

# SUPPLEMENTAL SECURITY INCOME - QUALITY REVIEW CASE ANALYSIS

1. SSN \_\_\_\_\_ ES SSN \_\_\_\_\_ SM \_\_\_\_\_  
2. Type of Review:  Stewardship  IDA  Other \_\_\_\_\_  
APQB/SO \_\_\_\_\_ State of Residence \_\_\_\_\_ SSA-FO Code \_\_\_\_\_

## SSR DOCUMENTATION

## FIELD REVIEW DOCUMENTATION

1. Name of Sampled Individual: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Material Individual(s):  None  
 Payee \_\_\_\_\_  
 Ineligible Spouse  
 Eligible Spouse  
 Parent(s)  
 Spouse of Parent  
 Ineligible Child  
 Alien Sponsor/Spouse  
 Essential Person
5. Name(s) of MI(s): \_\_\_\_\_
6. Address: Same as SI  Yes  No  
\_\_\_\_\_
7. Limited Review Indicators:  
 None  
 Goldberg/Kelly  
 Death  
 No Payment in Sample Period  
 Sampled Checks Returned Timely  
 Address Change Outside Review Area  
 Special Deeming  
 Other \_\_\_\_\_
8. Federal Budget Month: \_\_\_\_\_
9. State Budget Month \_\_\_\_\_
10. Last effective RZ date: \_\_\_\_\_

1. Interview date: \_\_\_\_\_
2. SI's Existence Verified By:  
 Direct Observation  
 Other, Explain \_\_\_\_\_
3. MIs Listed Contacted:  
 Yes  
 No, Explain \_\_\_\_\_
4. Address/Telephone Entries  
Correct on SSR:  
 Yes  No, Correct: \_\_\_\_\_
5. Others Contacted:  
 Legal Guardian  
 Institutional Officer  
 Interpreter/Assistant
6.  Death Precluded Interview:  
Date of Death \_\_\_\_\_
7. Federal Budget Month: \_\_\_\_\_
8. State Budget Month: \_\_\_\_\_
9.  (Stewardship Review Only) CFR not requested as the only deficiency is beneficiary caused and information obtained during the review clearly shows deficiency occurred after last official contact and no pertinent data could be obtained by reviewing the casefile.
10. Case Excluded: Code \_\_\_\_\_  
Reason for exclusion: \_\_\_\_\_

1. SSN

SI \_\_\_\_\_

ES \_\_\_\_\_

Verified: \_\_\_\_\_

CF/SSR Discrep.  
(see remarks)

Allegation/evidence agrees with SSR

Different or additional SSN/names found \_\_\_\_\_

Evidence viewed:

SS card

Medicare card

Photo Ident.

Other \_\_\_\_\_

Reason no SSN issued prior to age 18; (if applicable)

2. AGE  
CITIZENSHIP/  
LEGAL ALIEN  
STATUS/IDENTITY

SI

ES

Name on Record \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Parents \_\_\_\_\_

Type Evidence \_\_\_\_\_

Issuing Agency \_\_\_\_\_

Date Recorded \_\_\_\_\_

Date/Place Issued \_\_\_\_\_

Alien Status \_\_\_\_\_

U.S. Entry Date \_\_\_\_\_

Port of Entry \_\_\_\_\_

Country of Origin \_\_\_\_\_

Alien Reg. #/  
Class Code \_\_\_\_\_

Card Exp. Date \_\_\_\_\_

Date of Birth

SI: \_\_\_\_\_

ES: \_\_\_\_\_

BIC

SI: \_\_\_\_\_

ES: \_\_\_\_\_

AR CODE

SI: \_\_\_\_\_

ES: \_\_\_\_\_

SSR/CFR Discrep.  
(see Remarks)

Allegation only

Evidence viewed

VERIFICATION

CONCLUSION

SSN verified via SS card/Medicare card

No SSN discrepancy

SSN verified via systems query (in-file).  
Issue date \_\_\_\_\_

Multiple SSNs found but payment not affected

SSN obtained after age 18 - special development completed.

SI/ES receiving SSI under incorrect or multiple SSN  
See: \_\_\_\_\_

Allegation accepted. Age is not material.

No material age discrepancy

Age verified via numident (IDN code of P is indicated)

Citizenship/ Legal Alien Status requirement met:

Age verified via Title II claim.  
MBR proof of age code \_\_\_\_\_

Allegation of citizenship by U.S. birth accepted.

U.S. born

Documentary evidence viewed.

Naturalized

Collateral contact made:

Alien

Type/date: \_\_\_\_\_

Refugee

Place: \_\_\_\_\_

Other

Name/title: \_\_\_\_\_

Material discrepancy found

Finding: \_\_\_\_\_

3. MARITAL STATUS  
CODE: \_\_\_\_\_

Marital History: (including parents of minor child)

Name	SSN	Event	Date
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Spouse Shown:

1.

SI:  No  Yes

Name: \_\_\_\_\_

2.

Parents Shown:

SI:  No  Yes

Name: \_\_\_\_\_

3.

Evidence Viewed:

Type: \_\_\_\_\_

Names \_\_\_\_\_

Event date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

Contributions from current or prior spouse:

Entitlement for benefits from spouse/former spouse:

SI lives with unrelated member of the opposite sex:

Name: \_\_\_\_\_

Alleged relationship: \_\_\_\_\_

SSR/CFR Discrp.  
(see remarks)

VERIFICATION

CONCLUSION

Allegation agrees with SSR - no reason to doubt.

Documentary evidence viewed.

Collateral contact made:

Type/date: \_\_\_\_\_

Place: \_\_\_\_\_

Name/title: \_\_\_\_\_

Finding: \_\_\_\_\_

Holding out:  Established  
 Not established

See SSA-795s/4178s in file

See other evidence: \_\_\_\_\_

Potential Title II entitlement established:

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Type: \_\_\_\_\_

During review period SI had:

No living with spouse

Eligible spouse

Ineligible spouse

No living with parents

Eligible parent(s)

Ineligible parent(s)

Material discrepancy found:

4. LA/ISM  
(Non Household)

Facility (Name/Location) \_\_\_\_\_

CG \_\_\_\_\_

Facility Representative (Name/Title) \_\_\_\_\_

FEDERAL LA  
CODES

Type of Contact/Date \_\_\_\_\_

Did SI actively participate in interviews?

Yes  No

STATE LA CODES

Date of admission to review period facility \_\_\_\_\_

Date of release from review period facility \_\_\_\_\_

STATE/COUNTY

Last date SI/ES was out of U.S. \_\_\_\_\_

Number of residences over last 3 years \_\_\_\_\_

INSTITUTIONAL

NONINSTITUTIONAL CARE

- Public
- Private - profit
- Private - nonprofit
- Penal
- Medical care
- Nonmedical care
- Publicly operated community residence
- Public emergency shelter

- Adult foster care
- Child foster care**
- Other \_\_\_\_\_

Facility  
Precedent:

No  Yes

Absence/Multiple Residences:

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

SSR/CFR Discrp.  
(see remarks)

VERIFICATION

CONCLUSION

SI interview/contact with facility representative established the following:

SI was institutionalized (date) \_\_\_\_\_
Size/number of residents \_\_\_\_\_
Total monthly cost \_\_\_\_\_
Amount of pmt for room/board \_\_\_\_\_

Medicaid SI's own income. Amount \_\_\_\_\_

Tax-exempt organization (Church-Key Amendment applies)

Other third party:
Source \_\_\_\_\_
Amount \_\_\_\_\_

Payment excluded: Yes No

SI was in noninstitutional care (date) \_\_\_\_\_
Placement by \_\_\_\_\_
Supervised by \_\_\_\_\_
License number and expiration date \_\_\_\_\_

Total cost:

Amount of pymt for room and board \_\_\_\_\_
Source of payment:

SI's own income. Amount \_\_\_\_\_

Foster care agency. Amount \_\_\_\_\_

Other third party
Source \_\_\_\_\_
Amount \_\_\_\_\_

Other Contact Made

Type/date \_\_\_\_\_
Name/title \_\_\_\_\_
Place \_\_\_\_\_
Finding \_\_\_\_\_

INSTITUTIONAL CARE
Public medical
Private medical

Substantial Medicaid?
Yes No

Public or private educational/vocational/technical

Publicly operated community residence

Private nonprofit residential care

Proprietary for profit residential care, educational, or vocational training facility

Public emergency shelter

Public correctional/holding facility (NO2)

NONINSTITUTIONAL CARE

State living arrangement:

ISM

U.S./State residency requirement:

Met Not Met

LA/ISM deficiency:

Yes No

5. LA/ISM  
(Household/  
Transient)

Household Members

Pertinent CG  
Entries:

- LA 0  
(Sharing \$ \_\_\_\_\_ )
- LA 20 (Rent)
- LA 22 (PA)
- LA 23 (VTR)
- LA 24 (Room)
- LA \_\_\_\_\_
- Other \_\_\_\_\_

Name	Relationship to SI	Age	PA Income Type

Federal LA Codes

- \_\_\_\_\_ SI living alone
- \_\_\_\_\_ SI (or living with spouse) has home ownership interest/rental liability  
Mortgage amount \$ \_\_\_\_\_ Rent Amt. \$ \_\_\_\_\_
- \_\_\_\_\_ SI lives in a residence owned or rented by a non-resident of SI's household  
Person in SI's household with rental liability, if any \_\_\_\_\_  
Amount: \_\_\_\_\_

State LA Codes

Landlord/rental agency name, address, telephone number  
\_\_\_\_\_  
\_\_\_\_\_

State/County Codes

Landlord related to any household member?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, how/to whom? \_\_\_\_\_

J/H Income

If SI/ES does not have ownership interest or rental liability:

- \_\_\_\_\_ SI is a transient
- \_\_\_\_\_ SI is a child living in parent's HH
- \_\_\_\_\_ SI is in an all-assistance HH
- \_\_\_\_\_ SI purchases/consumes food separately  
Amount of shelter contribution, if any: \_\_\_\_\_
- \_\_\_\_\_ SI contributes toward total HH expenses in a sharing arrangement:  
Amount \$ \_\_\_\_\_
- \_\_\_\_\_ SI earmarks contribution toward food and/or shelter expenses:  
Amount (food) \$ \_\_\_\_\_  
Amount (shelter) \$ \_\_\_\_\_
- \_\_\_\_\_ SI lives with others and makes no contribution toward HH expenses
- \_\_\_\_\_ Services required by owner

SSR/CFR Discrp.  
(see remarks)



SI/MI HOUSEHOLD INTERVIEWS

Average Household Expenses

TYPE	AMOUNT	DESCRIPTION OF EVIDENCE
Food	\$ _____	_____
Rent	\$ _____	_____
Property Tax	\$ _____	_____
Mortgage (include property insur.)	\$ _____	_____
Heating/Fuel	\$ _____	_____
Gas	\$ _____	_____
Electricity	\$ _____	_____
Water	\$ _____	_____
Sewer	\$ _____	_____
Garbage removal	\$ _____	_____
TOTAL	\$ _____	_____

Above averages are for \_\_\_\_\_ through the month before the sample month \_\_\_\_\_

Household member(s) not contacted because \_\_\_\_\_

If SI or living with spouse has ownership interest or rental liability, amount of contribution(s) from other household member(s), if any: \$ \_\_\_\_\_

Amount of food/shelter contributions from outside HH: \$ \_\_\_\_\_

Name and address of contributor: \_\_\_\_\_

Housing subsidy  No  Yes  Unknown  
Amount of subsidy (if known): \$ \_\_\_\_\_

Length of time at review period residence \_\_\_\_\_

Number of residences during last 3 years \_\_\_\_\_

Last date SI/ES was out of U.S. \_\_\_\_\_

ISM is a loan (see SSA-795 in file)  
Amount of cash contributions and loans of ISM \$ \_\_\_\_\_

Temporary absence by SI or any household member: \_\_\_\_\_

SI/MI HOUSEHOLD INTERVIEWS

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Changes in living arrangements including household composition/expenses in review period:

Changes in household composition in review period  None

Changes in household expenses in review period  None

Changes in LA in review period  None

**VERIFICATION**

**CONCLUSION**

LA/ISM/Residency established during interview with SI/other household members.

Collateral sources contacted:  
(Name, date, type of contact, findings)  
LA/ISM Established

**AVERAGE HOUSEHOLD EXPENSES**

Amount	Type	Description of Evidence
\$ _____	Food	_____
\$ _____	Mortgage/Rent	_____
\$ _____	Property Tax	_____
\$ _____	Property Ins.	_____
\$ _____	Heating/Fuel	_____
\$ _____	Gas	_____
\$ _____	Electricity	_____
\$ _____	Water	_____
\$ _____	Sewer	_____
\$ _____	Garbage Removal	_____
\$ _____	<b>TOTAL</b>	_____

Above averages are for \_\_\_\_\_ through the month before the sample month \_\_\_\_\_

Number of household members: \_\_\_\_\_  
 Total household expenses \$ \_\_\_\_\_  
 SI's pro rata share \$ \_\_\_\_\_  
 SI's contribution \_\_\_\_\_  
 Other household member's contribution \_\_\_\_\_  
 Inside ISM (including VTR) \_\_\_\_\_  
 Outside ISM \_\_\_\_\_

**LA/ISM FOR:**

CM \_\_\_\_\_ LA \_\_\_\_\_ ISM \$ \_\_\_\_\_  
 IM \_\_\_\_\_ LA \_\_\_\_\_ ISM \$ \_\_\_\_\_  
 BM \_\_\_\_\_ LA \_\_\_\_\_ ISM \$ \_\_\_\_\_

Last date SI/ES outside U.S. \_\_\_\_\_

Basis for LA

- Transient
- Child who lives in household with parent, and who is not subject to VTR
- Home ownership:
  - Title
  - Life estate
  - Unprobated estate
  - Trust
- Rental liability
  - Rent \$ \_\_\_\_\_
  - CMRV \$ \_\_\_\_\_
  - Flat fee \$ \_\_\_\_\_
  - Room rental
  - Commercial establishment
  - Non-commercial
  - Rent-free

- HUD subsidy
- PA household
- Separate consumption
- Separate purchase
- Sharing
- Earmarked sharing food/shelter
- VTR applies
- Intervening A

State living arrangement basis:  
 Inside ISM: \$ \_\_\_\_\_  
 Outside ISM: \$ \_\_\_\_\_

- State supp. errors U.S./State residency requirement
- Met  Not Met

LA/ISM deficiency:  
 No  Yes

6. UNEARNED INCOME

NOTE: Only BM allegations need be shown if no income changes are alleged for review period.

	SI's Allegations			Income Type	MI's Allegations		
	(CM)	(IM)	(BM)		(CM)	(IM)	(BM)
Title XVI							
SI:				Title XVI			
CM	_____	_____	_____	Title II	_____	_____	_____
IM	_____	_____	_____	Interest	_____	_____	_____
BM	_____	_____	_____	Bank Deposits	_____	_____	_____
Retro	_____	_____	_____	VA Pension	_____	_____	_____
MI:				VA Compensation	_____	_____	_____
CM	_____	_____	_____	Govmt. Pension	_____	_____	_____
IM	_____	_____	_____	Private Pension	_____	_____	_____
BM	_____	_____	_____	Railroad Retir.	_____	_____	_____
Retro	_____	_____	_____	Black Lung	_____	_____	_____
				Assistance Based on Need	_____	_____	_____
Title II							
SI:				Educational Assistance	_____	_____	_____
CM	_____	_____	_____	State Disb. Pymt	_____	_____	_____
IM	_____	_____	_____	Foster Care	_____	_____	_____
BM	_____	_____	_____	Energy Assist.	_____	_____	_____
Retro	_____	_____	_____	Unemploy. Comp.	_____	_____	_____
MI:				Worker's Comp.	_____	_____	_____
CM	_____	_____	_____	Sick Pay	_____	_____	_____
IM	_____	_____	_____	Dividends/Royal.	_____	_____	_____
BM	_____	_____	_____	Rental Income	_____	_____	_____
Retro	_____	_____	_____	Gifts	_____	_____	_____
				Loans	_____	_____	_____
				Support from Absent Parent	_____	_____	_____
Other							
SI:				Other Cash Supp.	_____	_____	_____
CM	_____	_____	_____	Gambling Income	_____	_____	_____
IM	_____	_____	_____	Miscellaneous	_____	_____	_____
BM	_____	_____	_____				
Retro	_____	_____	_____				

EVIDENCE:

1099 ALERT

Title XVI Recoup

SSR/CFR Discrp.  
(see remarks)

VERIFICATION

CONCLUSION

Title XVI       Title II       RRB       Black Lung

VA       OPM       Verified by SSR - no reason to doubt

Verified by award letter or other evidence in SI's possession

Collateral contact made:

Type/Date \_\_\_\_\_

Place \_\_\_\_\_

Name/Title \_\_\_\_\_

Income/Income exclusion established \_\_\_\_\_

Type/Date \_\_\_\_\_

Place \_\_\_\_\_

Name/Title \_\_\_\_\_

Income/Income exclusion established \_\_\_\_\_

Excluded court ordered support payments made by ineligible spouse/parent

Interest income, see Element 8.

CM \_\_\_\_\_ IM \_\_\_\_\_ BM \_\_\_\_\_

Ineligible child with unearned income:

Name/type: \_\_\_\_\_

CM \_\_\_\_\_ IM \_\_\_\_\_ BM \_\_\_\_\_

Verified by: \_\_\_\_\_

Unstated income suspected/confirmed:

Unearned income did not cause an error in the sampled payment.

The following unearned income amount caused a payment error:  
\$ \_\_\_\_\_

Type R/Type S income received by SI/ES in budget month:

Unearned income exclusion applies to SI/ES's budget month income:

Deeming applies

7. WORK HISTORY  
EARNED INCOME

Last date of employment: SI \_\_\_\_\_ MI \_\_\_\_\_  
Employment history for 3 yrs. ending with sample month:  
Type of Work                      Employer                      Dates                      Employee

Military:

Total quarters  
from SER:

Year last  
worked from  
SER: \_\_\_\_\_

1099 Alert:

SSR Wages:

SI:  
CM \_\_\_\_\_  
IM \_\_\_\_\_  
BM \_\_\_\_\_  
Retro: Y\_\_\_ N \_\_\_

MI:  
CM \_\_\_\_\_  
IM \_\_\_\_\_  
BM \_\_\_\_\_  
Retro: Y\_\_\_ N \_\_\_

SEI:

Review Period earnings:

Evidence: \_\_\_\_\_

Earned Income exclusions:

- Work expenses of BI
- IRWE                       Student child earned income
- PASS                                       None

Type	Amount	Frequency	Source

Employment history prior to last 3 years:

Earned Income  
Exclusions:

Union membership \_\_\_\_\_  
Military service \_\_\_\_\_  
Pending claim/prior denial for benefits based on work/military service \_\_\_\_\_

Additional information to facilitate collateral contacts

Federal tax return filed:            Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of refund \$ \_\_\_\_\_

Copy available:    Yes \_\_\_\_\_ No \_\_\_\_\_

Person who filed return \_\_\_\_\_

SSR/CFR Discrp.  
(see remarks)

VERIFICATION

CONCLUSION

Potential entitlement not suggested by SI/MI's allegations, no reason to doubt.

Potential entitlement suggested:

Title II/VA - made referral to file

Collateral contact below - made referral to file

Ruled out by development in file

Collateral contact made:

Source: \_\_\_\_\_

Date/type: \_\_\_\_\_

Finding: \_\_\_\_\_

No earned income alleged, no reason to doubt.

Earned income established:

See employer contact in file.

See summary of SI/MI's records.

See SSA-795 \_\_\_\_\_

See summary/copy of tax return.

See summary/copy of other business record in file.

Gross wages:

CM \_\_\_\_\_ IM \_\_\_\_\_ BM \_\_\_\_\_

NE/SE amount/period \_\_\_\_\_

Earned income exclusions established:

Type: \_\_\_\_\_

Amount/frequency: \_\_\_\_\_

Established by: \_\_\_\_\_

Ineligible child with earnings:

Name \_\_\_\_\_

Amount: CM \_\_\_\_\_ IM \_\_\_\_\_ BM \_\_\_\_\_

Verified by:

No potential entitlement to other benefits

Potential entitlement established for:  
\_\_\_\_\_

No earned income in the review period

Review period earnings - no payment error

The following earned income caused payment error: \$ \_\_\_\_\_

No earned income exclusions apply

Following earned income exclusions apply:

Deeming applies

8. LIQUID RESOURCES

Direct Deposit  
BCR: \_\_\_\_\_  
BCA: \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_

1099 Alert

CG Entries

- RE01 SV
- RE04 CK
- RE08 CD
- RE21 Svgs Bds
- RE \_\_\_\_\_

Type of Resource	Allegations	
	SI	MI
Checking Account	_____	_____
Savings Account	_____	_____
CD	_____	_____
Other Bank Account (Christmas club, etc.)	_____	_____
Prepaid Burial Plan	_____	_____
Patient Account	_____	_____
Savings Bonds	_____	_____
Promissory Notes	_____	_____
Stocks/Bonds	_____	_____
Mutual Funds	_____	_____
Credit Union	_____	_____
Safe Deposit	_____	_____
Miscellaneous	_____	_____
401 (K) Plans/Keough Accts.	_____	_____
Trusts	_____	_____
Cash on Hand: \$	_____	
Life Insurance Dividend Accumulations	_____	

Positive Allegation Information:

Type: \_\_\_\_\_

Institution: \_\_\_\_\_

Owner(s): \_\_\_\_\_

ID: \_\_\_\_\_

Date/Balance: \_\_\_\_\_

Encumbrances: \_\_\_\_\_

Is your name on anyone else's bank acct?  Yes  No

Deposits by joint owner:  No  Yes

Amount of joint owner deposit(s) \$ \_\_\_\_\_  
Dates made: \_\_\_\_\_

No accounts alleged

Check cashing location \_\_\_\_\_

Familiar/nearby financial inst. \_\_\_\_\_

Credit card, mortgage, pers. loan from \_\_\_\_\_

Prior accounts at \_\_\_\_\_

Place where utility bills are paid \_\_\_\_\_

Place where money orders are purchased \_\_\_\_\_

Place where funds are kept for burial \_\_\_\_\_

SSR/CFR Discrp.  
(see remarks)



**VERIFICATION**

**CONCLUSION**

SI has been in an institution/non institutional care facility for at least 3 years - no reason to doubt negative allegation.

Collateral contact made (Include patient account)

Type/date: \_\_\_\_\_ Inst. Name: \_\_\_\_\_

1. Address: \_\_\_\_\_

Finding: \_\_\_\_\_

No Account  Account type

Account ID \_\_\_\_\_

Owner(s) \_\_\_\_\_

Balances CM \$ \_\_\_\_\_ IM \$ \_\_\_\_\_ BM \$ \_\_\_\_\_

Interest \_\_\_\_\_

No  Yes, see Element 6

Type/date: \_\_\_\_\_ Inst. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Finding: \_\_\_\_\_

No Account  Account type

Account ID \_\_\_\_\_

Owner(s) \_\_\_\_\_

Balances CM \$ \_\_\_\_\_ IM \$ \_\_\_\_\_ BM \$ \_\_\_\_\_

Interest \_\_\_\_\_

No  Yes, see Element 6

Type/date: \_\_\_\_\_ Inst. Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

Finding: \_\_\_\_\_

No Account  Account type

Account ID \_\_\_\_\_

Owner(s) \_\_\_\_\_

Balances CM \$ \_\_\_\_\_ IM \$ \_\_\_\_\_ BM \$ \_\_\_\_\_

Interest \_\_\_\_\_

No  Yes, see Element 6

Type/date: \_\_\_\_\_ Inst. Name: \_\_\_\_\_

4. Address: \_\_\_\_\_

Finding: \_\_\_\_\_

No Account  Account type

Account ID \_\_\_\_\_

Owner(s) \_\_\_\_\_

Balances CM \$ \_\_\_\_\_ IM \$ \_\_\_\_\_ BM \$ \_\_\_\_\_

Interest \_\_\_\_\_

No  Yes, see Element 6

Total countable liquid resources did not exceed resource limit during review period

Liquid resources caused or contributed to ineligibility for the sampled pymt

Total countable liquid resources on first day of sample month:

	SI	MI
Checking:	_____	_____
Savings:	_____	_____
Other:	_____	_____
Total:	_____	_____

No reason to doubt negative allegation

9. REAL PROPERTY

Allegation of real property ownership by SI/MI:

RE Field Entries

- None Ownership interest:
- Home property Type:
  - SI is sole owner (non-life estate)
  - MI is sole owner (non-life estate)
  - Non-farm  Jointly owned with spouse
  - Farm  Jointly owned with relative (non-spouse)
  - Trailer/Mobile home  Jointly owned with non-relative
  - Other  Life-estate
  - Unprobated estate
  - Other (equitable ownership, remainder interest, etc.)
  - Unknown

CG Entries

- Nonhome property
 

Type	Owner	Value
<input type="checkbox"/> Farmland (rented) _____		
<input type="checkbox"/> Farmland (used by SI/MI) _____		
<input type="checkbox"/> Commercial (non-farm) or residential property, rented _____		
<input type="checkbox"/> Commercial property (non-farm) used by SI or MI _____		
<input type="checkbox"/> Unexcluded previous or second residence (not rented) _____		
<input type="checkbox"/> Unimproved land, idle _____		
<input type="checkbox"/> Foreign property _____		
<input type="checkbox"/> Other (mineral, timber, water rights, easements, etc.) _____		
<input type="checkbox"/> Unknown (type cannot be determined) _____		
<input type="checkbox"/> Evidence of ownership/value _____		

CMV: \_\_\_\_\_

Encumbrances \_\_\_\_\_

Burial plot/crypt  
Location/Number \_\_\_\_\_  
Designated for: \_\_\_\_\_

Transfer of property  
To: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Compensation: \_\_\_\_\_

Attempt to dispose of property: \_\_\_\_\_

Income producing property: \_\_\_\_\_

SSR/CFR Discrp.  
(see remarks)

VERIFICATION

CONCLUSION

SI has been in an institutional/noninstitutional care facility at least 3 years - no reason to doubt negative allegations.

Allegations verified by government records:

Alpha listing (personal visit, phone call, or letter)

Date of contact \_\_\_\_\_

Name of contact \_\_\_\_\_

Title of contact \_\_\_\_\_

Finding:

- No property ownership
- Home ownership
- Nonhome (including burial plot) ownership
- Nonhome (including non-excluded burial plot) ownership

Owner \_\_\_\_\_

Location \_\_\_\_\_

CMV \_\_\_\_\_  
(duration of ownership interest)

Owner \_\_\_\_\_

Location \_\_\_\_\_

CMV \_\_\_\_\_  
(duration of ownership interest)

Other collateral contact made:

Type contact/date \_\_\_\_\_

Finding \_\_\_\_\_

No real property ownership established for SI/MI

SI/MI owns excluded home property

SI/MI owns nonexcluded real property valued at:  
\$ \_\_\_\_\_

SI/MI owns excluded other property (ex. burial plot)

10. VEHICLES

None alleged  
 Positive allegation

	1	2	3
RE Field Data			
Yr/Make:	_____	_____	_____
Model/Body:	_____	_____	_____
Condition:	_____	_____	_____
Owner:	_____	_____	_____
Use:	_____	_____	_____
VIN:	_____	_____	_____
License #:	_____	_____	_____

CG Entries

Transfer alleged

RE 1 \_\_\_\_\_

Evidence viewed:       Title       Regist.       Other \_\_\_\_\_

Additional information to verify value/use/ownership

SSR/CFR Discp. (see Remarks)

Handicapped equipped       Encumbrances

Duration of ownership: \_\_\_\_\_

11. LIFE INSURANCE

None alleged

Positive allegation

	1	2	3
RE Field Data			
Insurance Co.	_____	_____	_____
Policy Number	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Face Value	_____	_____	_____
Cash Value	_____	_____	_____
Outstanding Loan	_____	_____	_____
Age at Issue	_____	_____	_____
Issue Date	_____	_____	_____
Prem. Amt./Frq	_____	_____	_____
Type of Policy	_____	_____	_____

CG Entries

Policy Vwd       Policy Vwd       Policy Vwd  
 Inf. Allgd       Inf. Allgd       Inf. Allgd  
 Particip.       Particip.       Particip.

Fully paid insurance policy?       Yes       No

If the policy is not paid up, what is the premium amount and frequency of payment?

Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

If yes, does supplemental contract exist?       Yes       No

Does the policy produce dividend additions or dividend accumulations?  
 Yes       No       Unknown

SSR/CFR Discp. (see remarks)

Transfer alleged

Accelerated life insurance payments

**VERIFICATION**

**CONCLUSION**

No reason to doubt negative allegations.

N.A.D.A. value(s): \_\_\_\_\_  Encumbrances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See SSA-795 regarding vehicle use.

Collateral contact made

Name \_\_\_\_\_

Type contact/date \_\_\_\_\_

Finding: \_\_\_\_\_

No vehicle ownership by SI/MI

Vehicle exclusion applies:

Value under limit

Medical

Employment

Specially equipped

Other

Total vehicle value \$ \_\_\_\_\_

Nonexcluded value \$ \_\_\_\_\_

No reason to doubt negative allegations

Collateral contact made

Company	Policy			Owner
	CM	IM	BM	
Total face value:	_____	_____	_____	
Total CSV:	_____	_____	_____	

CSV/dividends set aside for burial (see SSA-4169/SSA-795 in file)

Dividends paid  No  Yes (see Element 6)

Ownership \_\_\_\_\_

Pertinent values \_\_\_\_\_

Dividend accumulation values \_\_\_\_\_

No life insurance ownership by SI/MI

Dividend accum. value \_\_\_\_\_

Face value does not exceed \$1500 per insur. indiv.

Total CSV is \_\_\_\_\_

	SI	MI
CM	_____	_____
IM	_____	_____
BM	_____	_____
Retro	_____	_____

Face value exceeds \$1,500 per insured.

Countable CSV value of life ins

	SI	MI
CM	_____	_____
IM	_____	_____
BM	_____	_____
Retro	_____	_____

CSV dividends set aside for burial

12. RESOURCES SUMMARY/OTHER NONLIQUID RESOURCES

- No household goods/personal effects of unusual value alleged.
- Description of item(s) of unusual value:
- Evidence:
- Transfer alleged
- Income producing
- Encumbrances
- SI/MI alleges following resource(s) are to be used for burial expenses:

SSR/CFR Discrp. (see remarks)

13. REPRESENTATIVE PAYEE

Repy:  
T:  
CO:  
CU:  
Name: \_\_\_\_\_  
\_\_\_\_\_

- No alleged or observed need for payee development/change.
- Payee development suggested by:

14.FRAUD

- No fraud suspected
- Fraud suspected before or during interview due to:

VERIFICATION

CONCLUSION

No reason to doubt negative allegation

Collateral contacts made:

Name: \_\_\_\_\_

Type contact/date: \_\_\_\_\_

Finding:

Resources excluded due to burial designation, PASS, etc.:

Total nonexcluded resource values:

	Liquid	
	SI	MI
CM	_____	_____
IM	_____	_____
BM	_____	_____
Retro	_____	_____

	Nonliquid	
	SI	MI
CM	_____	_____
IM	_____	_____
BM	_____	_____
Retro	_____	_____

Deeming applies

Resources cause ineligibility:

No     Yes

No payee development required

Referred to field office for payee development

Name \_\_\_\_\_

Type contact/date \_\_\_\_\_

Finding: (explain above)

FO payee development required.

No development required.

No development required

Fraud referred due to:

No fraud suspected

Fraud referral made

SUPPLEMENTAL DOCUMENTATION

15. DEATH OF MI

Name \_\_\_\_\_  
DH: \_\_\_\_\_  
Relationship to SI \_\_\_\_\_  
Date of death \_\_\_\_\_  
Evidence viewed \_\_\_\_\_

16. STUDENT STATUS

STUDENT NAME \_\_\_\_\_  
School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_  
Type of Course \_\_\_\_\_  
Evidence Viewed \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_  
School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
Dates of Attendance \_\_\_\_\_  
Type of Course \_\_\_\_\_  
Evidence Viewed \_\_\_\_\_  
FULL TIME ATTENDANCE  Yes  No

17. AGE

Evidence presented by SI/MI, or derived from collateral contact

Eligible Children (not SI)  
 Ineligible Children

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Record Type, ID # \_\_\_\_\_  
Issuing Agency \_\_\_\_\_  
Date of Issue \_\_\_\_\_  
Date Recorded \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Father's Name \_\_\_\_\_  
SSN \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Record Type, ID # \_\_\_\_\_  
Issuing Agency \_\_\_\_\_  
Date of Issue \_\_\_\_\_  
Date Recorded \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Father's Name \_\_\_\_\_  
SSN \_\_\_\_\_

18. RELATIONSHIP

Ineligible child of SI \_\_\_\_\_  Birth record (see above/pg. 2)  
 Ineligible sibling of SI  Marriage record  
Name \_\_\_\_\_  
 Parent to eligible child Date \_\_\_\_\_ Place \_\_\_\_\_  
Issued by \_\_\_\_\_  
 Spouse as parent to eligible child  
 Alien sponsor to spouse/dependents  
 Other \_\_\_\_\_



VERIFICATION

CONCLUSION

None required

Collateral contact made  
 Name \_\_\_\_\_  
 Contact type/date \_\_\_\_\_  
 Finding: \_\_\_\_\_  
 Evidence viewed: \_\_\_\_\_

Payment effect \$

Pymt deficiency

Nonpayment deficiency

None required

Collateral contact made  
 Name \_\_\_\_\_  
 Contact type/date \_\_\_\_\_  
 Finding: \_\_\_\_\_

Evidence viewed (see page 24)

No discrepancy

Material discrepancy

None required

Numident in file IDN \_\_\_\_\_

Collateral contact made  
 Name \_\_\_\_\_  
 Contact type/date \_\_\_\_\_  
 Finding: \_\_\_\_\_

Evidence viewed (see page 24)

SSNs for children  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No discrepancy

Material discrepancy

Evidence viewed

Numident in file

Collateral contact made  
 Name \_\_\_\_\_  
 Contact type/date \_\_\_\_\_  
 Finding: \_\_\_\_\_

No discrepancy

Material discrepancy

