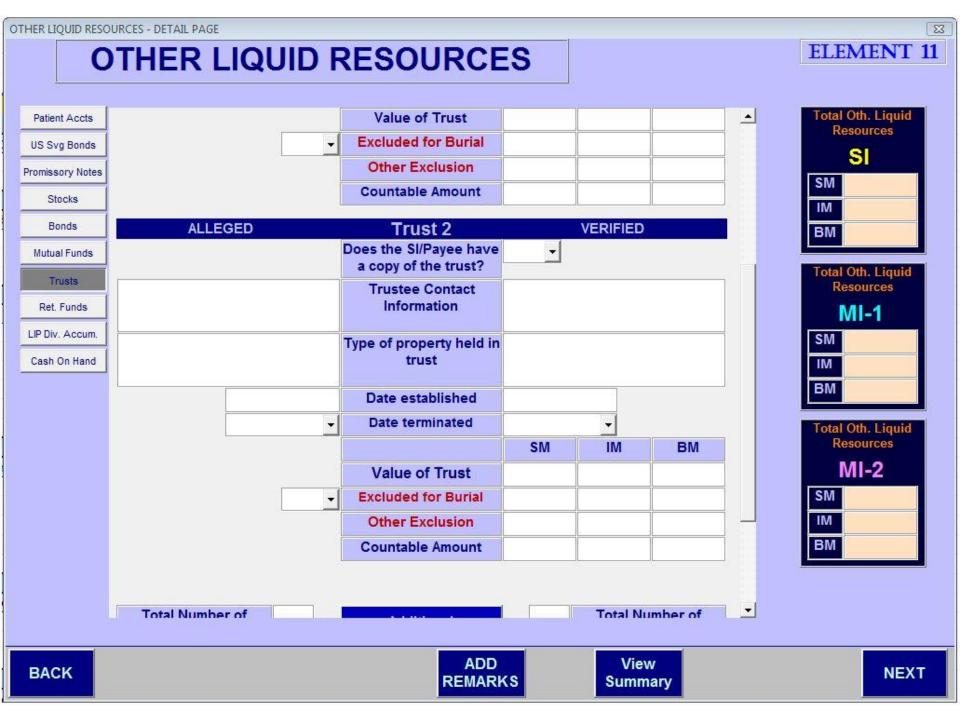
ADD

REMARKS

BACK

View

Summary



ADD

REMARKS

BACK

View

Summary

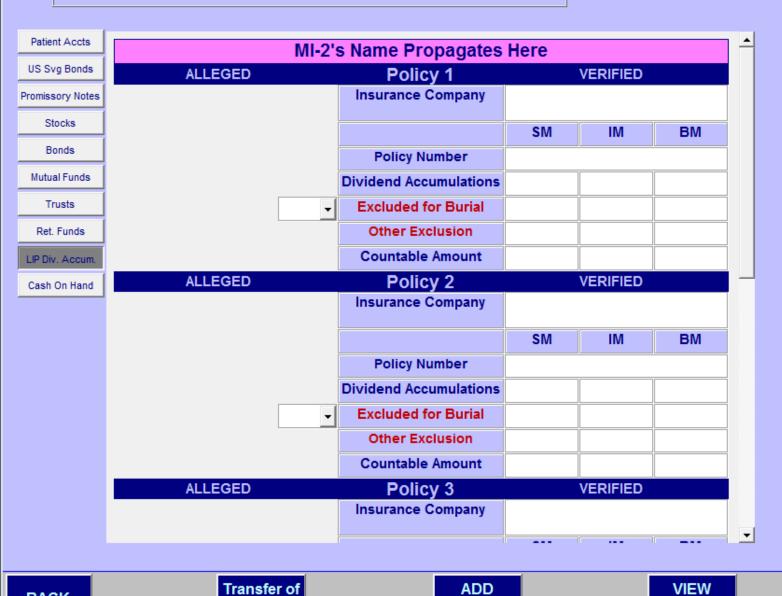
BACK

NEXT

OTHER LIQUID RESOURCES

Resources

ELEMENT 11

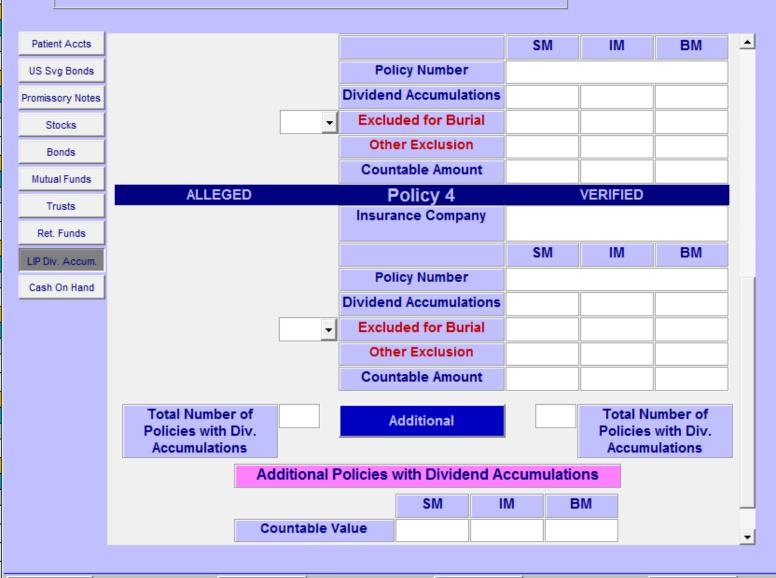


REMARKS

SUMMARY

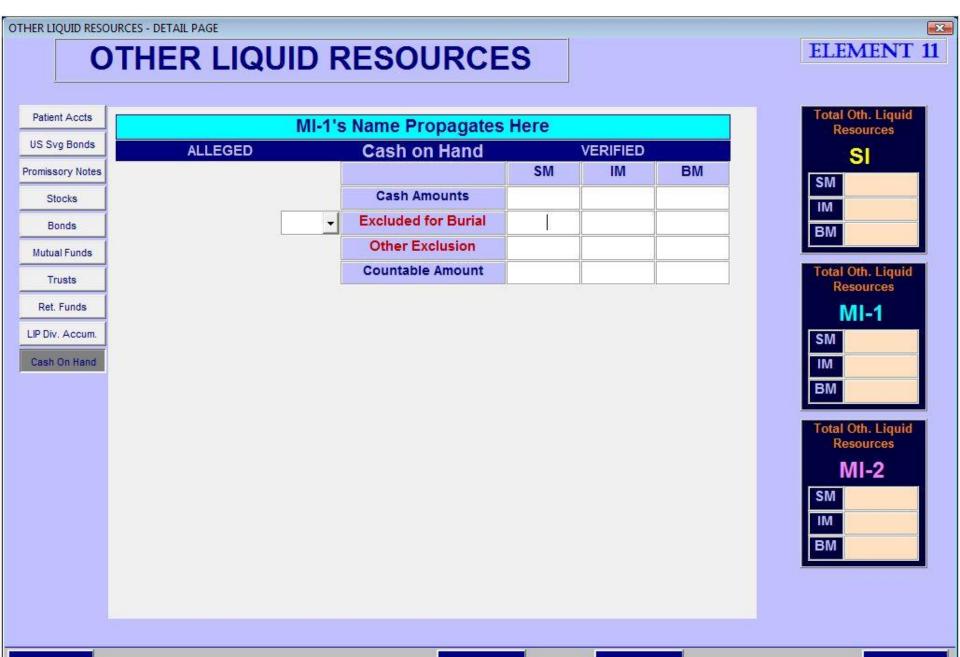
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OTHER LIQUID RESOURCES

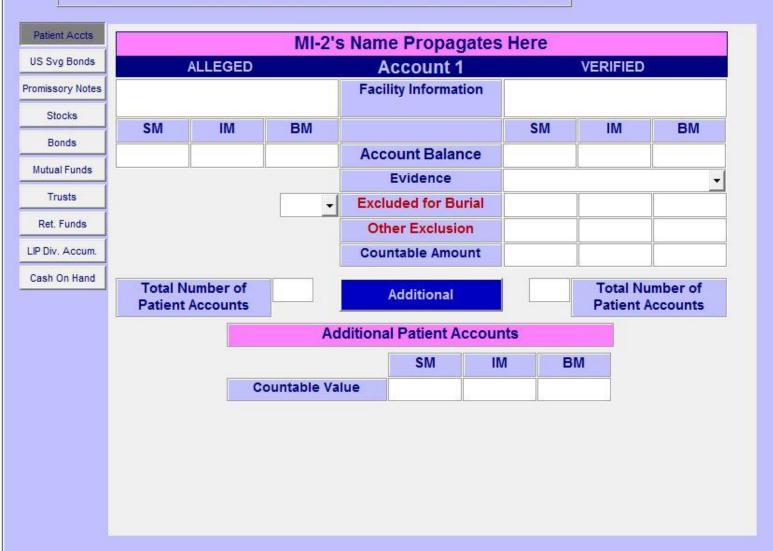


BACK

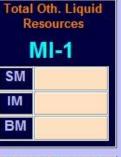
Transfer of Resources ADD REMARKS VIEW SUMMARY

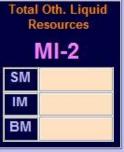


OTHER LIQUID RESOURCES









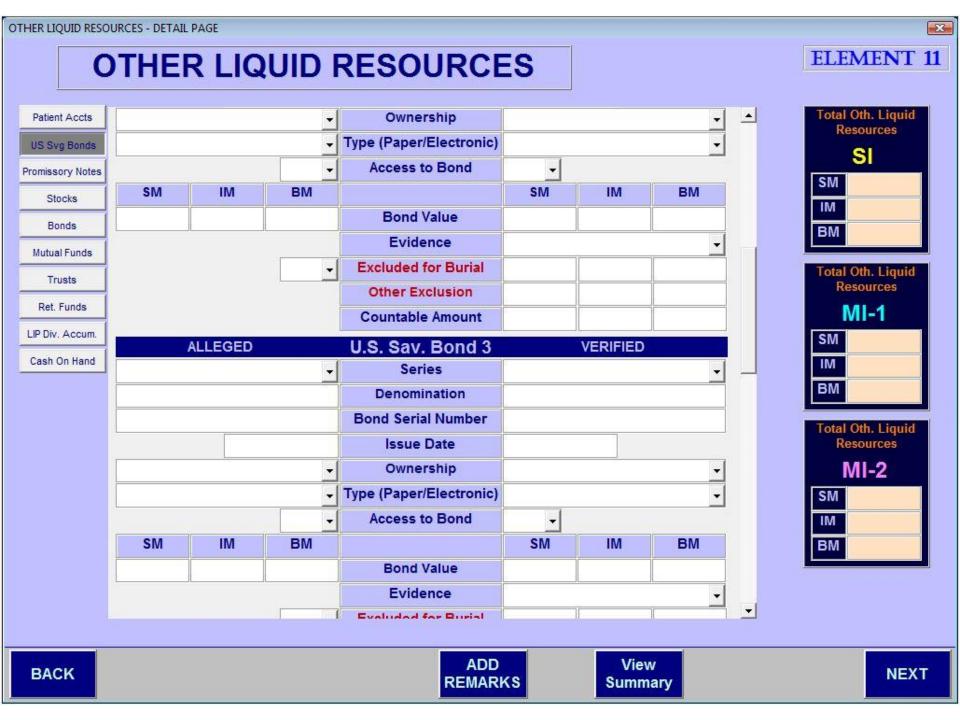
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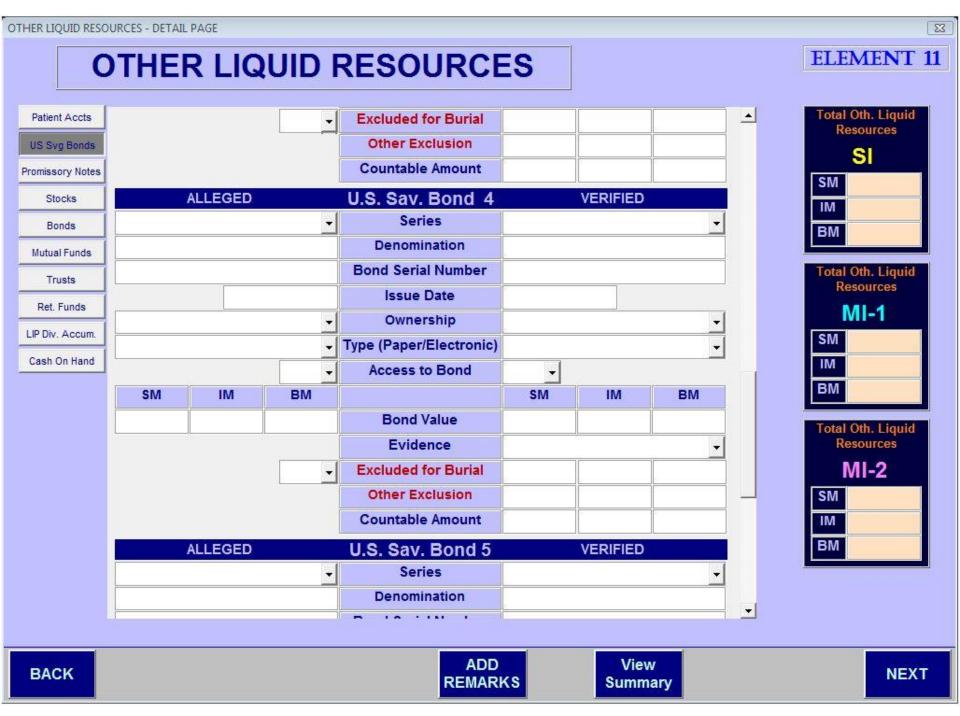
REMARKS

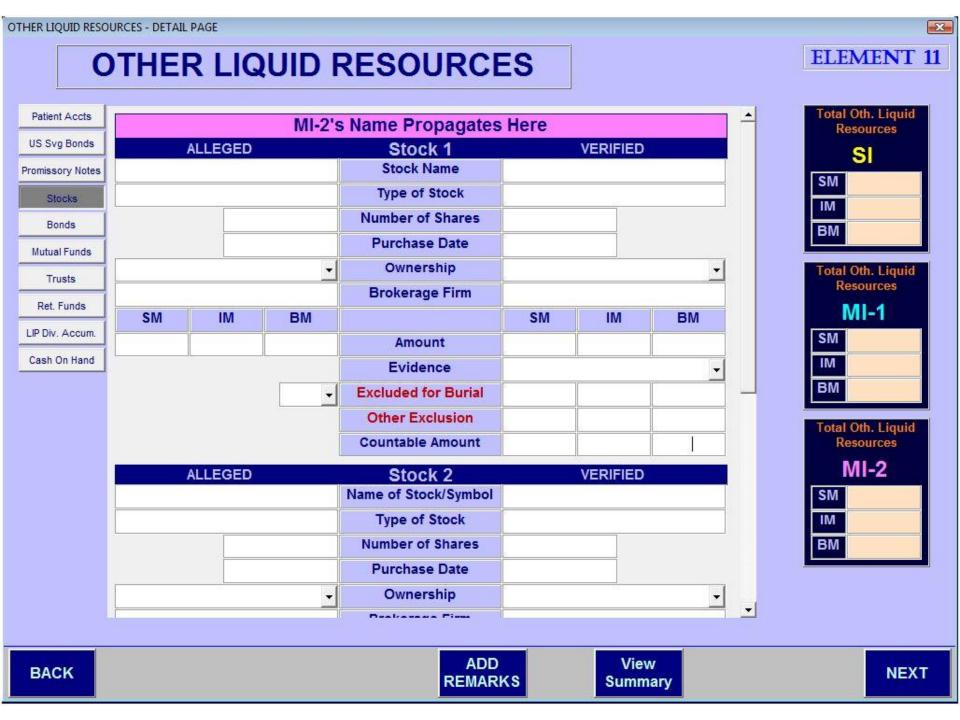
BACK

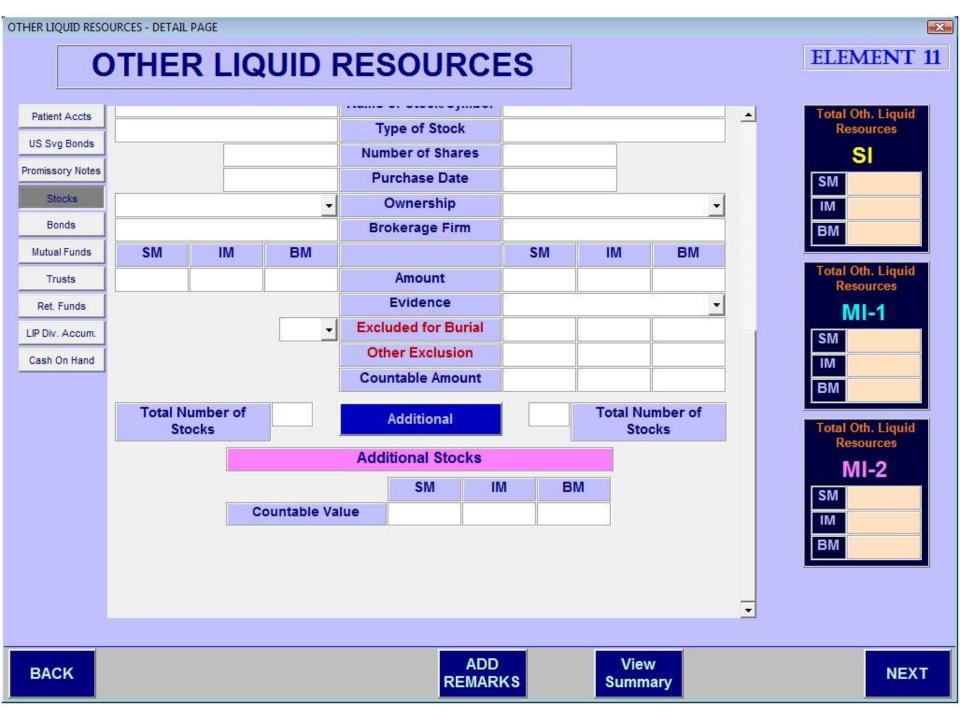
View

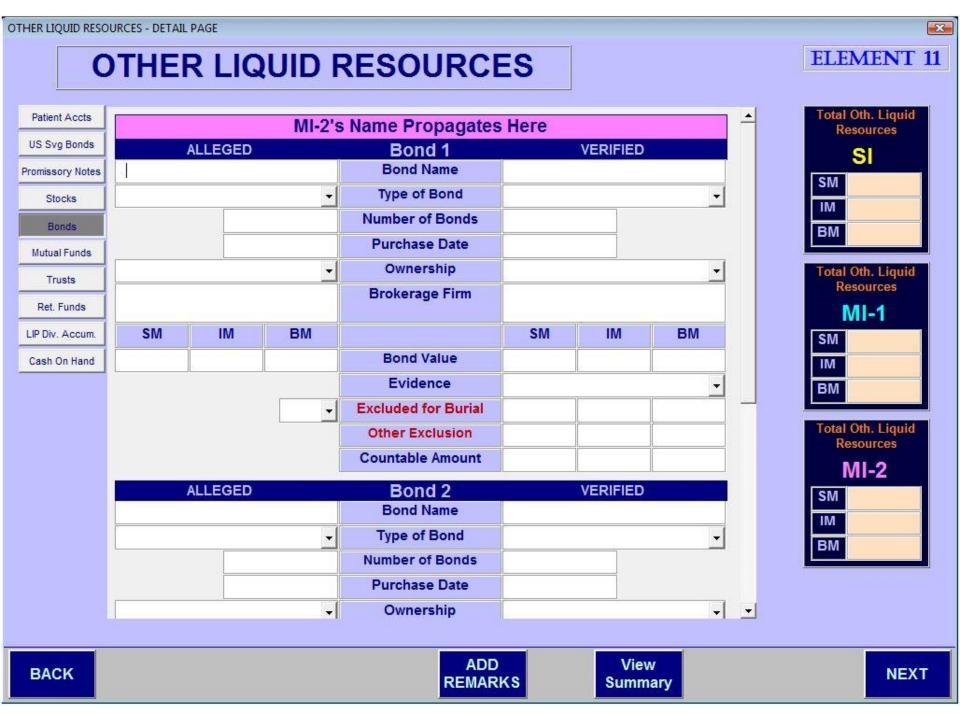
Summary

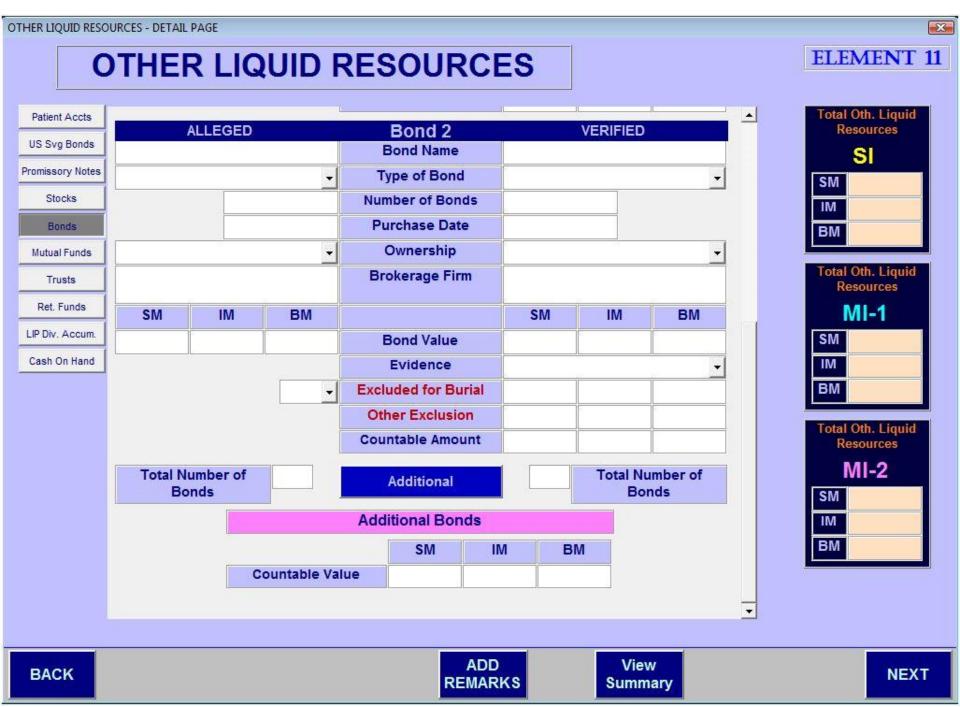






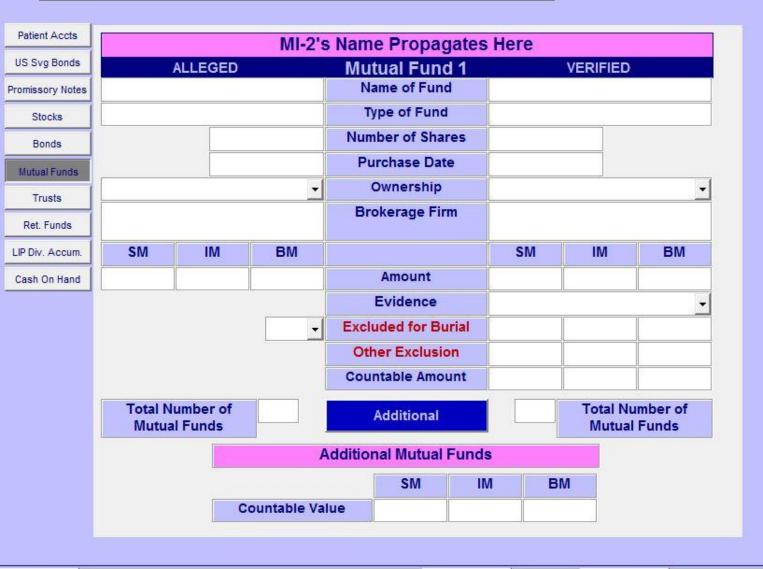




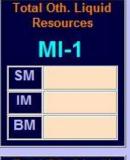


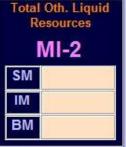
OTHER LIQUID RESOURCES

ELEMENT 11







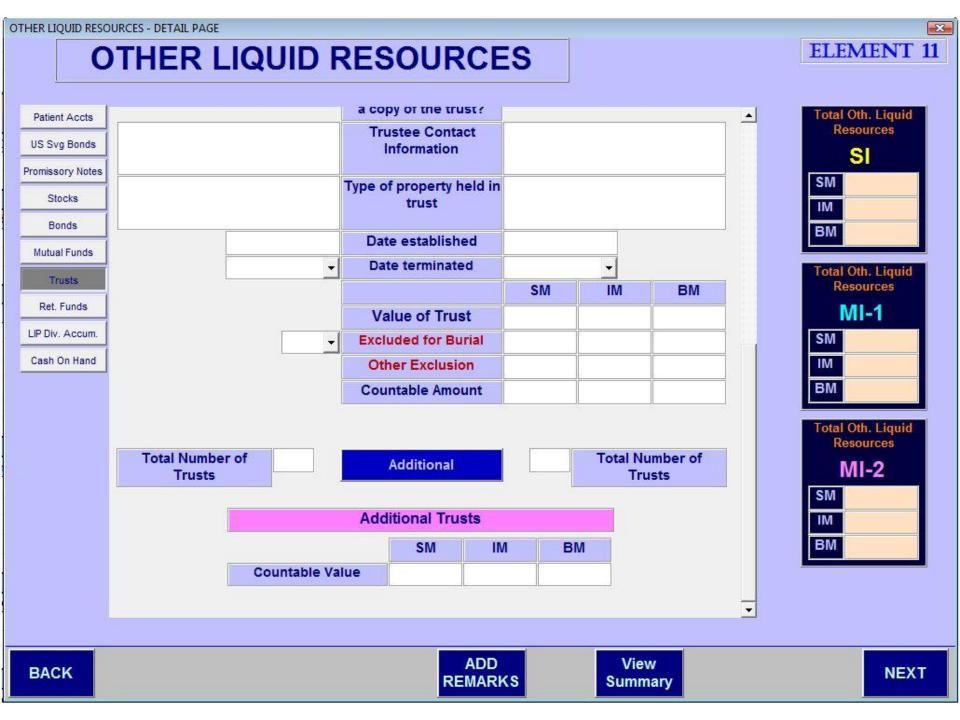


REMARKS

Summary

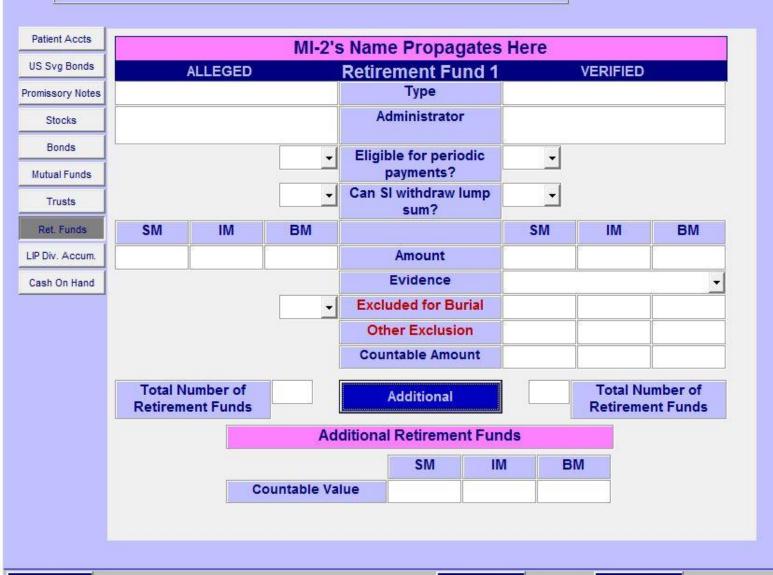
NEXT

BACK

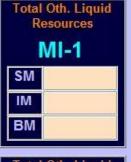


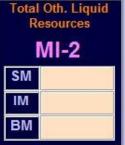
×

OTHER LIQUID RESOURCES









OTHER LIQUID RESOURCES

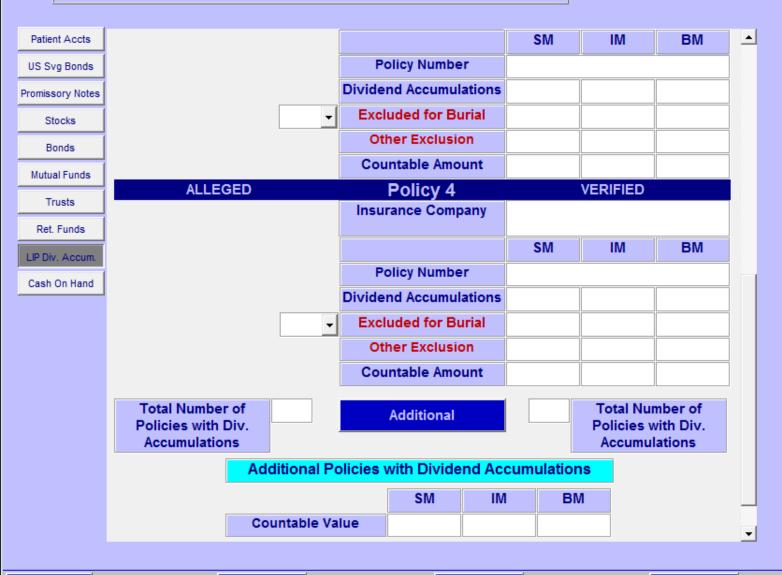


BACK

Transfer of Resources ADD REMARKS VIEW SUMMARY

×

OTHER LIQUID RESOURCES



BACK

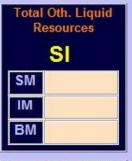
Transfer of Resources

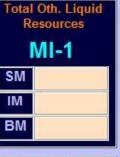
ADD REMARKS VIEW SUMMARY

×

OTHER LIQUID RESOURCES









NON-HOME PROPERTY

RE Field Codes CG Field Codes My SSR / MSSICS Notes

Record who owns or is buying non-home property SI MI-1 MI-2

Override SI MI-1 MI-2

Total number of properties

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property?

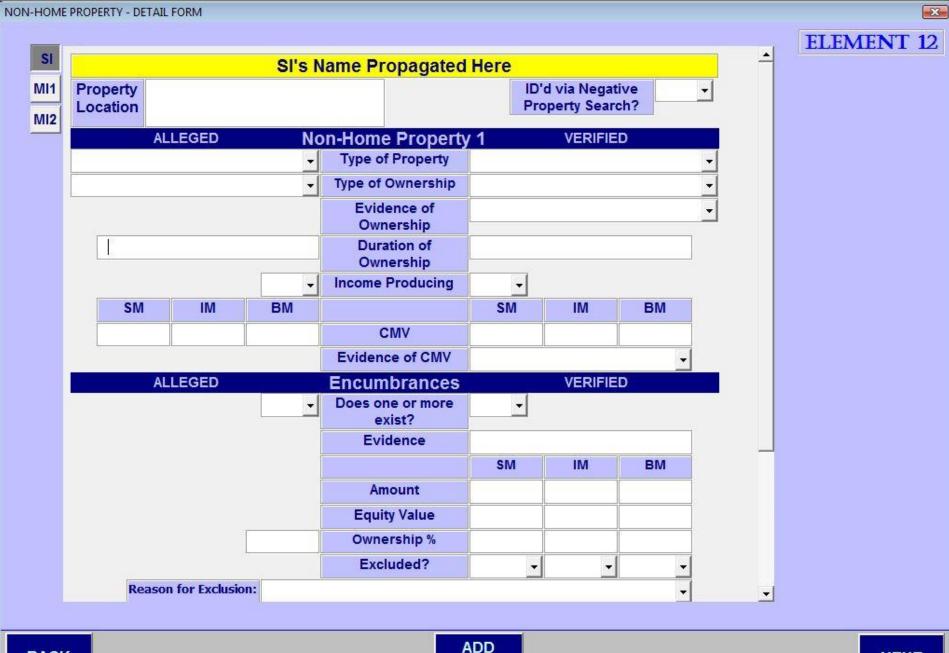
Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property? □ Override

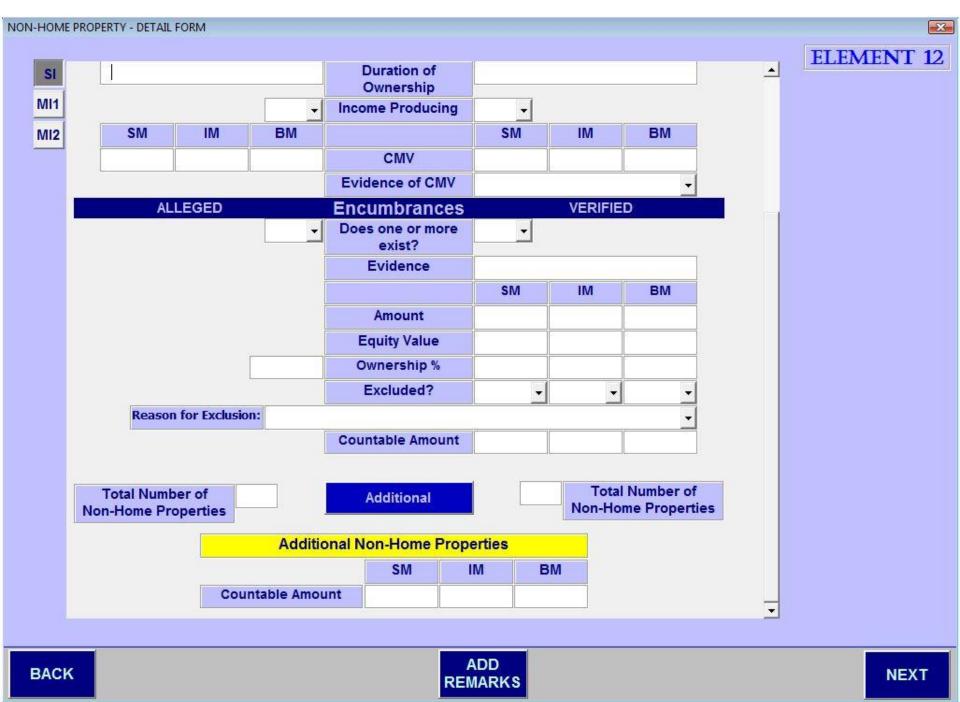
Check to display a list of possible non-home properties.

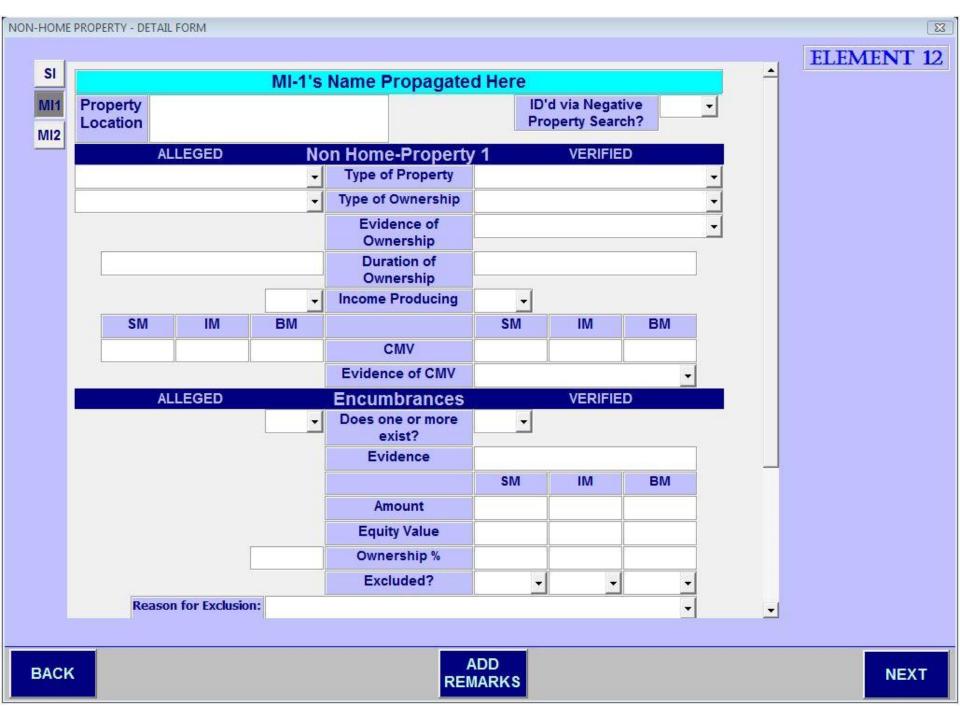
1. Farmland

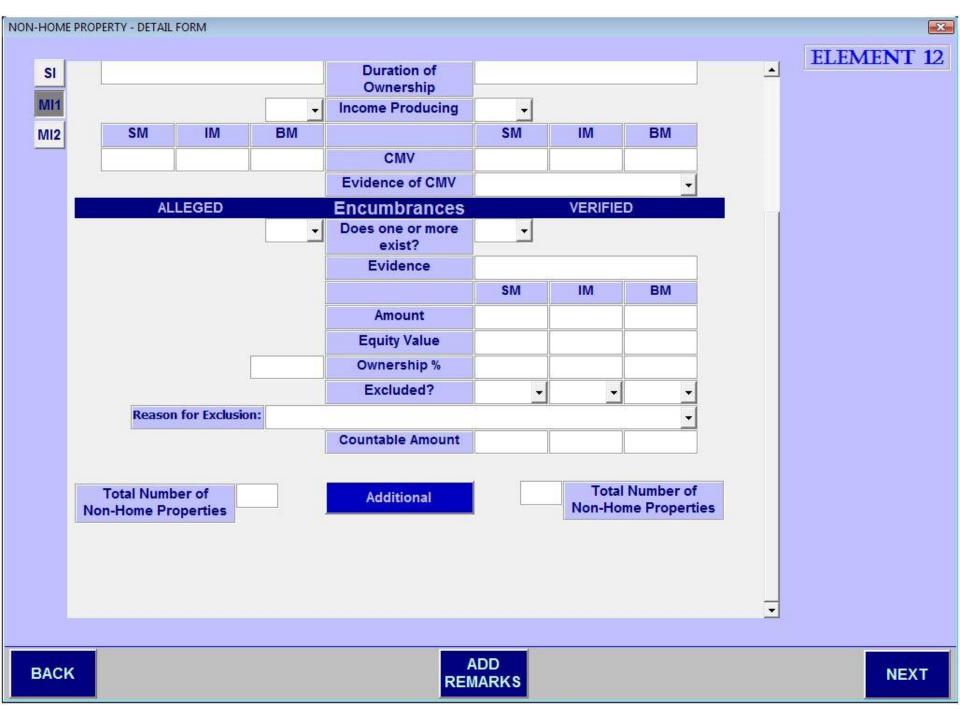
▼ □ Override

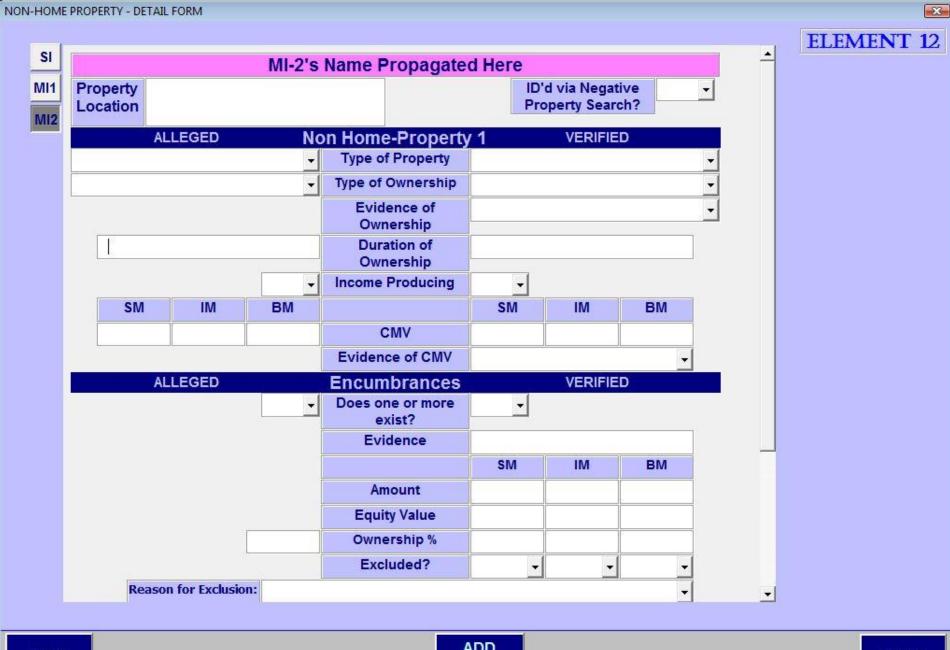
- 2. Commercial (non-farm)
- 3. Residential property
- 4. Unimproved Land
- 5. Foreign Property
- 6. Mineral/Timber/Water Rights

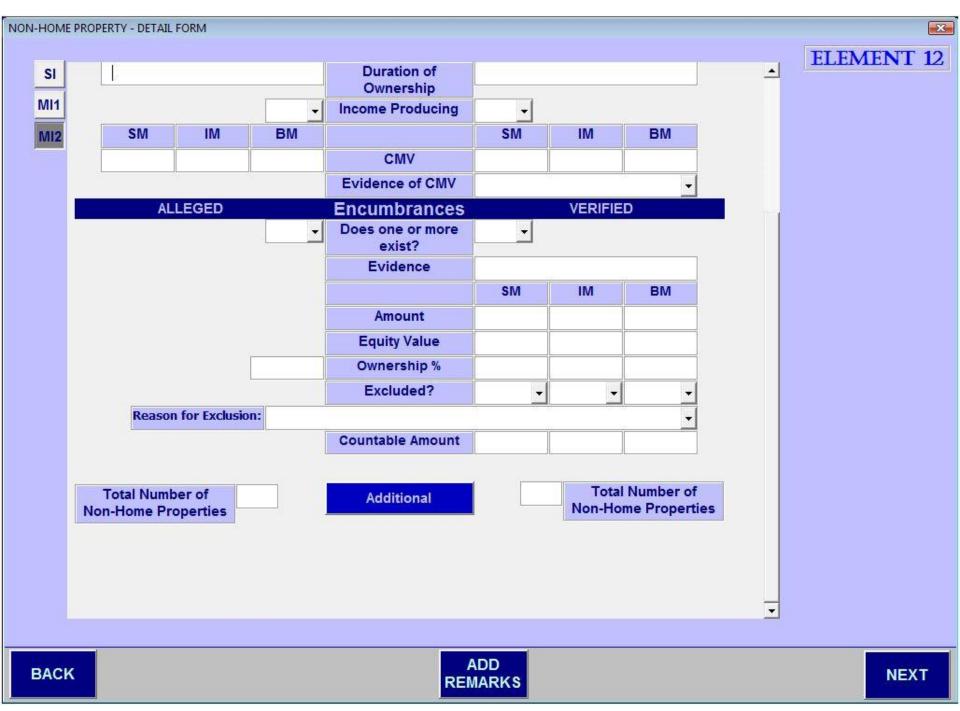












NEGATIVE PROPERTY SEARCH



MAIN MENU

PREVIOUS

ADD REMARKS



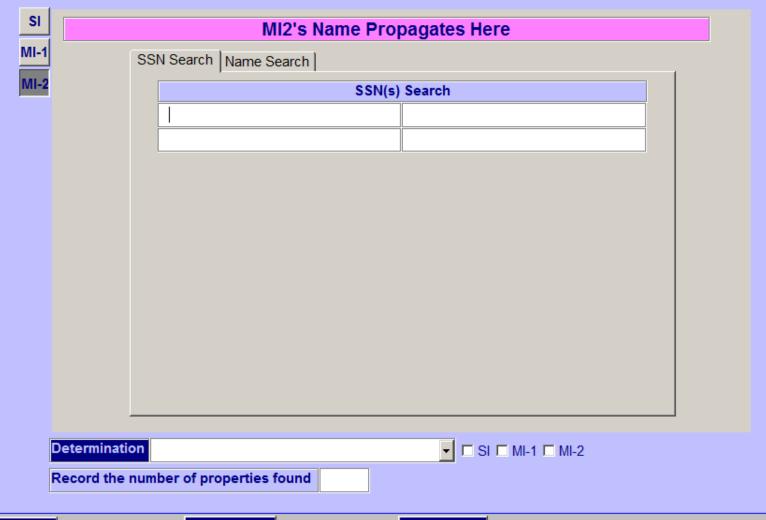
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NEGATIVE PROPERTY SEARCH

<u> </u>	MI1's Name Propagates Here						
1	SSN	N Search Name Search					
.2		Name(s) Search					
		Jurisdiction Searched	County/Parish/City	ST			
				<u> </u>			
	ĺ	Alpha Listing	-				
		Contact Method	•				
		Name of Contact					
		Title of Contact					
		Date of Contact					
		Contact Information					
Determi	ination		□ SI □ MI-1 □ MI-2	2			
Record	the numb	per of properties found					
		per of properties found	SI □ MI-1 □ MI-2				

X

NEGATIVE PROPERTY SEARCH



MAIN MENU

PREVIOUS

ADD REMARKS



×

NEGATIVE PROPERTY SEARCH

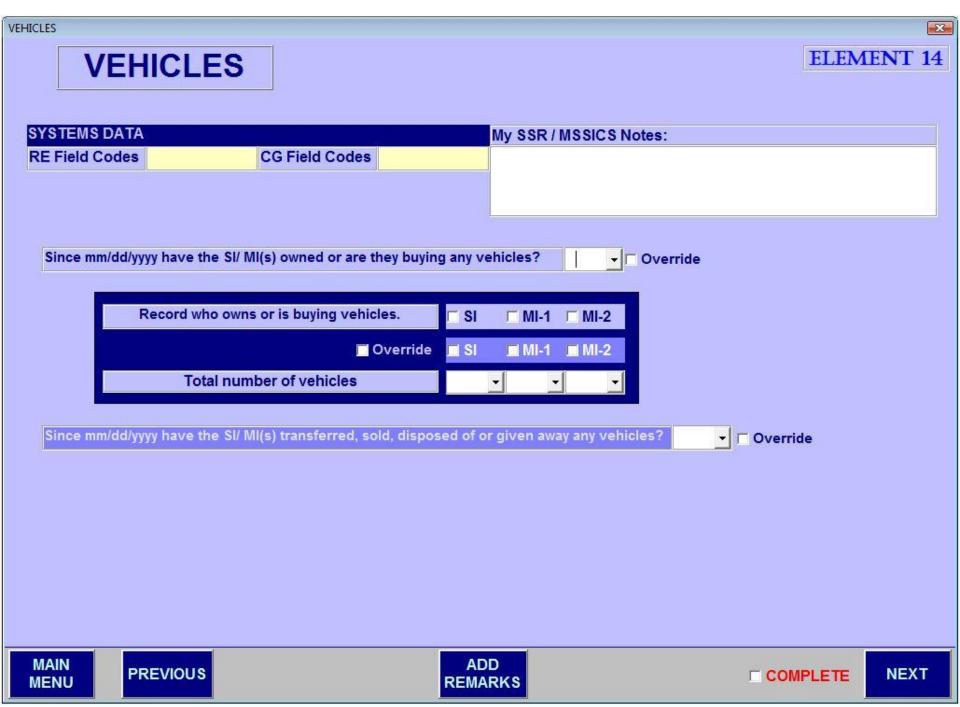
301	N Search Name Search						
	Name(s) Search						
	Jurisdiction Searched	County/Parish/City	ST				
			-				
	Alpha Listing	•					
	Contact Method	_					
	Name of Contact						
	Title of Contact						
	Date of Contact						
	Contact Information						
rmination		▼ □ SI □ MI-1 □ MI-2					

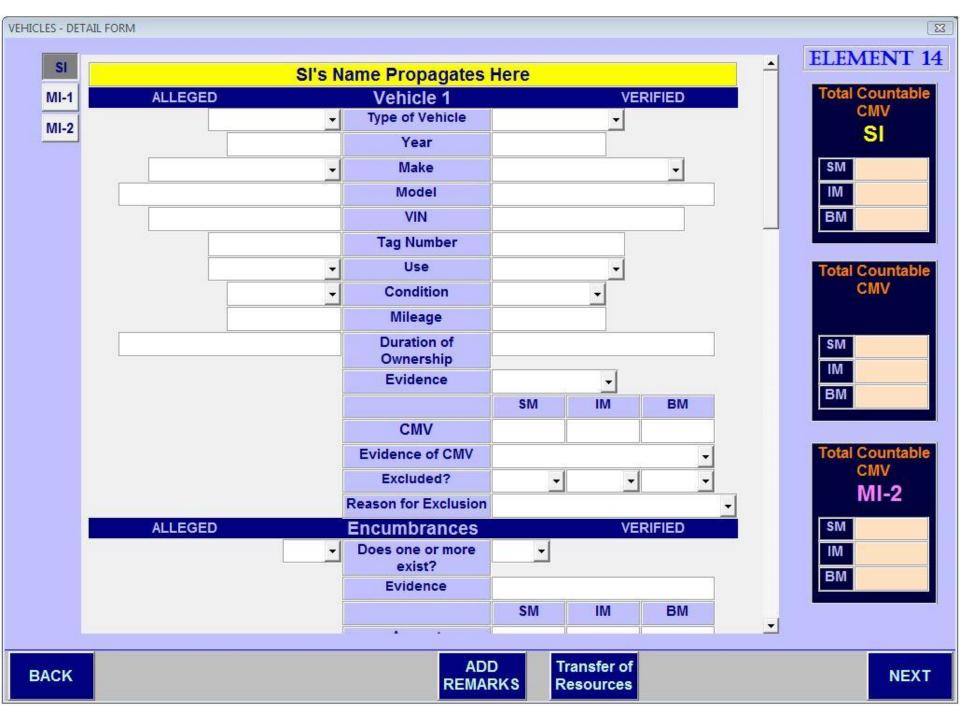
MAIN MENU

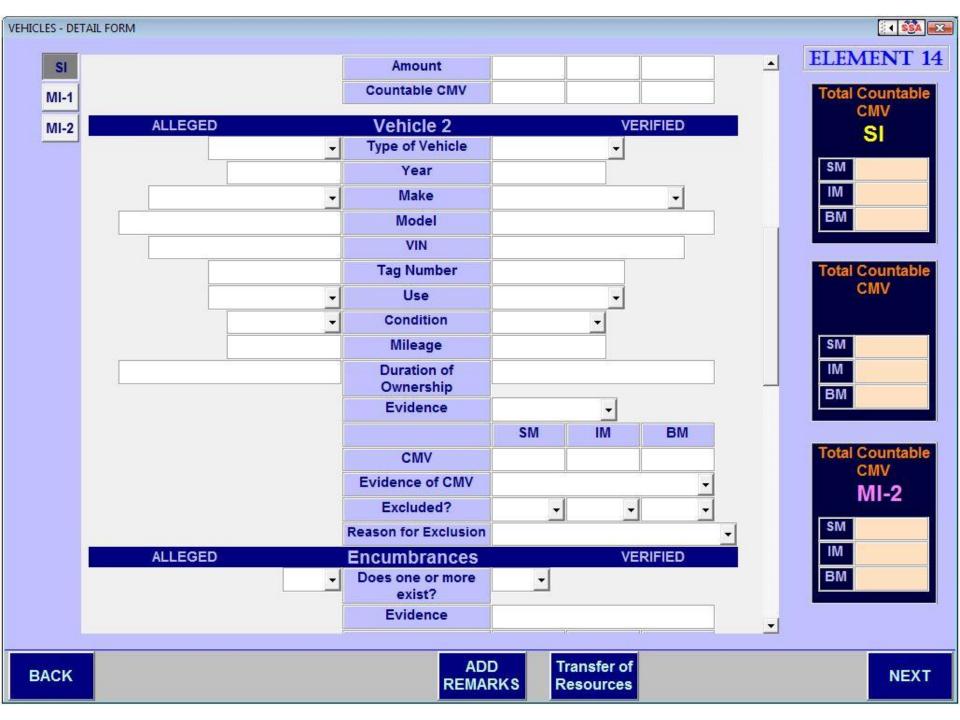
PREVIOUS

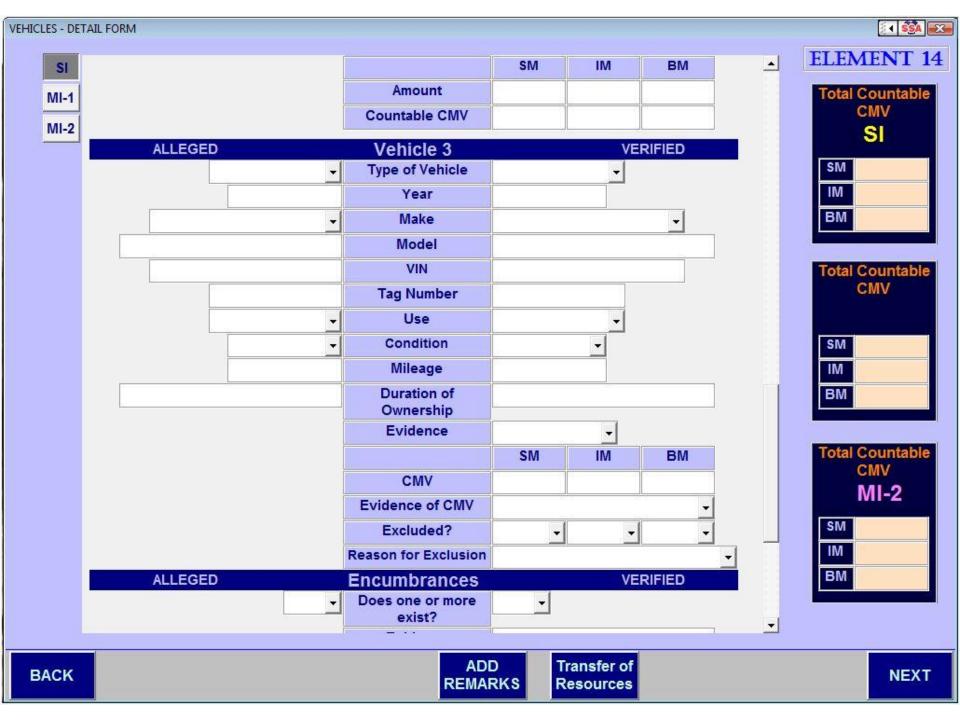
ADD REMARKS

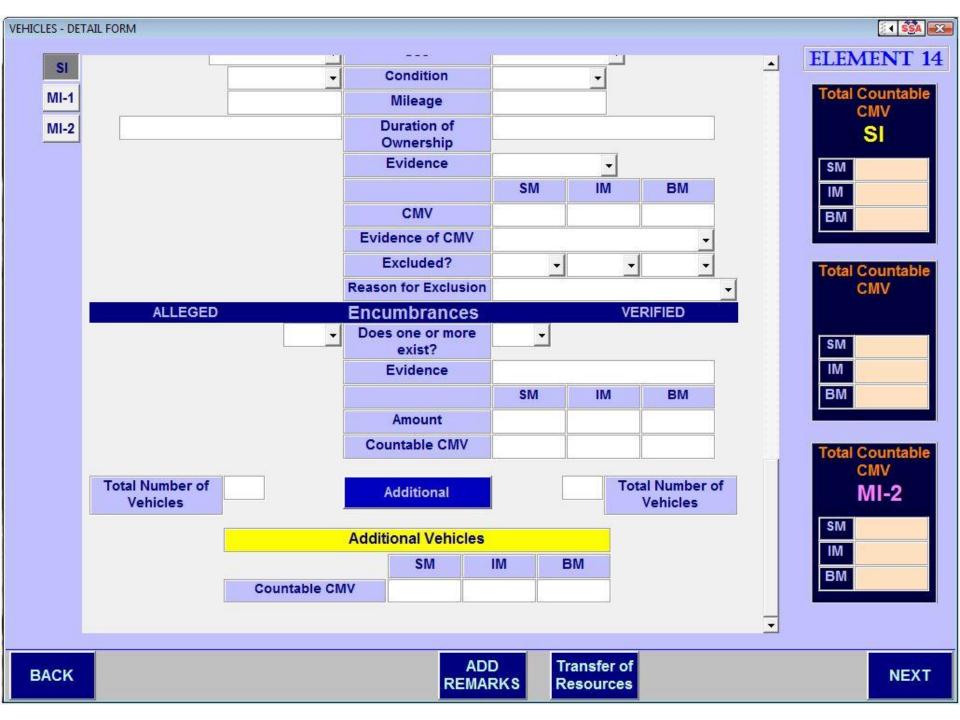


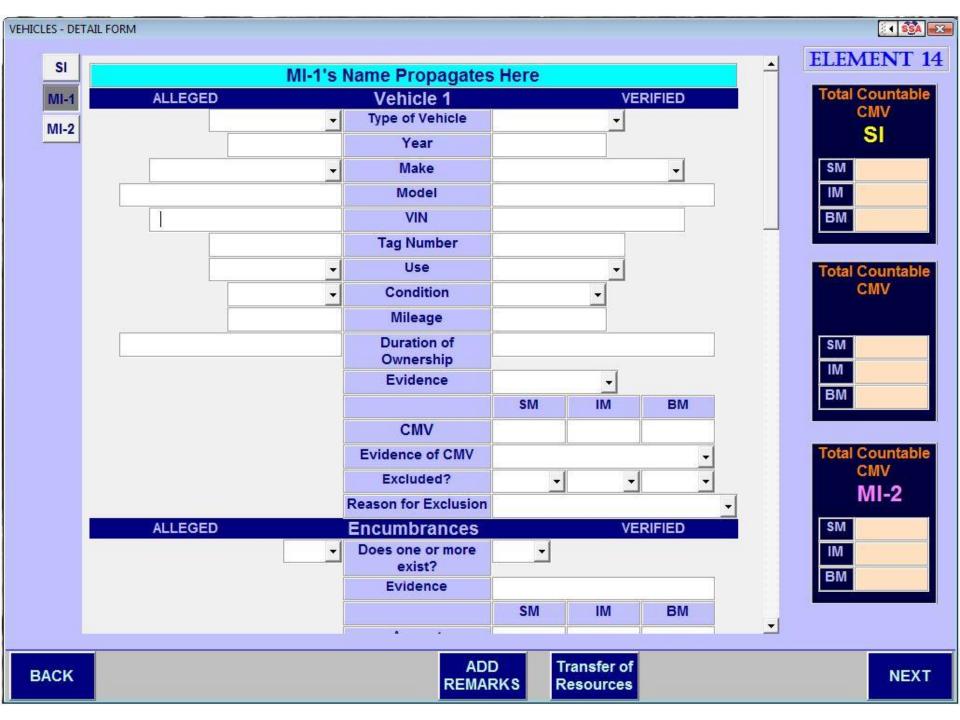


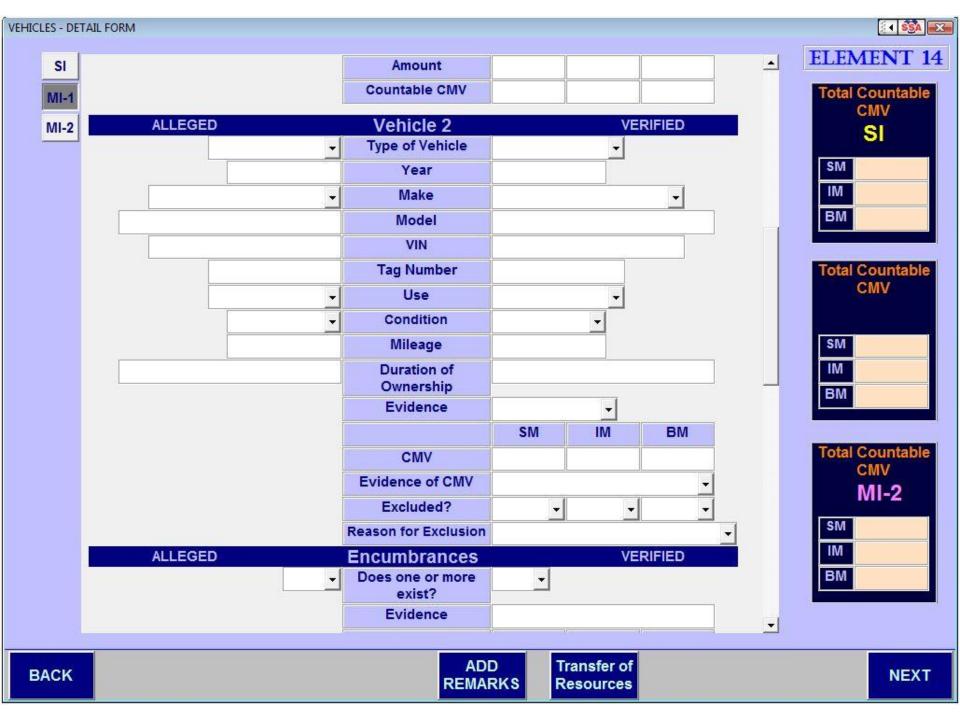


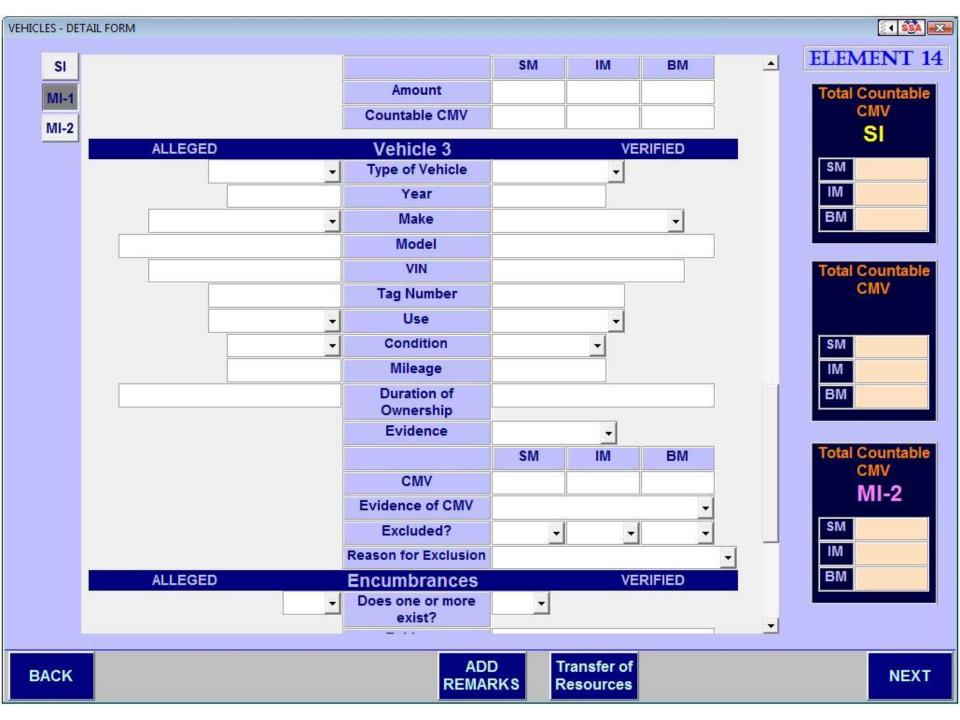


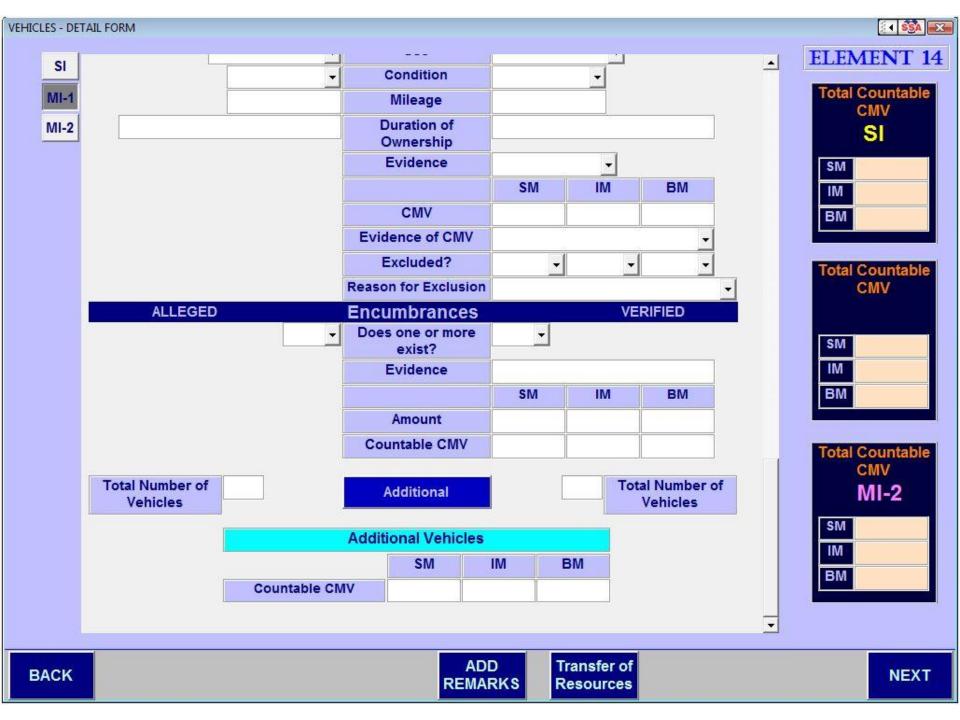


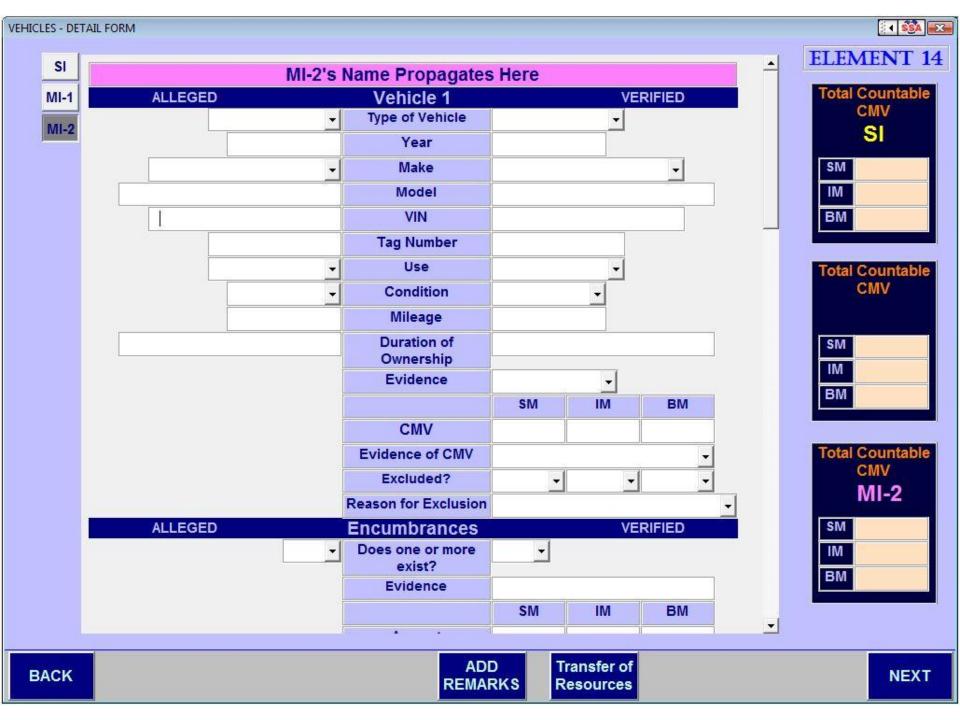


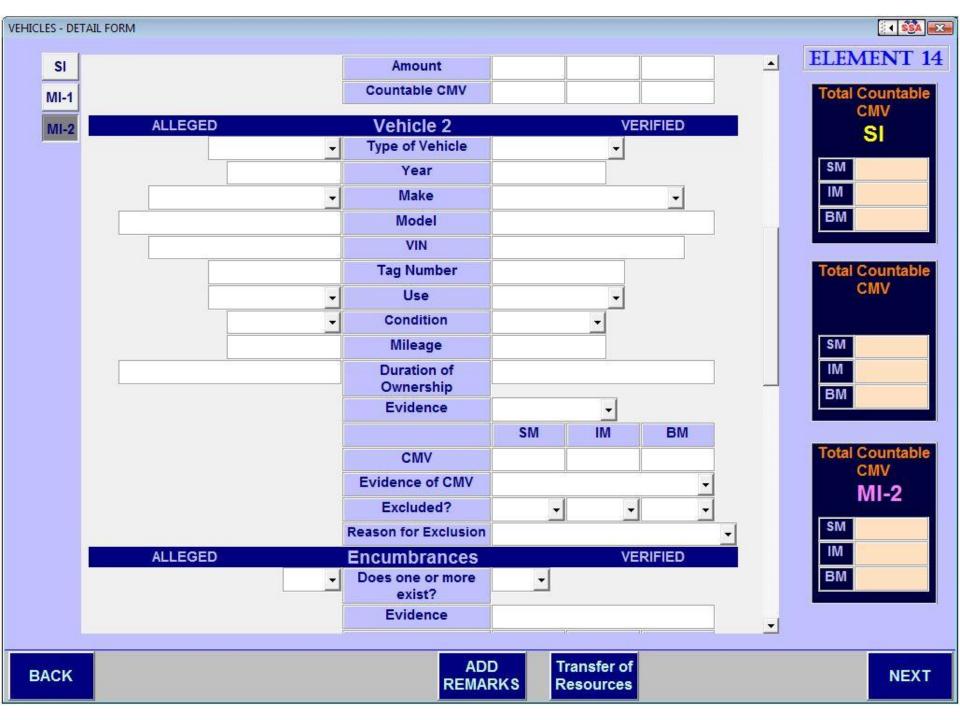


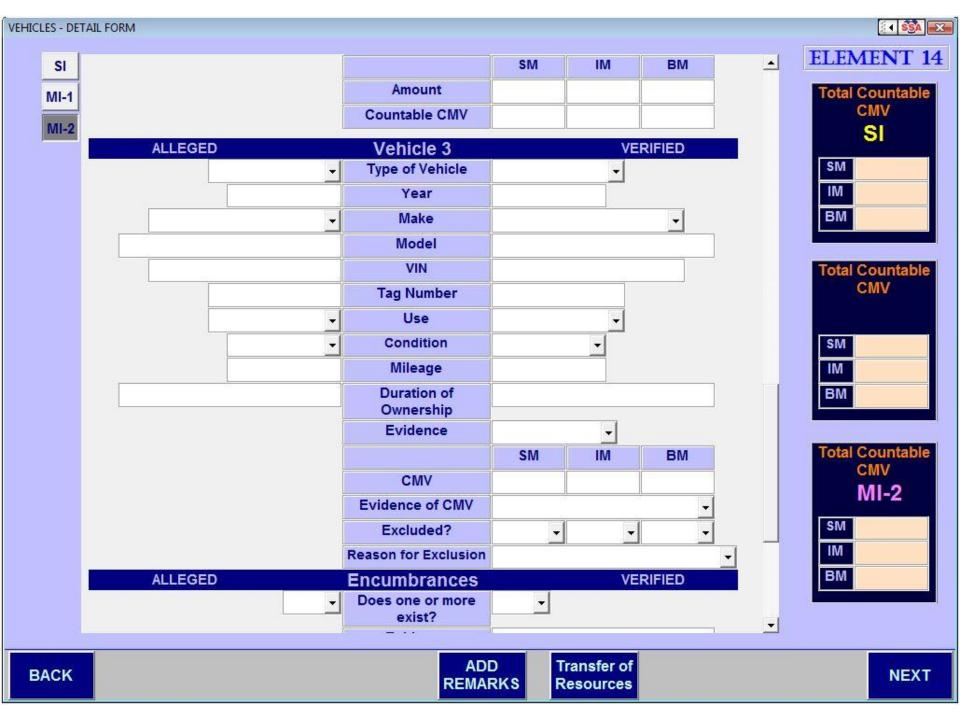


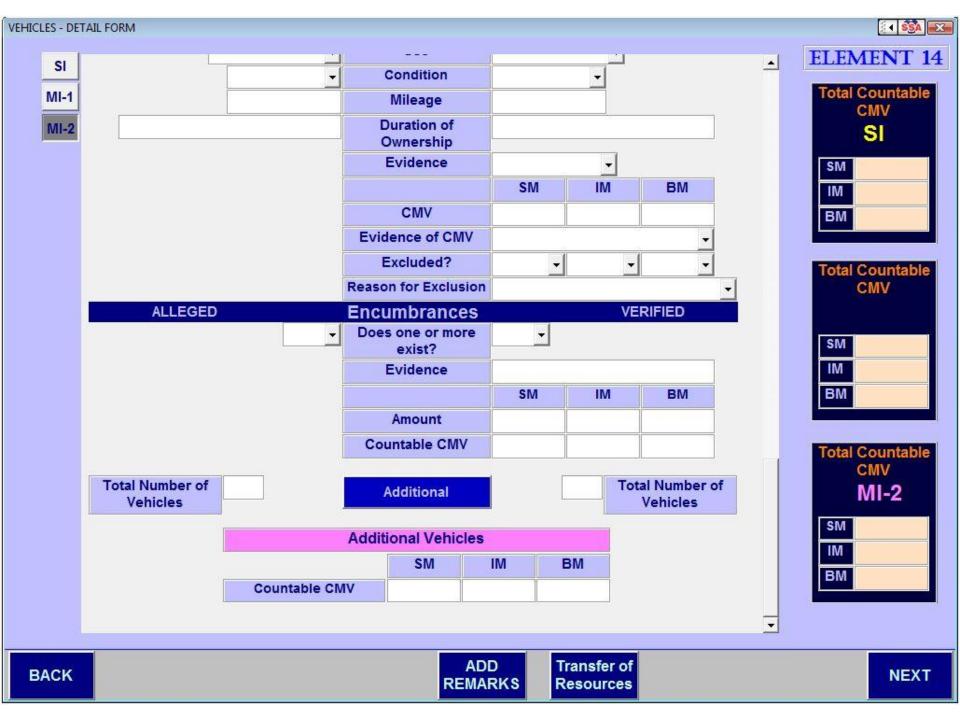


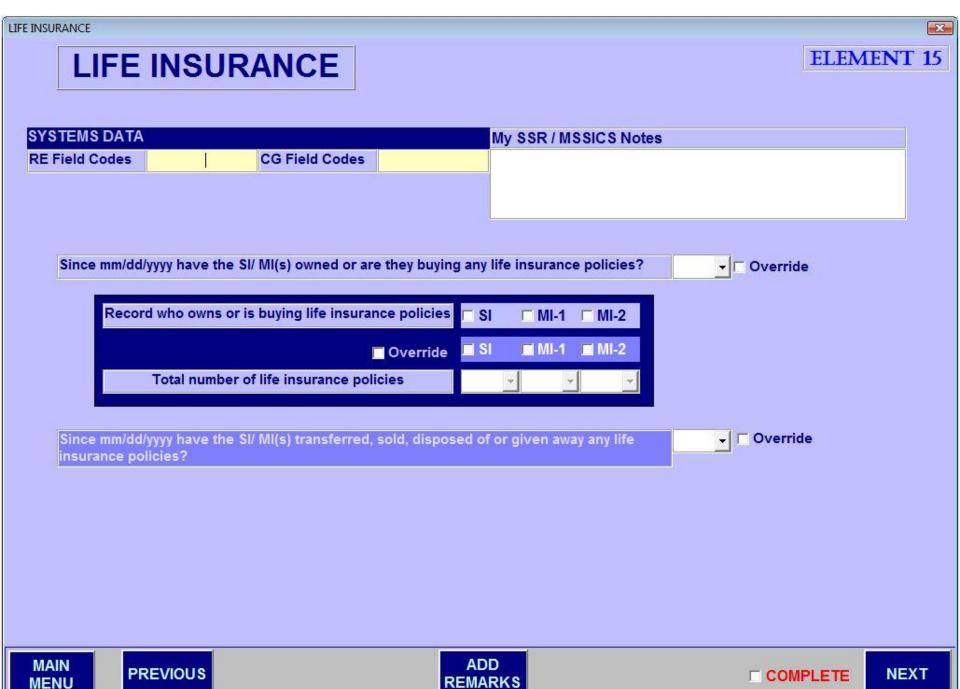


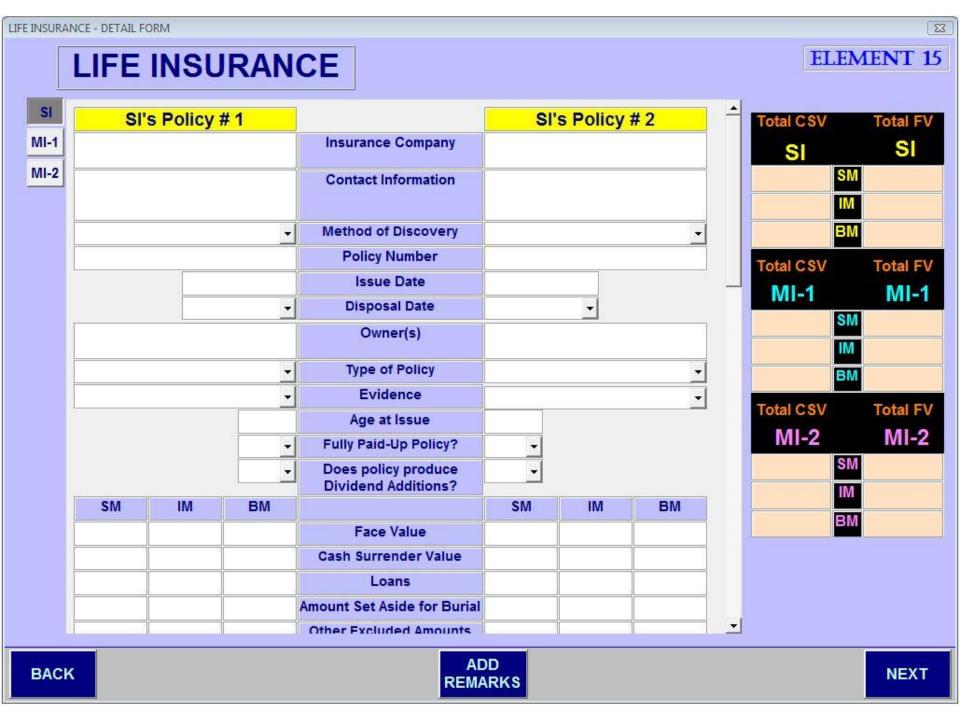


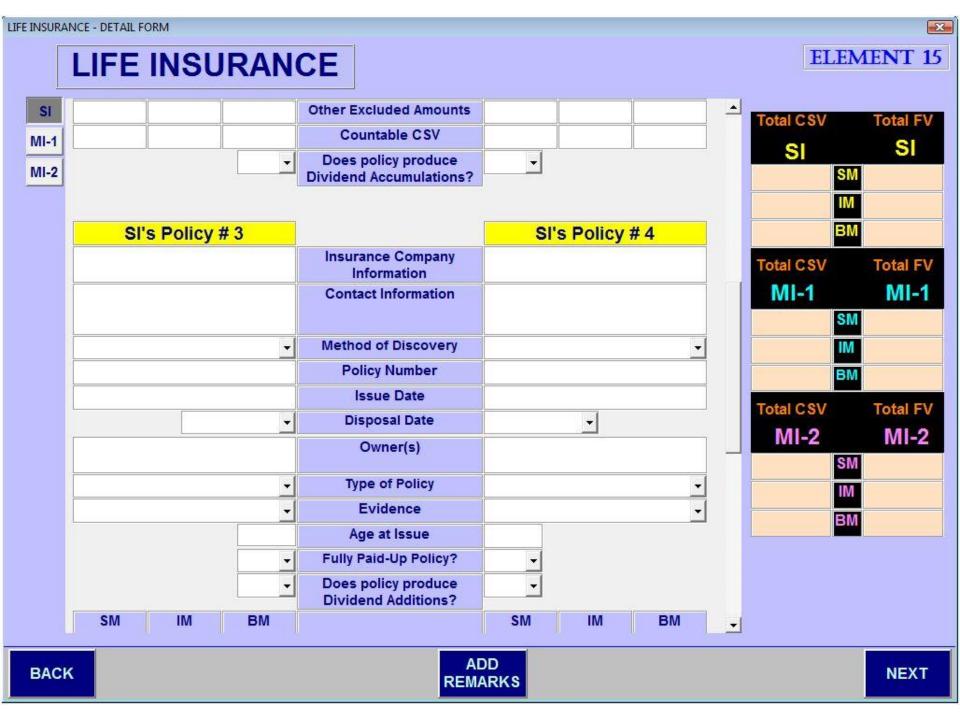


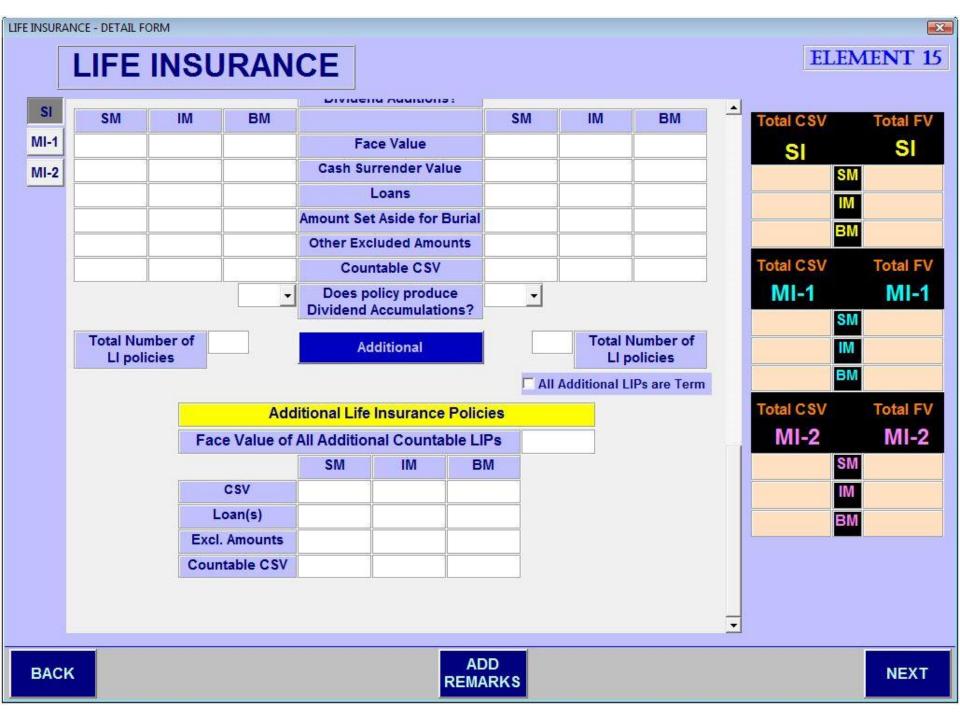


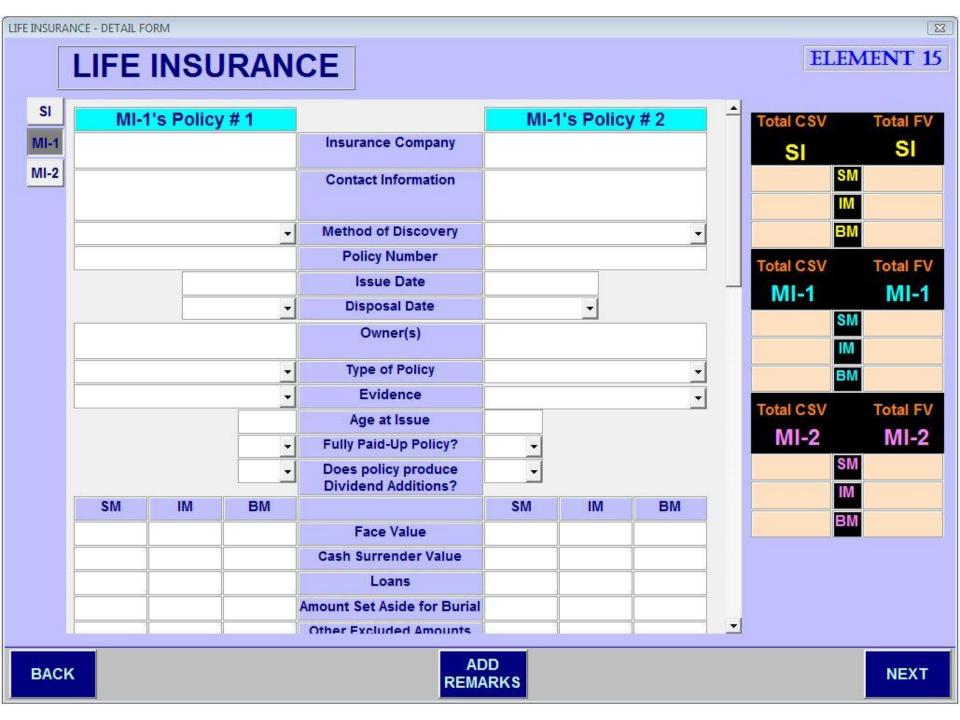


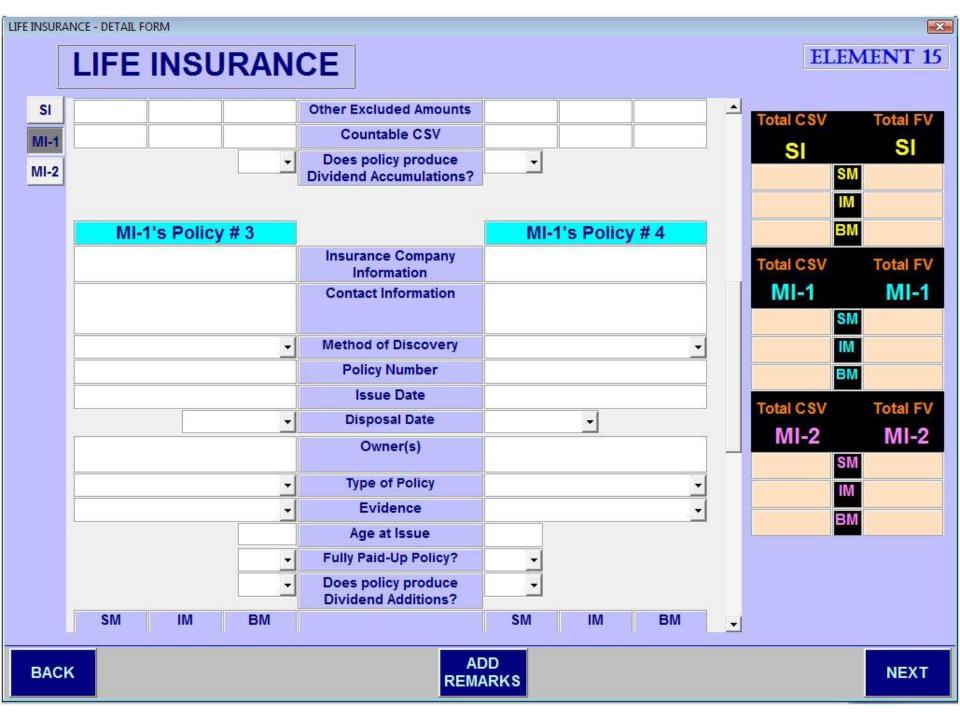


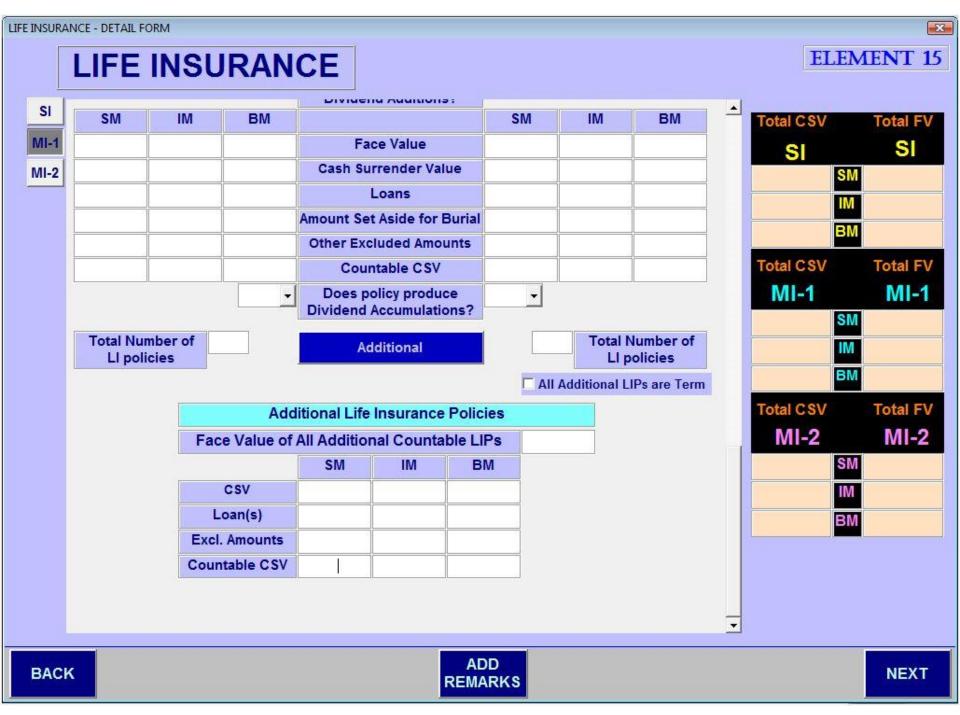


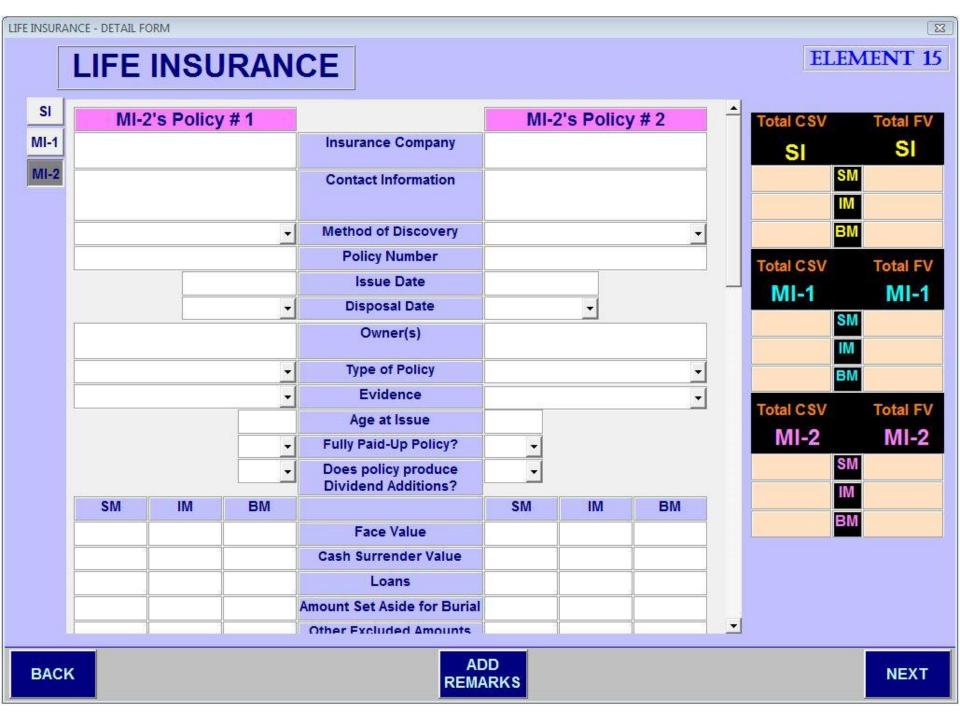


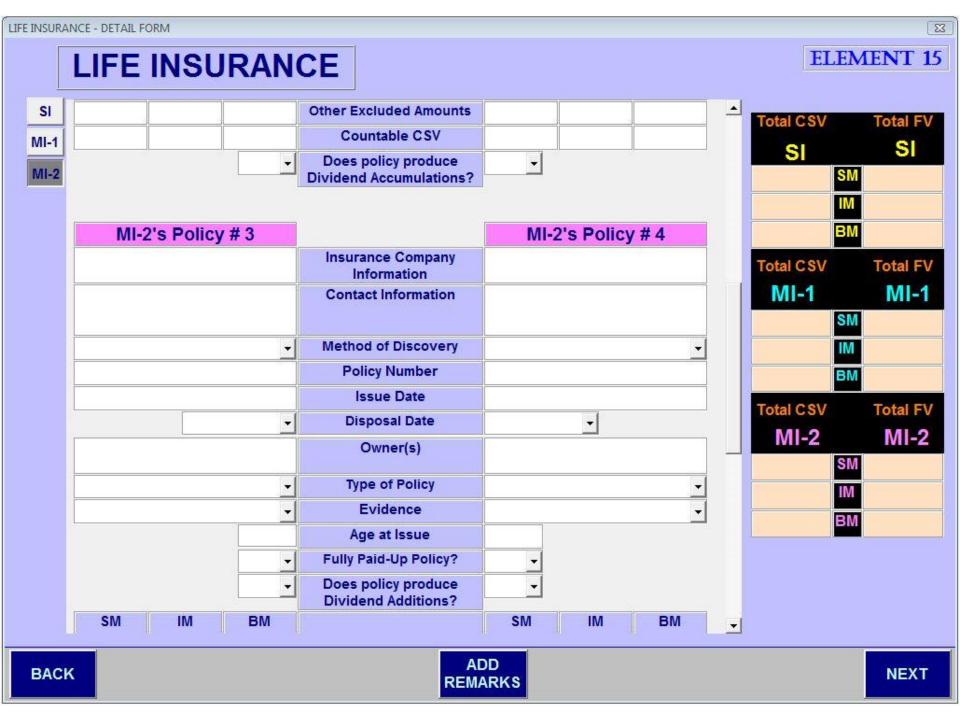


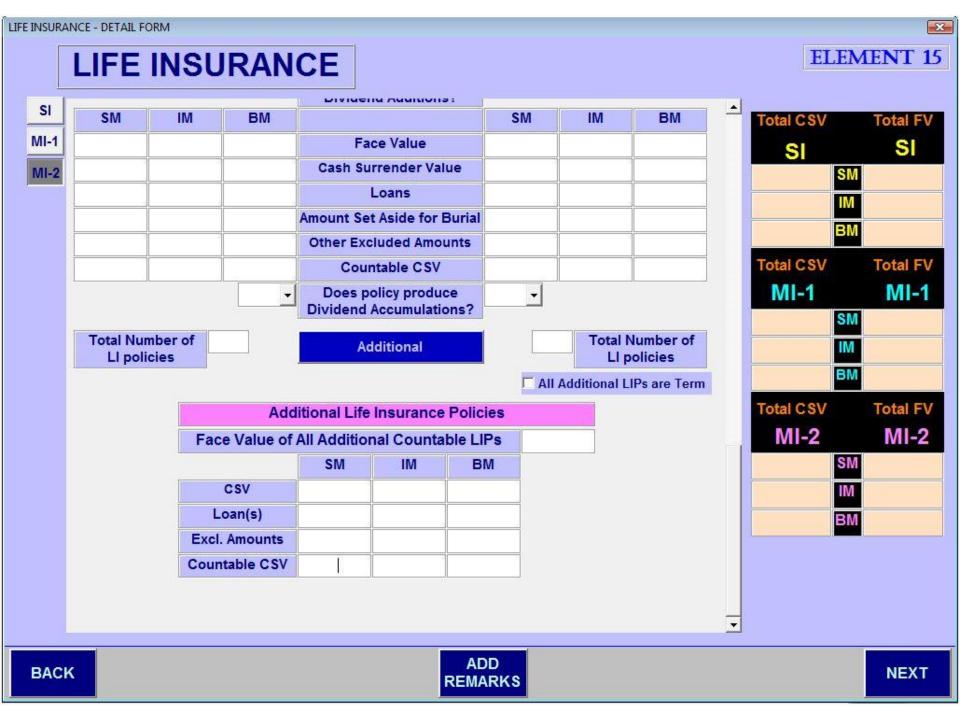










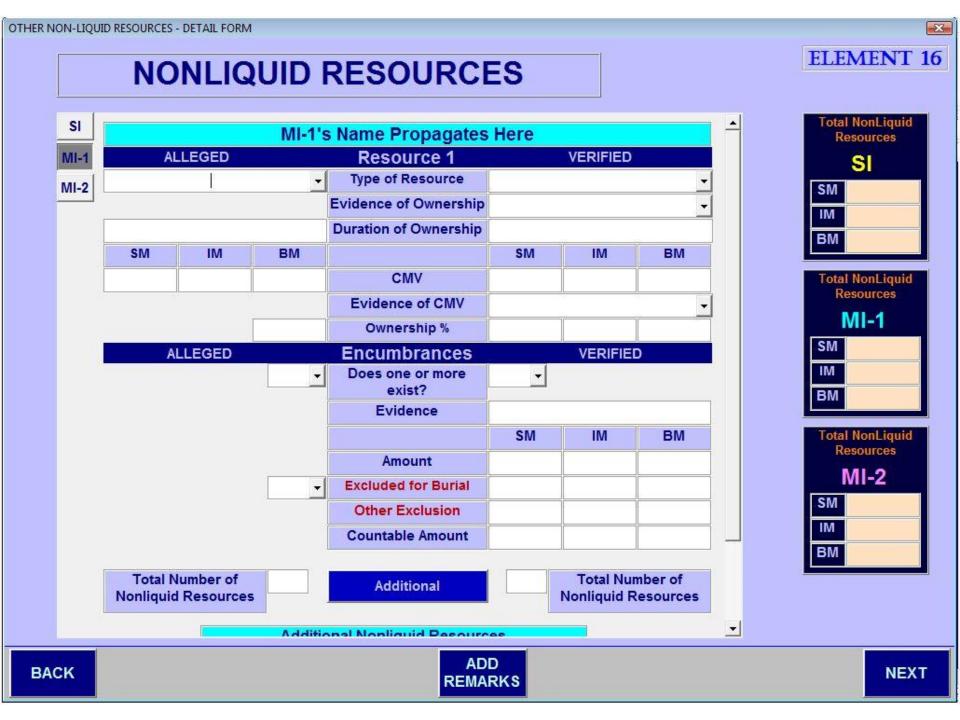


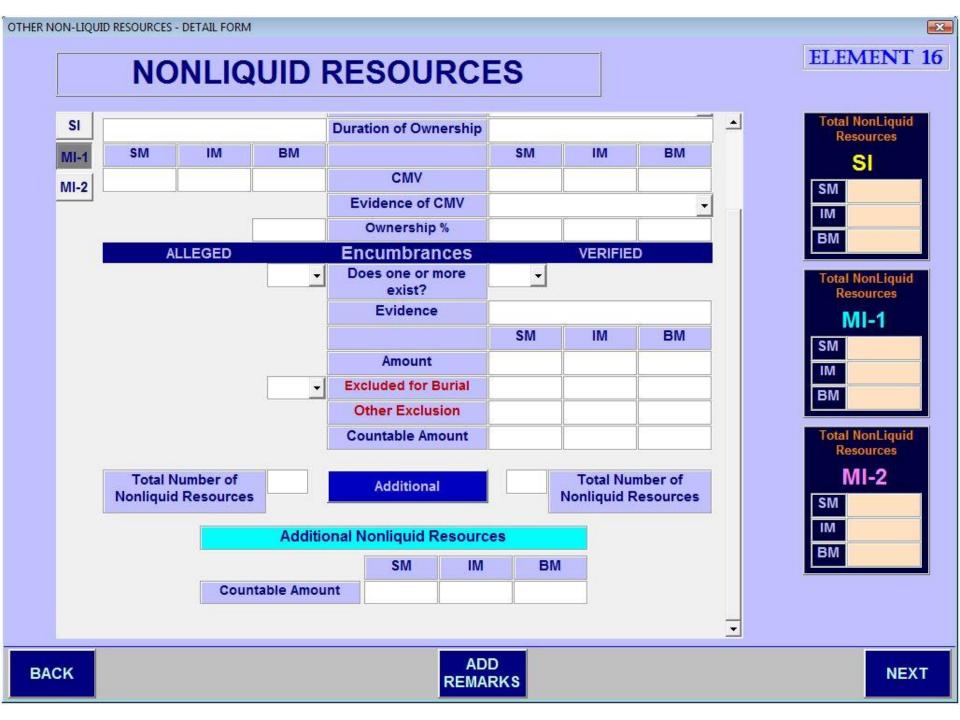
PREVIOUS

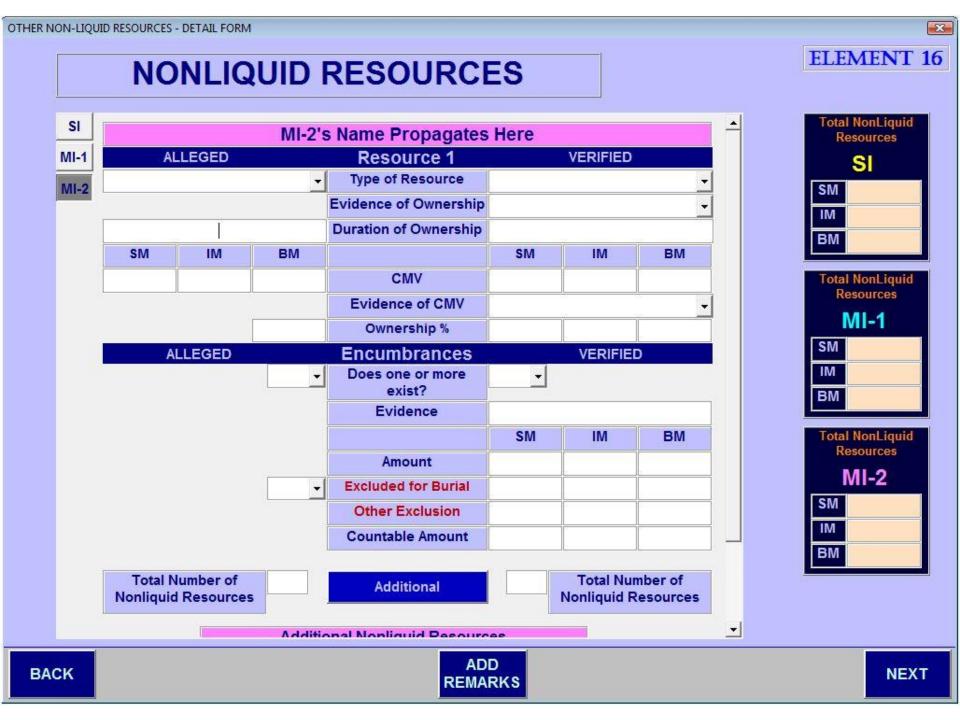
9. Oriental rugs 10. Silver items

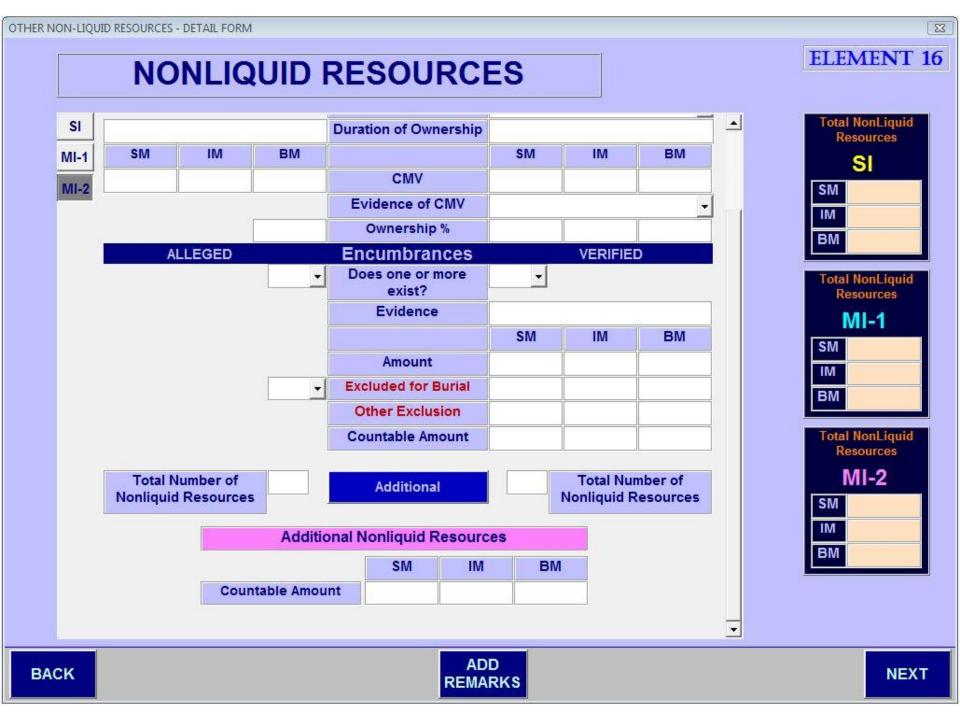
ADD REMARKS

NEXT







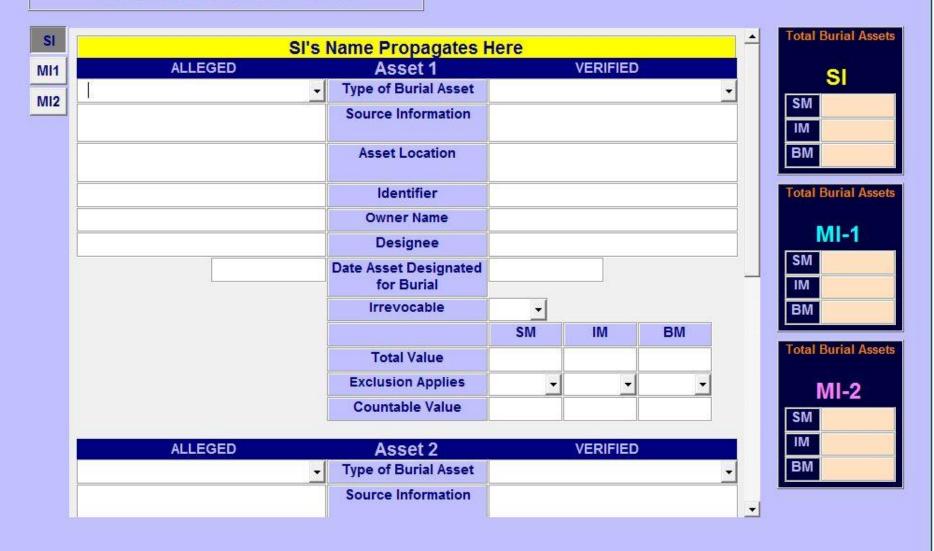


PREVIOUS

ELEMENT 17

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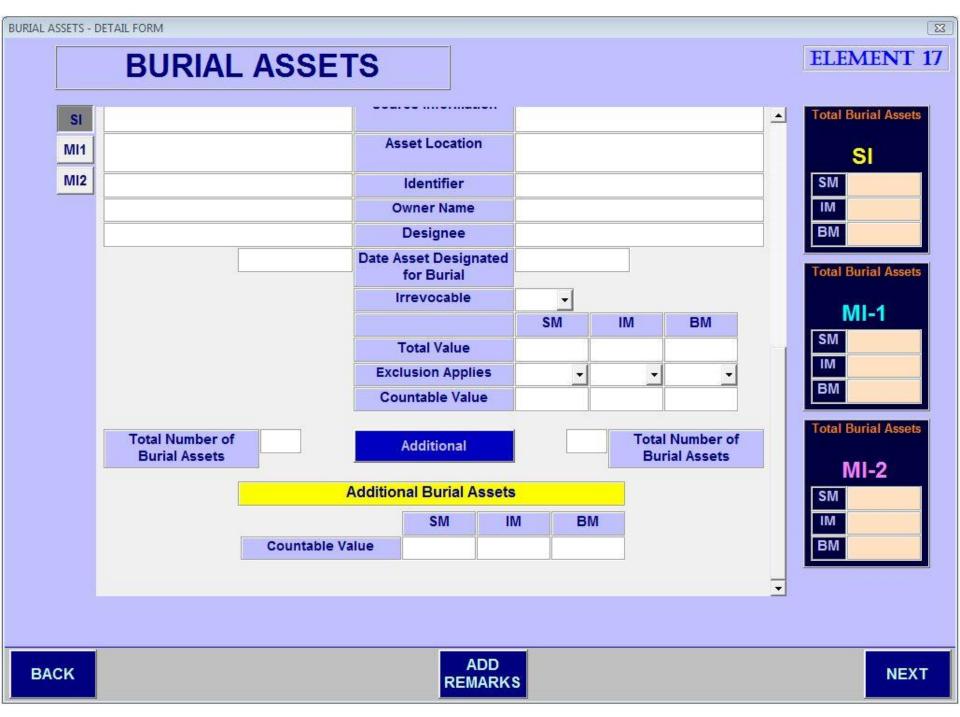
BURIAL ASSETS

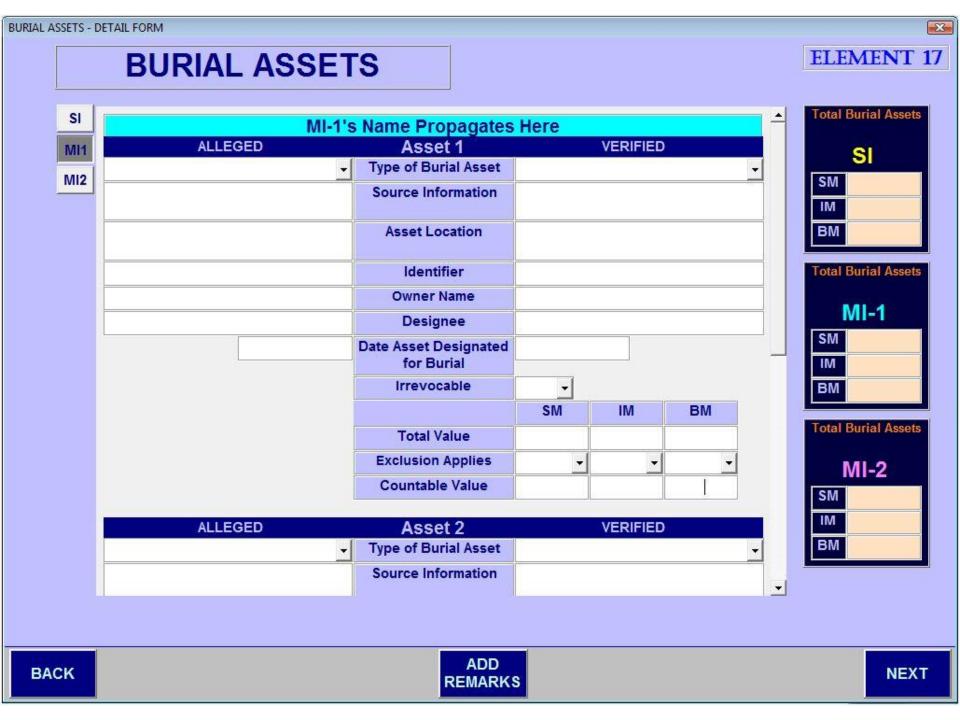


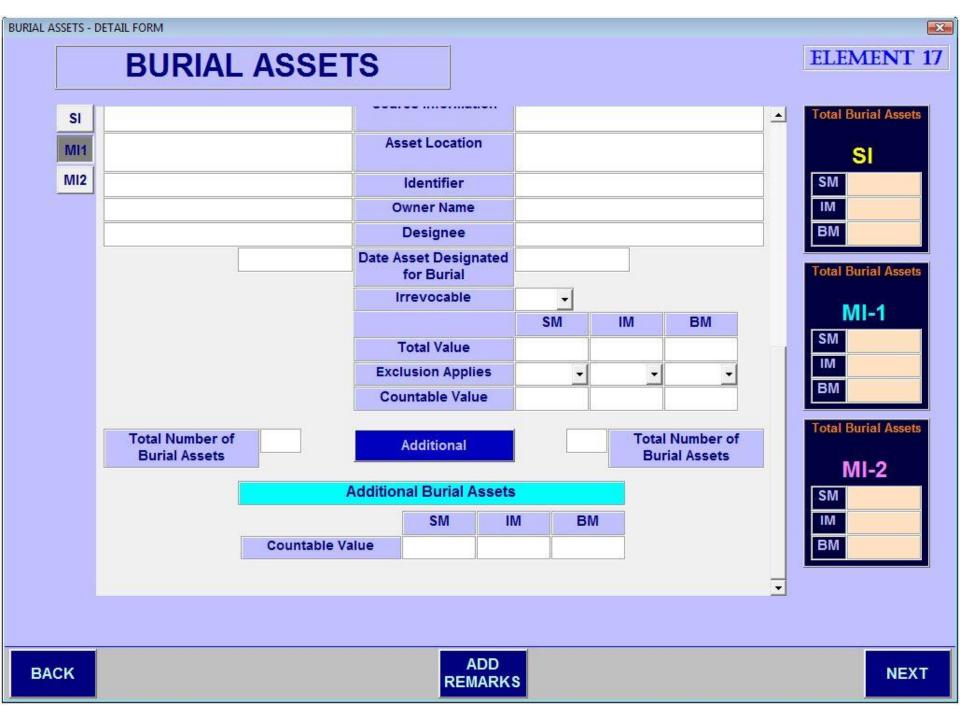
BACK

ADD REMARKS

NEXT







BACK ADD REMARKS NEXT

VERIFIED

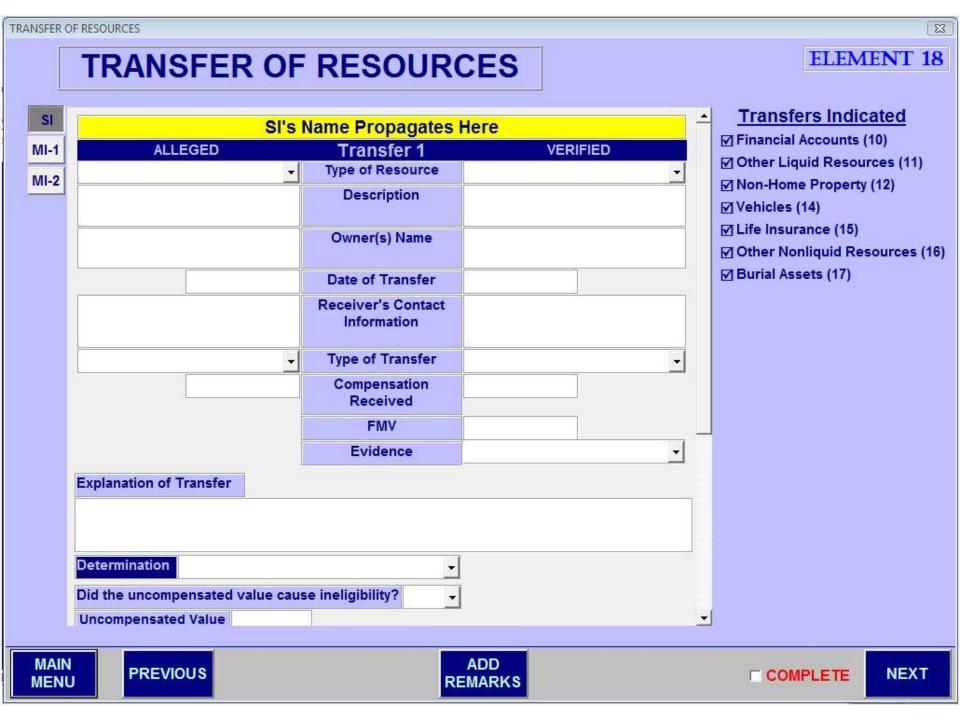
Asset 2

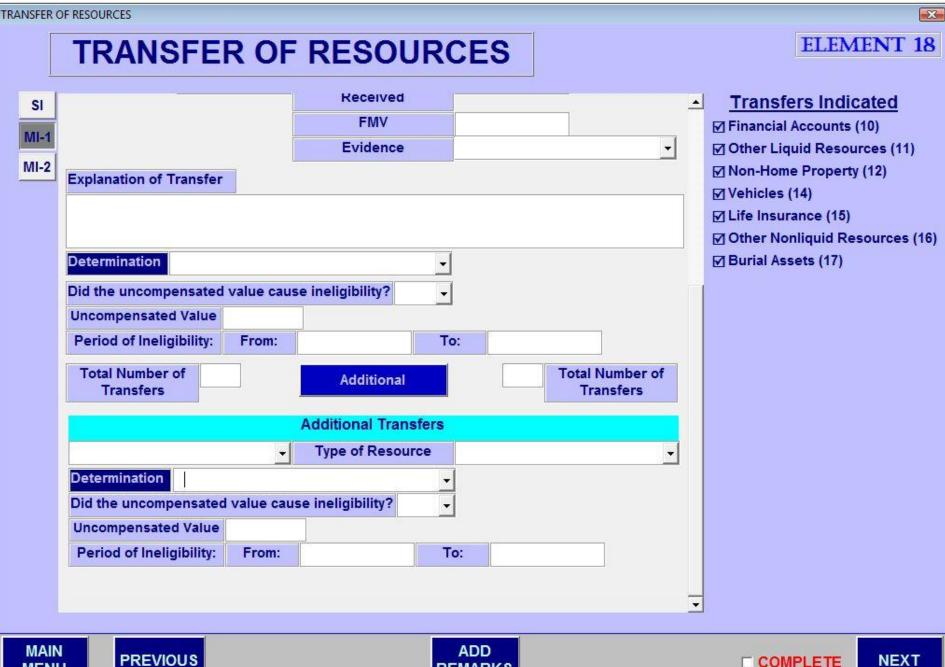
Type of Burial Asset Source Information

ALLEGED

IM

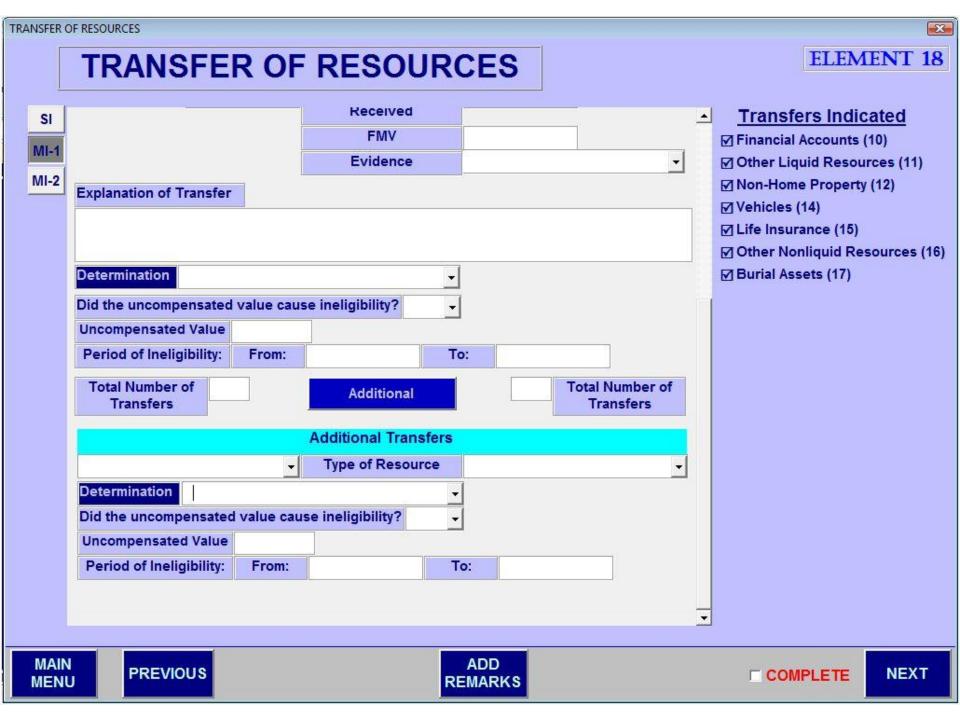
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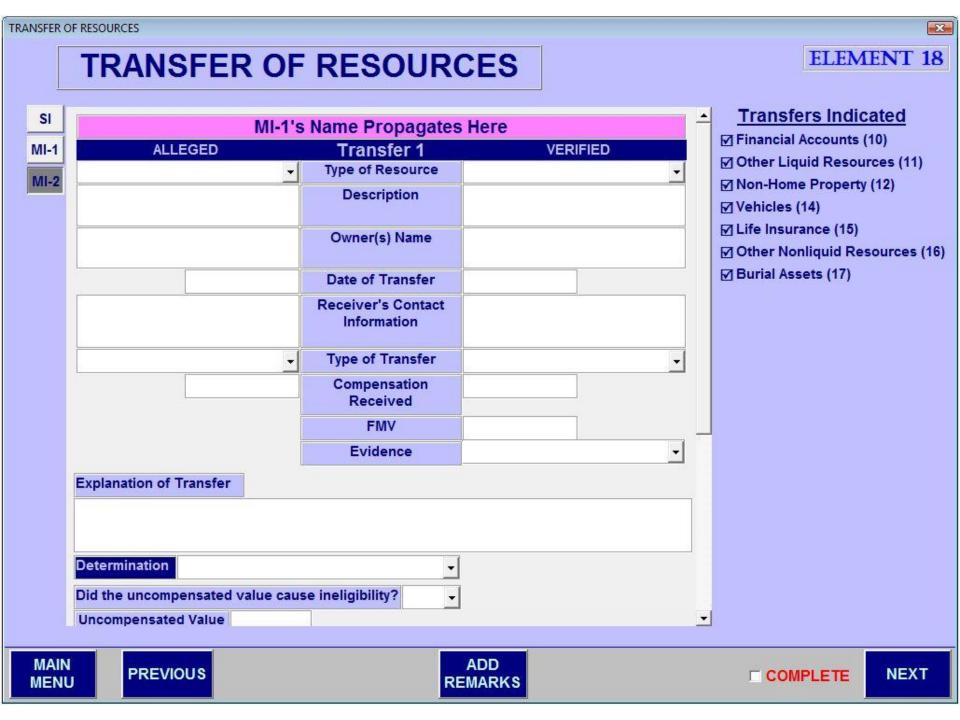


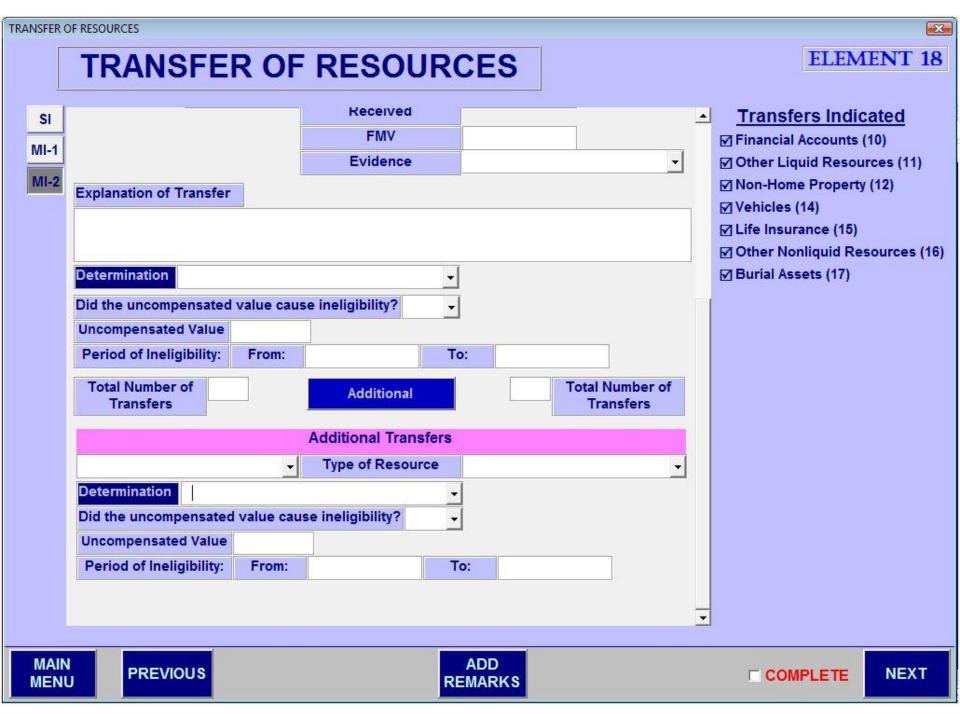


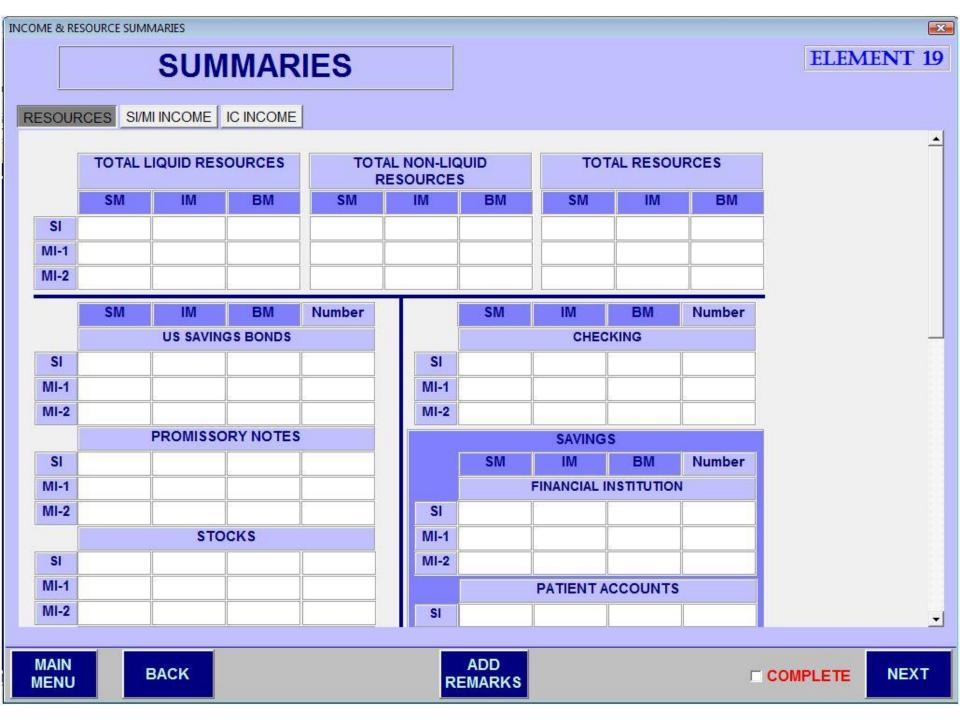
MENU

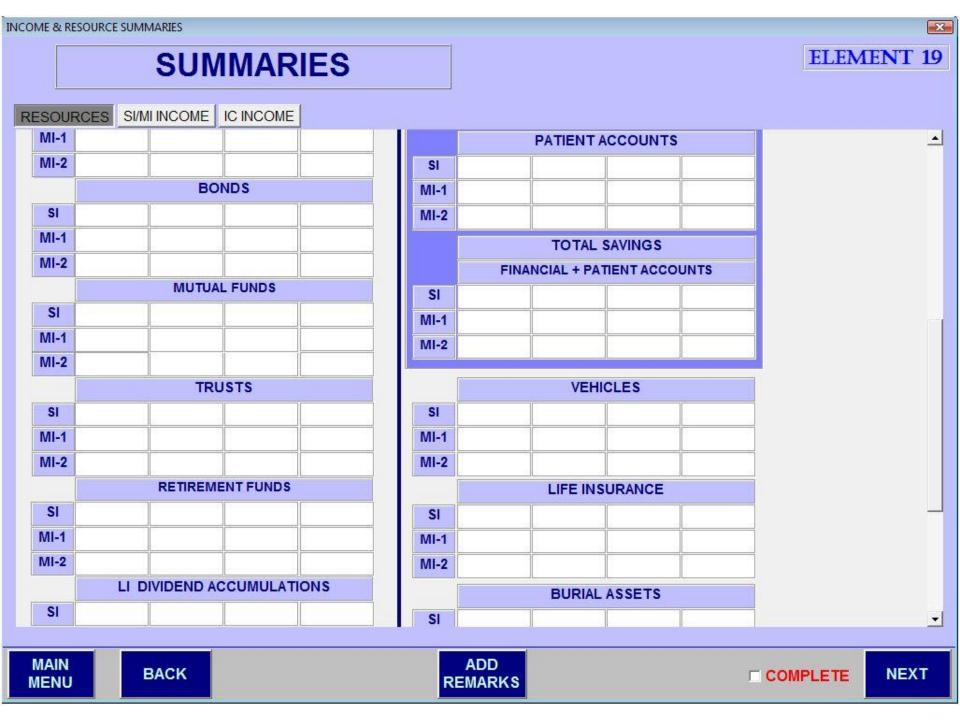


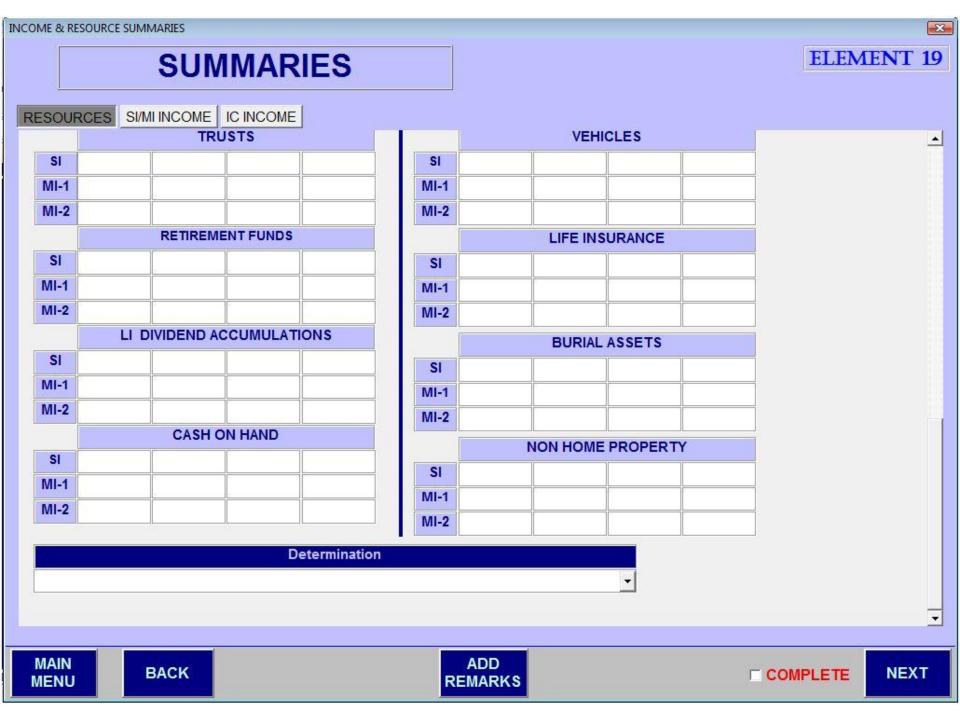


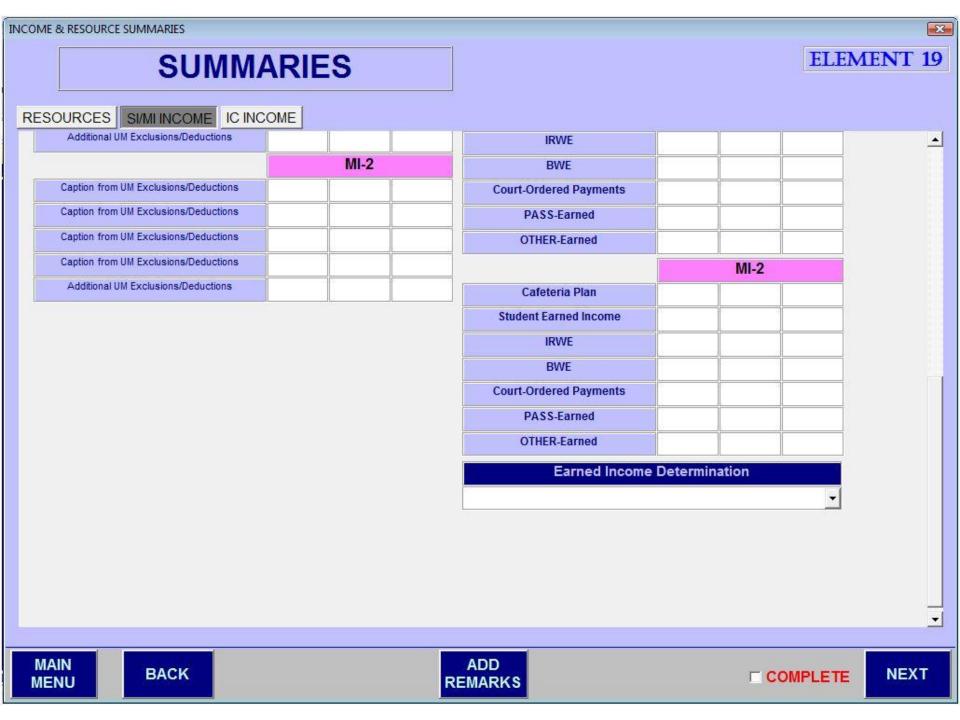






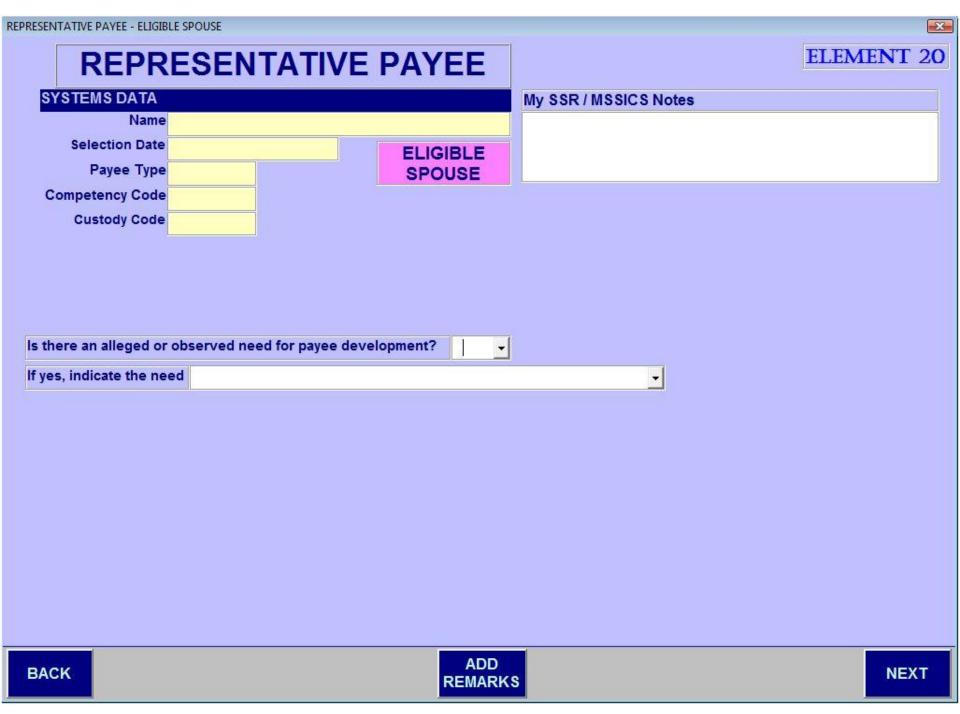






SUMMAF	RIES			ELEME
JRCES SI/MI INCOME IC INCOM	E			
Additional UM Exclusions/Deductions		Student Earned Income		
	IC-3	Court-Ordered Payments		
	10-5	OTHER Earned		
aption from UM Exclusions/Deductions	9 10 2		IC-3	
aption from UM Exclusions/Deductions			10-3	
Additional UM Exclusions/Deductions		Cafeteria Plan		
	IC-4	Student Earned Income		
aption from UM Exclusions/Deductions		Court-Ordered Payments		
aption from UM Exclusions/Deductions		OTHER Earned		
Additional UM Exclusions/Deductions			IC-4	
	IC-5	Cafeteria Plan		
aption from UM Exclusions/Deductions		Student Earned Income		
aption from UM Exclusions/Deductions		Court-Ordered Payments		
Additional UM Excl/Dedct		OTHER Earned		
			IC-5	
		Cafeteria Plan		
		Student Earned Income		2.
		Court-Ordered Payments		
		OTHER Earned		





MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

X

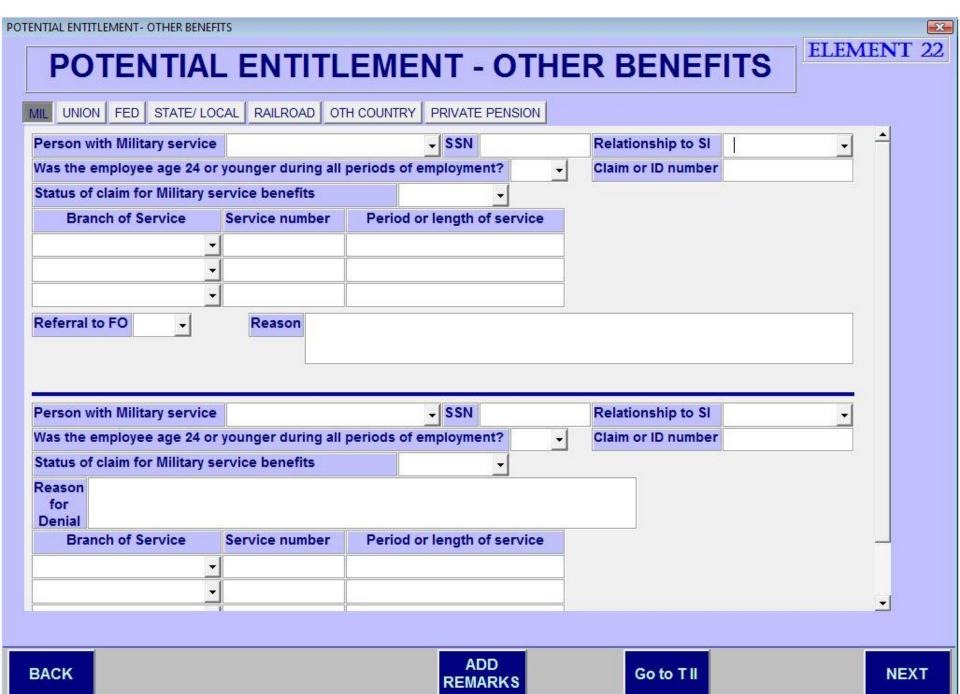
POTENTIAL ENTITLEMENT

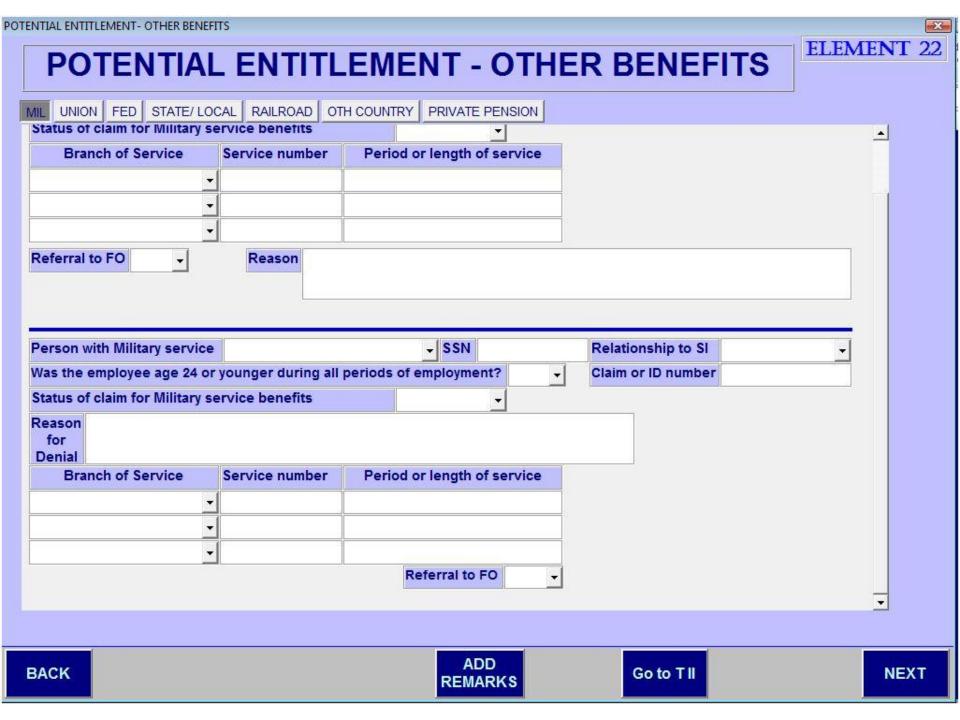
PREVIOUS

My SSR / MSSICS Notes	

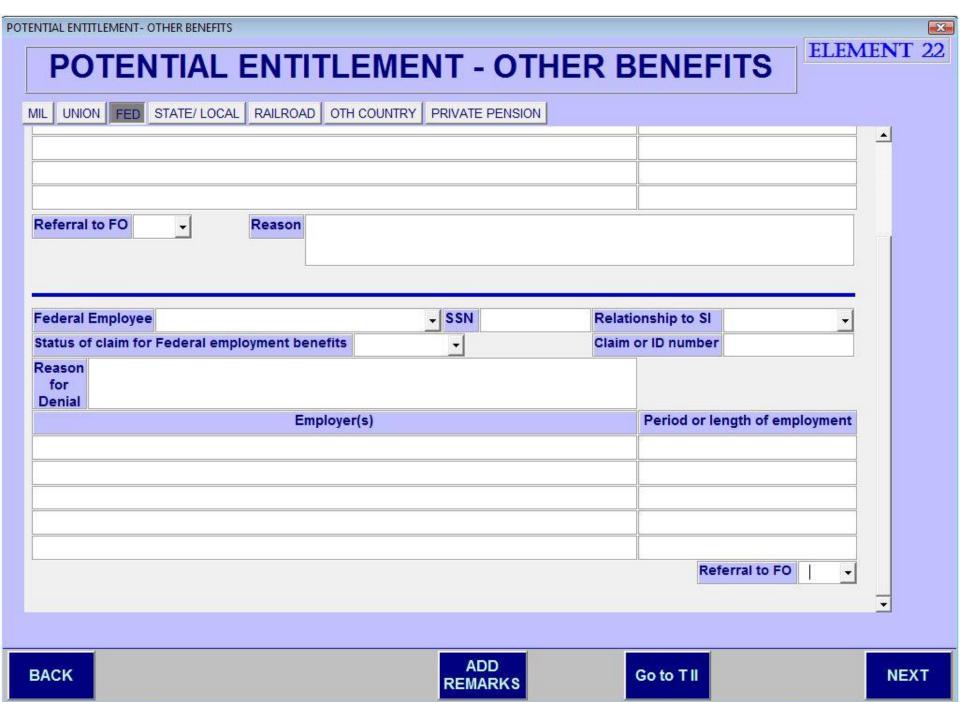
SI AGE ES AGE

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child	ever:	■ NO to ALL
Served in the Military?	₹	□ Override
Belonged to a Labor Union?		□ Override
Worked for the Federal Government?	-	☐ Override
Worked for the State/ Local Government?	₹	☐ Override
Worked in the Railroad Industry?		□ Override
Worked under a Social Security or pension plan of a Country other	-	☐ Override
than the U.S.		
Worked for a private employer who offered a pension plan?	-	□ Override





DTENTIAL ENTITLEMENT- OTHER BENEFITS	<u> </u>
POTENTIAL ENTITLEMENT - OTHER B	BENEFITS ELEMENT 22
MIL UNION FED STATE/LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION	
Referral to FO + Reason	
	ionship to SI
Reason for Denial	
Union name Employer(s)	Period or length of employment
	Referral to FO
BACK ADD REMARKS	Go to T II NEXT

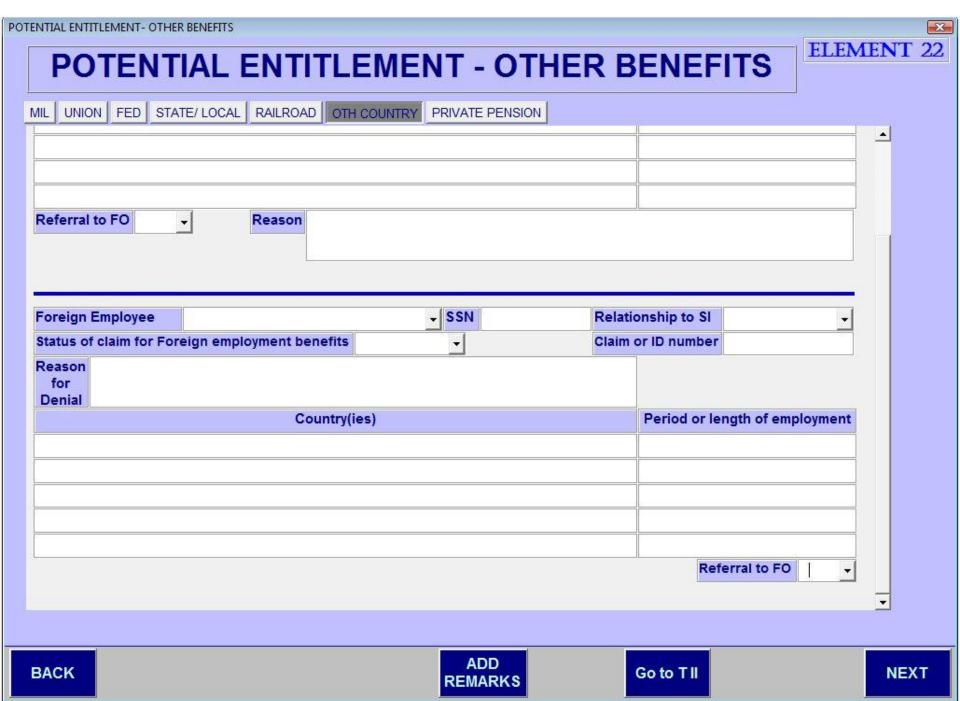




. UNION FED STATE/LOCAL RAILROAD	OTH COUNTRY PRIVATE PENSIO		LIVELLIO	
ONION I LO GIALLI LOCAL IVILLIONO	OH COOKING TRIVALET ENGIO	<u> </u>		
eferral to FO 🗼 Reason				
ate/Local Employee	- SSN	Relatio	onship to SI	
atus of claim for State/Local benefits		(1)	or ID number	
eason		12	f	
for				
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)			
for Denial	loyer(s)		Period or length of	

tailroad Employee	→ SSN	Relationship to SI	
tatus of claim for Railroad employme	ent benefits -		
	Employer(s)	Period or length of er	mployment
		-3	
eferral to FO 🔻 Reas	son		
eferral to FO Peas	son		
		Relationship to SI	
ailroad Employee	SSN	Relationship to SI	
ailroad Employee tatus of claim for Railroad employme eason for	SSN	Relationship to SI	
ailroad Employee tatus of claim for Railroad employme	SSN	Relationship to SI	

ENTIAL ENTITLEMENT- OTHER BENEFITS			ET EN CENTE OF
POTENTIAL ENTITI	LEMENT - OT	HER BENEFITS	S ELEMENT 2
MIL UNION FED STATE/LOCAL RAILROAD C	OTH COUNTRY PRIVATE PENSIO	N	
Referral to FO - Reason		- 15	
Railroad Employee	→ SSN	Relationship to SI	<u> </u>
Status of claim for Railroad employment benefi	its		_
For Denial			
RR Claim number			
Emplo	yer(s)	Period or length o	of employment
		Referral	to FO
			-
BACK	ADD REMARKS	Go to TII	NEXT



ENTIAL ENTITLEMENT- OTHER BENEFT	rs				
POTENTIAL	ENTITLEMENT - OTHE	RB	ENEFITS	ELEM	IENT 2
MIL UNION FED STATE/LOC	CAL RAILROAD OTH COUNTRY PRIVATE PENSION		#	 -	
			<u> </u>		_
Referral to FO	Reason				
Referral to FO	Reason				
-	**				
Employee	→ SSN		onship to SI	<u>•</u>	
Was the employee age 24 or Status of claim for Private Se	younger during all periods of employment?	Claim	or ID number		
Reason for Denial	ector employment benefits				
	Employer(s)		Period or length of e	mployment	
			<u> </u>		
			Referral to F	·O +	
			Ü:		-
BACK	ADD REMARKS		Go to T II		NEXT



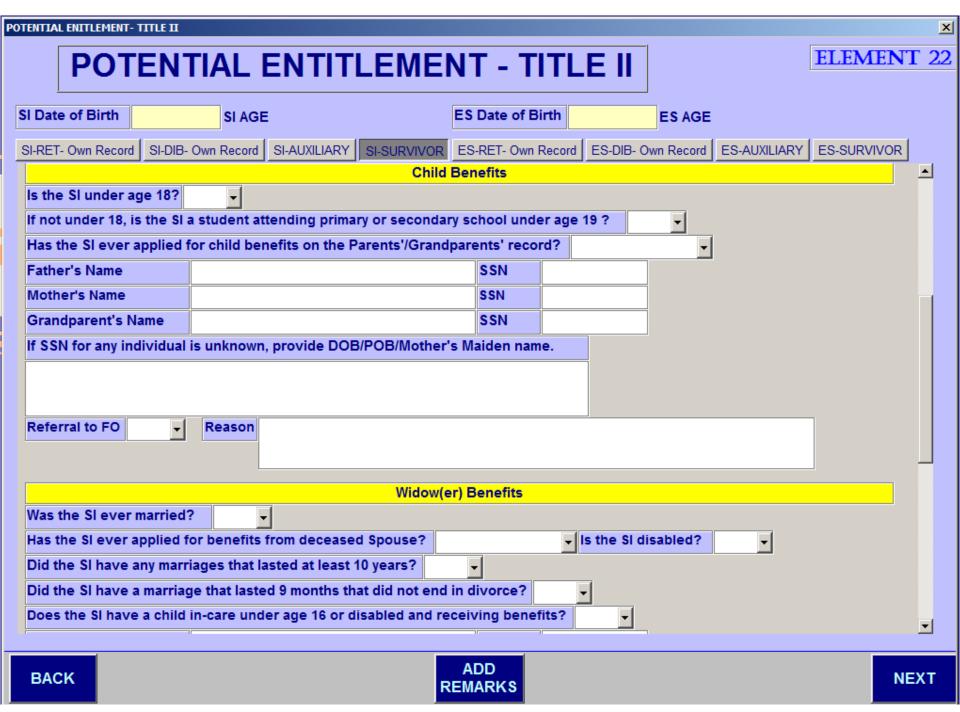


POTENTIAL ENITLEMENT- TITLE II						
POTEN'	TIAL ENTITI	LEMEN.	Г - Т	ITLE II		ELEMENT 22
SI Date of Birth	SI AGE	ES	Date of B	irth	ES AGE	
SI-RET- Own Record SI-DIB-	Own Record SI-AUXILIARY	SI-SURVIVOR ES	-RET- Own	Record ES-DIB- C	Own Record ES-AUXILIA	RY ES-SURVIVOR
	Chi	ildhood Disability	Benefits	(CDB)		
Has the SI ever applied	for CDB benefits on the Pa	arents'/Grandpare	ents' reco	rd?	-	
Was the SI disabled prior	r to age 22?			,	<u></u>	
If disabled prior to age 2	2, does the SI have a Pare	nt/Grandparent w	/ho is rece	eiving T2 benefit	ts?	
Father's Name			SSN			
Mother's Name			SSN			
Grandparent's Name			SSN			
If SSN for any individual	is unknown, provide DOB	/POB/Mother's M	aiden nan	ie.		
						Ш
Referral to FO	Reason					
		Child Ber	nefits			
Has the SI ever applied	for child benefits on the Pa	arents'/Grandpar	ents' reco	rd?	▼	
Is the SI under age 18?	▼					
If not under 18, is the SI	a student attending primar	ry or secondary s	chool und	er age 19 ?	•	
Father's Name			SSN			
Mother's Name			SSN			▼
BACK			DD ARKS			NEXT

POTENTIAL ENITLEMENT- TITLE II							
POTEN	FIAL ENTIT	LEMEN	NT - T	ITLE	II	I	ELEMENT 2
SI Date of Birth	SI AGE	[ES Date of B	irth	ES AGE		
SI-RET- Own Record SI-DIB-	Own Record SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record ES-D	IB- Own Record	ES-AUXILIARY E	S-SURVIVOR
		Child E	Benefits				
Has the SI ever applied f	or child benefits on the P	arents'/Grandp	parents' reco	rd?	•		
Is the SI under age 18?	▼				,		
If not under 18, is the SI	a student attending prima	ry or secondar	y school und	er age 19 ?	V		
Father's Name			SSN				
Mother's Name			SSN				
Grandparent's Name			SSN				
If SSN for any individual	is unknown, provide DOB	/POB/Mother's	Maiden nam	e.			
Referral to FO	Reason						
		Spouse	Benefits				
Was the SI ever married	<u>-</u>						
Has the SI ever applied f	or benefits from current o	r prior Spouse	?				
Did the SI have any marr	iages that lasted at least 1	0 years	▼				
Does the SI have a child	in-care under age 16 or d	isabled and re	ceiving bene	fits?	▼		
Spouse's Name			SSN		_		₹
BACK		RI	ADD EMARKS				NEXT

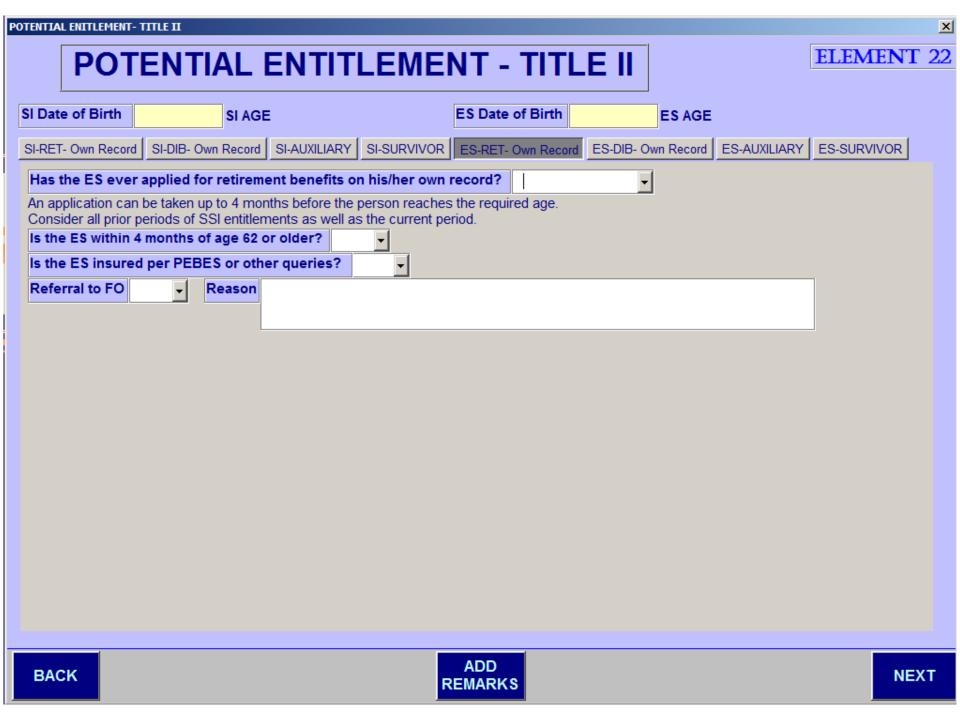
OTENTI	AL ENITLEMENT- TIT	LE II						>		
	POTE	NTIAL ENTIT	LEMENT -	TITLE II	-	[ELEMEN	Γ 22		
SI Da	te of Birth	SI AGE	ES Date o	f Birth	ES AGE					
SI-RE	T- Own Record S	I-DIB- Own Record SI-AUXILIARY	SI-SURVIVOR ES-RET- C	wn Record ES-DIB- (Own Record E	S-AUXILIARY	ES-SURVIVOR			
If S	SN for any indivi	dual is unknown, provide DO	B/POB/Mother's Maiden	name.	_					
Refe	erral to FO	Reason								
			Spouse Benefits							
Was	the SI ever ma	rried?								
Has the SI ever applied for benefits from current or prior Spouse?										
Did	the SI have any	marriages that lasted at least	10 years	_						
Doe	s the SI have a	child in-care under age 16 or o	disabled and receiving be	enefits?						
Spo	use's Name		SSN							
Spo	use's Name		SSN							
If Sp	oouse's SSN is u	unknown, provide DOB/POB/N	Nother's Maiden name.							
Refe	erral to FO	Reason						•		
ВА	СК		ADD REMARKS				NE	XT		

OTENTIAL ENITLEMENT- TITL	EП		2							
POTE	NTIAL ENTITLEME	NT - TITLE II	ELEMENT 22							
SI Date of Birth	SI AGE	ES Date of Birth	ES AGE							
SI-RET- Own Record SI	-DIB- Own Record SI-AUXILIARY SI-SURVIVO	R ES-RET- Own Record ES-DIB- Ov	vn Record ES-AUXILIARY ES-SURVIVOR							
	Childhood Disa	ability Benefits (CDB)								
Was the SI disabled	prior to age 22?									
If disabled prior to a	ge 22, does the SI have a Parent/Grandpar	rent who is deceased?	-							
Has the SI ever appl	lied for CDB benefits on the deceased Par	rents'/Grandparents' record?	<u> </u>							
Father's Name		SSN								
Mother's Name		SSN								
Grandparent's Name		SSN								
If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.										
Referral to FO	Reason									
	Chil	ld Benefits								
Is the SI under age 18?										
If not under 18, is the SI a student attending primary or secondary school under age 19 ?										
Has the SI ever applied for child benefits on the Parents'/Grandparents' record?										
Father's Name		SSN								
Mother's Name		SSN	▼							
ВАСК		ADD REMARKS	NEXT							

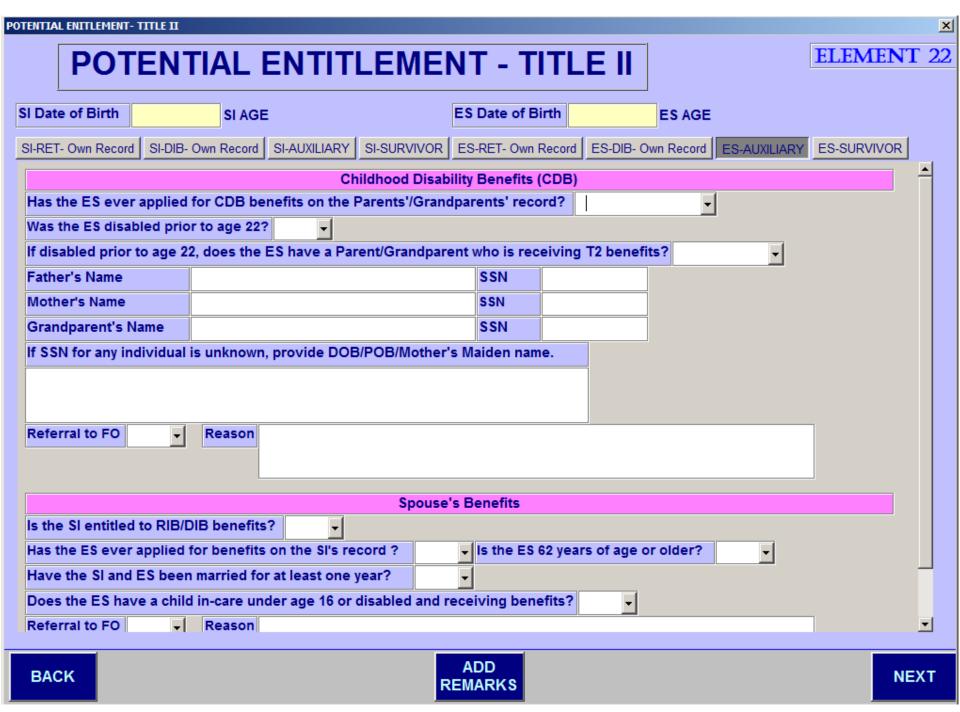




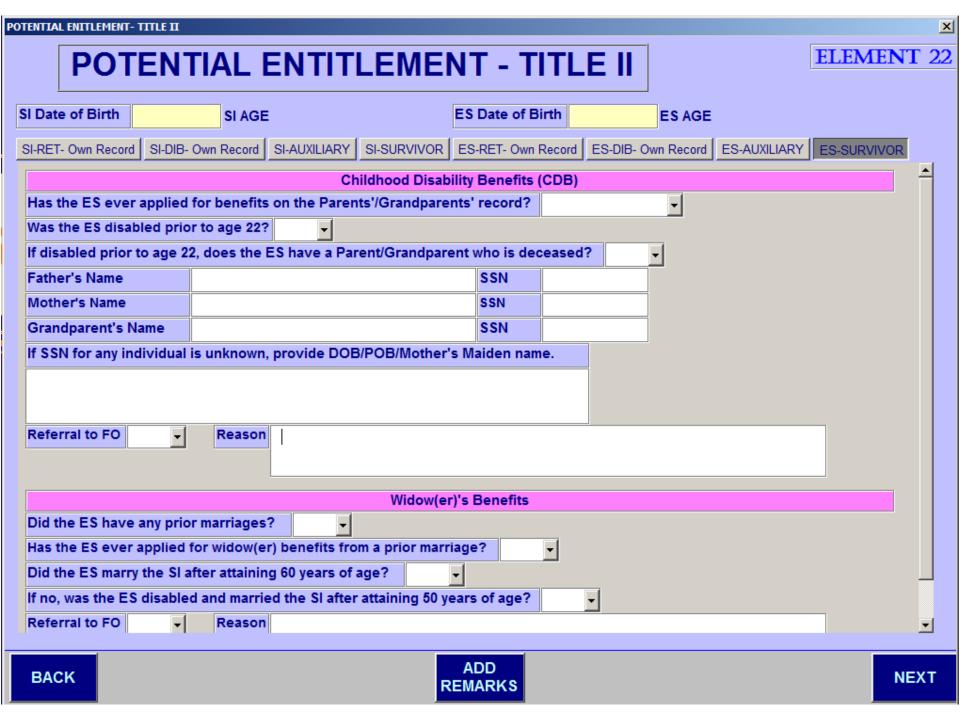
POTENTIAL ENITLEMENT- TITLE II	
POTENTIAL ENTITLEME	NT - TITLE II
SI Date of Birth SI AGE	ES Date of Birth ES AGE
SI-RET- Own Record SI-DIB- Own Record SI-AUXILIARY SI-SURVIVOR	ES-RET- Own Record ES-DIB- Own Record ES-AUXILIARY ES-SURVIVOR
Does the SI have a child in-care under age 16 or disabled and re	eceiving benefits?
Spouse's Name	SSN
Spouse's Name	SSN
If SSN for any Spouse is unknown, provide DOB/POB/Mother's N	Maiden name.
Referral to FO Reason	
	t's Benefits
Was the SI the Parent of a deceased worker?	
Worker's Name	SSN
Worker's Name	SSN
If SSN for any individual is unknown, provide DOB/POB/Mother	r's Maiden name.
Referral to FO Reason	
	ADD
BACK	REMARKS NEXT







OTENTIA	L ENITLEMENT-	TITLE II										2
	POT	EN ⁻	ΓΙΑΙ	=NTIT	LEME	NT - T	ITL	ΕII			ELEMEN	Γ 22
SI Dat	e of Birth		SI AGE			ES Date of B	irth		ES AGE			
SI-RET	Γ- Own Record	SI-DIB-	Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record	ES-DIB- C	wn Record	ES-AUXILIARY	ES-SURVIVOR	
Was	the ES disal	oled prio	r to age 22?									
If dis	abled prior	to age 2	2, does the l	ES have a Par	ent/Grandpar	ent who is red	eiving	T2 benefi	ts?	▼		
Fath	er's Name					SSN						
Moth	ner's Name					SSN						Ш
Gran	idparent's N	lame				SSN						
If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.												Ш
												Ш
												Ш
Refe	rral to FO	•	Reason									Ш
												Ш
					Spouse	's Benefits					_	Ш
Is the	e SI entitled	to RIB/D	OIB benefits	? .	Spouse	5 Dellellts						Ш
				on the SI's re	cord ?	→ Is the ES	62 year	s of age o	r older?	-		
						-						
Have the SI and ES been married for at least one year? Does the ES have a child in-care under age 16 or disabled and receiving benefits?											Ш	
Referral to FO Reason											Ш	
												Ш
												+
						ADD						



POTENTI	AL ENITLEMENT- TI	ITLE II									2
	POTE	ENTIAL	. ENTIT	LEME	NT - T	ITLI	ΕII			ELEME	NT 22
SI Da	te of Birth	SI	AGE		ES Date of B	irth		ES AGE			
SI-RE	T- Own Record	SI-DIB- Own Rec	ord SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record	ES-DIB- O	wn Record	ES-AUXILIARY	ES-SURVIVO	
		ed prior to age									
	sabled prior to ner's Name	age 22, does	he ES have a Par	rent/Grandpar	ent who is dec	ceased?		_			
	her's Name				SSN						
Gra	ndparent's Na	me			SSN						
If S	SN for any indi	vidual is unkno	wn, provide DOE	3/POB/Mother	's Maiden nam	ie.					
Refe	erral to FO	↓ Rea	son								
			'								
				Widow(e	r)'s Benefits						
Did	the ES have a	ny prior marria	ges?								'
	Has the ES ever applied for widow(er) benefits from a prior marriage?										
Did the ES marry the SI after attaining 60 years of age? If no, was the ES disabled and married the SI after attaining 50 years of age?											
	erral to FO	- Rea		attaining 00 y	caro or age.		<u> </u>				
											_
ВА	СК				ADD						NEXT
				·	REMARKS						