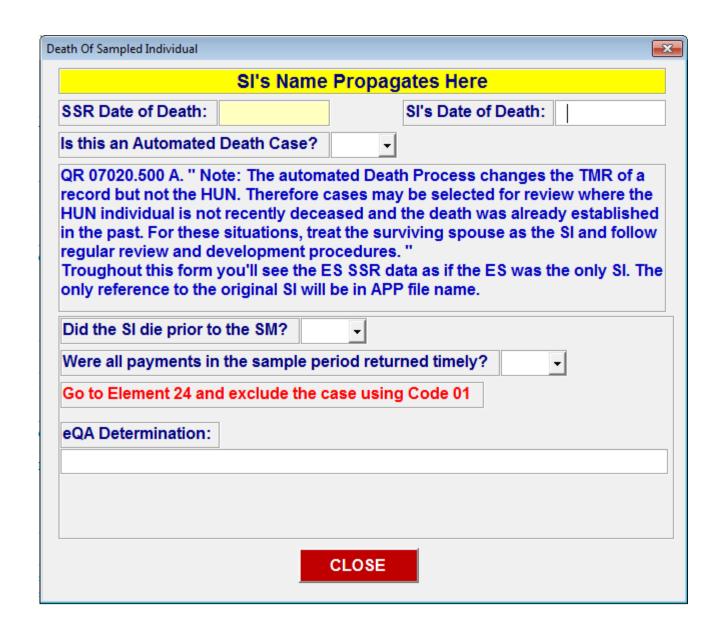
#### SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

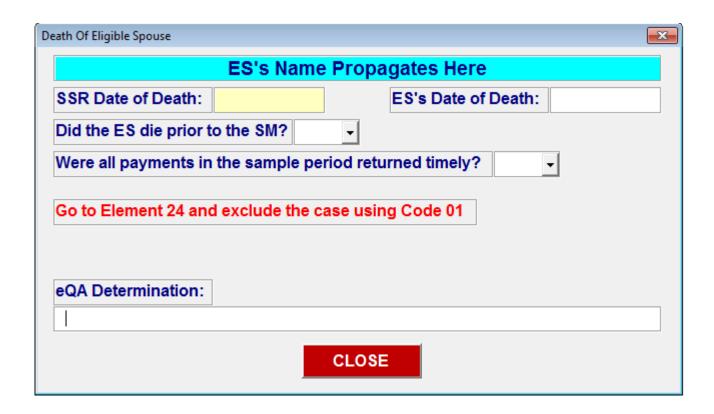
\$	SYSTEMS DATA	TYPE	OF INTERVIEW
AIPQB/SO: Sample Month: SSN:		☐ Telephone	NONE
SI Name:		OTHER CA	SE INFORMATION  Death of ES
Residence Address:		Date  SI Payee Involvement Eligible Couple Ca	Date ent
Telephone:		□ ES Payee Involven	nent
Mailing Address:		Do Support Materials First Day in Review F	
Telephone:		□ Retro Payment Inv	/olved

**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	□ итс
4	Residency	⊏ итс	16	Other Non-Liquid Resources	⊏ итс
5	Marriage	⊏итс	17	Burial Assets	⊏итс
5	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	□ UTC	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		·
<b>ES-PYE Name</b>	_	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	ПОИ
ES		SYSTEMS DATA	MATCH	INTERVIEW
	Name		_	
	SSN		-	
	DOB		-	
	РОВ		<b>-</b>	
	Residence Address		<b>-</b>	
	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		<b>-</b>	
	DOB		<b>-</b>	
	POB		<b>-</b>	
	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	TONAL P	AYEE
	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name		_	
PYE SSN		-	
Relationship		▼	
SI Name		<b>-</b>	
SI SSN		_	
SI DOB		▼	
SI POB		_	
Residence Address		<u>-</u>	
Mailing Address		<b>•</b>	
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

#### X

### 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		<b>•</b>	

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		<b>-</b>	
ES SSN		_	
ES DOB		_	
ES POB		<b>-</b>	
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

#### X

### **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		<b>•</b>	

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

#### X

# **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	
		<b>▼</b>		▼	
					4

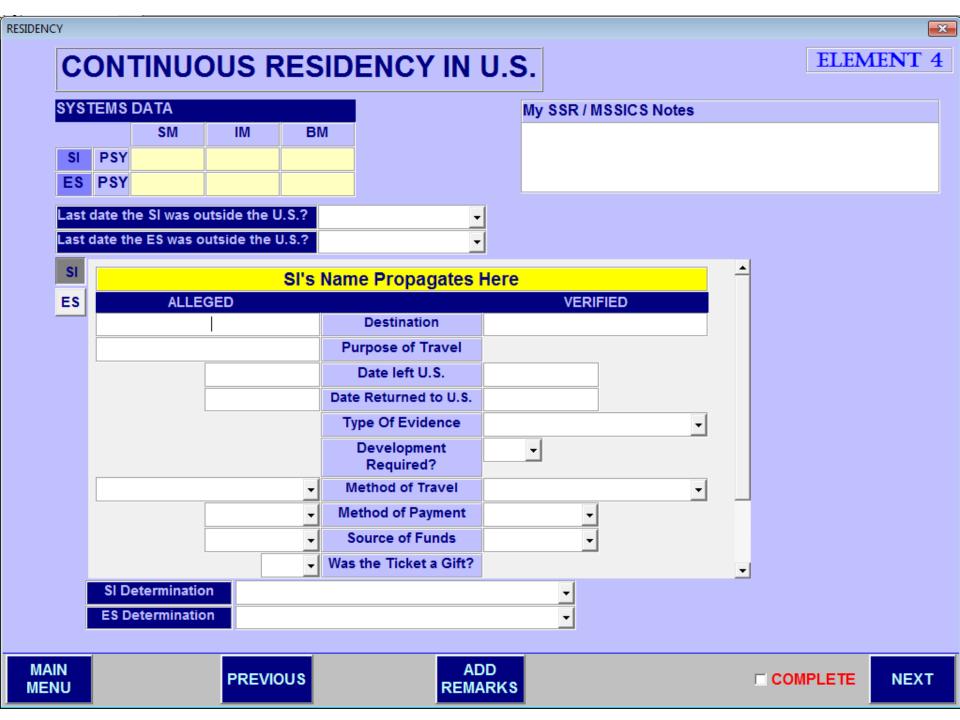
MAIN MENU

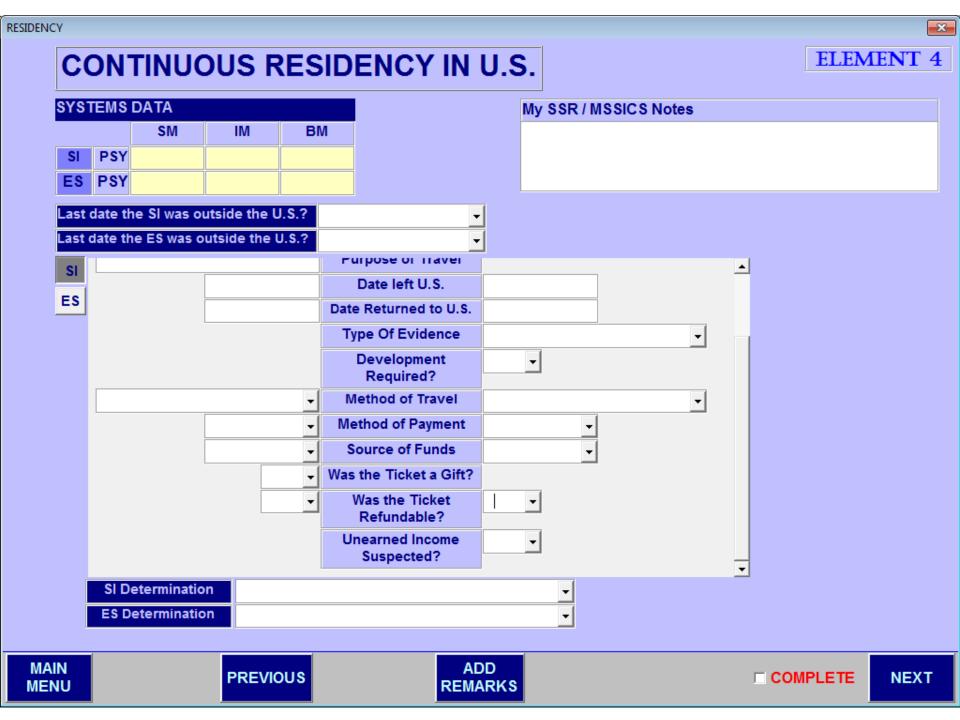
PREVIOUS

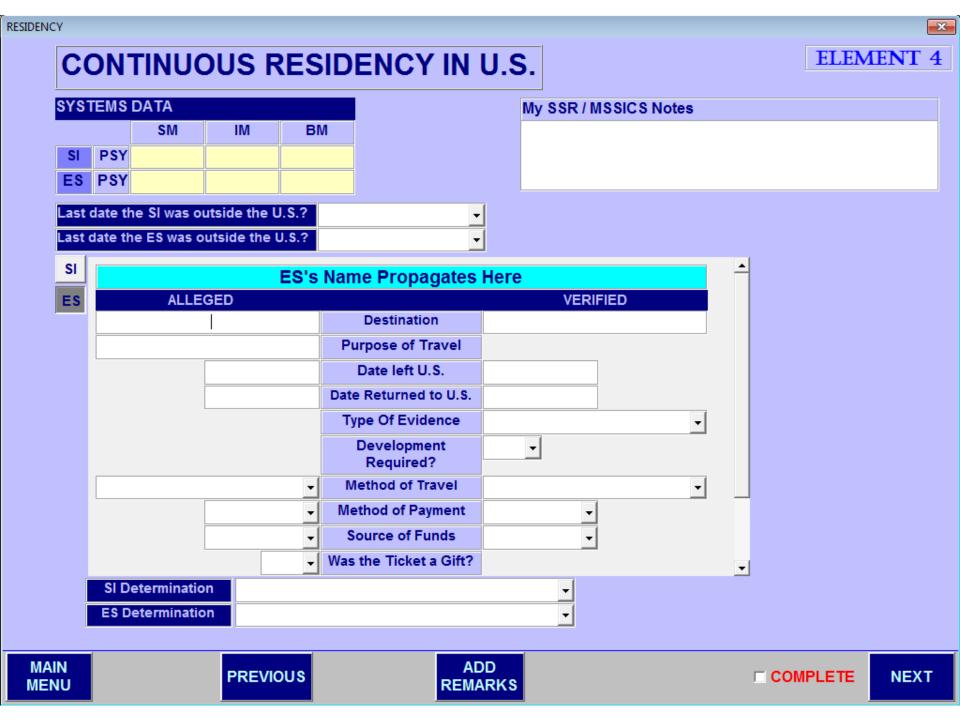
ADD REMARKS

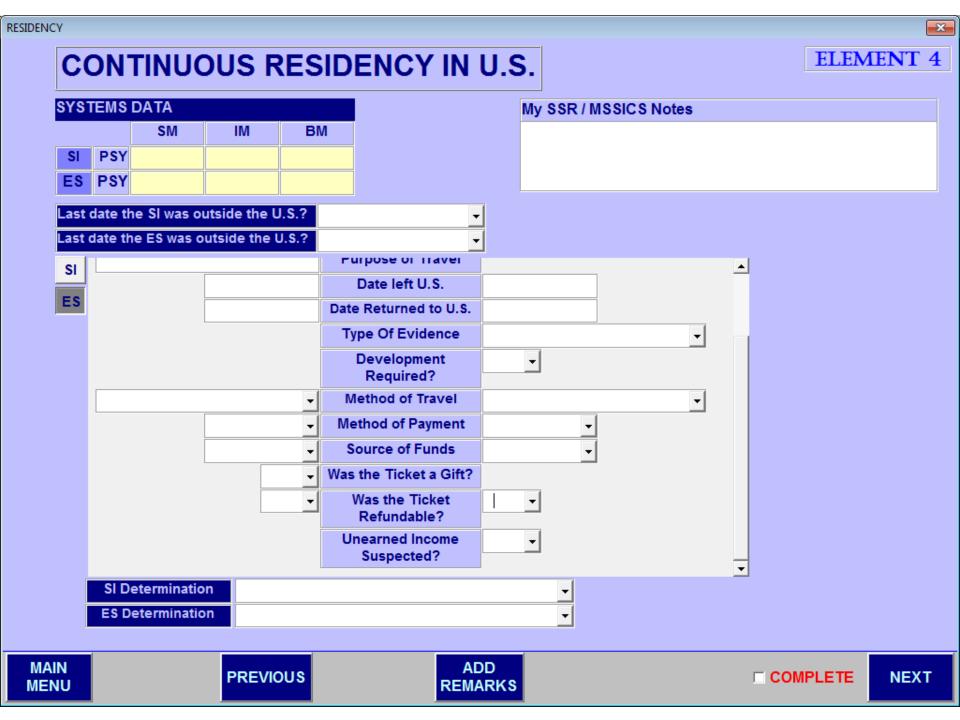
☐ COMPLETE

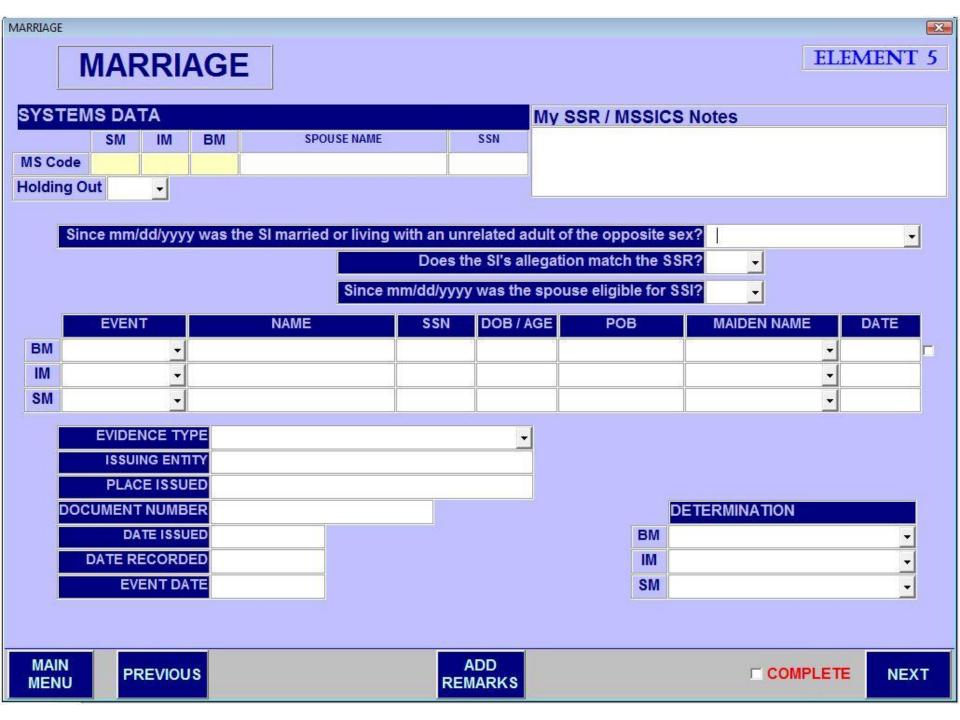
**NEXT** 

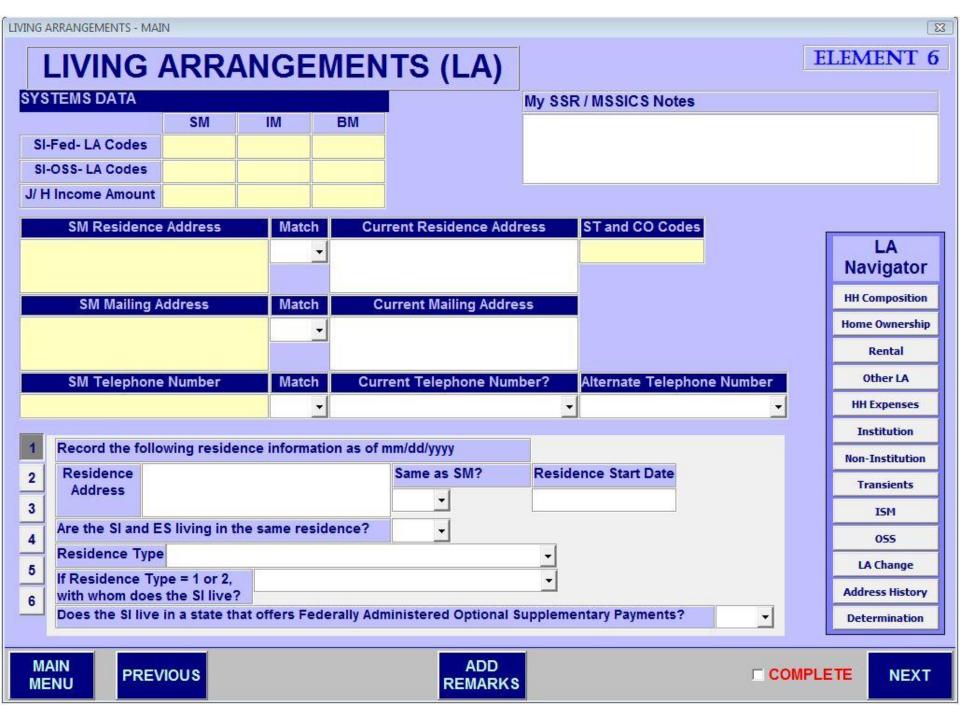


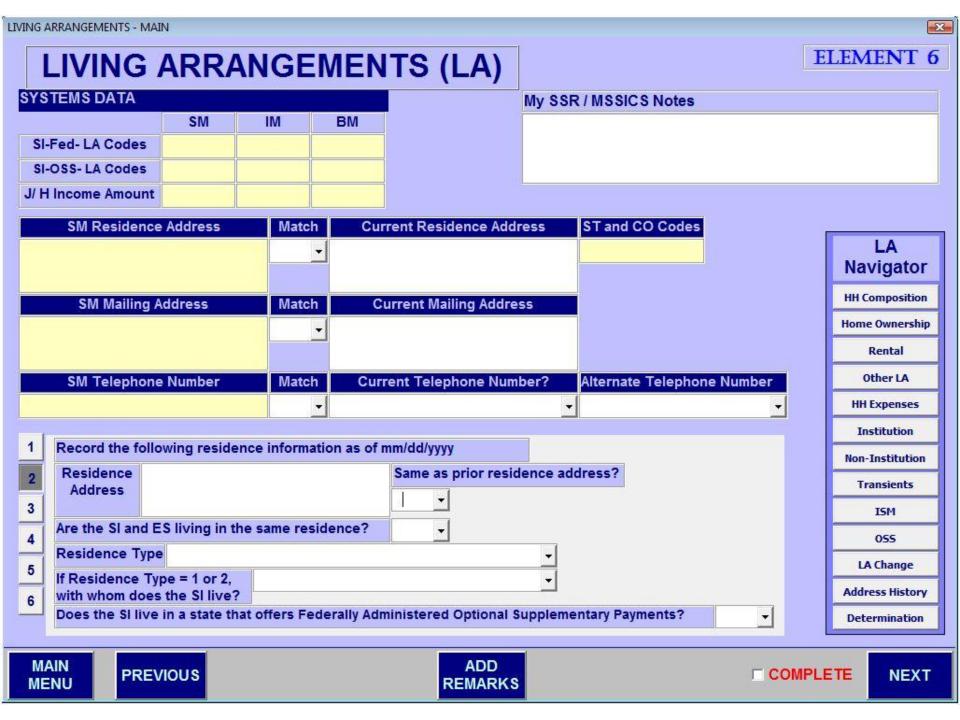


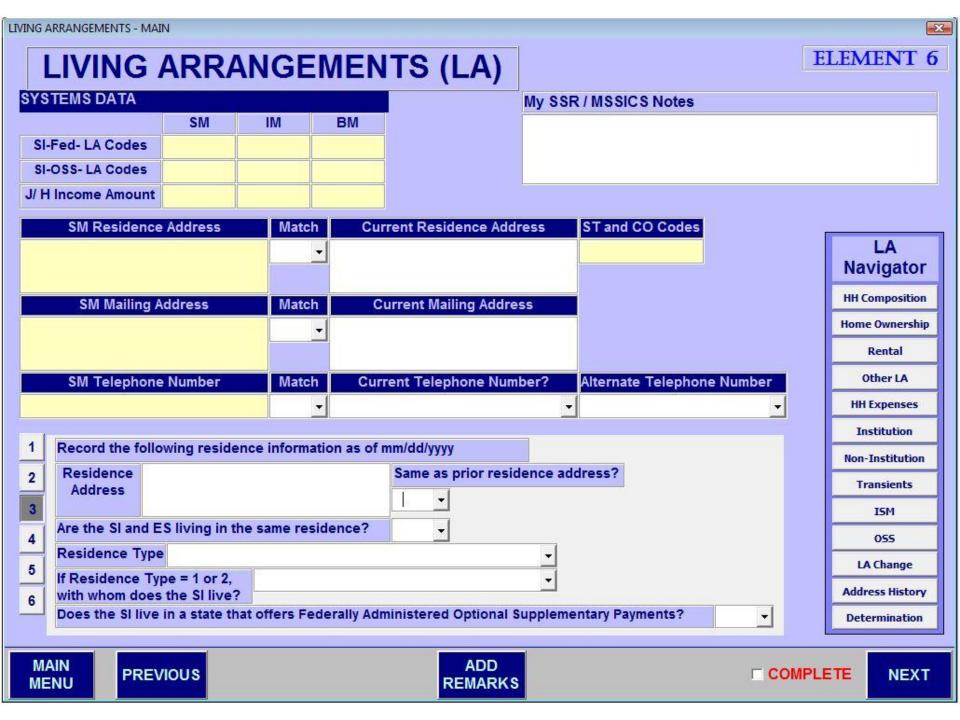


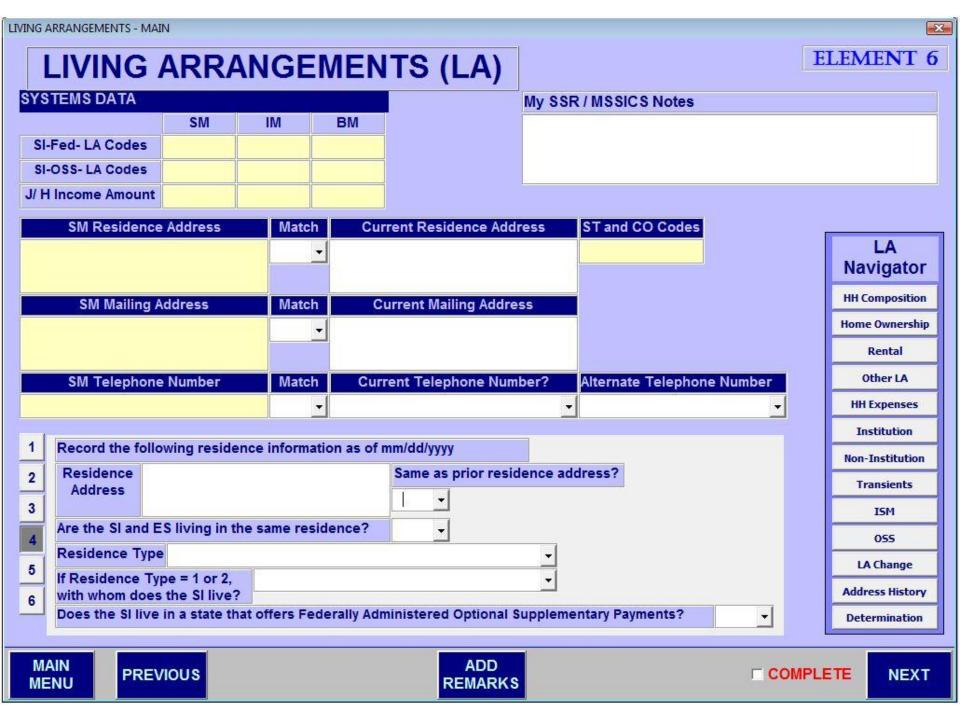


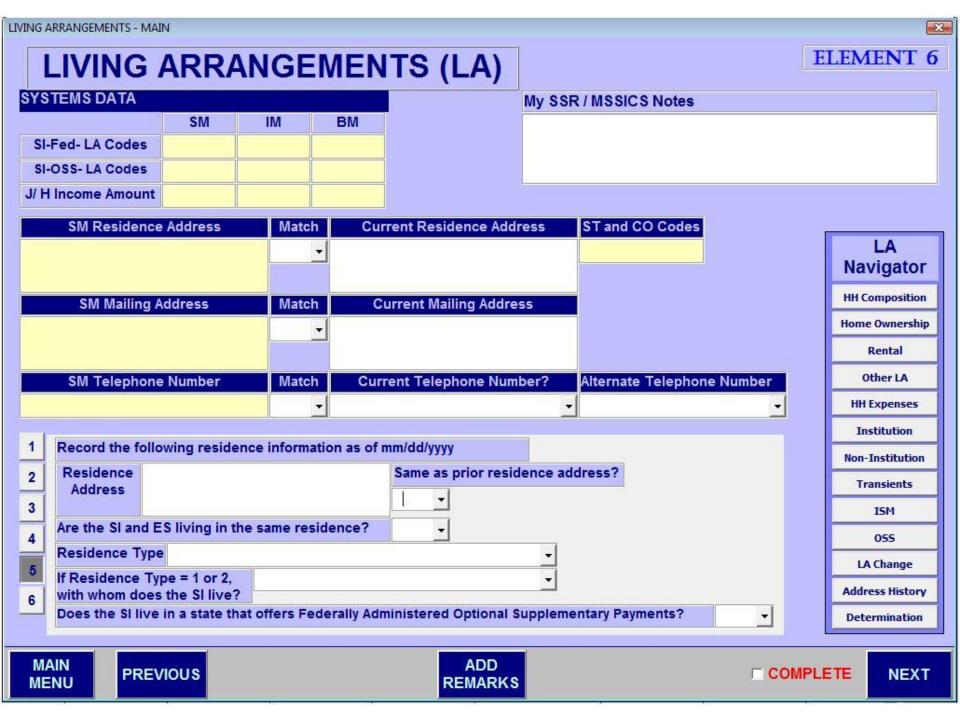


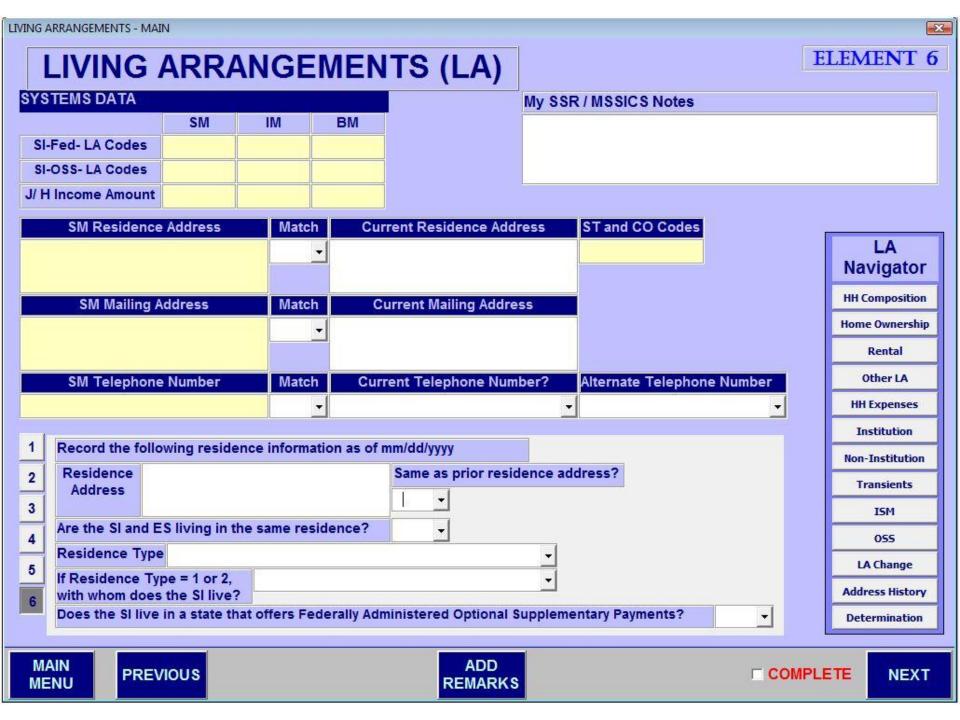










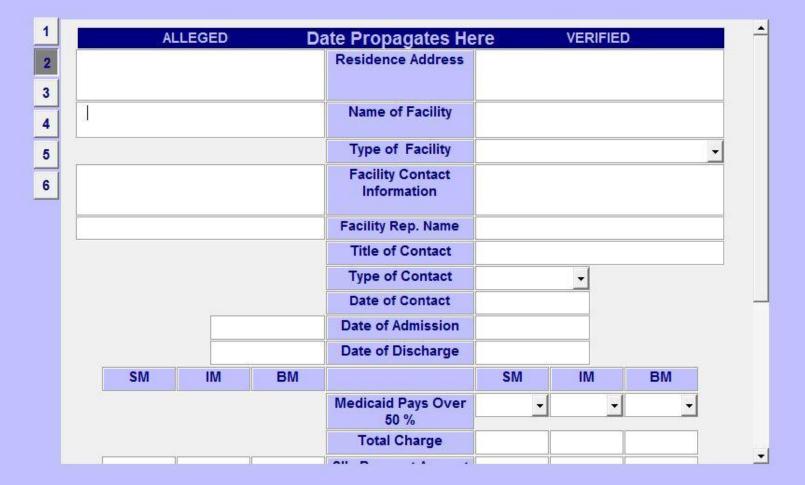


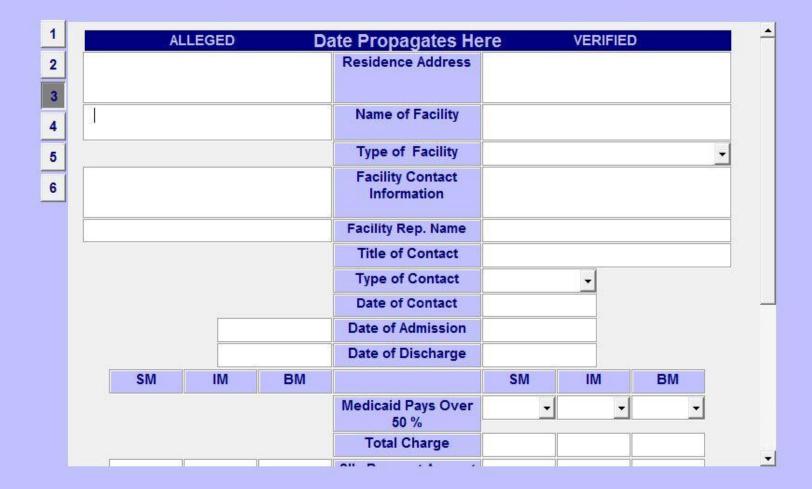
**ELEMENT 6** 

	. AL	LEGED		ate Propagates Her	е	VERIFIED		
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		1		
				Date of Contact				
				Date of Admission				
				Date of Discharge				
	SM	IM	BM		SM	IM	BM	
				Medicaid Pays Over 50 %	Ī	·	Ī	
				Total Charge				

#### **ELEMENT 6**

# **INSTITUTION**

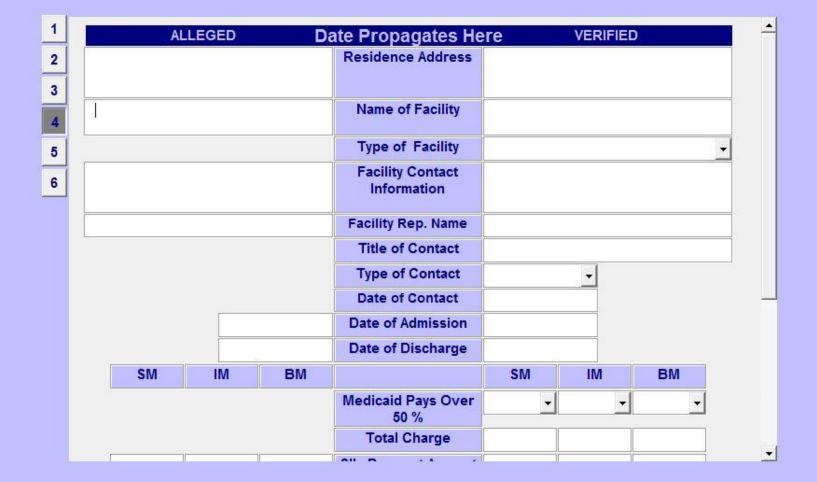




REMARKS

Screen

**ELEMENT 6** 



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** 

REMARKS

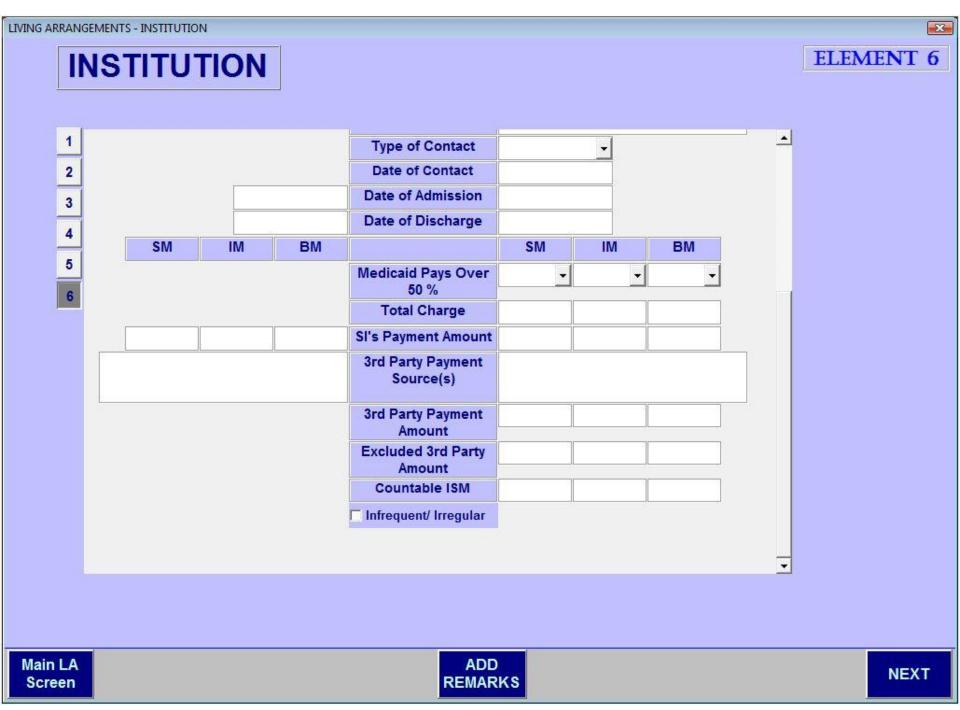
Screen

# 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** 

Main LA Screen

ADD REMARKS



# NON-INSTITUTIONAL CARE

**ELEMENT 6** 

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
6		# of Residents	
		Facility License #	100
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Screen

Screen

## **HOME OWNERSHIP**

### SYSTEMS DATA

**CG Field Codes** 



Main LA Screen ADD REMARKS **ELEMENT 6** 

Main LA Screen ADD REMARKS

**NEXT** 

Main LA Screen ADD REMARKS

**NEXT** 





Screen

**NEXT** 

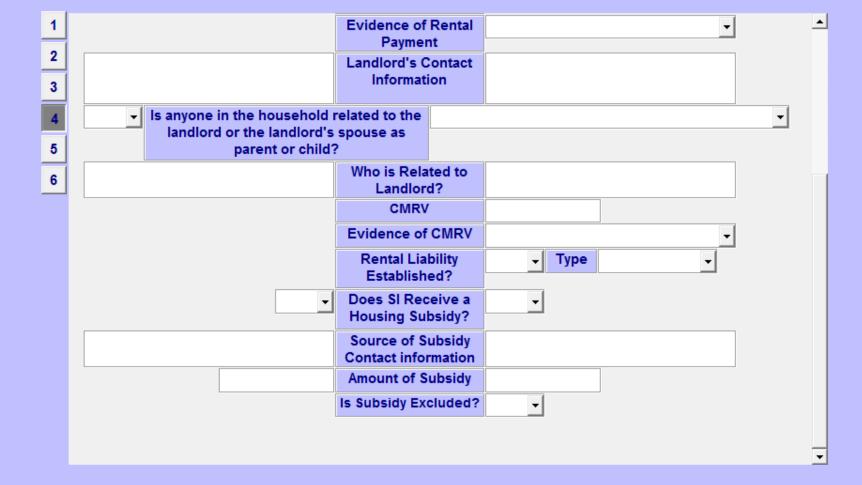


×

### **RENTAL LIABILITY**

#### SYSTEMS DATA

**CG Field Codes** 

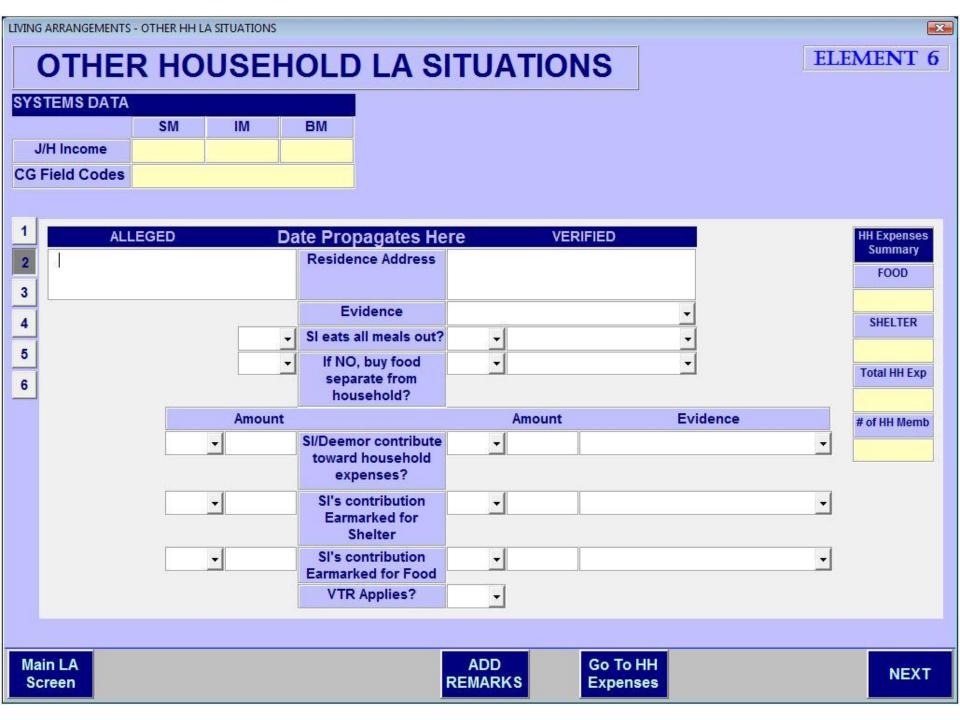


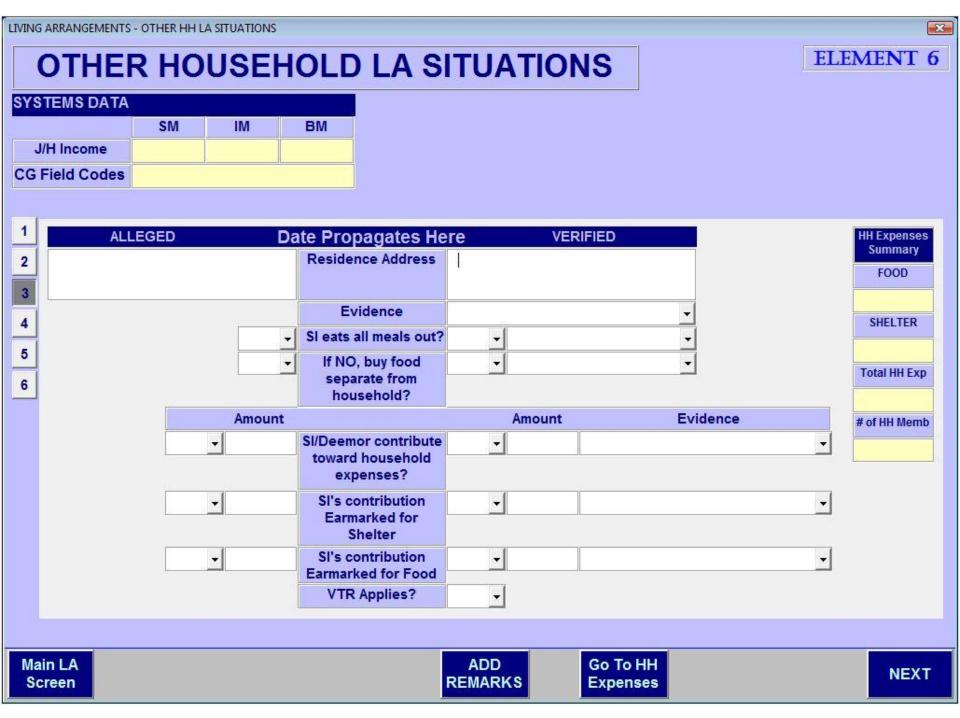


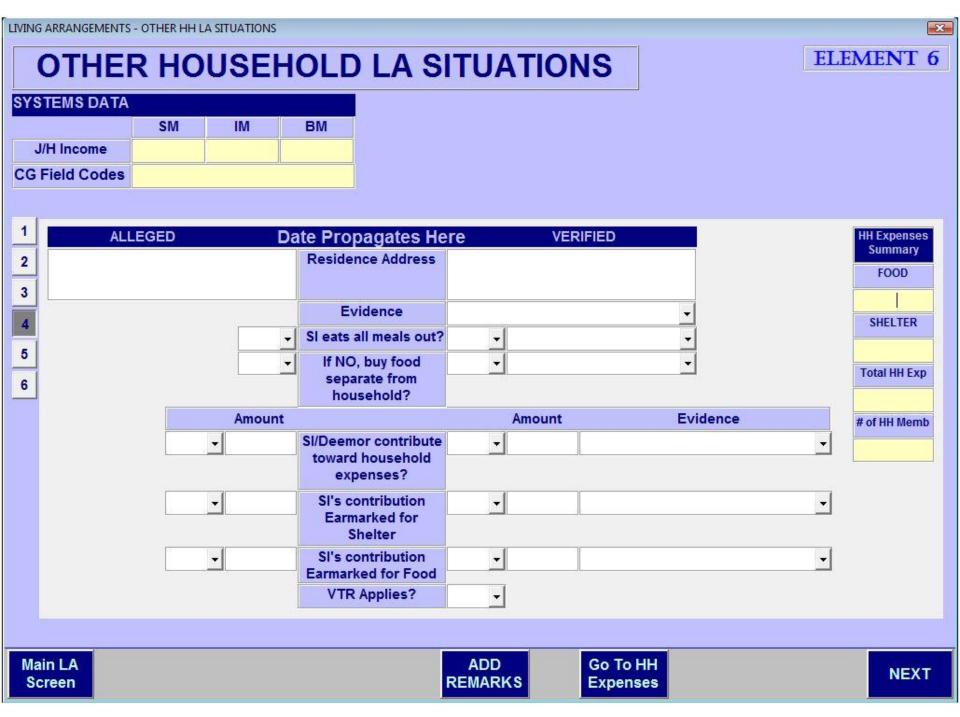
Main LA Screen ADD REMARKS

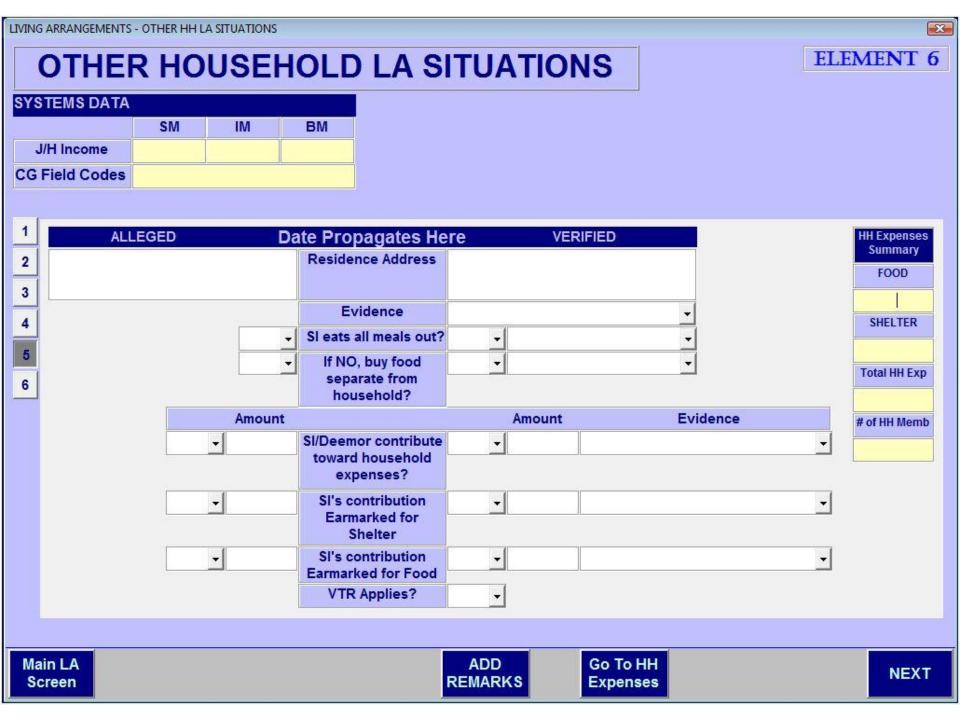
Screen

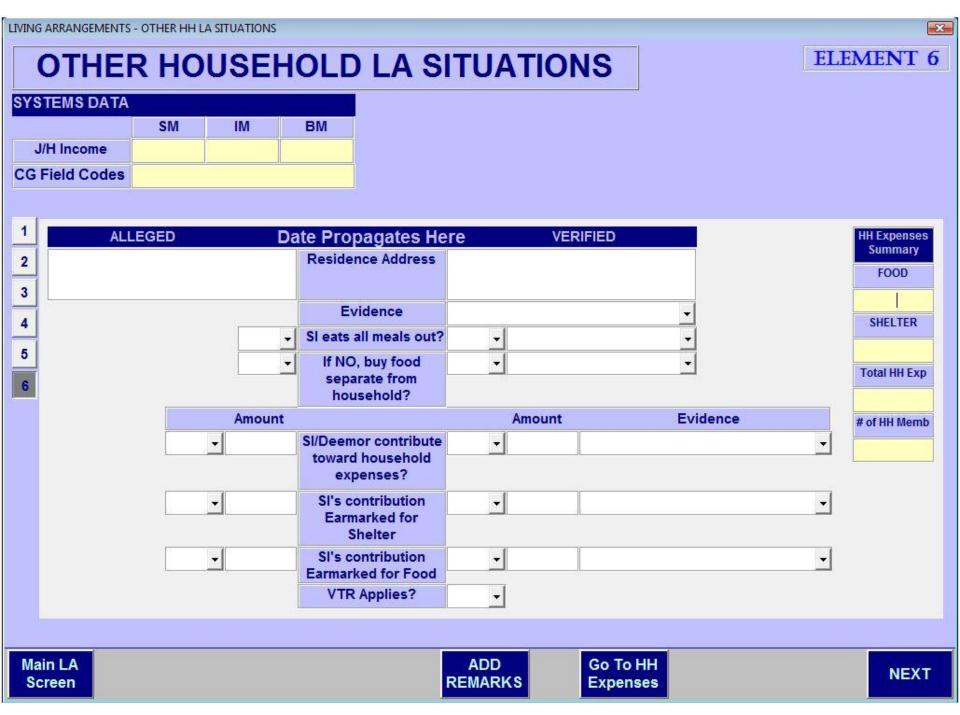
**Expenses** 

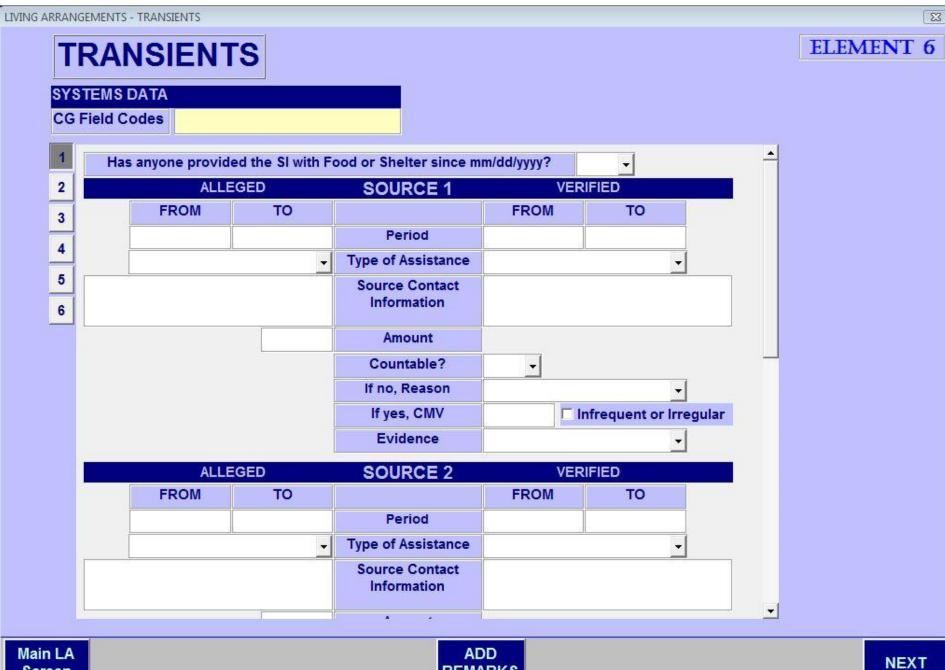






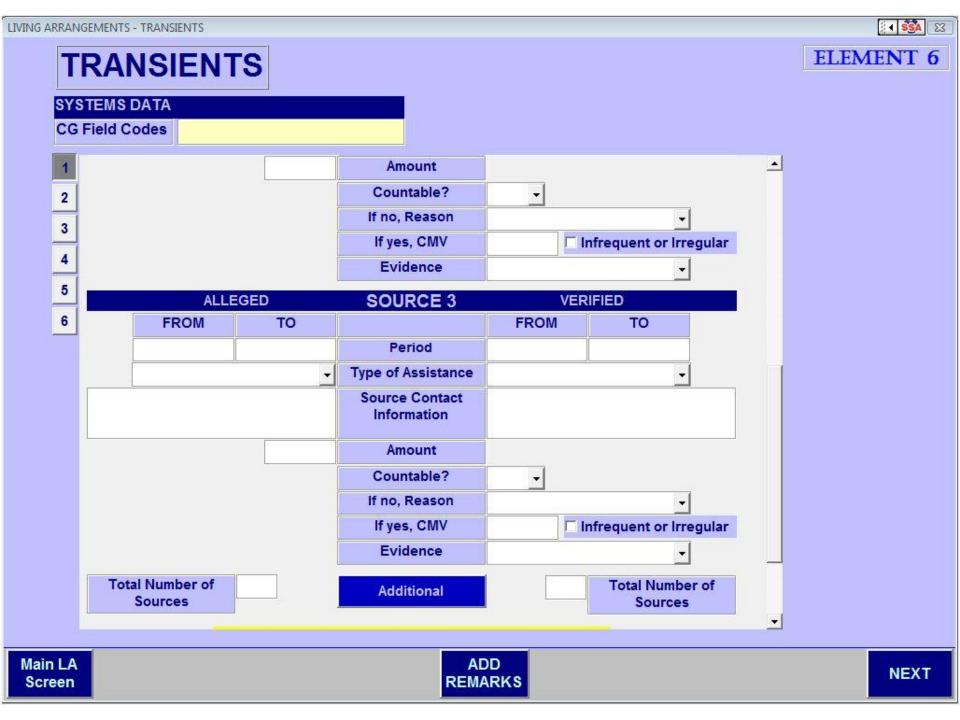


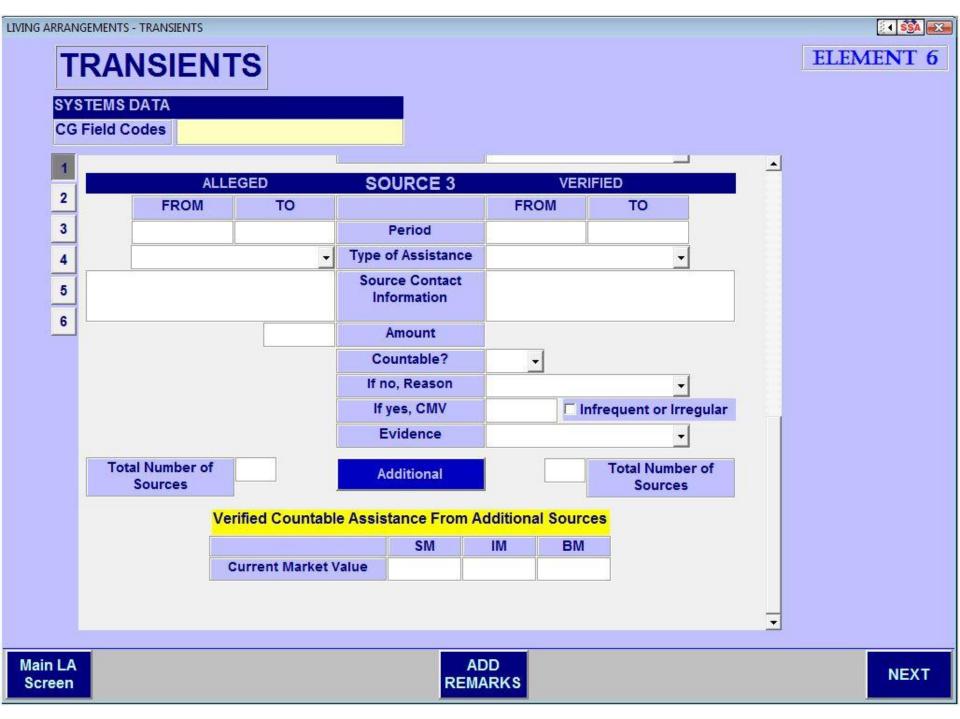


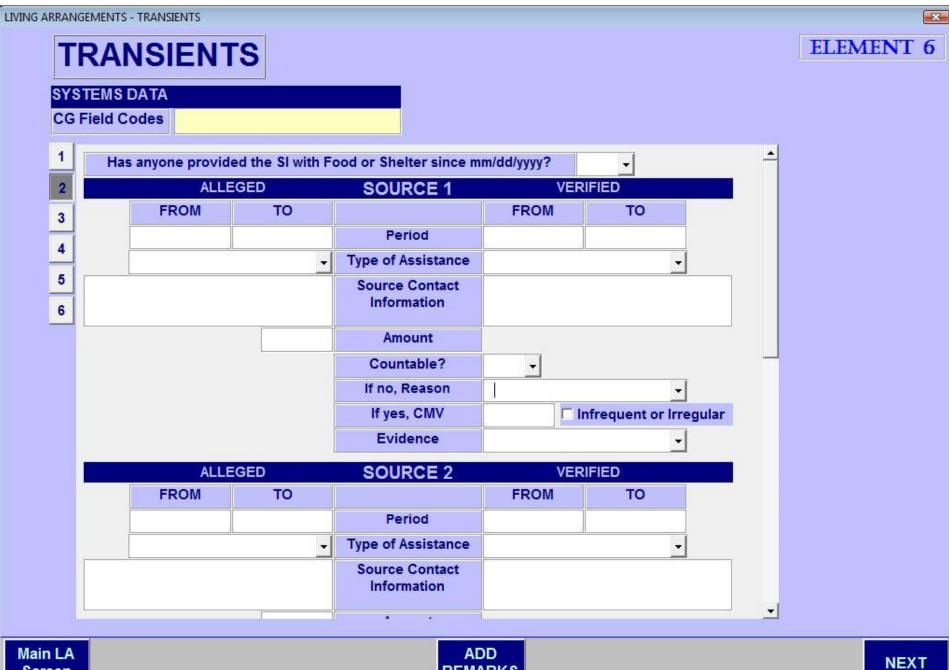


Screen

REMARKS

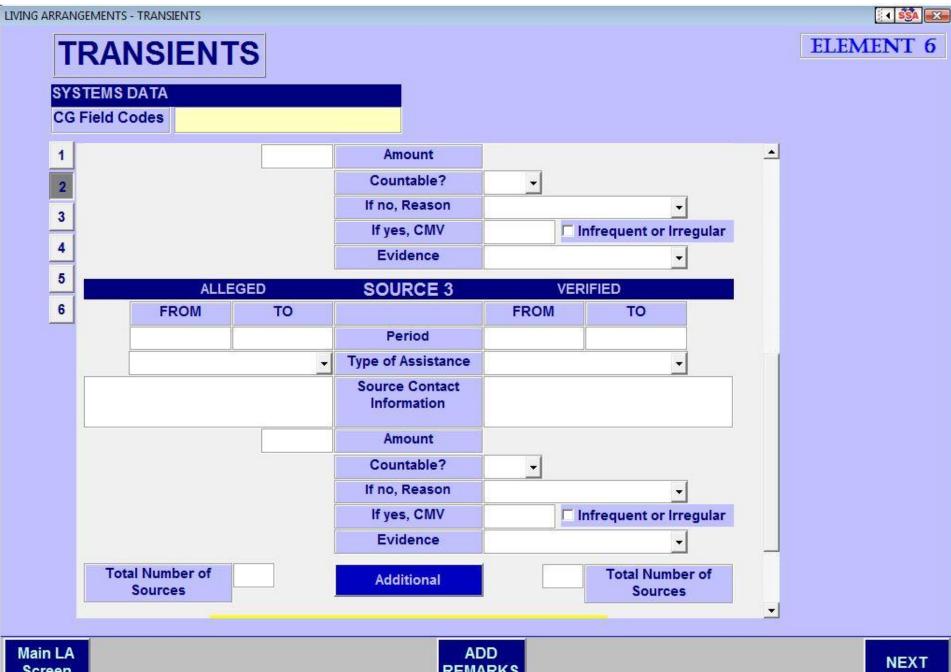


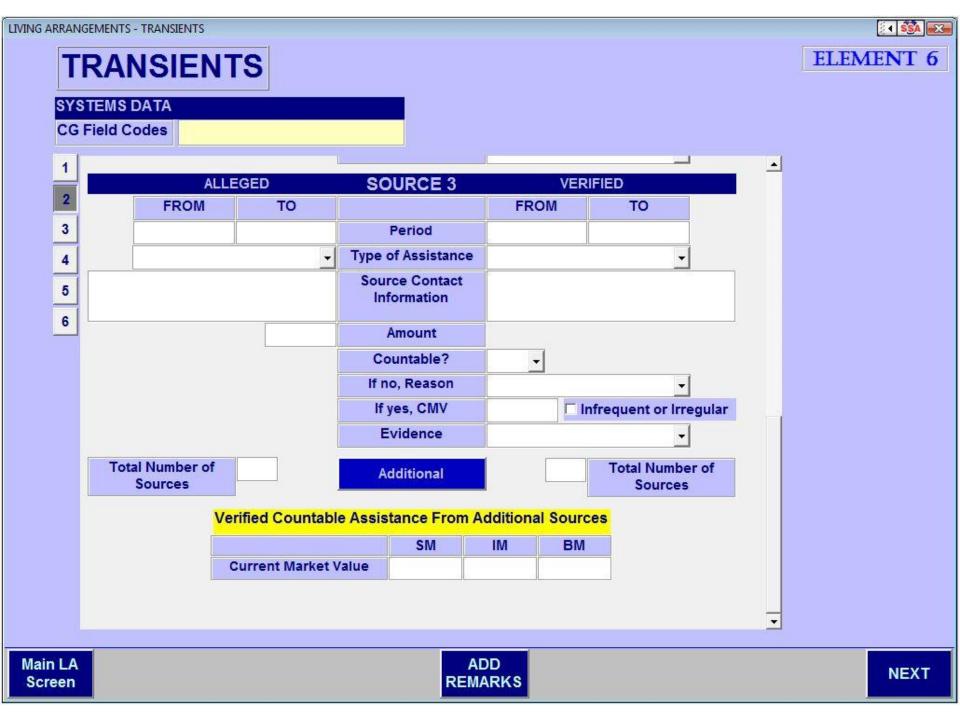


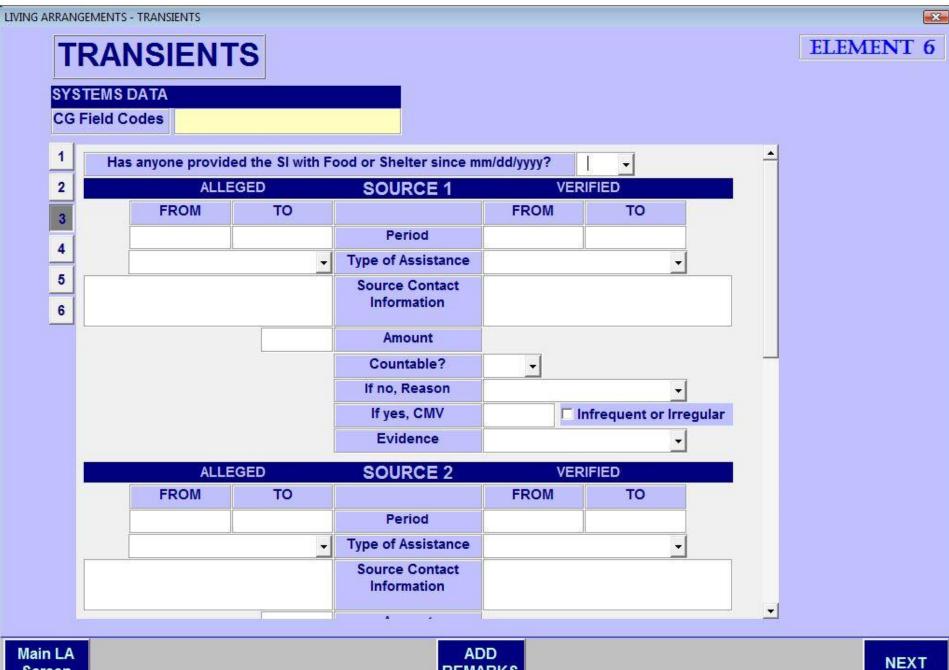


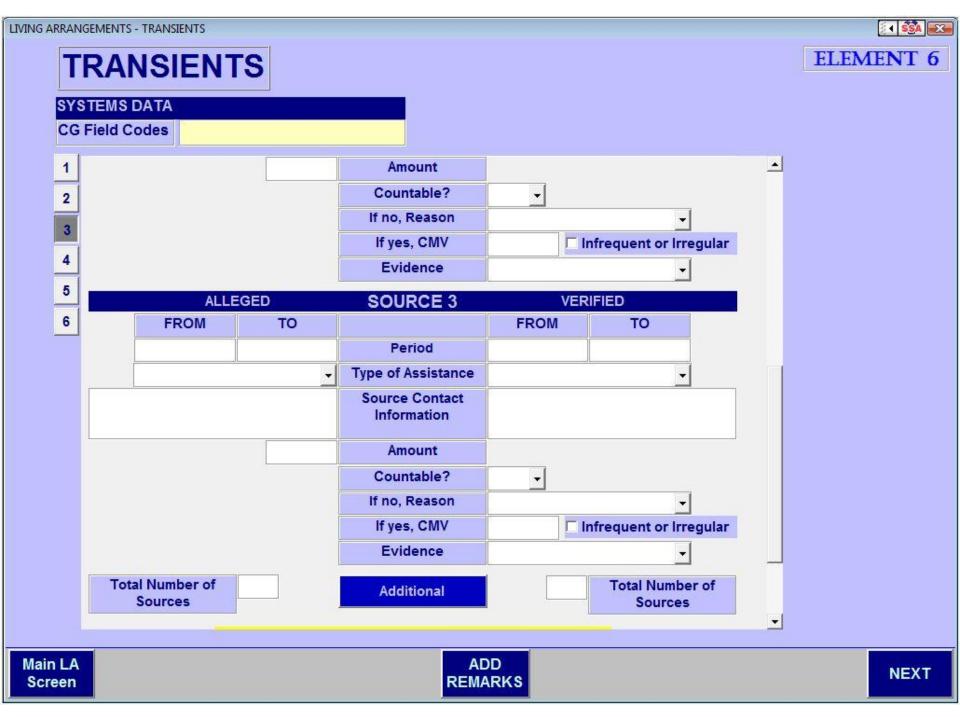
Screen

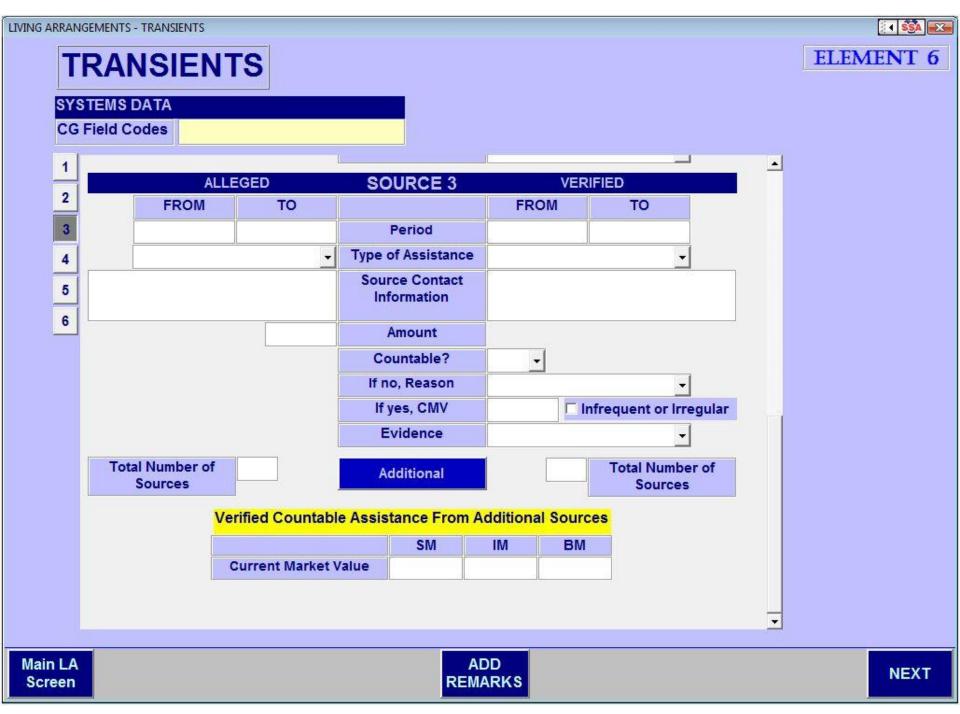
REMARKS

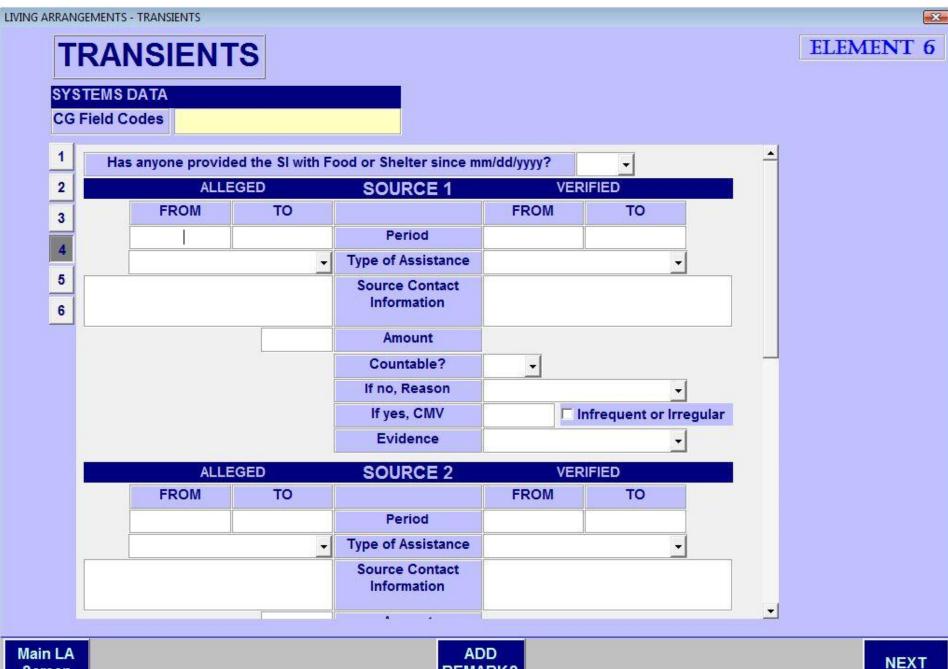


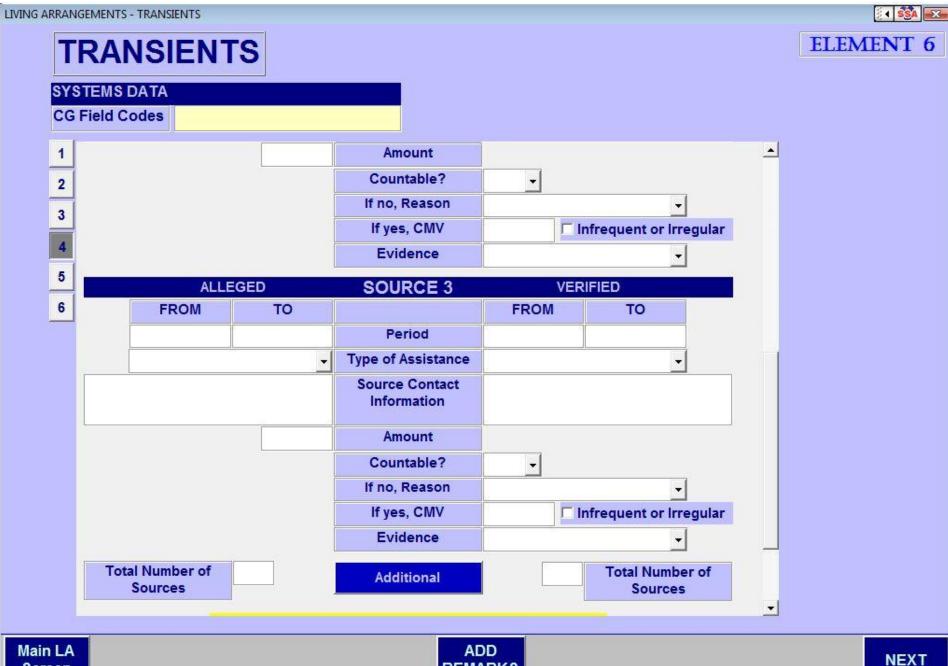


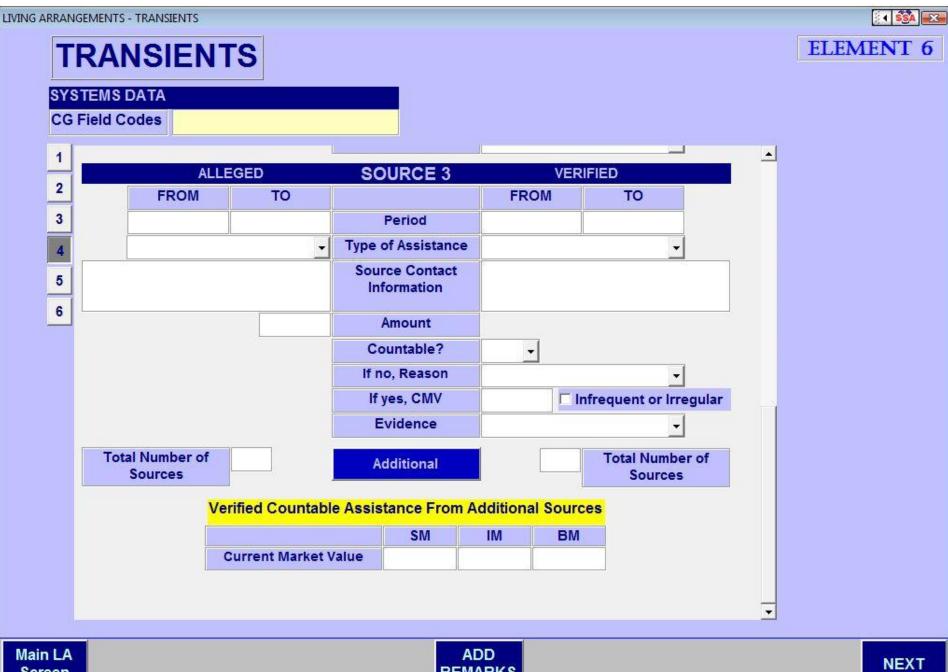


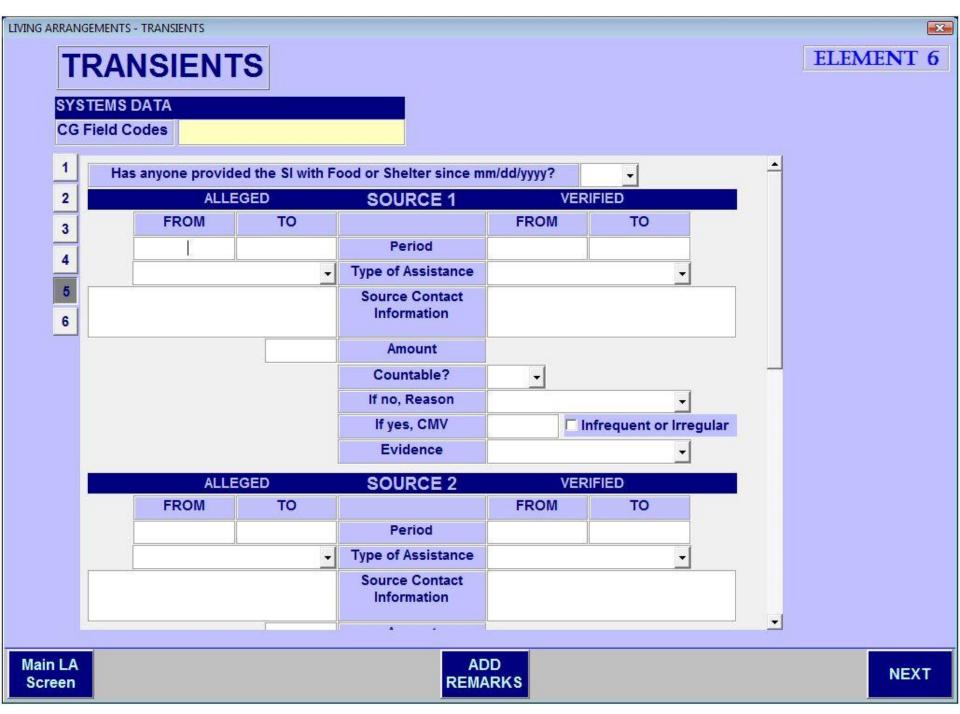


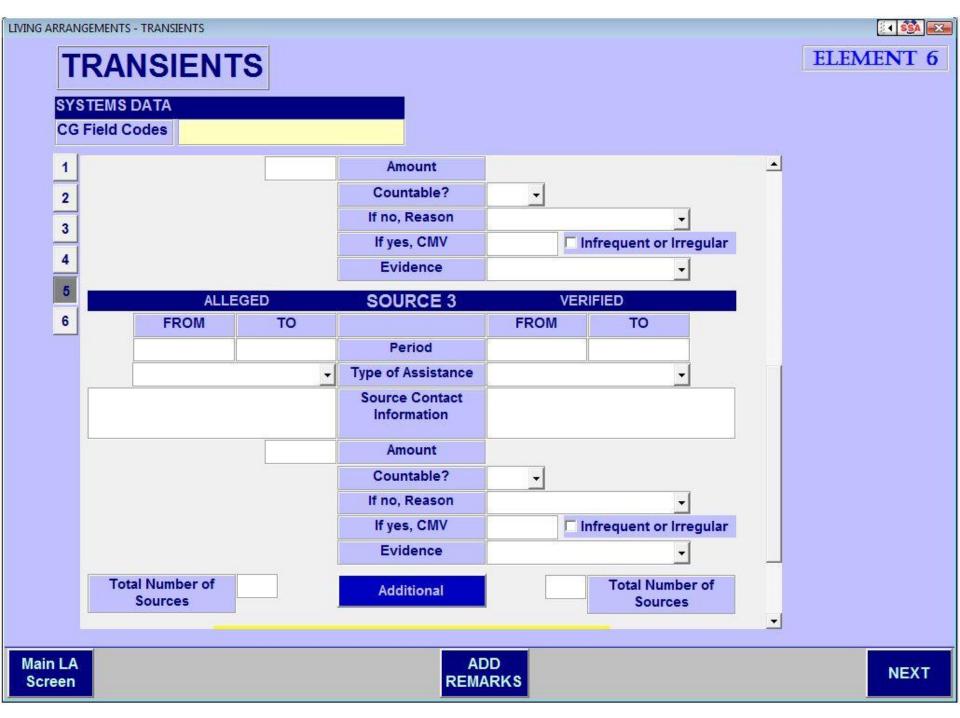


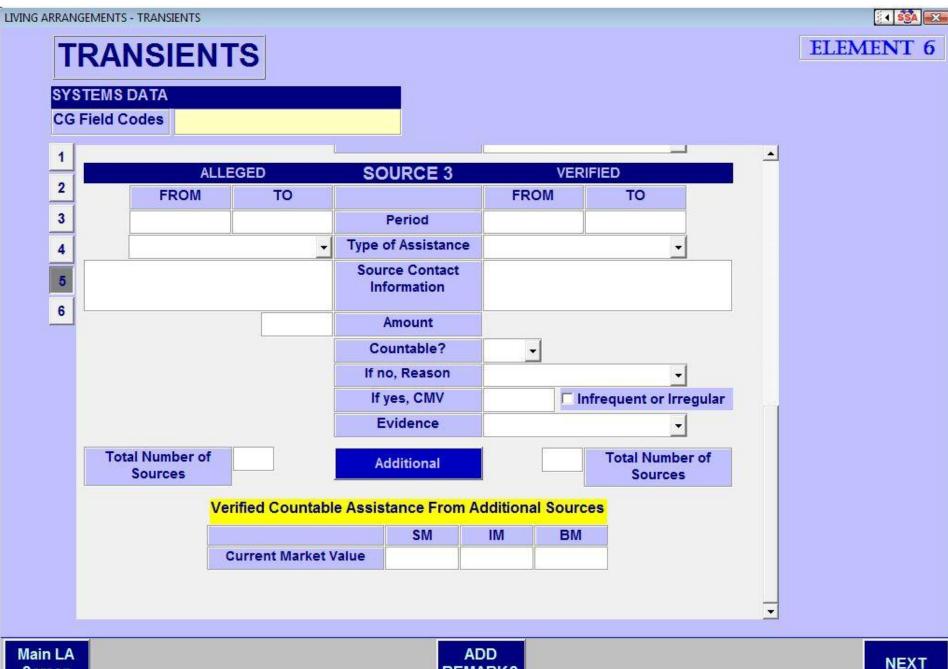


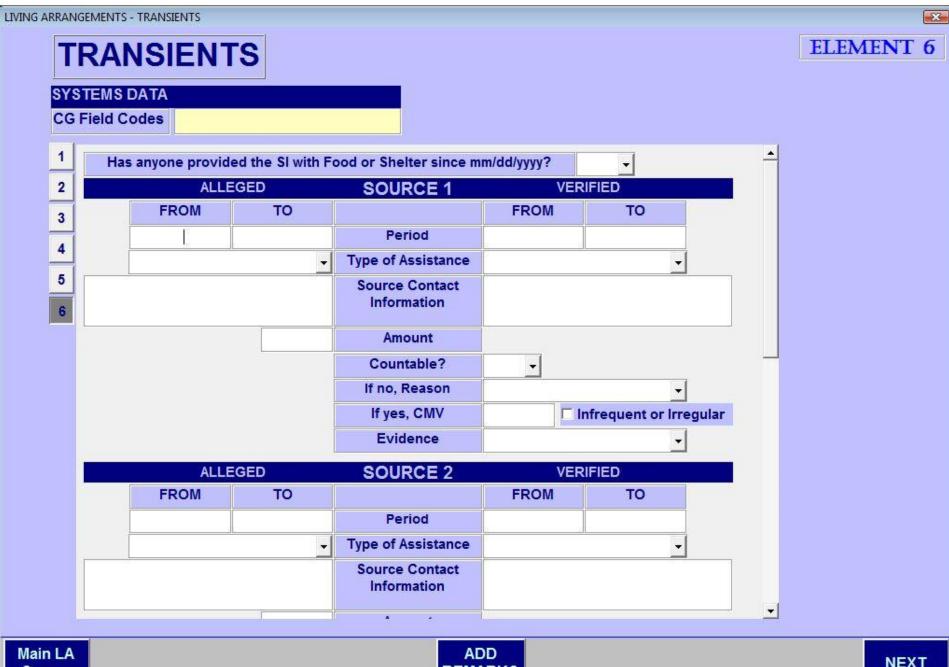






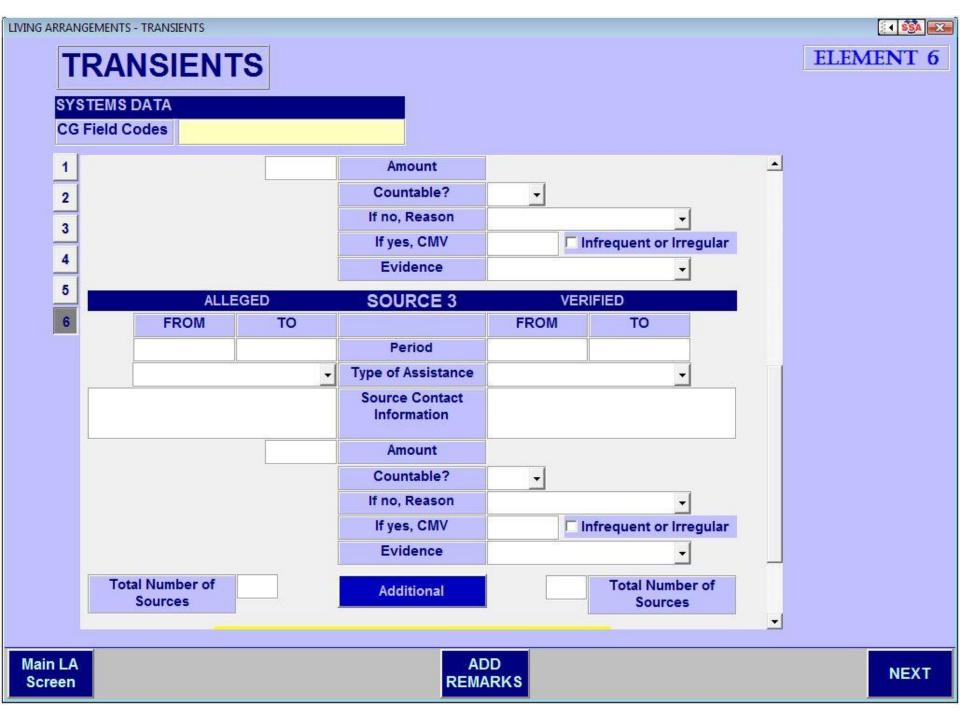


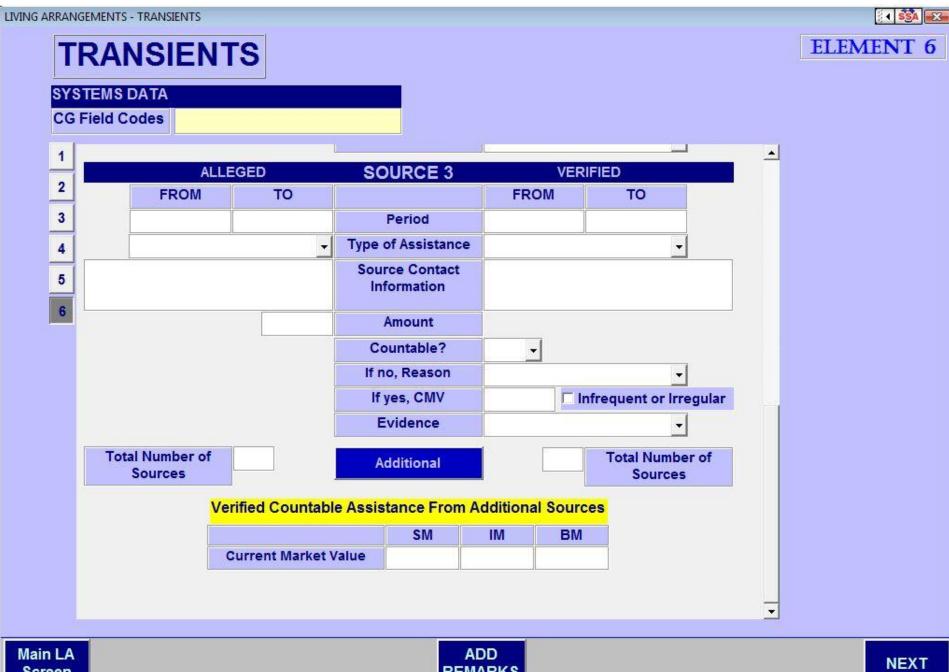




REMARKS

**NEXT** 



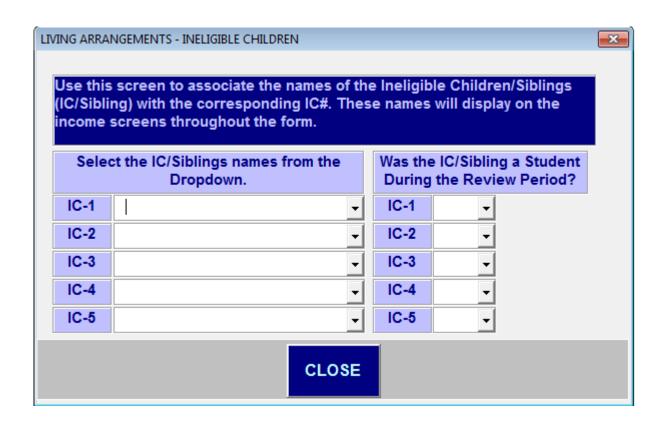


Main LA Screen STUDENT STATUS ADD REMARKS

ESTABLISH THE IC

**NEXT** 

LIVING	ARRA	NGEMENTS - HOUSEHOLD COMPOST	TION						×
		HOUSEHOL	D C	OMPOSI	TION			ELEMI	NT 6
1 2		Living Arrangeme 1=THIS HOUSEHOLD MEMBER OF 2=THIS HOUSEHOLD MEMBER RE	WNS OR IS	BUYING	FUTING				
3		3=THIS HOUSEHOLD MEMBER DO 4= CHILD LIVING WITH PARENTS 5= CHILD LIVING WITH PARENTS	WHO OWN	OR ARE BUYING	ENTING		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>	<u> </u>	
	2	_	▼	•			▼	•	
	3	▼	•	•			▼	<b>T</b>	
	4	▼	•	▼			▼	<u></u>	
	5	<u> </u>	-	<b>-</b>			<u> </u>	<u> </u>	
	6	<b>-</b>	•	•			<b>-</b>	•	
	7	_	•	_			<b>-</b>	_	
	8	<u> </u>	_	<u></u>			V	_	
	9	▼	•	<b>_</b>			<b>\</b>	<b>-</b>	
	10	▼	•	<b>-</b>			<u></u>	<b>-</b>	
	11	▼	-	<b>-</b>			<b>-</b>	-	
		Indicate who are th	ne materi	alilndividuals		Total number	of ineligible children		
			▼ MI-1	_ No material ind	lividuals	Total number	of ineligible siblings		
Ì			→ MI-2	in the review	period				
	in L <i>l</i> reer		JDENT ATUS	F	ADD REMARKS		BLISH E IC		NEXT



### **HOUSEHOLD EXPENSES**

**ELEMENT 6** 

2

3

4

5

Residence Address			AVERAGING PERIOD:	FROM	то
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
	FOOD	2			_
2)	RENT				•
16	MORTGAGE				-
	PROPERTY INSURANCE				-
	PROPERTY TAX				₹
100	HEATING/ FUEL				+
	GAS				-
2)	ELECTRICITY				-
167	WATER				+
	SEWER				-
	GARBAGE REMOVAL				
	TOTAL	2			
-1	Does the SI have a loan				-
	agreement regarding HH expenses?		4		
	Unstated income suspected?	<u> </u>	]		

#### **ELEMENT 6**

X

# **HOUSEHOLD EXPENSES**

2

3

4

5 6

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

Main LA Screen ADD REMARKS

X

### **HOUSEHOLD EXPENSES**

2

3

4

6

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

#### **ELEMENT 6 HOUSEHOLD EXPENSES**

3 4 5

6

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

Main LA Screen

ADD REMARKS

**NEXT** 

#### SSA E

# **HOUSEHOLD EXPENSES**

**ELEMENT 6** 

1 2

3

4

6

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



## **HOUSEHOLD EXPENSES**

**ELEMENT 6** 

3

5

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

Main LA Screen

ADD REMARKS

**NEXT** 

# **OPTIONAL STATE SUPPLEMENT**

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

Residence Address	
Development of OSS Field Alle	agation
OSS development remarks	gauon
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	· ·				

2	Residence Address	
3	Development 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** 

×

**ELEMENT 6** 

Main LA Screen

ADD REMARKS

**NEXT** 

X

**ELEMENT 6** 

#### **ELEMENT 6**

## **OPTIONAL STATE SUPPLEMENT**

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

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

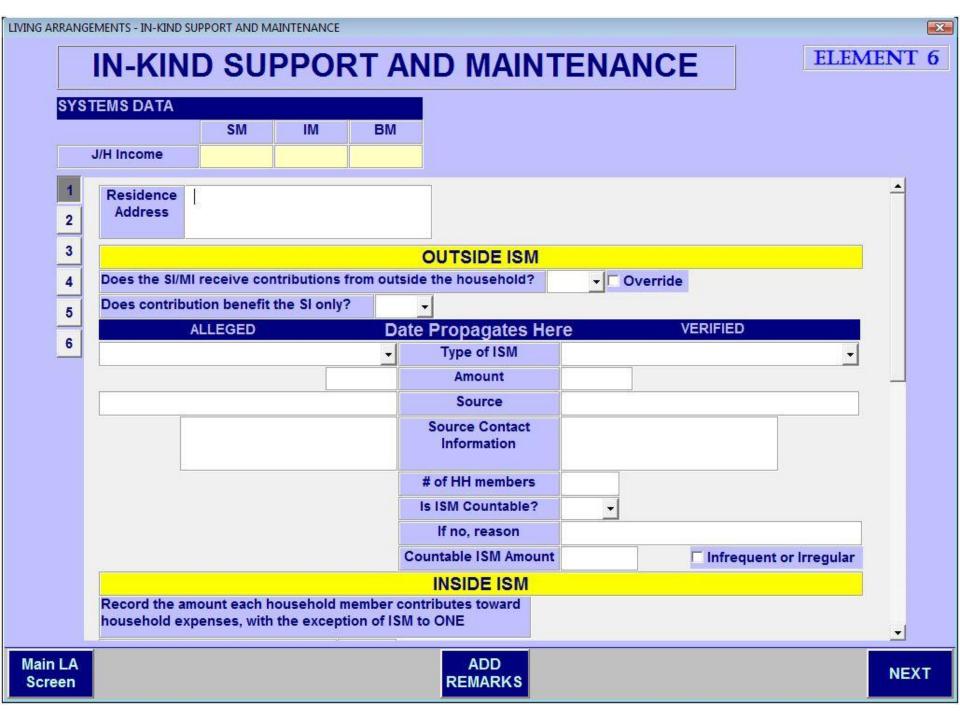
Main LA Screen ADD REMARKS

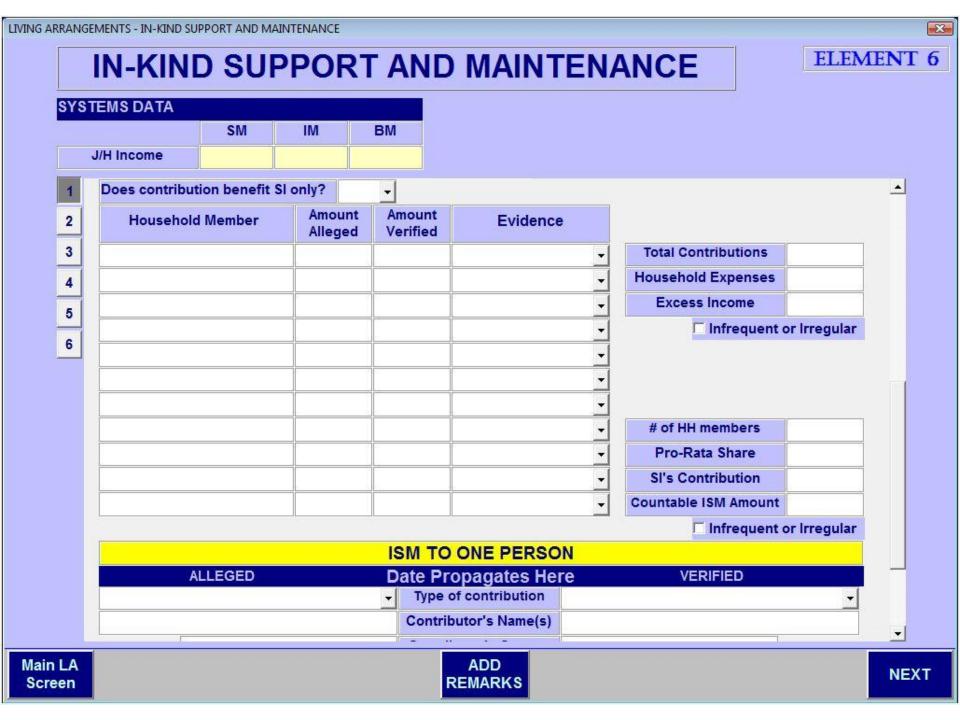
Main LA Screen ADD REMARKS

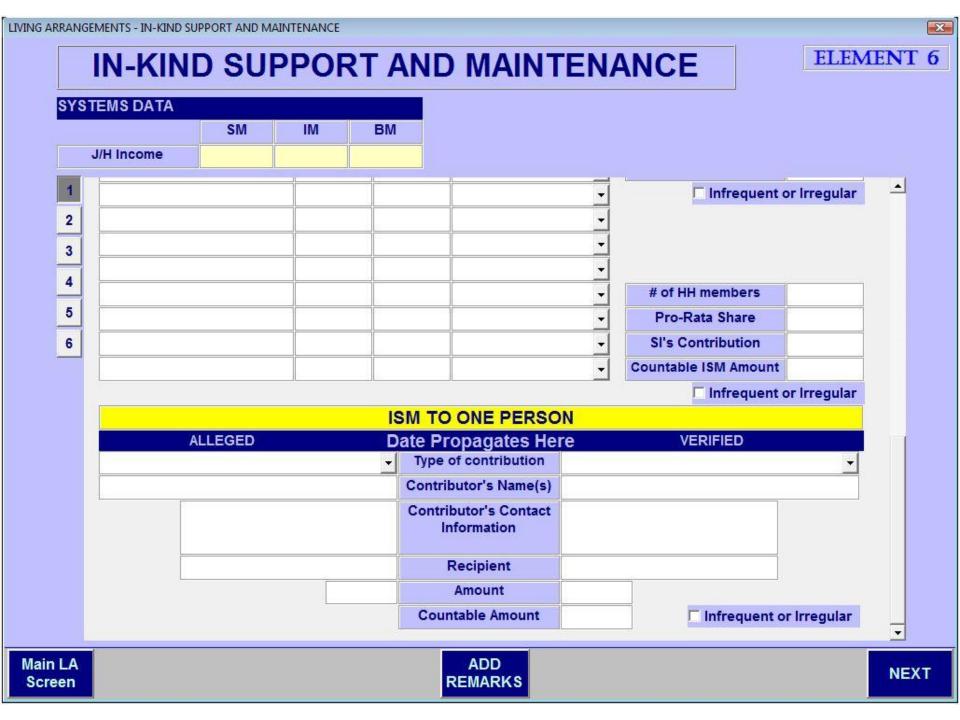
**NEXT** 

×

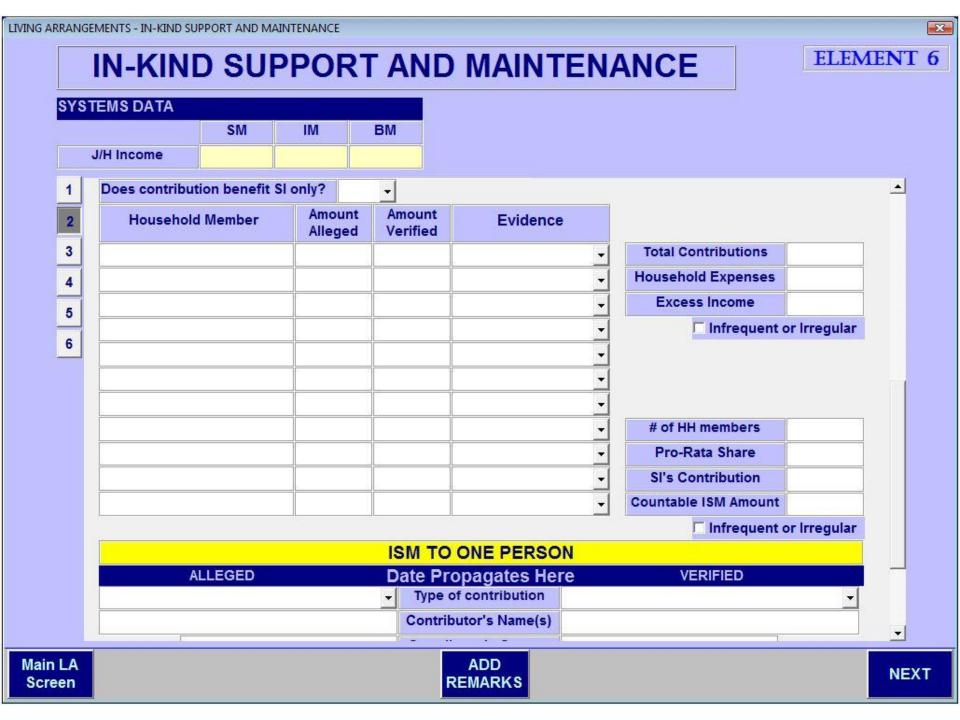
**ELEMENT 6** 

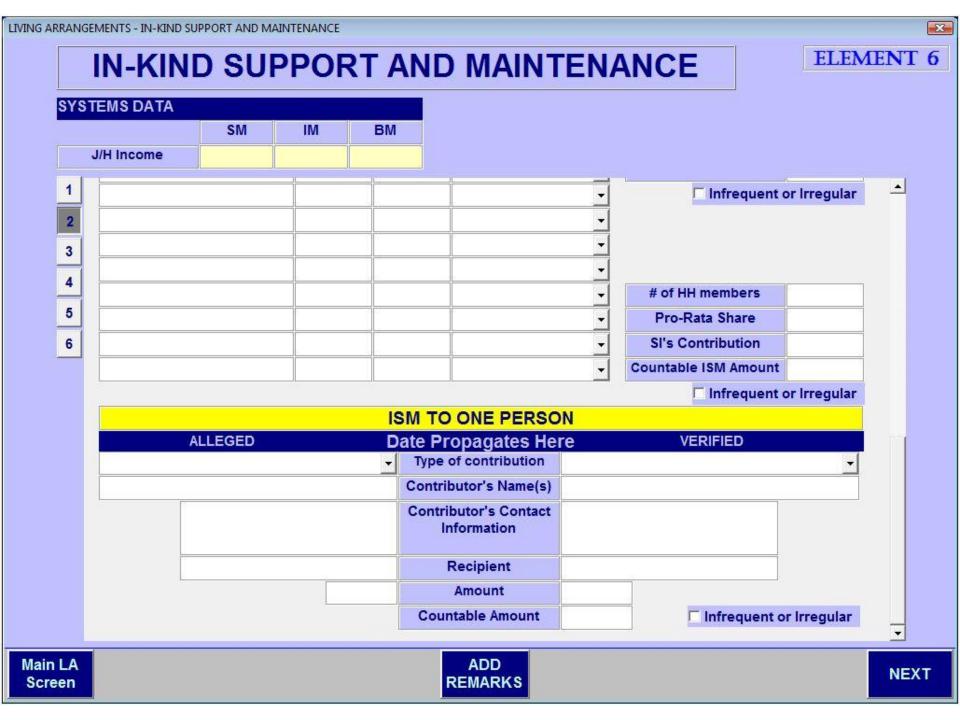


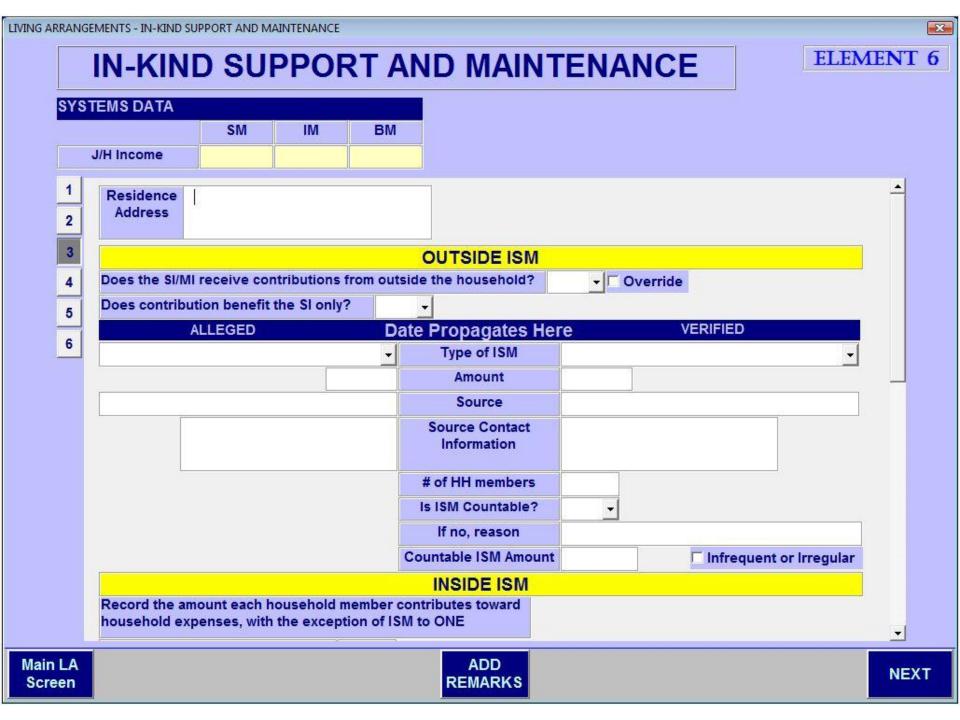


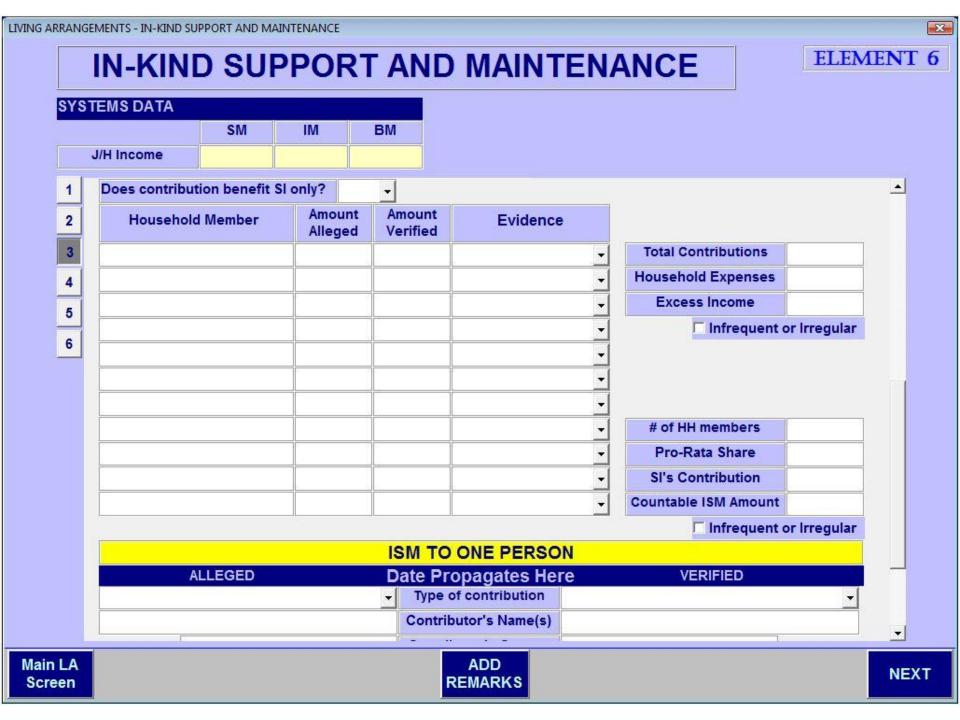




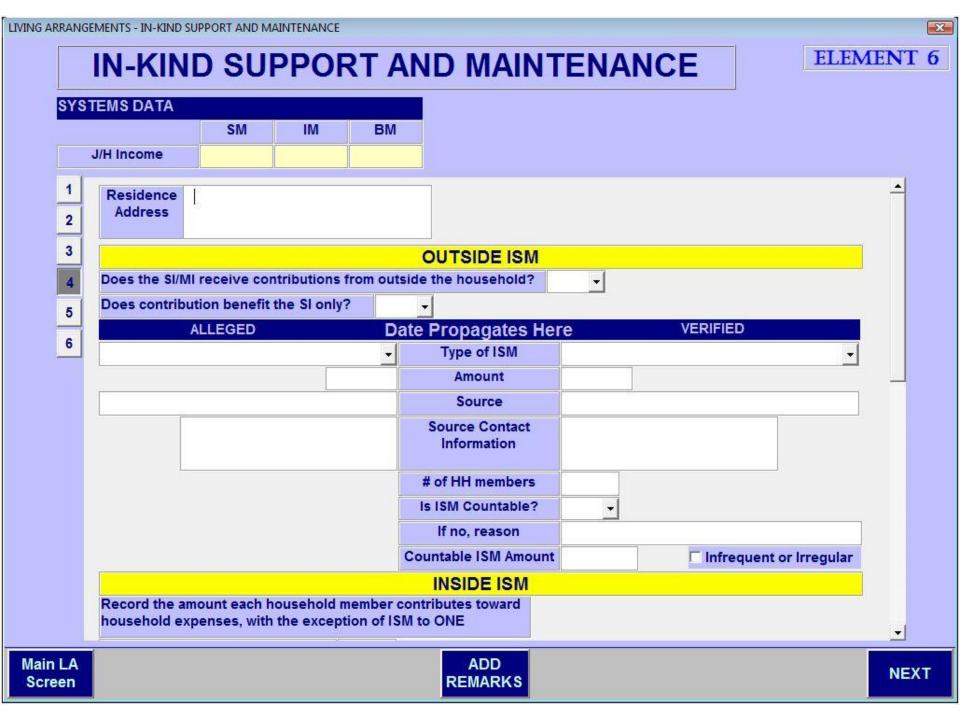


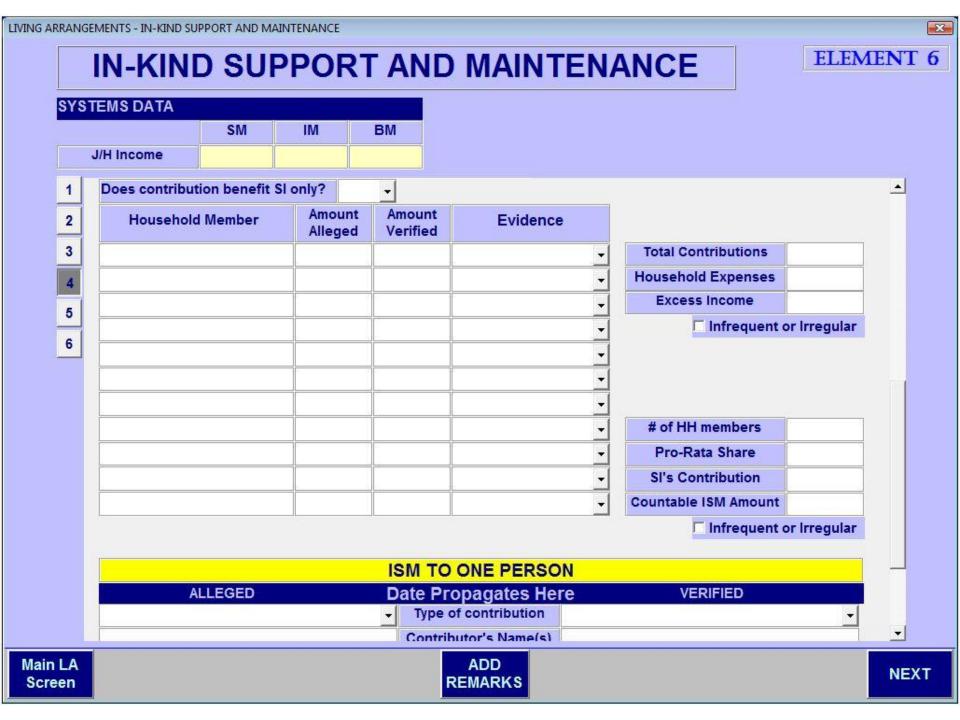


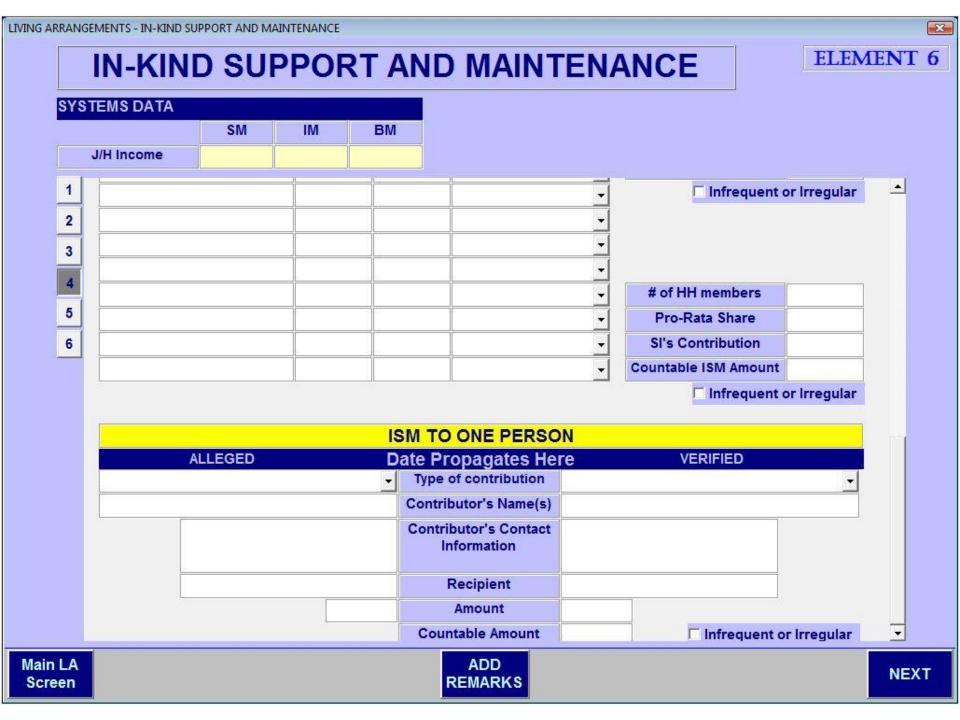


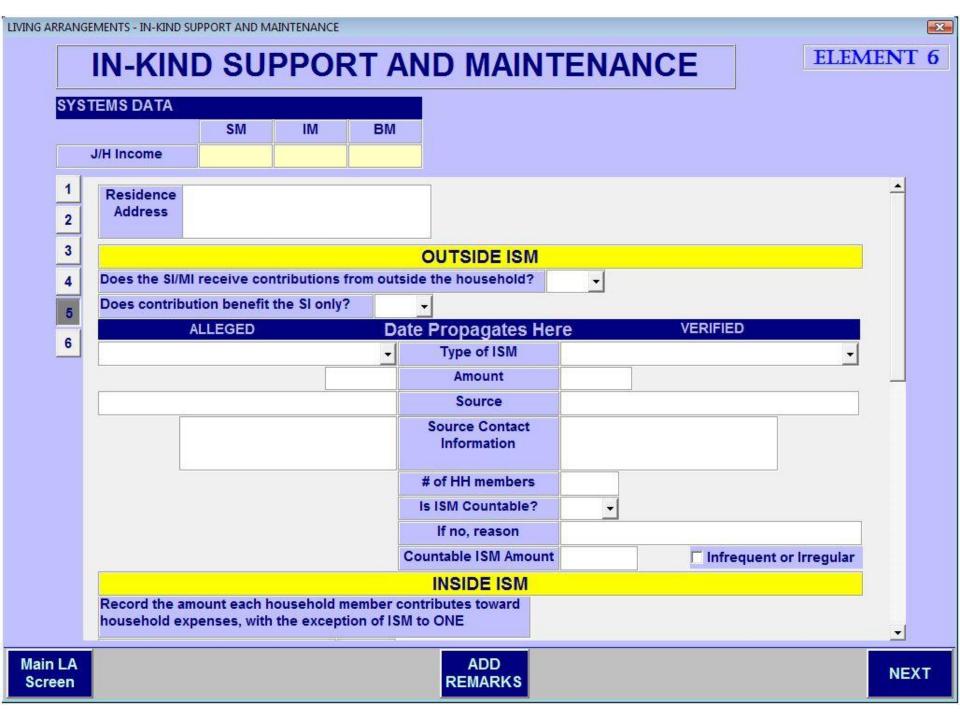


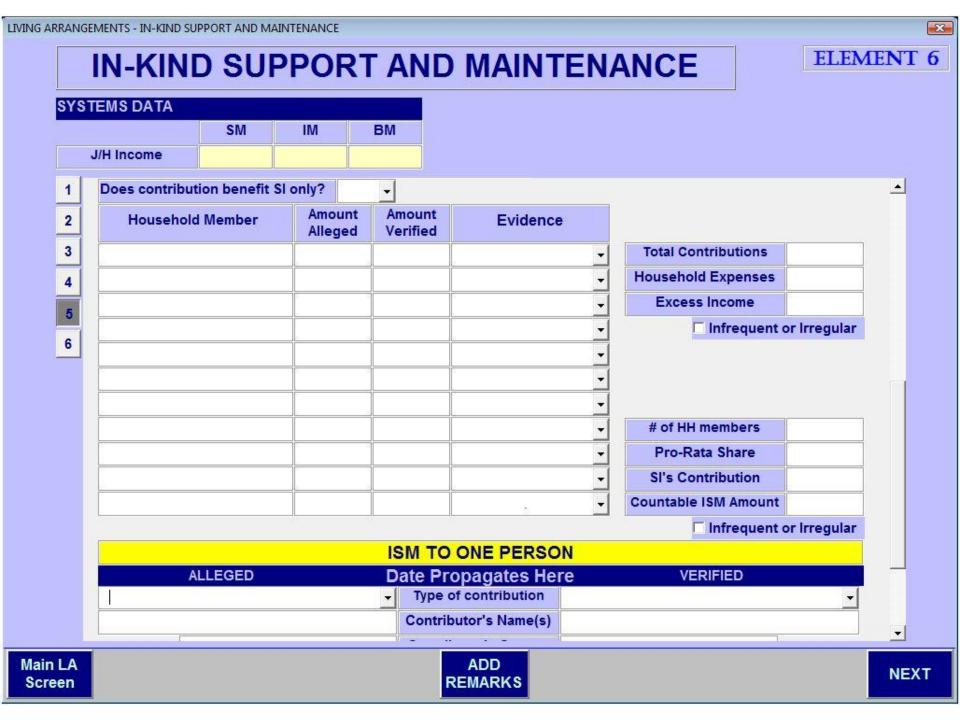
SYSTEMS D	ATA							
	SM	IM	ВМ					
J/H Inco	me							
1						7	☐ Infrequent or Irr	regular
2		36			<u> </u>			
						T		
3						-		
4						Ŧ	# of HH members	
5					3	Ī	Pro-Rata Share	
6					: :		SI's Contribution	
						<u>-</u>	Countable ISM Amount	
							☐ Infrequent or Irr	egular
					ONE PERSO		(Vieniere)	
	ALLEGED		D		opagates Her	е	VERIFIED	
			<u>                                      </u>		outor's Name(s)			
	Ĝ.				outor's Contact	V.	É-	
				In	formation			
				F	Recipient	-	*	
	in-				Amount			
				Coun	table Amount		☐ Infrequent or Irro	egular

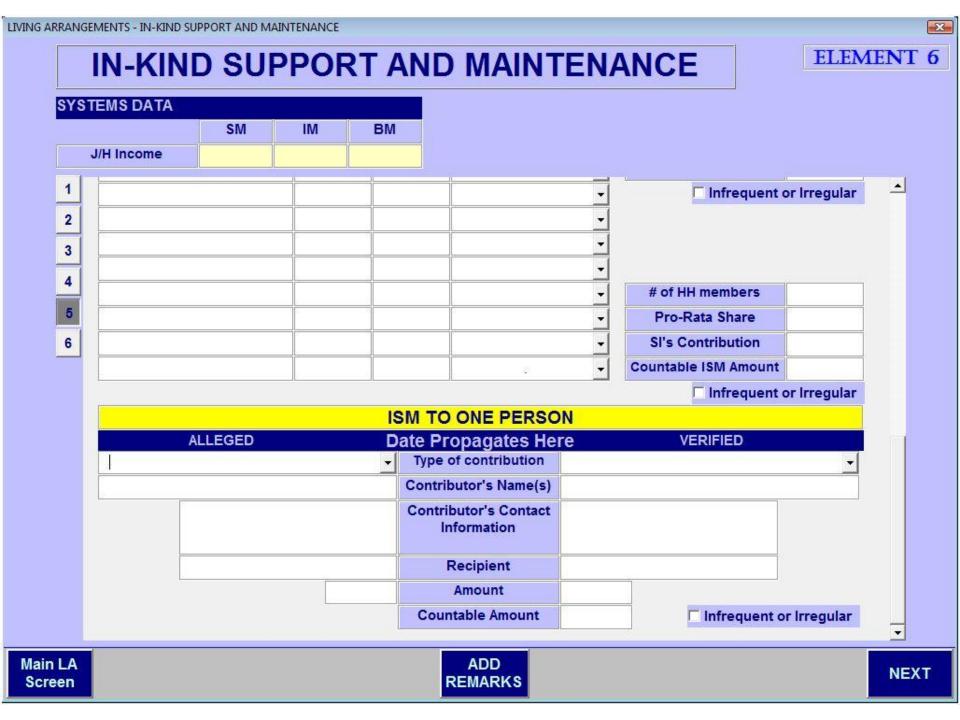


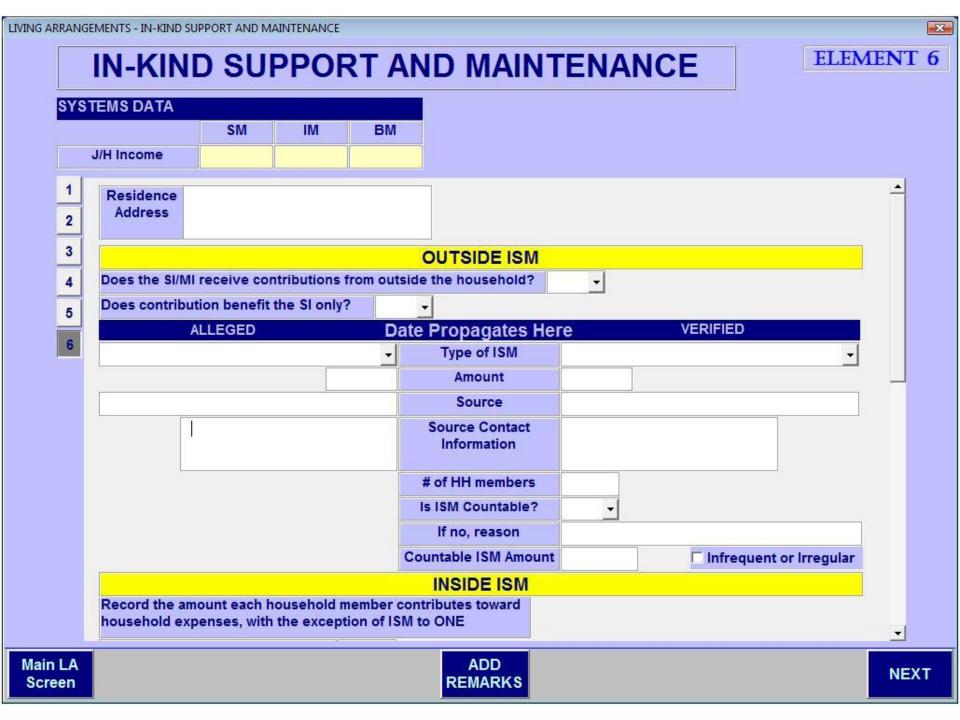


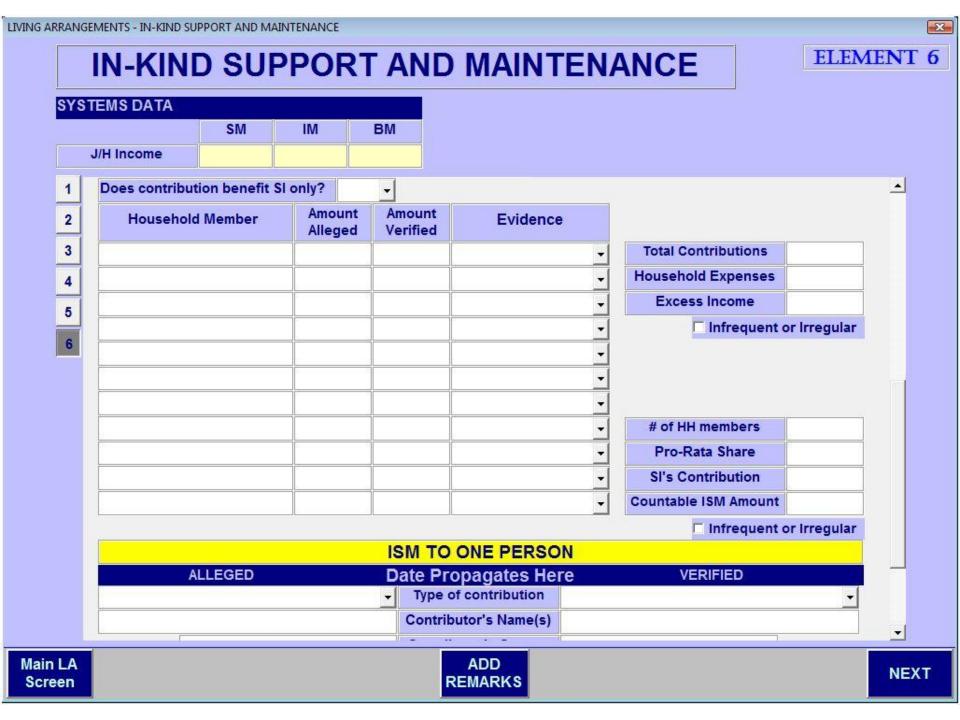


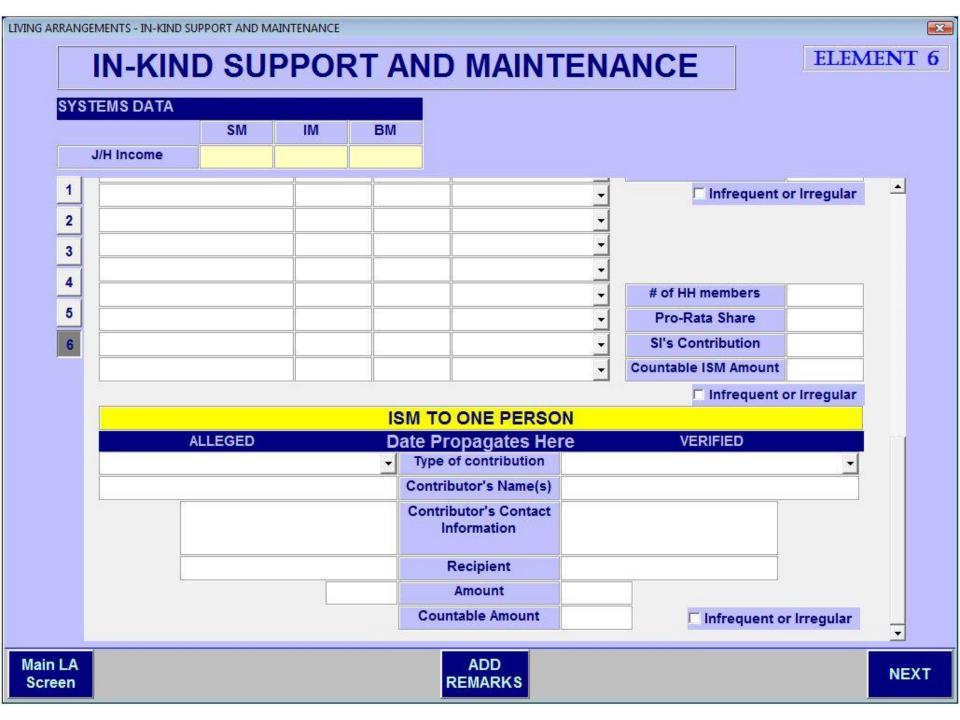












ADDRESS HISTOR	RY	ELEMENT 6
Residence 1	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 2	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 3	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 4	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 5	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 6	Change Since mm/dd/yyyy?	Date of change

Туре

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?

×

## **REVIEW PERIOD LA CHANGE**

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

Main LA Screen ADD REMARKS ADDR HISTORY X

**ELEMENT 6** 

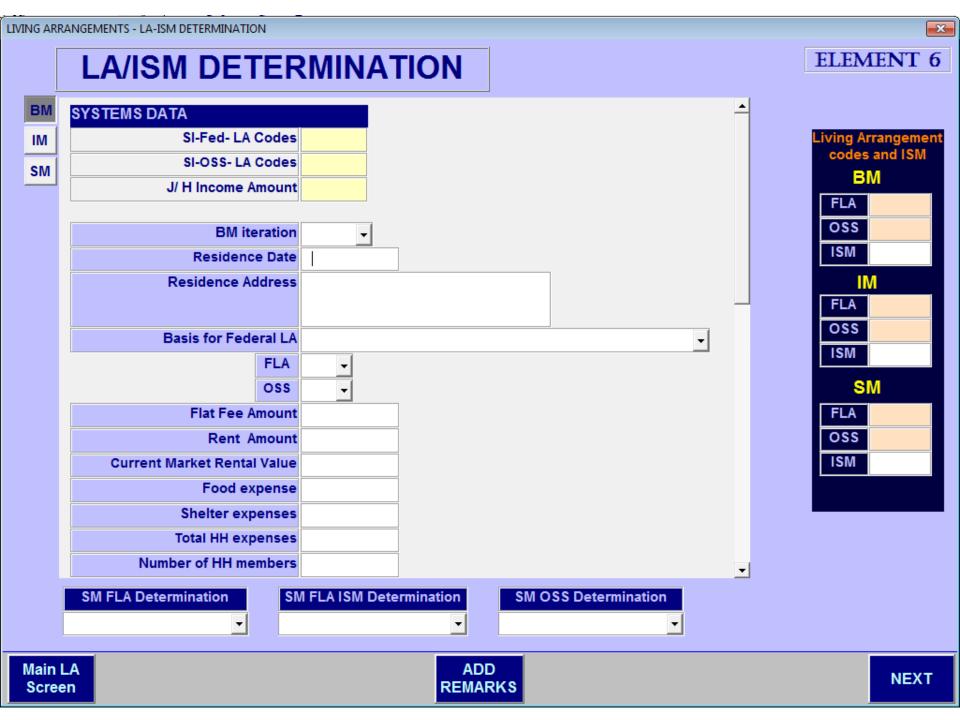
Main LA Screen

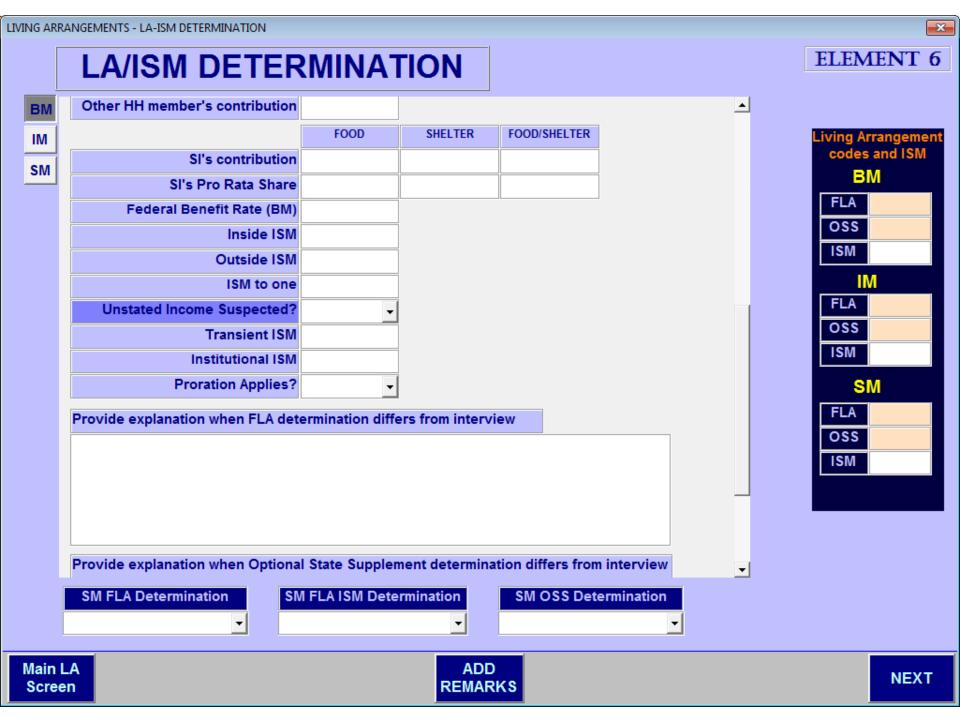
ADD REMARKS ADDR HISTORY ×

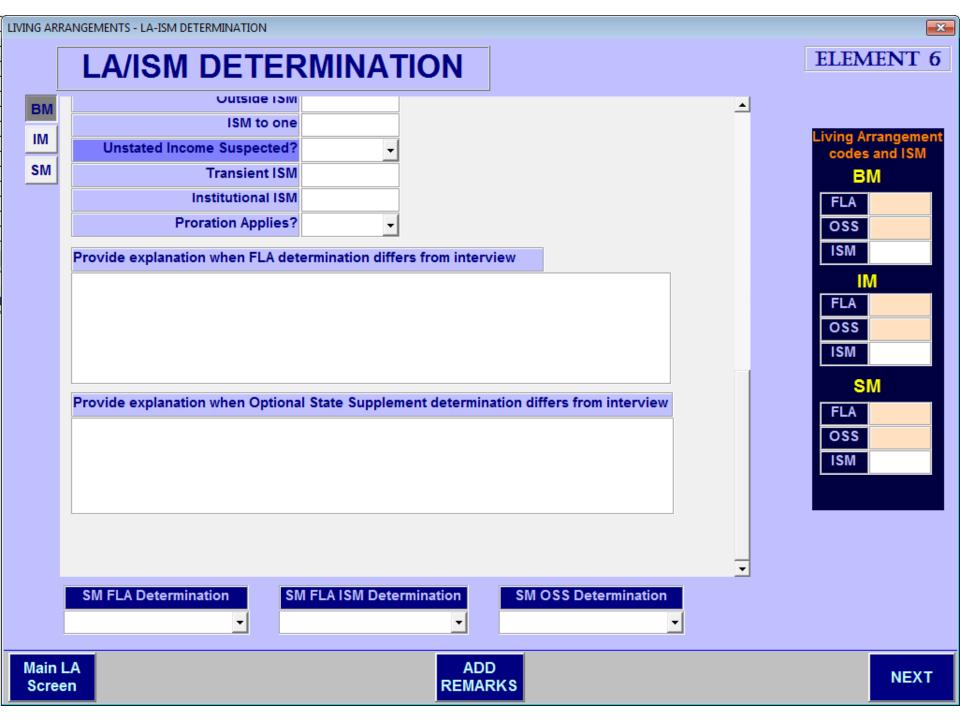
**ELEMENT 6** 

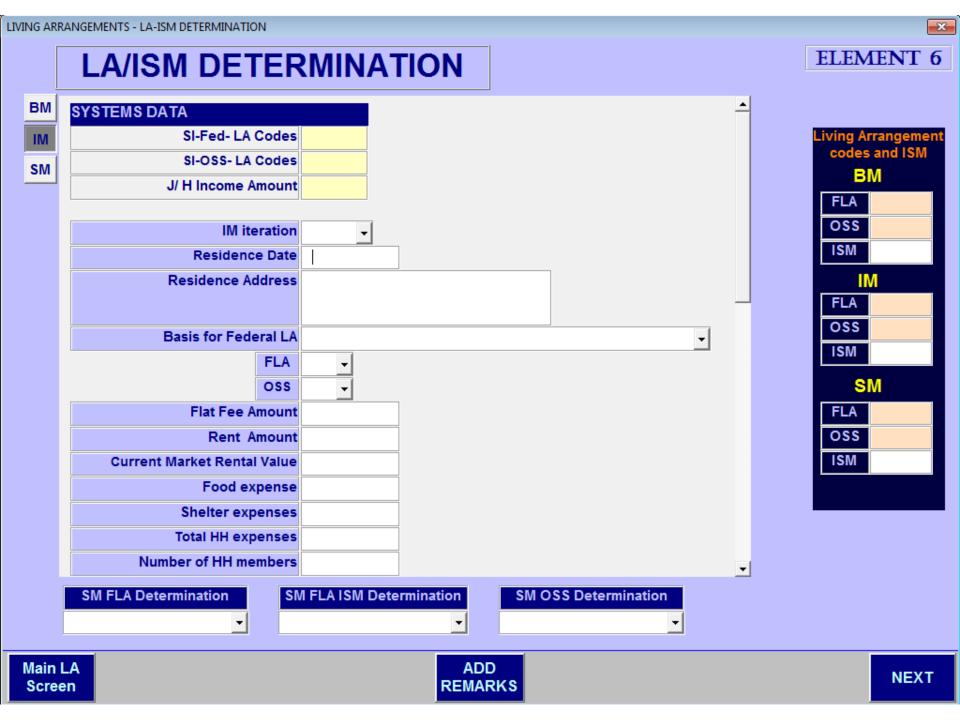
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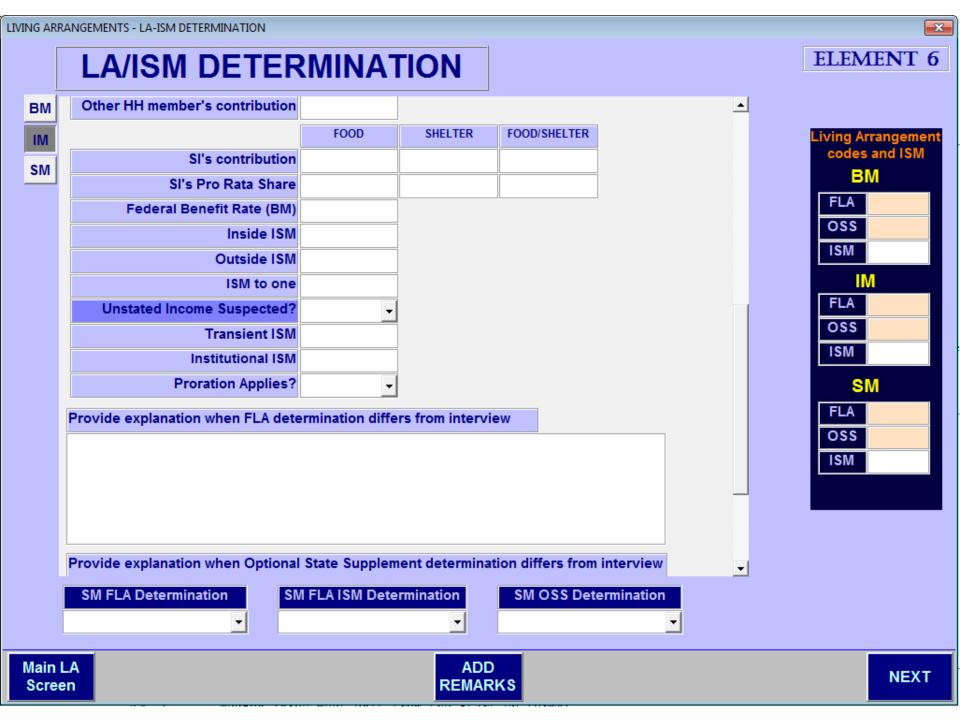
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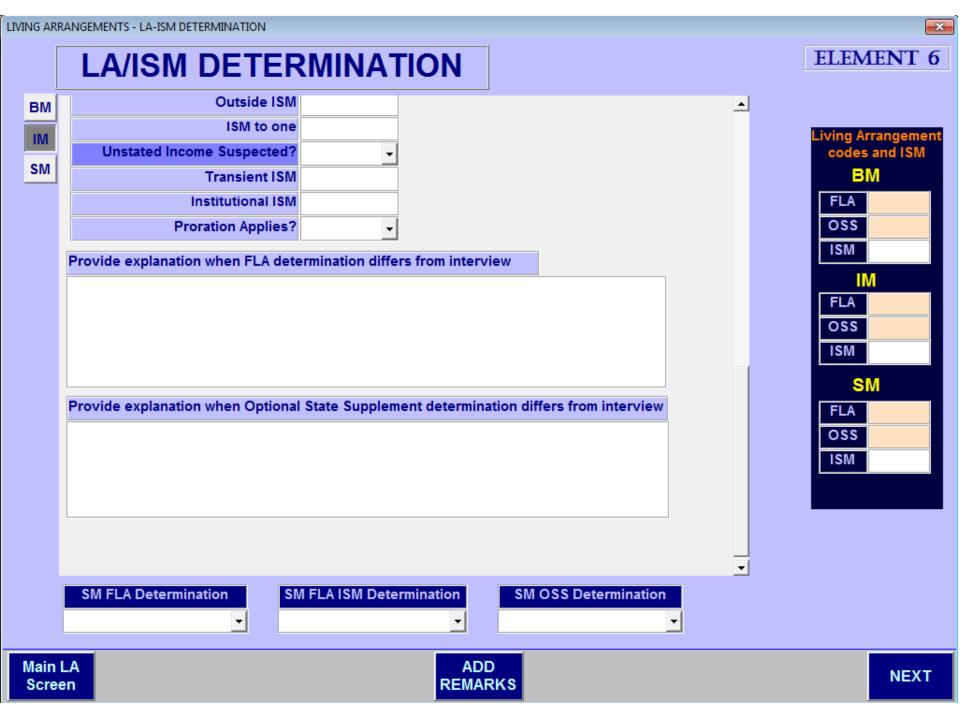


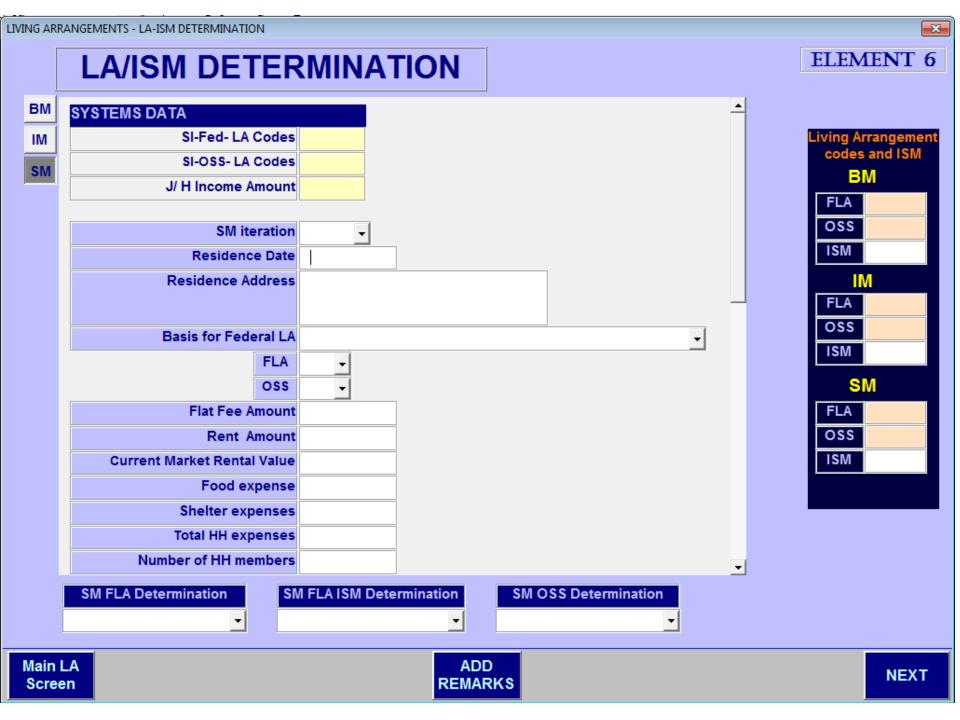


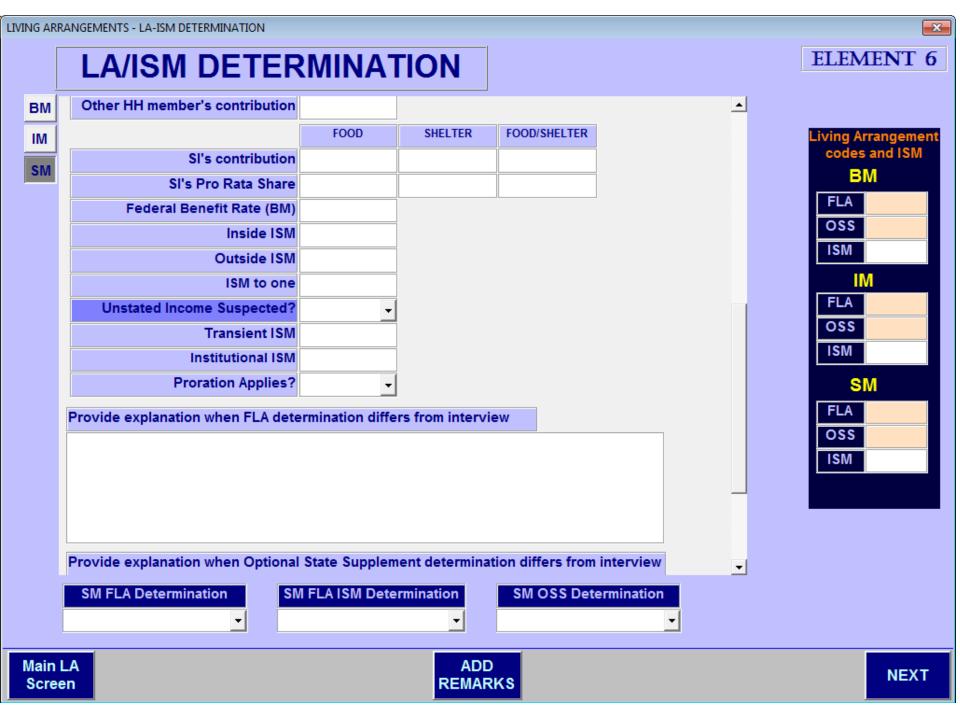


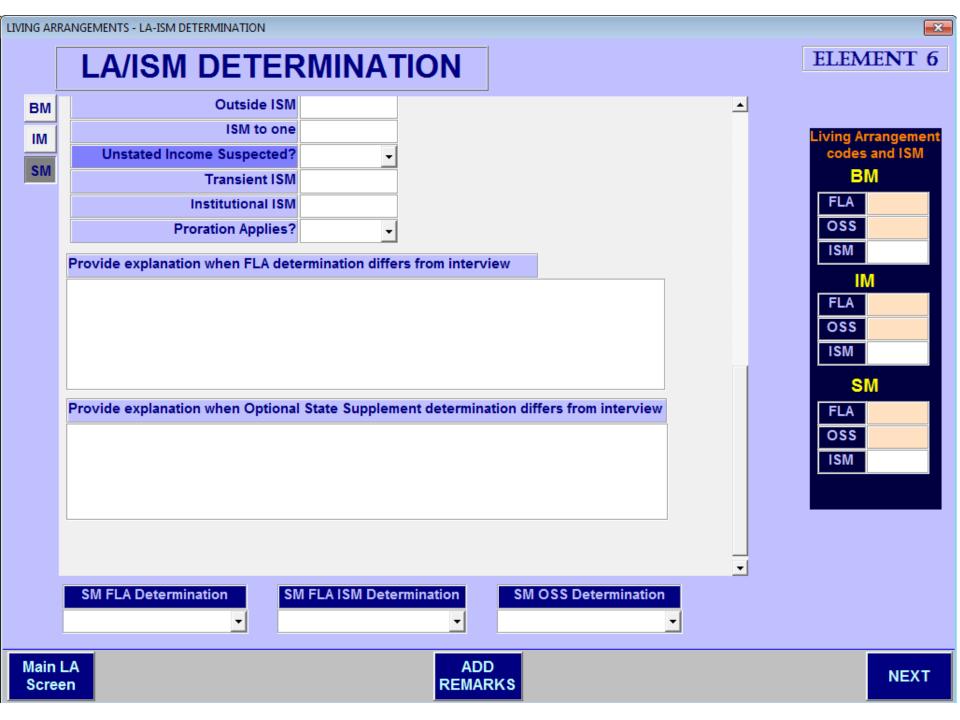












REMARKS

Summary

**NEXT** 

COMPLETE

**PREVIOUS** 

by Name

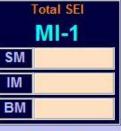
MENU

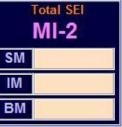
23

# **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?

Total SEI
SI
SM
IM
BM

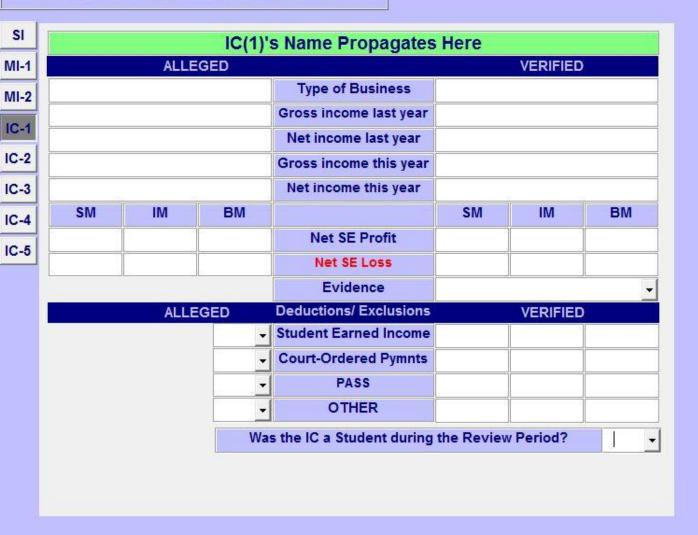




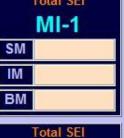


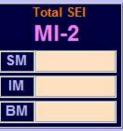
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### **SELF-EMPLOYMENT**



Total SEI
SI
SM
IM
BM
Total SEI

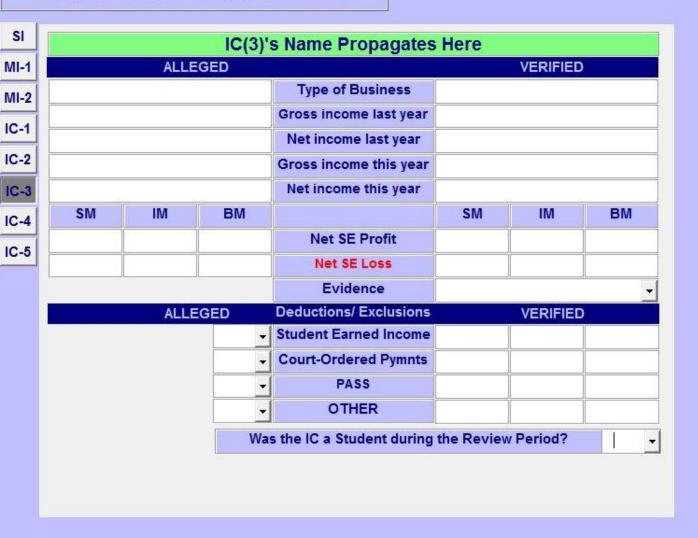




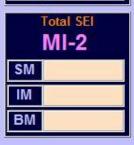
#### **ELEMENT 7**

×

### **SELF-EMPLOYMENT**



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



IM

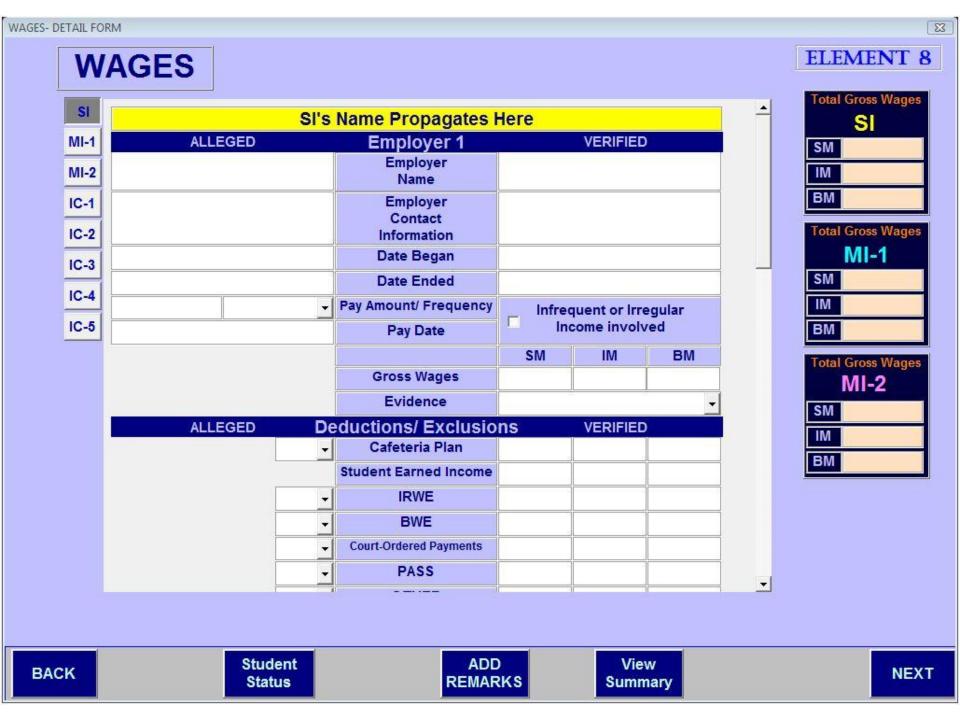
BM

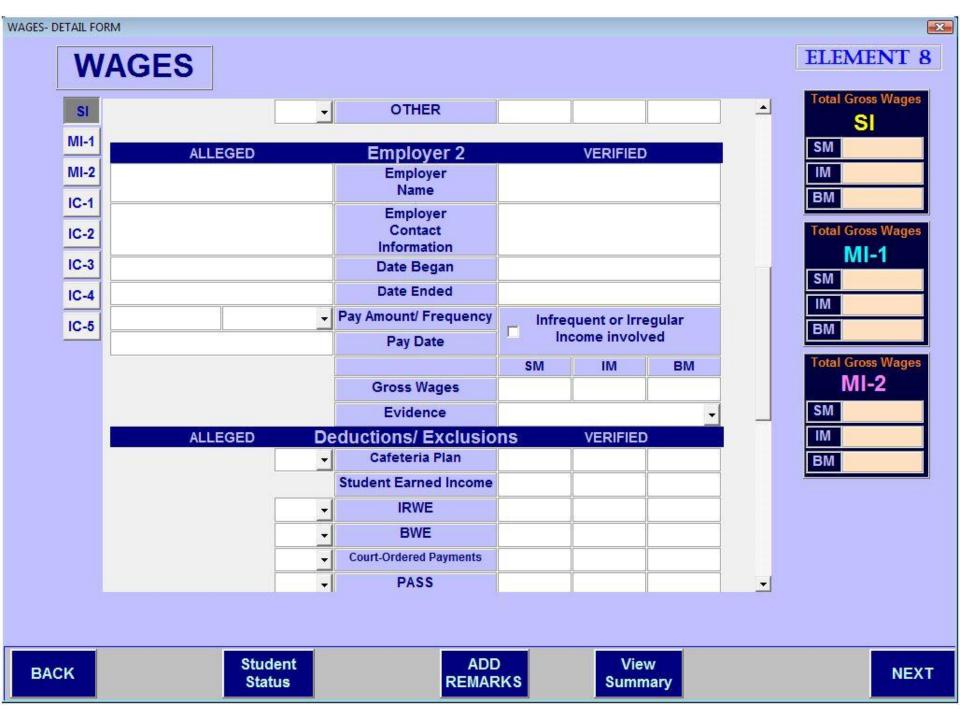
REMARKS

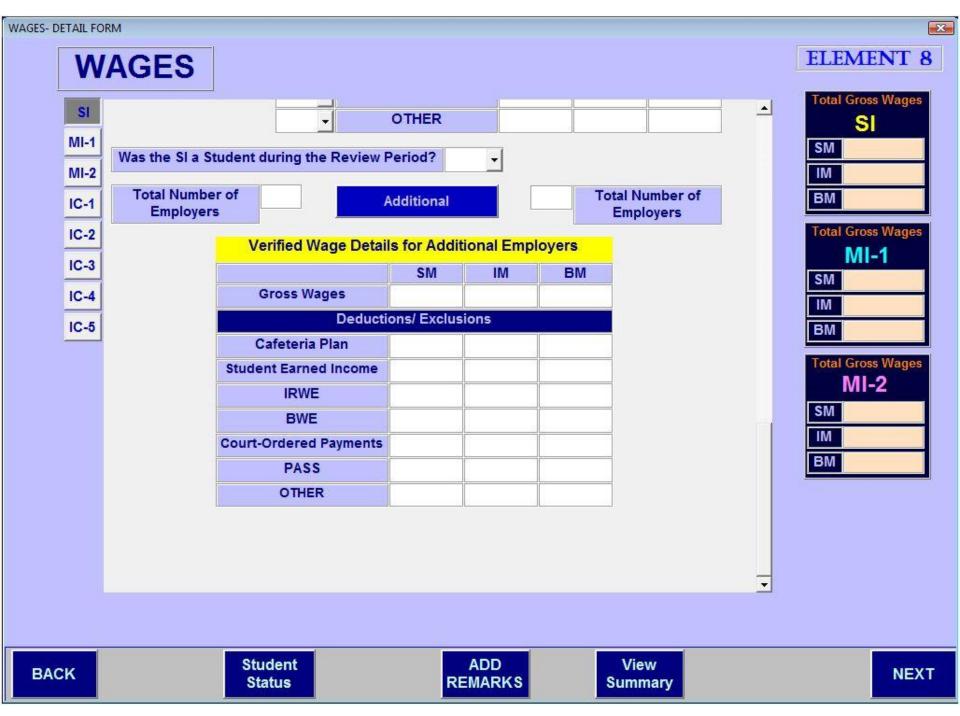
Summary

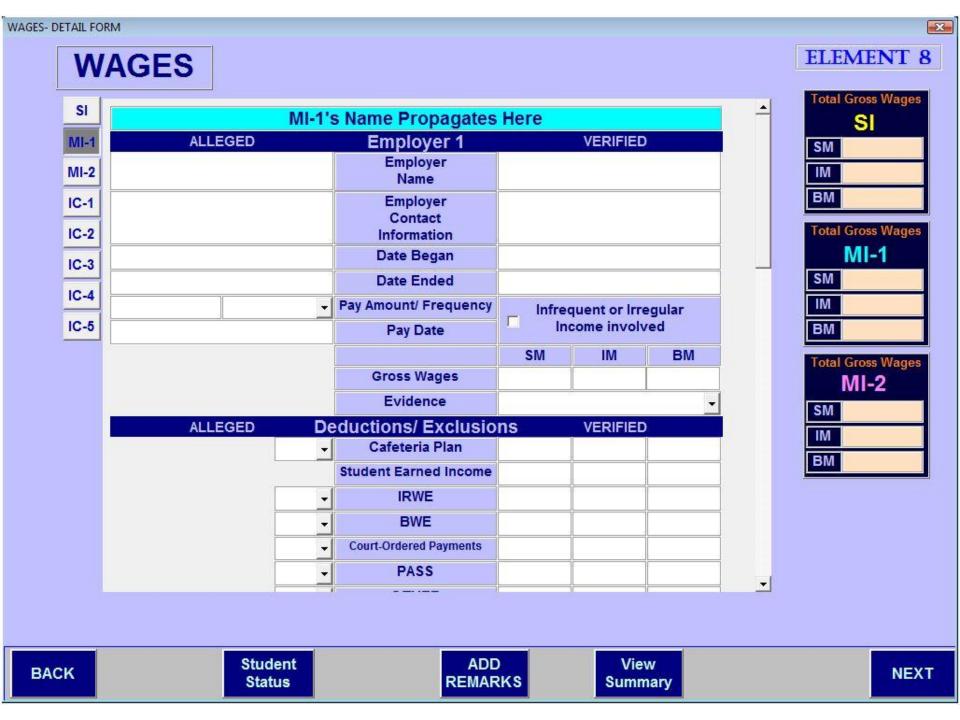
STATUS

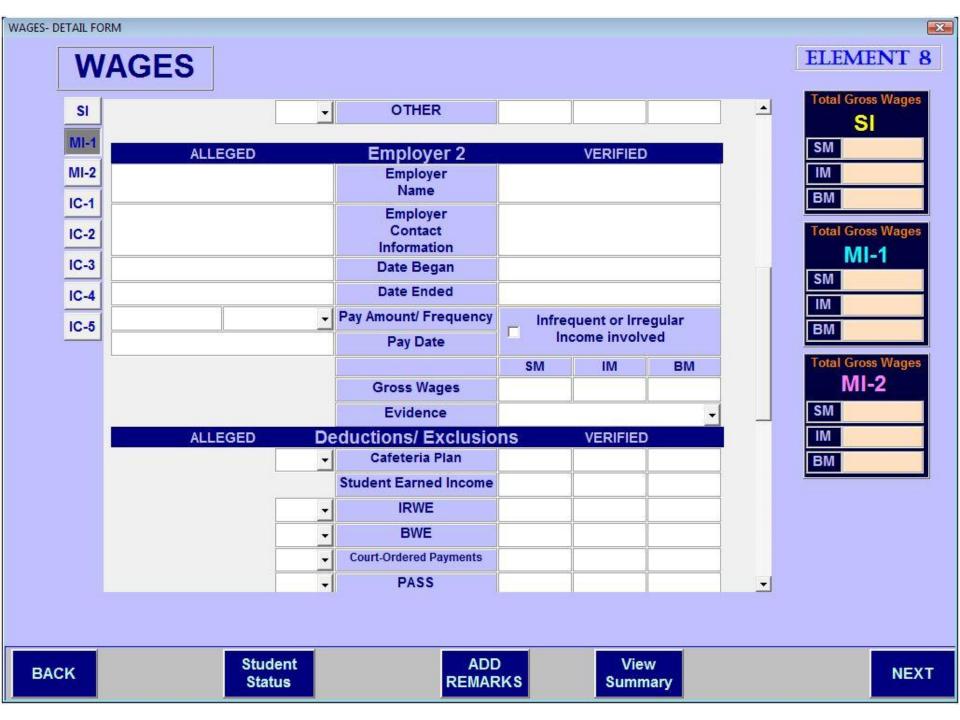


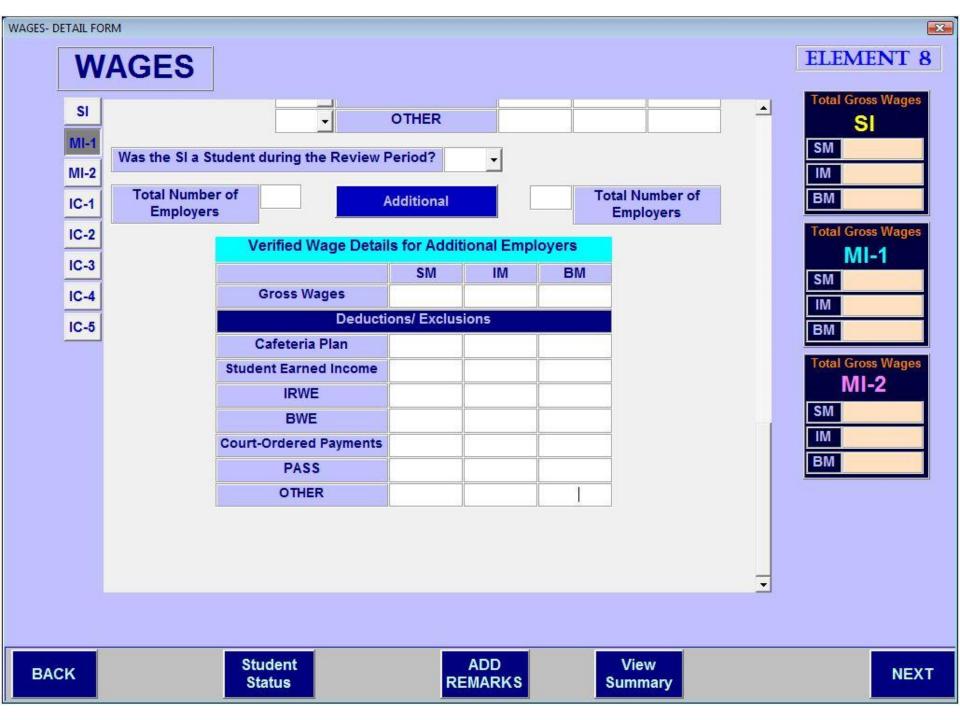


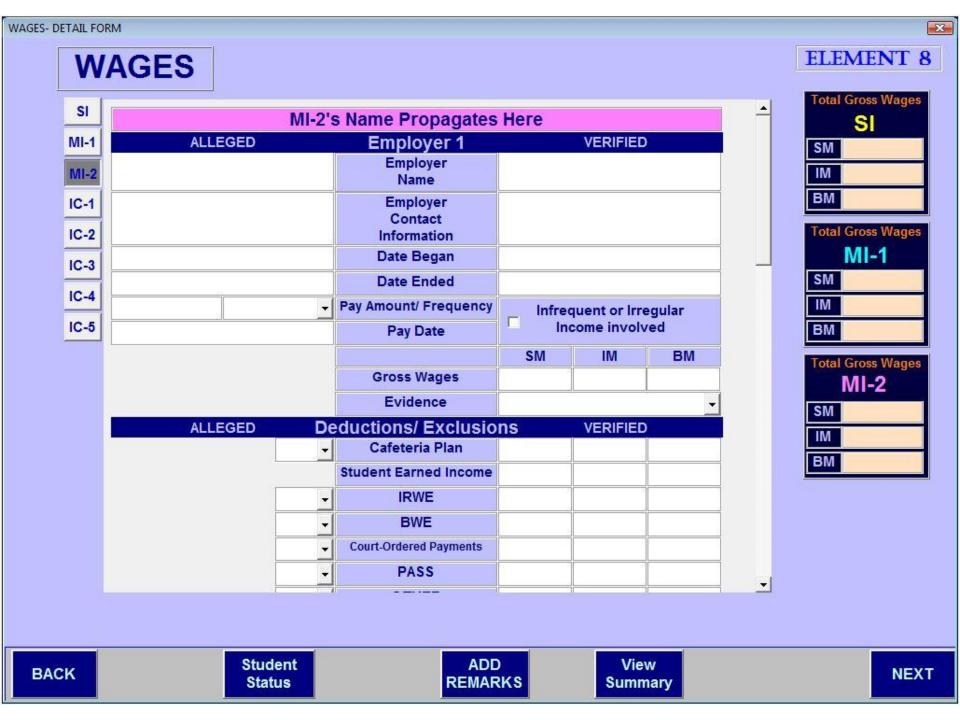


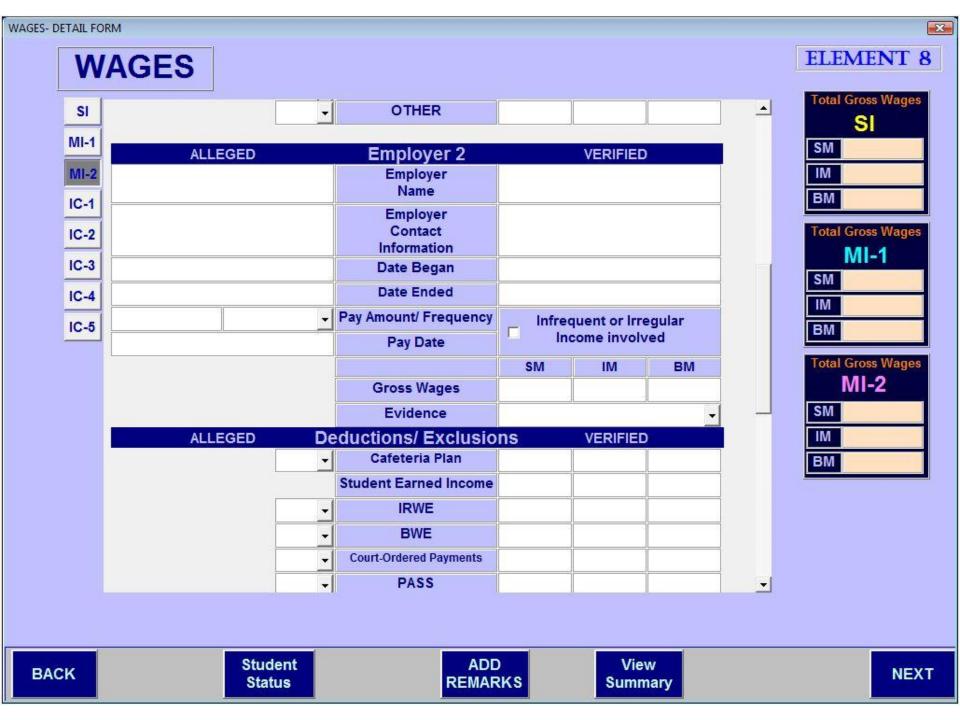


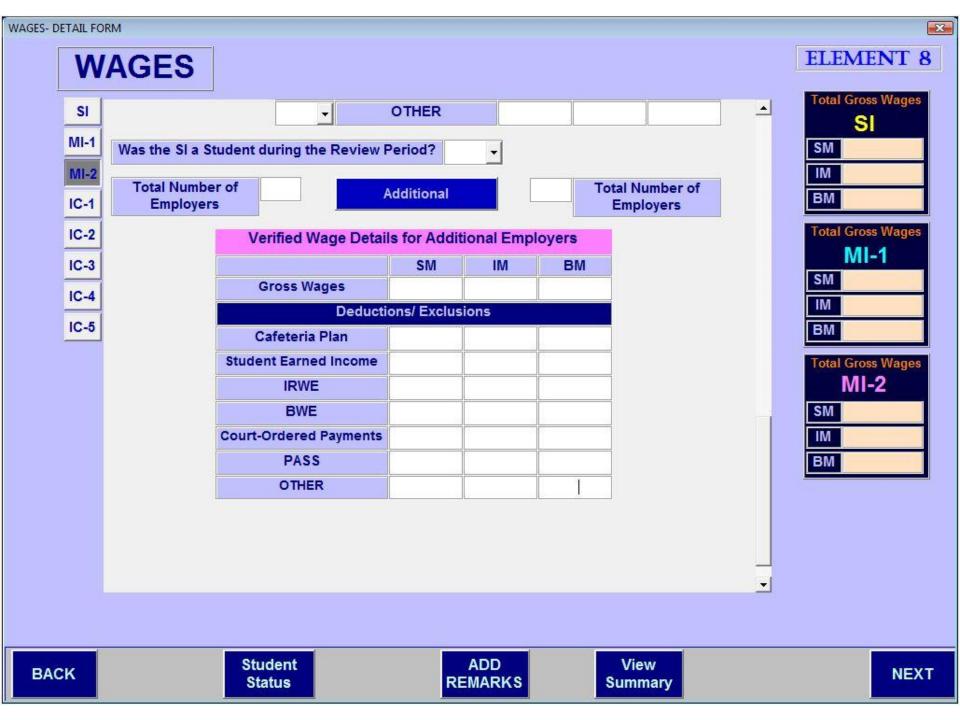


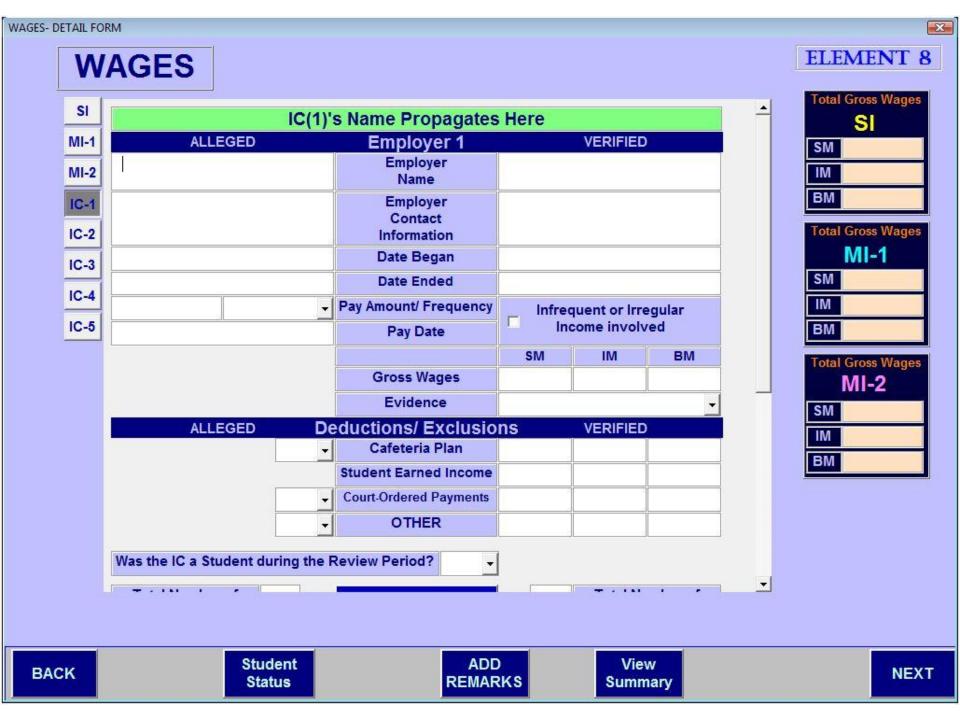


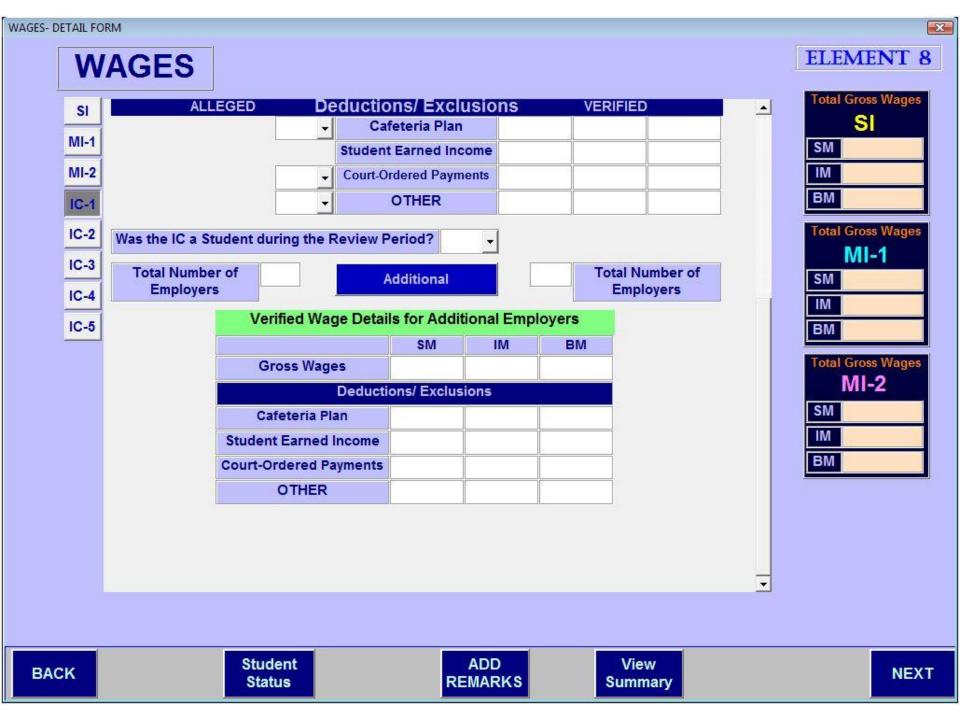


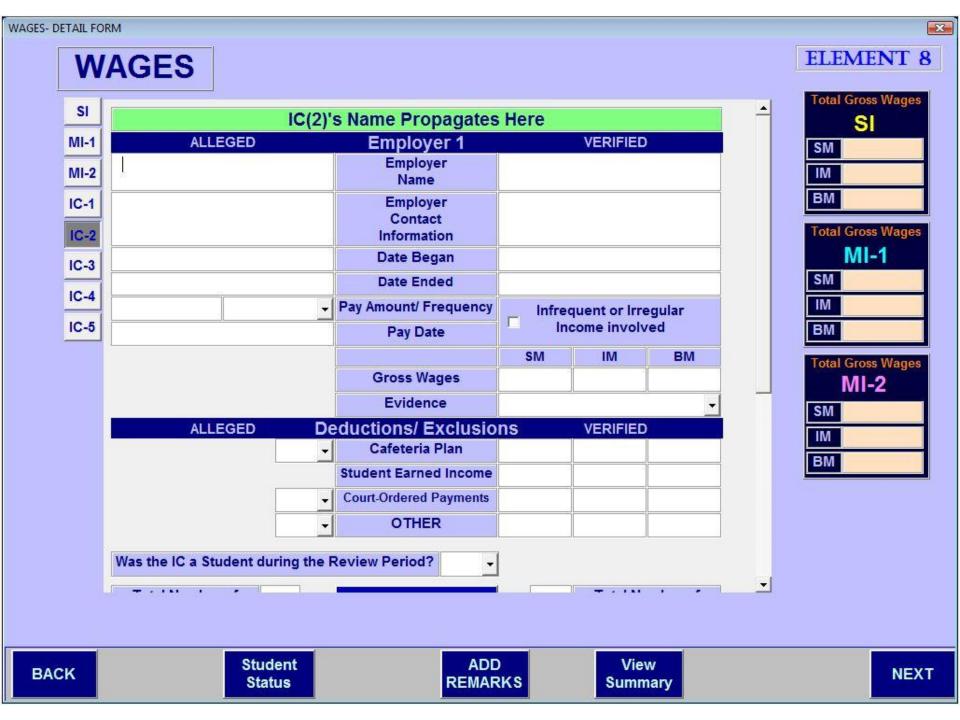


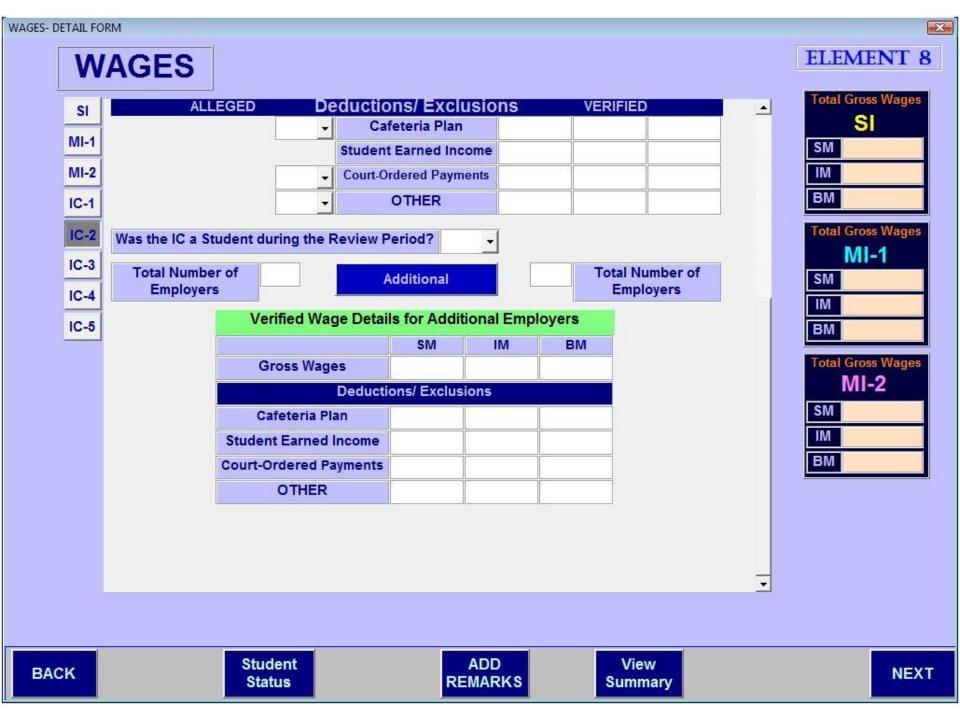


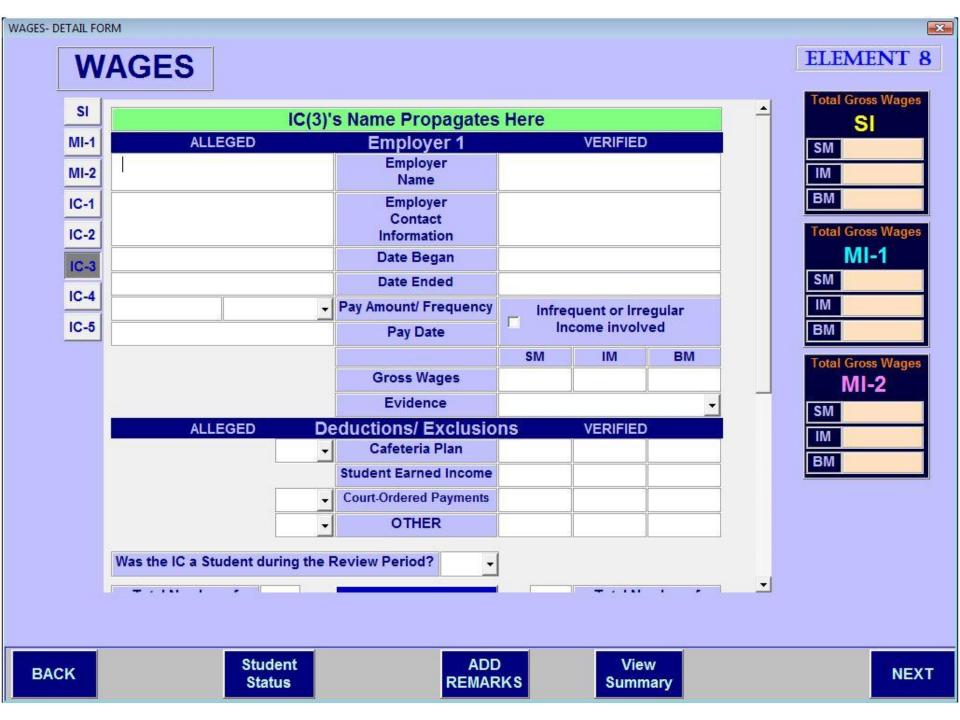


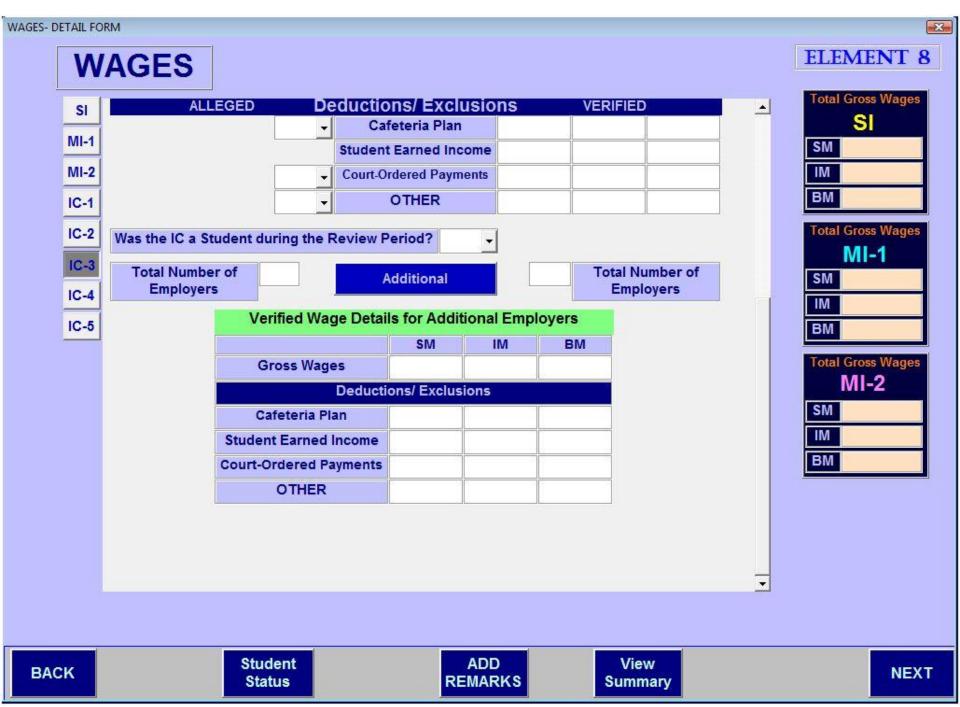


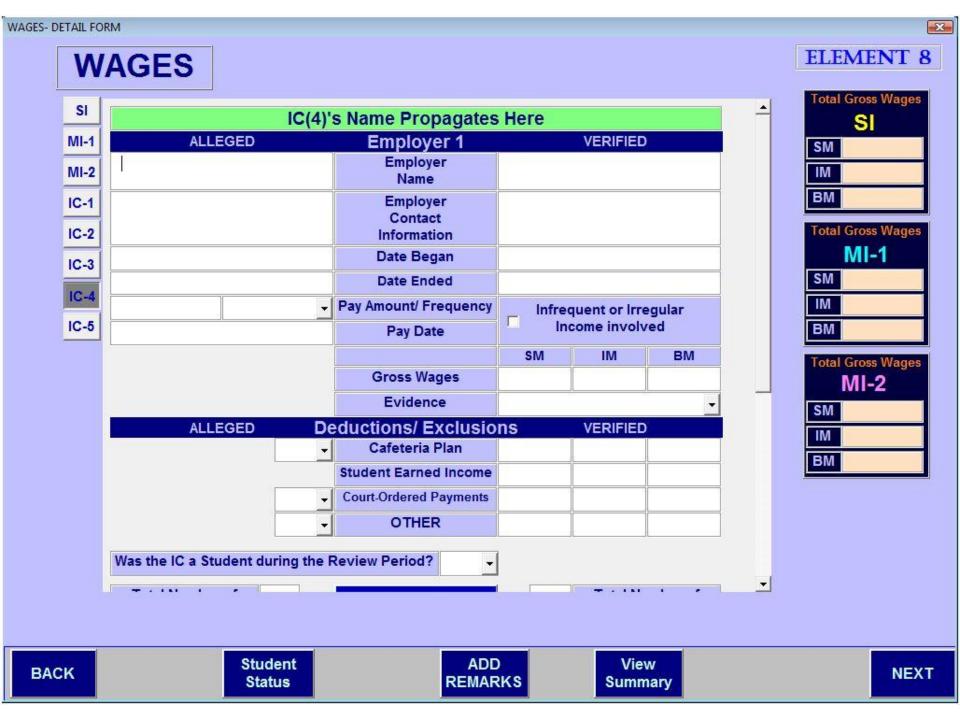


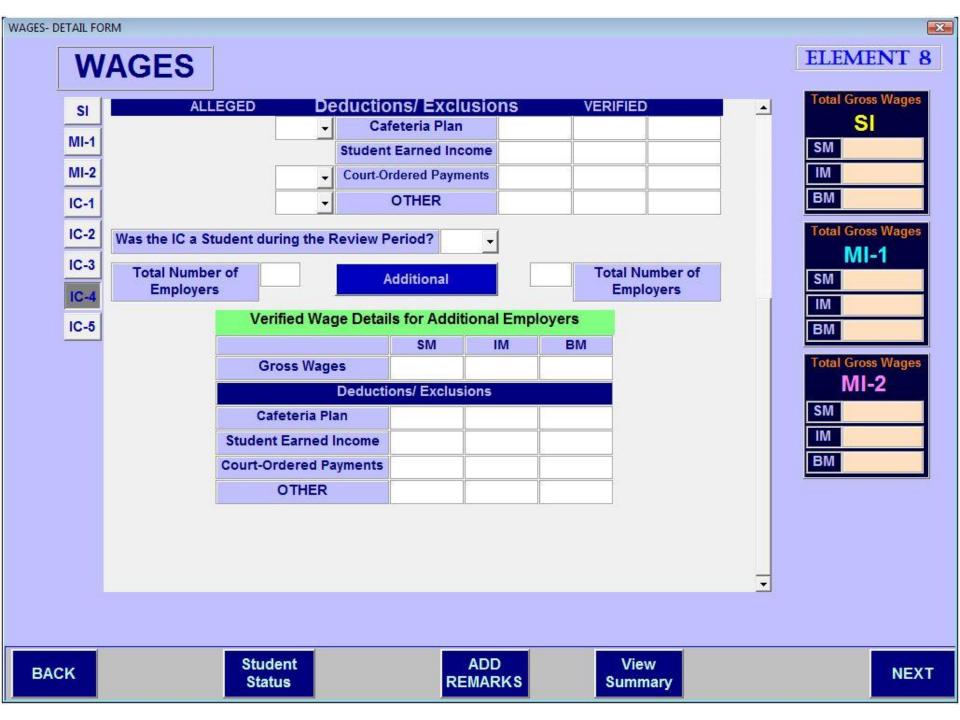


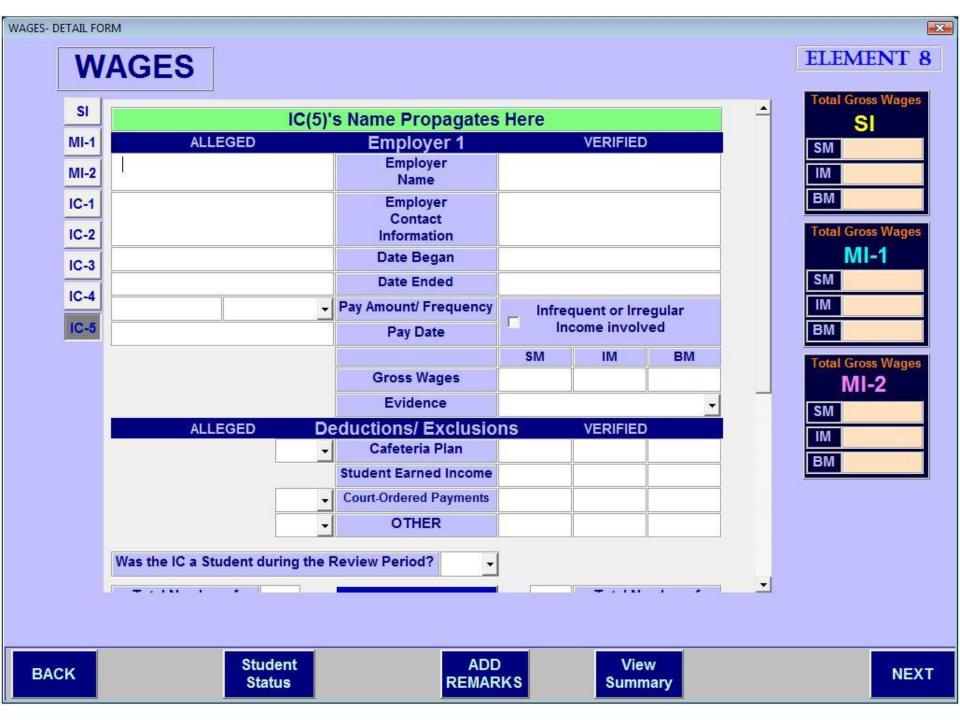


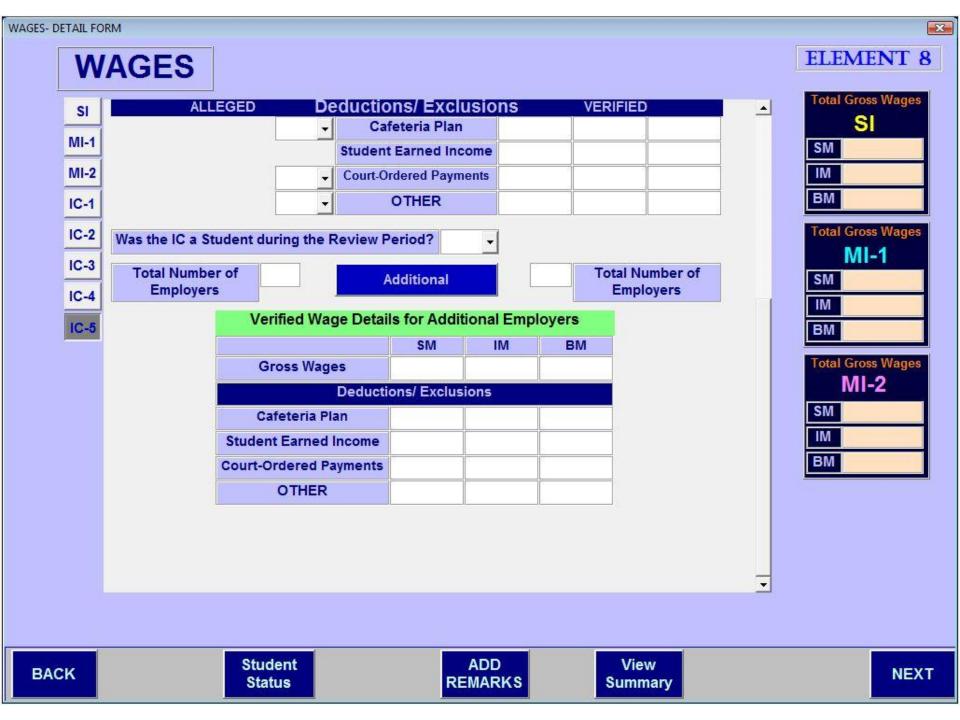












SYSTEMS	DATA
	SY
SI	
MI1	



/II-1	ALLEGED	I's Name Propagates H		/EDIEIED	
/11-11	ALLEGED			/ERIFIED	
11-2		DOB/ Age			
C-1		School Name			
C-2		Contact Name			
C-3		School Contact Information			
2-4	То	→ Dates of Attendance		То	
C-5	7.	Evidence			
		Student exclusion	SM	IM	ВМ
		applies?		Ţ	

SYSTEMS	DATA
	SY
SI	
MI1	



MI-2's	Name Propagates	Here		
ALLEGED		Ŋ	/ERIFIE	0
	DOB/ Age			
	School Name			
	Contact Name			
	School Contact Information			
То	Dates of Attendance		То	_
	Evidence			-
	Student exclusion	SM	IM	ВМ
	applies?	-		
	ALLEGED	ALLEGED  DOB/ Age School Name  Contact Name School Contact Information  To Dates of Attendance Evidence	DOB/ Age  School Name  Contact Name  School Contact Information  To   Dates of Attendance  Evidence  Student exclusion SM	ALLEGED  DOB/ Age  School Name  Contact Name  School Contact Information  To  Dates of Attendance  Evidence  Student exclusion  SM IM

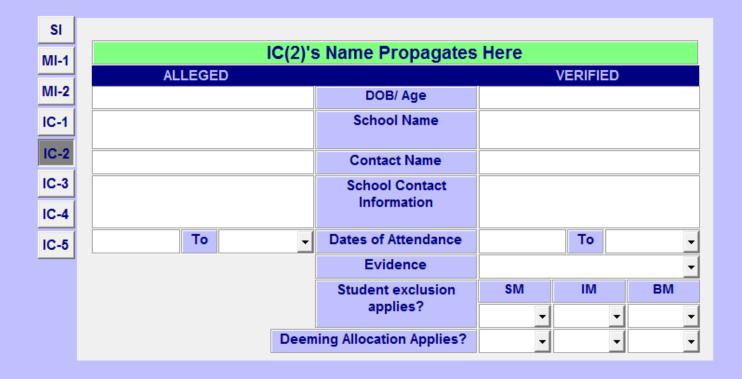
SYSTEMS	DATA
	SY
SI	
MI1	

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	<u> -</u>
		Evidence			<u> </u>
		Student exclusion	SM	IM	ВМ
		applies?	▼	_	▼
	Deem	ning Allocation Applies?	•	▼	•

SYSTEMS	DATA
	SY
SI	
MI1	

My SSR / MSSICS Notes

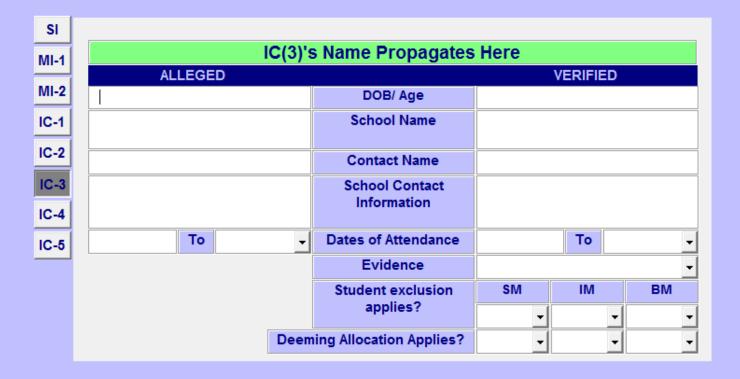


List of ICs by Name

**BACK** 

SYSTEMS	DATA
	SY
SI	
MI1	





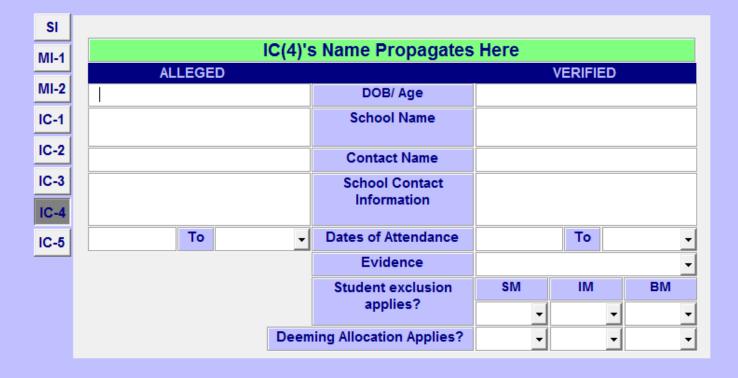
List of ICs by Name

BACK

SYSTEMS	DATA
	SY
SI	
MI1	



×



List of ICs by Name

BACK

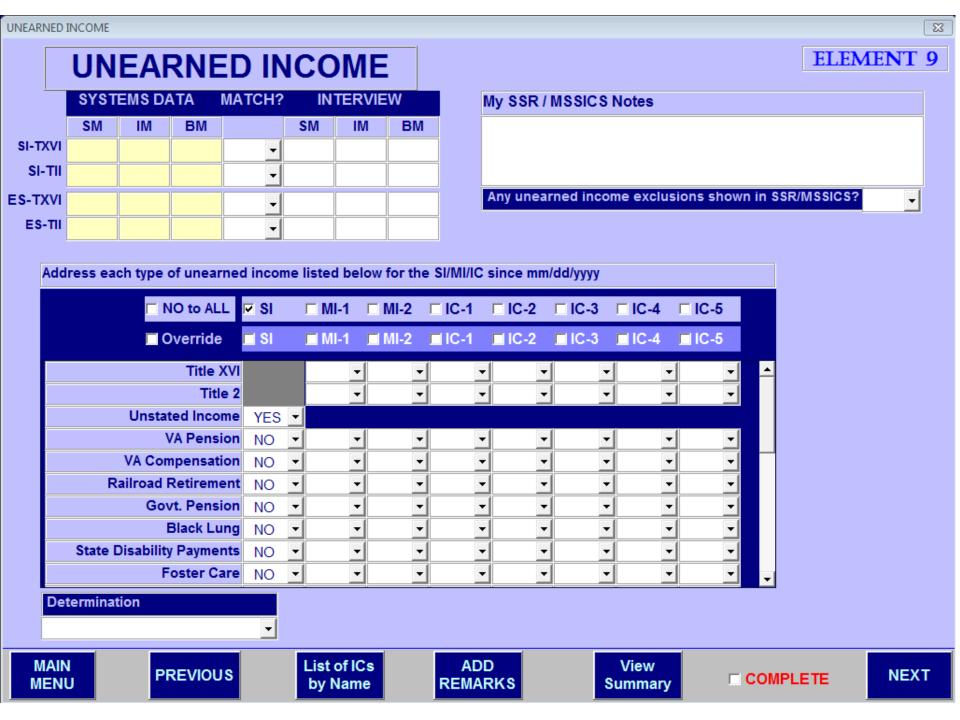
SYSTEMS DATA
SY
SI
MI1

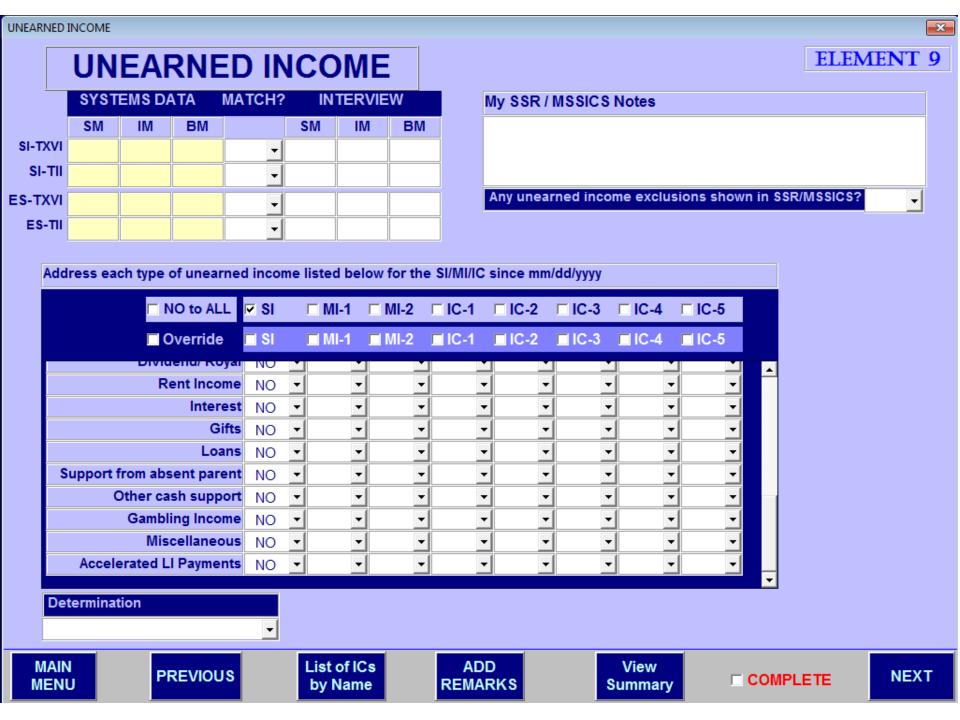


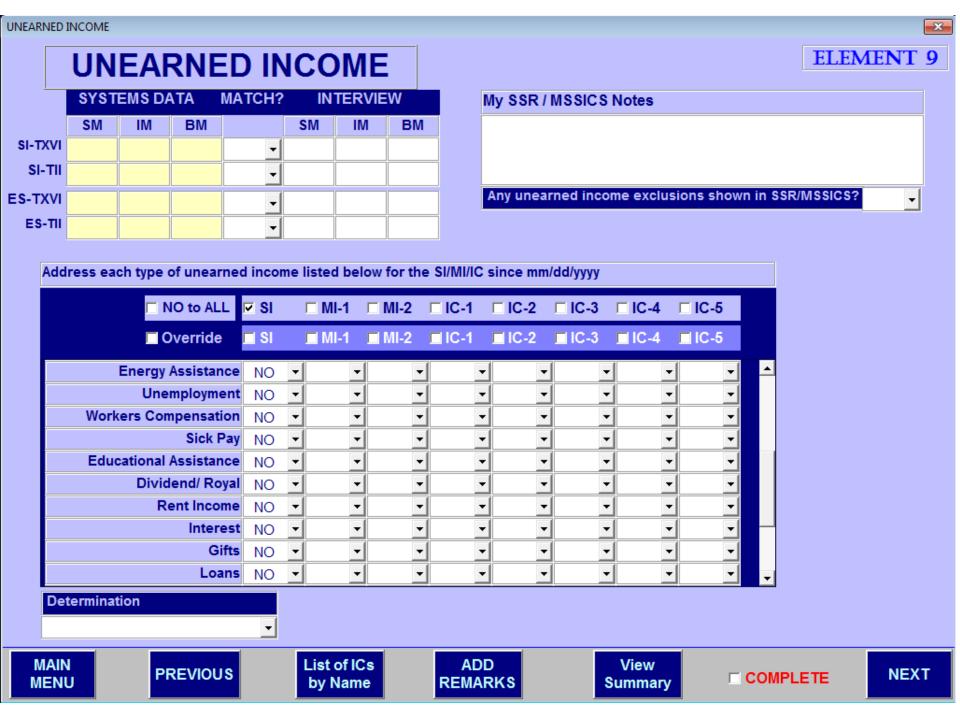
SI					
MI-1	IC(5)'s	s Name Propagates	Here		
-	ALLEGED		١	VERIFIED	
MI-2	1	DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact			
IC-4		Information			
IC-5	To	Dates of Attendance		То	<u>-</u>
		Evidence			▼
		Student exclusion	SM	IM	ВМ
		applies?		·	<u> </u>
	Deem	ning Allocation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

List of ICs by Name

BACK







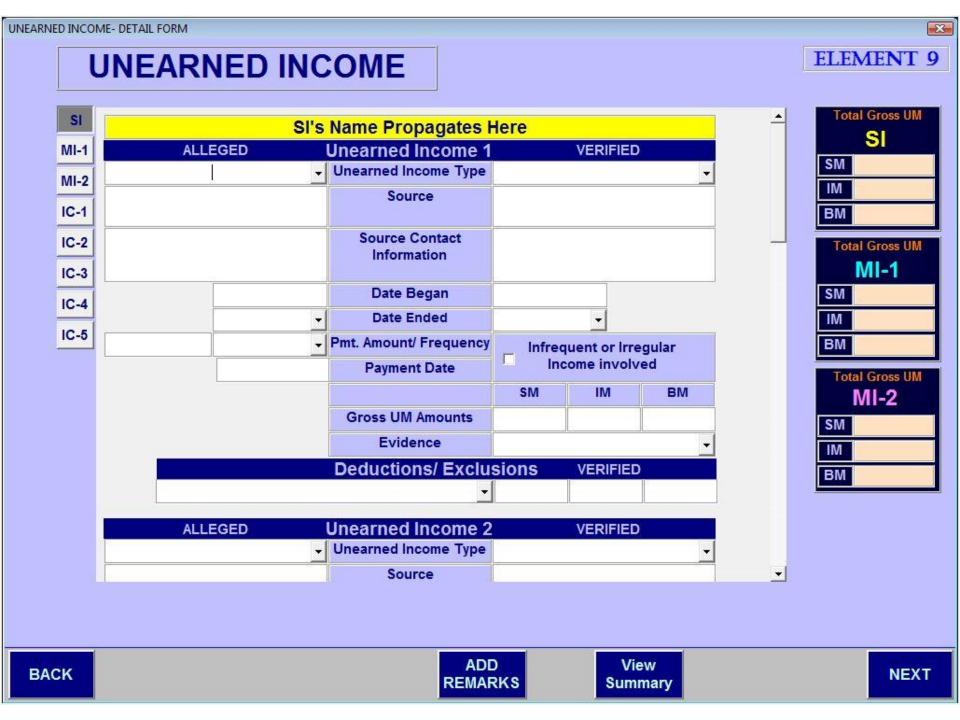
#### Unstated Income Development Screen

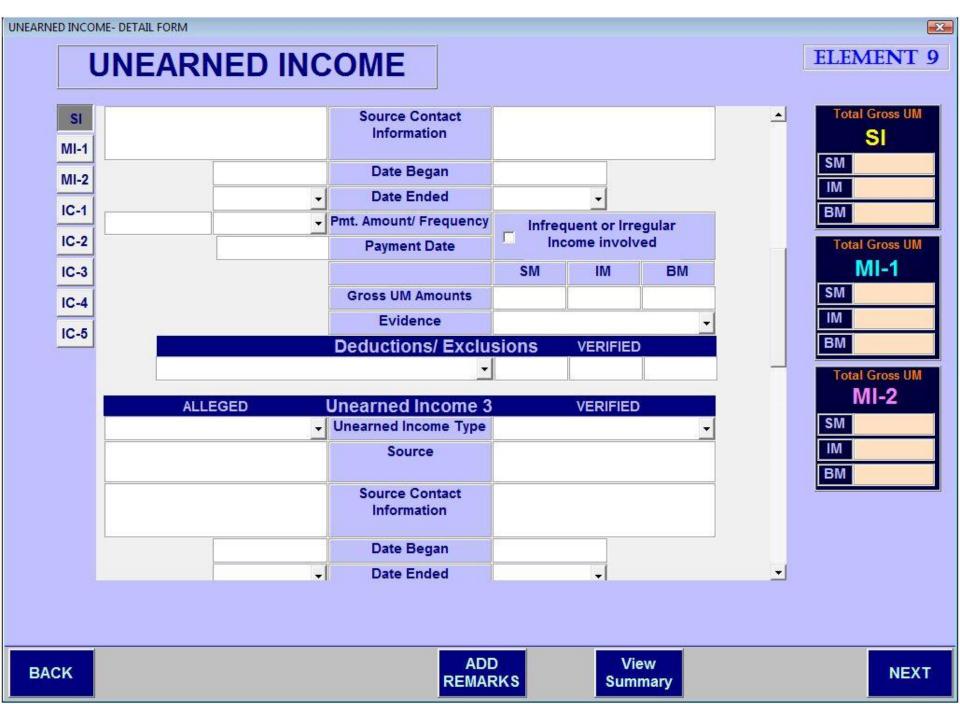
Consider all household income, savings, debts incurred, outstanding bills, etc. when determining the actual unstated income amount.

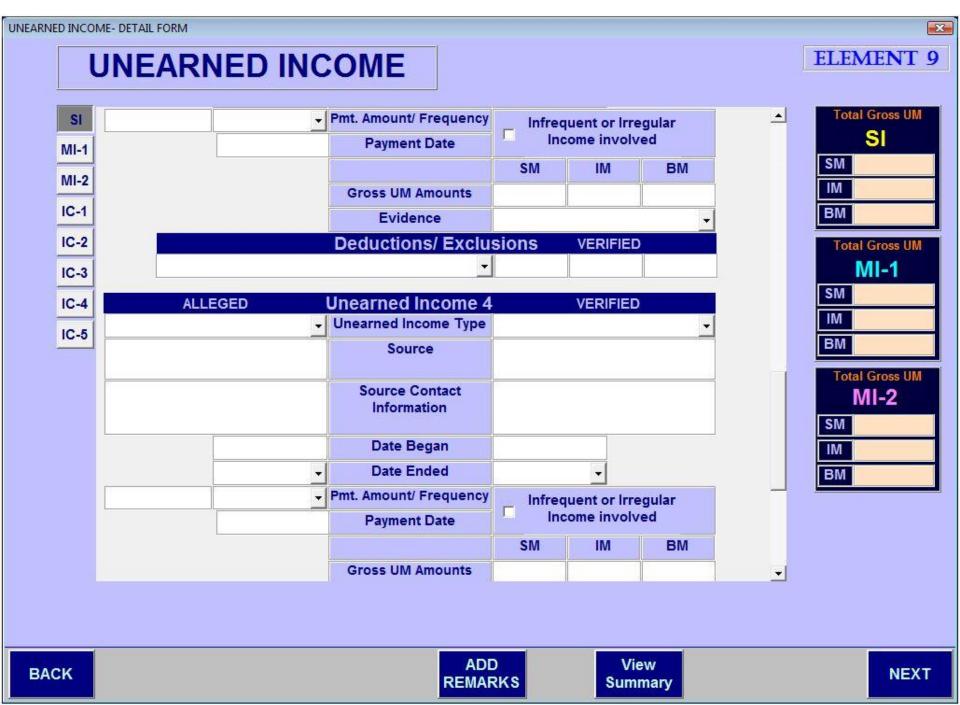
	SM	IM	ВМ
Monthly HH Expenses			
Monthly Income			
Possible Unstated Income			
Actual Unstated Income Amount			

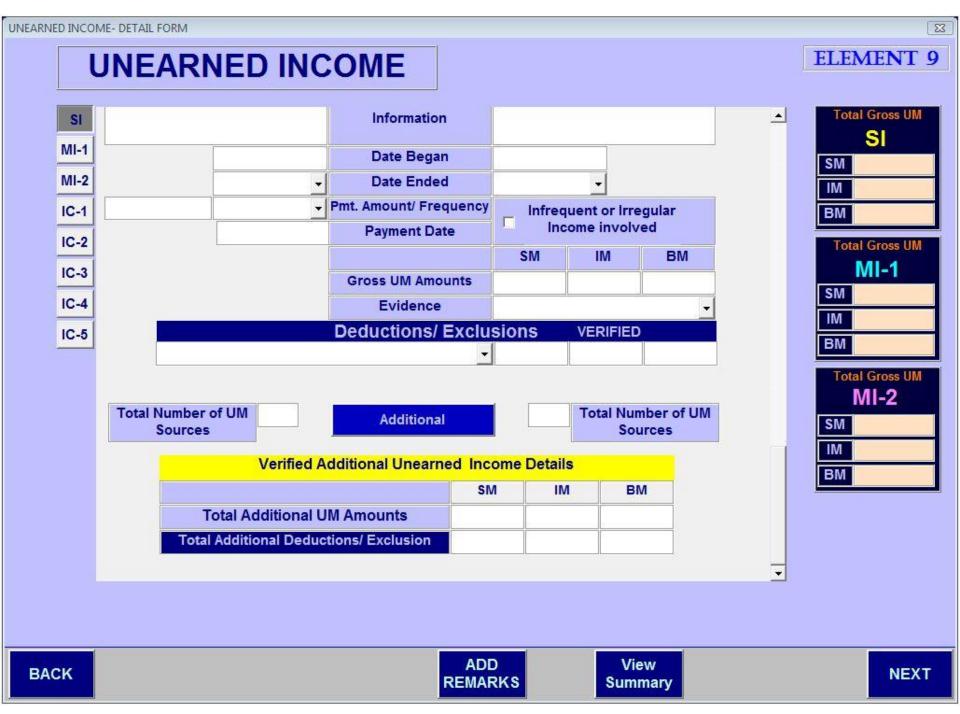
Unstated Income Link

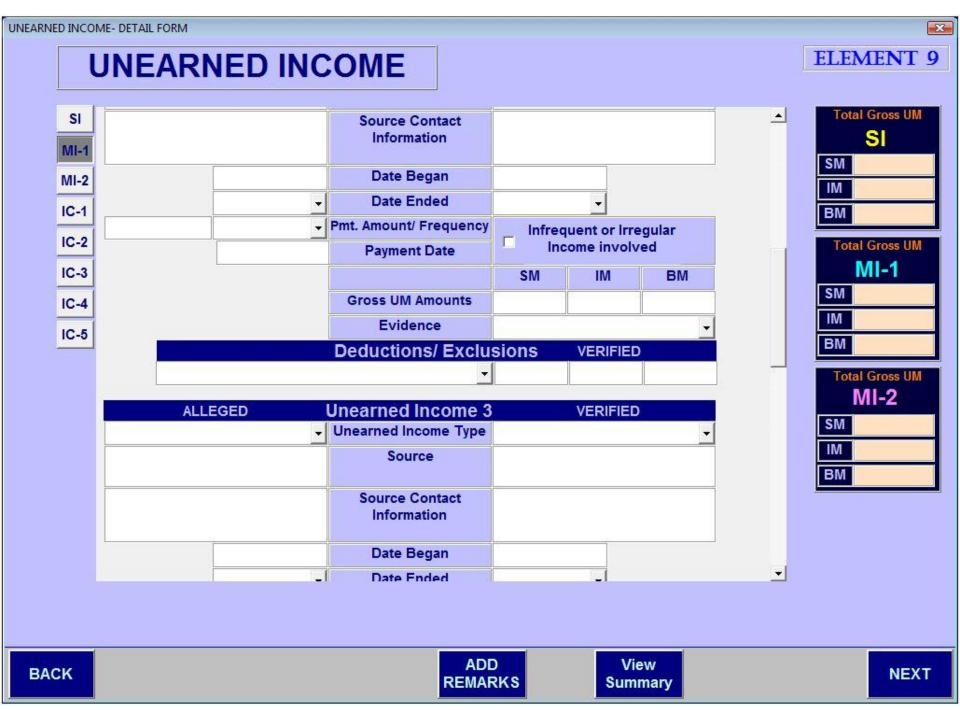
Unstated Income Determination

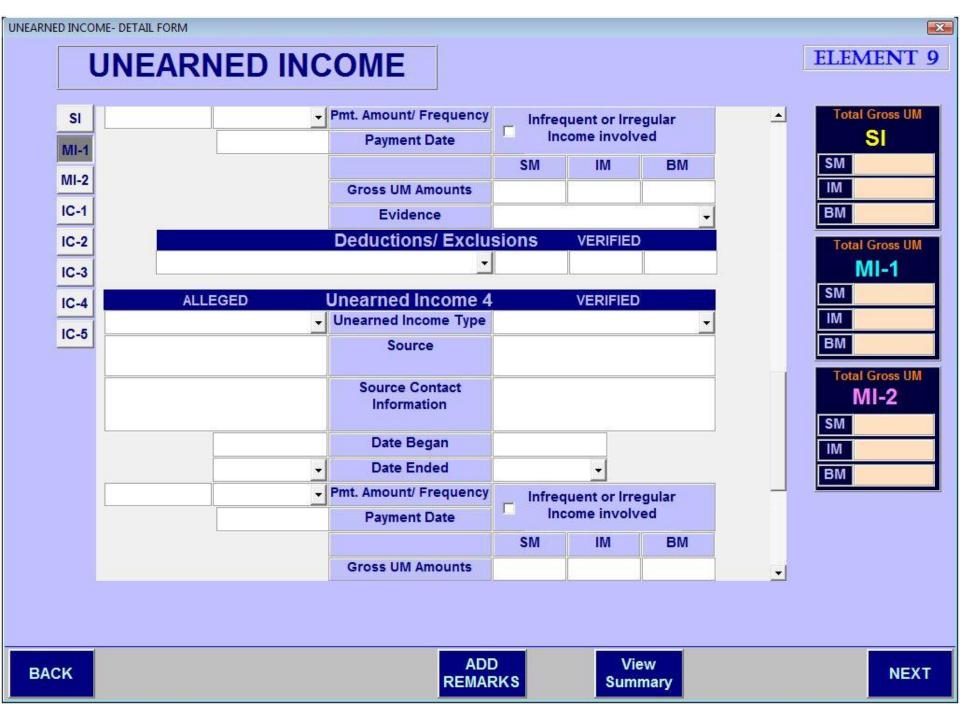


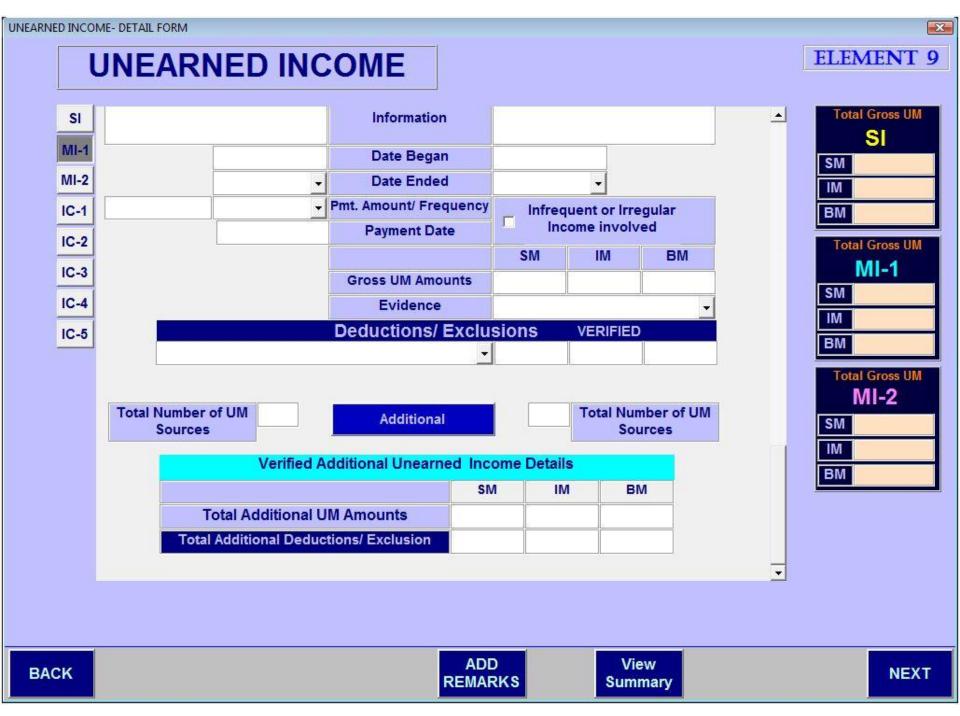


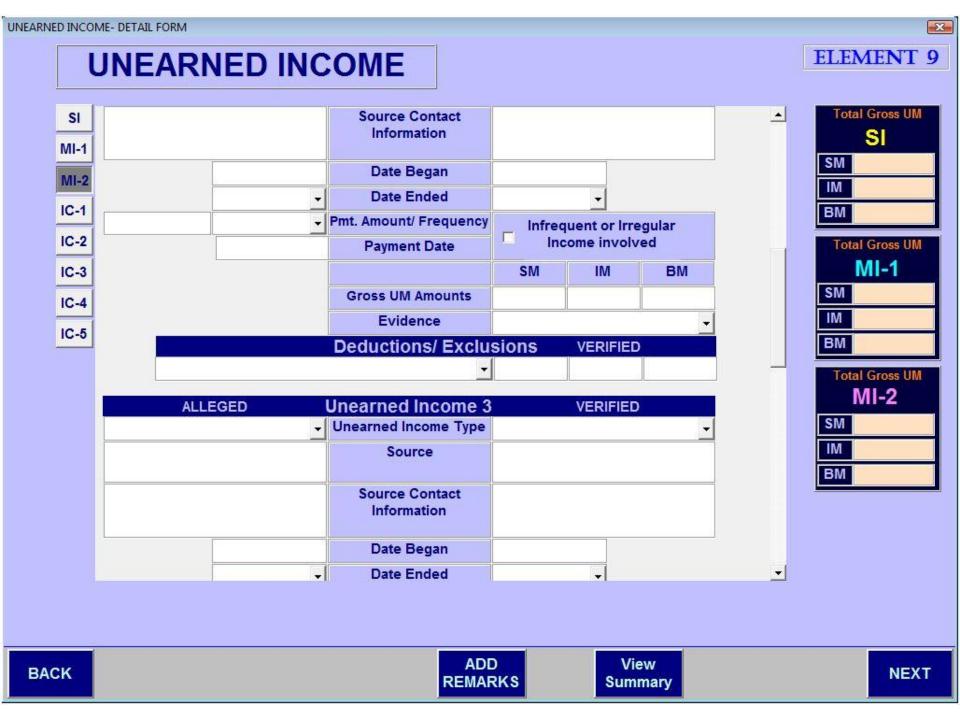


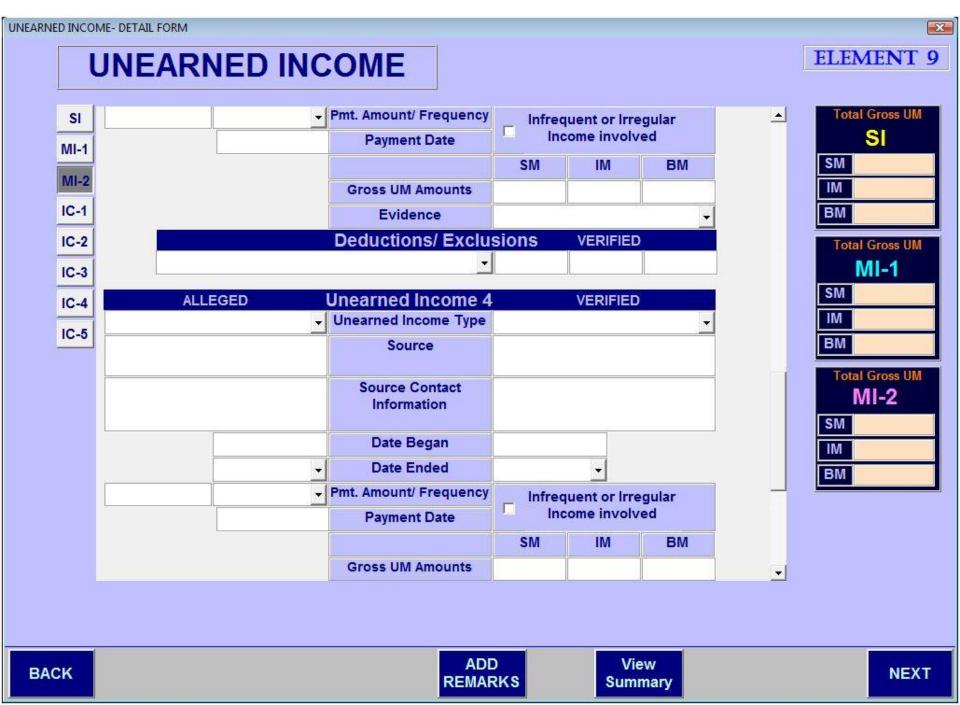


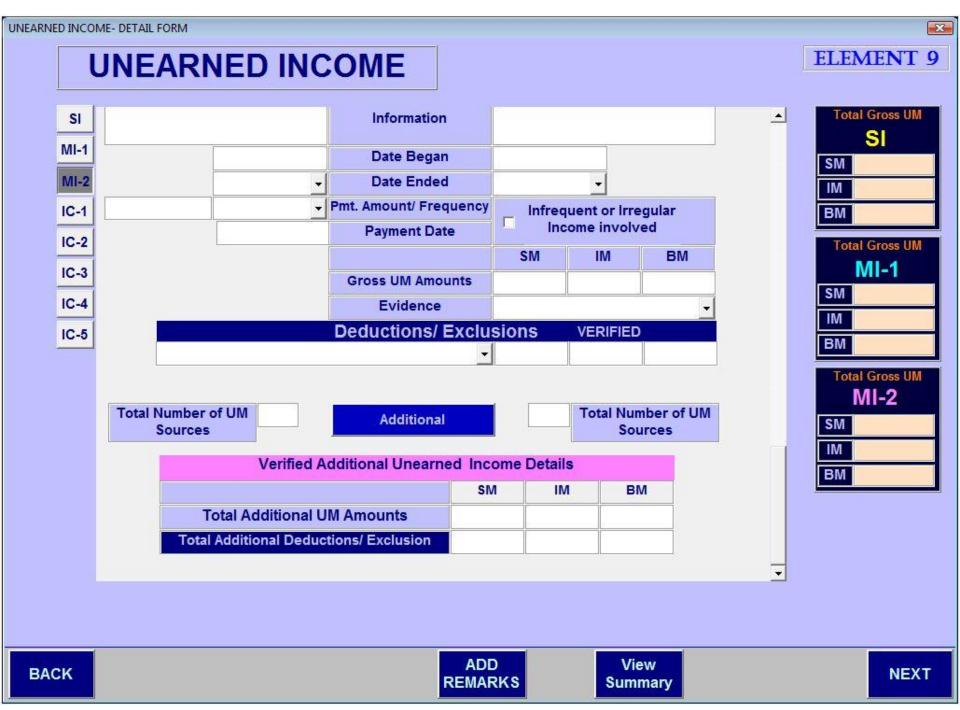


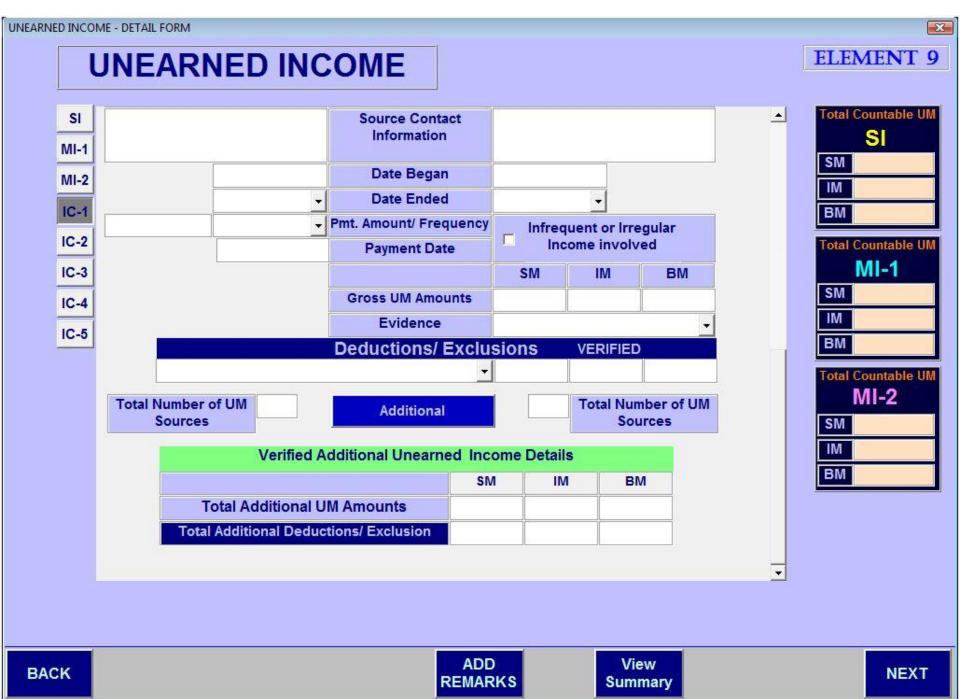


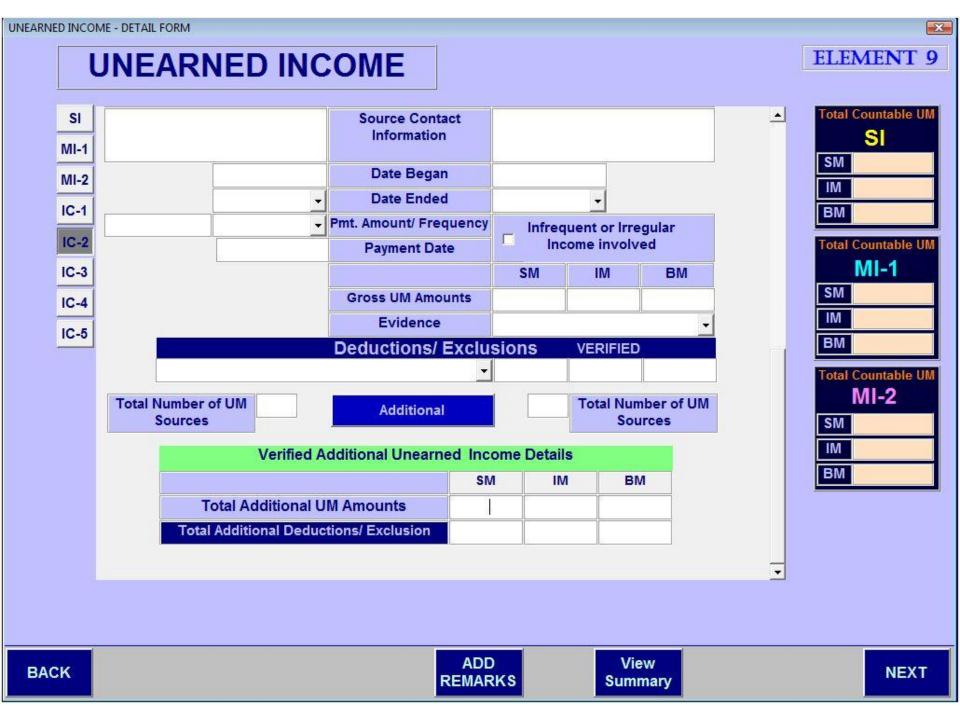












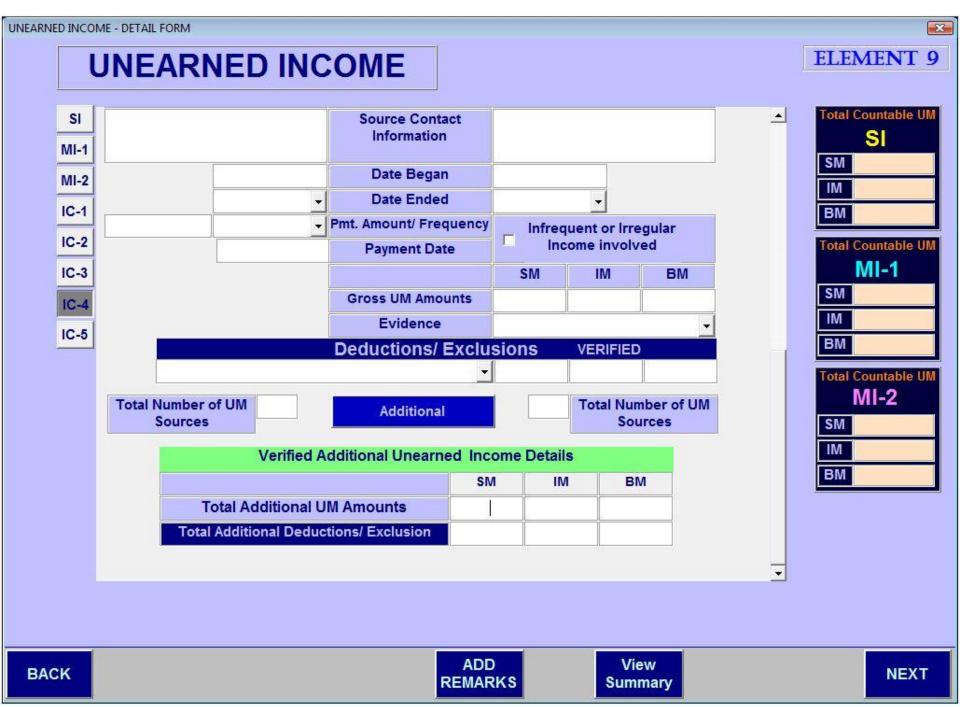


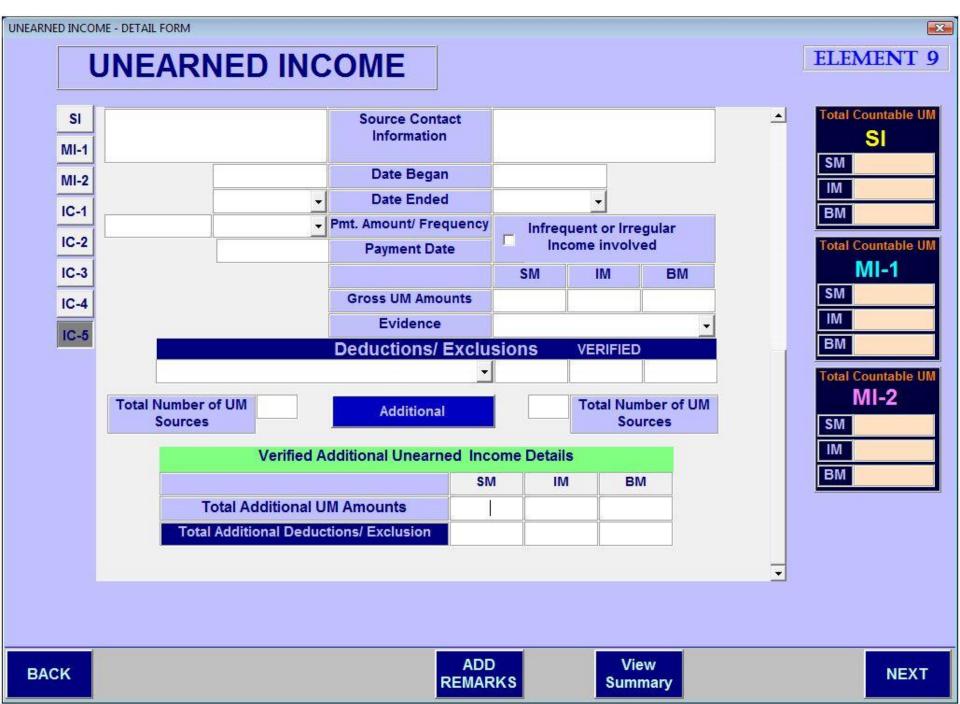
REMARKS

Summary

**NEXT** 

BACK





## FINANCIAL INSTITUTION ACCOUNTS

**PREVIOUS** 

MAIN

**MENU** 

**ELEMENT 10** 

**NEXT** 

☐ COMPLETE

SYSTEMS DATA						My SSR / MSSICS Notes:				
CG Field Codes										
SI-RTN		ACCT#								
ES-RTN		ACCT#								
Address each of	the categories list	ed below fo	or the SI/MI(s) since	mm/dd	І/уууу					
			□ NO to ALL	□ SI	Г	MI-1 □ N	VII-2			
☐ Override ☐						MI-1 <b>□</b> I	VII-2			
Checking Account					<b>-</b>	-	-			
Savings/ Money Market Account					T	<b>-</b>	T			
Certificate of Deposit					<b>-</b>	-	<b>-</b>			
Debit Card from a financial institution					-	-	<b>-</b>			
Safe Deposit Box					<b>-</b>	<b>-</b>	▼			
Name appears on someone else's account					<b>-</b>	•	▼			
Prior accounts in the last 24 months					<b>-</b>	<b>-</b>	_			
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)					<b>-</b>	•	<b>T</b>			
Illiand	ciai institutions (e.	j., Persona	rioans, wortgages)							
Since mm/dd/yyy accounts?	y have the SI/ MI(s	transferre	d, disposed of or gi	ven aw	/ay fu	nds from a	ny fina	ancial institution	▼ □ Override	
Determination										
							<b>-</b>			

**ADD** 

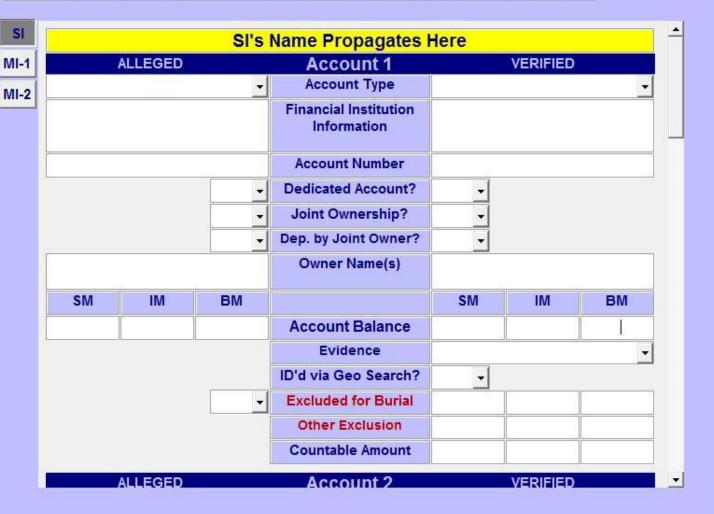
REMARKS

View

**Summary** 

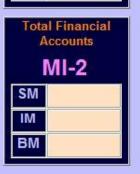
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## FINANCIAL INSTITUTION ACCOUNTS

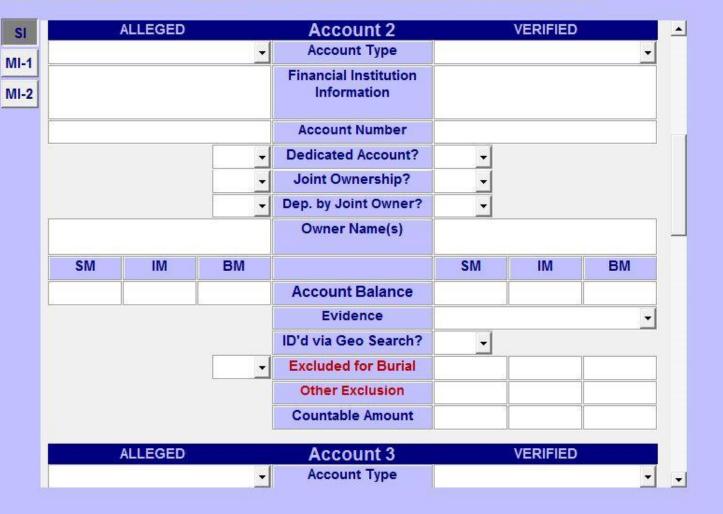




IM



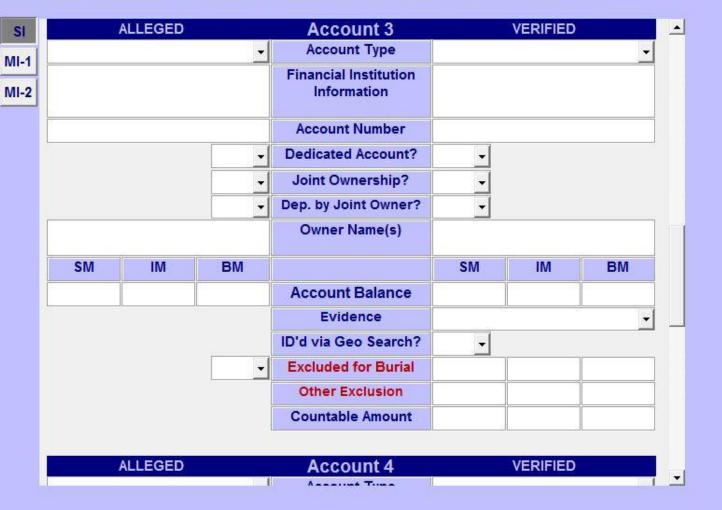
### FINANCIAL INSTITUTION ACCOUNTS

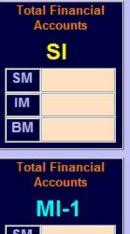


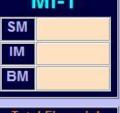


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## FINANCIAL INSTITUTION ACCOUNTS



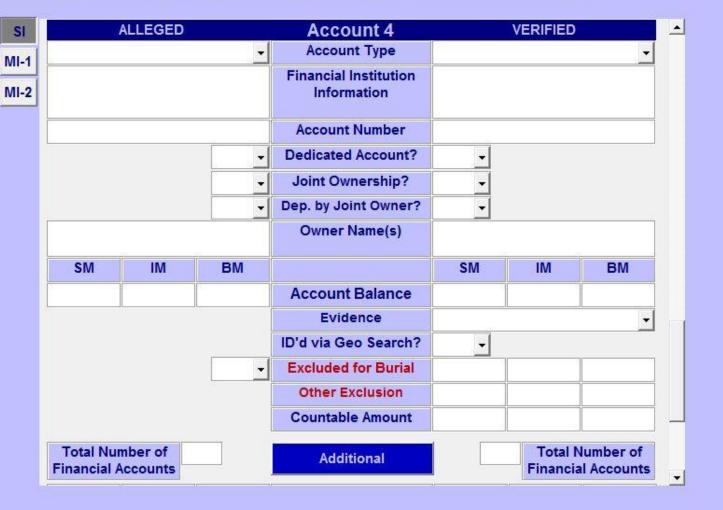


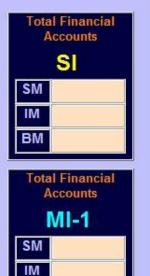




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### FINANCIAL INSTITUTION ACCOUNTS



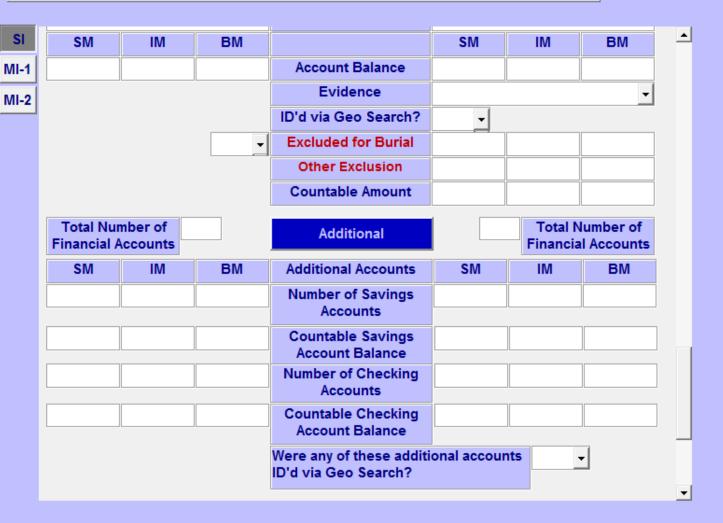


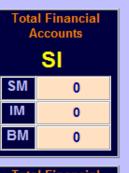


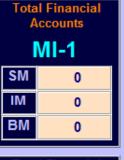
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#### FINANCIAL INSTITUTION ACCOUNTS

**ELEMENT 10** 

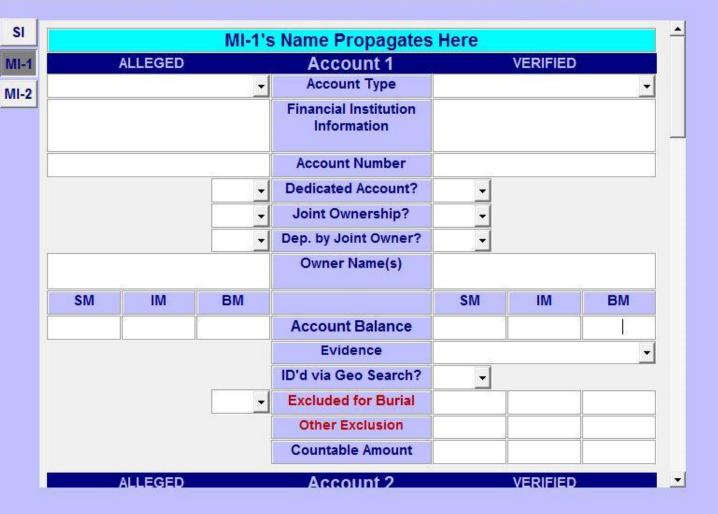








### FINANCIAL INSTITUTION ACCOUNTS



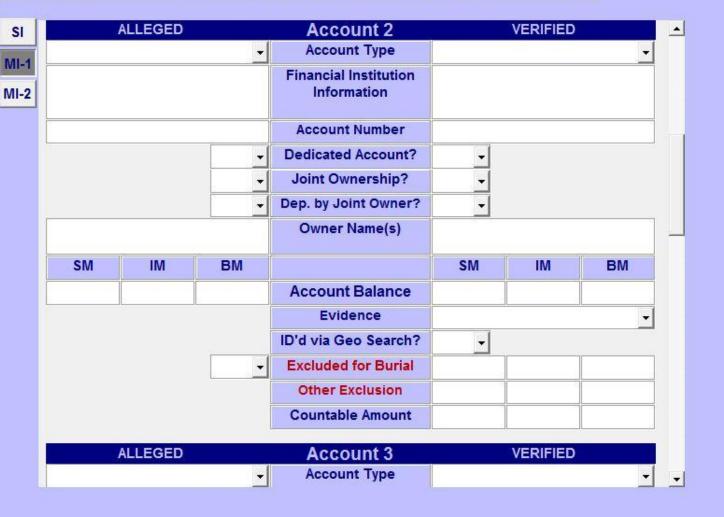




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### FINANCIAL INSTITUTION ACCOUNTS

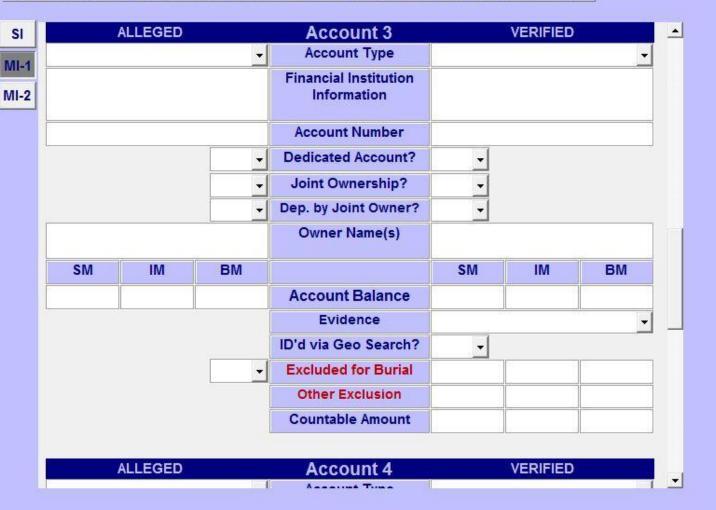


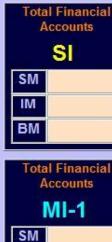


Δ	ccounts					
	SI					
SM	100					
IM						
-						
ВМ						
Total Financial Accounts MI-1						
SM						
IM						
ВМ						
Total Financial Accounts						
	MI-2					
SM						
IM						
ВМ						

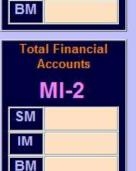
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### FINANCIAL INSTITUTION ACCOUNTS





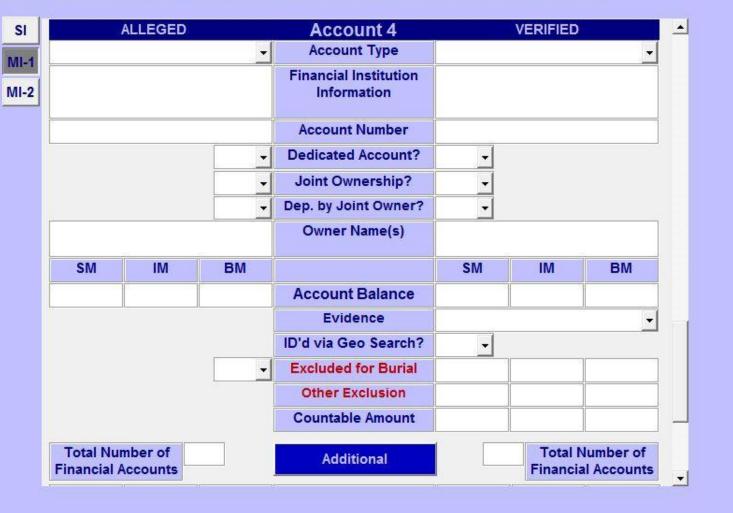
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#### X

#### FINANCIAL INSTITUTION ACCOUNTS

#### **ELEMENT 10**

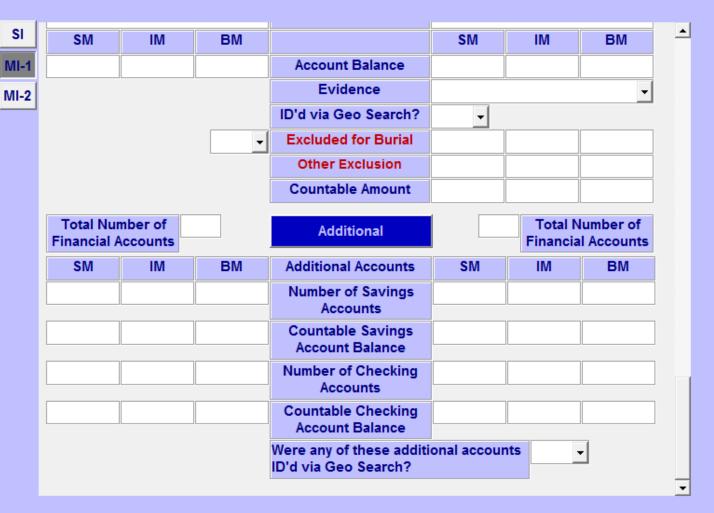


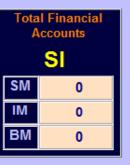


**BACK** 

#### FINANCIAL INSTITUTION ACCOUNTS

**ELEMENT 10** 



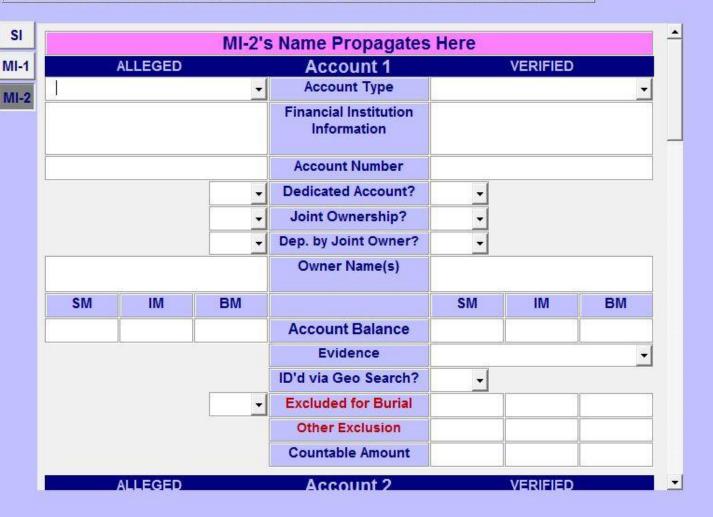


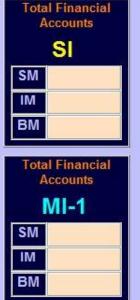




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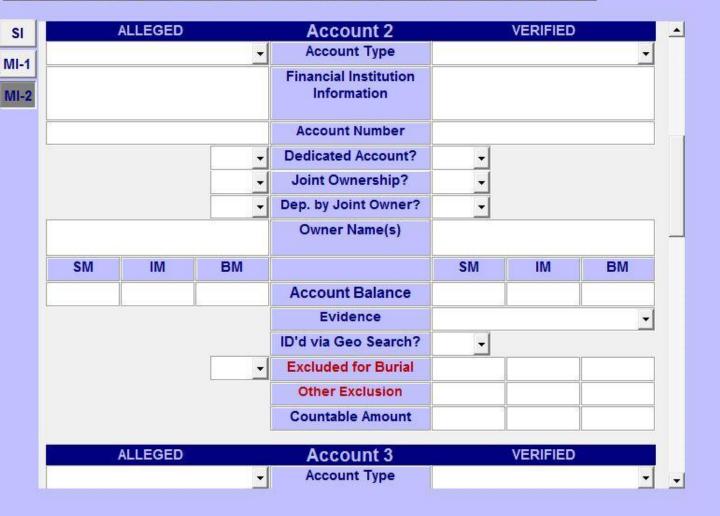
### FINANCIAL INSTITUTION ACCOUNTS







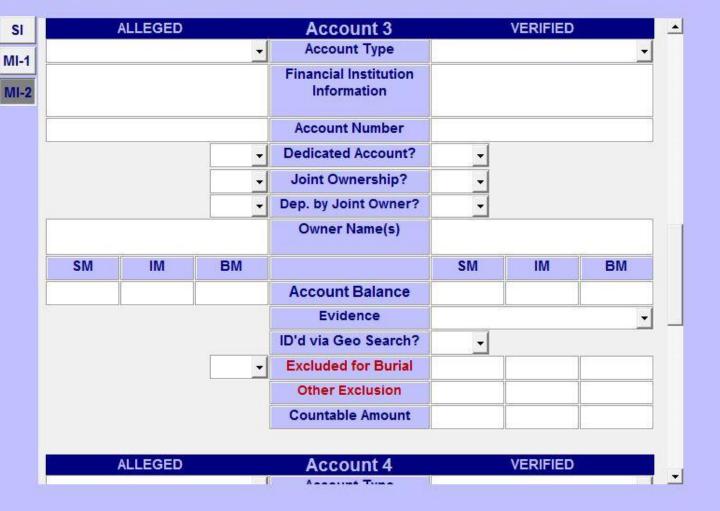
### FINANCIAL INSTITUTION ACCOUNTS





×

### FINANCIAL INSTITUTION ACCOUNTS



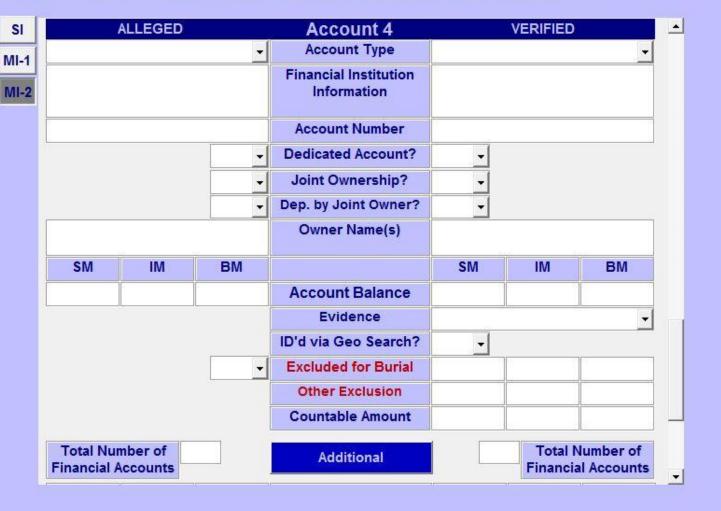


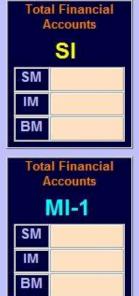


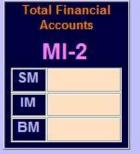
#### **ELEMENT 10**

×

## FINANCIAL INSTITUTION ACCOUNTS



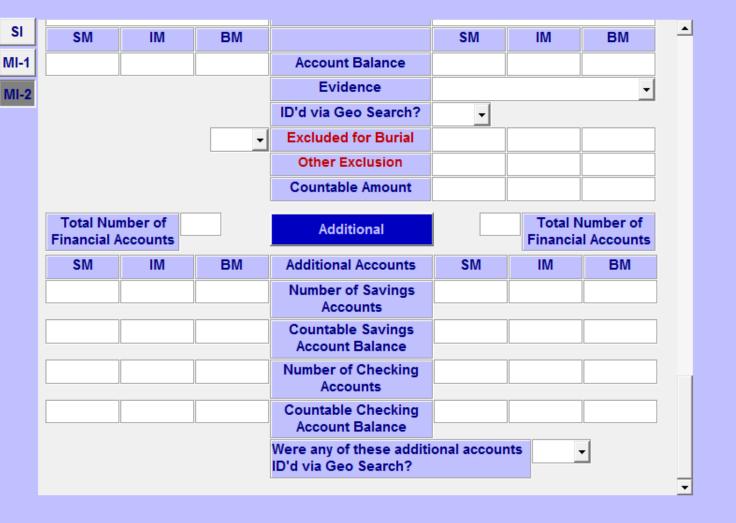


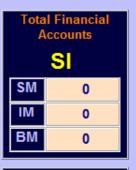


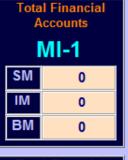


#### FINANCIAL INSTITUTION ACCOUNTS

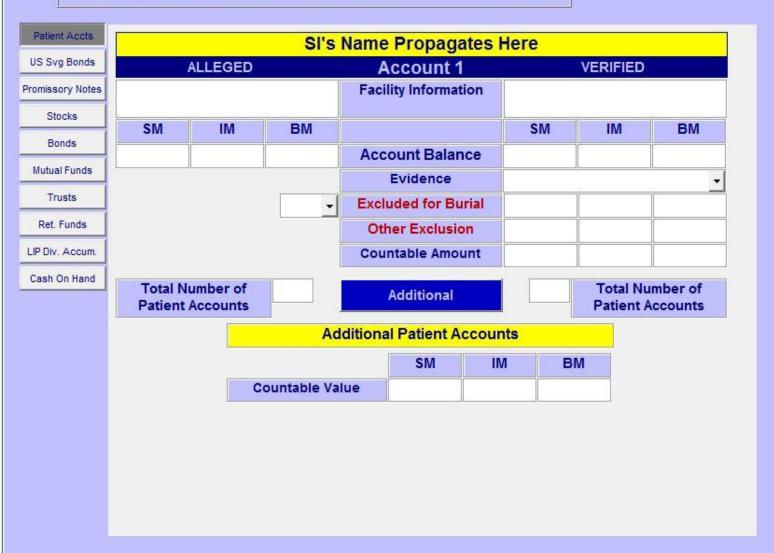
**ELEMENT 10** 



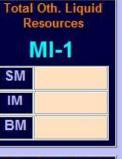








Total Oth. Liquid Resources SI SM IM BM



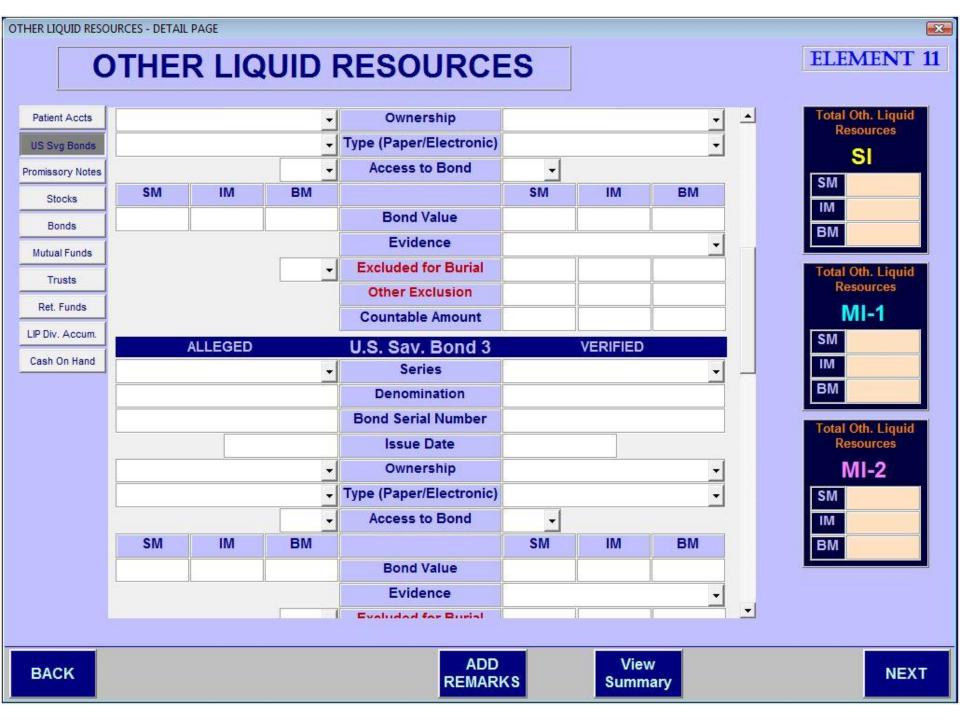


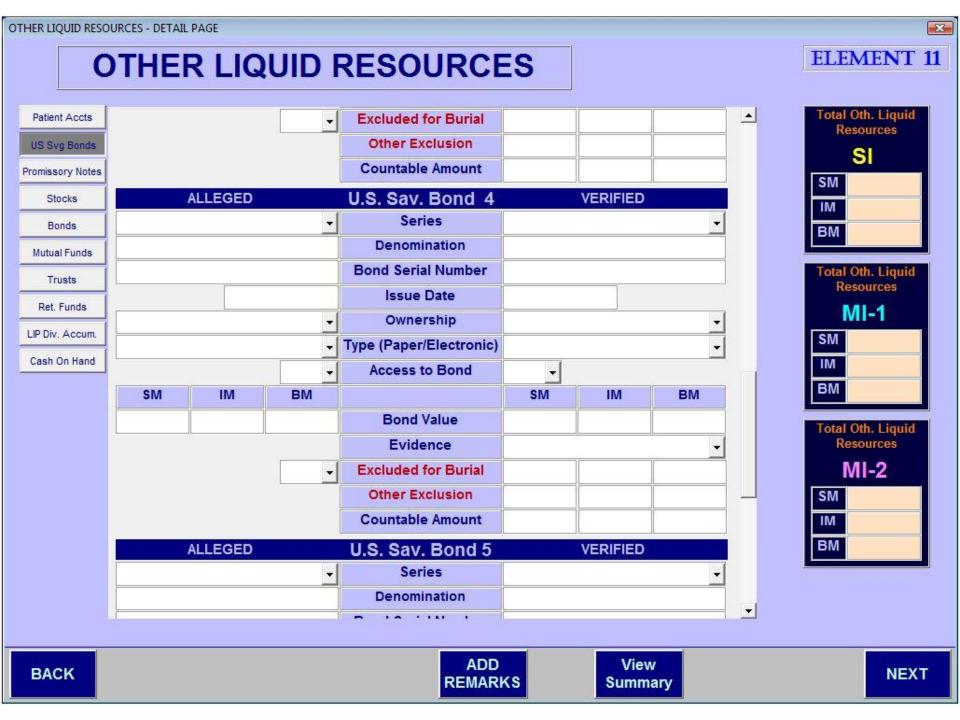
REMARKS

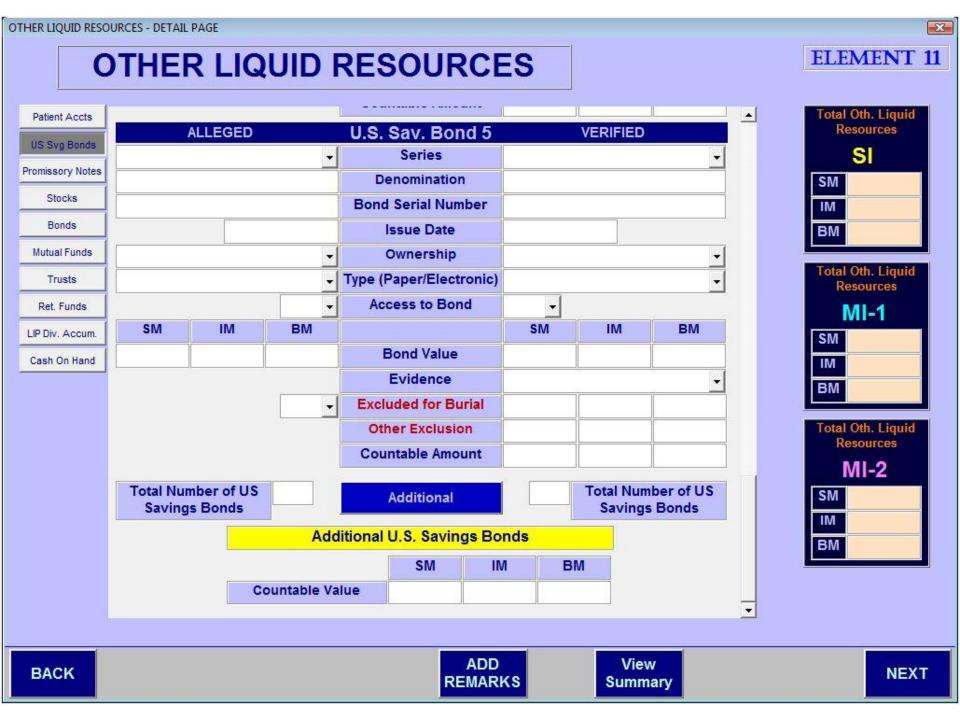
Summary

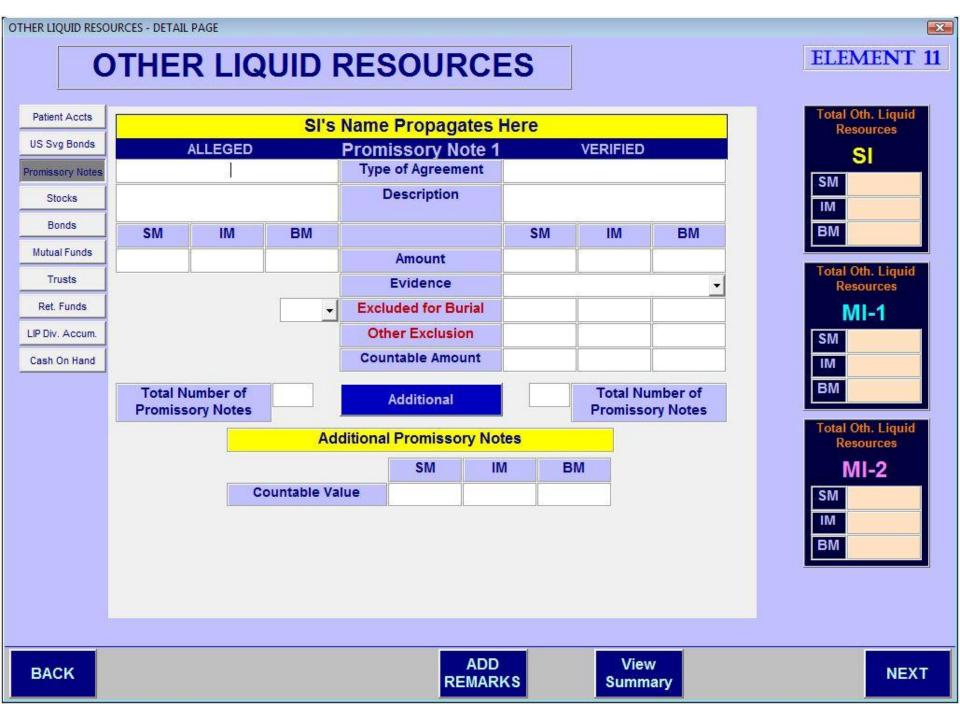
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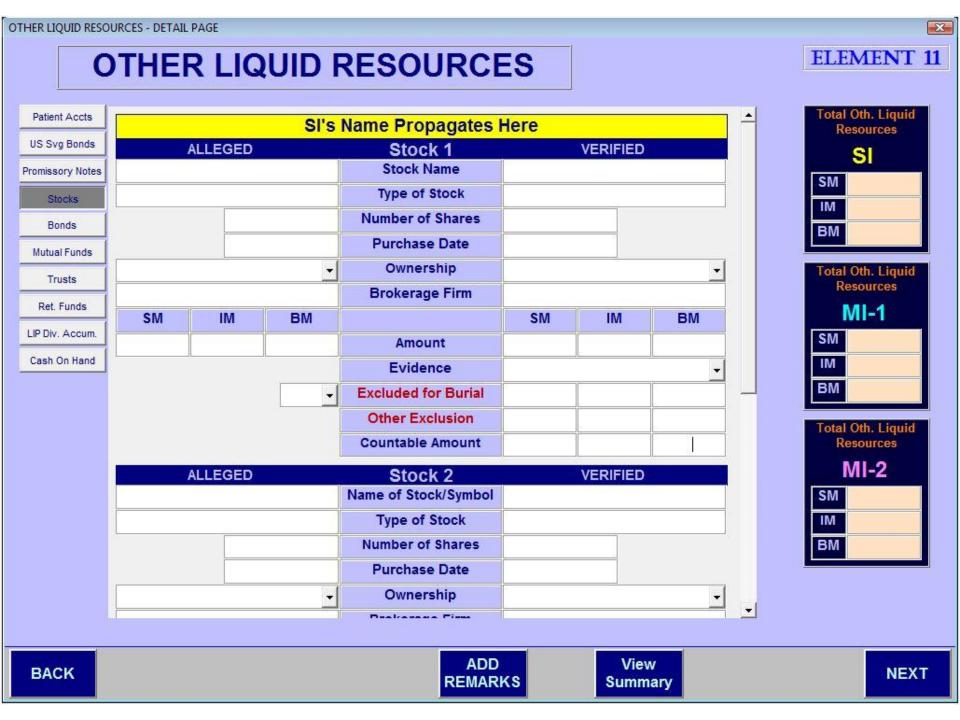
BACK

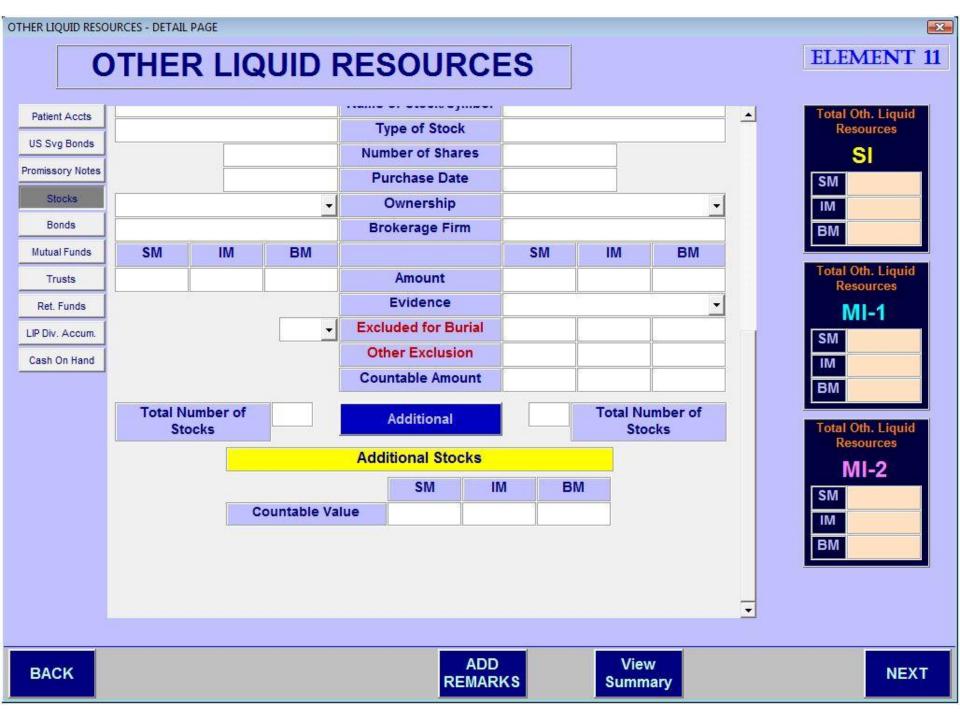


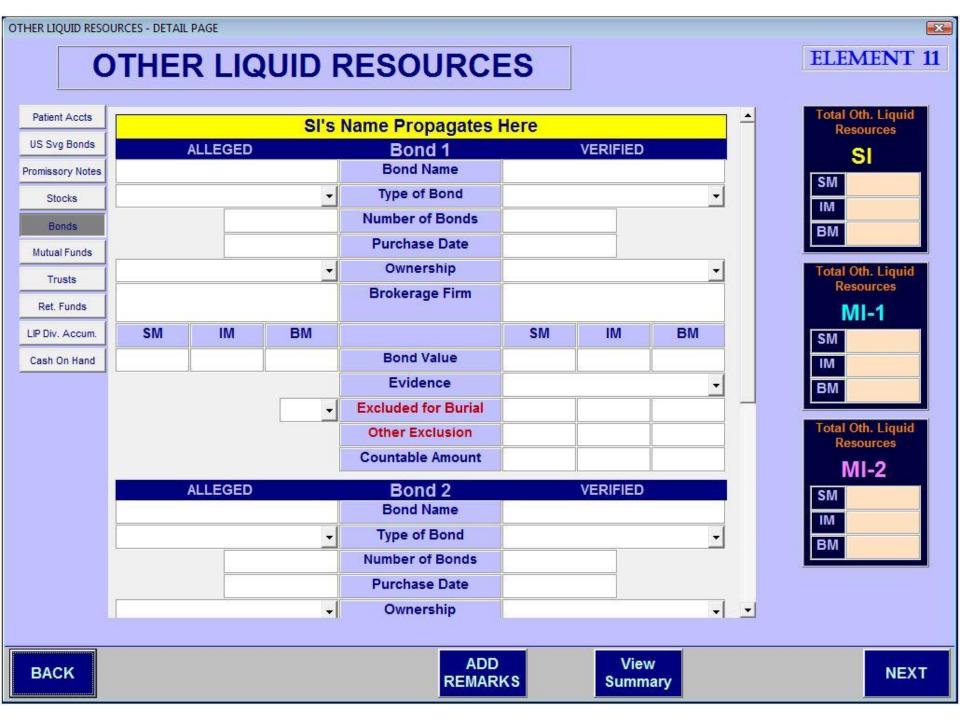












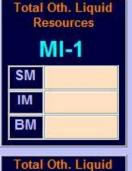
ADD REMARKS View Summary

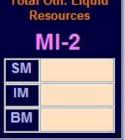
Countable Value

Patient Accts SI's Name Propagates Here US Svg Bonds **Mutual Fund 1** ALLEGED **VERIFIED** Name of Fund Promissory Notes Type of Fund Stocks Number of Shares Bonds Purchase Date Mutual Funds Ownership Trusts **Brokerage Firm** Ret. Funds SM IM BM SM IM BM LIP Div. Accum. Amount Cash On Hand Evidence **Excluded for Burial** Other Exclusion Countable Amount **Total Number of Total Number of** Additional **Mutual Funds Mutual Funds** Additional Mutual Funds



**ELEMENT 11** 



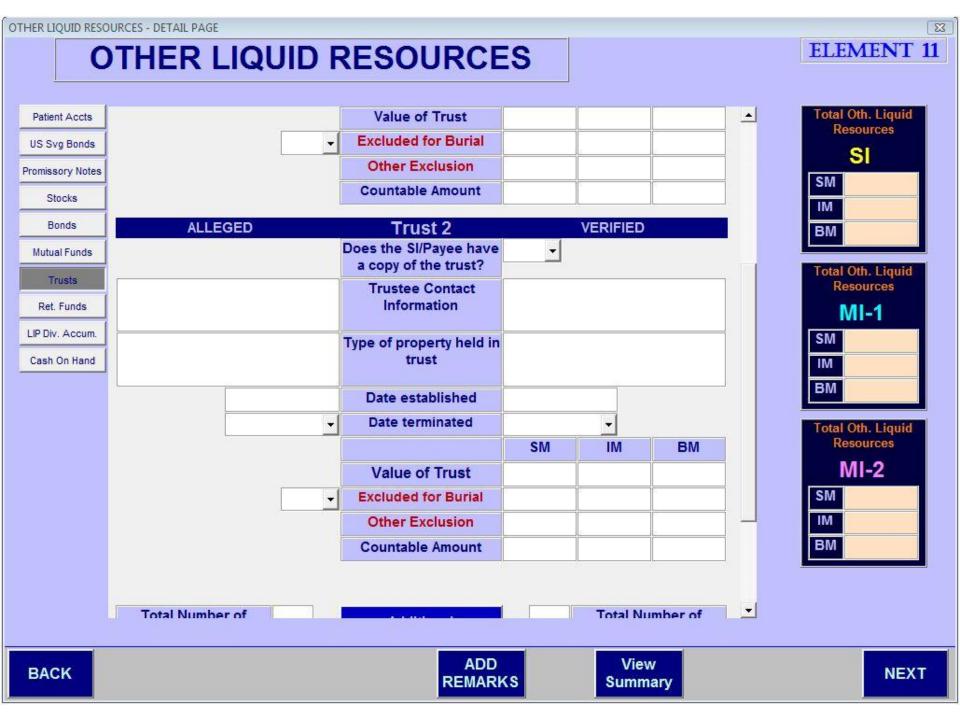


IM

BM

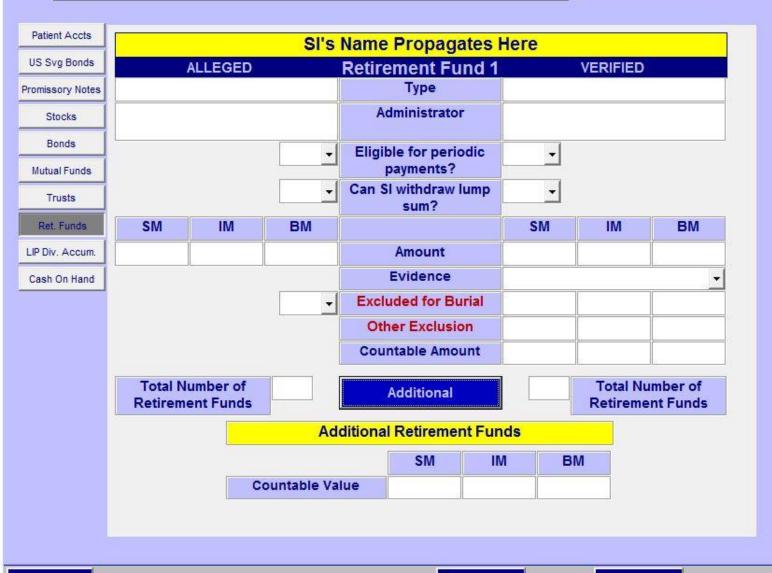
SM

ADD REMARKS View Summary



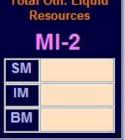
23

## **OTHER LIQUID RESOURCES**

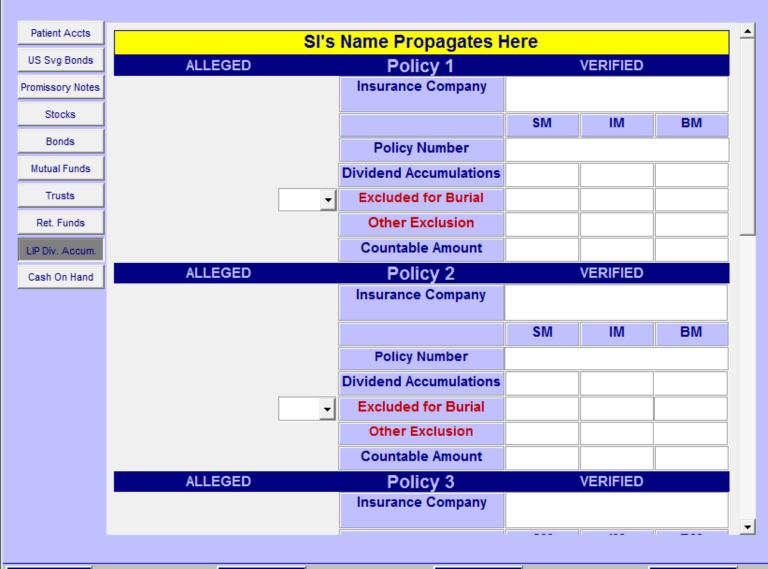








**ELEMENT 11** 

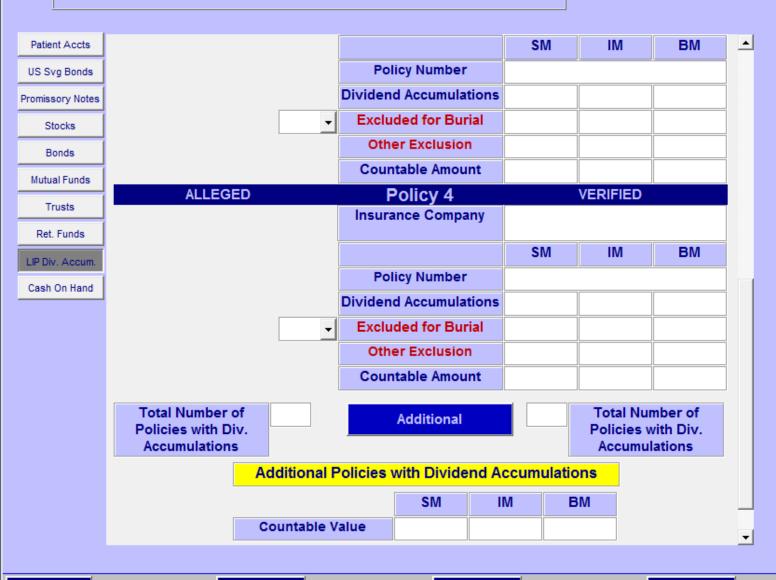


**BACK** 

Transfer of Resources ADD REMARKS VIEW SUMMARY

#### **ELEMENT 11**

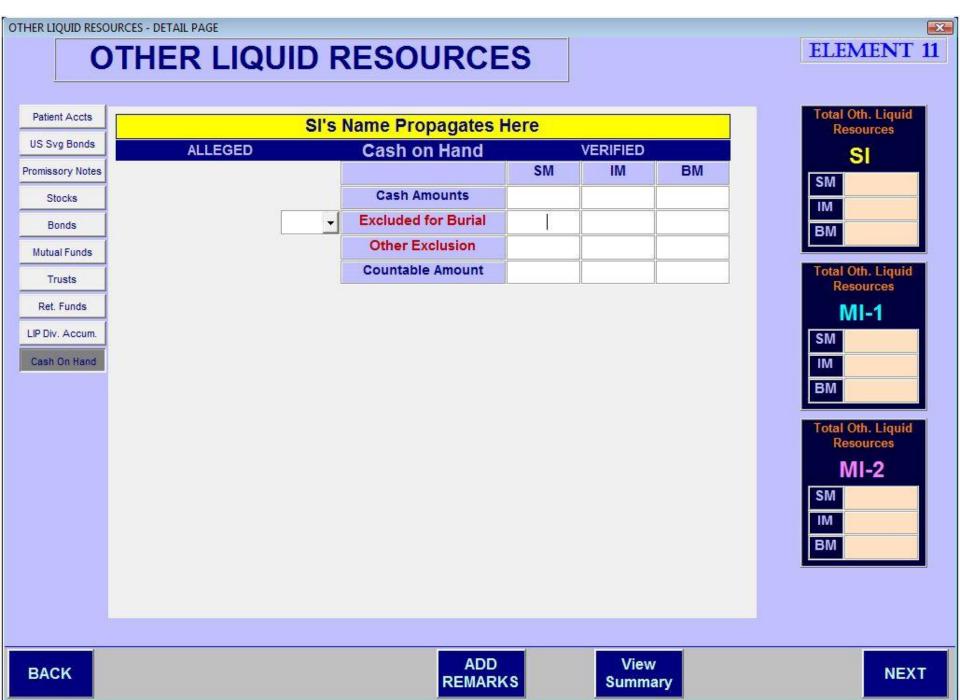
## **OTHER LIQUID RESOURCES**

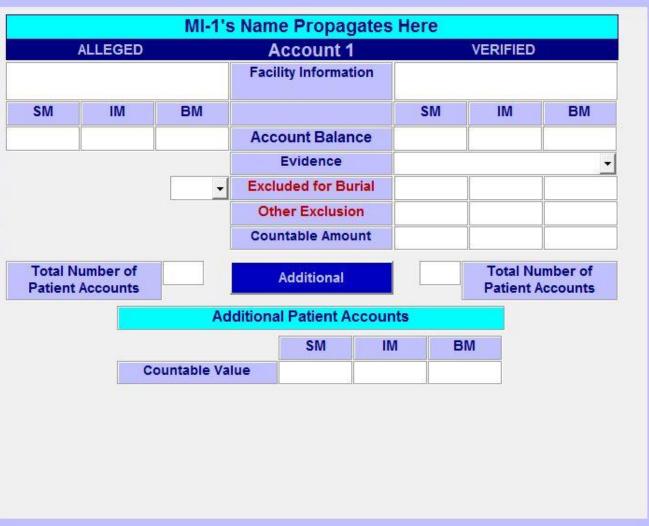


**BACK** 

Transfer of Resources

ADD REMARKS VIEW SUMMARY





IM



ВМ

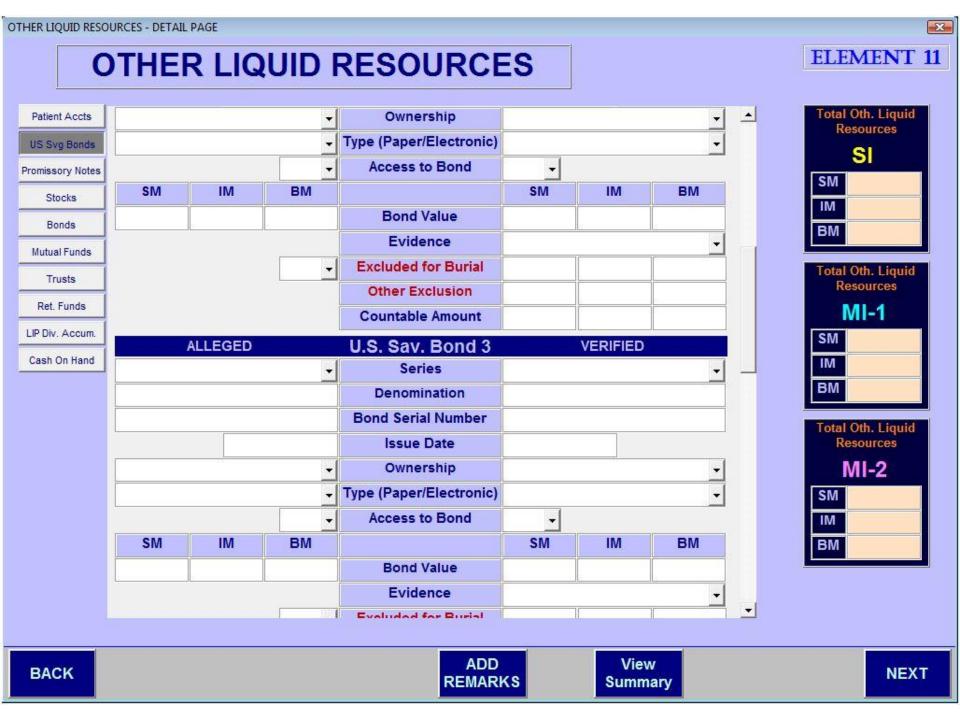
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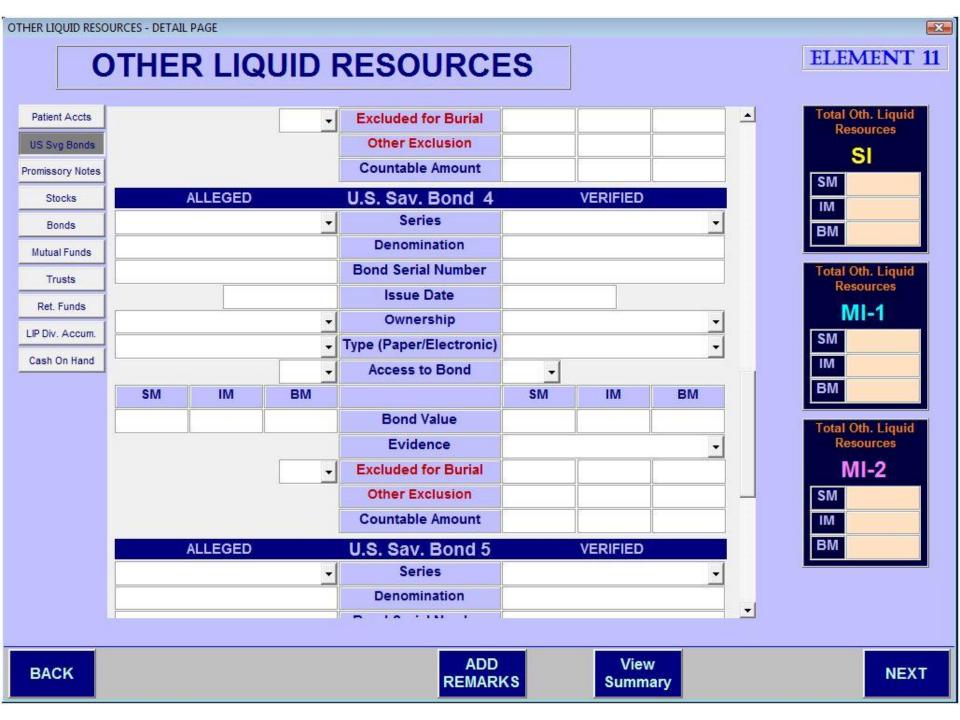
REMARKS

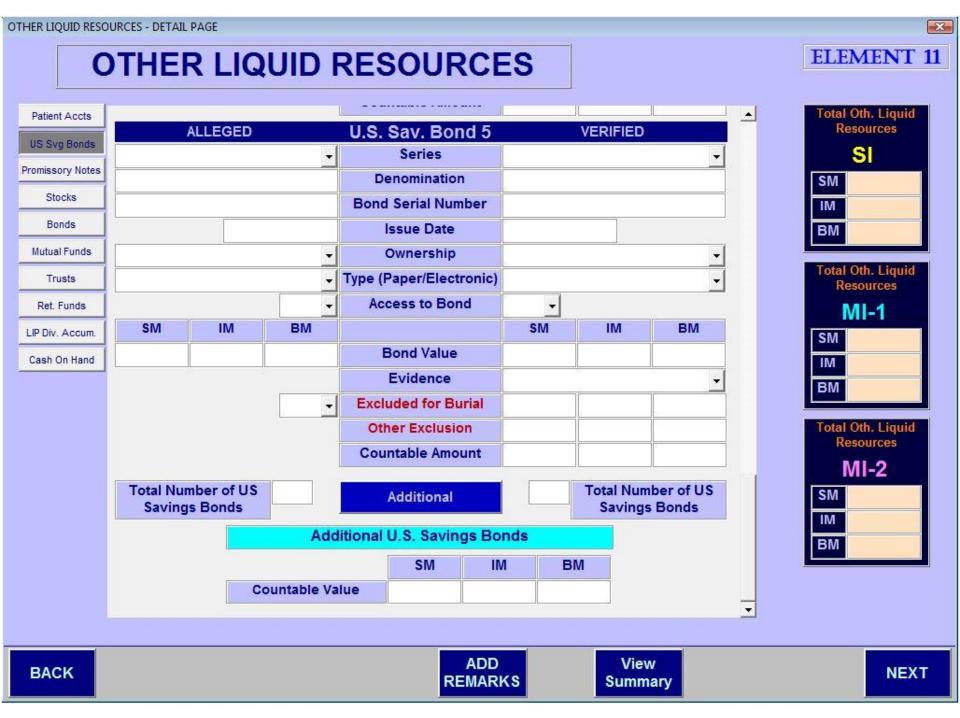
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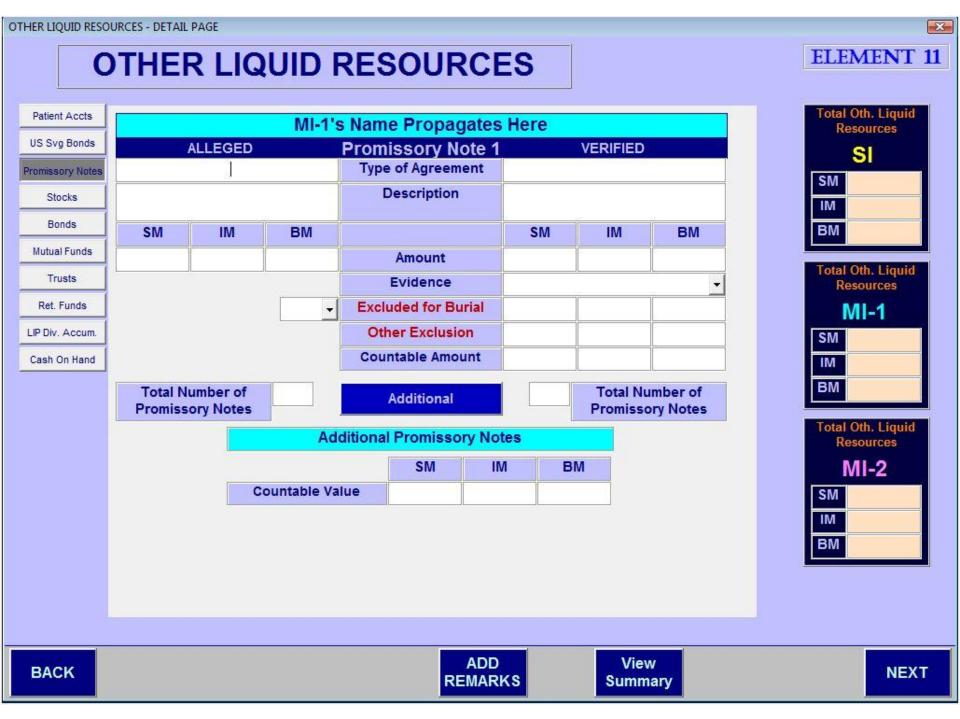
View

Summary



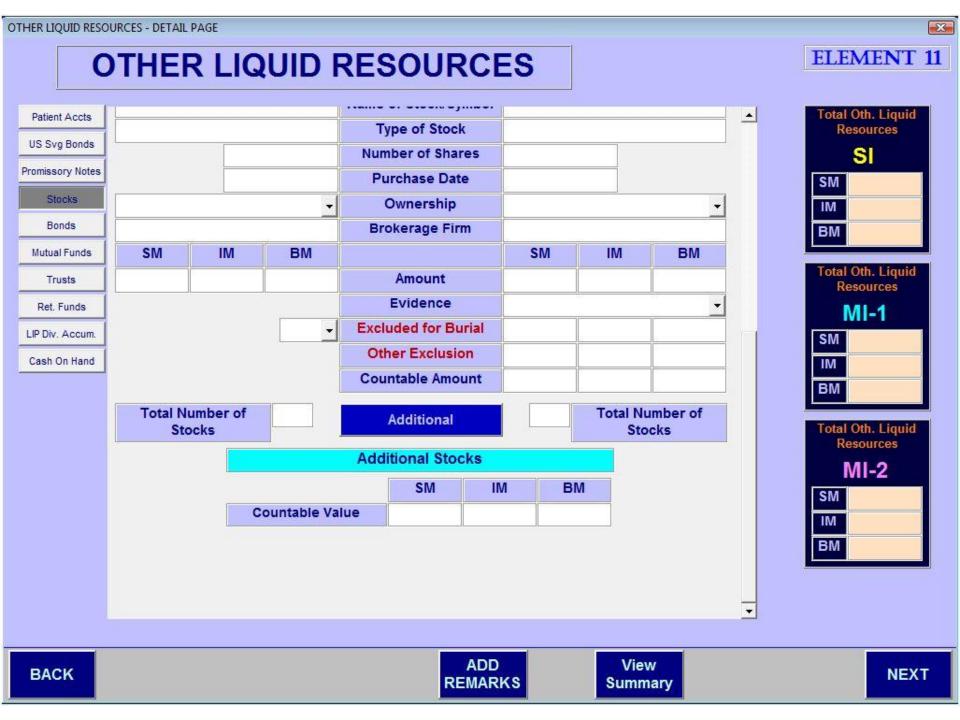


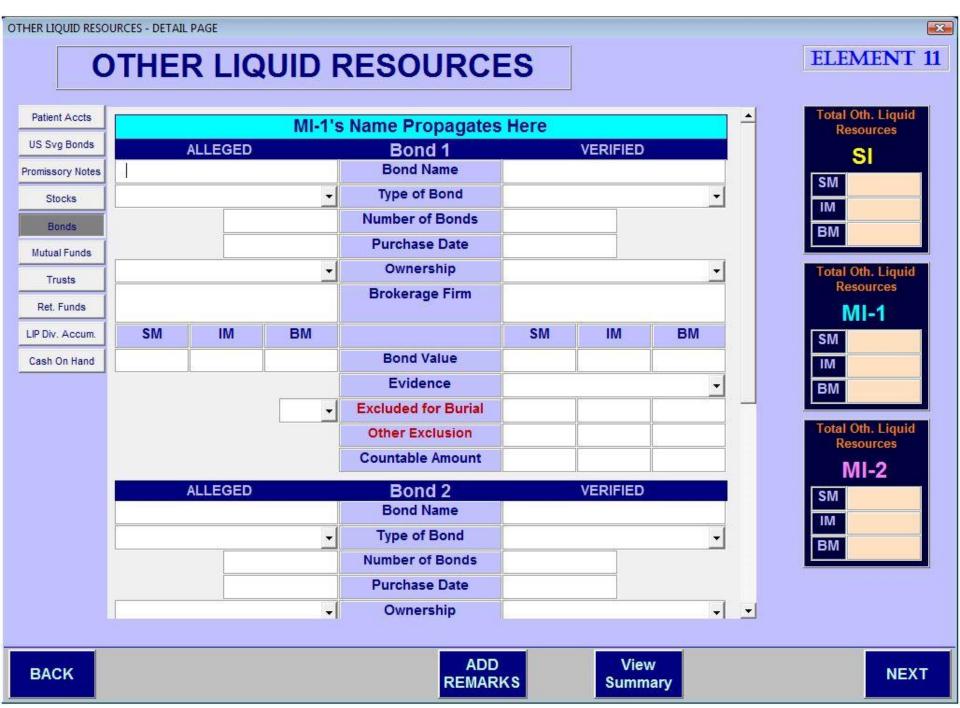


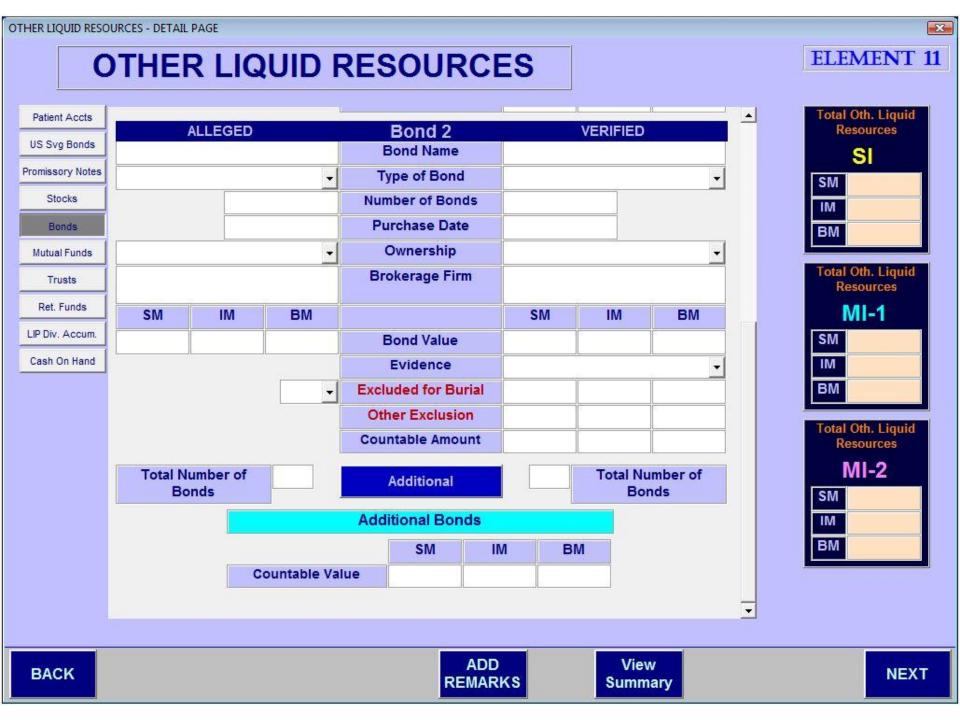


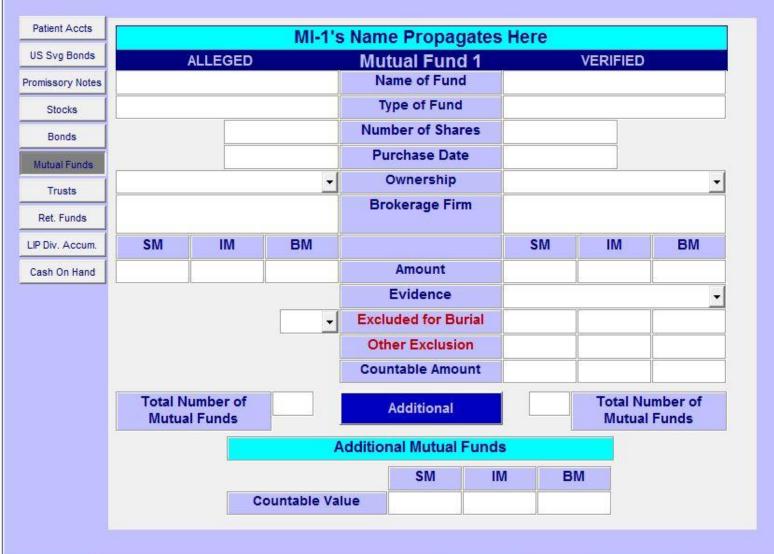
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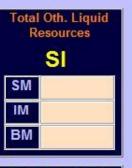
Summary

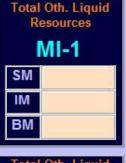


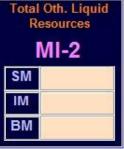












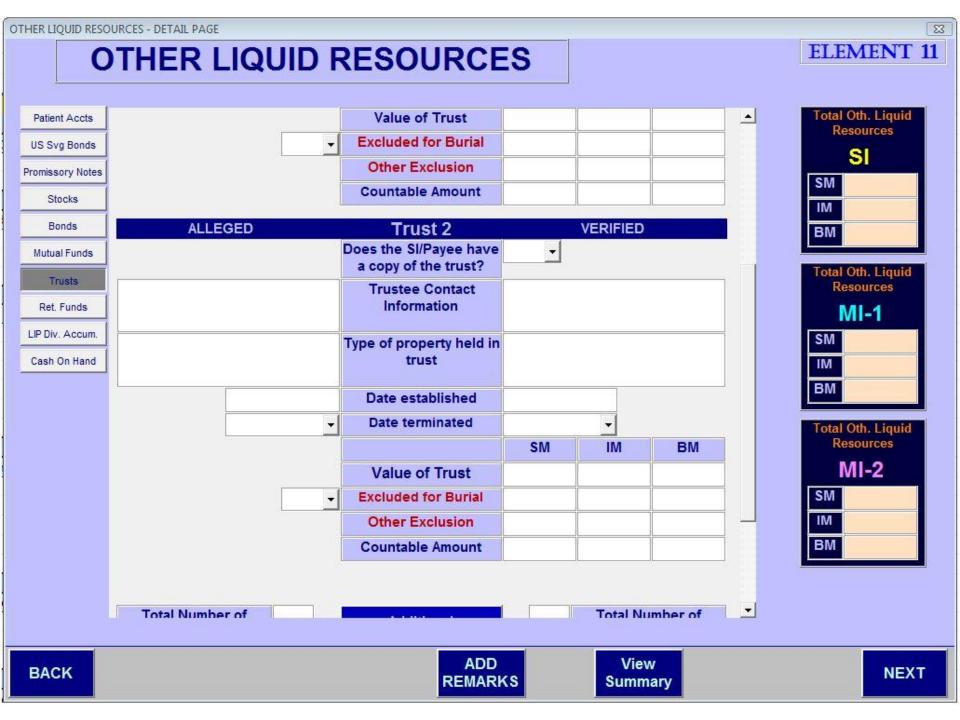
ADD

REMARKS

BACK

View

Summary



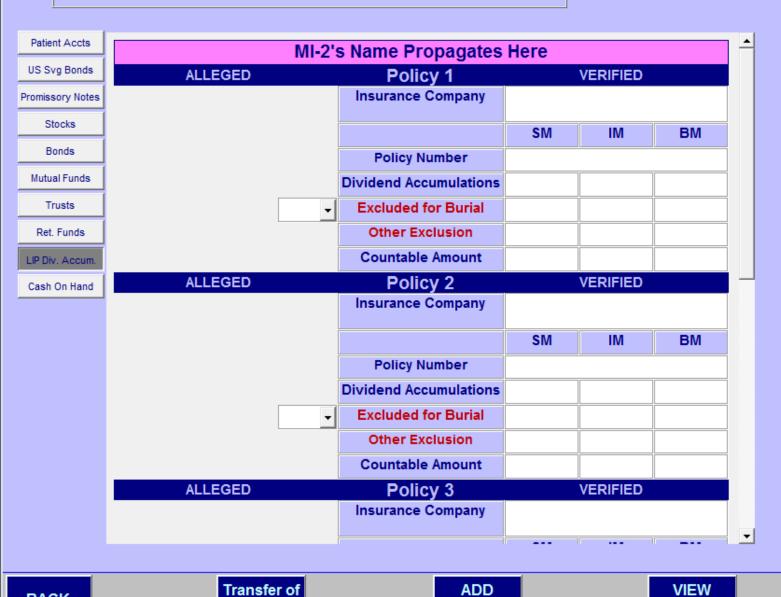
ADD REMARKS View Summary

**NEXT** 

### **OTHER LIQUID RESOURCES**

Resources

**ELEMENT 11** 

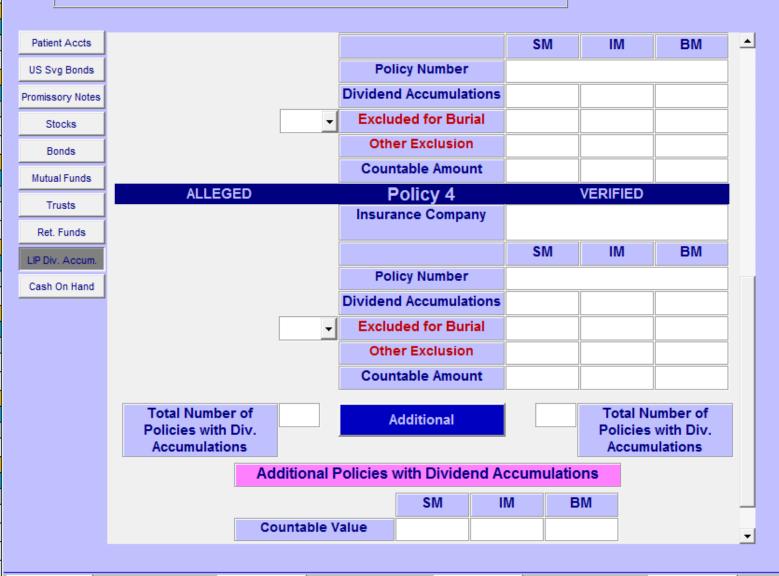


REMARKS

SUMMARY

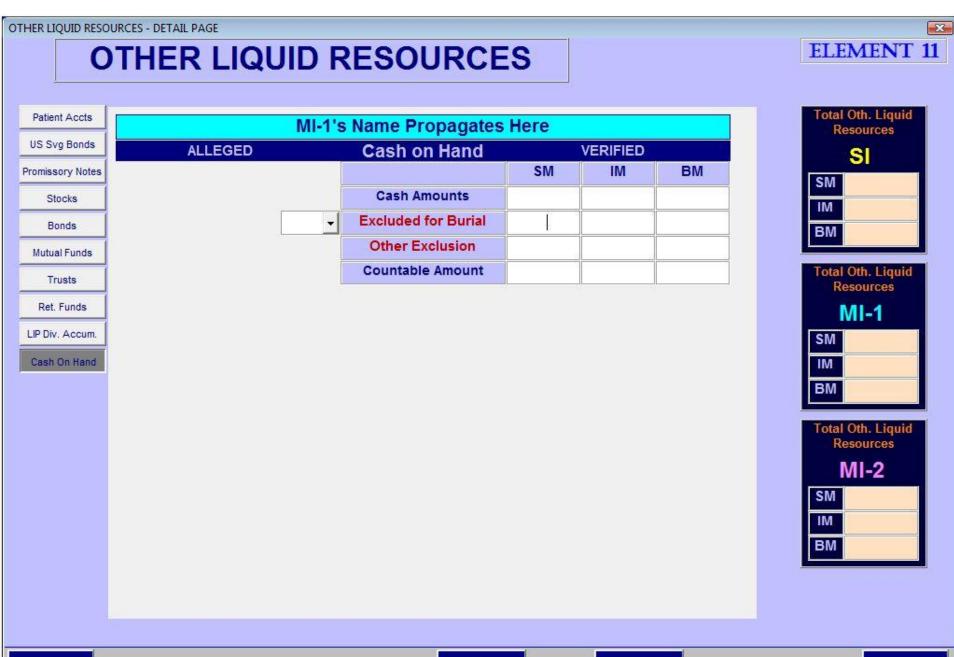
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## **OTHER LIQUID RESOURCES**

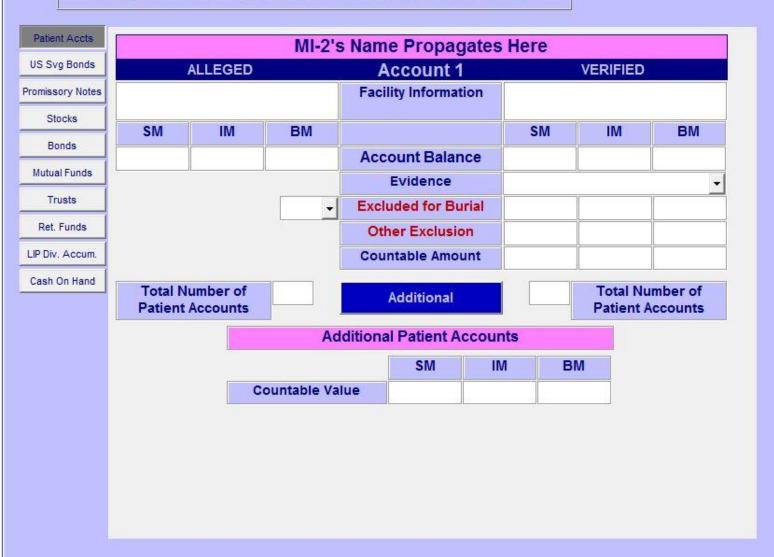


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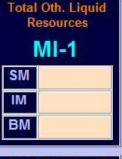
Transfer of Resources ADD REMARKS VIEW SUMMARY

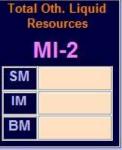


# OTHER LIQUID RESOURCES



Total Oth. Liquid Resources SI SM IM BM





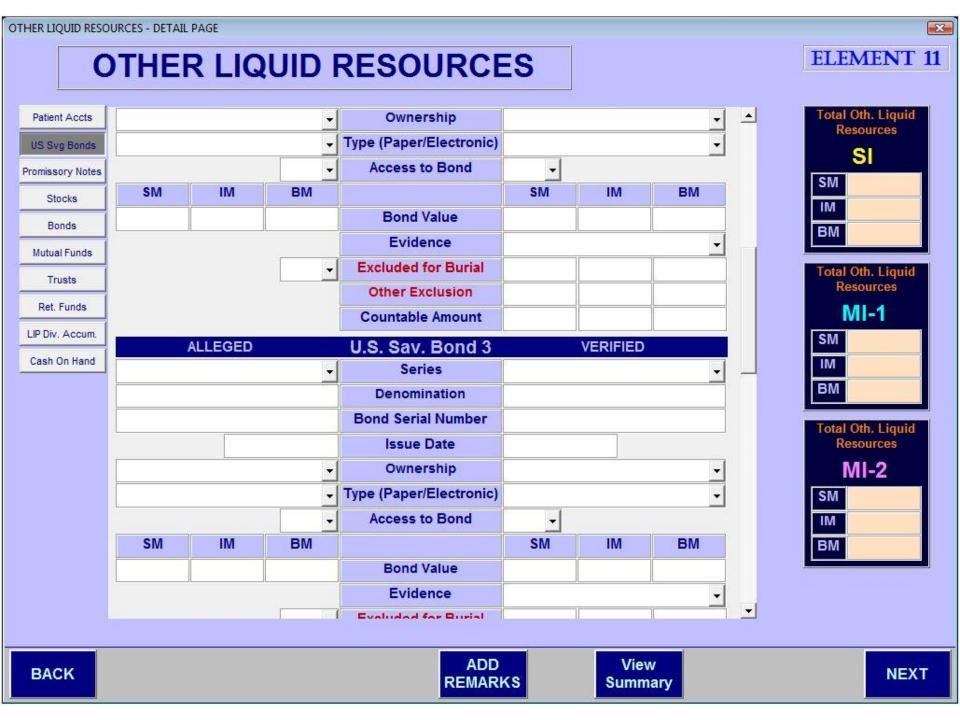
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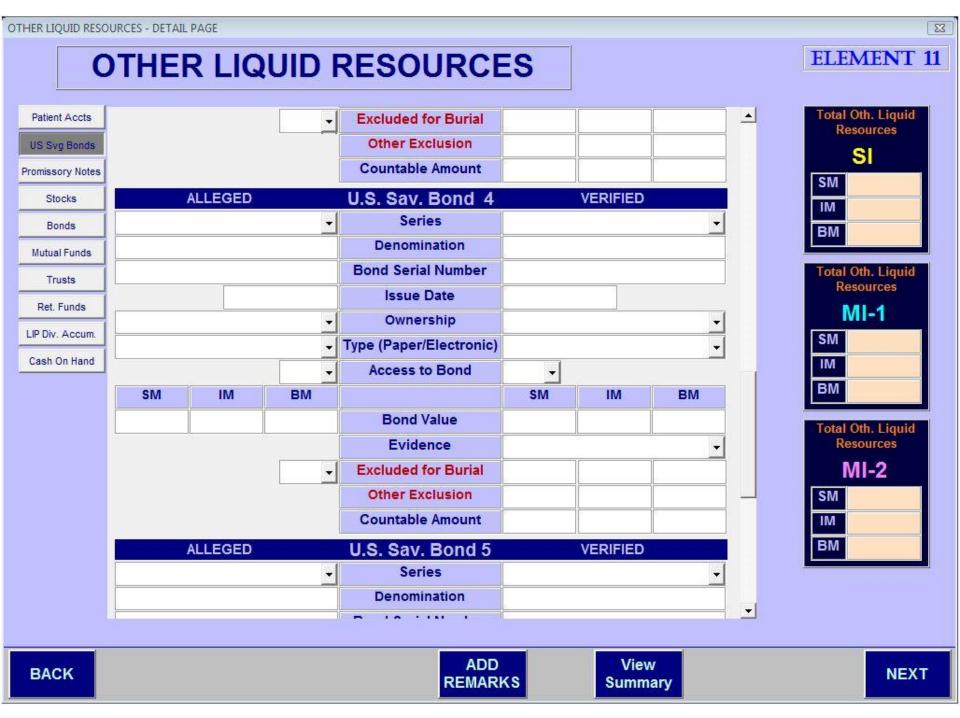
REMARKS

BACK

View

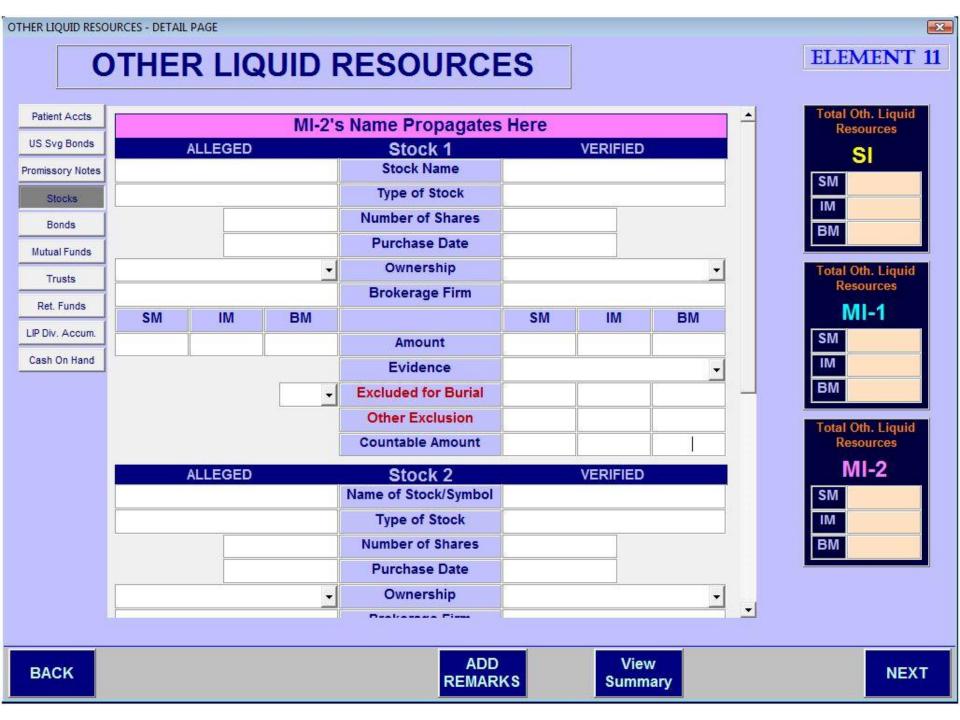
Summary

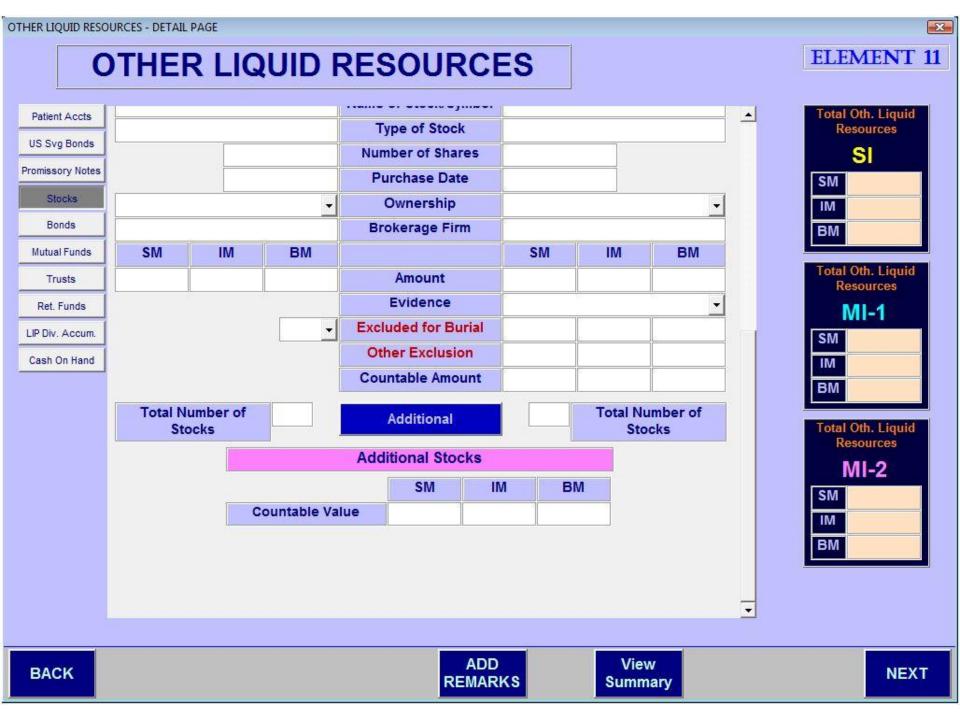


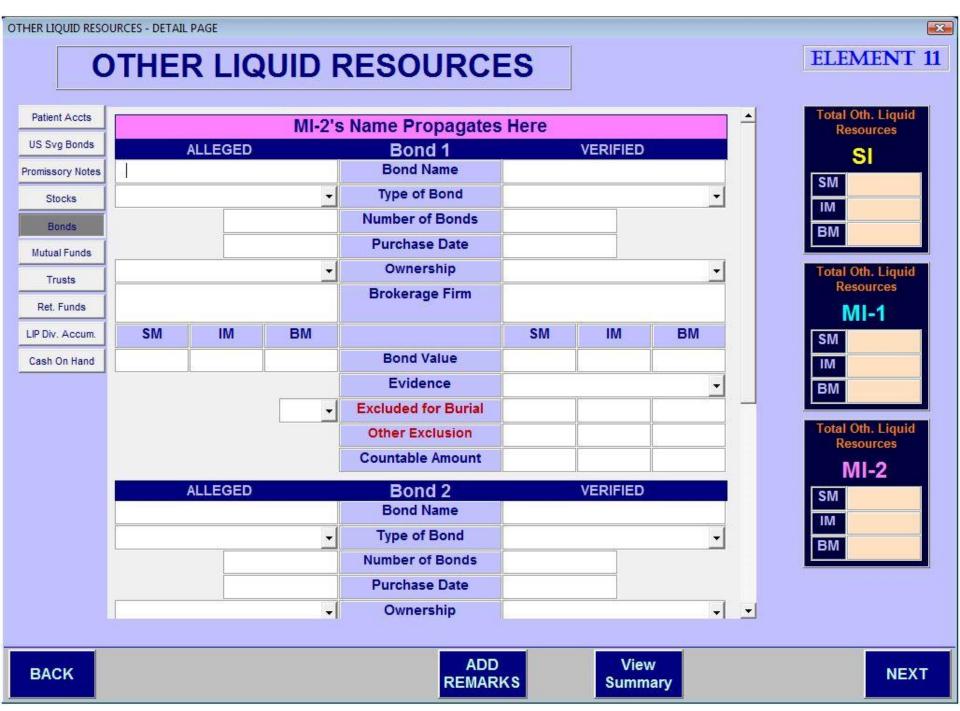


BACK

ADD REMARKS View Summary





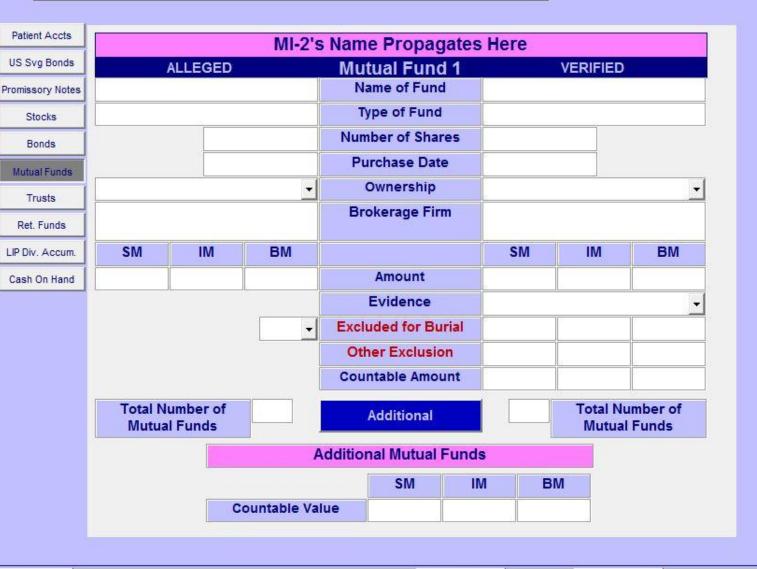


REMARKS

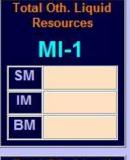
Summary

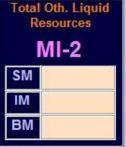
### **OTHER LIQUID RESOURCES**

**ELEMENT 11** 







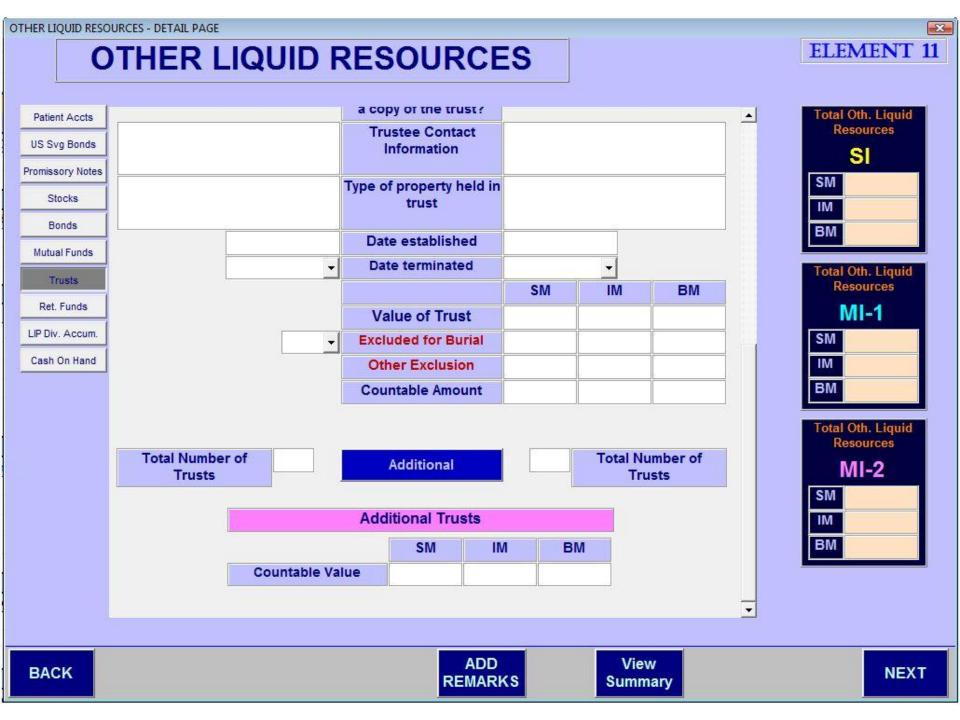


REMARKS

Summary

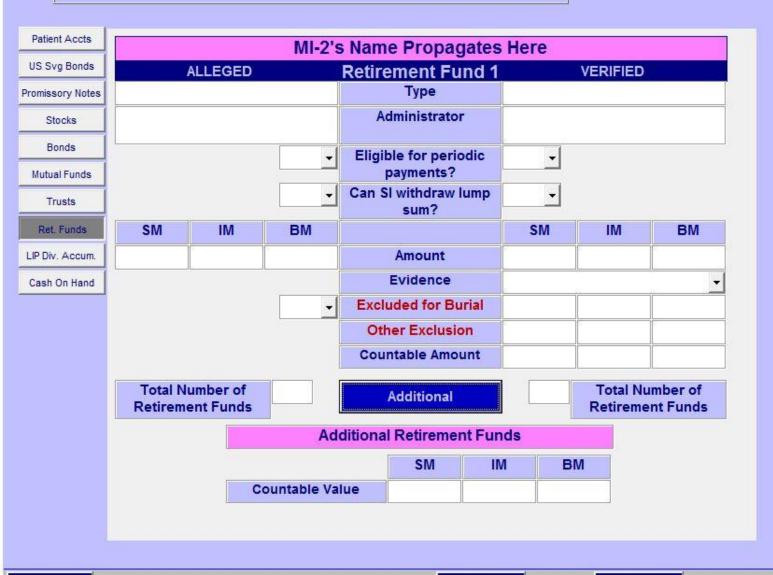
**NEXT** 

BACK

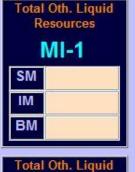


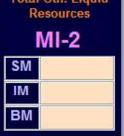
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## **OTHER LIQUID RESOURCES**









### **OTHER LIQUID RESOURCES**

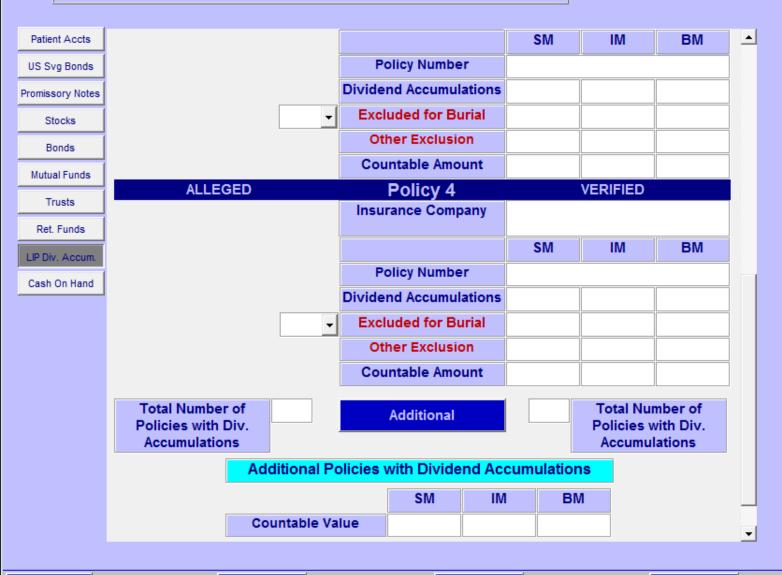


BACK

Transfer of Resources ADD REMARKS VIEW SUMMARY

×

### **OTHER LIQUID RESOURCES**



BACK

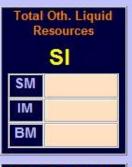
Transfer of Resources

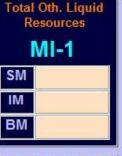
ADD REMARKS VIEW SUMMARY

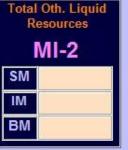
×

## **OTHER LIQUID RESOURCES**









### **NON-HOME PROPERTY**

**ELEMENT 12** 

RE Field Codes CG Field Codes My SSR / MSSICS Notes

Record who owns or is buying non-home property

Override

Total number of properties

SI MI-1 MI-2

V

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?

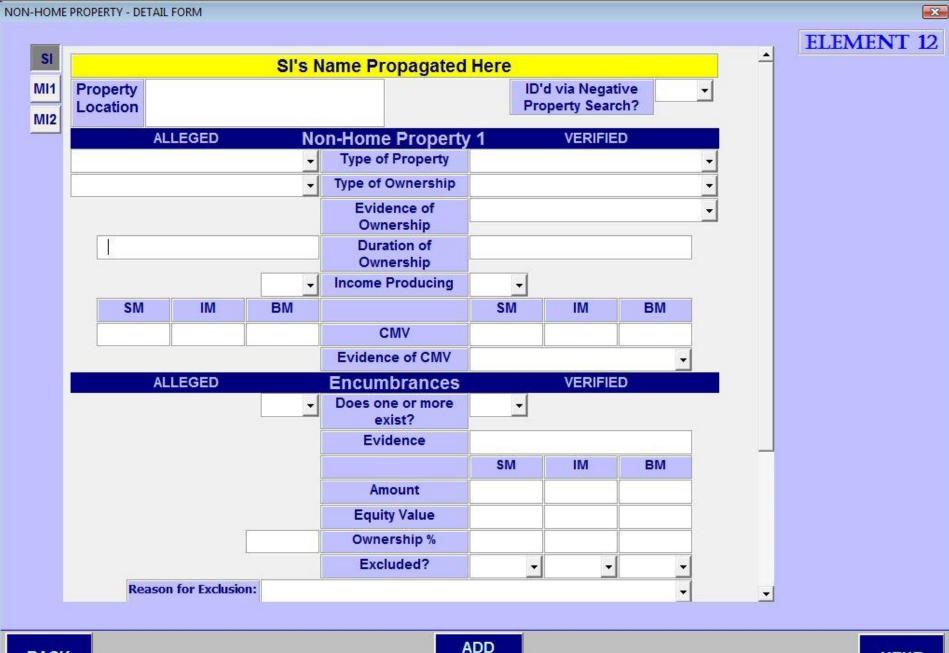
Check to display a list of possible non-home properties.

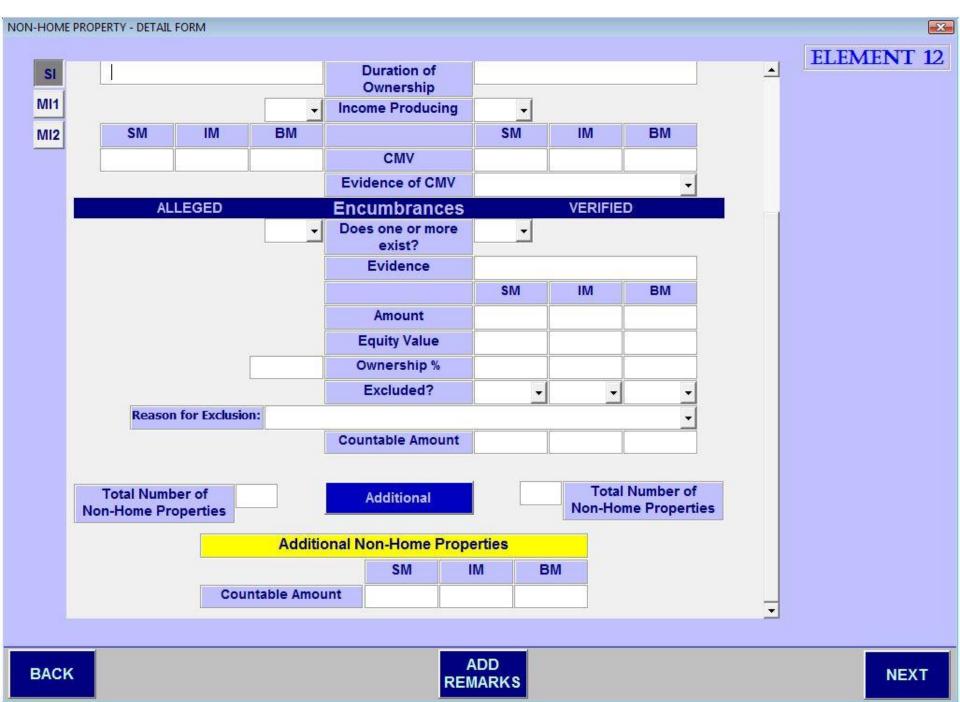
1. Farmland

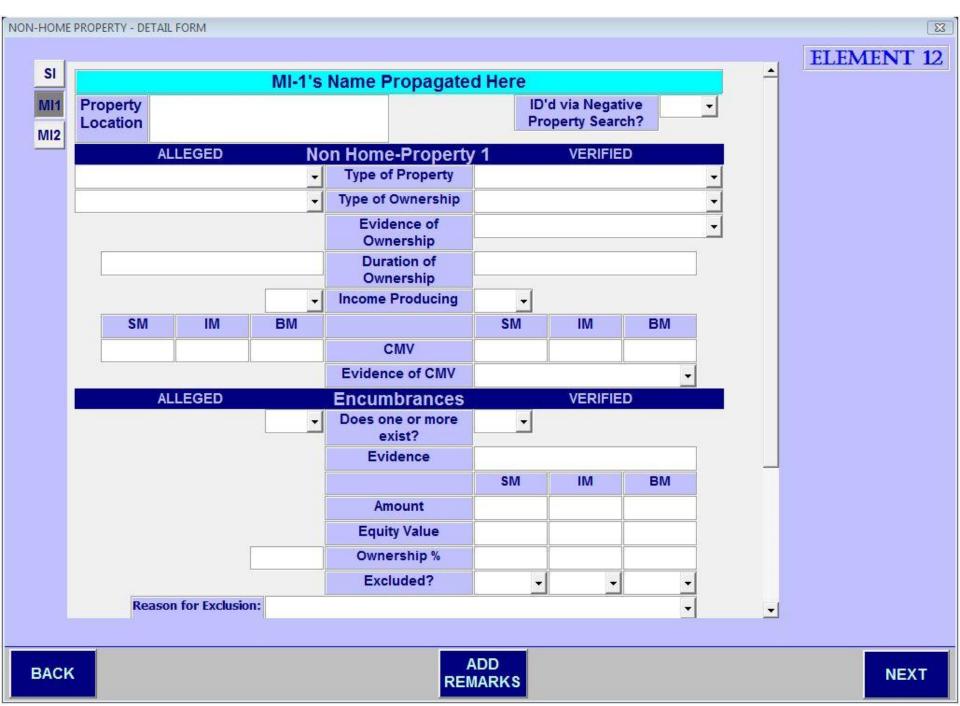
▼ □ Override

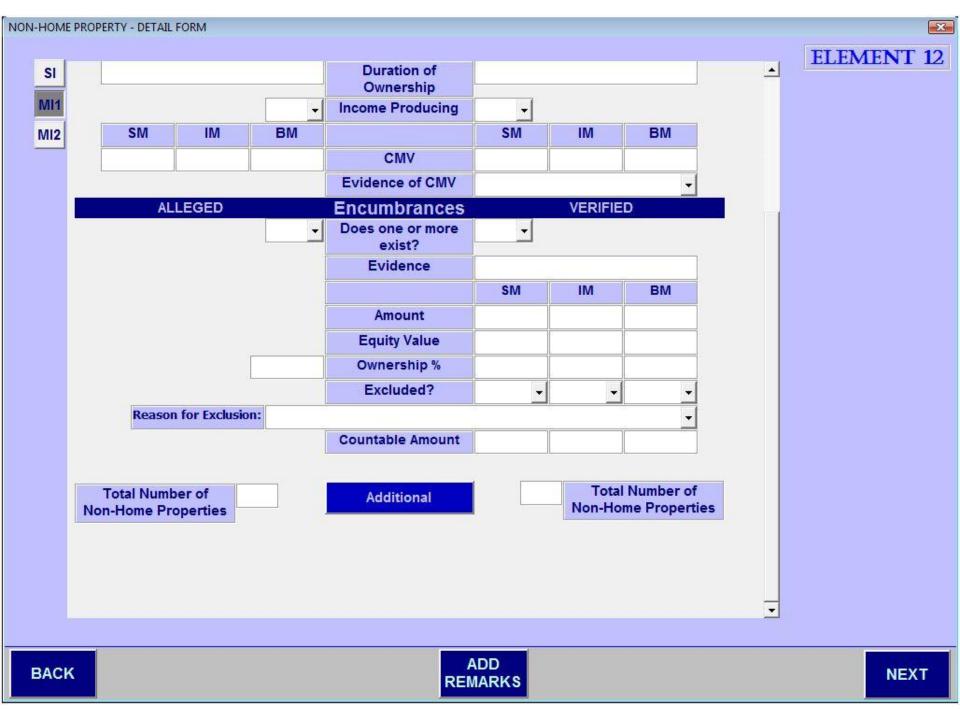
▼ □ Override

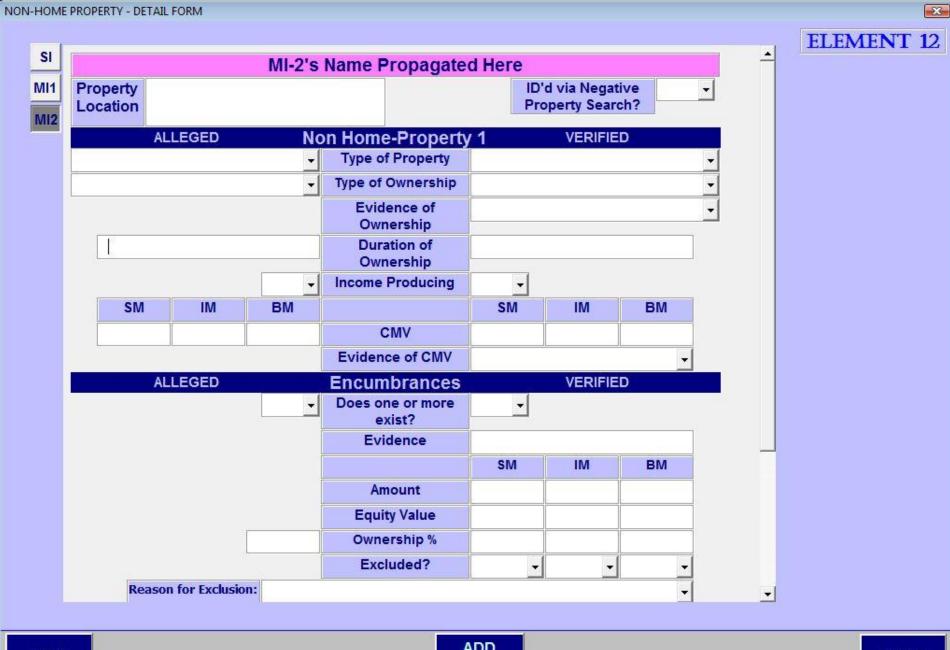
- 2. Commercial (non-farm)
- 3. Residential property
- 4. Unimproved Land
- 5. Foreign Property
- 6. Mineral/Timber/Water Rights

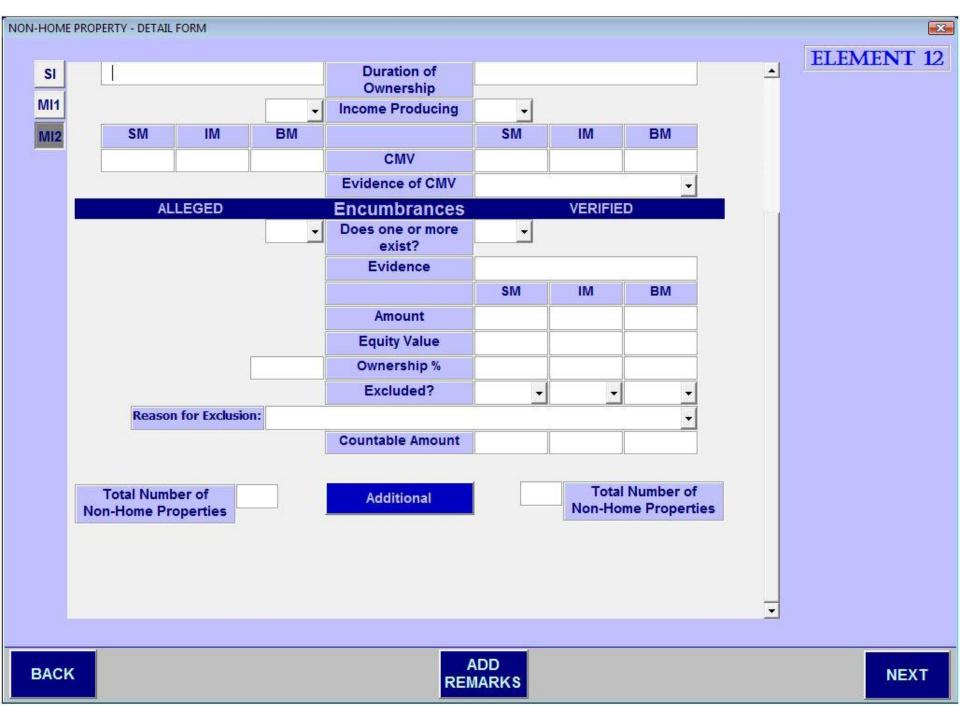


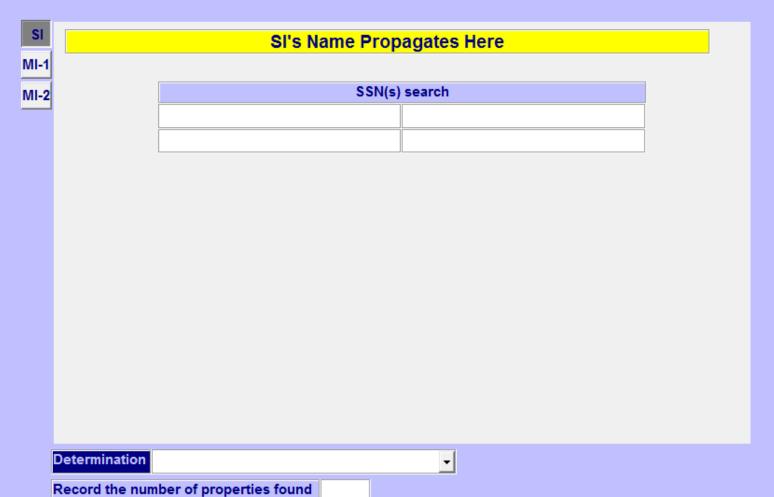












MAIN MENU

PREVIOUS

ADD REMARKS



MAIN

**MENU** 

### **ELEMENT 13**

×

**NEXT** 

☐ COMPLETE

## **NEGATIVE PROPERTY SEARCH**

**PREVIOUS** 

╚			MI1's Name Propagates Here	
-1		SSI	SN Search Name Search	
-2			SSN(s) Search	
-	Determinati			
F	Record the	num	mber of properties found	

ADD

REMARKS

×

## **NEGATIVE PROPERTY SEARCH**

SI		MI1's Name Prop	pagates Here					
I-1	SSI	N Search Name Search		,				
I-2		Name(s) Search						
		Jurisdiction Searched	County/Parish/City	ST				
				<u> </u>				
		Alpha Listing	<u> </u>					
		Contact Method						
		Name of Contact						
		Title of Contact						
		Date of Contact						
		Contact Information						
Determinati	on		<b>•</b>					
		ber of properties found						
record the		act of properties found						

MAIN MENU

**PREVIOUS** 

ADD REMARKS



×

## **NEGATIVE PROPERTY SEARCH**

sı				MINIO N	lama Dra		Llava		
_					iame Pro	pagates	Here		
II-1		SSN S	Search Nam	ne Search					
/11-2					SSN(s	s) Search			
	Determinati	on							
_									
F	Record the	numbe	r of propert	ies found					

MAIN MENU

PREVIOUS

ADD REMARKS



## **NEGATIVE PROPERTY SEARCH**

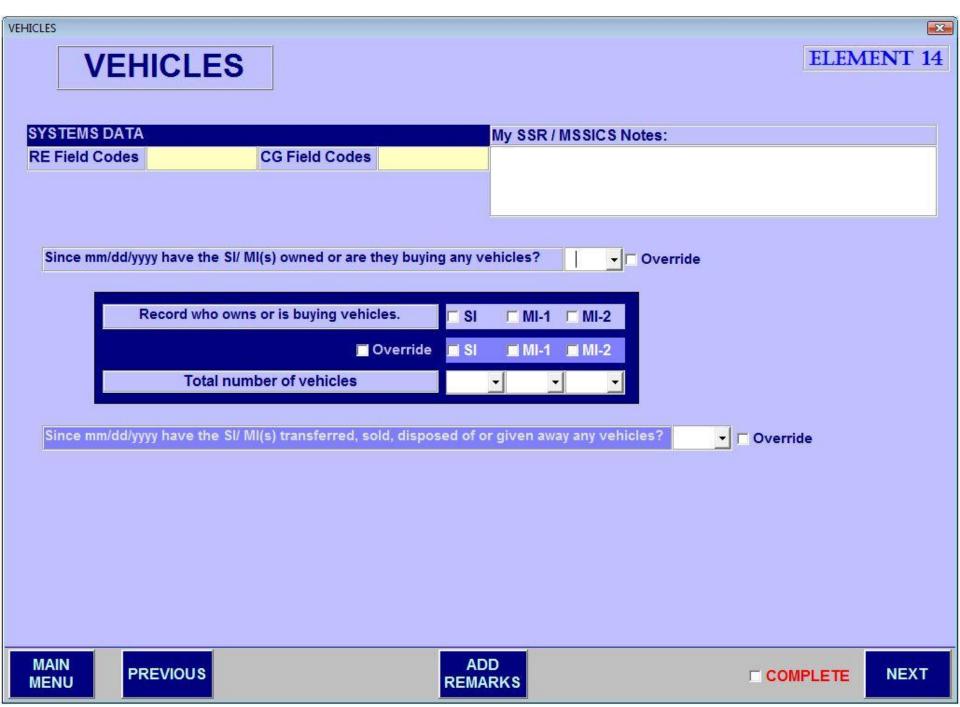
Name(s) Search						
Jurisdiction Searched	County/Parish/City	ST				
		•				
Alpha Listing	•					
Contact Method	<u> </u>					
Name of Contact						
Title of Contact						
Date of Contact						
Contact Information						

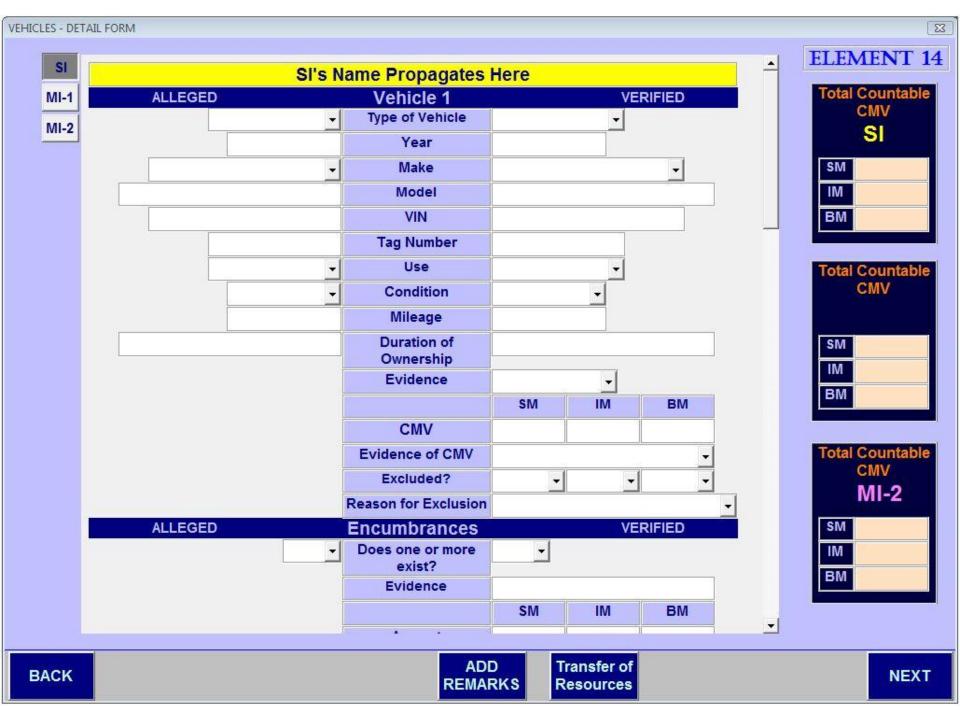
MAIN MENU

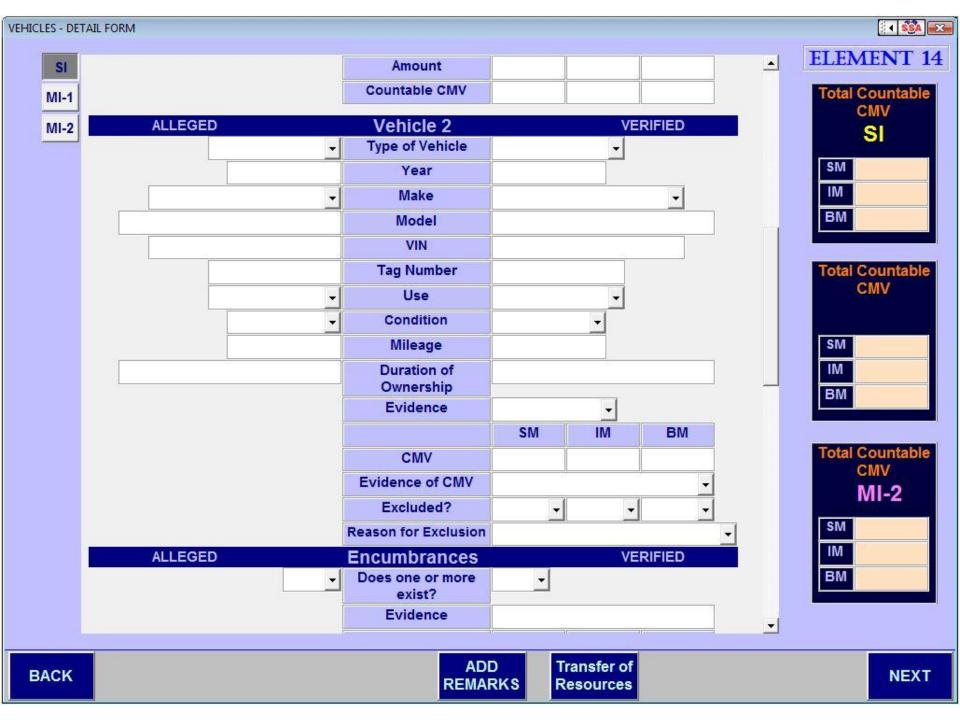
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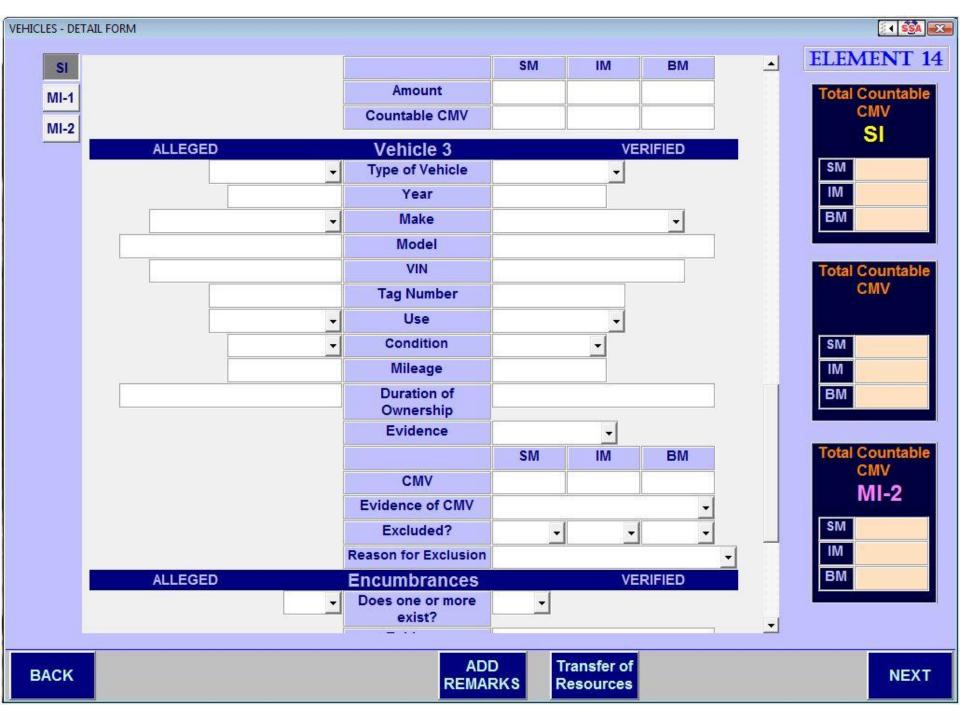
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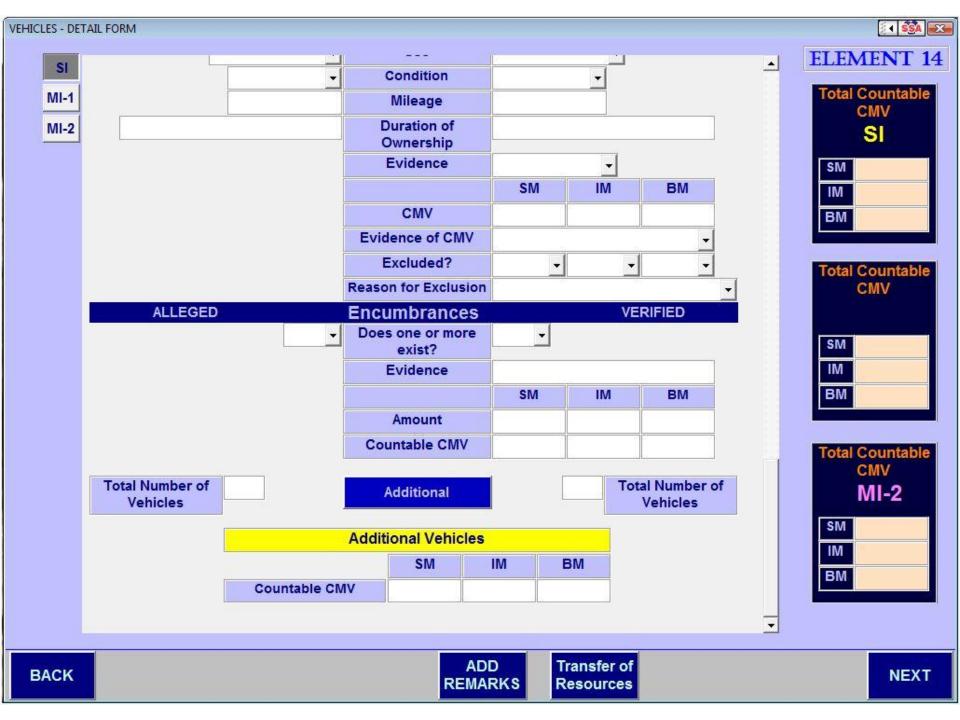


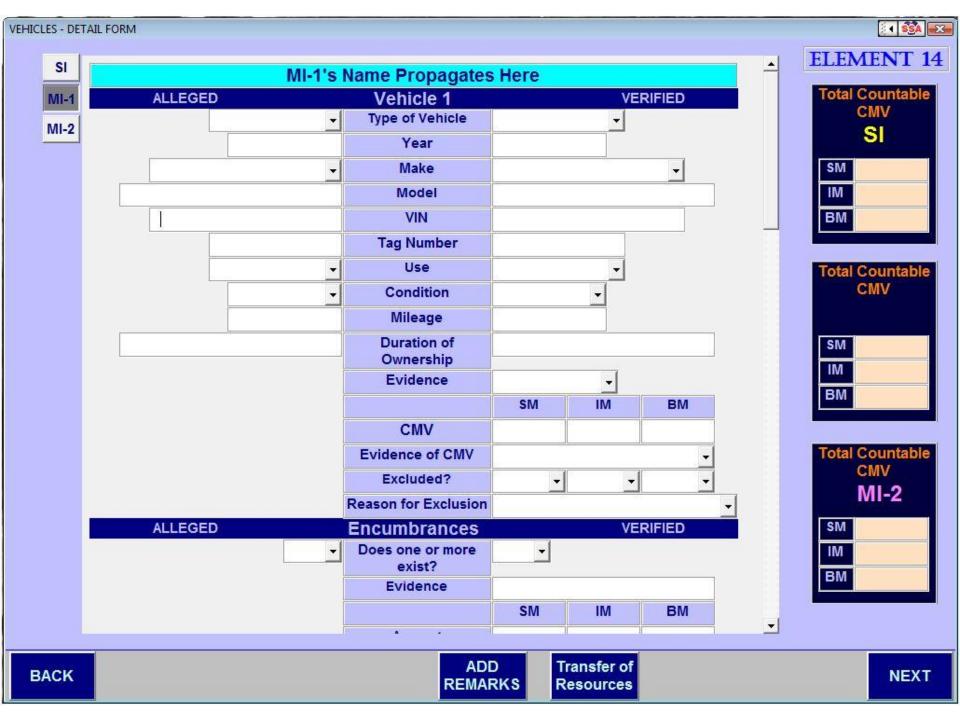


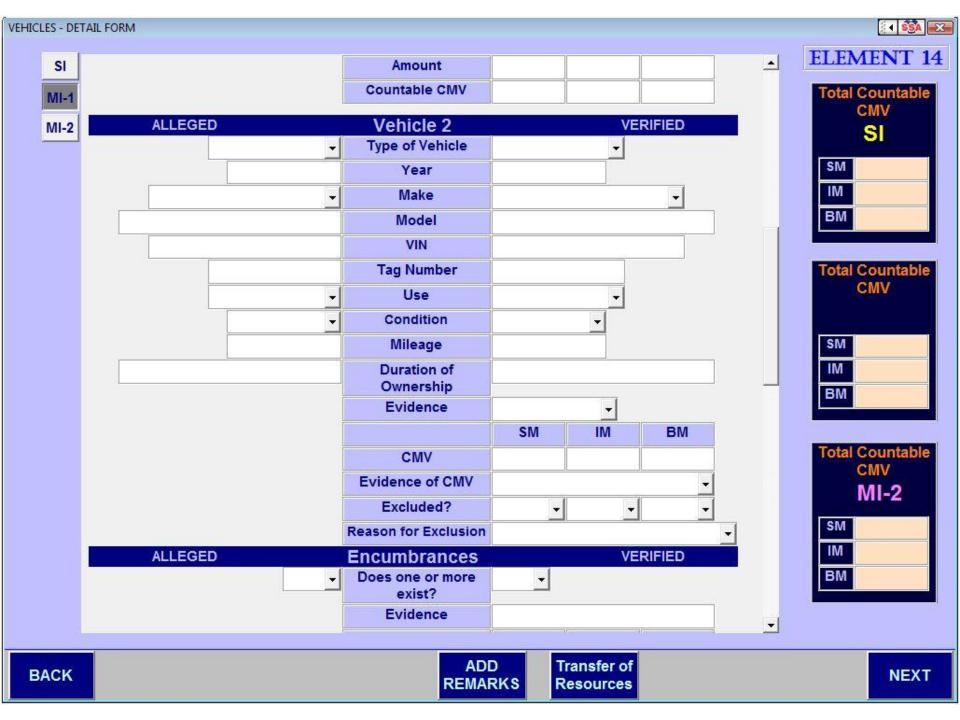


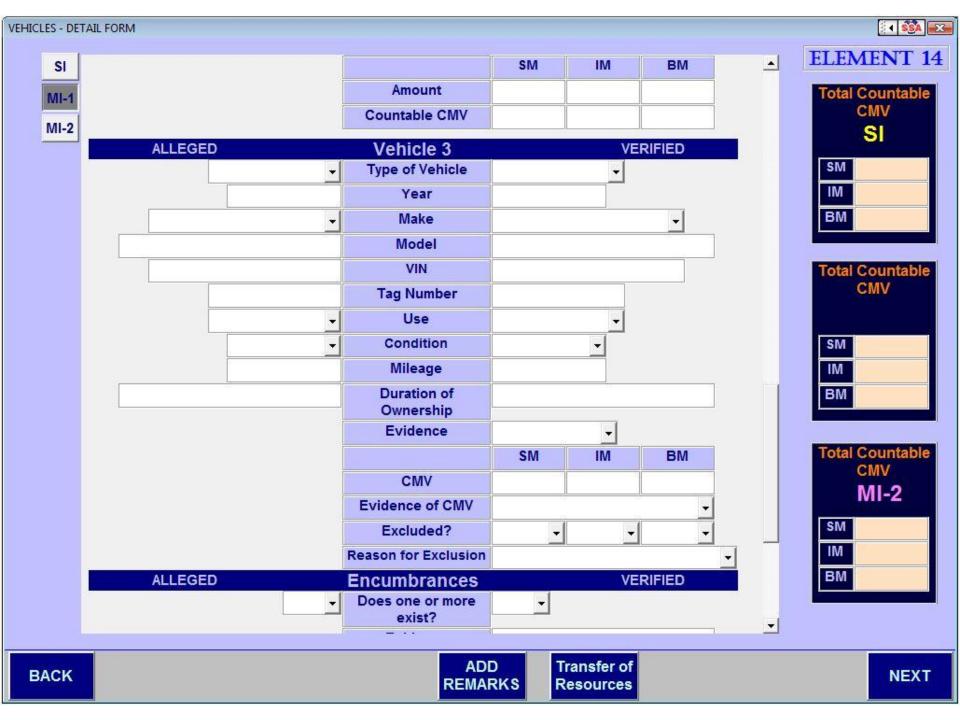


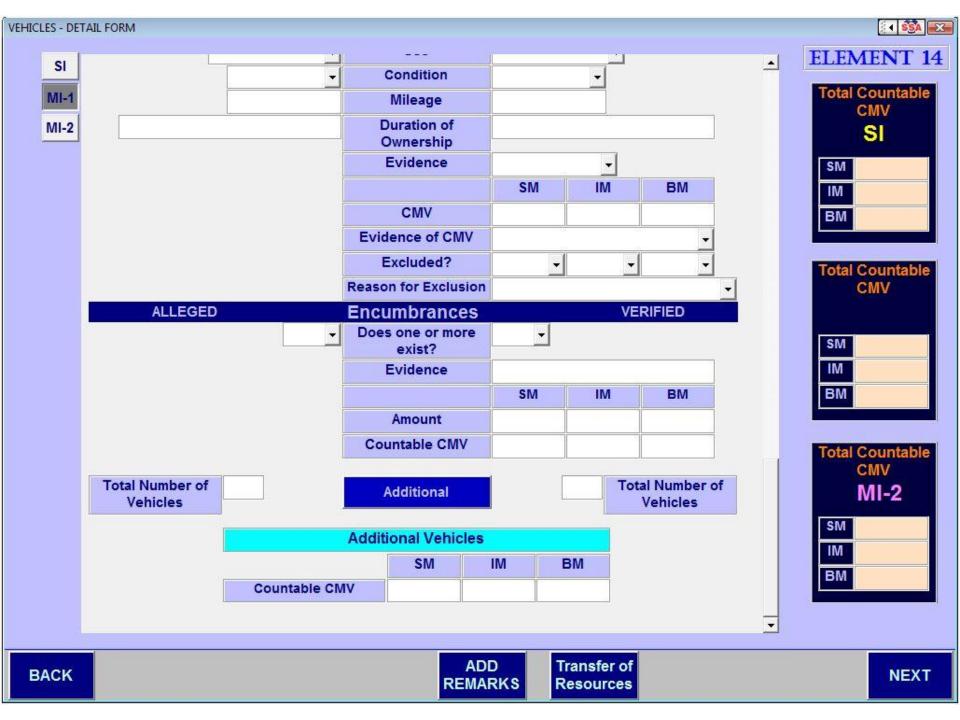


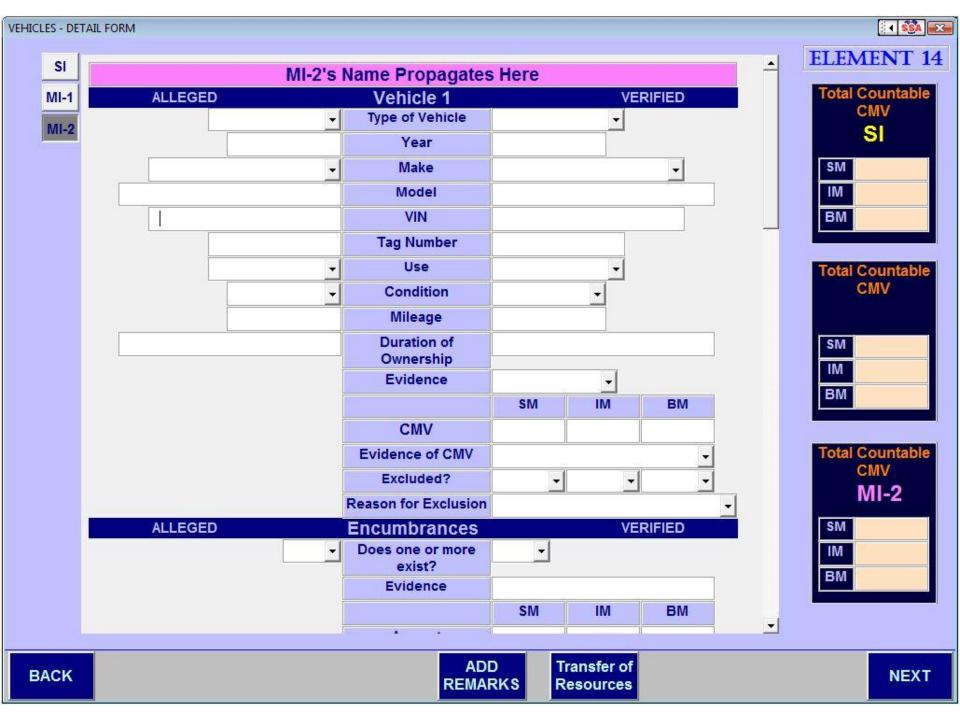


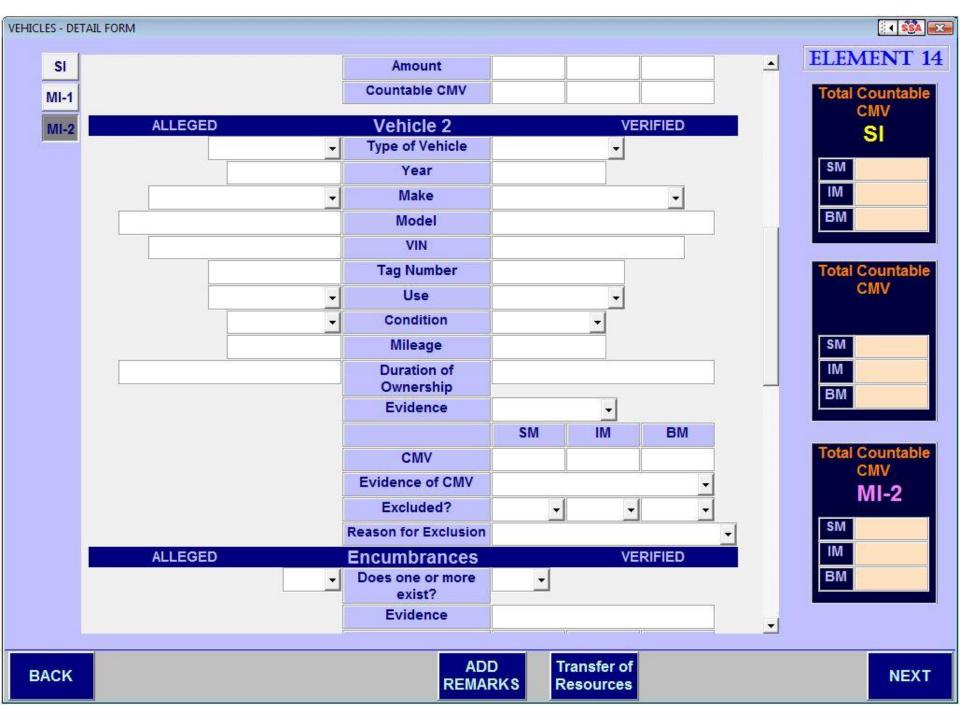


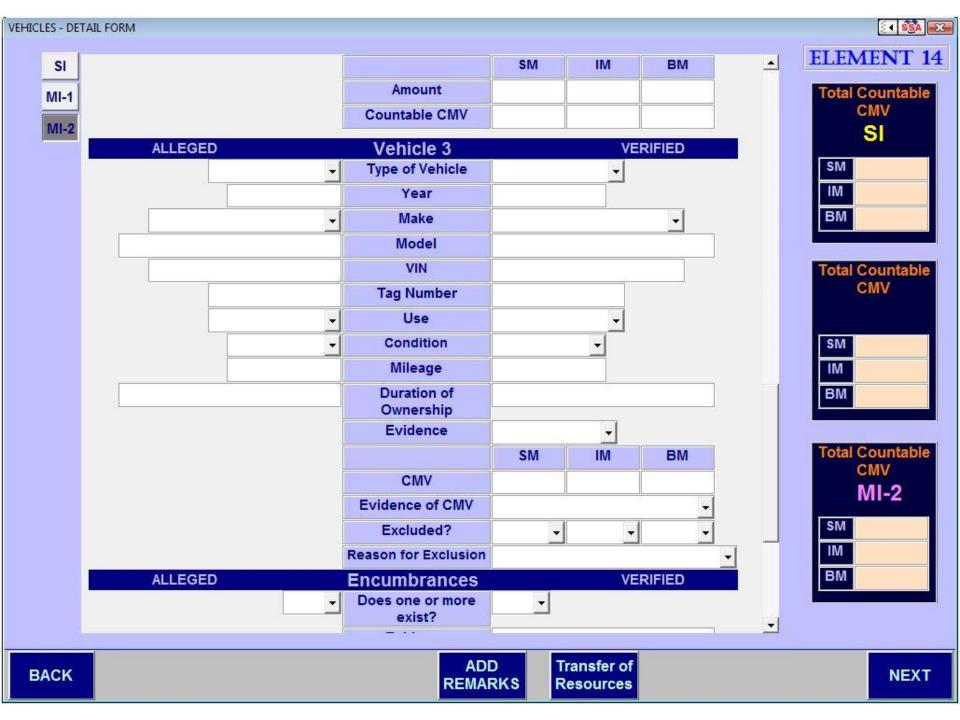


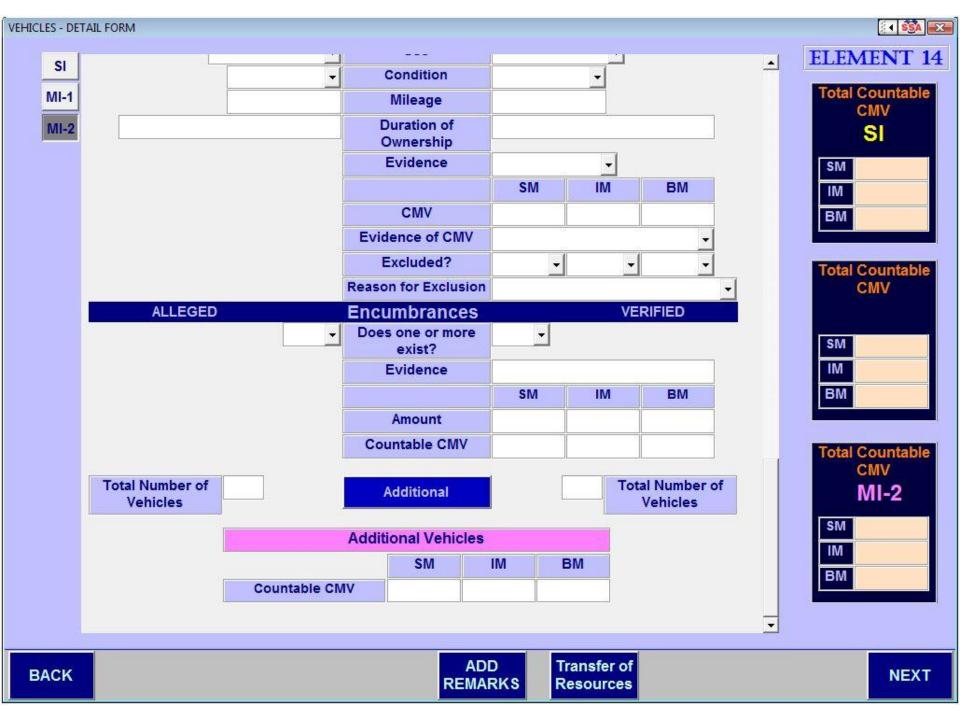


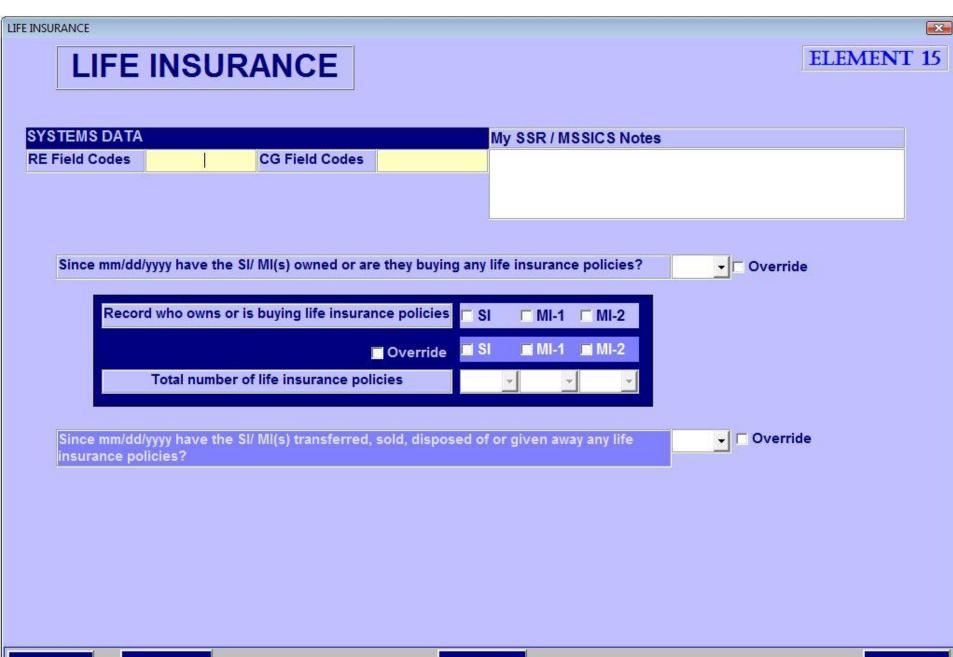


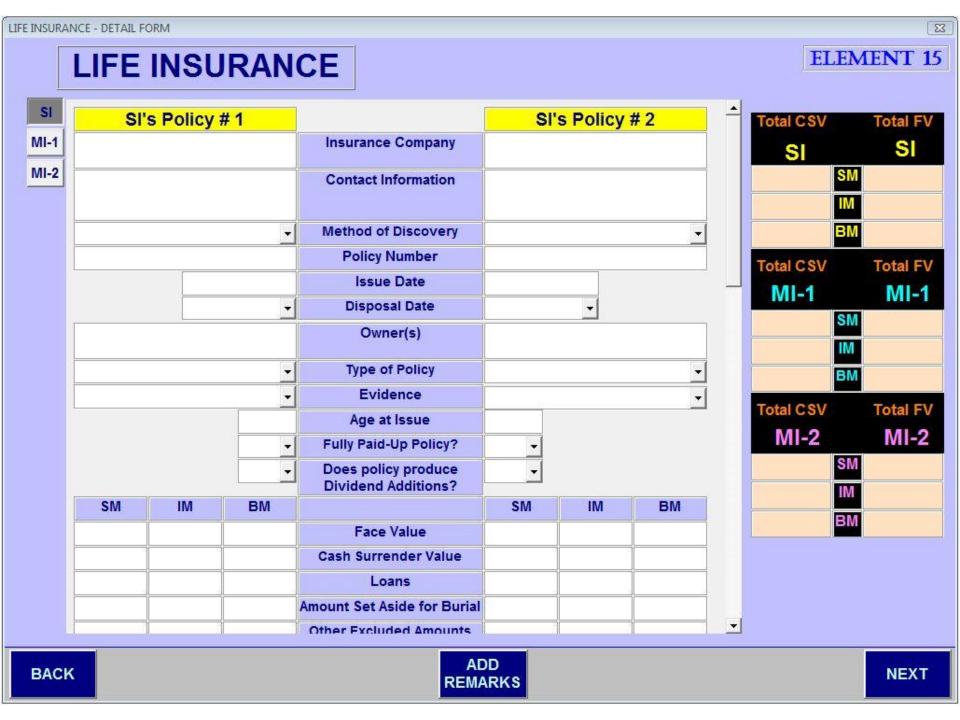


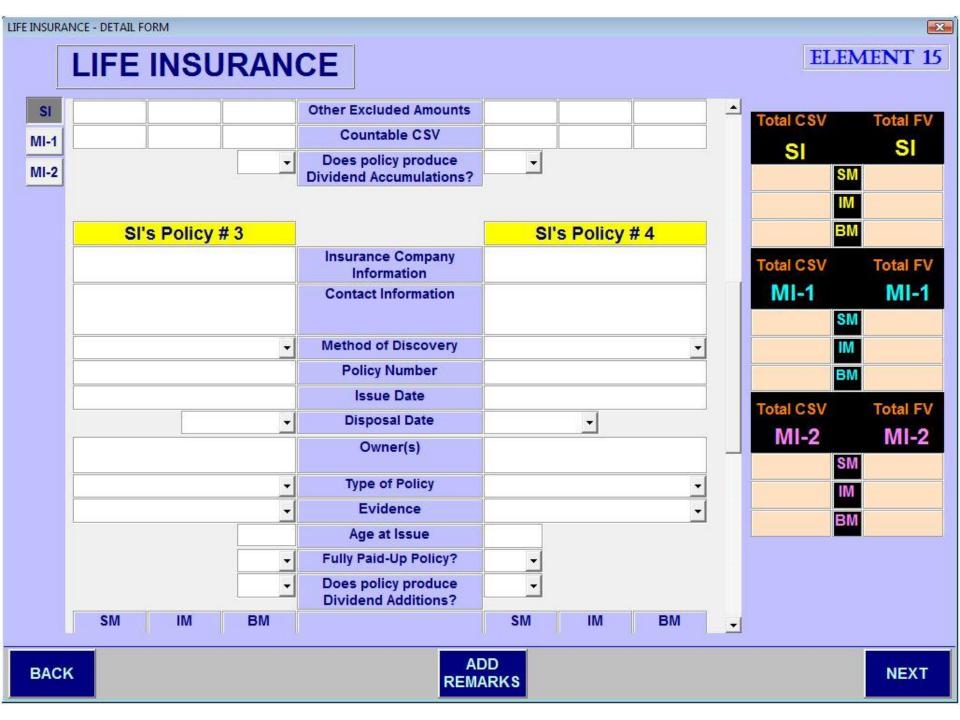


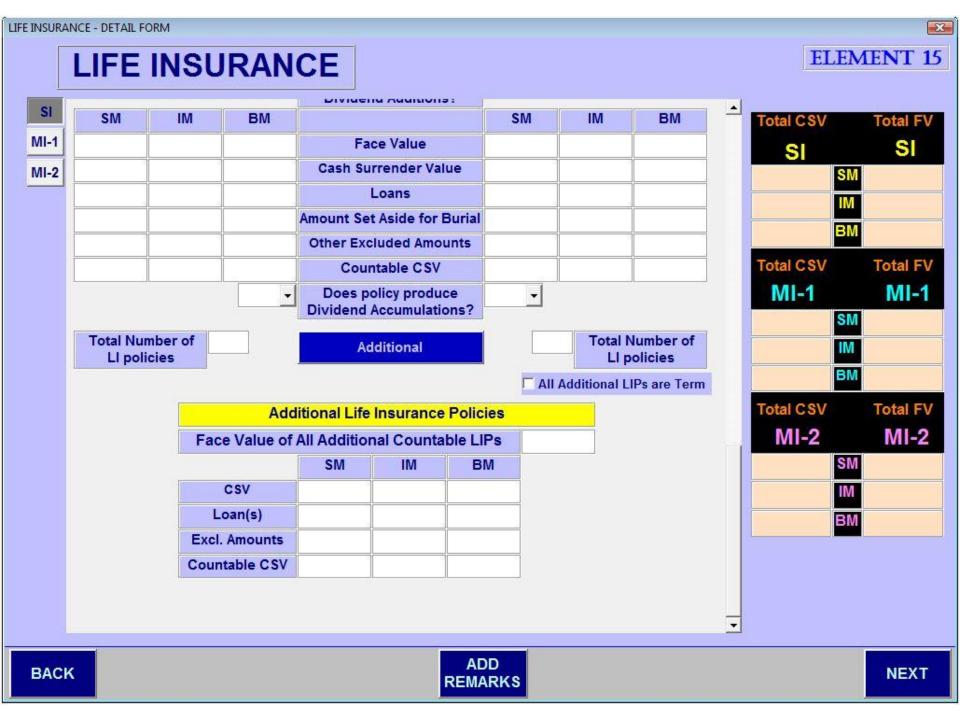


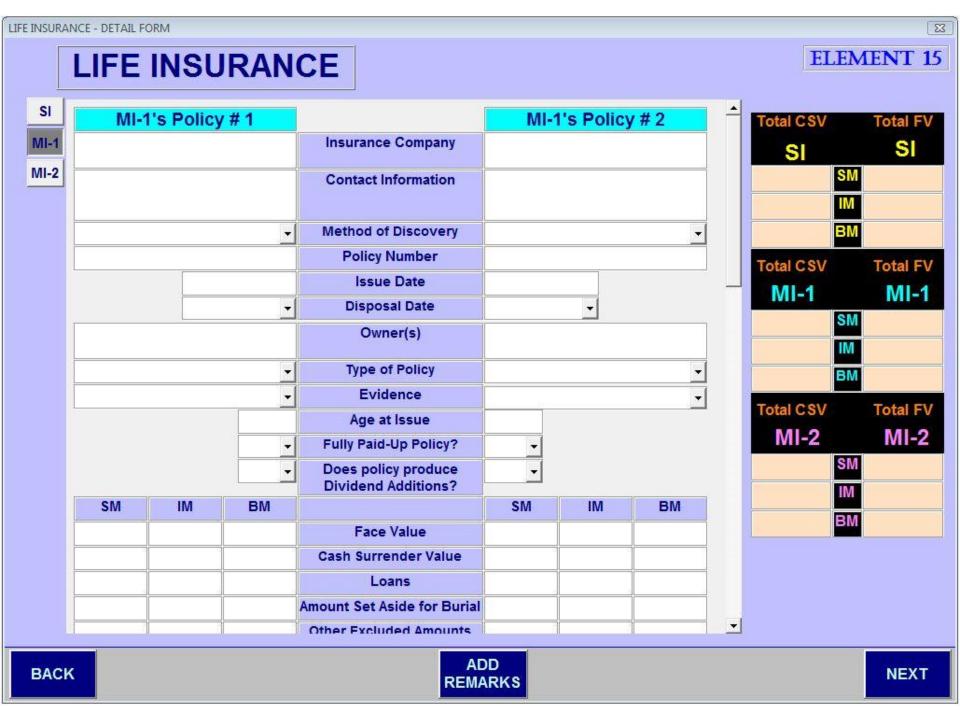


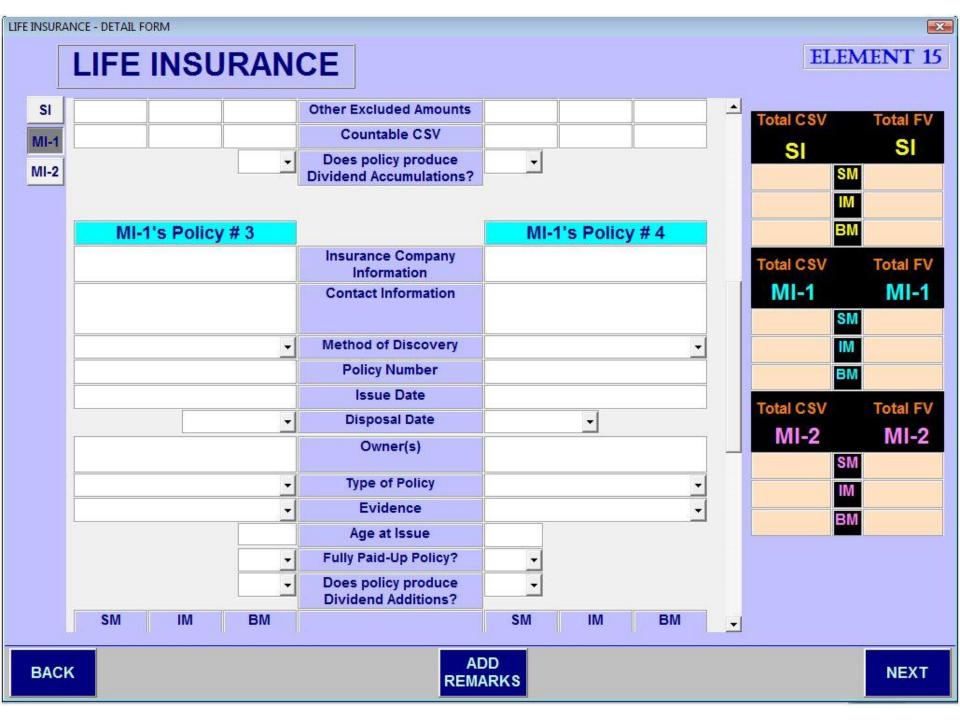


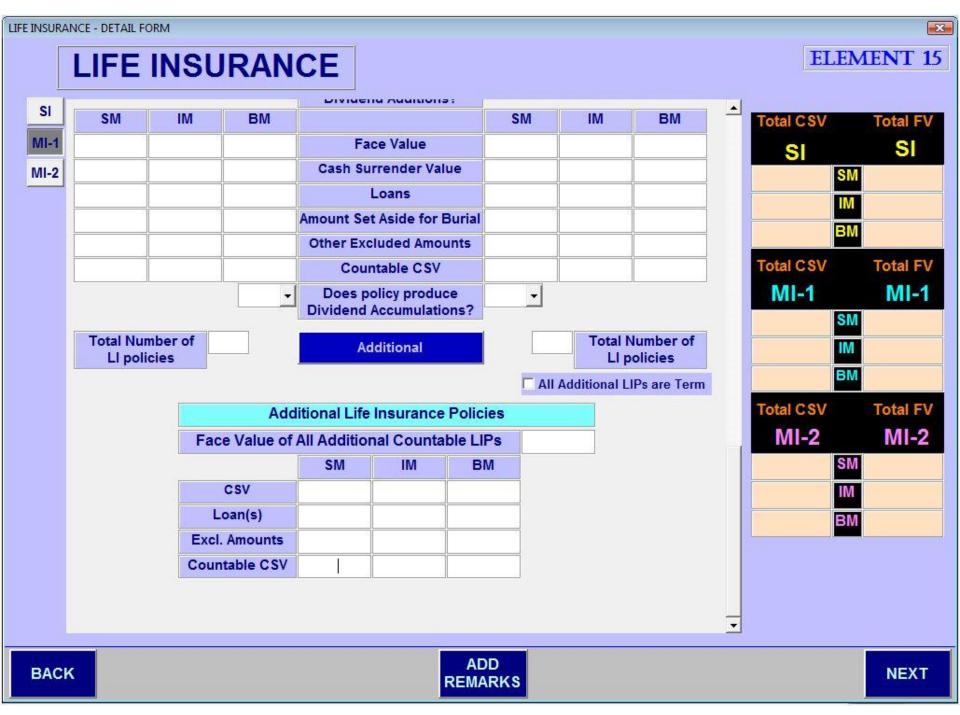


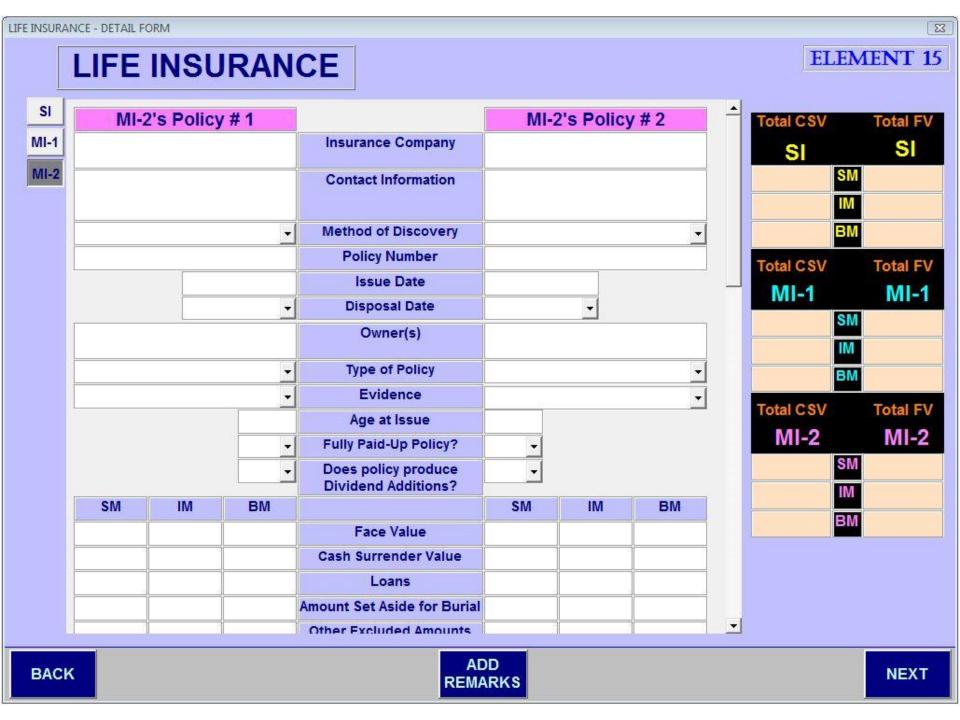


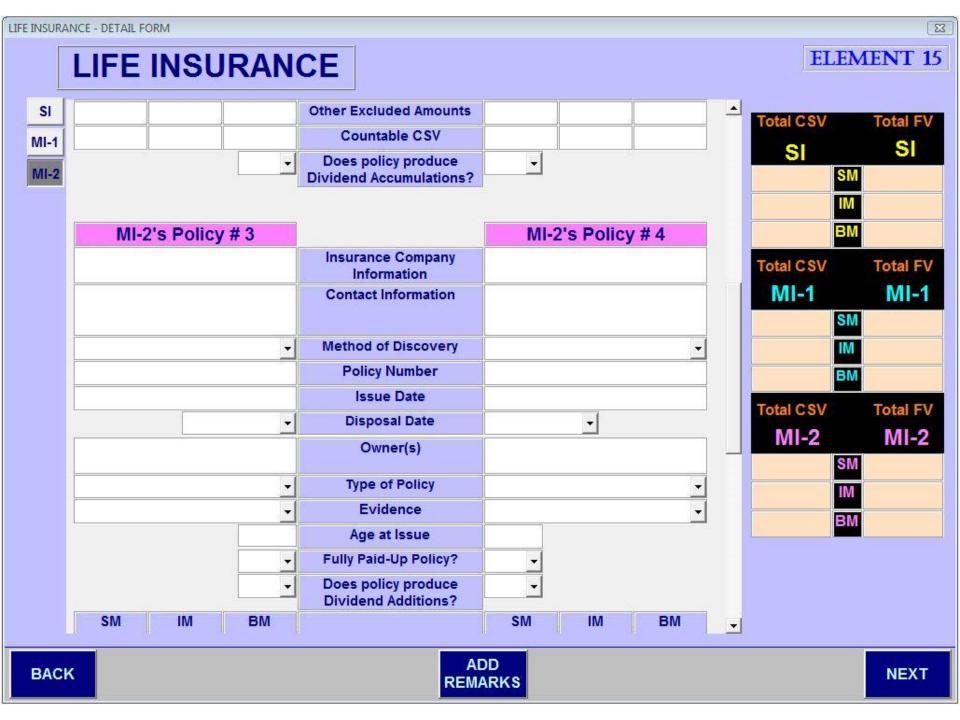


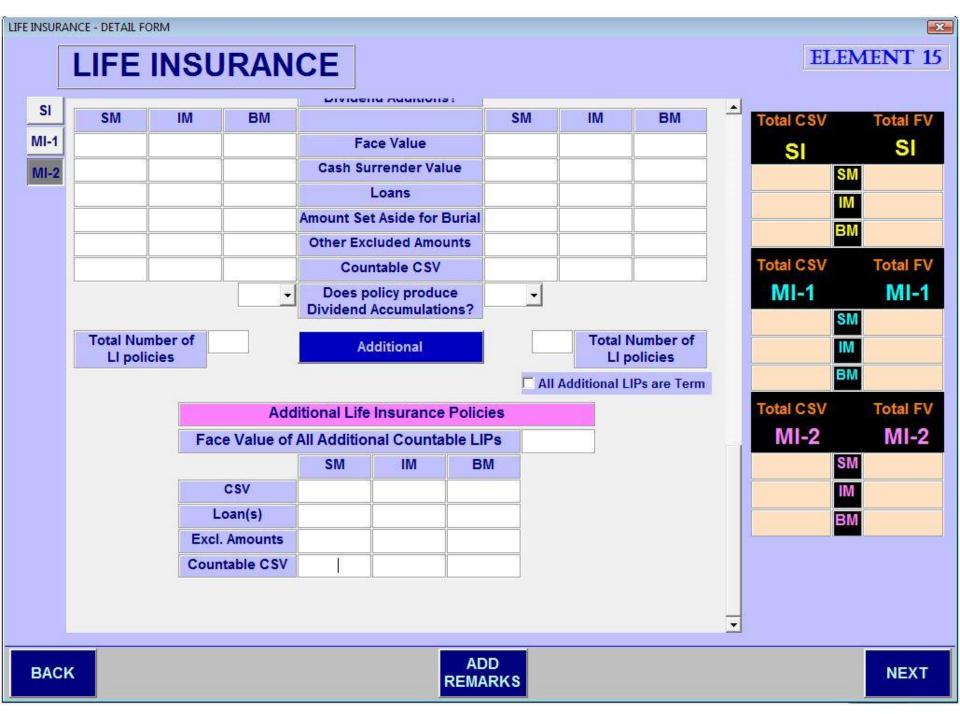








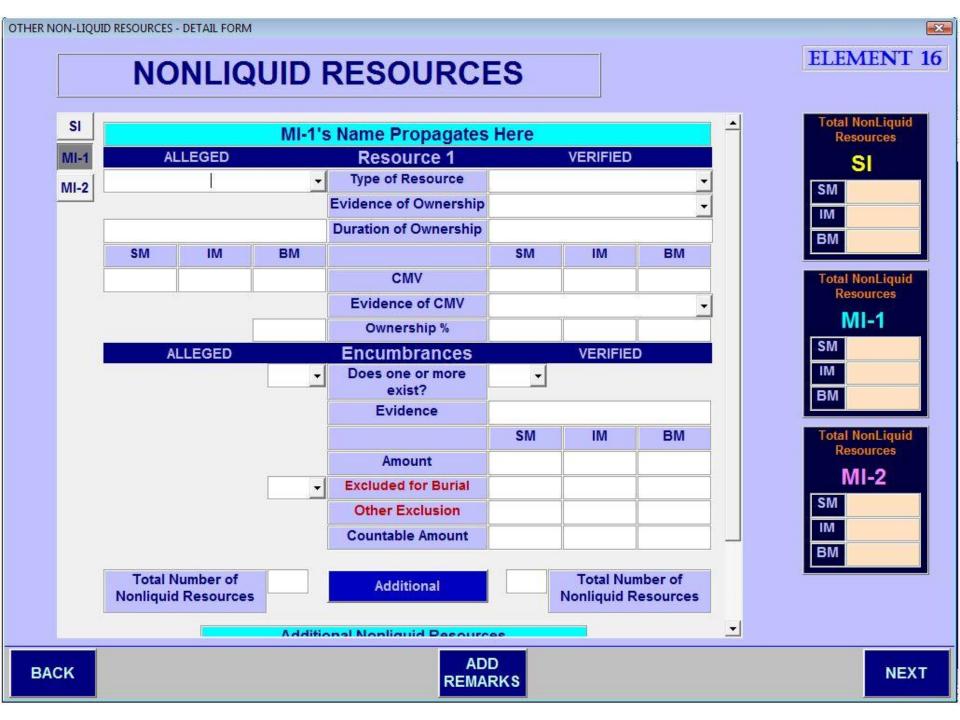


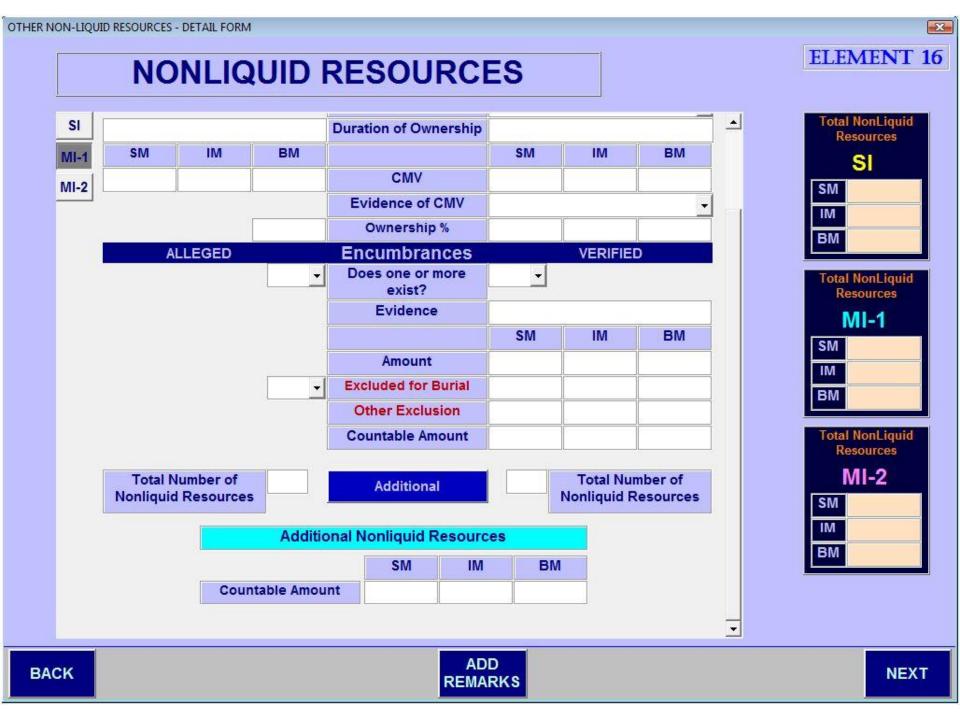


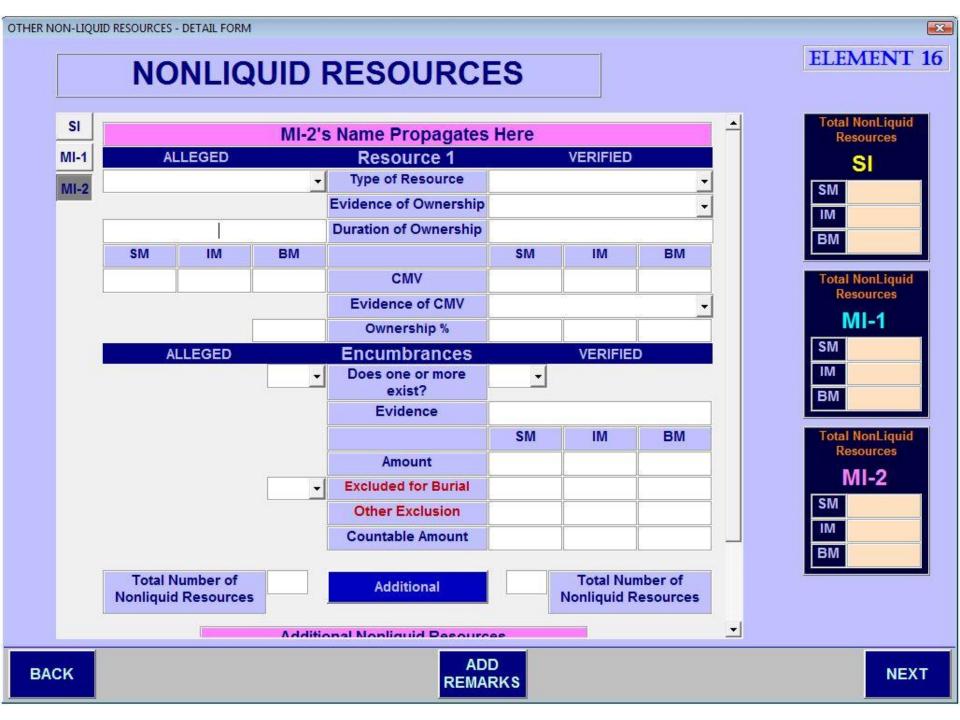
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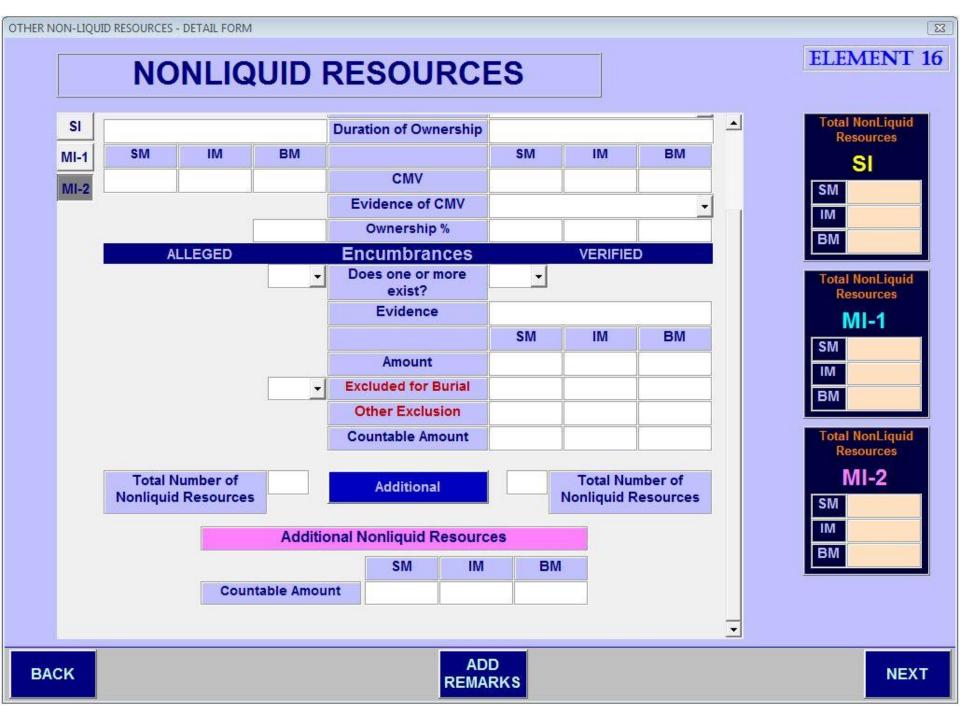
9. Oriental rugs 10. Silver items

ADD REMARKS









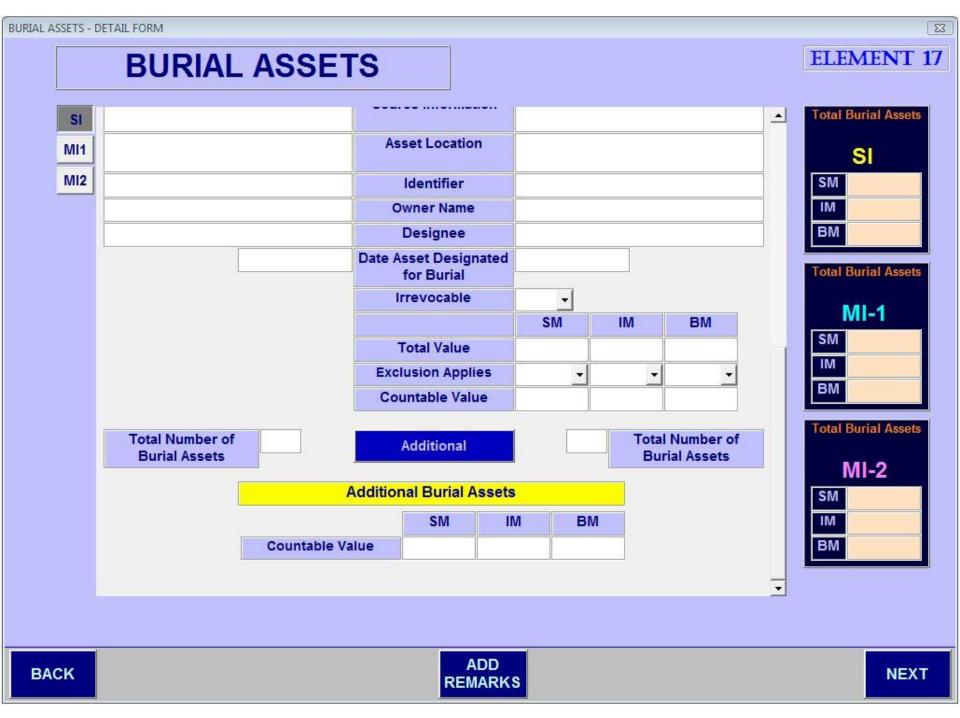
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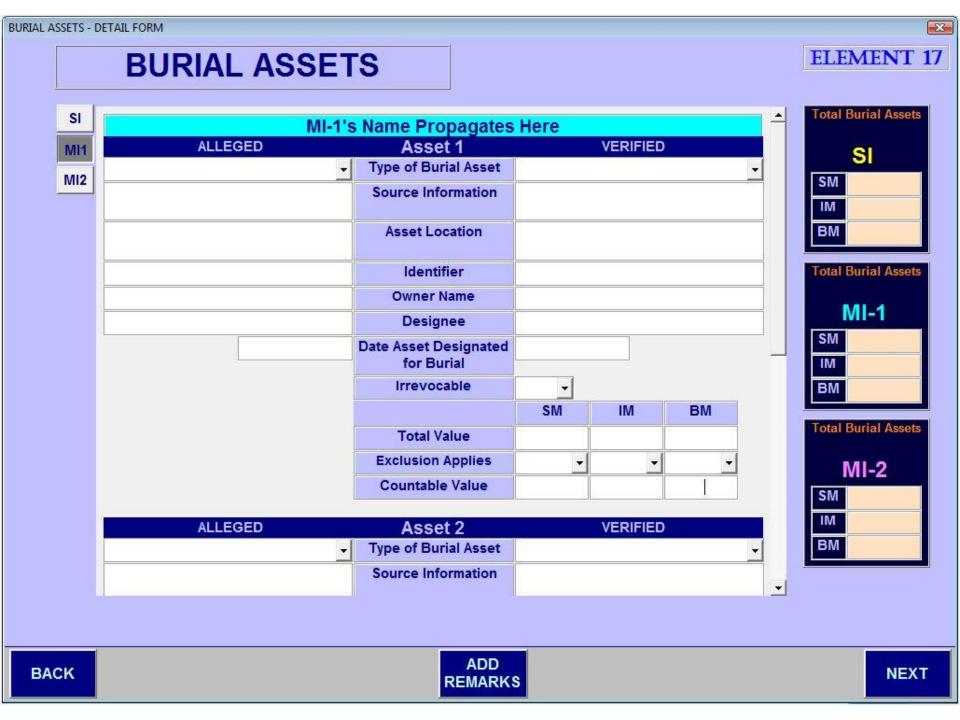
## **ELEMENT 17**

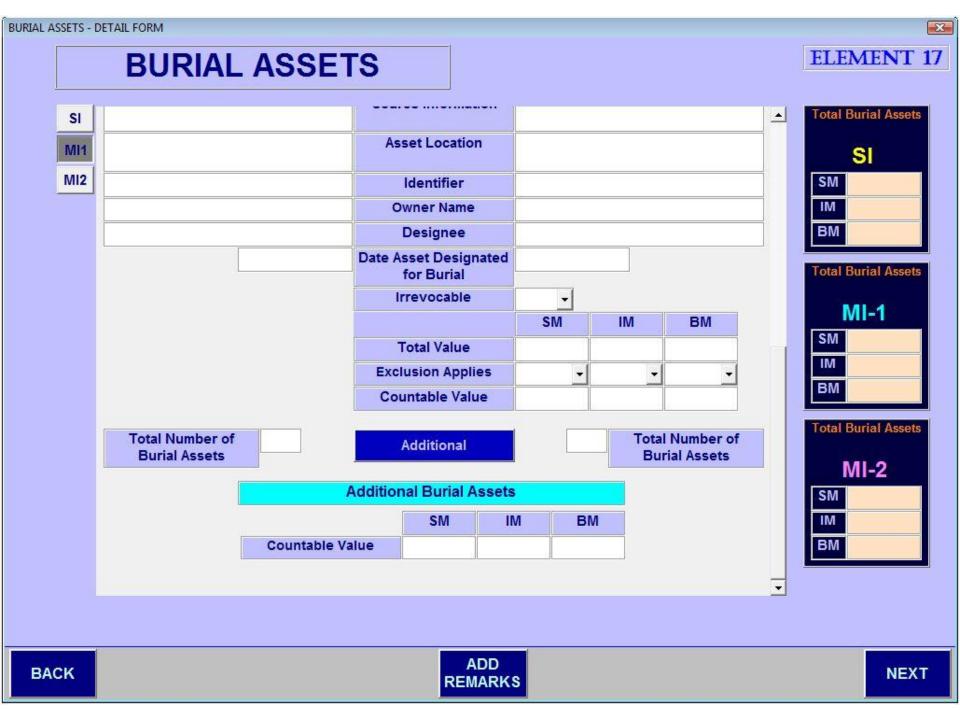
28

## **BURIAL ASSETS**

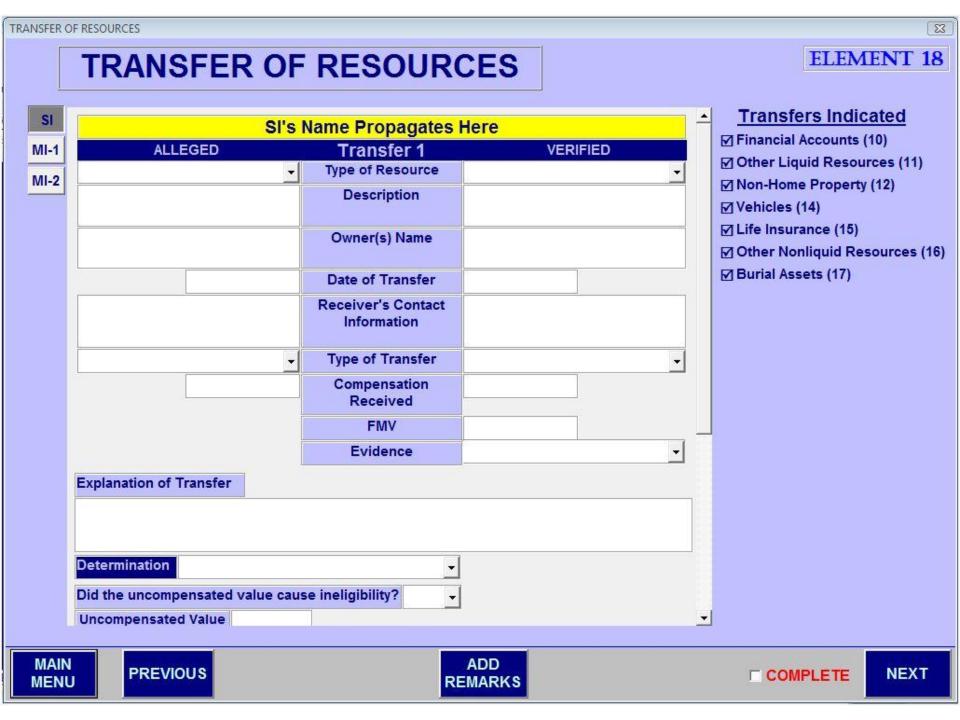


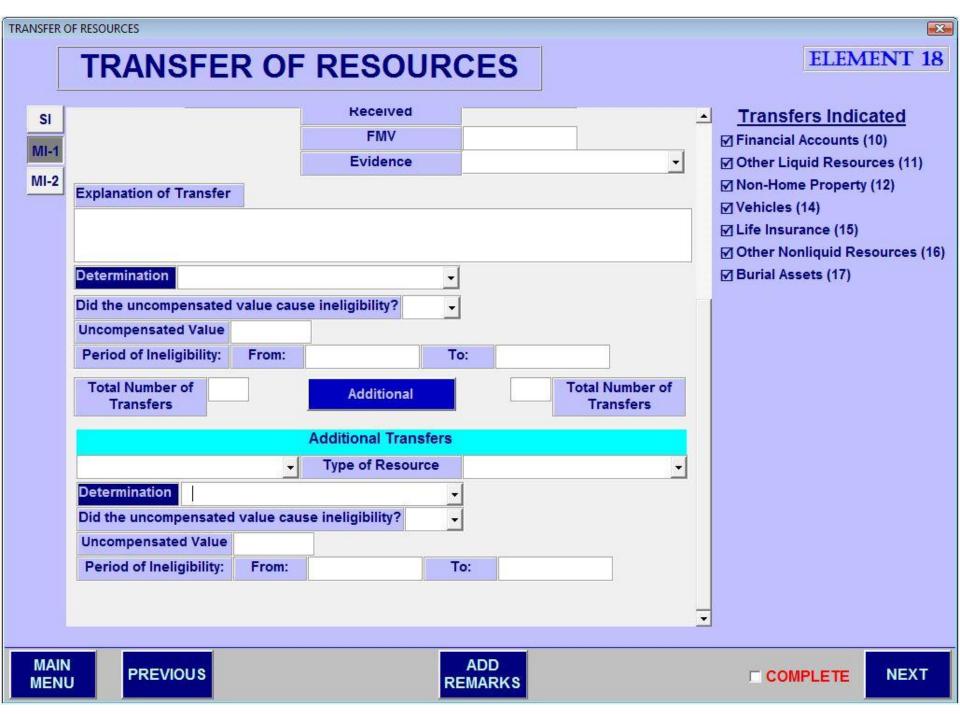


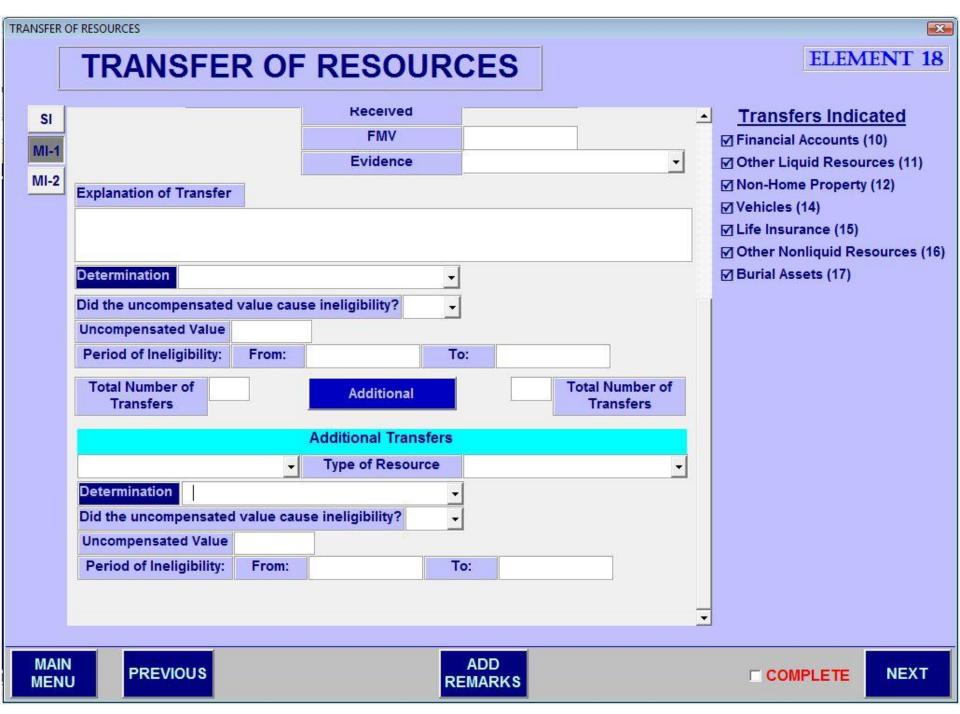


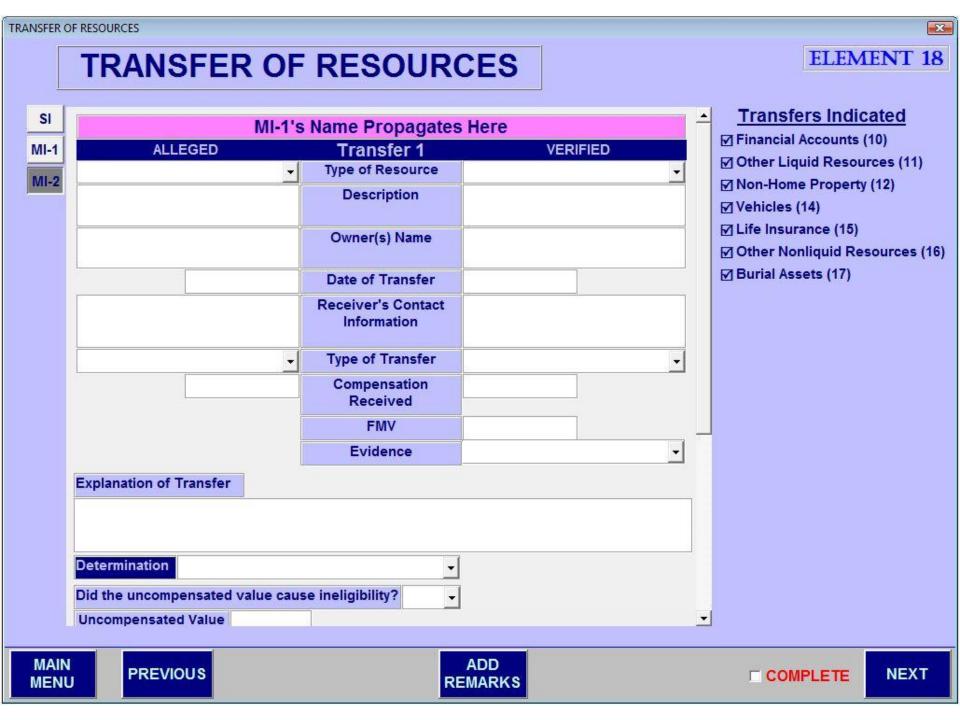


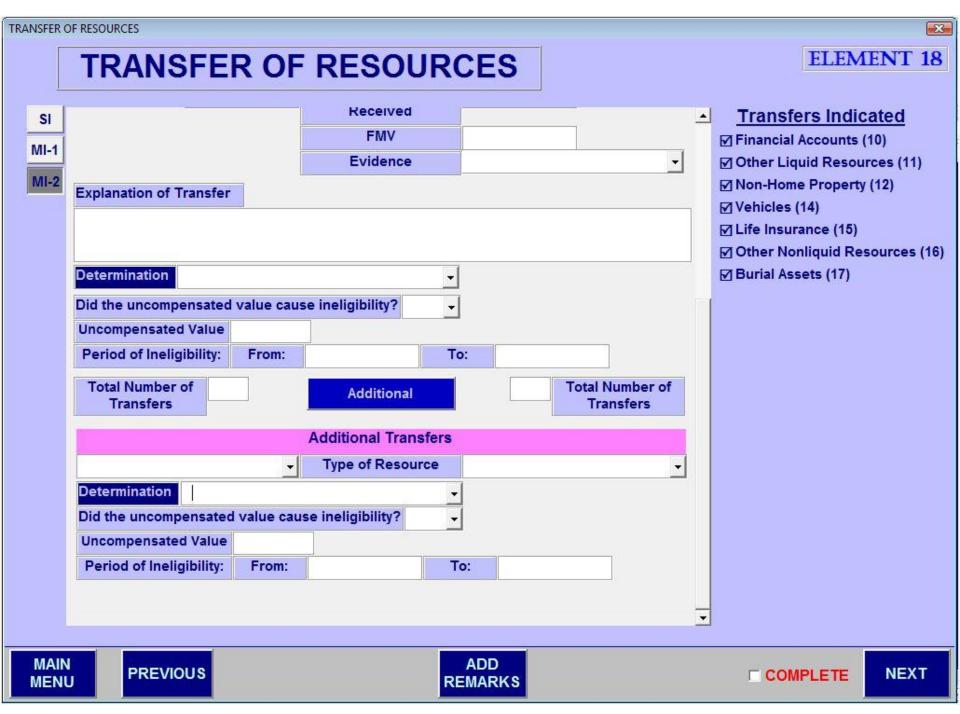
REMARKS

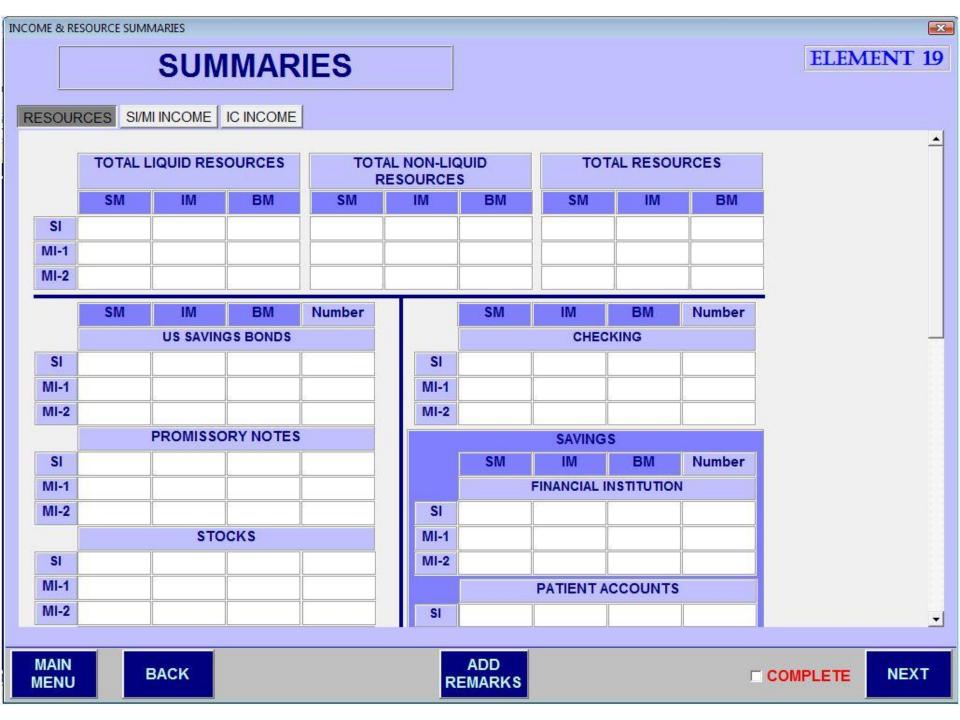


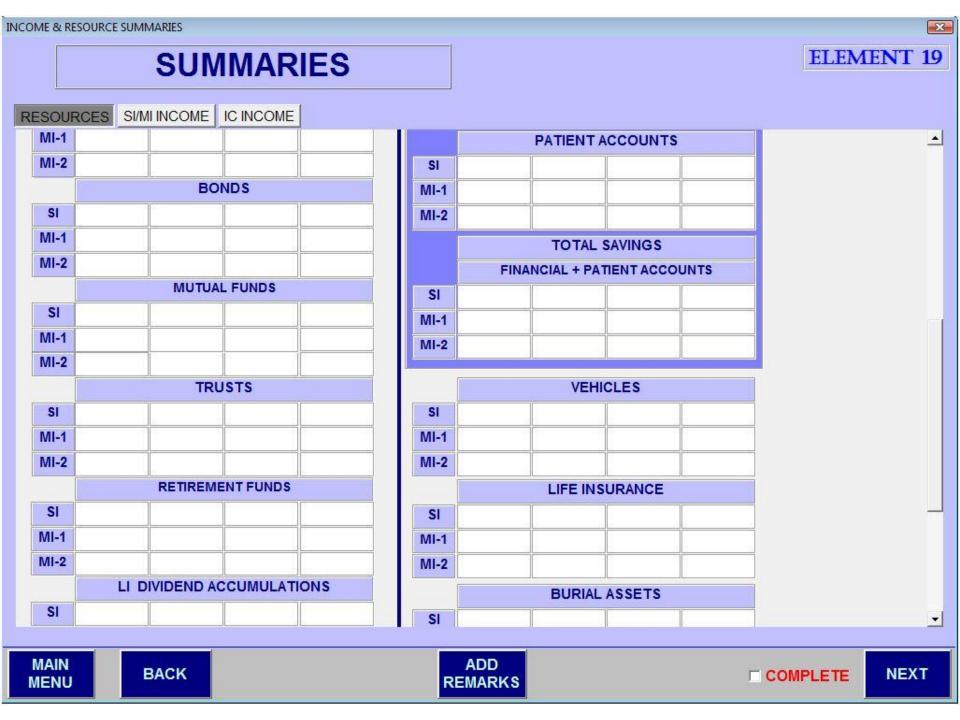


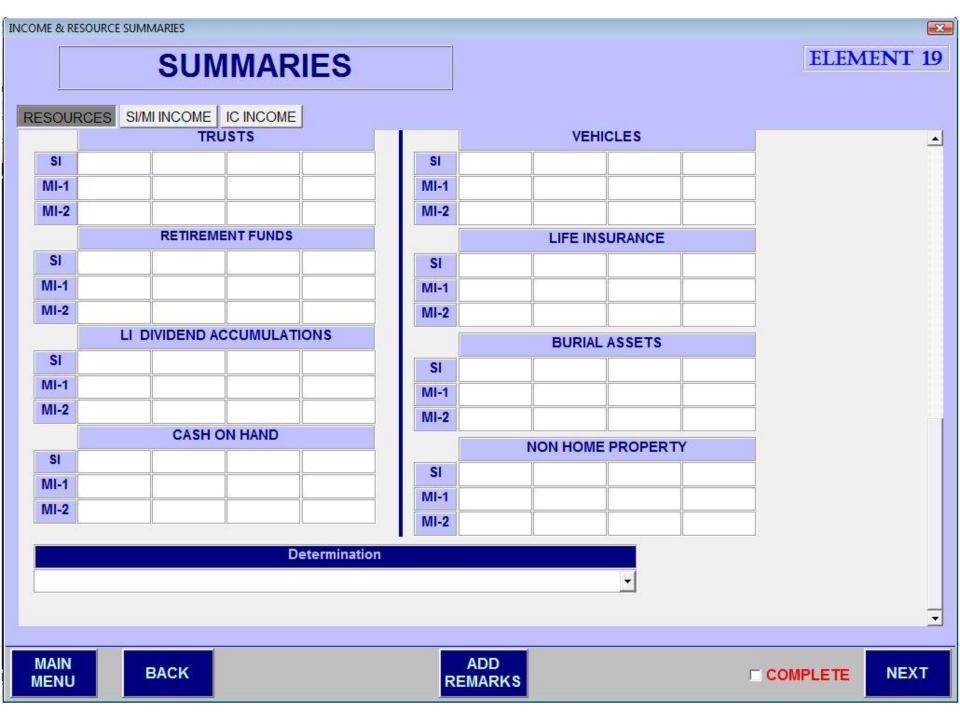


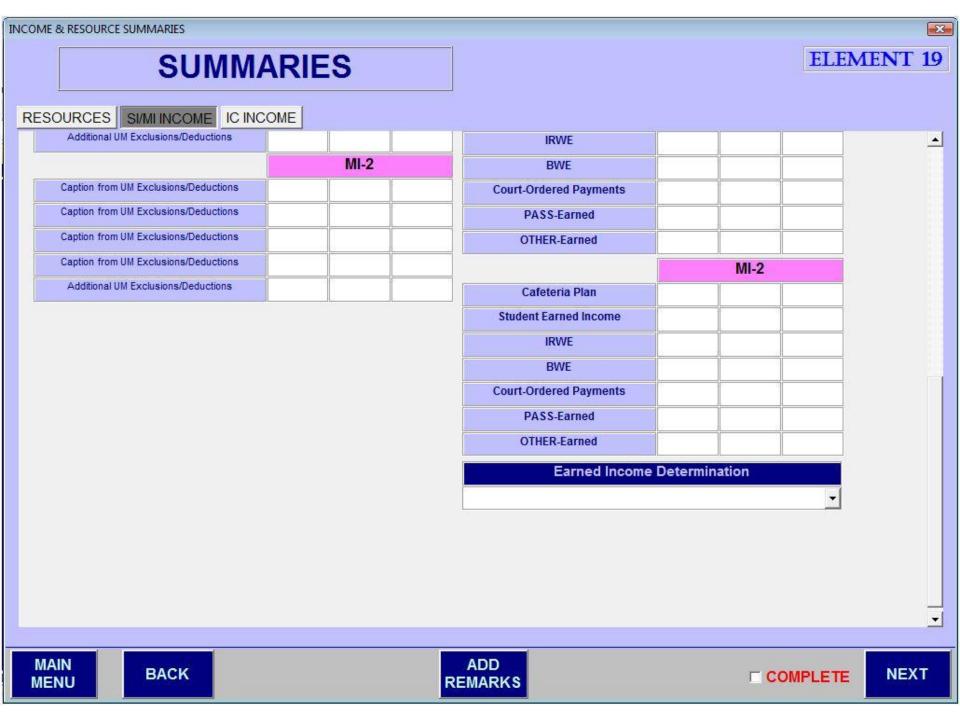






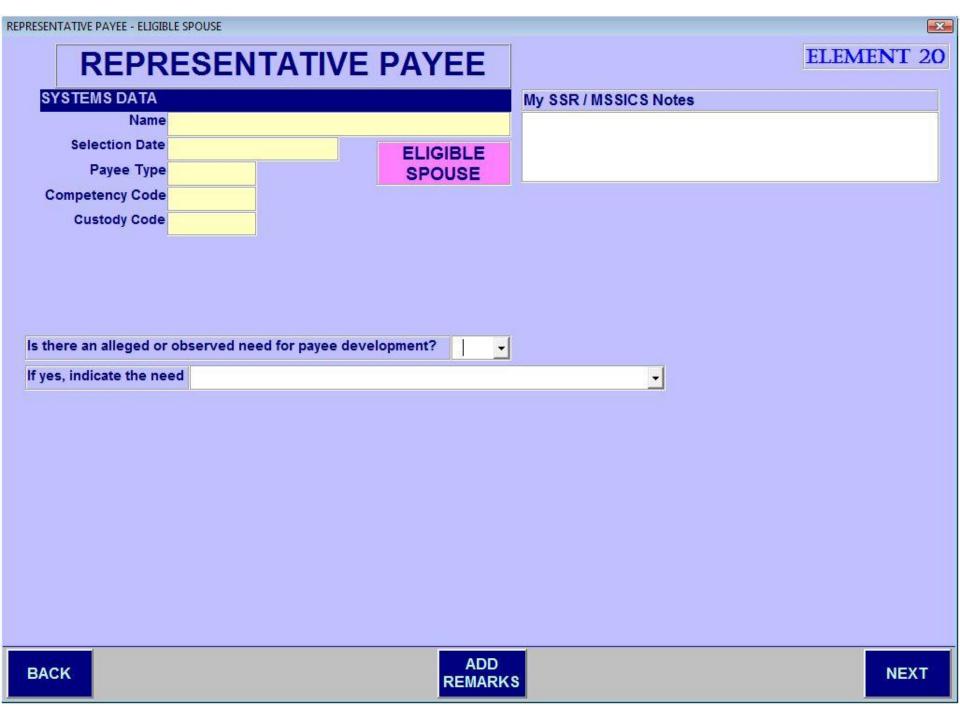






& RESOURCE SUMMARIES				
SUMMAF	RIES		ŀ	LEMEN
OURCES SI/MI INCOME TO INCOME	<b>=</b>			
Additional UM Exclusions/Deductions	_	Student Earned Income		
	IC-3	Court-Ordered Payments		
Caption from UM Exclusions/Deductions	10-0	OTHER Earned		
Caption from UM Exclusions/Deductions			IC-3	
Additional UM Exclusions/Deductions		Cafeteria Plan	10-0	
	IC-4	Student Earned Income		
Caption from UM Exclusions/Deductions	10-1	Court-Ordered Payments		
Caption from UM Exclusions/Deductions		OTHER Earned		
Additional UM Exclusions/Deductions			IC-4	
	IC-5	Cafeteria Plan		
Caption from UM Exclusions/Deductions		Student Earned Income	S 10.	
Caption from UM Exclusions/Deductions	900	Court-Ordered Payments		
Additional UM Excl/Dedct		OTHER Earned		
A STATE OF THE STA			IC-5	
		Cafeteria Plan		
		Student Earned Income		3
		Court-Ordered Payments		
		OTHER Earned		
IN BACK		ADD	□ COMPL	FTF N





MAIN MENU

**PREVIOUS** 

ADD REMARKS

COMPLETE

**NEXT** 

## **ELEMENT 22**

X

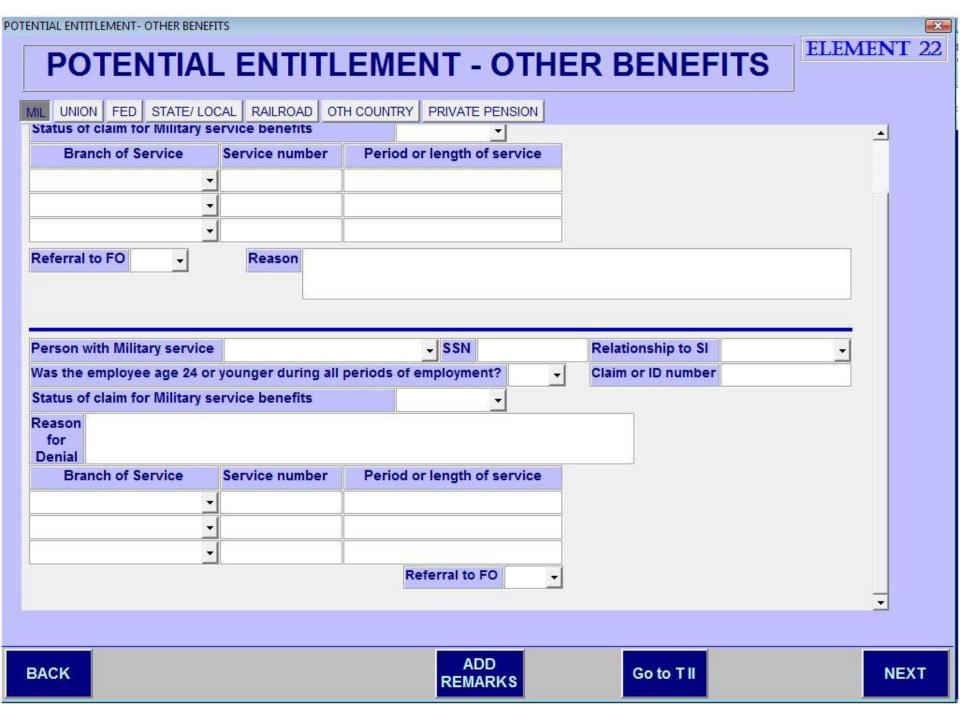
## POTENTIAL ENTITLEMENT

My SSR / MSSICS Notes	

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:					
Served in the Military?	<b>-</b>				
Belonged to a Labor Union?	·				
Worked for the Federal Government?	Ţ				
Worked for the State/ Local Government?	·				
Worked in the Railroad Industry?	¥				
Worked under a Social Security or pension plan of a Country other than the U.S.					
Worked for a private employer who offered a pension plan?	•				

**Title II Potential Entitlement** 





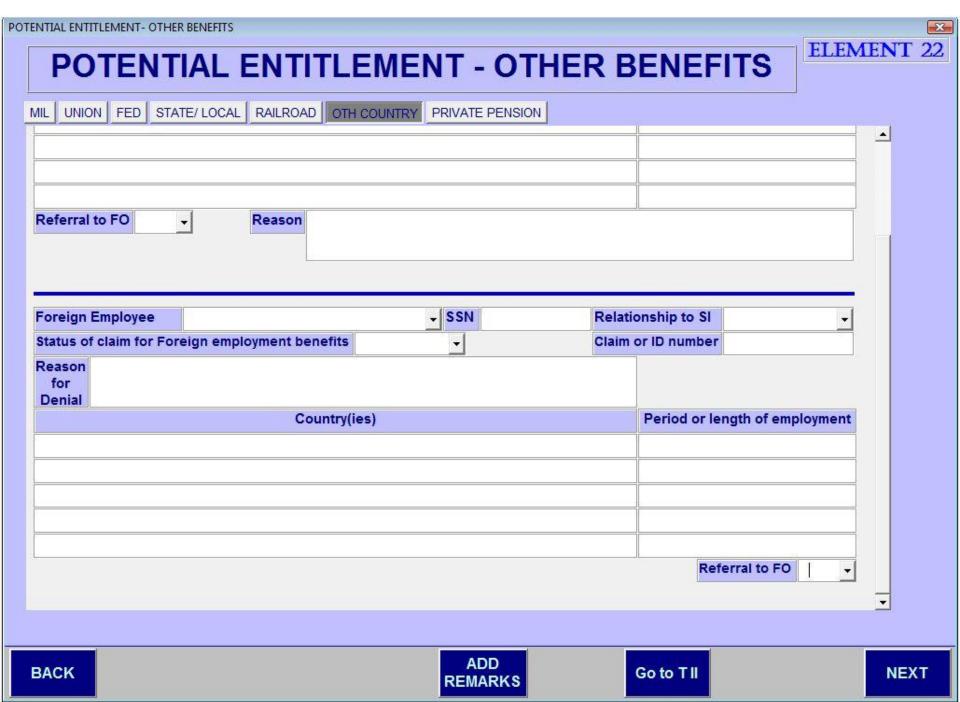
TENTIAL ENTITLEMENT- OTHER	R BENEFITS				EX.
POTENT	IAL ENTI	TLEMENT - O	THER BENEF	ITS ELEN	MENT 22
MIL UNION FED STATE	TE/ LOCAL RAILROAD	OTH COUNTRY PRIVATE PENS	SION		
Referral to FO	√ Reason		"		
Union Member Status of claim for Unio	on honofite	SSN	Relationship to SI		
Reason for Denial Union name	on penents		Claim of 15 number		
Official figures	Em	ployer(s)	Period or le	ength of employment	
			Re	ferral to FO	•
BACK		ADD	Coto TII		NEVE
BACK		REMARKS	Go to TII		NEXT



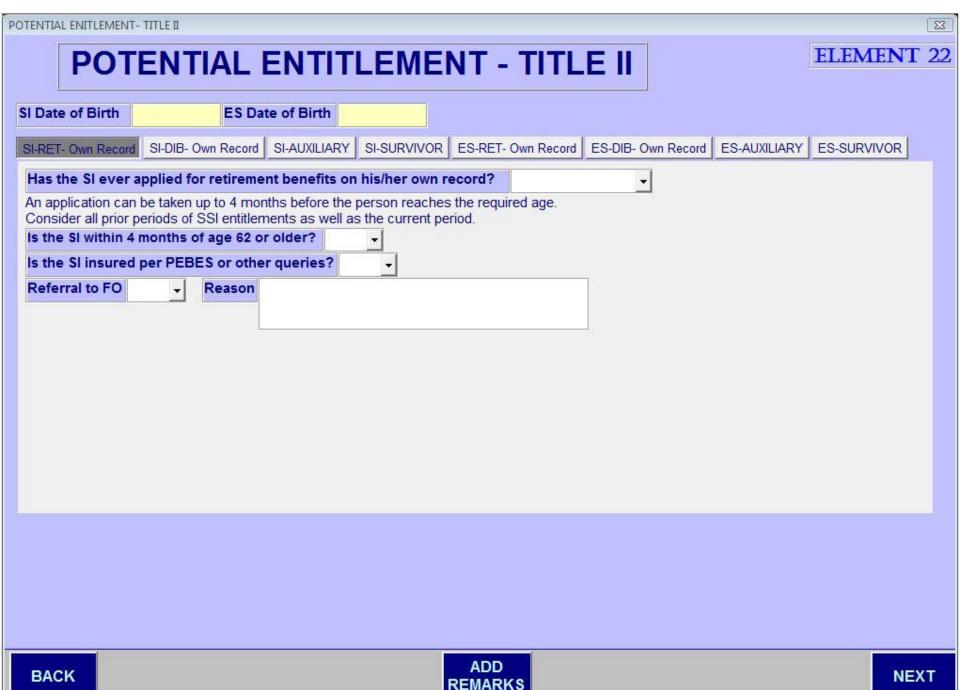
TENTIAL ENTITLEMENT- OTHER BENEFITS				<u> </u>
POTENTIAL ENTITL	EMENT - O	HER BEN	EFITS	ELEMENT 22
MIL UNION FED STATE/LOCAL RAILROAD OT	TH COUNTRY PRIVATE PENSION	NO		
		1   1   1   1   1   1   1   1   1   1		
Referral to FO Reason		Y		
State/Local Employee Status of claim for State/Local benefits	SSN	Relationship t		<u>.</u>
Reason for Denial		Claim of ID no	inder	
Employ	er(s)	Period	or length of emp	oloyment
			Referral to FO	
BACK	ADD	Go to T	1	NEXT
	REMARKS	00.01		

A CONTRACTOR OF THE CONTRACTOR			
Railroad Employee	SSN	Relationship to SI	
tatus of claim for Railroad emplo	yment benefits -		
	Employer(s)	Period or length of emp	loyment
		12	
eferral to FO	Reason		
ailroad Employee	SSN	Relationship to SI	
ailroad Employee	SSN	Relationship to SI	
eferral to FO  ailroad Employee tatus of claim for Railroad emplo eason for Denial	SSN	Relationship to SI	
ailroad Employee tatus of claim for Railroad emplo eason for	SSN	Relationship to SI	

ENTIAL ENTITLEMENT- OTHER BENEFITS			
POTENTIAL EN	ITITLEMENT - OT	HER BENEFITS	ELEMENT 2
MIL UNION FED STATE/LOCAL RAI	LROAD OTH COUNTRY PRIVATE PENSION	<u> </u>	
Referral to FO → Rea	son		
p.	12		
Railroad Employee	SSN	Relationship to SI	-
Status of claim for Railroad employme Reason	ent benefits		
for Denial	100		
RR Claim number	Employer(s)	Period or length of	employment
		Referral to	FO v
			Ţ
BACK	ADD REMARKS	Go to TII	NEXT



NTIAL ENTITLEMENT- OTHER E	BENEFITS					
POTENTI	AL ENTITLEM	MENT - OTHI	ER B	ENEFITS	ELEN	MENT 2
IIL UNION FED STATE	E/ LOCAL RAILROAD OTH COU	NTRY PRIVATE PENSION				
Referral to FO	Reason					
Employee	24 or younger during all period	→ SSN		onship to SI		
	z4 or younger during all period ate Sector employment benefit:		Claim	or ID number		
Reason for Denial	•					
	Employer(s)			Period or length of	employment	
				Referral to	FO -	
						•
BACK		ADD REMARKS		Go to T II		NEX.

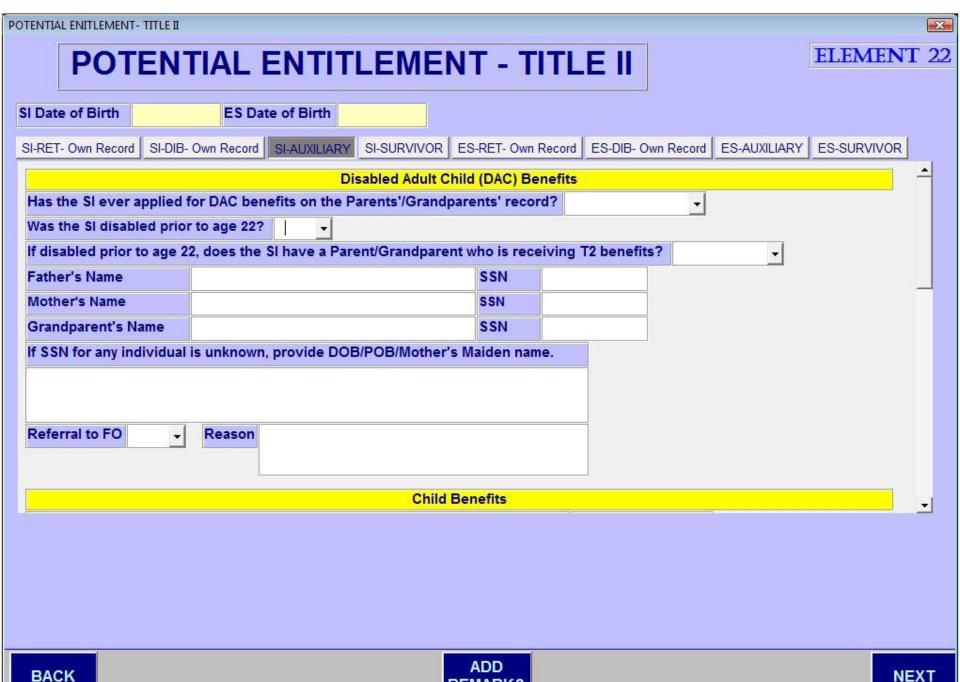


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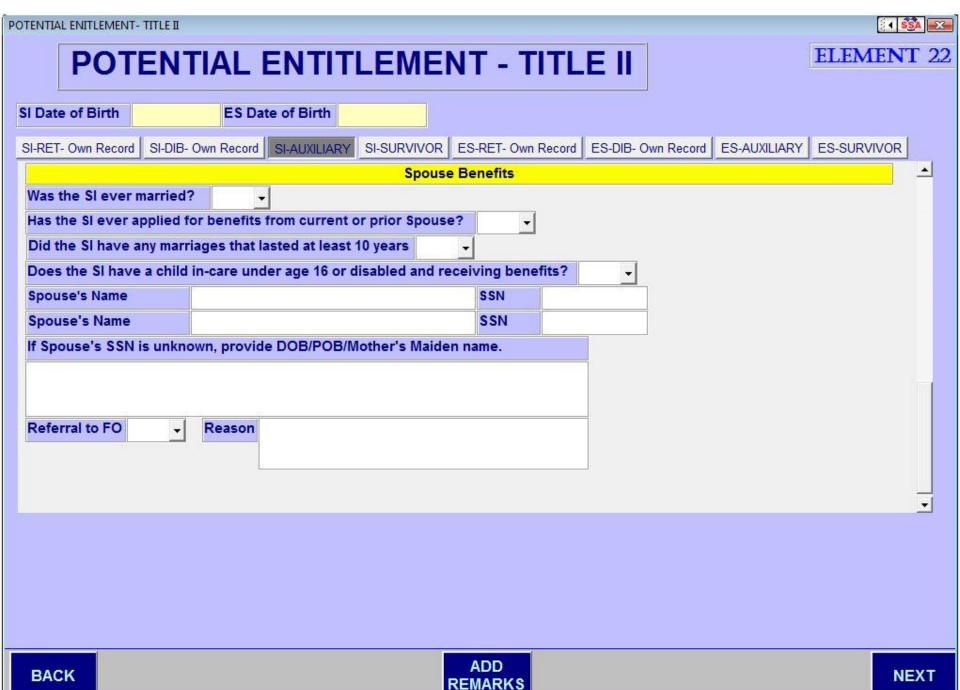
REMARKS

**NEXT** 

BACK



OTENTIAL ENITLEMENT	- TITLE II									[34]	SSA X
POT	ENT	ΓIAL I	ENTIT	LEME	NT - T	ITLE	: 11			ELEMEN	T 2
SI Date of Birth		ES Dat	te of Birth								
SI-RET- Own Record	SI-DIB-	Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record E	S-DIB- Ow	vn Record	ES-AUXILIARY	ES-SURVIVOR	
	ad in			Child	Benefits						
Has the SI ever	applied f	or child ben	efits on the F	arents'/Grand	iparents' reco	ord?					
Is the SI under a	ge 18?	-									
lf not under 18, i	s the SI a	a student at	tending prima	ry or seconda	ry school und	ler age 19	?	-			
Father's Name					SSN						
Mother's Name					SSN						
Grandparent's N	lame	5			SSN	7	(a)				
If SSN for any in	dividual i	is unknown	, provide DOE	B/POB/Mother	's Maiden nar	ne.					
Referral to FO	187	Reason									
Referration		Reason									
				Spous	e Benefits						
Was the SI ever	married?	·	1								<b>*</b>





POTENTIAL	ENITLEMENT-	TITLE II									<b>34</b> 8	SA
	POTI	ENT	ΓIAL	ENTIT	LEME	NT - T	ITLE	E II	e.		ELEMEN	T 22
SI Date	of Birth		ES Da	te of Birth								
SI-RET-	Own Record	SI-DIB-	Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record	ES-DIB- O	wn Record	ES-AUXILIARY	ES-SURVIVOR	1
		*		'	Child	Benefits				4		_
Has th	e SI ever a	pplied f	or child be	nefits on the	Parents'/Grand	lparents' reco	ord?		-		-	
Is the	SI under ag	e 18?				1						
If not u	under 18, is	the SI a	student a	ttending prim	ary or seconda	ry school und	ler age 19	9?	-			
Father	's Name					SSN						
Mothe	r's Name					SSN	- 10.					
Grand	parent's Na	ıme				SSN						
If SSN	for any ind	ividual i	is unknown	, provide DO	B/POB/Mother	's Maiden nan	ne.		<b>5</b> 11			
Referr	ral to FO	-1	Reason									
1												
			L		1 1 1 1 1 1 1 1 1 1							
			49		Widow(	er) benefits						v
		,										

ADD REMARKS

NEXT

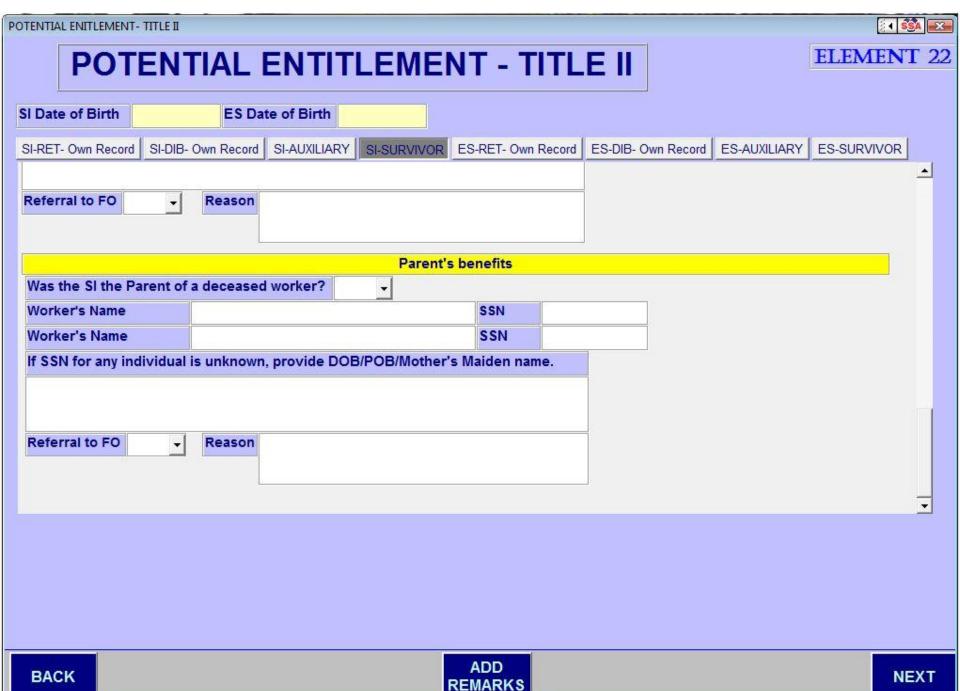
BACK



BACK

ADD REMARKS

**NEXT** 

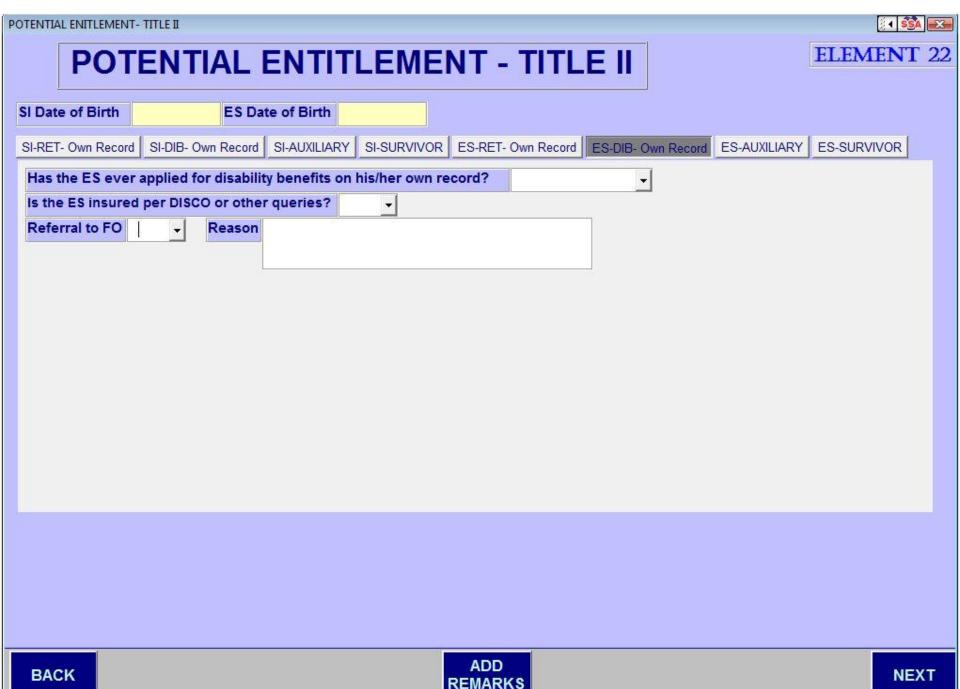


ADD

REMARKS

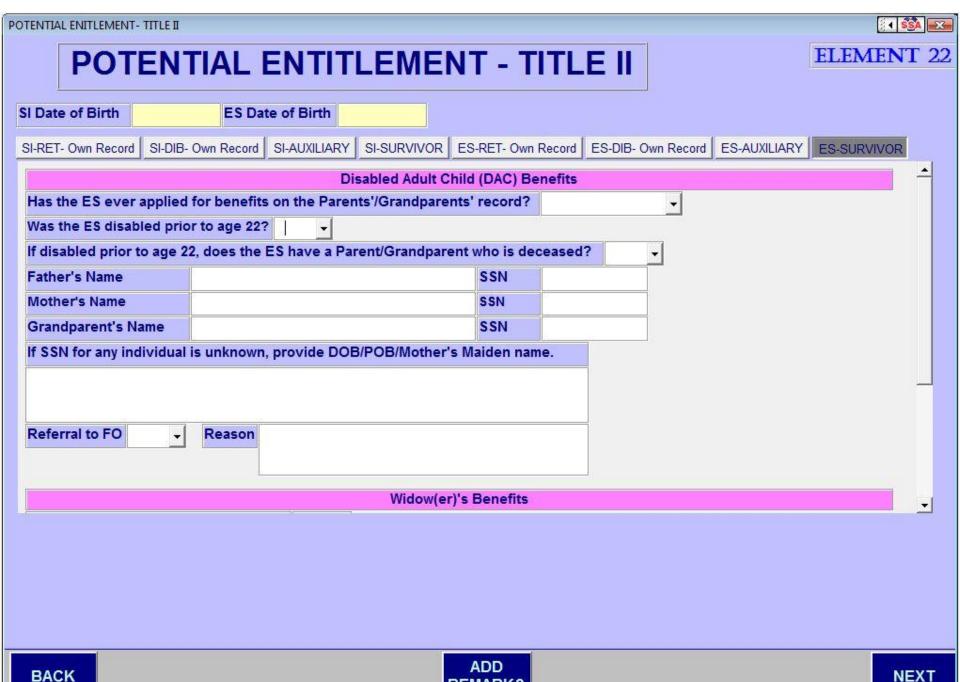
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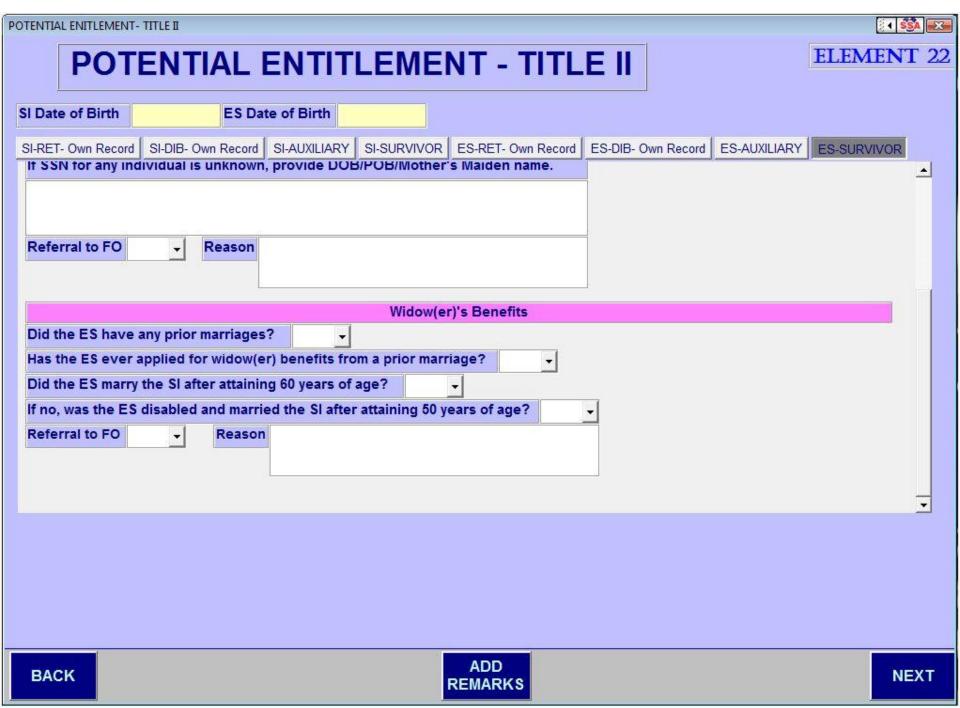
**BACK** 

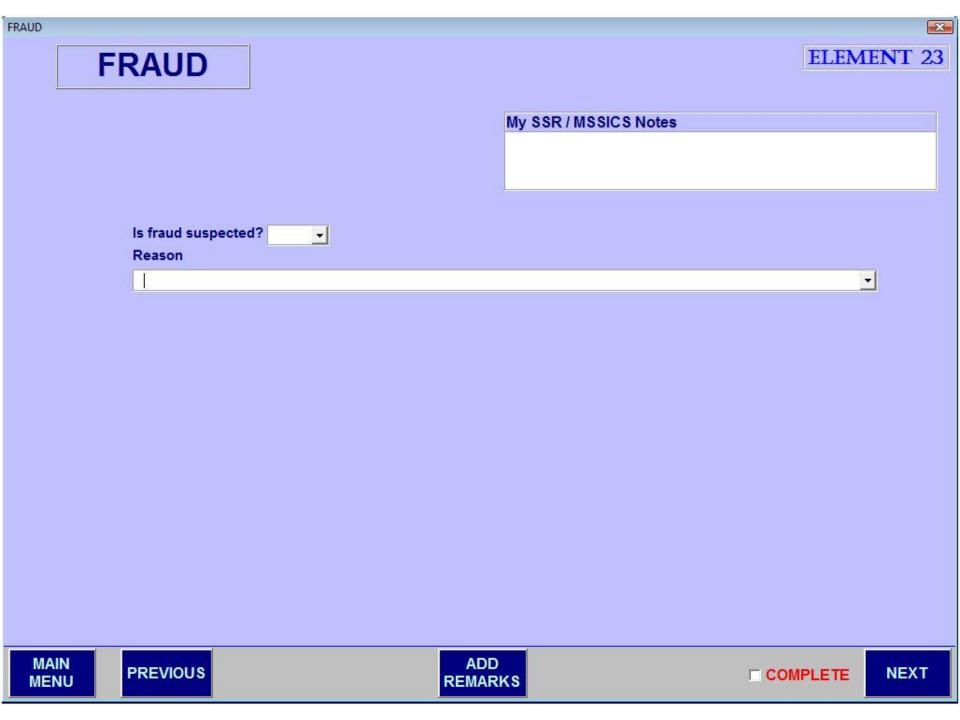


OTENTIAL ENITLEMENT-	TITLE II	[]4 SSA ■X
POT	ENTIAL ENTITLEMENT - TITLE II	LEMENT 22
SI Date of Birth	ES Date of Birth	
SI-RET- Own Record	SI-DIB- Own Record SI-AUXILIARY SI-SURVIVOR ES-RET- Own Record ES-DIB- Own Record ES-AUXILIARY ES	S-SURVIVOR
	Disabled Adult Child (DAC) Benefits	
Has the ES ever	applied for DAC benefits on the Parents'/Grandparents' record?	
Was the ES disab	led prior to age 22?	
If disabled prior t	o age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits?	
Father's Name	SSN	
Mother's Name	SSN	
Grandparent's N		
If SSN for any inc	ividual is unknown, provide DOB/POB/Mother's Maiden name.	
Referral to FO	Reason	
	Spouse's Benefits	
(1807)		









## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1611(c)(1), 1631(d) and (e)(1)(B) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to help us determine the individual's eligibility for benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from making an accurate and timely decision on any claim for benefits.

We rarely use the information you supply for any purpose other than to complete our claims process. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0040, entitled Quality Review System, 60-0042, entitled Quality Review Case Files, and 60-0057, entitled Quality Evaluation Data Records. Additional information about these and other system of records notices and our programs is available from our Internet website at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

## SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> <u>Act of 1995</u>. The OMB control number for this information collection is 0960-0133. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> comments relating to our time estimate above to**: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.