

# SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

## SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

Residence Address:

Telephone:

Mailing Address:

Telephone:

## TYPE OF INTERVIEW

Telephone       NONE

Interview Date:

## OTHER CASE INFORMATION

Death of SI

Date:

Death of ES

Date:

SI Payee Involvement

Eligible Couple Case

ES Payee Involvement

Do Support Materials Include a 1099?

First Day in Review Period:

Retro Payment Involved

**EXIT**

**TOOLS**

**START**

**SI's Name Propagates Here**

SSR Date of Death:

SI's Date of Death:

Is this an Automated Death Case?

QR 07020.500 A. " Note: The automated Death Process changes the TMR of a record but not the HUN. Therefore cases may be selected for review where the HUN individual is not recently deceased and the death was already established in the past. For these situations, treat the surviving spouse as the SI and follow regular review and development procedures. "

Troughout this form you'll see the ES SSR data as if the ES was the only SI. The only reference to the original SI will be in APP file name.

Did the SI die prior to the SM?

Were all payments in the sample period returned timely?

**Go to Element 24 and exclude the case using Code 01**

eQA Determination:

**CLOSE**

Death Of Eligible Spouse



**ES's Name Propagates Here**

SSR Date of Death:

ES's Date of Death:

Did the ES die prior to the SM?

Were all payments in the sample period returned timely?

**Go to Element 24 and exclude the case using Code 01**

eQA Determination:

**CLOSE**

# e8508 Main Menu

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

START-UP  
FORM

# PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SYSTEMS DATA

DETERMINATION

SI Identity

SSN

SI-PYE Name

ES Name

ES SSN

ES-PYE Name

MAIN  
MENUSI ID  
ScreenSI Payee  
ID ScreenES Payee  
ID ScreenADD  
REMARKS COMPLETE

NEXT

**PROOF OF IDENTITY / SSN****ELEMENT 1**

My SSR / MSSICS Notes

SI

**SI VERBAL IDENTIFICATION**

ES

	SYSTEMS DATA	MATCH	INTERVIEW
Name		<input type="checkbox"/>	
SSN		<input type="checkbox"/>	
DOB		<input type="checkbox"/>	
POB		<input type="checkbox"/>	
Residence Address		<input type="checkbox"/>	
Mailing Address		<input type="checkbox"/>	
Other Information		<input type="checkbox"/>	

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

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

## ES VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name		<input type="checkbox"/>	
SSN		<input type="checkbox"/>	
DOB		<input type="checkbox"/>	
POB		<input type="checkbox"/>	
Residence Address		<input type="checkbox"/>	
Mailing Address		<input type="checkbox"/>	
Other Information		<input type="checkbox"/>	

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

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE INFORMATION FOR SAMPLED INDIVIDUAL**

NON-ORGANIZATIONAL PAYEE			
	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PYE SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Information	<input type="text"/>	<input type="text"/>	<input type="text"/>

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MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

ES Payee ID Screen



# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE  
INFORMATION  
FOR  
SAMPLED  
INDIVIDUAL**

## ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization's Contact Name			
Organization's Contact Title			
EIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Org. Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
SI POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>

QR: Proof of Identity Link

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MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

ES Payee ID Screen

# PROOF OF IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type  Competency  Custody

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE INFORMATION FOR ELIGIBLE SPOUSE**

## NON-ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PYE SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
ES POB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Information	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 IDENTITY / SSN

ELEMENT 1

## SYSTEMS DATA

Type		Competency		Custody	
------	--	------------	--	---------	--

Type of Payee:  Non-Organizational Payee  Organizational Payee

**PAYEE INFORMATION FOR ELIGIBLE SPOUSE**

## ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name		▾	
Organization's Contact Name			
Organization's Contact Title			
EIN		▾	
Org. Address		▾	
ES Name		▾	
ES SSN		▾	
ES DOB		▾	
ES POB		▾	
Residence Address		▾	
Mailing Address		▾	

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

## SYSTEMS DATA SI

DOB  FTH   
 POB  MTH   
 Citizenship Code

## SYSTEMS DATA ES

DOB  FTH   
 POB  MTH   
 Citizenship Code

SI

### SI's Name Propagates Here

ES

ALLEGED	VERIFIED
<input type="text"/>	Given Name <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/>
<input type="text"/>	Place Of Birth <input type="text"/>
<input type="text"/>	Father's Name <input type="text"/>
<input type="text"/>	Mother's Maiden Name <input type="text"/>
<input type="text"/>	DOB Evidence <input type="text"/>
<input type="text"/>	POB Evidence <input type="text"/>
<input type="text"/>	Document Number <input type="text"/>
<input type="text"/>	Date Issued/ Recorded <input type="text"/>
<input type="text"/>	Place Issued <input type="text"/>

### SAMPLE INDIVIDUAL

DOB Determination

US-Born Citizenship Determination

### ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI			SYSTEMS DATA ES		
DOB	<input type="text"/>	FTH	<input type="text"/>	DOB	<input type="text"/>
POB	<input type="text"/>	MTH	<input type="text"/>	POB	<input type="text"/>
Citizenship Code	<input type="text"/>			Citizenship Code	<input type="text"/>

SI  
ES

ES's Name Propagates Here		
ALLEGED	VERIFIED	
<input type="text"/>	Given Name	<input type="text"/>
<input type="text"/>	Date of Birth	<input type="text"/>
<input type="text"/>	Place Of Birth	<input type="text"/>
<input type="text"/>	Father's Name	<input type="text"/>
<input type="text"/>	Mother's Maiden Name	<input type="text"/>
<input type="text"/>	DOB Evidence	<input type="text"/>
	POB Evidence	<input type="text"/>
	Document Number	<input type="text"/>
	Date Issued/ Recorded	<input type="text"/>
<input type="text"/>	Place Issued	<input type="text"/>

SAMPLE INDIVIDUAL

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

DOB Determination

US-Born Citizenship Determination

# NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

## SYSTEMS DATA

SI	POB	<input type="text"/>	AR Code	<input type="text"/>
ES	POB	<input type="text"/>	AR Code	<input type="text"/>

## My SSR / MSSICS Notes

SI

## SI's Name Propagates Here

ES

### NATURALIZED CITIZEN

Country of Birth

Type of Evidence

Document Number

Date of Issue

### ALIEN STATUS

Country of Birth

Type of Evidence

Document Number

Date of Issue

Alien Number

Card Number

Expiration Date

SI Determination

ES Determination

[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
 COMPLETE

[NEXT](#)

# NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

## SYSTEMS DATA

SI	POB	<input type="text"/>	AR Code	<input type="text"/>
ES	POB	<input type="text"/>	AR Code	<input type="text"/>

## My SSR / MSSICS Notes

SI

**ES's Name Propagates Here**

ES

### NATURALIZED CITIZEN

Country of Birth

Type of Evidence

Document Number

Date of Issue

### ALIEN STATUS

Country of Birth

Type of Evidence

Document Number

Date of Issue

Alien Number

Card Number

Expiration Date

SI Determination

ES Determination

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

 COMPLETE

NEXT

# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

## My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI	SI's Name Propagates Here	
ES	ALLEGED	VERIFIED
	<input type="text"/>	Destination <input type="text"/>
	<input type="text"/>	Purpose of Travel <input type="text"/>
	<input type="text"/>	Date left U.S. <input type="text"/>
	<input type="text"/>	Date Returned to U.S. <input type="text"/>
	<input type="text"/>	Type Of Evidence <input type="text"/>
	<input type="text"/>	Development Required? <input type="text"/>
	<input type="text"/>	Method of Travel <input type="text"/>
	<input type="text"/>	Method of Payment <input type="text"/>
	<input type="text"/>	Source of Funds <input type="text"/>
	<input type="text"/>	Was the Ticket a Gift? <input type="text"/>
	SI Determination <input type="text"/>	
	ES Determination <input type="text"/>	

[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
 COMPLETE

[NEXT](#)



# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

## My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI	<input type="text"/>	Purpose of Travel	<input type="text"/>
	<input type="text"/>	Date left U.S.	<input type="text"/>
ES	<input type="text"/>	Date Returned to U.S.	<input type="text"/>
		Type Of Evidence	<input type="text"/>
		Development Required?	<input type="text"/>
	<input type="text"/>	Method of Travel	<input type="text"/>
	<input type="text"/>	Method of Payment	<input type="text"/>
	<input type="text"/>	Source of Funds	<input type="text"/>
	<input type="text"/>	Was the Ticket a Gift?	<input type="text"/>
	<input type="text"/>	Was the Ticket Refundable?	<input type="text"/>
		Unearned Income Suspected?	<input type="text"/>

SI Determination

ES Determination

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

## My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI

**ES's Name Propagates Here**

ES

ALLEGED

VERIFIED

	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Development Required?	
	Method of Travel	
	Method of Payment	
	Source of Funds	
	Was the Ticket a Gift?	

SI Determination

ES Determination

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

## SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

## My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI	<input type="text"/>	Purpose of Travel	<input type="text"/>
		Date left U.S.	<input type="text"/>
ES	<input type="text"/>	Date Returned to U.S.	<input type="text"/>
		Type Of Evidence	<input type="text"/>
		Development Required?	<input type="text"/>
	<input type="text"/>	Method of Travel	<input type="text"/>
	<input type="text"/>	Method of Payment	<input type="text"/>
	<input type="text"/>	Source of Funds	<input type="text"/>
	<input type="text"/>	Was the Ticket a Gift?	<input type="text"/>
	<input type="text"/>	Was the Ticket Refundable?	<input type="text"/>
		Unearned Income Suspected?	<input type="text"/>

SI Determination

ES Determination

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# MARRIAGE

ELEMENT 5

## SYSTEMS DATA

## My SSR / MSSICS Notes

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					

Holding Out

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex?

Does the SI's allegation match the SSR?

Since mm/dd/yyyy was the spouse eligible for SSI?

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM							
IM							
SM							

EVIDENCE TYPE

ISSUING ENTITY

PLACE ISSUED

DOCUMENT NUMBER

DATE ISSUED

DATE RECORDED

EVENT DATE

DETERMINATION

BM

IM

SM

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

<b>SM Residence Address</b>	<b>Match</b>	<b>Current Residence Address</b>	<b>ST and CO Codes</b>
	<input type="checkbox"/>		
<b>SM Mailing Address</b>	<b>Match</b>	<b>Current Mailing Address</b>	
	<input type="checkbox"/>		
<b>SM Telephone Number</b>	<b>Match</b>	<b>Current Telephone Number?</b>	<b>Alternate Telephone Number</b>
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as SM?  Residence Start Date
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
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- OSS
- LA Change
- Address History
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- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT



# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
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- 1 Record the following residence information as of mm/dd/yyyy
- 2 Residence Address  Same as prior residence address?
- 3
- 4 Are the SI and ES living in the same residence?
- 5 Residence Type
- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# LIVING ARRANGEMENTS (LA)

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

## My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes
	<input type="checkbox"/>		
SM Mailing Address	Match	Current Mailing Address	
	<input type="checkbox"/>		
SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number
	<input type="checkbox"/>		

**LA Navigator**

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
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- 1 Record the following residence information as of mm/dd/yyyy
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- 6 If Residence Type = 1 or 2, with whom does the SI live?
- Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# INSTITUTION

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



# INSTITUTION

1				Type of Contact			
2				Date of Contact			
3				Date of Admission			
4				Date of Discharge			
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %			
				Total Charge			
				SI's Payment Amount			
				3rd Party Payment Source(s)			
				3rd Party Payment Amount			
				Excluded 3rd Party Amount			
				Countable ISM			
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

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

# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

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

# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			



# INSTITUTION

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

# INSTITUTION

## ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

			Type of Contact	<input type="text"/>		
			Date of Contact	<input type="text"/>		
<input type="text"/>			Date of Admission	<input type="text"/>		
<input type="text"/>			Date of Discharge	<input type="text"/>		
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
			3rd Party Payment Source(s)			
			3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Infrequent/ Irregular			



# INSTITUTION

1	ALLEGED	Date Propagates Here	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	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	
		Total Charge	

# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	<input type="text"/>
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	<input type="text"/>
		Date of Contact	
		Date of Admission	
		Date of Discharge	
	SM	IM	BM
		Medicaid Pays Over 50 %	<input type="text"/> <input type="text"/> <input type="text"/>
		Total Charge	<input type="text"/> <input type="text"/> <input type="text"/>

# INSTITUTION

1				Type of Contact	<input type="text"/>		
2				Date of Contact	<input type="text"/>		
3	<input type="text"/>			Date of Admission	<input type="text"/>		
4	<input type="text"/>			Date of Discharge	<input type="text"/>		
5	SM	IM	BM		SM	IM	BM
6				Medicaid Pays Over 50 %	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Charge	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				SI's Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				3rd Party Payment Source(s)	<input type="text"/>		
				3rd Party Payment Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Excluded 3rd Party Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable ISM	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Infrequent/ Irregular			

# 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 #	
		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	

Main LA  
Screen

ADD  
REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

1  
2  
3  
4  
5  
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	# of Residents	
	Facility License #	
	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	

Main LA  
Screen

ADD  
REMARKS

NEXT



# NON-INSTITUTIONAL CARE

## ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	# of Residents	<input style="width: 50px;" type="text"/>
	Facility License #	<input style="width: 100%;" type="text"/>
	Expiration Date	<input style="width: 100%;" type="text"/>
	Facility Contact Information	
	Facility Rep. Name	<input style="width: 100%;" type="text"/>
	Title of Contact	<input style="width: 100%;" type="text"/>
	Type of Contact	▼
	Date of Contact	<input style="width: 100%;" type="text"/>
	Date of Admission	<input style="width: 100%;" type="text"/>
	Date of Discharge	<input style="width: 100%;" type="text"/>
	Total Charge	<input style="width: 50%;" type="text"/>
	SI's Payment Amount	<input style="width: 50%;" type="text"/>

# NON-INSTITUTIONAL CARE

ELEMENT 6

1  
2  
3  
4  
5  
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	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	

Main LA  
Screen

ADD  
REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	▼
	# of Residents	
	Facility License #	
	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	

Main LA Screen

ADD REMARKS

NEXT

# NON-INSTITUTIONAL CARE

ELEMENT 6

1  
2  
3  
4  
5  
6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	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	

Main LA  
Screen

ADD  
REMARKS

NEXT

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA  
Screen

ADD  
REMARKS

NEXT

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Acquisition Date	<input type="text"/>
5	<input type="text"/>	Disposal Date	<input type="text"/>
6	<input type="text"/>	Name of Home Owner(s)	<input type="text"/>
		Home Ownership Type?	<input type="text"/>
	<input type="text"/>	Monthly Mortgage	<input type="text"/>
		Evidence	<input type="text"/>
		Home ownership established?	<input type="text"/>

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Acquisition Date	
4		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3		Acquisition Date	
4		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)



# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Acquisition Date	
5		Disposal Date	
6		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# HOME OWNERSHIP

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Acquisition Date	<input type="text"/>
5	<input type="text"/>	Disposal Date	<input type="text"/>
6	<input type="text"/>	Name of Home Owner(s)	<input type="text"/>
		Home Ownership Type?	<input type="text"/>
	<input type="text"/>	Monthly Mortgage	<input type="text"/>
		Evidence	<input type="text"/>
		Home ownership established?	<input type="text"/>

[Main LA Screen](#)
[ADD REMARKS](#)
[NEXT](#)

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

**RENTAL LIABILITY**

ELEMENT 6

**SYSTEMS DATA**

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
ScreenADD  
REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Residence Begin Date	<input type="text"/>
5	<input type="text"/>	Residence End Date	<input type="text"/>
6	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
		Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2		Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6		Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
		Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
Screen

ADD  
REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3	<input type="text"/>	Residence Begin Date	<input type="text"/>
4	<input type="text"/>	Residence End Date	<input type="text"/>
5	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
6	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
	<input type="text"/>	Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
	<input type="text"/>	CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

**RENTAL LIABILITY****ELEMENT 6****SYSTEMS DATA**

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
ScreenADD  
REMARKS

NEXT



# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3	<input type="text"/>	Residence Begin Date	<input type="text"/>
4	<input type="text"/>	Residence End Date	<input type="text"/>
5	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
6	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
	<input type="text"/>	Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
	<input type="text"/>	CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

**RENTAL LIABILITY****ELEMENT 6****SYSTEMS DATA**

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

**SYSTEMS DATA**

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Residence Begin Date	<input type="text"/>
5	<input type="text"/>	Residence End Date	<input type="text"/>
6	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
		Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
3	<input type="text"/>		
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
Screen

ADD  
REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2	<input type="text"/>	Residence Address	<input type="text"/>
3			
4	<input type="text"/>	Residence Begin Date	<input type="text"/>
5	<input type="text"/>	Residence End Date	<input type="text"/>
6	<input type="text"/>	Person(s) with Rental Liability	<input type="text"/>
	<input type="text"/>	Amount of Rental Payment	<input type="text"/>
		Evidence of Rental Payment	<input type="text"/>
	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# RENTAL LIABILITY

ELEMENT 6

**SYSTEMS DATA**

CG Field Codes

1		Evidence of Rental Payment	<input type="text"/>
2	<input type="text"/>	Landlord's Contact Information	<input type="text"/>
3			
4	<input type="text"/>	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	<input type="text"/>
5			
6	<input type="text"/>	Who is Related to Landlord?	<input type="text"/>
		CMRV	<input type="text"/>
		Evidence of CMRV	<input type="text"/>
		Rental Liability Established?	<input type="text"/> Type <input type="text"/>
	<input type="text"/>	Does SI Receive a Housing Subsidy?	<input type="text"/>
	<input type="text"/>	Source of Subsidy Contact information	<input type="text"/>
	<input type="text"/>	Amount of Subsidy	<input type="text"/>
		Is Subsidy Excluded?	<input type="text"/>

Main LA  
ScreenADD  
REMARKS

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?	
--	------------------------	--

	If NO, buy food separate from household?	
--	--	--

Amount	Amount	Evidence
--------	--------	----------

	SI/Deemor contribute toward household expenses?	
--	---	--

	SI's contribution Earmarked for Shelter	
--	---	--

	SI's contribution Earmarked for Food	
--	--------------------------------------	--

VTR Applies?	
--------------	--

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?	
--	------------------------	--

	If NO, buy food separate from household?	
--	--	--

Amount	Amount	Evidence
<input type="text"/>	SI/Deemor contribute toward household expenses?	<input type="text"/>
<input type="text"/>	SI's contribution Earmarked for Shelter	<input type="text"/>
<input type="text"/>	SI's contribution Earmarked for Food	<input type="text"/>
	VTR Applies?	<input type="text"/>

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT



# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?	
--	------------------------	--

	If NO, buy food separate from household?	
--	--	--

Amount	Description	Amount	Evidence
	SI/Deemor contribute toward household expenses?		
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	
	Amount	Amount Evidence
	SI/Deemor contribute toward household expenses?	
	SI's contribution Earmarked for Shelter	
	SI's contribution Earmarked for Food	
	VTR Applies?	

HH Expenses Summary

FOOD

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
	Evidence	
	SI eats all meals out?	
	If NO, buy food separate from household?	

Amount	SI/Deemor contribute toward household expenses?	Amount	Evidence
	SI's contribution Earmarked for Shelter		
	SI's contribution Earmarked for Food		
	VTR Applies?		

### HH Expenses Summary

FOOD
SHELTER
Total HH Exp
# of HH Memb

Main LA Screen

ADD REMARKS

Go To HH Expenses

NEXT

# OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Residence Address	
--	-------------------	--

	Evidence	
--	----------	--

	SI eats all meals out?	
--	------------------------	--

	If NO, buy food separate from household?	
--	--	--

Amount	SI/Deemor contribute toward household expenses?	Amount	Evidence
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>	SI's contribution Earmarked for Shelter	<input type="text"/>	<input type="text"/>
<input type="text"/>	SI's contribution Earmarked for Food	<input type="text"/>	<input type="text"/>
	VTR Applies?	<input type="text"/>	

HH Expenses Summary

FOOD

|

SHELTER

Total HH Exp

# of HH Memb

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	<input type="text"/>
4		If yes, CMV	<input type="checkbox"/> <b>Infrequent or Irregular</b>
5		Evidence	<input type="text"/>
<b>ALLEGED</b>		<b>SOURCE 3</b>	
6		VERIFIED	
	FROM	TO	FROM TO
	<input type="text"/>	<input type="text"/>	Period
	<input type="text"/>	<input type="text"/>	Type of Assistance
	Source Contact Information		
		Amount	
		Countable?	<input type="checkbox"/>
		If no, Reason	<input type="text"/>
		If yes, CMV	<input type="checkbox"/> <b>Infrequent or Irregular</b>
		Evidence	<input type="text"/>
	Total Number of Sources	<input type="text"/>	Additional
		<input type="text"/>	Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>SOURCE 3</b>				
2	<b>ALLEGED</b>	<b>TO</b>	<b>PERIOD</b>	<b>VERIFIED</b>	<b>TO</b>
3	<input type="text"/>	<input type="text"/>	Period	<input type="text"/>	<input type="text"/>
4	<input type="text"/>		Type of Assistance	<input type="text"/>	
5	<input type="text"/>		Source Contact Information	<input type="text"/>	
6	<input type="text"/>		Amount	<input type="text"/>	
	<input type="text"/>		Countable?	<input type="text"/>	
	<input type="text"/>		If no, Reason	<input type="text"/>	
	<input type="text"/>		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular	
	<input type="text"/>		Evidence	<input type="text"/>	
	Total Number of Sources	<input type="text"/>	Additional	<input type="text"/>	Total Number of Sources
	Verified Countable Assistance From Additional Sources				
		SM	IM	BM	
	Current Market Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT



# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	<input type="text"/>
4		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular
5		Evidence	<input type="text"/>
<b>ALLEGED</b>		<b>SOURCE 3</b>	
6		VERIFIED	
	FROM	TO	FROM TO
	<input type="text"/>	<input type="text"/>	Period <input type="text"/>
	<input type="text"/>	<input type="text"/>	Type of Assistance <input type="text"/>
	Source Contact Information <input type="text"/>		
		Amount	
		Countable?	<input type="checkbox"/>
		If no, Reason	<input type="text"/>
		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular
		Evidence	<input type="text"/>
	Total Number of Sources	<input type="text"/>	Additional <input type="text"/> Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			Additional			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
		SM	IM	BM				
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>		Source Contact Information	<input type="text"/>		
6			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		Source Contact Information	<input type="text"/>		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<input type="text"/>	Amount	<input type="text"/>			
2		Countable?	<input type="text"/>			
3		If no, Reason	<input type="text"/>			
4		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular			
5		Evidence	<input type="text"/>			
6	<b>ALLEGED</b>		<b>SOURCE 3</b>		<b>VERIFIED</b>	
	FROM	TO	FROM	TO		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>
	Source Contact Information		<input type="text"/>			
	<input type="text"/>	Amount	<input type="text"/>			
		Countable?	<input type="text"/>			
		If no, Reason	<input type="text"/>			
		If yes, CMV	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular			
		Evidence	<input type="text"/>			
	Total Number of Sources <input type="text"/>		Additional <input type="text"/>		Total Number of Sources <input type="text"/>	

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

- 1
- 2
- 3
- 4
- 5
- 6

ALLEGED		SOURCE 3		VERIFIED	
FROM	TO	FROM	TO	FROM	TO
		Period			
		Type of Assistance			
		Source Contact Information			
		Amount			
		Countable?			
		If no, Reason			
		If yes, CMV		<input type="checkbox"/> Infrequent or Irregular	
		Evidence			
Total Number of Sources		Additional		Total Number of Sources	

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>		Source Contact Information	<input type="text"/>		
6			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	Type of Assistance	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		Source Contact Information	<input type="text"/>		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount			
2		Countable?	<input type="checkbox"/>		
3		If no, Reason	<input type="text"/>		
4		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular		
5		Evidence	<input type="text"/>		
<b>ALLEGED</b>		<b>SOURCE 3</b>		<b>VERIFIED</b>	
6	FROM	TO	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Period		<input type="text"/>	<input type="text"/>	
	Type of Assistance		<input type="text"/>	<input type="text"/>	
	Source Contact Information				
	Amount		<input type="text"/>		
	Countable?		<input type="checkbox"/>		
	If no, Reason		<input type="text"/>		
	If yes, CMV		<input type="checkbox"/> Infrequent or Irregular		
	Evidence		<input type="text"/>		
Total Number of Sources		<input type="text"/>	Additional		<input type="text"/>
			Total Number of Sources		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			<b>Additional</b>			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
			SM	IM	BM			
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT



# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			Type of Assistance			
6			Source Contact Information			
			Amount			
			Countable?	<input type="text"/>		
			If no, Reason	<input type="text"/>		
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
			Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Type of Assistance			
			Source Contact Information			

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	
4		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular
5		Evidence	

## ALLEGED SOURCE 3 VERIFIED

FROM	TO	PERIOD	FROM	TO
		Period		
		Type of Assistance		
Source Contact Information				
		Amount		
		Countable?	<input type="checkbox"/>	
		If no, Reason		
		If yes, CMV	<input type="checkbox"/> Infrequent or Irregular	
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3			Period					
4			Type of Assistance					
5			Source Contact Information					
6			Amount					
			Countable?					
			If no, Reason					
			If yes, CMV			<input type="checkbox"/> Infrequent or Irregular		
			Evidence					
	Total Number of Sources			Additional			Total Number of Sources	
	<b>Verified Countable Assistance From Additional Sources</b>							
			SM	IM	BM			
	Current Market Value							

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?					<input type="text"/>
2	<b>ALLEGED</b>		<b>SOURCE 1</b>	<b>VERIFIED</b>		
3	FROM	TO	Period	FROM	TO	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>		Type of Assistance	<input type="text"/>		
6	<input type="text"/>		Source Contact Information	<input type="text"/>		
	<input type="text"/>		Amount	<input type="text"/>		
	<input type="text"/>		Countable?	<input type="text"/>		
	<input type="text"/>		If no, Reason	<input type="text"/>		
	<input type="text"/>		If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular	
	<input type="text"/>		Evidence	<input type="text"/>		
	<b>ALLEGED</b>		<b>SOURCE 2</b>	<b>VERIFIED</b>		
	FROM	TO	Period	FROM	TO	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		Type of Assistance	<input type="text"/>		
	<input type="text"/>		Source Contact Information	<input type="text"/>		

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	<input type="checkbox"/>
3		If no, Reason	<input type="text"/>
4		If yes, CMV	<input type="checkbox"/> <b>Infrequent or Irregular</b>
5		Evidence	<input type="text"/>
<b>ALLEGED</b>		<b>SOURCE 3</b>	
6	<b>FROM</b>	<b>TO</b>	<b>VERIFIED</b>
	<input type="text"/>	<input type="text"/>	<b>FROM</b>
			<b>TO</b>
		Period	<input type="text"/>
		Type of Assistance	<input type="text"/>
		Source Contact Information	<input type="text"/>
		Amount	<input type="text"/>
		Countable?	<input type="checkbox"/>
		If no, Reason	<input type="text"/>
		If yes, CMV	<input type="checkbox"/> <b>Infrequent or Irregular</b>
		Evidence	<input type="text"/>
	Total Number of Sources	<input type="text"/>	<b>Additional</b>
		<input type="text"/>	Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

# TRANSIENTS

ELEMENT 6

## SYSTEMS DATA

CG Field Codes

1	<b>ALLEGED</b>				<b>SOURCE 3</b>		<b>VERIFIED</b>	
2	FROM	TO		FROM	TO			
3	<input type="text"/>	<input type="text"/>	Period	<input type="text"/>	<input type="text"/>			
4	<input type="text"/>		Type of Assistance	<input type="text"/>				
5	<input type="text"/>		Source Contact Information	<input type="text"/>				
6		<input type="text"/>	Amount	<input type="text"/>				
			Countable?	<input type="text"/>				
			If no, Reason	<input type="text"/>				
			If yes, CMV	<input type="text"/>	<input type="checkbox"/> Infrequent or Irregular			
			Evidence	<input type="text"/>				
	Total Number of Sources <input type="text"/>		Additional	<input type="text"/>	Total Number of Sources			
	<b>Verified Countable Assistance From Additional Sources</b>							
		SM	IM	BM				
	Current Market Value	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

## Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

Total number of ineligible children

MI-1

No material individuals in the review period

Total number of ineligible siblings

MI-2

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

**Living Arrangement Basis as of mm/dd/yyyy**

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

Total number of ineligible children

MI-1

No material individuals in the review period

Total number of ineligible siblings

MI-2

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT



# HOUSEHOLD COMPOSITION

ELEMENT 6

1

**Living Arrangement Basis as of mm/dd/yyyy**

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

5

6

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

Total number of ineligible children



MI-1

No material individuals in the review period

Total number of ineligible siblings



MI-2

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

## Living Arrangement Basis as of mm/dd/yyyy

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

MI-1  
 MI-2

No material individuals in the review period

Total number of ineligible children

Total number of ineligible siblings

# HOUSEHOLD COMPOSITION

ELEMENT 6

**Living Arrangement Basis as of mm/dd/yyyy**

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

Total number of ineligible children

MI-1

No material individuals in the review period

Total number of ineligible siblings

MI-2

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

# HOUSEHOLD COMPOSITION

ELEMENT 6

**Living Arrangement Basis as of mm/dd/yyyy**

- 1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
- 2=THIS HOUSEHOLD MEMBER RENTS
- 3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
- 4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
- 5= CHILD LIVING WITH PARENTS WHO ARE RENTING

All PA Household

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							<input type="checkbox"/>
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>

Indicate who are the material individuals

Total number of ineligible children

MI-1  
 MI-2

No material individuals in the review period

Total number of ineligible siblings

Main LA Screen

STUDENT STATUS

ADD REMARKS

ESTABLISH THE IC

NEXT

LIVING ARRANGEMENTS - INELIGIBLE CHILDREN X

**Use this screen to associate the names of the Ineligible Children/Siblings (IC/Sibling) with the corresponding IC#. These names will display on the income screens throughout the form.**

Select the IC/Siblings names from the Dropdown.		Was the IC/Sibling a Student During the Review Period?	
IC-1	<input type="text"/>	IC-1	<input type="checkbox"/>
IC-2	<input type="text"/>	IC-2	<input type="checkbox"/>
IC-3	<input type="text"/>	IC-3	<input type="checkbox"/>
IC-4	<input type="text"/>	IC-4	<input type="checkbox"/>
IC-5	<input type="text"/>	IC-5	<input type="checkbox"/>

**CLOSE**

# HOUSEHOLD EXPENSES

## ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

<b>Residence Address</b>		<b>AVERAGING PERIOD:</b>	<b>FROM</b>	<b>TO</b>

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?		
	Unstated income suspected?		

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			
5		RENT			
6		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?			

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			
5		RENT			
6		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?			

Main LA Screen

ADD REMARKS

NEXT



# HOUSEHOLD EXPENSES

## ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 6

<b>Residence Address</b>		<b>AVERAGING PERIOD:</b>	<b>FROM</b>	<b>TO</b>

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?		
	Unstated income suspected?		

# HOUSEHOLD EXPENSES

ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			
5		RENT			
6		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?			

Main LA Screen

ADD REMARKS

NEXT

# HOUSEHOLD EXPENSES

## ELEMENT 6

1	Residence Address		AVERAGING PERIOD:	FROM	TO
2					
3	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>	<b>EVIDENCE</b>	
4		FOOD			▼
5		RENT			▼
6		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?	▼		

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

[Main LA  
Screen](#)[ADD  
REMARKS](#)[NEXT](#)

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

Residence  
Address

2

3

## Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

**Main LA  
Screen****ADD  
REMARKS****NEXT**

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

Residence Address

2

3

**Development of OSS Field Allegation**

4

OSS development remarks

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

Residence Address

2

3

**Development of OSS Field Allegation**

4

**OSS development remarks**

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT

# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

Residence Address

2

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

▼

Main LA Screen

ADD REMARKS

NEXT



# OPTIONAL STATE SUPPLEMENT

ELEMENT 6

## SYSTEMS DATA

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

1

2

3

4

5

6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

### OUTSIDE ISM

Does the SI/MI receive contributions from outside the household?   Override

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

<input style="width: 95%; height: 20px;" type="text"/>	Type of ISM	<input style="width: 95%; height: 20px;" type="text"/>
--	-------------	--

<input style="width: 95%; height: 20px;" type="text"/>	Amount	<input style="width: 95%; height: 20px;" type="text"/>
--	--------	--

<input style="width: 95%; height: 20px;" type="text"/>	Source	<input style="width: 95%; height: 20px;" type="text"/>
--	--------	--

<input style="width: 95%; height: 20px;" type="text"/>	Source Contact Information	<input style="width: 95%; height: 20px;" type="text"/>
--	----------------------------	--

<input style="width: 95%; height: 20px;" type="text"/>	# of HH members	<input style="width: 95%; height: 20px;" type="text"/>
--	-----------------	--

<input style="width: 95%; height: 20px;" type="text"/>	Is ISM Countable?	<input style="width: 95%; height: 20px;" type="text"/>
--	-------------------	--

<input style="width: 95%; height: 20px;" type="text"/>	If no, reason	<input style="width: 95%; height: 20px;" type="text"/>
--	---------------	--

<input style="width: 95%; height: 20px;" type="text"/>	Countable ISM Amount	<input style="width: 95%; height: 20px;" type="text"/>
--	----------------------	--

Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					▼
2					▼
3					▼
4					▼
5					▼
6					▼
					▼

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA  
Screen

ADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

Residence  
Address

2

3

### OUTSIDE ISM

4

Does the SI/MI receive contributions from outside the household?   Override

5

Does contribution benefit the SI only? 

6

ALLEGED

Date Propagates Here

VERIFIED

<input type="checkbox"/>	Type of ISM	<input type="checkbox"/>
<input type="checkbox"/>	Amount	<input type="checkbox"/>
<input type="checkbox"/>	Source	<input type="checkbox"/>
<input type="checkbox"/>	Source Contact Information	<input type="checkbox"/>
<input type="checkbox"/>	# of HH members	<input type="checkbox"/>
<input type="checkbox"/>	Is ISM Countable?	<input type="checkbox"/>
<input type="checkbox"/>	If no, reason	<input type="checkbox"/>
<input type="checkbox"/>	Countable ISM Amount	<input type="checkbox"/> <input type="checkbox"/> Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA  
ScreenADD  
REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					<input type="checkbox"/> Infrequent or Irregular
2					
3					
4					
5					
6					

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
<input type="checkbox"/>	Type of contribution	<input type="checkbox"/>
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

### OUTSIDE ISM

Does the SI/MI receive contributions from outside the household?   Override

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
<input type="text"/>	Type of ISM <input type="text"/>	<input type="text"/>
<input type="text"/>	Amount <input type="text"/>	<input type="text"/>
<input type="text"/>	Source <input type="text"/>	<input type="text"/>
<input type="text"/>	Source Contact Information <input type="text"/>	<input type="text"/>
<input type="text"/>	# of HH members <input type="text"/>	<input type="text"/>
<input type="text"/>	Is ISM Countable? <input type="text"/>	<input type="text"/>
<input type="text"/>	If no, reason <input type="text"/>	<input type="text"/>
<input type="text"/>	Countable ISM Amount <input type="text"/>	<input type="checkbox"/> Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE





# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					▼
2					▼
3					▼
4					▼
5					▼
6					▼
					▼

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA  
Screen

ADD  
REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Residence Address

2

### OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

<input style="width: 95%;" type="text"/>	Type of ISM	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Amount	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Source	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Source Contact Information	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	# of HH members	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Is ISM Countable?	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	If no, reason	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Countable ISM Amount	<input style="width: 95%;" type="text"/>

Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					
2					
3					
4					
5					
6					

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1	Residence Address		
2			
3	<b>OUTSIDE ISM</b>		
4	Does the SI/MI receive contributions from outside the household?	<input type="text"/>	
5	Does contribution benefit the SI only?	<input type="text"/>	
6	<b>ALLEGED</b>	<b>Date Propagates Here</b>	<b>VERIFIED</b>
	<input type="text"/>	Type of ISM	<input type="text"/>
		Amount	<input type="text"/>
		Source	<input type="text"/>
		Source Contact Information	<input type="text"/>
		# of HH members	<input type="text"/>
		Is ISM Countable?	<input type="text"/>
		If no, reason	<input type="text"/>
		Countable ISM Amount	<input type="text"/> <input type="checkbox"/> Infrequent or Irregular
	<b>INSIDE ISM</b>		
	Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE		

Main LA  
ScreenADD  
REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				
2				
3				
4				
5				
6				

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
---------	----------------------	----------

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA  
Screen

ADD  
REMARKS

NEXT



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

- 1
- 2
- 3
- 4
- 5
- 6

Residence Address

### OUTSIDE ISM

Does the SI/MI receive contributions from outside the household?

Does contribution benefit the SI only?

ALLEGED	Date Propagates Here	VERIFIED
<input type="text"/>	Type of ISM <input type="text"/>	<input type="text"/>
<input type="text"/>	Amount <input type="text"/>	<input type="text"/>
<input type="text"/>	Source <input type="text"/>	<input type="text"/>
<input type="text"/>	Source Contact Information <input type="text"/>	<input type="text"/>
<input type="text"/>	# of HH members <input type="text"/>	<input type="text"/>
<input type="text"/>	Is ISM Countable? <input type="text"/>	<input type="text"/>
<input type="text"/>	If no, reason <input type="text"/>	<input type="text"/>
<input type="text"/>	Countable ISM Amount <input type="text"/>	<input type="checkbox"/> Infrequent or Irregular

### INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE



# IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

## SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					
2					
3					
4					
5					
6					

Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

Infrequent or Irregular

### ISM TO ONE PERSON

ALLEGED      Date Propagates Here      VERIFIED

	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

# ADDRESS HISTORY

ELEMENT 6

Residence 1	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				
Residence 2	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				
Residence 3	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				
Residence 4	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				
Residence 5	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				
Residence 6	<input type="text"/>	Change Since mm/dd/yyyy?	<input type="text"/>	Date of change	<input type="text"/>
Type	<input type="text"/>				

Main LA Screen

BACK

# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 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

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

- 1
- 2
- 3
- 4
- 5
- 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

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

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

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence  
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA  
Screen

ADD  
REMARKS

ADDR  
HISTORY

NEXT



# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence  
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA  
Screen

ADD  
REMARKS

ADDR  
HISTORY

NEXT

# REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

Residence  
Address

3

Residence Type

4

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

5

If yes, date of change?

6

Main LA  
Screen

ADD  
REMARKS

ADDR  
HISTORY

NEXT

# LA/ISM DETERMINATION

- BM
- IM
- SM

## SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

BM iteration	<input type="text"/>
Residence Date	<input type="text"/>
Residence Address	<input type="text"/>
Basis for Federal LA	<input type="text"/>
FLA	<input type="text"/>
OSS	<input type="text"/>
Flat Fee Amount	<input type="text"/>
Rent Amount	<input type="text"/>
Current Market Rental Value	<input type="text"/>
Food expense	<input type="text"/>
Shelter expenses	<input type="text"/>
Total HH expenses	<input type="text"/>
Number of HH members	<input type="text"/>

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

<b>BM</b>	Other HH member's contribution			
<b>IM</b>		FOOD	SHELTER	FOOD/SHELTER
<b>SM</b>	SI's contribution			
	SI's Pro Rata Share			
	Federal Benefit Rate (BM)			
	Inside ISM			
	Outside ISM			
	ISM to one			
	Unstated Income Suspected?			
	Transient ISM			
	Institutional ISM			
	Proration Applies?			

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

<b>SM FLA Determination</b>	<b>SM FLA ISM Determination</b>	<b>SM OSS Determination</b>

Living Arrangement codes and ISM

**BM**

FLA	
OSS	
ISM	

**IM**

FLA	
OSS	
ISM	

**SM**

FLA	
OSS	
ISM	

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

- BM
- IM
- SM

Outside ISM	<input type="text"/>
ISM to one	<input type="text"/>
Unstated Income Suspected?	<input type="text"/>
Transient ISM	<input type="text"/>
Institutional ISM	<input type="text"/>
Proration Applies?	<input type="text"/>

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

## Living Arrangement codes and ISM

### BM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

### IM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

### SM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

- BM
- IM
- SM

SYSTEMS DATA	
SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	
IM iteration	<input type="text"/>
Residence Date	<input type="text"/>
Residence Address	<input type="text"/>
Basis for Federal LA	<input type="text"/>
FLA	<input type="text"/>
OSS	<input type="text"/>
Flat Fee Amount	<input type="text"/>
Rent Amount	<input type="text"/>
Current Market Rental Value	<input type="text"/>
Food expense	<input type="text"/>
Shelter expenses	<input type="text"/>
Total HH expenses	<input type="text"/>
Number of HH members	<input type="text"/>

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
<input type="text"/>	<input type="text"/>	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

BM  
IM  
SM

Other HH member's contribution			
	FOOD	SHELTER	FOOD/SHELTER
SI's contribution			
SI's Pro Rata Share			
Federal Benefit Rate (BM)			
Inside ISM			
Outside ISM			
ISM to one			
Unstated Income Suspected?			
Transient ISM			
Institutional ISM			
Proration Applies?			

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
<input type="text"/>	<input type="text"/>	<input type="text"/>

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

# LA/ISM DETERMINATION

ELEMENT 6

- BM
- IM
- SM

Outside ISM	<input type="text"/>
ISM to one	<input type="text"/>
Unstated Income Suspected?	<input type="text"/>
Transient ISM	<input type="text"/>
Institutional ISM	<input type="text"/>
Proration Applies?	<input type="text"/>

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

### Living Arrangement codes and ISM

#### BM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

#### IM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

#### SM

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

Main LA Screen

ADD REMARKS

NEXT



# LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

## SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM iteration	<input type="text"/>
Residence Date	<input type="text"/>
Residence Address	<input type="text"/>
Basis for Federal LA	<input type="text"/>
FLA	<input type="text"/>
OSS	<input type="text"/>
Flat Fee Amount	<input type="text"/>
Rent Amount	<input type="text"/>
Current Market Rental Value	<input type="text"/>
Food expense	<input type="text"/>
Shelter expenses	<input type="text"/>
Total HH expenses	<input type="text"/>
Number of HH members	<input type="text"/>

Living Arrangement codes and ISM

**BM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**IM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

**SM**

FLA	<input type="text"/>
OSS	<input type="text"/>
ISM	<input type="text"/>

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# LA/ISM DETERMINATION

ELEMENT 6

<b>BM</b>	Other HH member's contribution			
<b>IM</b>		FOOD	SHELTER	FOOD/SHELTER
<b>SM</b>	SI's contribution			
	SI's Pro Rata Share			
	Federal Benefit Rate (BM)			
	Inside ISM			
	Outside ISM			
	ISM to one			
	Unstated Income Suspected?			
	Transient ISM			
	Institutional ISM			
	Proration Applies?			

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

<b>SM FLA Determination</b>	<b>SM FLA ISM Determination</b>	<b>SM OSS Determination</b>

**Living Arrangement codes and ISM**

**BM**

FLA	
OSS	
ISM	

**IM**

FLA	
OSS	
ISM	

**SM**

FLA	
OSS	
ISM	

# LA/ISM DETERMINATION

BM

IM

SM

Outside ISM

ISM to one

Unstated Income Suspected?

Transient ISM

Institutional ISM

Proration Applies?

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

**BM**

FLA	
OSS	
ISM	

**IM**

FLA	
OSS	
ISM	

**SM**

FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

Main LA Screen

ADD REMARKS

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

## SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

## My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

For the previous or current tax year, have the SI/MI/IC been self-employed?   Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year?   Override

Indicate who earned or expects to earn income from self-employment

SI  
  MI-1  
  MI-2  
  IC-1  
  IC-2  
  IC-3  
  IC-4  
  IC-5

Override  
 SI  
 MI-1  
 MI-2  
 IC-1  
 IC-2  
 IC-3  
 IC-4  
 IC-5

Determination

# SELF-EMPLOYMENT

## ELEMENT 7

SI	<b>SI's Name Propagates Here</b>										
MI-1	<b>ALLEGED</b>					<b>VERIFIED</b>					
MI-2						Type of Business					
IC-1						Gross income last year					
IC-2						Net income last year					
IC-3						Gross income this year					
IC-4						Net income this year					
IC-5	SM	IM	BM				SM	IM	BM		
						Net SE Profit					
						Net SE Loss					
						Evidence					
	<b>ALLEGED</b>					<b>Deductions/ Exclusions</b>			<b>VERIFIED</b>		
						▼	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

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

# SELF-EMPLOYMENT

ELEMENT 7

SI	<b>MI-1's Name Propagates Here</b>						
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>			
MI-2				Type of Business			
IC-1				Gross income last year			
IC-2				Net income last year			
IC-3				Gross income this year			
IC-4				Net income this year			
IC-5	SM	IM	BM		SM	IM	BM
				Net SE Profit			
				Net SE Loss			
				Evidence			
	<b>ALLEGED</b>			<b>Deductions/ Exclusions</b>		<b>VERIFIED</b>	
				Student Earned Income			
				IRWE			
				BWE			
				Court-Ordered Pymnts			
				PASS			
				OTHER			
	Was the MI1 a Student during the Review Period?						

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

SI	<b>MI-2's Name Propagates Here</b>										
MI-1	<b>ALLEGED</b>					<b>VERIFIED</b>					
MI-2						Type of Business					
IC-1						Gross income last year					
IC-2						Net income last year					
IC-3						Gross income this year					
IC-4						Net income this year					
IC-5	SM	IM	BM				SM	IM	BM		
				Net SE Profit							
				Net SE Loss							
				Evidence							
	<b>ALLEGED</b>					<b>Deductions/ Exclusions</b>			<b>VERIFIED</b>		
						▼	Student Earned Income				
						▼	IRWE				
						▼	BWE				
						▼	Court-Ordered Pymnts				
						▼	PASS				
						▼	OTHER				
	Was the MI2 a Student during the Review Period?										▼

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT



# SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

<b>IC(3)'s Name Propagates Here</b>									
ALLEGED			VERIFIED						
			Type of Business						
			Gross income last year						
			Net income last year						
			Gross income this year						
			Net income this year						
SM	IM	BM			SM	IM	BM		
			Net SE Profit						
			Net SE Loss						
			Evidence		▼				
ALLEGED			Deductions/ Exclusions			VERIFIED			
			▼	Student Earned Income					
			▼	Court-Ordered Pymnts					
			▼	PASS					
			▼	OTHER					
			Was the IC a Student during the Review Period?			▼			

Total SEI

**SI**

SM	
IM	
BM	

Total SEI

**MI-1**

SM	
IM	
BM	

Total SEI

**MI-2**

SM	
IM	
BM	

# SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# SELF-EMPLOYMENT

ELEMENT 7

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

Total SEI

**SI**

SM

IM

BM

Total SEI

**MI-1**

SM

IM

BM

Total SEI

**MI-2**

SM

IM

BM

BACK

STUDENT STATUS

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

### SYSTEMS DATA

	SM	IM	BM	SY
SI				
MI-1				
MI-2				

### My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?

Have the SI/MI/IC earned wages since mm/dd/yyyy   Override

Indicate who earned wages	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input checked="" type="checkbox"/> SI	<input checked="" type="checkbox"/> MI-1	<input checked="" type="checkbox"/> MI-2	<input checked="" type="checkbox"/> IC-1	<input checked="" type="checkbox"/> IC-2	<input checked="" type="checkbox"/> IC-3	<input checked="" type="checkbox"/> IC-4	<input checked="" type="checkbox"/> IC-5
Was there Telephone Wage Reporting in the SM?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was there Monthly Wage Reporting in the SM?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Determination

# WAGES

## ELEMENT 8

SI	<b>SI's Name Propagates Here</b>				
MI-1	ALLEGED	Employer 1		VERIFIED	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
			SM	IM	BM
		Gross Wages			
		Evidence			
	ALLEGED	Deductions/ Exclusions		VERIFIED	
		<input type="checkbox"/>	Cafeteria Plan		
			Student Earned Income		
		<input type="checkbox"/>	IRWE		
		<input type="checkbox"/>	BWE		
		<input type="checkbox"/>	Court-Ordered Payments		
		<input type="checkbox"/>	PASS		

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED Employer 2 VERIFIED</b>				
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED Deductions/ Exclusions VERIFIED</b>				
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

		OTHER			
--	--	-------	--	--	--

Was the SI a Student during the Review Period?

Total Number of Employers		Additional		Total Number of Employers
---------------------------	--	------------	--	---------------------------

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages

SI

SM	
IM	
BM	

Total Gross Wages

MI-1

SM	
IM	
BM	

Total Gross Wages

MI-2

SM	
IM	
BM	

BACK

Student Status

ADD REMARKS

View Summary

NEXT



# WAGES

## ELEMENT 8

SI	MI-1's Name Propagates Here				
MI-1	ALLEGED	Employer 1		VERIFIED	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	ALLEGED	Deductions/ Exclusions		VERIFIED	
		▼	Cafeteria Plan		
			Student Earned Income		
		▼	IRWE		
		▼	BWE		
		▼	Court-Ordered Payments		
		▼	PASS		

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED Employer 2 VERIFIED</b>				
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED Deductions/ Exclusions VERIFIED</b>				
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

Was the SI a Student during the Review Period?

Total Number of Employers 
Additional

 Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductions/ Exclusions			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
BWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	MI-2's Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				<input type="checkbox"/> SM <input type="checkbox"/> IM <input type="checkbox"/> BM	
			Gross Wages		
			Evidence		
	ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			IRWE		
			BWE		
			Court-Ordered Payments		
			PASS		

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI		OTHER			
MI-1	<b>ALLEGED</b>		<b>Employer 2</b>	<b>VERIFIED</b>	
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-5		Pay Date			
				SM	IM
		Gross Wages			
		Evidence			
	<b>ALLEGED</b>		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>	
		Cafeteria Plan			
		Student Earned Income			
		IRWE			
		BWE			
		Court-Ordered Payments			
		PASS			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers  **Additional**  Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductions/ Exclusions			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
BWE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASS	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Gross Wages**

**SI**

SM

IM

BM

---

**Total Gross Wages**

**MI-1**

SM

IM

BM

---

**Total Gross Wages**

**MI-2**

SM

IM

BM

**BACK**

**Student Status**

**ADD REMARKS**

**View Summary**

**NEXT**

# WAGES

## ELEMENT 8

SI	IC(1)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
ALLEGED		Deductions/ Exclusions			VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
Was the IC a Student during the Review Period?					

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1	<input type="checkbox"/>	Cafeteria Plan	
MI-2	<input type="checkbox"/>	Student Earned Income	
IC-1	<input type="checkbox"/>	Court-Ordered Payments	
IC-2	<input type="checkbox"/>	OTHER	

Was the IC a Student during the Review Period?

Total Number of Employers  **Additional**  Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

**Total Gross Wages**  
**SI**

SM

IM

BM

---

**Total Gross Wages**  
**MI-1**

SM

IM

BM

---

**Total Gross Wages**  
**MI-2**

SM

IM

BM



# WAGES

## ELEMENT 8

SI	IC(2)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
	ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
	Was the IC a Student during the Review Period? <input type="checkbox"/>				

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1	<input type="checkbox"/>	Cafeteria Plan	
MI-2	<input type="checkbox"/>	Student Earned Income	
IC-1	<input type="checkbox"/>	Court-Ordered Payments	
IC-2	<input type="checkbox"/>	OTHER	

IC-2 Was the IC a Student during the Review Period?

IC-3 Total Number of Employers  **Additional**  Total Number of Employers

IC-4

IC-5

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	IC(3)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
					SM IM BM
			Gross Wages		
			Evidence		
	ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
	Was the IC a Student during the Review Period? <input type="checkbox"/>				

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED																																										
MI-1		Cafeteria Plan																																											
MI-2		Student Earned Income																																											
IC-1		Court-Ordered Payments																																											
IC-1		OTHER																																											
IC-2	Was the IC a Student during the Review Period? <input type="checkbox"/>																																												
IC-3	Total Number of Employers	<input type="text"/>	Additional	<input type="text"/>	Total Number of Employers																																								
IC-4																																													
IC-5	<table border="1"> <thead> <tr> <th colspan="5">Verified Wage Details for Additional Employers</th> </tr> <tr> <th></th> <th>SM</th> <th>IM</th> <th>BM</th> <th></th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="5">Deductions/ Exclusions</th> </tr> <tr> <td>Cafeteria Plan</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Student Earned Income</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Court-Ordered Payments</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Verified Wage Details for Additional Employers						SM	IM	BM		Gross Wages					Deductions/ Exclusions					Cafeteria Plan					Student Earned Income					Court-Ordered Payments					OTHER				
Verified Wage Details for Additional Employers																																													
	SM	IM	BM																																										
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Deductions/ Exclusions																																													
Cafeteria Plan																																													
Student Earned Income																																													
Court-Ordered Payments																																													
OTHER																																													

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

# WAGES

## ELEMENT 8

SI	IC(4)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
ALLEGED		Deductions/ Exclusions			VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
Was the IC a Student during the Review Period?					

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1		Cafeteria Plan	
MI-2		Student Earned Income	
IC-1		Court-Ordered Payments	
IC-1		OTHER	

IC-2 Was the IC a Student during the Review Period?

IC-3 Total Number of Employers  **Additional**  Total Number of Employers

IC-4

IC-5

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages

**SI**

SM

IM

BM

---

Total Gross Wages

**MI-1**

SM

IM

BM

---

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	IC(5)'s Name Propagates Here				
MI-1	ALLEGED		Employer 1		VERIFIED
MI-2			Employer Name		
IC-1			Employer Contact Information		
IC-2			Date Began		
IC-3			Date Ended		
IC-4			Pay Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
IC-5			Pay Date		
				SM	IM
			Gross Wages		
			Evidence		
	ALLEGED		Deductions/ Exclusions		VERIFIED
			Cafeteria Plan		
			Student Earned Income		
			Court-Ordered Payments		
			OTHER		
	Was the IC a Student during the Review Period? <input type="checkbox"/>				

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT

# WAGES

## ELEMENT 8

SI	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1	<input type="checkbox"/>	Cafeteria Plan	<input type="checkbox"/>
MI-2	<input type="checkbox"/>	Student Earned Income	<input type="checkbox"/>
IC-1	<input type="checkbox"/>	Court-Ordered Payments	<input type="checkbox"/>
IC-2	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

Was the IC a Student during the Review Period?

Total Number of Employers  **Additional**  Total Number of Employers

**Verified Wage Details for Additional Employers**

	SM	IM	BM
Gross Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Deductions/ Exclusions</b>			
Cafeteria Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Gross Wages

**SI**

SM

IM

BM

Total Gross Wages

**MI-1**

SM

IM

BM

Total Gross Wages

**MI-2**

SM

IM

BM

BACK

Student Status

ADD REMARKS

View Summary

NEXT



# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	SI's Name Propagates Here		
MI-1	ALLEGED	VERIFIED	
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	
		SM	IM
		BM	

List of ICs  
by Name

BACK

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>MI-1's Name Propagates Here</b>		
MI-1	<b>ALLEGED</b>		<b>VERIFIED</b>
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4		Dates of Attendance	
IC-5		Evidence	
		Student exclusion applies?	

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>MI-2's Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2		DOB/ Age				
IC-1		School Name				
IC-2		Contact Name				
IC-3		School Contact Information				
IC-4		To			To	
IC-5		Evidence				
		Student exclusion applies?		SM	IM	BM

List of ICs  
by Name

BACK

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

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

List of ICs  
by Name

BACK

ADD  
REMARKS

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

- SI
- MI-1
- MI-2
- IC-1
- IC-2**
- IC-3
- IC-4
- IC-5

IC(2)'s Name Propagates Here			
	ALLEGED		VERIFIED
	DOB/ Age		
	School Name		
	Contact Name		
	School Contact Information		
	To <input type="text"/> <input type="text"/>	Dates of Attendance	To <input type="text"/> <input type="text"/>
	Evidence		<input type="text"/>
	Student exclusion applies?	SM	IM
		<input type="text"/>	<input type="text"/>
	Deeming Allocation Applies?	BM	<input type="text"/>
		<input type="text"/>	<input type="text"/>

List of ICs by Name

BACK

ADD REMARKS

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

SI	<b>IC(3)'s Name Propagates Here</b>					
MI-1	<b>ALLEGED</b>			<b>VERIFIED</b>		
MI-2			DOB/ Age			
IC-1			School Name			
IC-2			Contact Name			
IC-3			School Contact Information			
IC-4			Dates of Attendance	To		
IC-5			Evidence			
			Student exclusion applies?	SM	IM	BM
			Deeming Allocation Applies?			

List of ICs  
by Name

BACK

ADD  
REMARKS

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

- SI
- MI-1
- MI-2
- IC-1
- IC-2
- IC-3
- IC-4
- IC-5

### IC(4)'s Name Propagates Here

	ALLEGED	VERIFIED						
	DOB/ Age							
	School Name							
	Contact Name							
	School Contact Information							
	Dates of Attendance To <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/>						
	Evidence	<input type="text"/>						
	Student exclusion applies?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">SM</th> <th style="width: 33%;">IM</th> <th style="width: 33%;">BM</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SM	IM	BM	<input type="text"/>	<input type="text"/>	<input type="text"/>
SM	IM	BM						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Deeming Allocation Applies?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>						

List of ICs by Name

BACK

ADD REMARKS

# STUDENT INFORMATION

## SYSTEMS DATA

	SY
SI	
MI1	

## My SSR / MSSICS Notes

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

List of ICs  
by Name

BACK

ADD  
REMARKS



# UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?	INTERVIEW		
	SM	IM	BM		SM	IM	BM
SI-TXVI							
SI-TII							
ES-TXVI							
ES-TII							

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

<input type="checkbox"/> NO to ALL	<input checked="" type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Title XVI								
Title 2								
Unstated Income	YES ▼							
VA Pension	NO ▼							
VA Compensation	NO ▼							
Railroad Retirement	NO ▼							
Govt. Pension	NO ▼							
Black Lung	NO ▼							
State Disability Payments	NO ▼							
Foster Care	NO ▼							

Determination

# UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?	INTERVIEW		
	SM	IM	BM		SM	IM	BM
SI-TXVI							
SI-TII							
ES-TXVI							
ES-TII							

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

<input type="checkbox"/> NO to ALL	<input checked="" type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Dividend/Royal	NO	▼	▼	▼	▼	▼	▼	▼
Rent Income	NO	▼	▼	▼	▼	▼	▼	▼
Interest	NO	▼	▼	▼	▼	▼	▼	▼
Gifts	NO	▼	▼	▼	▼	▼	▼	▼
Loans	NO	▼	▼	▼	▼	▼	▼	▼
Support from absent parent	NO	▼	▼	▼	▼	▼	▼	▼
Other cash support	NO	▼	▼	▼	▼	▼	▼	▼
Gambling Income	NO	▼	▼	▼	▼	▼	▼	▼
Miscellaneous	NO	▼	▼	▼	▼	▼	▼	▼
Accelerated LI Payments	NO	▼	▼	▼	▼	▼	▼	▼

Determination

# UNEARNED INCOME

ELEMENT 9

## SYSTEMS DATA MATCH? INTERVIEW

	SM	IM	BM		SM	IM	BM
SI-TXVI				▼			
SI-TII				▼			
ES-TXVI				▼			
ES-TII				▼			

## My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

<input type="checkbox"/> NO to ALL	<input checked="" type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2	<input type="checkbox"/> IC-1	<input type="checkbox"/> IC-2	<input type="checkbox"/> IC-3	<input type="checkbox"/> IC-4	<input type="checkbox"/> IC-5
Energy Assistance	NO ▼	▼	▼	▼	▼	▼	▼	▼
Unemployment	NO ▼	▼	▼	▼	▼	▼	▼	▼
Workers Compensation	NO ▼	▼	▼	▼	▼	▼	▼	▼
Sick Pay	NO ▼	▼	▼	▼	▼	▼	▼	▼
Educational Assistance	NO ▼	▼	▼	▼	▼	▼	▼	▼
Dividend/ Royal	NO ▼	▼	▼	▼	▼	▼	▼	▼
Rent Income	NO ▼	▼	▼	▼	▼	▼	▼	▼
Interest	NO ▼	▼	▼	▼	▼	▼	▼	▼
Gifts	NO ▼	▼	▼	▼	▼	▼	▼	▼
Loans	NO ▼	▼	▼	▼	▼	▼	▼	▼

Determination ▼

### Unstated Income Development Screen

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

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

[Unstated Income Link](#)

Unstated Income Determination

**BACK**

**NEXT**

# UNEARNED INCOME

SI	SI's Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3				
IC-4		Date Began		
IC-5		Date Ended		
		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date		
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved <input type="checkbox"/>
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions VERIFIED</b>	
		<b>Unearned Income 3 VERIFIED</b>	
	ALLEGED	Unearned Income Type	
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED	Unearned Income 4		VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM    IM    BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>

  

Total Number of UM Sources		<b>Additional</b>		Total Number of UM Sources
----------------------------	--	-------------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT



# UNEARNED INCOME

SI	MI1's Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3				
IC-4		Date Began		
IC-5		Date Ended		
		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
		Payment Date		
			SM	IM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	VERIFIED
		<b>Unearned Income 3</b>	VERIFIED
		Unearned Income Type	
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED Unearned Income 4			VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Information						
MI-1		Date Began						
MI-2		Date Ended						
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved					
IC-2		Payment Date						
IC-3			SM IM BM					
IC-4		Gross UM Amounts						
IC-5		Evidence						
<b>Deductions/ Exclusions VERIFIED</b>								
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>								

  

Total Number of UM Sources		Additional		Total Number of UM Sources
----------------------------	--	------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

# UNEARNED INCOME

SI	MI2's Name Propagates Here		
MI-1	ALLEGED	Unearned Income 1	VERIFIED
MI-2	▼	Unearned Income Type	▼
IC-1		Source	
IC-2		Source Contact Information	
IC-3			
IC-4		Date Began	
IC-5	▼	Date Ended	▼
	▼	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
		Payment Date	
			<input type="checkbox"/> SM <input type="checkbox"/> IM <input type="checkbox"/> BM
		Gross UM Amounts	
		Evidence	▼
	Deductions/ Exclusions		VERIFIED
	▼		
	ALLEGED	Unearned Income 2	VERIFIED
	▼	Unearned Income Type	▼
		Source	

Total Gross UM

SI

SM

IM

BM

Total Gross UM

MI-1

SM

IM

BM

Total Gross UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1			
MI-2		Date Began	
IC-1		Date Ended	
IC-2		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-3		Payment Date	SM    IM    BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b> VERIFIED	
		<b>Unearned Income 3</b> VERIFIED	
	ALLEGED	Unearned Income Type	VERIFIED
		Source	
		Source Contact Information	
		Date Began	
		Date Ended	

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

SI			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
MI-1			Payment Date	SM	IM	BM
MI-2			Gross UM Amounts			
IC-1			Evidence			
IC-2	Deductions/ Exclusions			VERIFIED		
IC-3						
IC-4	ALLEGED Unearned Income 4			VERIFIED		
IC-5			Unearned Income Type			
			Source			
			Source Contact Information			
			Date Began			
			Date Ended			
			Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
			Payment Date	SM	IM	BM
			Gross UM Amounts			

Total Gross UM

**SI**

SM

IM

BM

Total Gross UM

**MI-1**

SM

IM

BM

Total Gross UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Information				
MI-1		Date Began				
MI-2		Date Ended				
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved			
IC-2		Payment Date				
IC-3			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
IC-4		Gross UM Amounts				
IC-5		Evidence				
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>			

  

Total Number of UM Sources		<b>Additional</b>		Total Number of UM Sources
----------------------------	--	-------------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM

**SI**

SM	
IM	
BM	

Total Gross UM

**MI-1**

SM	
IM	
BM	

Total Gross UM

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT



# UNEARNED INCOME

SI	IC(1)'s Name Propagates Here		
MI-1	ALLEGED	Unearned Income 1	VERIFIED
MI-2	<input type="text"/>	Unearned Income Type	<input type="text"/>
IC-1	<input type="text"/>	Source	<input type="text"/>
IC-2	<input type="text"/>	Source Contact Information	<input type="text"/>
IC-3	<input type="text"/>	Date Began	<input type="text"/>
IC-4	<input type="text"/>	Date Ended	<input type="text"/>
IC-5	<input type="text"/>	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
	<input type="text"/>	Payment Date	
			<input type="text"/> SM <input type="text"/> IM <input type="text"/> BM
		Gross UM Amounts	<input type="text"/> <input type="text"/> <input type="text"/>
		Evidence	<input type="text"/>
	Deductions/ Exclusions		VERIFIED
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ALLEGED	Unearned Income 2	VERIFIED
	<input type="text"/>	Unearned Income Type	<input type="text"/>
	<input type="text"/>	Source	<input type="text"/>

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information				
MI-1		Date Began				
MI-2		Date Ended				
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved			
IC-2		Payment Date				
IC-3			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
IC-4		Gross UM Amounts				
IC-5		Evidence				

  

Deductions/ Exclusions		VERIFIED

  

Total Number of UM Sources		Additional		Total Number of UM Sources
----------------------------	--	------------	--	----------------------------

  

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

**Total Countable UM**

**SI**

SM

IM

BM

**Total Countable UM**

**MI-1**

SM

IM

BM

**Total Countable UM**

**MI-2**

SM

IM

BM

# UNEARNED INCOME

ELEMENT 9

SI	IC(2)'s Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2		Unearned Income Type		
IC-1		Source		
IC-2		Source Contact Information		
IC-3		Date Began		
IC-4		Date Ended		
IC-5		Pmt. Amount/ Frequency		<input type="checkbox"/> Infrequent or Irregular Income involved
		Payment Date		
				<input type="checkbox"/> SM <input type="checkbox"/> IM <input type="checkbox"/> BM
		Gross UM Amounts		
		Evidence		
		Deductions/ Exclusions		VERIFIED
	ALLEGED	Unearned Income 2		VERIFIED
		Unearned Income Type		
		Source		

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

**Deductions/ Exclusions** VERIFIED

Total Number of UM Sources  **Additional**  Total Number of UM Sources

**Verified Additional Unearned Income Details**

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI	IC(3)'s Name Propagates Here			
MI-1	ALLEGED	Unearned Income 1		VERIFIED
MI-2	<input type="text"/>	Unearned Income Type	<input type="text"/>	<input type="text"/>
IC-1	<input type="text"/>	Source	<input type="text"/>	
IC-2	<input type="text"/>	Source Contact Information	<input type="text"/>	
IC-3	<input type="text"/>	Date Began	<input type="text"/>	
IC-4	<input type="text"/>	Date Ended	<input type="text"/>	
IC-5	<input type="text"/>	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved	
	<input type="text"/>	Payment Date	SM	IM
	<input type="text"/>	Gross UM Amounts	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Evidence	<input type="text"/>	
		Deductions/ Exclusions	VERIFIED	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ALLEGED	Unearned Income 2		VERIFIED
	<input type="text"/>	Unearned Income Type	<input type="text"/>	
	<input type="text"/>	Source	<input type="text"/>	

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information			
MI-1		Date Began			
MI-2		Date Ended			
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
IC-2		Payment Date	SM	IM	BM
IC-3		Gross UM Amounts			
IC-4		Evidence			
IC-5		<b>Deductions/ Exclusions</b>		<b>VERIFIED</b>	

Total Number of UM Sources  **Additional**  Total Number of UM Sources

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

SI	IC(4)'s Name Propagates Here					
MI-1	ALLEGED	Unearned Income 1	VERIFIED			
MI-2	<input type="text"/>	Unearned Income Type	<input type="text"/>			
IC-1	<input type="text"/>	Source	<input type="text"/>			
IC-2	<input type="text"/>	Source Contact Information	<input type="text"/>			
IC-3	<input type="text"/>	Date Began	<input type="text"/>			
IC-4	<input type="text"/>	Date Ended	<input type="text"/>			
IC-5	<input type="text"/>	Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved			
	<input type="text"/>	Payment Date				
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Gross UM Amounts	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>				
		Evidence	<input type="text"/>			
	Deductions/ Exclusions		VERIFIED			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	ALLEGED	Unearned Income 2	VERIFIED			
	<input type="text"/>	Unearned Income Type	<input type="text"/>			
	<input type="text"/>	Source	<input type="text"/>			

Total Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

BACK

ADD  
REMARKS

View  
Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	
		<b>Deductions/ Exclusions</b>	<b>VERIFIED</b>
Total Number of UM Sources		<b>Additional</b>	Total Number of UM Sources
<b>Verified Additional Unearned Income Details</b>			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

**Total Countable UM**  
**SI**

SM

IM

BM

---

**Total Countable UM**  
**MI-1**

SM

IM

BM

---

**Total Countable UM**  
**MI-2**

SM

IM

BM



# UNEARNED INCOME

SI	IC(5)'s Name Propagates Here				
MI-1	ALLEGED	Unearned Income 1		VERIFIED	
MI-2		Unearned Income Type			
IC-1		Source			
IC-2		Source Contact Information			
IC-3					
IC-4		Date Began			
IC-5		Date Ended			
		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved		
		Payment Date			
			SM	IM	BM
		Gross UM Amounts			
		Evidence			
		Deductions/ Exclusions		VERIFIED	
	ALLEGED	Unearned Income 2		VERIFIED	
		Unearned Income Type			
		Source			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

BACK

ADD REMARKS

View Summary

NEXT

# UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	<input type="checkbox"/> Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM IM BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

Deductions/ Exclusions		VERIFIED	

Total Number of UM Sources	<input type="text"/>	Additional	<input type="text"/>	Total Number of UM Sources
----------------------------	----------------------	------------	----------------------	----------------------------

Verified Additional Unearned Income Details			
	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM

**SI**

SM

IM

BM

Total Countable UM

**MI-1**

SM

IM

BM

Total Countable UM

**MI-2**

SM

IM

BM

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

## SYSTEMS DATA

CG Field Codes

SI-RTN

ACCT #

ES-RTN

ACCT #

My SSR / MSSICS Notes:

Address each of the categories listed below for the SI/MI(s) since mm/dd/yyyy

<input type="checkbox"/> NO to ALL	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
Checking Account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings/ Money Market Account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certificate of Deposit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debit Card from a financial institution	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safe Deposit Box	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name appears on someone else's account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior accounts in the last 24 months	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts?

  Override

Determination

MAIN MENU

PREVIOUS

ADD REMARKS

View Summary

COMPLETE

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	<b>SI's Name Propagates Here</b>					
MI-1	ALLEGED	Account 1			VERIFIED	
MI-2		Account Type				
		Financial Institution Information				
		Account Number				
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
		Owner Name(s)				
	SM	IM	BM	SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
	ALLEGED	Account 2			VERIFIED	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	ALLEGED	Account 3	VERIFIED
		Account Type	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	SM IM BM
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	ALLEGED	Account 4	VERIFIED
		Account Type	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

<b>SI</b>	<b>ALLEGED</b>	<b>Account 4</b>	<b>VERIFIED</b>
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	
	SM	IM	BM
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	Total Number of Financial Accounts	Additional	Total Number of Financial Accounts

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	SM	IM	BM		SM	IM	BM
MI-1				Account Balance			
MI-2				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Financial Accounts				Additional			Total Number of Financial Accounts
SM	IM	BM		SM	IM	BM	
			Additional Accounts				
			Number of Savings Accounts				
			Countable Savings Account Balance				
			Number of Checking Accounts				
			Countable Checking Account Balance				
				Were any of these additional accounts ID'd via Geo Search?			

Total Financial Accounts

**SI**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-1**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-2**

SM	0
IM	0
BM	0



# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	MI-1's Name Propagates Here					
MI-1	ALLEGED		Account 1		VERIFIED	
MI-2	<input type="text"/>		Account Type		<input type="text"/>	
	<input type="text"/>		Financial Institution Information		<input type="text"/>	
	<input type="text"/>		Account Number		<input type="text"/>	
	<input type="text"/>		Dedicated Account?		<input type="text"/>	
	<input type="text"/>		Joint Ownership?		<input type="text"/>	
	<input type="text"/>		Dep. by Joint Owner?		<input type="text"/>	
	<input type="text"/>		Owner Name(s)		<input type="text"/>	
	SM	IM	BM	SM	IM	BM
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Evidence		<input type="text"/>	
	<input type="text"/>		ID'd via Geo Search?		<input type="text"/>	
	<input type="text"/>		Excluded for Burial		<input type="text"/>	<input type="text"/>
	<input type="text"/>		Other Exclusion		<input type="text"/>	<input type="text"/>
	<input type="text"/>		Countable Amount		<input type="text"/>	<input type="text"/>
	ALLEGED		Account 2		VERIFIED	

Total Financial Accounts

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Financial Accounts

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 3			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 4			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	Total Number of Financial Accounts			Additional		Total Number of Financial Accounts	

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	SM	IM	BM		SM	IM	BM
MI-1				Account Balance			
MI-2				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Financial Accounts			Additional			Total Number of Financial Accounts	
SM	IM	BM	Additional Accounts		SM	IM	BM
			Number of Savings Accounts				
			Countable Savings Account Balance				
			Number of Checking Accounts				
			Countable Checking Account Balance				
				Were any of these additional accounts ID'd via Geo Search?			

Total Financial Accounts

**SI**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-1**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-2**

SM	0
IM	0
BM	0

BACK

Transfer of Resources

ADD REMARKS

VIEW SUMMARY

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI  
MI-1  
MI-2

<b>MI-2's Name Propagates Here</b>											
ALLEGED			Account 1				VERIFIED				
			Account Type								
			Financial Institution Information								
			Account Number								
			Dedicated Account?								
			Joint Ownership?								
			Dep. by Joint Owner?								
			Owner Name(s)								
SM		IM		BM		SM		IM		BM	
			Account Balance								
			Evidence								
			ID'd via Geo Search?								
			Excluded for Burial								
			Other Exclusion								
			Countable Amount								
ALLEGED			Account 2				VERIFIED				

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 2			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 3			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3			VERIFIED		
MI-1		Account Type					
MI-2		Financial Institution Information					
		Account Number					
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
		Owner Name(s)					
	SM	IM	BM		SM	IM	BM
				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
	ALLEGED	Account 4			VERIFIED		
		Account Type					

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4			VERIFIED	
MI-1		Account Type				
MI-2		Financial Institution Information				
		Account Number				
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
		Owner Name(s)				
	SM	IM	BM	SM	IM	BM
	Account Balance					
	Evidence					
	ID'd via Geo Search?					
			Excluded for Burial			
			Other Exclusion			
	Countable Amount					
	Total Number of Financial Accounts		Additional	Total Number of Financial Accounts		

Total Financial Accounts

**SI**

SM	
IM	
BM	

Total Financial Accounts

**MI-1**

SM	
IM	
BM	

Total Financial Accounts

**MI-2**

SM	
IM	
BM	

# FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	SM	IM	BM		SM	IM	BM
MI-1				Account Balance			
MI-2				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Financial Accounts				Additional			Total Number of Financial Accounts
SM	IM	BM		SM	IM	BM	
			Additional Accounts				
			Number of Savings Accounts				
			Countable Savings Account Balance				
			Number of Checking Accounts				
			Countable Checking Account Balance				
				Were any of these additional accounts ID'd via Geo Search?			

Total Financial Accounts

**SI**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-1**

SM	0
IM	0
BM	0

Total Financial Accounts

**MI-2**

SM	0
IM	0
BM	0

# OTHER LIQUID RESOURCES

ELEMENT 11

## SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

 NO to ALL

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Patient Accounts				
U.S. Savings Bonds				
Promissory Notes				
Stocks				
Bonds				
Mutual Funds				
Trusts				
Retirement Funds				
LI Dividend Accumulations				
Cash on hand				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources?

 Override

[MAIN MENU](#)
[PREVIOUS](#)
[ADD REMARKS](#)
[View Summary](#)
 COMPLETE

[NEXT](#)

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Account 1				VERIFIED		
			Facility Information						
SM	IM	BM					SM	IM	BM
			Account Balance						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						
Total Number of Patient Accounts			Additional				Total Number of Patient Accounts		

Additional Patient Accounts			
	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>SI's Name Propagates Here</b>						
<b>ALLEGED</b>		<b>U.S. Sav. Bond 1</b>			<b>VERIFIED</b>	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
SM	IM	BM				
			Bond Value			
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
<b>ALLEGED</b>		<b>U.S. Sav. Bond 2</b>			<b>VERIFIED</b>	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		<b>Ownership</b>				
		<b>Type (Paper/Electronic)</b>				
		<b>Access to Bond</b>				
	<b>SM</b>	<b>IM</b>	<b>BM</b>	<b>SM</b>	<b>IM</b>	<b>BM</b>
		<b>Bond Value</b>				
		<b>Evidence</b>				
		<b>Excluded for Burial</b>				
		<b>Other Exclusion</b>				
		<b>Countable Amount</b>				
<b>ALLEGED</b>		<b>U.S. Sav. Bond 3</b>		<b>VERIFIED</b>		
		<b>Series</b>				
		<b>Denomination</b>				
		<b>Bond Serial Number</b>				
		<b>Issue Date</b>				
		<b>Ownership</b>				
		<b>Type (Paper/Electronic)</b>				
		<b>Access to Bond</b>				
	<b>SM</b>	<b>IM</b>	<b>BM</b>	<b>SM</b>	<b>IM</b>	<b>BM</b>
		<b>Bond Value</b>				
		<b>Evidence</b>				
		<b>Excluded for Burial</b>				

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>		<b>VERIFIED</b>		
			<b>Series</b>			
			<b>Denomination</b>			
			<b>Bond Serial Number</b>			
			<b>Issue Date</b>			
			<b>Ownership</b>			
			<b>Type (Paper/Electronic)</b>			
			<b>Access to Bond</b>			
<b>SM</b>	<b>IM</b>	<b>BM</b>		<b>SM</b>	<b>IM</b>	<b>BM</b>
			<b>Bond Value</b>			
			<b>Evidence</b>			
			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>		<b>VERIFIED</b>		
			<b>Series</b>			
			<b>Denomination</b>			

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED	U.S. Sav. Bond 5			VERIFIED		
<input type="text"/>	Series	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Denomination	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Bond Serial Number	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Issue Date	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Ownership	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Type (Paper/Electronic)	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Access to Bond	<input type="text"/>		<input type="text"/>		
SM	IM	BM	Bond Value	SM	IM	BM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>		<input type="text"/>		
<input type="text"/>	Excluded for Burial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Other Exclusion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Countable Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of US Savings Bonds		<input type="text"/>	Additional	<input type="text"/>	Total Number of US Savings Bonds	
Additional U.S. Savings Bonds						
<input type="text"/>	SM	IM	BM	<input type="text"/>		
Countable Value		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Total Oth. Liquid Resources

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Promissory Note 1				VERIFIED		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div>						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>						
			Countable Amount						

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

SI

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input style="width: 80px;" type="text"/>
IM	<input style="width: 80px;" type="text"/>
BM	<input style="width: 80px;" type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Stock 1				VERIFIED		
			Stock Name						
			Type of Stock						
			Number of Shares						
			Purchase Date						
			Ownership						
			Brokerage Firm						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<input type="checkbox"/> Excluded for Burial						
			<input type="checkbox"/> Other Exclusion						
			Countable Amount						
ALLEGED			Stock 2				VERIFIED		
			Name of Stock/Symbol						
			Type of Stock						
			Number of Shares						
			Purchase Date						
			Ownership						
			Brokerage Firm						

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

Name of Stock Symbol			Type of Stock		
Number of Shares			Purchase Date		
Ownership			Brokerage Firm		
SM	IM	BM	SM	IM	BM
Amount			Evidence		
Excluded for Burial			Other Exclusion		
Countable Amount					
Total Number of Stocks			Additional		
Additional Stocks					
Countable Value			SM	IM	BM

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds**
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here									
ALLEGED			Bond 1				VERIFIED		
			Bond Name						
			Type of Bond						
			Number of Bonds						
			Purchase Date						
			Ownership						
			Brokerage Firm						
SM	IM	BM					SM	IM	BM
			Bond Value						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						
ALLEGED			Bond 2				VERIFIED		
			Bond Name						
			Type of Bond						
			Number of Bonds						
			Purchase Date						
			Ownership						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Bonds			Additional		Total Number of Bonds	
Additional Bonds						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**SI's Name Propagates Here**

**ALLEGED Trust 1 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼		
	Trustee Contact Information			
	Type of property held in trust			
	Date established			
	Date terminated	▼		
		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

**ALLEGED Trust 2 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼		
	Trustee Contact Information			
	Type of property held in trust			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>ALLEGED</b>		<b>Trust 2</b>		<b>VERIFIED</b>	
	Does the SI/Payee have a copy of the trust?				
	<b>Trustee Contact Information</b>				
	<b>Type of property held in trust</b>				
	<b>Date established</b>				
	<b>Date terminated</b>				
		SM	IM	BM	
	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>Total Number of</b>				<b>Total Number of</b>	

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

<b>SI's Name Propagates Here</b>								
<b>ALLEGED</b>		<b>Retirement Fund 1</b>			<b>VERIFIED</b>			
		Type						
		Administrator						
		▼	Eligible for periodic payments?		▼			
		▼	Can SI withdraw lump sum?		▼			
SM	IM	BM				SM	IM	BM
			Amount					
		Evidence			▼			
		▼	<b>Excluded for Burial</b>					
		<b>Other Exclusion</b>						
		Countable Amount						
Total Number of Retirement Funds			<b>Additional</b>				Total Number of Retirement Funds	

<b>Additional Retirement Funds</b>			
	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here				
ALLEGED	Policy 1	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<input type="checkbox"/> Excluded for Burial			
	Other Exclusion			
	Countable Amount			
ALLEGED	Policy 2	VERIFIED		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<input type="checkbox"/> Excluded for Burial			
	Other Exclusion			
	Countable Amount			
ALLEGED	Policy 3	VERIFIED		
	Insurance Company			

BACK

Transfer of  
ResourcesADD  
REMARKSVIEW  
SUMMARY

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	Countable Amount			
<b>ALLEGED</b>	<b>Policy 4</b>	<b>VERIFIED</b>		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	Countable Amount			
Total Number of Policies with Div. Accumulations	<input type="text"/>	<b>Additional</b>		<input type="text"/>
<b>Additional Policies with Dividend Accumulations</b>				
		SM	IM	BM
Countable Value				

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

SI's Name Propagates Here				
ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-1's Name Propagates Here</b>										
ALLEGED			Account 1				VERIFIED			
			Facility Information							
SM	IM	BM					SM	IM	BM	
			Account Balance							
			Evidence							
			▼	Excluded for Burial						
			Other Exclusion							
			Countable Amount							
Total Number of Patient Accounts			[ ]	Additional		[ ]	Total Number of Patient Accounts			

<b>Additional Patient Accounts</b>				
		SM	IM	BM
Countable Value				

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
▼	Series	▼
	Denomination	
	Bond Serial Number	
	Issue Date	
▼	Ownership	▼
▼	Type (Paper/Electronic)	▼
▼	Access to Bond	▼
SM	IM	BM
	Bond Value	
	Evidence	▼
▼	Excluded for Burial	
	Other Exclusion	
	Countable Amount	
ALLEGED	U.S. Sav. Bond 2	VERIFIED
▼	Series	▼
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Ownership	
		Type (Paper/Electronic)	
		Access to Bond	
SM	IM	BM	SM IM BM
		Bond Value	
		Evidence	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
ALLEGED	U.S. Sav. Bond 3	VERIFIED	
		Series	
		Denomination	
		Bond Serial Number	
		Issue Date	
		Ownership	
		Type (Paper/Electronic)	
		Access to Bond	
SM	IM	BM	SM IM BM
		Bond Value	
		Evidence	
		Excluded for Burial	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

**ELEMENT 11**

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>		<b>VERIFIED</b>		
			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			<b>Excluded for Burial</b>			
			<b>Other Exclusion</b>			
			<b>Countable Amount</b>			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>		<b>VERIFIED</b>		
			Series			
			Denomination			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED	U.S. Sav. Bond 5			VERIFIED	
<input type="text"/>	Series	<input type="text"/>			
<input type="text"/>	Denomination	<input type="text"/>			
<input type="text"/>	Bond Serial Number	<input type="text"/>			
<input type="text"/>	Issue Date	<input type="text"/>			
<input type="text"/>	Ownership	<input type="text"/>			
<input type="text"/>	Type (Paper/Electronic)	<input type="text"/>			
<input type="text"/>	Access to Bond	<input type="text"/>			
SM	IM	BM	SM	IM	BM
<input type="text"/>	Bond Value	<input type="text"/>			
<input type="text"/>	Evidence	<input type="text"/>			
<input type="text"/>	Excluded for Burial	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Other Exclusion	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Countable Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Number of US Savings Bonds	<input type="text"/>	Additional	<input type="text"/>	Total Number of US Savings Bonds	
Additional U.S. Savings Bonds					
<input type="text"/>	SM	IM	BM		
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Total Oth. Liquid Resources

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-1's Name Propagates Here</b>									
<b>ALLEGED</b>			<b>Promissory Note 1</b>				<b>VERIFIED</b>		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Excluded for Burial</span> </div>						
			<div style="border: 1px solid black; padding: 2px;"> <span style="color: red;">Other Exclusion</span> </div>						
			Countable Amount						

Total Number of Promissory Notes		<b>Additional</b>		Total Number of Promissory Notes
----------------------------------	--	-------------------	--	----------------------------------

<b>Additional Promissory Notes</b>			
	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Amount	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

			Name of Stock Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Stocks			Additional		Total Number of Stocks	
Additional Stocks						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here

ALLEGED			Bond 1	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds**
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Bonds		<input type="text"/>	Additional	<input type="text"/>	Total Number of Bonds	
Additional Bonds						
			Countable Value	SM	IM	BM
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds**
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here									
ALLEGED			Mutual Fund 1				VERIFIED		
			Name of Fund						
			Type of Fund						
			Number of Shares						
			Purchase Date						
			Ownership						
			Brokerage Firm						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			<input type="checkbox"/> Excluded for Burial						
			<input type="checkbox"/> Other Exclusion						
			Countable Amount						
Total Number of Mutual Funds <input type="text"/>			Additional				Total Number of Mutual Funds <input type="text"/>		
Additional Mutual Funds									
			SM	IM	BM				
Countable Value			<input type="text"/>	<input type="text"/>	<input type="text"/>				

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

ALLEGED	Trust 1	VERIFIED
---------	---------	----------

	Does the SI/Payee have a copy of the trust?	▼
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	▼
		SM    IM    BM
	Value of Trust	
▼	Excluded for Burial	
	Other Exclusion	
	Countable Amount	

ALLEGED	Trust 2	VERIFIED
---------	---------	----------

	Does the SI/Payee have a copy of the trust?	▼
	Trustee Contact Information	
	Type of property held in trust	

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>ALLEGED</b>		<b>Trust 2</b>		<b>VERIFIED</b>	
	Does the SI/Payee have a copy of the trust?				
	<b>Trustee Contact Information</b>				
	<b>Type of property held in trust</b>				
	<b>Date established</b>				
	<b>Date terminated</b>				
		SM	IM	BM	
	<b>Value of Trust</b>				
	<b>Excluded for Burial</b>				
	<b>Other Exclusion</b>				
	<b>Countable Amount</b>				
<b>Total Number of</b>				<b>Total Number of</b>	

**Total Oth. Liquid Resources**

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-1**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**Total Oth. Liquid Resources**

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

ALLEGED	Retirement Fund 1			VERIFIED			
	Type						
	Administrator						
	▼	Eligible for periodic payments?		▼			
	▼	Can SI withdraw lump sum?		▼			
	SM	IM	BM		SM	IM	BM
				Amount			
				Evidence			▼
	▼	<b>Excluded for Burial</b>					
		<b>Other Exclusion</b>					
		Countable Amount					

Total Number of Retirement Funds

**Additional**

Total Number of Retirement Funds

**Additional Retirement Funds**

	SM	IM	BM
Countable Value	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input style="width: 80%;" type="text"/>
IM	<input style="width: 80%;" type="text"/>
BM	<input style="width: 80%;" type="text"/>

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here			
ALLEGED	Policy 1	VERIFIED	
	Insurance Company		
		SM	IM
	Policy Number		
	Dividend Accumulations		
	<input type="checkbox"/> Excluded for Burial		
	<input type="checkbox"/> Other Exclusion		
	Countable Amount		
ALLEGED	Policy 2	VERIFIED	
	Insurance Company		
		SM	IM
	Policy Number		
	Dividend Accumulations		
	<input type="checkbox"/> Excluded for Burial		
	<input type="checkbox"/> Other Exclusion		
	Countable Amount		
ALLEGED	Policy 3	VERIFIED	
	Insurance Company		

BACK

Transfer of  
ResourcesADD  
REMARKSVIEW  
SUMMARY

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
<input type="checkbox"/>	Excluded for Burial			
	Other Exclusion			
	Countable Amount			
<b>ALLEGED</b>	<b>Policy 4</b>	<b>VERIFIED</b>		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
<input type="checkbox"/>	Excluded for Burial			
	Other Exclusion			
	Countable Amount			
Total Number of Policies with Div. Accumulations	Additional	Total Number of Policies with Div. Accumulations		
<b>Additional Policies with Dividend Accumulations</b>				
		SM	IM	BM
Countable Value				

**BACK**

**Transfer of Resources**

**ADD REMARKS**

**VIEW SUMMARY**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1's Name Propagates Here				
ALLEGED	Cash on Hand		VERIFIED	
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-2's Name Propagates Here**

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Patient Accounts			Additional		Total Number of Patient Accounts	

**Additional Patient Accounts**

	SM	IM	BM
Countable Value			

**Total Oth. Liquid Resources**

**SI**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-1**

SM	
IM	
BM	

**Total Oth. Liquid Resources**

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>						
<b>ALLEGED</b>		<b>U.S. Sav. Bond 1</b>			<b>VERIFIED</b>	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
SM	IM	BM		SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
<b>ALLEGED</b>		<b>U.S. Sav. Bond 2</b>			<b>VERIFIED</b>	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				
ALLEGED		U.S. Sav. Bond 3			VERIFIED	
		Series				
		Denomination				
		Bond Serial Number				
		Issue Date				
		Ownership				
		Type (Paper/Electronic)				
		Access to Bond				
	SM	IM	BM	SM	IM	BM
		Bond Value				
		Evidence				
		Excluded for Burial				

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT



# OTHER LIQUID RESOURCES

**ELEMENT 11**

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		Excluded for Burial					
		Other Exclusion					
		Countable Amount					
<b>ALLEGED</b>		<b>U.S. Sav. Bond 4</b>		<b>VERIFIED</b>			
		Series					
		Denomination					
		Bond Serial Number					
		Issue Date					
		Ownership					
		Type (Paper/Electronic)					
		Access to Bond					
	SM	IM	BM	SM	IM	BM	
				Bond Value			
				Evidence			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
<b>ALLEGED</b>		<b>U.S. Sav. Bond 5</b>		<b>VERIFIED</b>			
		Series					
		Denomination					

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds**
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

	ALLEGED	U.S. Sav. Bond 5	VERIFIED
	<input type="text"/>	Series	<input type="text"/>
	<input type="text"/>	Denomination	<input type="text"/>
	<input type="text"/>	Bond Serial Number	<input type="text"/>
	<input type="text"/>	Issue Date	<input type="text"/>
	<input type="text"/>	Ownership	<input type="text"/>
	<input type="text"/>	Type (Paper/Electronic)	<input type="text"/>
	<input type="text"/>	Access to Bond	<input type="text"/>
	SM	IM	BM
	<input type="text"/>	Bond Value	<input type="text"/>
	<input type="text"/>	Evidence	<input type="text"/>
	<input type="text"/>	Excluded for Burial	<input type="text"/>
	<input type="text"/>	Other Exclusion	<input type="text"/>
	<input type="text"/>	Countable Amount	<input type="text"/>
Total Number of US Savings Bonds	<input type="text"/>	Additional	<input type="text"/>
	Additional U.S. Savings Bonds		
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here									
ALLEGED			Promissory Note 1				VERIFIED		
			Type of Agreement						
			Description						
SM	IM	BM					SM	IM	BM
			Amount						
			Evidence						
			Excluded for Burial						
			Other Exclusion						
			Countable Amount						

<b>Total Number of Promissory Notes</b>	<input type="text"/>	<b>Additional</b>	<input type="text"/>	<b>Total Number of Promissory Notes</b>
---	----------------------	-------------------	----------------------	---

Additional Promissory Notes			
	SM	IM	BM
<b>Countable Value</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Oth. Liquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Oth. Liquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Stock 1	VERIFIED		
			Stock Name			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
ALLEGED			Stock 2	VERIFIED		
			Name of Stock/Symbol			
			Type of Stock			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

Name of Stock Symbol			Type of Stock		
Number of Shares			Purchase Date		
Ownership			Brokerage Firm		
SM	IM	BM	SM	IM	BM
Amount			Evidence		
Excluded for Burial			Other Exclusion		
Countable Amount			Countable Amount		
Total Number of Stocks		Additional	Total Number of Stocks		
Additional Stocks					
Countable Value			SM	IM	BM

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Bond 1	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

ALLEGED			Bond 2	VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM	Bond Value	SM	IM	BM
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			
Total Number of Bonds			Additional		Total Number of Bonds	
Additional Bonds						
			SM	IM	BM	
Countable Value						

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

View Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds**
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

<b>MI-2's Name Propagates Here</b>										
<b>ALLEGED</b>			<b>Mutual Fund 1</b>				<b>VERIFIED</b>			
			Name of Fund							
			Type of Fund							
			Number of Shares							
			Purchase Date							
			Ownership							
			Brokerage Firm							
SM	IM	BM					SM	IM	BM	
			Amount							
			Evidence							
			<input type="checkbox"/>	Excluded for Burial						
			Other Exclusion							
			Countable Amount							
Total Number of Mutual Funds			Additional					Total Number of Mutual Funds		
<b>Additional Mutual Funds</b>										
			SM	IM	BM					
Countable Value										

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	



# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-2's Name Propagates Here**

**ALLEGED Trust 1 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼			
	Trustee Contact Information				
	Type of property held in trust				
	Date established				
	Date terminated	▼			
			SM	IM	BM
	Value of Trust				
	Excluded for Burial	▼			
	Other Exclusion				
	Countable Amount				

**ALLEGED Trust 2 VERIFIED**

	Does the SI/Payee have a copy of the trust?	▼			
	Trustee Contact Information				
	Type of property held in trust				

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

View  
Summary

NEXT

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts**
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

a copy of the trust?

	<b>Trustee Contact Information</b>			
	<b>Type of property held in trust</b>			
	<b>Date established</b>			
	<b>Date terminated</b>			
		SM	IM	BM
	<b>Value of Trust</b>			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	<b>Countable Amount</b>			

  

<b>Total Number of Trusts</b>	<input type="text"/>	<b>Additional</b>	<input type="text"/>	<b>Total Number of Trusts</b>
-------------------------------	----------------------	-------------------	----------------------	-------------------------------

  

<b>Additional Trusts</b>			
	SM	IM	BM
<b>Countable Value</b>			

**Total Oth. Liquid Resources**

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Oth. Liquid Resources**

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Oth. Liquid Resources**

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

**MI-2's Name Propagates Here**

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	
SM	IM	BM
	Amount	
	Evidence	
	Excluded for Burial	
	Other Exclusion	
	Countable Amount	
Total Number of Retirement Funds	<b>Additional</b>	Total Number of Retirement Funds
<b>Additional Retirement Funds</b>		
	SM	IM
Countable Value		

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD REMARKS**

**View Summary**

**NEXT**

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

**MI-1's Name Propagates Here**

**ALLEGED Policy 1 VERIFIED**

	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

**ALLEGED Policy 2 VERIFIED**

	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

**ALLEGED Policy 3 VERIFIED**

	Insurance Company			
--	-------------------	--	--	--

# OTHER LIQUID RESOURCES

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	Countable Amount			
<b>ALLEGED</b>	<b>Policy 4</b>	<b>VERIFIED</b>		
	Insurance Company			
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	<b>Excluded for Burial</b>			
	<b>Other Exclusion</b>			
	Countable Amount			
Total Number of Policies with Div. Accumulations	<input type="text"/>	<b>Additional</b>		<input type="text"/>
<b>Additional Policies with Dividend Accumulations</b>				
		SM	IM	BM
	Countable Value			

**BACK**

**Transfer of Resources**

**ADD REMARKS**

**VIEW SUMMARY**

**NEXT**

# OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand**

MI-2's Name Propagates Here				
ALLEGED	Cash on Hand		VERIFIED	
		SM	IM	BM
	Cash Amounts			
<input type="text"/>	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

**SI**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-1**

SM	
IM	
BM	

Total Oth. Liquid Resources

**MI-2**

SM	
IM	
BM	

**BACK**

**ADD  
REMARKS**

**View  
Summary**

**NEXT**

# NON-HOME PROPERTY

ELEMENT 12

## SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes

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

 Override

Record who owns or is buying non-home property

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Total number of properties




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

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

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

 Override

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

SI  
MI1  
MI2

SI's Name Propagated Here

Property Location  ID'd via Negative Property Search?

**ALLEGED Non-Home Property 1 VERIFIED**

<input type="text"/>	Type of Property	<input type="text"/>
<input type="text"/>	Type of Ownership	<input type="text"/>
	Evidence of Ownership	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Income Producing	<input type="text"/>
SM IM BM		SM IM BM
<input type="text"/>	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>

**ALLEGED Encumbrances VERIFIED**

<input type="text"/>	Does one or more exist?	<input type="text"/>
	Evidence	<input type="text"/>
		SM IM BM
	Amount	<input type="text"/>
	Equity Value	<input type="text"/>
<input type="text"/>	Ownership %	<input type="text"/>
	Excluded?	<input type="text"/>

Reason for Exclusion:

BACK

ADD REMARKS

NEXT



SI			Duration of Ownership			
MI1			Income Producing			
MI2	SM	IM	BM	SM	IM	BM
			CMV			
			Evidence of CMV			

**ALLEGED Encumbrances VERIFIED**

		Does one or more exist?			
		Evidence			
			SM	IM	BM
		Amount			
		Equity Value			
		Ownership %			
		Excluded?			

Reason for Exclusion:

Countable Amount			
------------------	--	--	--

Total Number of Non-Home Properties	<input type="text"/>	<b>Additional</b>	<input type="text"/>	Total Number of Non-Home Properties
-------------------------------------	----------------------	-------------------	----------------------	-------------------------------------

<b>Additional Non-Home Properties</b>			
	SM	IM	BM
Countable Amount			

SI  
MI1  
MI2

MI-1's Name Propagated Here

Property Location

ID'd via Negative Property Search?

**ALLEGED Non Home-Property 1 VERIFIED**

<input type="checkbox"/>			Type of Property	<input type="checkbox"/>		
<input type="checkbox"/>			Type of Ownership	<input type="checkbox"/>		
<input type="checkbox"/>			Evidence of Ownership	<input type="checkbox"/>		
<input type="checkbox"/>			Duration of Ownership	<input type="checkbox"/>		
<input type="checkbox"/>			Income Producing	<input type="checkbox"/>		
SM	IM	BM		SM	IM	BM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			Evidence of CMV	<input type="checkbox"/>		

**ALLEGED Encumbrances VERIFIED**

<input type="checkbox"/>			Does one or more exist?	<input type="checkbox"/>		
<input type="checkbox"/>			Evidence	<input type="checkbox"/>		
<input type="checkbox"/>			Amount	SM	IM	BM
<input type="checkbox"/>			Equity Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			Ownership %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			Excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Exclusion:

BACK

ADD  
REMARKS

NEXT

SI			Duration of Ownership			
MI1			Income Producing			
MI2	SM	IM	BM	SM	IM	BM
			CMV			
	Evidence of CMV					

ALLEGED	<b>Encumbrances</b>	VERIFIED
---------	---------------------	----------

	Does one or more exist?				
	Evidence				
		SM	IM	BM	
	Amount				
	Equity Value				
	Ownership %				
	Excluded?				

Reason for Exclusion:

Countable Amount			
------------------	--	--	--

Total Number of Non-Home Properties

**Additional**

Total Number of Non-Home Properties

**BACK**

**ADD REMARKS**

**NEXT**

SI

MI-2's Name Propagated Here

MI1

Property Location

ID'd via Negative Property Search?

MI2

ALLEGED			Non Home-Property 1			VERIFIED			
<input type="text"/>			Type of Property	<input type="text"/>			<input type="text"/>		
<input type="text"/>			Type of Ownership	<input type="text"/>			<input type="text"/>		
<input type="text"/>			Evidence of Ownership	<input type="text"/>			<input type="text"/>		
<input type="text"/>			Duration of Ownership	<input type="text"/>			<input type="text"/>		
<input type="text"/>			Income Producing	<input type="text"/>			<input type="text"/>		
SM	IM	BM		SM	IM	BM			
<input type="text"/>	<input type="text"/>	<input type="text"/>	CMV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			Evidence of CMV	<input type="text"/>			<input type="text"/>		
ALLEGED			Encumbrances			VERIFIED			
<input type="text"/>			Does one or more exist?	<input type="text"/>			<input type="text"/>		
<input type="text"/>			Evidence	<input type="text"/>			<input type="text"/>		
<input type="text"/>				SM	IM	BM	<input type="text"/>		
<input type="text"/>			Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>			Equity Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>			Ownership %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>			Excluded?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>			Reason for Exclusion:	<input type="text"/>			<input type="text"/>		

BACK

ADD REMARKS

NEXT

SI			Duration of Ownership			
MI1			Income Producing			
MI2	SM	IM	BM	SM	IM	BM
			CMV			
				Evidence of CMV		

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?				
	Evidence				
		SM	IM	BM	
	Amount				
	Equity Value				
	Ownership %				
	Excluded?				

Reason for Exclusion:

Countable Amount

Total Number of Non-Home Properties  **Additional**  Total Number of Non-Home Properties

BACK

ADD REMARKS

NEXT

# NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

SI's Name Propagates Here

MI-1

MI-2

SSN(s) search

SSN(s) search	

Determination Record the number of properties found MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI1's Name Propagates Here

MI-1

SSN Search | Name Search |

MI-2

SSN(s) Search

SSN(s) Search	

Determination Record the number of properties found MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI1's Name Propagates Here

MI-1

MI-2

SSN Search

Name Search

Name(s) Search		
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Jurisdiction Searched	County/Parish/City	ST
<input type="text"/>	<input type="text"/>	<input type="text"/>
Alpha Listing	<input type="text"/>	
Contact Method	<input type="text"/>	
Name of Contact	<input type="text"/>	
Title of Contact	<input type="text"/>	
Date of Contact	<input type="text"/>	<input type="text"/>
Contact Information	<input type="text"/>	

Determination

Record the number of properties found

MAIN  
MENU

PREVIOUS

ADD  
REMARKS
 COMPLETE

NEXT



# NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI2's Name Propagates Here

MI-1

SSN Search | Name Search

MI-2

SSN(s) Search	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Determination

Record the number of properties found

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI2's Name Propagates Here

MI-1

SSN Search | Name Search

MI-2

Name(s) Search		
<input type="text"/>		
<input type="text"/>		
<b>Jurisdiction Searched</b>	<b>County/Parish/City</b>	<b>ST</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Alpha Listing</b>	<input type="text"/>	
<b>Contact Method</b>	<input type="text"/>	
<b>Name of Contact</b>	<input type="text"/>	
<b>Title of Contact</b>	<input type="text"/>	
<b>Date of Contact</b>	<input type="text"/>	
<b>Contact Information</b>	<input type="text"/>	

Determination Record the number of properties found MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# VEHICLES

ELEMENT 14

## SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles?

Override

Record who owns or is buying vehicles.

SI  MI-1  MI-2

Override

SI  MI-1  MI-2

Total number of vehicles

  

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles?

Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

<b>SI</b>	<b>SI's Name Propagates Here</b>			
<b>MI-1</b>	<b>ALLEGED</b>	<b>Vehicle 1</b>		<b>VERIFIED</b>
<b>MI-2</b>		Type of Vehicle		
		Year		
		Make		
		Model		
		VIN		
		Tag Number		
		Use		
		Condition		
		Mileage		
		Duration of Ownership		
		Evidence		
			SM	IM
			BM	
		CMV		
		Evidence of CMV		
		Excluded?		
		Reason for Exclusion		
	<b>ALLEGED</b>	<b>Encumbrances</b>		<b>VERIFIED</b>
		Does one or more exist?		
		Evidence		
			SM	IM
			BM	

**ELEMENT 14**

Total Countable CMV

**SI**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

Total Countable CMV

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

Total Countable CMV

**MI-2**

<b>SM</b>	
<b>IM</b>	
<b>BM</b>	

**BACK**

**ADD REMARKS**

**Transfer of Resources**

**NEXT**

SI	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
MI-1	Countable CMV	<input type="text"/>	<input type="text"/>	<input type="text"/>
MI-2	<b>Vehicle 2</b>		<b>VERIFIED</b>	
	<input type="text"/>	Type of Vehicle	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Make	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Model	<input type="text"/>	<input type="text"/>
	<input type="text"/>	VIN	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Tag Number	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Use	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Condition	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Mileage	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Duration of Ownership	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Evidence	<input type="text"/>	<input type="text"/>
			SM	IM
			BM	
		CMV	<input type="text"/>	<input type="text"/>
		Evidence of CMV	<input type="text"/>	<input type="text"/>
		Excluded?	<input type="text"/>	<input type="text"/>
		Reason for Exclusion	<input type="text"/>	<input type="text"/>
	<b>Encumbrances</b>		<b>VERIFIED</b>	
	<input type="text"/>	Does one or more exist?	<input type="text"/>	<input type="text"/>
		Evidence	<input type="text"/>	<input type="text"/>

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Countable CMV  
**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

SI  
MI-1  
MI-2

	SM	IM	BM
Amount			
Countable CMV			

ELEMENT 14

Total Countable CMV  
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
MI-2

SM	
IM	
BM	

ALLEGED Vehicle 3 VERIFIED

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

ALLEGED Encumbrances VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
----------------------	-------------------------	----------------------

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

ELEMENT 14

Total Countable CMV  
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
MI-2

SM	
IM	
BM	

Condition		
Mileage		
Duration of Ownership		
Evidence		
SM	IM	BM
CMV		
Evidence of CMV		
Excluded?		
Reason for Exclusion		

ALLEGED Encumbrances VERIFIED

Does one or more exist?		
Evidence		
SM	IM	BM
Amount		
Countable CMV		

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

SM	IM	BM
Countable CMV		

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI  
MI-1  
MI-2

MI-1's Name Propagates Here

ALLEGED Vehicle 1 VERIFIED

Type of Vehicle		
Year		
Make		
Model		
VIN		
Tag Number		
Use		
Condition		
Mileage		
Duration of Ownership		
Evidence		
SM	IM	BM
CMV		
Evidence of CMV		
Excluded?		
Reason for Exclusion		

ALLEGED Encumbrances VERIFIED

Does one or more exist?		
Evidence		
SM	IM	BM

ELEMENT 14

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

BACK

ADD REMARKS

Transfer of Resources

NEXT



SI

MI-1

MI-2

Amount			
Countable CMV			

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

**ALLEGED Vehicle 2 VERIFIED**

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	
		SM IM BM
	CMV	
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

**ALLEGED Encumbrances VERIFIED**

	Does one or more exist?	
	Evidence	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI		SM	IM	BM
MI-1	Amount			
MI-2	Countable CMV			
<b>ALLEGED</b>		<b>Vehicle 3</b>		<b>VERIFIED</b>
	Type of Vehicle			
	Year			
	Make			
	Model			
	VIN			
	Tag Number			
	Use			
	Condition			
	Mileage			
	Duration of Ownership			
	Evidence			
		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			
<b>ALLEGED</b>		<b>Encumbrances</b>		<b>VERIFIED</b>
	Does one or more exist?			

**ELEMENT 14**

Total Countable CMV

**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI  
MI-1  
MI-2

ELEMENT 14

**Total Countable CMV**  
**SI**

SM	
IM	
BM	

**Total Countable CMV**

SM	
IM	
BM	

**Total Countable CMV**  
**MI-2**

SM	
IM	
BM	

Condition	
Mileage	
Duration of Ownership	
Evidence	
CMV	SM IM BM
Evidence of CMV	
Excluded?	
Reason for Exclusion	
<b>ALLEGED Encumbrances VERIFIED</b>	
Does one or more exist?	
Evidence	
Amount	SM IM BM
Countable CMV	

Total Number of Vehicles  **Additional**  Total Number of Vehicles

**Additional Vehicles**

Countable CMV	SM	IM	BM

<b>SI</b>	<b>MI-2's Name Propagates Here</b>		
<b>MI-1</b>	<b>ALLEGED</b>	<b>Vehicle 1</b>	<b>VERIFIED</b>
<b>MI-2</b>	<input type="text"/>	Type of Vehicle <input type="text"/>	<input type="text"/>
	<input type="text"/>	Year <input type="text"/>	<input type="text"/>
	<input type="text"/>	Make <input type="text"/>	<input type="text"/>
	<input type="text"/>	Model <input type="text"/>	<input type="text"/>
	<input type="text"/>	VIN <input type="text"/>	<input type="text"/>
	<input type="text"/>	Tag Number <input type="text"/>	<input type="text"/>
	<input type="text"/>	Use <input type="text"/>	<input type="text"/>
	<input type="text"/>	Condition <input type="text"/>	<input type="text"/>
	<input type="text"/>	Mileage <input type="text"/>	<input type="text"/>
	<input type="text"/>	Duration of Ownership <input type="text"/>	<input type="text"/>
	<input type="text"/>	Evidence <input type="text"/>	<input type="text"/>
		SM    IM    BM	
		CMV <input type="text"/>	<input type="text"/>
		Evidence of CMV <input type="text"/>	<input type="text"/>
		Excluded? <input type="text"/>	<input type="text"/>
		Reason for Exclusion <input type="text"/>	<input type="text"/>
	<b>ALLEGED</b>	<b>Encumbrances</b>	<b>VERIFIED</b>
	<input type="text"/>	Does one or more exist? <input type="text"/>	<input type="text"/>
		Evidence <input type="text"/>	<input type="text"/>
		SM    IM    BM	

**ELEMENT 14**

**Total Countable CMV**

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Countable CMV**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

**Total Countable CMV**

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

SI

MI-1

MI-2

Amount			
Countable CMV			

**ELEMENT 14**

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

**Vehicle 2**

ALLEGED	Type of Vehicle	VERIFIED
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	
	CMV	SM IM BM
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

**Encumbrances**

ALLEGED	Does one or more exist?	VERIFIED
	Evidence	

**BACK**

**ADD REMARKS**

**Transfer of Resources**

**NEXT**

SI  
MI-1  
MI-2

	SM	IM	BM
Amount			
Countable CMV			

ELEMENT 14

Total Countable CMV  
**SI**

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV  
**MI-2**

SM	
IM	
BM	

ALLEGED **Vehicle 3** VERIFIED

<input type="text"/>	Type of Vehicle	<input type="text"/>
<input type="text"/>	Year	<input type="text"/>
<input type="text"/>	Make	<input type="text"/>
<input type="text"/>	Model	<input type="text"/>
<input type="text"/>	VIN	<input type="text"/>
<input type="text"/>	Tag Number	<input type="text"/>
<input type="text"/>	Use	<input type="text"/>
<input type="text"/>	Condition	<input type="text"/>
<input type="text"/>	Mileage	<input type="text"/>
<input type="text"/>	Duration of Ownership	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>
		SM IM BM
	CMV	<input type="text"/>
	Evidence of CMV	<input type="text"/>
	Excluded?	<input type="text"/>
	Reason for Exclusion	<input type="text"/>

ALLEGED **Encumbrances** VERIFIED

<input type="text"/>	Does one or more exist?	<input type="text"/>
----------------------	-------------------------	----------------------

SI

MI-1

MI-2

ELEMENT 14

**Total Countable CMV**  
**SI**

SM	
IM	
BM	

**Total Countable CMV**

SM	
IM	
BM	

**Total Countable CMV**  
**MI-2**

SM	
IM	
BM	

Condition		
Mileage		
Duration of Ownership		
Evidence		
SM	IM	BM
CMV		
Evidence of CMV		
Excluded?		
Reason for Exclusion		

**ALLEGED Encumbrances VERIFIED**

Does one or more exist?		
Evidence		
SM	IM	BM
Amount		
Countable CMV		

Total Number of Vehicles

Additional

Total Number of Vehicles

**Additional Vehicles**

SM	IM	BM
Countable CMV		

BACK

ADD REMARKS

Transfer of Resources

NEXT

# LIFE INSURANCE

ELEMENT 15

## SYSTEMS DATA

## My SSR / MSSICS Notes

RE Field Codes		CG Field Codes	
----------------	--	----------------	--

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies?   Override

Record who owns or is buying life insurance policies	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1	<input type="checkbox"/> MI-2
	<input type="checkbox"/> Override	<input type="checkbox"/> SI	<input type="checkbox"/> MI-1
Total number of life insurance policies	<input type="text"/>	<input type="text"/>	<input type="text"/>

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies?   Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT



# LIFE INSURANCE

ELEMENT 15

SI	<b>SI's Policy # 1</b>			<b>SI's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

Total CSV		Total FV
<b>SI</b>		<b>SI</b>
	SM	
	IM	
	BM	
Total CSV		Total FV
<b>MI-1</b>		<b>MI-1</b>
	SM	
	IM	
	BM	
Total CSV		Total FV
<b>MI-2</b>		<b>MI-2</b>
	SM	
	IM	
	BM	

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

  

SI's Policy # 3		SI's Policy # 4	
	Insurance Company Information		
	Contact Information		
	Method of Discovery		
	Policy Number		
	Issue Date		
	Disposal Date		
	Owner(s)		
	Type of Policy		
	Evidence		
	Age at Issue		
	Fully Paid-Up Policy?		
	Does policy produce Dividend Additions?		

  

SM	IM	BM	SM	IM	BM
----	----	----	----	----	----

Total CSV	Total FV
SI	SI
	SM
	IM
	BM
Total CSV	Total FV
MI-1	MI-1
	SM
	IM
	BM
Total CSV	Total FV
MI-2	MI-2
	SM
	IM
	BM

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	DIVIDEND ACCUMULATIONS :			SM	IM	BM
	SM	IM	BM			
MI-1				Face Value		
MI-2				Cash Surrender Value		
				Loans		
				Amount Set Aside for Burial		
				Other Excluded Amounts		
				Countable CSV		
			Does policy produce Dividend Accumulations?			

Total Number of LI policies

**Additional**

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs	<input type="text"/>		
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	SI
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-1	MI-1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-2	MI-2
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**NEXT**

# LIFE INSURANCE

ELEMENT 15

SI	<b>MI-1's Policy # 1</b>			<b>MI-1's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

<b>Total CSV</b>		<b>Total FV</b>	
<b>SI</b>		<b>SI</b>	
	SM		
	IM		
	BM		
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-1</b>		<b>MI-1</b>	
	SM		
	IM		
	BM		
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-2</b>		<b>MI-2</b>	
	SM		
	IM		
	BM		

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

## MI-1's Policy # 3

## MI-1's Policy # 4

	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM	SM	IM	BM
----	----	----	----	----	----

Total CSV		Total FV	
SI	SM	SI	SM
	IM		IM
	BM		BM
Total CSV		Total FV	
MI-1	SM	MI-1	SM
	IM		IM
	BM		BM
Total CSV		Total FV	
MI-2	SM	MI-2	SM
	IM		IM
	BM		BM

BACK

ADD REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI	DIVIDEND ACCUMULATIONS:				DIVIDEND ACCUMULATIONS:		
	SM	IM	BM		SM	IM	BM
MI-1				Face Value			
MI-2				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			
				Does policy produce Dividend Accumulations?			

Total Number of LI policies

**Additional**

Total Number of LI policies

All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs <input type="text"/>			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV	Total FV
SI	SI
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-1	MI-1
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total CSV	Total FV
MI-2	MI-2
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**NEXT**

# LIFE INSURANCE

ELEMENT 15

SI	<b>MI-2's Policy # 1</b>			<b>MI-2's Policy # 2</b>		
MI-1	Insurance Company					
MI-2	Contact Information					
	Method of Discovery					
	Policy Number					
	Issue Date					
	Disposal Date					
	Owner(s)					
	Type of Policy					
	Evidence					
	Age at Issue					
	Fully Paid-Up Policy?					
	Does policy produce Dividend Additions?					
	SM	IM	BM	SM	IM	BM
	Face Value					
	Cash Surrender Value					
	Loans					
	Amount Set Aside for Burial					
	Other Excluded Amounts					

<b>Total CSV</b>		<b>Total FV</b>	
<b>SI</b>		<b>SI</b>	
	SM		
	IM		
	BM		
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-1</b>		<b>MI-1</b>	
	SM		
	IM		
	BM		
<b>Total CSV</b>		<b>Total FV</b>	
<b>MI-2</b>		<b>MI-2</b>	
	SM		
	IM		
	BM		

BACK

ADD  
REMARKS

NEXT

# LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts			
MI-1				Countable CSV			
MI-2				Does policy produce Dividend Accumulations?			

## MI-2's Policy # 3

## MI-2's Policy # 4

	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM	SM	IM	BM
----	----	----	----	----	----

Total CSV	Total FV
SI	SI
	SM
	IM
	BM
Total CSV	Total FV
MI-1	MI-1
	SM
	IM
	BM
Total CSV	Total FV
MI-2	MI-2
	SM
	IM
	BM

BACK

ADD REMARKS

NEXT





# OTHER NONLIQUID RESOURCES

ELEMENT 16

## SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes:

|

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy?

 Override

Record who owns or is buying nonliquid resources

 SI

 MI-1

 MI-2

 Override

 SI

 MI-1

 MI-2

Total number of nonliquid resources:




Check to display a list of possible non-liquid resources.

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources?

 Override

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# NONLIQUID RESOURCES

SI	<b>SI's Name Propagates Here</b>										
MI-1	<b>ALLEGED</b>			<b>Resource 1</b>			<b>VERIFIED</b>				
MI-2	<input type="text"/>   <input type="text"/>			Type of Resource			<input type="text"/>				
				Evidence of Ownership			<input type="text"/>				
				Duration of Ownership			<input type="text"/>				
	SM	IM	BM		SM	IM	BM		SM	IM	BM
				CMV							
				Evidence of CMV			<input type="text"/>				
				Ownership %							
	<b>ALLEGED</b>			<b>Encumbrances</b>			<b>VERIFIED</b>				
	<input type="text"/>			Does one or more exist?			<input type="text"/>				
				Evidence			<input type="text"/>				
							SM	IM	BM		
				Amount							
	<input type="text"/>			Excluded for Burial							
				Other Exclusion							
				Countable Amount							
	Total Number of Nonliquid Resources <input type="text"/>			Additional <input type="text"/>			Total Number of Nonliquid Resources <input type="text"/>				
	Additional Nonliquid Resources <input type="text"/>										

Total NonLiquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# NONLIQUID RESOURCES

SI	MI-1's Name Propagates Here								
MI-1	ALLEGED			Resource 1			VERIFIED		
MI-2	<input type="text"/>			Type of Resource			<input type="text"/>		
	<input type="text"/>			Evidence of Ownership			<input type="text"/>		
	<input type="text"/>			Duration of Ownership			<input type="text"/>		
	SM	IM	BM				SM	IM	BM
	<input type="text"/>			CMV			<input type="text"/>		
	<input type="text"/>			Evidence of CMV			<input type="text"/>		
	<input type="text"/>			Ownership %			<input type="text"/>		
	ALLEGED			Encumbrances			VERIFIED		
	<input type="text"/>			Does one or more exist?			<input type="text"/>		
	<input type="text"/>			Evidence			<input type="text"/>		
							SM	IM	BM
	<input type="text"/>			Amount			<input type="text"/>		
	<input type="text"/>			Excluded for Burial			<input type="text"/>		
	<input type="text"/>			Other Exclusion			<input type="text"/>		
	<input type="text"/>			Countable Amount			<input type="text"/>		
	<input type="text"/>			Additional			<input type="text"/>		
	Total Number of Nonliquid Resources						Total Number of Nonliquid Resources		

Total NonLiquid Resources

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

# NONLIQUID RESOURCES

SI	MI-1's Name Propagates Here									
MI-1	ALLEGED			Resource 1				VERIFIED		
MI-2	<input type="text"/>   <input type="text"/>			Type of Resource				<input type="text"/>		
				Evidence of Ownership				<input type="text"/>		
				Duration of Ownership				<input type="text"/>		
	SM	IM	BM					SM	IM	BM
	<input type="text"/>	<input type="text"/>	<input type="text"/>	CMV				<input type="text"/>	<input type="text"/>	<input type="text"/>
				Evidence of CMV				<input type="text"/>		
				Ownership %				<input type="text"/>	<input type="text"/>	<input type="text"/>
	ALLEGED			Encumbrances				VERIFIED		
	<input type="text"/>			Does one or more exist?				<input type="text"/>		
				Evidence				<input type="text"/>		
								SM	IM	BM
				Amount				<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>			Excluded for Burial				<input type="text"/>	<input type="text"/>	<input type="text"/>
				Other Exclusion				<input type="text"/>	<input type="text"/>	<input type="text"/>
				Countable Amount				<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Nonliquid Resources		<input type="text"/>		Additional		<input type="text"/>		Total Number of Nonliquid Resources		
Additional Nonliquid Resources										

Total NonLiquid Resources

SI

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

MI-1

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total NonLiquid Resources

MI-2

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# NONLIQUID RESOURCES

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			
<b>ALLEGED</b>		<b>Encumbrances</b>			<b>VERIFIED</b>		
		Does one or more exist?					
		Evidence					
		Amount	SM	IM	BM		
		Excluded for Burial					
		Other Exclusion					
		Countable Amount					
Total Number of Nonliquid Resources			<b>Additional</b>			Total Number of Nonliquid Resources	
<b>Additional Nonliquid Resources</b>							
		SM	IM	BM			
Countable Amount							

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

# NONLIQUID RESOURCES

SI	MI-2's Name Propagates Here																
MI-1	ALLEGED			Resource 1			VERIFIED										
MI-2	Type of Resource																
			Evidence of Ownership														
			Duration of Ownership														
SM			IM			BM			SM			IM			BM		
			CMV														
			Evidence of CMV														
			Ownership %														
ALLEGED			Encumbrances						VERIFIED								
			Does one or more exist?														
			Evidence														
						SM			IM			BM					
			Amount														
			Excluded for Burial														
			Other Exclusion														
			Countable Amount														
Total Number of Nonliquid Resources						Additional						Total Number of Nonliquid Resources					
Additional Nonliquid Resources																	

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT

# NONLIQUID RESOURCES

SI				Duration of Ownership			
MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			
<b>ALLEGED</b>				<b>Encumbrances</b>	<b>VERIFIED</b>		
				Does one or more exist?			
				Evidence			
				Amount	SM	IM	BM
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			
Total Number of Nonliquid Resources				<b>Additional</b>			
				<b>Additional Nonliquid Resources</b>			
		SM	IM	BM			
Countable Amount							

Total NonLiquid Resources

**SI**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-1**

SM	
IM	
BM	

Total NonLiquid Resources

**MI-2**

SM	
IM	
BM	

BACK

ADD REMARKS

NEXT



# BURIAL ASSETS

ELEMENT 17

## SYSTEMS DATA

RE Field Codes

CG Field Codes

## My SSR / MSSICS Notes

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial?

Override

Record who owns or is buying burial assets.

SI

MI-1

MI-2

Override

SI

MI-1

MI-2

Total number of burial assets

Check to display a list of possible burial assets.

- 1. Burial Contracts
- 2. Burial Trusts
- 3. Cemetery Lot
- 4. Crypt
- 5. Casket
- 6. Urn
- 7. Headstone
- 8. Marker

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial?

Override

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

SI's Name Propagates Here			
	Asset 1		VERIFIED
<div style="border: 1px solid black; padding: 2px;"> <input type="text" value=""/> </div>	<div style="border: 1px solid black; padding: 2px;">                     Type of Burial Asset <span style="float: right;">▼</span> </div>		
	Source Information		
	Asset Location		
	Identifier		
	Owner Name		
	Designee		
<div style="border: 1px solid black; padding: 2px; width: 100px;"> <input type="text" value=""/> </div>	Date Asset Designated for Burial	<input style="width: 100%;" type="text" value=""/>	
	Irrevocable	<input type="text" value=""/>	
		SM	IM
	Total Value		
	Exclusion Applies	<input type="text" value=""/>	<input type="text" value=""/>
	Countable Value		
	Asset 2		VERIFIED
<div style="border: 1px solid black; padding: 2px;"> <input type="text" value=""/> </div>	Type of Burial Asset <span style="float: right;">▼</span>		
	Source Information		

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	Additional	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

**MI-1's Name Propagates Here**

	Asset 1	
ALLEGED	Type of Burial Asset	VERIFIED
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	
		SM    IM    BM
	Total Value	
	Exclusion Applies	
	Countable Value	
	Asset 2	
ALLEGED	Type of Burial Asset	VERIFIED
	Source Information	

Total Burial Assets

**SI**

SM	
IM	
BM	

Total Burial Assets

**MI-1**

SM	
IM	
BM	

Total Burial Assets

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	Additional	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

**MI-2's Name Propagates Here**

	Asset 1	
ALLEGED	Type of Burial Asset	VERIFIED
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	
		SM    IM    BM
	Total Value	
	Exclusion Applies	
	Countable Value	
	Asset 2	
ALLEGED	Type of Burial Asset	VERIFIED
	Source Information	

Total Burial Assets

**SI**

SM	
IM	
BM	

Total Burial Assets

**MI-1**

SM	
IM	
BM	

Total Burial Assets

**MI-2**

SM	
IM	
BM	

BACK

ADD  
REMARKS

NEXT

# BURIAL ASSETS

ELEMENT 17

SI						
MI1		Asset Location				
MI2		Identifier				
		Owner Name				
		Designee				
		Date Asset Designated for Burial				
		Irrevocable	<input type="checkbox"/>			
			<table border="1"> <tr> <td>SM</td> <td>IM</td> <td>BM</td> </tr> </table>	SM	IM	BM
SM	IM	BM				
		Total Value				
		Exclusion Applies	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		Countable Value				

  

Total Number of Burial Assets	<input type="text"/>	<b>Additional</b>	<input type="text"/>	Total Number of Burial Assets
-------------------------------	----------------------	-------------------	----------------------	-------------------------------

  

Additional Burial Assets			
	SM	IM	BM
Countable Value	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Burial Assets

**SI**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-1**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

Total Burial Assets

**MI-2**

SM	<input type="text"/>
IM	<input type="text"/>
BM	<input type="text"/>

BACK

ADD REMARKS

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI  
MI-1  
MI-2

SI's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
<input type="text"/>	Type of Resource	<input type="text"/>
<input type="text"/>	Description	<input type="text"/>
<input type="text"/>	Owner(s) Name	<input type="text"/>
<input type="text"/>	Date of Transfer	<input type="text"/>
<input type="text"/>	Receiver's Contact Information	<input type="text"/>
<input type="text"/>	Type of Transfer	<input type="text"/>
<input type="text"/>	Compensation Received	<input type="text"/>
<input type="text"/>	FMV	<input type="text"/>
<input type="text"/>	Evidence	<input type="text"/>

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

### Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT



# TRANSFER OF RESOURCES

ELEMENT 18

SI	Received		
MI-1	FMV		
MI-2	Evidence		
Explanation of Transfer			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			
Total Number of Transfers	Additional		Total Number of Transfers
Additional Transfers			
Type of Resource			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	MI-1's Name Propagates Here	
MI-1	ALLEGED	Transfer 1
MI-2		VERIFIED
	<input type="text"/>	Type of Resource <input type="text"/>
	<input type="text"/>	Description <input type="text"/>
	<input type="text"/>	Owner(s) Name <input type="text"/>
	<input type="text"/>	Date of Transfer <input type="text"/>
	<input type="text"/>	Receiver's Contact Information <input type="text"/>
	<input type="text"/>	Type of Transfer <input type="text"/>
	<input type="text"/>	Compensation Received <input type="text"/>
		FMV <input type="text"/>
		Evidence <input type="text"/>
Explanation of Transfer		
<input type="text"/>		
Determination <input type="text"/>		
Did the uncompensated value cause ineligibility? <input type="text"/>		
Uncompensated Value <input type="text"/>		

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI  
MI-1  
MI-2

Received	
FMV	
Evidence	

### Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers

Additional

Total Number of Transfers

### Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	MI-1's Name Propagates Here	
MI-1	ALLEGED	Transfer 1
MI-2	VERIFIED	
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	
Explanation of Transfer		
Determination		
Did the uncompensated value cause ineligibility?		
Uncompensated Value		

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# TRANSFER OF RESOURCES

ELEMENT 18

SI	Received		
MI-1	FMV		
MI-2	Evidence		
Explanation of Transfer			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			
Total Number of Transfers	Additional	Total Number of Transfers	
Additional Transfers			
Type of Resource			
Determination			
Did the uncompensated value cause ineligibility?			
Uncompensated Value			
Period of Ineligibility: From: To:			

## Transfers Indicated

- Financial Accounts (10)
- Other Liquid Resources (11)
- Non-Home Property (12)
- Vehicles (14)
- Life Insurance (15)
- Other Nonliquid Resources (16)
- Burial Assets (17)

MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES    SI/MI INCOME    IC INCOME

	TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI									
MI-1									
MI-2									

	SM	IM	BM	Number
<b>US SAVINGS BONDS</b>				
SI				
MI-1				
MI-2				
<b>PROMISSORY NOTES</b>				
SI				
MI-1				
MI-2				
<b>STOCKS</b>				
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
<b>CHECKING</b>				
SI				
MI-1				
MI-2				
<b>SAVINGS</b>				
	SM	IM	BM	Number
<b>FINANCIAL INSTITUTION</b>				
SI				
MI-1				
MI-2				
<b>PATIENT ACCOUNTS</b>				
SI				

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES

SI/MI INCOME

IC INCOME

MI-1				
MI-2				

**BONDS**

SI				
MI-1				
MI-2				

**MUTUAL FUNDS**

SI				
MI-1				
MI-2				

**TRUSTS**

SI				
MI-1				
MI-2				

**RETIREMENT FUNDS**

SI				
MI-1				
MI-2				

**LI DIVIDEND ACCUMULATIONS**

SI				
----	--	--	--	--

PATIENT ACCOUNTS				
SI				
MI-1				
MI-2				

**TOTAL SAVINGS**  
**FINANCIAL + PATIENT ACCOUNTS**

SI				
MI-1				
MI-2				

**VEHICLES**

SI				
MI-1				
MI-2				

**LIFE INSURANCE**

SI				
MI-1				
MI-2				

**BURIAL ASSETS**

SI				
----	--	--	--	--



MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES   SI/MI INCOME   IC INCOME

### TRUSTS

SI				
MI-1				
MI-2				

### RETIREMENT FUNDS

SI				
MI-1				
MI-2				

### LI DIVIDEND ACCUMULATIONS

SI				
MI-1				
MI-2				

### CASH ON HAND

SI				
MI-1				
MI-2				

### VEHICLES

SI				
MI-1				
MI-2				

### LIFE INSURANCE

SI				
MI-1				
MI-2				

### BURIAL ASSETS

SI				
MI-1				
MI-2				

### NON HOME PROPERTY

SI				
MI-1				
MI-2				

Determination

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT



# SUMMARIES

ELEMENT 19

RESOURCES **SI/MI INCOME** IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

**Total Deductions/ Exclusion Amounts Unearned Income**

	SI		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	MI-1		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			

**Total Deductions/ Exclusion Amounts Earned Income**

	SI		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	MI-1		
Cafeteria Plan			
Student Earned Income			

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT



# SUMMARIES

ELEMENT 19

RESOURCES

SI/MI INCOME

IC INCOME

Additional UM Exclusions/Deductions			
	<b>MI-2</b>		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			

**MI-2**

Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			

**Earned Income Determination**

MAIN MENU

BACK

ADD REMARKS

COMPLETE

NEXT

# SUMMARIES

ELEMENT 19

RESOURCES | S/MI INCOME | **IC INCOME**

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

**Total Deductions/ Exclusion Amounts Unearned Income**

	IC-1		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-2			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-3			

**Total Deductions/ Exclusion Amounts Earned Income**

	IC-1		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-2			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

**MAIN MENU**

**BACK**

**ADD REMARKS**

**COMPLETE**

**NEXT**

# SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | **IC INCOME**

Additional UM Exclusions/Deductions			
<b>IC-3</b>			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
<b>IC-4</b>			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
<b>IC-5</b>			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Excl/Dedct			

Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
<b>IC-3</b>			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
<b>IC-4</b>			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
<b>IC-5</b>			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			



# REPRESENTATIVE PAYEE

ELEMENT 20

## SYSTEMS DATA

## My SSR / MSSICS Notes

Name

Selection Date

Payee Type

Competency Code

Custody Code

**SAMPLED  
INDIVIDUAL**

Is there an alleged or observed need for payee development?

If yes, indicate the need

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# REPRESENTATIVE PAYEE

ELEMENT 20

## SYSTEMS DATA

Name

Selection Date

Payee Type

**ELIGIBLE SPOUSE**

Competency Code

Custody Code

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD  
REMARKS

NEXT

# DEATH OF MATERIAL INDIVIDUAL

ELEMENT 21

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Did the deceased MI (s) affect payment/eligibility during the sample period?

Name

SSN

Relationship

Date of Death

Evidence

Name

SSN

Relationship

Date of Death

Evidence

Determination

MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

# POTENTIAL ENTITLEMENT

ELEMENT 22

My SSR / MSSICS Notes

**Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:**

Served in the Military?  ▾

Belonged to a Labor Union?  ▾

Worked for the Federal Government?  ▾

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**

**MAIN MENU**

**PREVIOUS**

**ADD REMARKS**

**COMPLETE**

**NEXT**



# POTENTIAL ENTITLEMENT - OTHER BENEFITS

Person with Military service    Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

---

Person with Military service    Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Military service benefits

Reason for Denial

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**BACK**

**ADD REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Status of claim for Military service benefits

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO  Reason

Person with Military service  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Military service benefits

Reason for Denial

Branch of Service	Service number	Period or length of service
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

Union Member	<input type="text"/>	SSN	<input type="text"/>	Relationship to SI	<input type="text"/>
Status of claim for Union benefits	<input type="text"/>	Claim or ID number	<input type="text"/>		
Union name	<input type="text"/>				
Employer(s)			Period or length of employment		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		

Referral to FO  Reason

---

Union Member	<input type="text"/>	SSN	<input type="text"/>	Relationship to SI	<input type="text"/>
Status of claim for Union benefits	<input type="text"/>	Claim or ID number	<input type="text"/>		
Reason for Denial	<input type="text"/>				
Union name	<input type="text"/>				
Employer(s)			Period or length of employment		
<input type="text"/>			<input type="text"/>		

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Referral to FO  Reason

Union Member  SSN  Relationship to SI

Status of claim for Union benefits  Claim or ID number

Reason for Denial

Union name

Employer(s)	Period or length of employment

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION **FED** STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Federal Employee   SSN  Relationship to SI    
 Status of claim for Federal employment benefits   Claim or ID number

Employer(s)	Period or length of employment

Referral to FO   Reason

Federal Employee   SSN  Relationship to SI    
 Status of claim for Federal employment benefits   Claim or ID number

Reason for Denial   
 Employer(s)  Period or length of employment

BACK

ADD  
REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION **FED** STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION


Referral to FO  Reason

Federal Employee  SSN  Relationship to SI   
 Status of claim for Federal employment benefits  Claim or ID number

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED **STATE/ LOCAL** RAILROAD OTH COUNTRY PRIVATE PENSION

State/Local Employee    Relationship to SI

Status of claim for State/Local benefits   Claim or ID number

Employer(s)	Period or length of employment

Referral to FO   Reason

---

State/Local Employee    Relationship to SI

Status of claim for State/Local benefits   Claim or ID number

Reason for Denial

Employer(s)	Period or length of employment

**BACK**

**ADD REMARKS**

**Go to T II**

**NEXT**

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Referral to FO  Reason

State/Local Employee  SSN  Relationship to SI   
 Status of claim for State/Local benefits  Claim or ID number

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO



# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL **RAILROAD** OTH COUNTRY PRIVATE PENSION

Railroad Employee  SSN  Relationship to SI

Status of claim for Railroad employment benefits

RR Claim number

Employer(s)	Period or length of employment

Referral to FO  Reason

Railroad Employee  SSN  Relationship to SI

Status of claim for Railroad employment benefits

Reason for Denial

RR Claim number

Employer(s)	Period or length of employment

# POTENTIAL ENTITLEMENT - OTHER BENEFITS


Employer(s)	Period or length of employment

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD **OTH COUNTRY** PRIVATE PENSION

Foreign Employee	<input type="text"/>	SSN	<input type="text"/>	Relationship to SI	<input type="text"/>
Status of claim for Foreign employment benefits	<input type="text"/>	Claim or ID number	<input type="text"/>		
Country(ies)			Period or length of employment		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
Referral to FO	<input type="text"/>	Reason	<input type="text"/>		

---

Foreign Employee	<input type="text"/>	SSN	<input type="text"/>	Relationship to SI	<input type="text"/>
Status of claim for Foreign employment benefits	<input type="text"/>	Claim or ID number	<input type="text"/>		
Reason for Denial	<input type="text"/>				
Country(ies)			Period or length of employment		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD **OTH COUNTRY** PRIVATE PENSION


Referral to FO  Reason

Foreign Employee  SSN  Relationship to SI   
 Status of claim for Foreign employment benefits  Claim or ID number

Reason for Denial

Country(ies)	Period or length of employment

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION

Employee  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Claim or ID number

Status of claim for Private Sector employment benefits

Employer(s)	Period or length of employment

Referral to FO  Reason

Employee  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?

Claim or ID number

Status of claim for Private Sector employment benefits

Reason for Denial

Employer(s)	Period or length of employment

# POTENTIAL ENTITLEMENT - OTHER BENEFITS

MIL UNION FED STATE/ LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION


Referral to FO  Reason

Employee  SSN  Relationship to SI

Was the employee age 24 or younger during all periods of employment?  Claim or ID number

Status of claim for Private Sector employment benefits

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK

ADD REMARKS

Go to T II

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

SI Date of Birth  ES Date of Birth

Has the SI ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.  
 Consider all prior periods of SSI entitlements as well as the current period.

Is the SI within 4 months of age 62 or older?

Is the SI insured per PEBES or other queries?

Referral to FO  Reason

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

Has the SI ever applied for disability benefits on his/her own record?

Is the SI insured per DISCO or other queries?

Referral to FO  Reason

BACK

ADD  
REMARKS

NEXT



# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Mother's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>
--------------------	----------------------	-----	----------------------

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Child Benefits

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
Mother's Name	<input type="text"/>	SSN	<input type="text"/>
Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Spouse Benefits

Was the SI ever married?

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

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-SURVIVOR

## Spouse Benefits

Was the SI ever married?

Has the SI ever applied for benefits from current or prior Spouse?

Did the SI have any marriages that lasted at least 10 years

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

Spouse's Name	<input type="text"/>	SSN	<input type="text"/>
Spouse's Name	<input type="text"/>	SSN	<input type="text"/>

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO	<input type="text"/>	Reason	<input type="text"/>
----------------	----------------------	--------	----------------------

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
Mother's Name	<input type="text"/>	SSN	<input type="text"/>
Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Child Benefits

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

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

## Widow(er) benefits

BACK

ADD  
REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Widow(er) benefits

Was the SI ever married?

Has the SI ever applied for benefits from deceased Spouse?  Is the SI disabled?

Did the SI have any marriages that lasted at least 10 years?

Did the SI have a marriage that lasted 9 months that did not end in divorce?

Does the SI have a child in-care under age 16 or disabled and receiving benefits?

Spouse's Name	<input type="text"/>	SSN	<input type="text"/>
Spouse's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

Referral to FO  Reason

### Parent's benefits

Was the SI the Parent of a deceased worker?

Worker's Name	<input type="text"/>	SSN	<input type="text"/>
Worker's Name	<input type="text"/>	SSN	<input type="text"/>

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

Has the ES ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age. Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older?

Is the ES insured per PEBES or other queries?

Referral to FO

Reason

BACK

ADD  
REMARKS

NEXT



# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

Has the ES ever applied for disability benefits on his/her own record?

Is the ES insured per DISCO or other queries?

Referral to FO |  | Reason

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits?

Father's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Mother's Name	<input type="text"/>	SSN	<input type="text"/>
---------------	----------------------	-----	----------------------

Grandparent's Name	<input type="text"/>	SSN	<input type="text"/>
--------------------	----------------------	-----	----------------------

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO	<input type="text"/>	Reason	<input type="text"/>
----------------	----------------------	--------	----------------------

## Spouse's Benefits

**BACK**

**ADD  
REMARKS**

**NEXT**

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Spouse's Benefits

Is the SI entitled to RIB/DIB benefits?

Has the ES ever applied for benefits on the SI's record ?  Is the ES 62 years of age or 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?

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 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-SURVIVOR

## Disabled Adult Child (DAC) Benefits

Has the ES ever applied for benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased?

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

## Widow(er)'s Benefits

BACK

ADD REMARKS

NEXT

# POTENTIAL ENTITLEMENT - TITLE II

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-SURVIVOR

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO  Reason

## Widow(er)'s Benefits

Did the ES have any prior marriages?

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?

Referral to FO  Reason

BACK

ADD REMARKS

NEXT

# FRAUD

ELEMENT 23

My SSR / MSSICS Notes

Is fraud suspected?

Reason

MAIN  
MENU

PREVIOUS

ADD  
REMARKS

COMPLETE

NEXT

# EXCLUSIONS

ELEMENT 24

Is this case excluded?

Reason for exclusion

[Link to QR section](#)MAIN  
MENU

PREVIOUS

ADD  
REMARKS COMPLETE

NEXT

## **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 [www.socialsecurity.gov](http://www.socialsecurity.gov) 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 *Paperwork Reduction Act of 1995*. 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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***