

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
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Spouse Shown:

SI: No Yes

Name: _____

Parents Shown:

SI: No Yes

Name: _____

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

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	_____
\$ _____	TOTAL	_____

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	_____	_____	_____
				VA Compensation	_____	_____	_____
MI:				Govmt. Pension	_____	_____	_____
CM	_____	_____	_____	Private Pension	_____	_____	_____
IM	_____	_____	_____	Railroad Retir.	_____	_____	_____
BM	_____	_____	_____	Black Lung	_____	_____	_____
Retro	_____	_____	_____	Assistance Based on Need	_____	_____	_____
				Educational Assistance	_____	_____	_____
Title II							
SI:				State Disb. Pymt	_____	_____	_____
CM	_____	_____	_____	Foster Care	_____	_____	_____
IM	_____	_____	_____	Energy Assist.	_____	_____	_____
BM	_____	_____	_____	Unemploy. Comp.	_____	_____	_____
Retro	_____	_____	_____	Worker's Comp.	_____	_____	_____
				Sick Pay	_____	_____	_____
MI:				Dividends/Royal.	_____	_____	_____
CM	_____	_____	_____	Rental Income	_____	_____	_____
IM	_____	_____	_____	Gifts	_____	_____	_____
BM	_____	_____	_____	Loans	_____	_____	_____
Retro	_____	_____	_____	Support from Absent Parent	_____	_____	_____
				Other Cash Supp.	_____	_____	_____
Other							
SI:				Gambling Income	_____	_____	_____
CM	_____	_____	_____	Miscellaneous	_____	_____	_____
IM	_____	_____	_____				
BM	_____	_____	_____				
Retro	_____	_____	_____				
MI:							
CM	_____	_____	_____				
IM	_____	_____	_____				
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
- Home property Type:
 - Non-farm
 - Farm
 - Trailer/Mobile home
 - Other
- Ownership interest:
 - SI is sole owner (non-life estate)
 - MI is sole owner (non-life estate)
 - Jointly owned with spouse
 - Jointly owned with relative (non-spouse)
 - Jointly owned with non-relative
 - 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

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

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Policy Vwd | <input type="checkbox"/> Policy Vwd | <input type="checkbox"/> Policy Vwd |
| <input type="checkbox"/> Inf. Allgd | <input type="checkbox"/> Inf. Allgd | <input type="checkbox"/> Inf. Allgd |
| <input type="checkbox"/> Particip. | <input type="checkbox"/> Particip. | <input type="checkbox"/> 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 Discrp. (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) Name _____ Date of Birth _____
[] Ineligible Children Place of Birth _____ Record Type, ID # _____ Issuing Agency _____ Date of Issue _____ Date Recorded _____ Mother's Name _____ Father's Name _____ SSN _____
[] CG DM O _____ 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 _____
Date _____ Place _____
Issued by _____
[] Parent to eligible child
[] 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: _____

No discrepancy

Material discrepancy

Evidence viewed (see page 24)

SSNs for children

Evidence viewed

Numident in file

Collateral contact made
 Name _____
 Contact type/date _____
 Finding: _____

No discrepancy

Material discrepancy

