

**MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS**

1. QA Office Code: \_\_\_\_\_ Sample Cycle: \_\_\_\_\_ Study ID: \_\_\_\_\_

Subsidy Level: \_\_\_\_\_% Interview date: \_\_\_\_\_

2. Beneficiary's (BN) SSN: \_\_\_\_\_  
Living-with Spouse's (LWS) SSN (If applicable): \_\_\_\_\_  
Date Application Received \_\_\_\_\_

3. Exclusion code if applicable: \_\_\_\_\_

**Commented [PD1]:** Reword for simplicity. Remove Yes box and reword so only exclusion code entry is necessary.

|  |                                |
|--|--------------------------------|
| Name of BN: _____  | Other Contact (if applicable): |
| Address: _____   | <b>Representative Payee</b>    |
| Residence Address (if difference from Address): _____                    | Name: _____                    |
| Phone: ( ) _____   | Address: _____                 |
| LWS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Phone: ( ) _____               |
| LWS name: _____  | <b>Third Party</b>             |
| LWS contacted:   | Name: _____                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Address: _____                 |
| Remarks: _____   | Phone: ( ) _____               |
|  | Remarks: _____                 |

**Commented [PD4]:** Check boxes deleted for Representative Payee and Third Party as redundant. Moved (if applicable) to Other Contact so applies to both Representative Payee and Third Party

**Commented [PD2]:** Add Residence since Address may be PO Box

**Commented [PD3]:** Add No box back for LWS and LWS contacted

**SSA Records**

**Interview**

|  |   |
|--|---|
| <p><b>I. Identity</b></p> <p>SSN<br/>BN: _____</p> <p>LWS: _____</p> <p>Date of Birth<br/>BN: _____</p> <p>LWS: _____</p> <p>Remarks _____<br/>_____</p> | <p><b>BN</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p><br><p><b>LWS</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p>Remarks: _____<br/>_____</p> |
|--|---|

**Verification**

**Conclusion**

|   |   |
|---|---|
| <p><b>I. Identity</b></p> <p>SSN agrees with systems queries</p> <p>BN:<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS:<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____<br/>_____</p> | <p>Proper BN/LWS interviewed<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: : _____<br/>_____</p> |
|---|---|

Commented [PD5]: Adds back Yes boxes for BN and LWS in Verification and Conclusion.

**SSA Records**

**Interview**

|   |  |
|---|--|
| <p><b>2. Marital Status</b></p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Remarks: _____</p> <p>_____</p> | <p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <p><input type="checkbox"/> Divorce                                      <input type="checkbox"/> Separation from Spouse</p> <p><input type="checkbox"/> Annulment                                      <input type="checkbox"/> Death of your Spouse</p> <p><input type="checkbox"/> Marriage    <input type="checkbox"/> Resumption of cohabitation after separation</p> <p>Date of change: _____</p> <p>Remarks: _____</p> <p>_____</p> |
|---|--|

Commented [PD6]: Add No box back.

**Verification**

**Conclusion**

|  |  |
|--|--|
| <p><b>2. Marital Status</b><br/>(Verification not required)</p> <p>Remarks: _____</p> <p>_____</p> | <p>LWS</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Deficiency</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p>_____</p> |
|--|--|

Commented [PD7]: Add No box back for LWS and Deficiency

**SSA Records**

**Interview**

**3. Family Size (FS)**

Number of relatives living with the BN/LWS for whom they allege providing at least 1/2 financial support:

\_\_\_\_\_

\_\_\_\_\_ Alleged FS (include BN/LWS)

Remarks: \_\_\_\_\_

**Household Composition**

If BN or BN and LWS live alone, check the appropriate box and proceed to Family Size Verification column

- BN lives alone
- BN and LWS live alone

If BN or BN and LWS live with others complete the following: Check all applicable boxes:

- BN
- LWS
- Deemed children. Number: \_\_\_\_\_
- Other related individuals. Number: \_\_\_\_\_
- Unrelated people in the HH. Number: \_\_\_\_\_

**Total number in household (HH) from boxes checked above** \_\_\_\_\_

In the chart below, show the name, relationship, income and whether or not 1/2 support is alleged for each relative in the HH of the BN or LWS.

*(If none, proceed to conclusion column for completion.)*

| NAME | RELATIONSHIP | INCOME | 1/2 SUPPORT ALLEGED   |
|------|--------------|--------|---|
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |
|      |              |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Deemed |

**Average Monthly HH Expenses**

**(Complete only when non deemed relative(s) live with BN/LWS)**

| Type                              | Amount   | Type               | Amount   |
|-----------------------------------|----------|--------------------|----------|
| Food                              | \$ _____ | Gas                | \$ _____ |
| Rent                              | \$ _____ | Electricity        | \$ _____ |
| Property Tax                      | \$ _____ | Property Insurance | \$ _____ |
| Water                             | \$ _____ | Sewer              | \$ _____ |
| Mortgage                          | \$ _____ | Heating/Fuel       | \$ _____ |
| Garbage Removal                   | \$ _____ |                    |          |
| Total Average Monthly HH Expenses |          | \$ _____           |          |

Remarks: \_\_\_\_\_

Commented [PD8]: Wording added for clarification.

Commented [PD9]: Adds back all No boxes

Commented [PD10]: Clarification

| Verification  | Conclusion   |
|---|--|
| <p>3. FS<br/>If BN or BN and LWS live alone, check the appropriate box and complete FS Conclusion column.</p>                   | <p>Total FS: _____</p>   |
| <p><input type="checkbox"/> BN lives alone<br/><input type="checkbox"/> BN and LWS live alone</p>                               | <p>Difference<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>             |
| <p>If BN or BN and LWS live with others complete the following:<br/>Number of people in HH _____ (including the BN and LWS)</p> | <p>Stand Alone Deficiency<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Pro rata share (total monthly expenses divided by number of people in HH) _____</p>  | <p>Combined Deficiency<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p>    |
| <p>1/2 support not met for the following individuals.<br/>_____<br/>_____<br/>_____<br/>_____</p>                               | <p>_____<br/>_____<br/>_____<br/>_____<br/>Remarks: _____<br/>_____</p>                    |
| <p>1/2 support met for the following individuals.<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____</p>                         |  |
| <p>1/2 support deemed for the following children.<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____</p>                         |  |
| <p>Remarks: _____<br/>_____</p>   |  |

Commented [PD11]: Clarifies next action

Commented [PD12]: Adds back No boxes for Difference, Stand Alone and Combined Deficiency

**SSA Records**

**Interview**

**4. Liquid Resources (LR)**

Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.

No Liquid Resources

Bank Accounts: \$ \_\_\_\_\_

Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

Computer Match: \_\_\_\_\_

**BN**

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

**LWS**

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

**BN**

No LR

**LWS**

No LR

|   |          |          |
|---|----------|----------|
| Cash                                      | \$ _____ | \$ _____ |
| Checking Account                          | \$ _____ | \$ _____ |
| Savings Account                           | \$ _____ | \$ _____ |
| Cert. of Deposit                          | \$ _____ | \$ _____ |
| Mutual Funds                              | \$ _____ | \$ _____ |
| Credit Union Accts.                       | \$ _____ | \$ _____ |
| Other Bank Account (Christmas Club, etc.) | \$ _____ | \$ _____ |
| Patient Accounts                          | \$ _____ | \$ _____ |
| Savings Bonds                             | \$ _____ | \$ _____ |
| Stocks/Bonds                              | \$ _____ | \$ _____ |
| Promissory Notes                          | \$ _____ | \$ _____ |
| 401K Plans/Keogh Accounts                 | \$ _____ | \$ _____ |
| Trusts                                    | \$ _____ | \$ _____ |
| Other (Explain) _____                     | \$ _____ | \$ _____ |

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

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

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

Balance: \$ \_\_\_\_\_

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

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

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

Balance: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

**Verification**

**Conclusion**

**4. Liquid Resources**

Evidence provided by BN:

Source document: \_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Source document: \_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Source document: \_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Evidence provided by collateral contact

Name of Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Account type \_\_\_\_\_ Account ID \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

No Liquid Resources

Bank Accounts: \$ \_\_\_\_\_  
(Checking, Savings, CD)

Stocks, bonds, savings  
bonds, mutual funds,  
IRA or other similar  
Investments: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Difference  
 Yes  No

Stand Alone Deficiency  
 Yes  No

Combined Deficiency  
 Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**Commented [PD13]:** Deleted LR caused ineligibility. Is not needed.  
**Commented [PD14]:** Add No box back for Difference, Stand Alone and Combined Deficiency

**SSA Records**

**Interview**

|  |   |
|--|---|
| <b>5. Non-home Real Property (NHRP)</b>                  | Allegation of NHRP ownership by BN/LWS:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
|  | Ownership:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| CMV \$ _____   | Sole Ownership<br><input type="checkbox"/> BN <input type="checkbox"/> LWS  |
| Accurint NHRP lead for BN                                | Joint ownership<br>Joint owner's Name: _____<br>Address: _____  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone: ( ) _____<br>Property Address: _____   |
| Accurint NHRP lead for LWS                               | CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Property Essential for Self-Support: \$ _____<br>Lien Holder: _____<br>Name/Source: _____<br>Address: _____   |
| Remarks: _____   | Phone: ( ) _____<br>Encumbrances: _____   |
|  | <b>Ownership</b><br><input type="checkbox"/> BN <input type="checkbox"/> LWS<br><input type="checkbox"/> Joint ownership<br>Joint owner's Name: _____<br>Address: _____ |
|  | Phone: ( ) _____<br>Property Address: _____   |
|  | CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____  |
|  | Property Essential for Self-Support: \$ _____<br>Lien Holder: _____<br>Name/Source: _____<br>Address: _____   |
|  | Phone: ( ) _____<br>Encumbrances: _____   |
|  | Remarks: _____  |

**Commented [PD15]:** Add back No box in Ownership, Accurint NHRP leads for BN and LWS.

**Commented [PD16]:** Added "for BN" to match wording for LWS

**Commented [PD17]:** Added Equity Value

**Commented [PD18]:** Removed Sole for clarification



| Verification  | Conclusion  |
|---|---|
| <p>5. Non-Home Real Property</p> <p><input type="checkbox"/> Accurint produced NHRP leads for BN or LWS that affects the subsidy level</p> <p>Allegations verified by:</p> <p><input type="checkbox"/> Government Records (e.g., Tax Assessment Statement)</p> <p><input type="checkbox"/> Contact with applicable government records office (e.g., Assessor's office)</p> <p>Date of contact _____</p> <p>Agency name _____</p> <p>Name of contact _____</p> <p>Address/Internet address _____</p> <p>Method of Contact <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other</p> <p>_____</p> <p><input type="checkbox"/> Other (e.g. deed, sales contract, etc.) _____</p> <p>Non-government collateral contact made</p> <p>Name of Source: _____</p> <p>Address/Internet Address: _____</p> <p>Method of Contact <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other</p> <p>_____</p> <p>NHRP found</p> <p>Owner(s): _____</p> <p>Verified CMV: \$ _____ Equity Value: \$ _____</p> <p>Name of Source: _____</p> <p>Address: _____</p> <p>_____</p> <p>Encumbrances: _____</p> <p>_____</p> <p>Property Essential for Self-Support: \$ _____</p> <p>Remarks: _____</p> <p>_____</p> | <p>Non-Home Real Property:</p> <p><input type="checkbox"/> No NHRP</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS owns countable NHRP-Home Real Property with a total equity value of: \$ _____</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS owns excludable NHRP-Home Real Property</p> <p><input type="checkbox"/> Property Essential for Self Support</p> <p><input type="checkbox"/> Undue Hardship</p> <p>Difference</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p>_____</p> |

Commented [PD19]: Reworded for clarify.

Commented [PD20]: Adds internet address

Commented [PD21]: Adds back No box for Difference, Stand Alone and Combined Deficiency

**SSA Records**

**Interview**

|  |  |
|--|--|
| <p><b>6. Funeral/Burial Expenses</b></p> <p>Funds expected to be used for funeral or burial expenses?</p> <p>BN<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____<br/>_____</p> | <p>Funds expected to be used for funeral or burial expenses?</p> <p>Beneficiary<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____<br/>_____</p> |
|--|--|

**Commented [PD22]:** Added no boxes back in for SSA Records, Interview, and Conclusion

**Commented [PD23]:** SSA Records and Interview, separated Beneficiary and LWS answers since could be separate answers.

**Verification**

**Conclusion**

|   |  |
|---|--|
| <p><b>6. Funeral/Burial Funds (Verification not required)</b></p> | <p><input type="checkbox"/> Exclusion does not apply</p> <p>Exclusion applies</p> <p><input type="checkbox"/> BN only</p> <p><input type="checkbox"/> LWS only</p> <p><input type="checkbox"/> Both</p> <p>Difference</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note: Difference may affect total resource amount.</i></p> <p>Remarks: _____<br/>_____</p> |
|---|--|

**Total Countable Resources Summary**

| <b><u>Type of Resource</u></b>                 | <b><u>Total Value</u></b>                                |
|--|--|
| Liquid Resources                               | \$ _____   |
| Non-Home Real Property                         | \$ _____   |
| <b>Subtotal</b>                                | <b>\$ _____</b>  |
| Minus Burial Fund Exclusion<br>(If applicable) | \$ _____   |
| <b>Total</b>                                   | <b>\$ _____</b>  |
| <b>Resources caused ineligibility:</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: _____                                 |  |
| _____  |  |

Commented [PD24]: Adds back No box

**SSA Records**

**Interview**

| <p><b>7. Unearned Income (UI)</b></p> <p><b><u>BN</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: _____</p> <p>Source: _____</p> <p>Amount: \$ _____</p> <p><b><u>LWS</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: _____</p> <p>Source: _____</p> <p>Amount: \$ _____</p> <p>Remarks: _____</p> <p>_____</p> | <p>Indicate the type(s) of Unearned Income involved and provide the amount and source of verification.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;"><b><u>BN</u></b></th> <th style="width: 35%; text-align: center;"><b><u>LWS</u></b></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> </tr> <tr> <td>Title II</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> BN receives no other unearned income</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LWS receives no other unearned income</td> <td></td> <td></td> </tr> <tr> <td>Title XVI</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Bank Deposits</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Compensation</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gov't Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Private Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Railroad Retirement</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Black Lung</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Educational Assistance</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State Dib Payment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Unemployment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Worker's Comp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sick Pay</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Rental Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gifts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Alimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Patrimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gambling Proceeds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p> <p>Remarks _____</p> <p>_____</p> |                                | <b><u>BN</u></b> | <b><u>LWS</u></b> |  | <input type="checkbox"/> No UI | <input type="checkbox"/> No UI | Title II | \$ _____ | \$ _____ | <input type="checkbox"/> BN receives no other unearned income |  |  | <input type="checkbox"/> LWS receives no other unearned income |  |  | Title XVI | \$ _____ | \$ _____ | Bank Deposits | \$ _____ | \$ _____ | VA Pension | \$ _____ | \$ _____ | VA Compensation | \$ _____ | \$ _____ | Gov't Pension | \$ _____ | \$ _____ | Private Pension | \$ _____ | \$ _____ | Railroad Retirement | \$ _____ | \$ _____ | Black Lung | \$ _____ | \$ _____ | Educational Assistance | \$ _____ | \$ _____ | State Dib Payment | \$ _____ | \$ _____ | Unemployment | \$ _____ | \$ _____ | Worker's Comp. | \$ _____ | \$ _____ | Sick Pay | \$ _____ | \$ _____ | Royalties | \$ _____ | \$ _____ | Rental Income | \$ _____ | \$ _____ | Gifts | \$ _____ | \$ _____ | Alimony | \$ _____ | \$ _____ | Patrimony | \$ _____ | \$ _____ | Gambling Proceeds | \$ _____ | \$ _____ | Child Support | \$ _____ | \$ _____ | Cash | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
|---|---|--------------------------------|------------------|-------------------|--|--------------------------------|--------------------------------|----------|----------|----------|---|--|--|--|--|--|-----------|----------|----------|---------------|----------|----------|------------|----------|----------|-----------------|----------|----------|---------------|----------|----------|-----------------|----------|----------|---------------------|----------|----------|------------|----------|----------|------------------------|----------|----------|-------------------|----------|----------|--------------|----------|----------|----------------|----------|----------|----------|----------|----------|-----------|----------|----------|---------------|----------|----------|-------|----------|----------|---------|----------|----------|-----------|----------|----------|-------------------|----------|----------|---------------|----------|----------|------|----------|----------|-------|----------|----------|
|   | <b><u>BN</u></b>  | <b><u>LWS</u></b>              |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
|   | <input type="checkbox"/> No UI  | <input type="checkbox"/> No UI |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Title II  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| <input type="checkbox"/> BN receives no other unearned income   |   |                                |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| <input type="checkbox"/> LWS receives no other unearned income  |   |                                |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Title XVI   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Bank Deposits   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| VA Pension  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| VA Compensation   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Gov't Pension   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Private Pension   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Railroad Retirement   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Black Lung  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Educational Assistance  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| State Dib Payment   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Unemployment  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Worker's Comp.  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Sick Pay  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Royalties   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Rental Income   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Gifts   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Alimony   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Patrimony   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Gambling Proceeds   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Child Support   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Cash  | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |
| Other   | \$ _____  | \$ _____                       |                  |                   |  |                                |                                |          |          |          |   |  |  |  |  |  |           |          |          |               |          |          |            |          |          |                 |          |          |               |          |          |                 |          |          |                     |          |          |            |          |          |                        |          |          |                   |          |          |              |          |          |                |          |          |          |          |          |           |          |          |               |          |          |       |          |          |         |          |          |           |          |          |                   |          |          |               |          |          |      |          |          |       |          |          |

**Verification**

**Conclusion**

**7. UI**

- Title II (verified by the MBR)
- Title XVI (verified by the SSR - *Informational only – not used for subsidy determination*)

Verified by award letter or other evidence in BN/LWS possession

Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Total Yearly Amount: \_\_\_\_\_

Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Total Yearly Amount: \_\_\_\_\_

Collateral contact made:

Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Total Yearly Amount: \_\_\_\_\_

Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Total Yearly Amount: \_\_\_\_\_

Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Total Yearly Amount: \_\_\_\_\_

Summary of Total UI (Drop all cents for monthly amounts of UI except Social Security before converting to a yearly amount)

| Type of Income | Monthly Amount | Yearly Amount |
|----------------|----------------|---------------|
| _____          | \$ _____       | \$ _____      |
| _____          | \$ _____       | \$ _____      |
| _____          | \$ _____       | \$ _____      |

Total Yearly Unearned Income \$ \_\_\_\_\_

Minus

Unearned Income Exclusion \$ \_\_\_\_\_

Total Yearly Countable Unearned Income \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

UI:

BN  Yes  No

LWS:  Yes  No

Total Yearly Countable UI

\$ \_\_\_\_\_

Difference

Yes  No

Stand Alone Deficiency

Yes  No

Combined Deficiency

Yes  No

Remarks: \_\_\_\_\_

**Commented [PD27]:** Adds back No box for BN and LWS, Difference, Stand Alone Deficiency, and Combined Deficiency

**Commented [PD28]:** Deleted Social Security, Railroad Retirement, Veterans, Other pensions and Other Income. It is unnecessary to list separately.

**Commented [PD25]:** Added Monthly for ease when calculating yearly amount

**Commented [PD26]:** Moved calculations here rather than showing in Conclusion column.

**SSA Records**

**Interview**

**8. Earned Income (EI)**

**BN**

No EI

Wages: \$ \_\_\_\_\_

SEI : \$ \_\_\_\_\_

Amounts decreased:

Yes  No

Stopped or plans to stop work?

Yes  No

When? \_\_\_\_\_

Work expenses?

Yes  No

Computer Match:

\$ \_\_\_\_\_

**LWS**

No EI

Wages: \$ \_\_\_\_\_

SEI : \$ \_\_\_\_\_

Amounts decreased:

Yes  No

Stopped or plans to stop work?

Yes  No

When? \_\_\_\_\_

Work expenses?

Yes  No

Computer Match:

\$ \_\_\_\_\_

Remarks: \_\_\_\_\_

---

BN currently working:  Yes  No

If No, date last employed: \_\_\_\_\_

LWS currently working:  Yes  No

If No, date last employed: \_\_\_\_\_

|                             | <b><u>BN</u></b>               | <b><u>LWS</u></b>              |
|-----------------------------|--------------------------------|--------------------------------|
|                             | <input type="checkbox"/> No EI | <input type="checkbox"/> No EI |
| Wages                       | \$ _____                       | \$ _____                       |
| NESE                        | \$ _____                       | \$ _____                       |
| Sheltered Workshop Earnings | \$ _____                       | \$ _____                       |
| Royalties                   | \$ _____                       | \$ _____                       |
| Honoraria                   | \$ _____                       | \$ _____                       |
| In-Kind Earned Income       | \$ _____                       | \$ _____                       |

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

Address : \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Address : \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Explanation of increase or decrease in earnings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cafeteria Plan**  Yes  No

**Work Expenses**

IRWE/BWE

Type(s): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Frequency:  Weekly  Monthly  Yearly

Remarks: \_\_\_\_\_

\_\_\_\_\_

Commented [PD29]: Adds back No box BN and LWS

Commented [PD30]: Adds back No box

**Verification**

**Conclusion**

**8. EI and EI Exclusions**

- No EI
- EI established:
- Employer contact in file
  - Systems query (DEQY, SEQY)
  - Tax return
  - Copy of other business record
  - BN's pay stubs
  - Spouse's pay stubs

Collateral contact made:

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

\_\_\_\_\_

Date of Contact: \_\_\_\_\_

Total: \$ \_\_\_\_\_

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

\_\_\_\_\_

Date of Contact: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Work Expense(s) established:

IRWE  BWE

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

Amount: \$ \_\_\_\_\_

Frequency:  Weekly  Monthly  Yearly

**Summary of Total Earned Income**

| Type of Income | Monthly Amount | Yearly Amount |
|----------------|----------------|---------------|
| _____          | \$ _____       | \$ _____      |
| _____          | \$ _____       | \$ _____      |
| _____          | \$ _____       | \$ _____      |

Total Yearly Earned Income \$ \_\_\_\_\_

Minus

- Earned Income Exclusion (1) \$ \_\_\_\_\_
- Earned Income Exclusion (2) \$ \_\_\_\_\_
- Earned Income Exclusion (3) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Divide Total in half. Enter in Total Yearly Countable Unearned Income

Total Yearly Countable Earned Income \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

BN  Yes  No

LWS:  Yes  No

Total Yearly Countable EI:  
\$ \_\_\_\_\_

Difference  
 Yes  No

Stand Alone Deficiency  
 Yes  No

Combined Deficiency  
 Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Commented [PD32]:** Deleted Neither BN nor LWS has EI. Replaced with language for UI Conclusion for consistency.

**Deleted:**  Neither BN nor LWS has EI

**Commented [PD33]:** Deleted Wages and SEI boxes. No need for these boxes.

**Commented [PD34]:** Adds back No box for Difference, Stand Alone and Combined Deficiency

**Commented [PD31]:** Added section to mimic UI for consistency. Removed calculation from Conclusion as it makes more sense to have in Verification column.





|                              |              |
|------------------------------|--------------|
| <b>Reviewer's Signature:</b> | <b>Date:</b> |
|------------------------------|--------------|

Attach all Reports of Contacts, Available Documentation, Other Related Worksheets, and Continuation Pages.