

SSI CLAIM SYSTEM PAGE PRINTS FOR

OMB # 0960-0174

SSA-8006-F4

The following are screen prints from the SSI claim system that collect information that is equivalent to the paper form SSA-8006-F4. Like the SSA-8006-F4, these SSI claim system pages collect information that we need to establish whether the SSI recipient lives in his or her own household or lives in another person's household. Like the SSA-8006-F4, these pages also collect information that we need to determine if the SSI recipient receives in-kind support and maintenance from inside the household, from outside the household, or does not receive any in-kind support and maintenance.

1. Residence Address and Jurisdiction Page

 **SSI Claim** PolicyNet

Name: _____ SSN: _____ Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence Address/Jurisdiction

Residence Address and Jurisdiction

* Indicates required information

* Residence address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

County

Unknown

* Jurisdictional residence address same as above

Yes No Unknown

Override state and county code

* Residence type

- House, apartment, mobile home, houseboat
- Institution
- Non-Institutional care (placed by an agency in foster care, adult foster care, or family care, and not a resident of an institution)
- Room in commercial establishment

- Room in private dwelling (separate household from landlord: either room rental only or flat fee for room and board)
- Transient
- Unknown

* Residence start date Unknown
mm/dd/yyyy

Intended first of month residence

Show person remarks

No remarks

Show file documentation notes

No notes


Clear Page

Next

Previous

Save & Return to Mainframe

2. Household Composition Page

PolicyNet

Name: SSN Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition**

Household Composition

* Indicates required information

* Household Members


Status	Name	Relationship Type	SSN	Birthdate or Age	Sex	Disabled	Blind	Student	Married	Actions
<input checked="" type="checkbox"/>		Claimant			Male	Yes	No	No	Yes	<input type="button" value="Edit"/>

No remarks

No notes

Next Previous Save & Return to Mainframe

3. Home Ownership and Rental Liability Page

PolicyNet

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

[Periods](#)

- 04/01/2012 - Continuing
 - Residence Address/Jurisdiction
 - Household Composition
 - Home Ownership/ Rental Liability**

Home Ownership and Rental Liability

* Indicates required information

* **Ownership or rental liability**

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

[Previous](#)Save & Return to Mainframe

4. Home Ownership and Rental Liability Page (Own or is buying)

SSI Claim
PolicyNet

Name: SSN: Role: **Claimant**

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/ Rental Liability**

Home Ownership and Rental Liability

* Indicates required information

* **Ownership or rental liability**

* **Indicate which household members (at least one) own, or are buying**

Household Member	Owns or Buying	Unknown
Claimant	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

* **Mortgage payment** \$ Unknown

* **Payment frequency**

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

5. Home Ownership and Rental Liability Page (Rents - Related to landlord - Yes)

SSI Claim
PolicyNet

Name: SSN: Role: **Claimant**

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability**

Home Ownership and Rental Liability

* Indicates required information

* **Ownership or rental liability**

* Indicate which household members (at least one) rent

Household Member	Rents	Unknown
<input type="text"/>), Claimant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>), Spouse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>), Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

* **Rental payment** \$ Unknown

* **Payment frequency**

* **Any household member related to landlord or landlord's spouse as parent or child**

Yes No Unknown

Household members related to landlord

At least one household member must be related to the landlord

Household Member	Relationship to Landlord
<input type="text"/>), Spouse	- <input type="text"/>
<input type="text"/>), Non-relative	- <input type="text"/>

* Rental liability verified

Yes No Decide later

* Verification method ▼

Other

* Current market rental value \$ Unknown

* Market rental value verified

Yes No Decide later

* Verification method ▼

Rental subsidy \$ 0.00

* Landlord name Unknown

* Landlord address

Country ▼

Street 1

Street 2 [+ Add Line](#)

City/Town

State/Territory ▼

ZIP Code

Unknown

Landlord phone

U.S. International

10-digit Number

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

Clear Page

Next

Previous

Save & Return to Mainframe

6. Household Expenses and Contributions Page (All public assistance)



SSI Claim

PolicyNet

Name:

SSN:

Role: Claimant

Living Arrangements

Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence
Address/Jurisdiction

Household Composition

Home Ownership/Rental
Liability

Expenses and
Contributions

Household Expenses and Contributions

* Indicates required information

* All public assistance household

Yes No Unknown

Public Assistance for Household Members

At least one assistance type must be selected for each household member

- - - Claimant

- * Assistance type
- Temporary Assistance for Needy Families (TANF)
 - Temporary Assistance for Needy Families (TANF) with payment cap
 - Receives SSI
 - Refugee Cash Assistance – Federally funded - based on need
 - Refugee Cash Assistance – State, local or tribal – based on need
 - Bureau of Indian Affairs - General Assistance
 - Disaster Assistance – Presidentially declared
 - Disaster Assistance – State, local or tribal - based on need
 - Other State or Local or Tribal Assistance - based on need
 - Veteran's Affairs Payment – Pension - based on need
 - Veteran's Affairs Payment - Other VA Payment - based on need
 - Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
 - Adoption Assistance - State, local, or tribal - based on need
 - Foster Care Payment - State, local, or tribal - based on need
 - Filing for Supplemental Security Income
 - Other

* Explain

Unknown

*** Public assistance verified**

Yes No

- Spouse

*** Assistance type**

- Temporary Assistance for Needy Families (TANF)
- Temporary Assistance for Needy Families (TANF) with payment cap
- Receives SSI
- Refugee Cash Assistance – Federally funded - based on need
- Refugee Cash Assistance – State, local or tribal – based on need
- Bureau of Indian Affairs - General Assistance
- Disaster Assistance – Presidentially declared
- Disaster Assistance – State, local or tribal - based on need
- Other State or Local or Tribal Assistance - based on need
- Veteran's Affairs Payment – Pension - based on need
- Veteran's Affairs Payment - Other VA Payment - based on need
- Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
- Adoption Assistance - State, local, or tribal - based on need
- Foster Care Payment - State, local, or tribal - based on need
- Filing for Supplemental Security Income
- Other

*** Explain**

Unknown

*** Public assistance verified**

Yes No

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

Clear Page

[Next](#)

[Previous](#)

[Save & Return to Mainframe](#)

7. Household Expenses and Contributions Page

 PolicyNet

Name: SSN: Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability

Expenses and Contributions

Household Expenses and Contributions

* Indicates required information

* All public assistance household

Yes No Unknown

* Public assistance with Temporary Assistance for Needy Families payment cap household

Yes No Unknown

Loan agreement regarding household expenses

Yes No Unknown

Develop inside in-kind support and maintenance or unstated income

* Do others contribute to household expenses

Yes No Unknown

* Eats all meals out

Yes No Unknown

* Buys food separate from household

Yes No Unknown

Contribution average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

* Amount others contribute Unknown * Claimant's contribution Unknown

Expense average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

Monthly expenses

For the period above, collect the following expenses

* Food	* Mortgage or Rent	* Property Insurance	* Property Taxes	* Heating Fuel	* Electricity	* Gas	* Garbage Removal	* Water	* Sewer	Unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for - Claimant \$ 0.00

Deemor Contribution

Deemor	* Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	Unknown
- Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total contribution for - Claimant \$ 0.00

Claimant's excess contribution \$ 0.00

Inside ISM to Claimant \$ 0.00

Cash to claimant from within the household \$ 0.00

*** Contribution verification received**

Yes No Decide later

Show person remarks

No remarks

Show file documentation notes

No notes

Clear Page

Next

Previous

Save & Return to Mainframe

8. Household of Another Page (Food and shelter earmarked)

 **SSI Claim** PolicyNet

Name: SSN: Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

Household of Another

Household of Another

* Indicates required information

* Eats all meals out

Yes No Unknown

* Buys food separate from household

Yes No Unknown

* Claimant or deemor contributes toward household expenses

Yes No Unknown

* Claimant makes token contribution

Yes No

* Deemor makes token contribution

Yes No Unknown

Contribution average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

* Claimant's contribution \$ Unknown

Expense average period

* Date from Unknown * Date to Unknown
mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

* Food	* Mortgage or Rent	* Property Insurance	* Property Taxes	* Heating Fuel	* Electricity	* Gas	* Garbage Removal	* Water	* Sewer	Unknown
										<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for - Claimant \$ 0.00

Deemor Contribution

Deemor	* Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	* Earmarked For	Unknown
Claimant Spouse				--	<input type="checkbox"/>

Total contribution for claimant \$ 0.00

* Contribution and expense verification received

Yes No

Contact person

Contact phone
10-digit Number

* Claimant's contribution earmarked for

* Food amount \$

* Shelter amount \$

Pro rata food share for	- Claimant	\$ 0.00
Pro rata shelter share for	- Claimant	\$ 0.00
Total ISM from household for	- Claimant	\$ 0.00

* Earmarked contribution verified

Yes No

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


Clear Page

[Next](#)

[Previous](#)

[Save & Return to Mainframe](#)

9. In-kind Support and Maintenance Page (Default)

PolicyNet

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence
Address/Jurisdiction
- Household Composition
- Home Ownership/Rental
Liability
- Expenses and
Contributions
- Household of Another
- In-Kind Support and
Maintenance**

In-Kind Support and Maintenance

* Indicates required information

Does any person (not living with you) or any agency pay for any of your food or shelter items, or provide you or your household (If applicable) with any food or shelter items

Yes No Unknown

No remarks

No notes

Save & Return to Mainframe

10.In-Kind Support and Maintenance Page (ISM – yes)

Name: SSN: Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

- Residence
Address/Jurisdiction
- Household Composition
- Home Ownership/Rental
Liability
- Expenses and
Contributions
- Household of Another

**In-Kind Support and
Maintenance**

In-Kind Support and Maintenance

* Indicates required information

Does any person (not living with you) or any agency pay for any of your food or shelter items, or provide you or your household (if applicable) with any food or shelter items

Yes No Unknown

In-Kind Support and Maintenance (ISM) Sources

Status	Source	ISM Countable	ISM Type	Monthly Value	Claimant's Share	Actions
<input checked="" type="checkbox"/>	Social Services	Yes	Shelter	100.00	100.00	Select Delete

Add ISM Source

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

Clear Page

Next

Previous

Save & Return to Mainframe

11. In-Kind Support and Maintenance (Add ISM Pop-up – Default)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* Source name Unknown

* Address

Country ▼

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ▼ ZIP Code

Unknown

* In-Kind support and maintenance countable

Yes No Decide later

OK

Cancel

12. In-kind Support and Maintenance Page (Add ISM Pop-up – Food)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* Source name Unknown

* Address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

Unknown

* In-Kind support and maintenance countable

Yes No Decide later

* ISM type

* Number of people who share food Unknown * Monthly value Unknown

* Payment from absent parent

Yes No Unknown

ISM share for Jordan Williams - 997-45-6890 - Claimant \$ 0.00

OK

Cancel

13. In-kind Support and Maintenance Page (Add ISM Pop-up – Shelter)

In-Kind Support and Maintenance Source ×

* Indicates required information

* Source name Unknown

* Address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

Unknown

* In-Kind support and maintenance countable

Yes No Decide later

* ISM type

* Shelter expense type

This is the value of the shelter item(s) furnished to the claimant's household. At least one shelter expense is required.

Rent free housing Unknown Property taxes Unknown

Mortgage or rent Unknown Electricity Unknown

Heating fuel Unknown Garbage removal Unknown

Water Unknown Sewer Unknown

Gas Unknown Rental subsidy Unknown

Property insurance Unknown

Multiple shelter items Unknown

Total expenses \$ 0.00

* Payment from absent parent

Yes No Unknown

ISM share for Jordan Williams - 997-45-6890 - Claimant \$ 0.00

14. In-kind Support and Maintenance (Pop-up – ISM not countable)

In-Kind Support and Maintenance Source ✕

* Indicates required information

* Source name Unknown

* Address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

Unknown

* In-Kind support and maintenance countable

Yes No Decide later

* Reason Other reason

Reason Dropdown

--

-
- Federally tax exempt organization - 501(c)(3)
- Assistance based on need
- Presidentially declared disaster
- Social service or medical exclusion
- Other

15. In-Kind Support and Maintenance (Add ISM Pop-Up – Transient)

In-Kind Support and Maintenance Source ×

* Indicates required information

* Does in-kind support and maintenance have value

Yes No Decide later

* Wish to rebut presumed maximum value (PMV)

Yes No Unknown

* Source name

Unknown

* Address

Country

Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

Unknown

* In-Kind support and maintenance countable

Yes No Decide later

OK

Cancel