

5. Income Selection – Initial Claims - Default

SSI Claim

General ID Living Arrangements Resources **Income** Benefit Leads Summary

Income Selection

Name: [REDACTED] SSN: [REDACTED] Role **Claimant**

* Indicates required information

Income
Since the first moment of mm/dd/yyyy, have any of the following people received, or do they expect to receive income in the next 14 months from any of these sources?

[REDACTED] - [REDACTED] - Claimant
[REDACTED] - 1 [REDACTED] - Ineligible Spouse

*** Temporary Assistance for Needy Families**

Yes No Unknown

*** Refugee Cash Assistance**

Yes No Unknown

*** General Assistance from Bureau of Indian Affairs**

Yes No Unknown

*** Disaster Assistance**

Yes No Unknown

*** Supplemental Security Income**

Yes No Unknown

*** Adoption, Foster Care, or Kinship Guardianship Assistance**

Yes No Unknown

*** Other State, Local, or Tribe Assistance**
Based on need and not based on need

Yes No Unknown

*** Other Federal Assistance Based on Need**
Federally funded private assistance and other Federal assistance

Yes No Unknown

*** Alimony or Spousal Support**
Alimony, spousal impoverishment, and other spousal support

Yes No Unknown

***Child Support**

Court ordered or voluntary, parent in or outside of household, arrearages, and TANF pass-through

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Wages**

Includes earned royalties and honoraria

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Self Employment**

All taxable years covered by the review period, includes earned royalties and honoraria

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Sick Pay (Earned)**

Received within first full six months after stopping work and not based on employee's contribution

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Sick Pay (Unearned)**

Received within first full six months after stopping work and based on employee's contribution or received more than first full six months after stopping work

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Worker's Compensation**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Unemployment Compensation**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Social Security**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Black Lung**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Office of Personal Management**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Railroad Board**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Department of Veteran Affairs**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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***Annuity, Pension, Retirement, or Disability**

Includes disability insurance, state disability insurance, and state annuity for certain veterans

Yes No Unknown

***Interest**

Yes No Unknown

***Dividends**

Yes No Unknown

***Royalties or Honoraria (Unearned)**

If earned, record on Wages or Self-Employment

Yes No Unknown

***Rental or Lease Income**

Includes income from subletting and renting out a room. If received from trade or business (eg. someone in the business of renting properties), record on self employment

Yes No Unknown

***Other Income**

Includes cash, gambling winnings, prizes, gifts, settlements, insurance proceeds, and other income or support not mentioned previously

Yes No Unknown

Income-Related Items

Blind Countable Income

[Redacted] - Claimant

Plan to Achieve Self Support

[Redacted] - Claimant

Attended school regularly, or plan to attend in the next 4 months

[Redacted] - Claimant

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51. Wages

Income | Summary

- Income
- Income Selection
- TANF
- Bureau of Indian Affairs
- Other Federal Based on Need
- Alimony or Spousal Support
- Wages
 - Railroad Board
 - Quarterly Wages Summary

Wages

* Indicates required information

* Employer name EIN

* Address Country

Street 1

Street 2

City State ZIP Code

Unknown

Contact

Phone U.S. International

10-digit Number

Monthly values

Alleged Amount, Reported Amount or Verified Amount is required

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount	Reported Amount	Verified Amount	Court Ordered or IV-D Support Amount	Other Deduction Amount	Unk	Countable Amount	Actions
							<input type="checkbox"/>		<input type="button" value="Delete"/>

Other deduction amount reason * Other

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX
No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining XXXX
No file documentation notes

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Other deduction amount reason dropdown

- Certain military pay items
- Qualified cafeteria plans
- Other

Other deduction amount reason more info pop-up

Certain Military Pay Items Information

The following are military pay exclusions or not income:

- Hostile fire and imminent danger payment
- Military advance pay refunds of military allowances previously counted in a prior month
- Other kinds of additional pay received by military personnel serving in a combat zone (deemor only)
- Refunds of military allowances previously counted in a prior month

Close

Quarterly Wages Summary


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57.Sick Pay (Earned)

 **SSI Claim** Help

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Income | Summary

- Income**
- Income Selection
 - TANF
 - Bureau of Indian Affairs
 - Other Federal Based on Need
 - Alimony or Spousal Support
 - Child Support
 - Wages
 - Sick Pay (Earned)**
 - Sick Pay (Unearned)
 - Workers Compensation
 - Railroad Board
 - Quarterly Wages Summary

Sick Pay (Earned)

* Indicates required information

* Source Unknown EIN

* Address Country: United States or U.S. Territory

Street 1

Street 2

City State ZIP Code

Unknown

Contact

Phone U.S. International

10-digit Number

Monthly values
Alleged Amount or Verified Amount is required.

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount	Verified Amount	Court Ordered or IV D Support Amount	Other Deduction Amount	Unk	Countable Amount	Actions
						<input type="checkbox"/>		<input type="button" value="Delete"/>

* Other deduction amount reason

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX

No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining: XXXX

No file documentation notes

Add Another

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53. Self-Employment Income (Default)


Help

Name: ██████████ SSN: ██████████ Role: Claimant

Income | Summary

Self Employment Income

* Indicates required information

* Business name Unknown EIN

* Business address Country: United States or U.S. Territory

Street 1

Street 2 + Add Line

City State ZIP Code

Unknown

Yearly values

Alleged Amount or Verified Amount is required

IRS Tax Year Type	Tax Year From Date	Tax Year To Date (mm/yyyy)	Short Tax Year Reason	Gross Income Amount	Profit or Loss	Alleged (Profit or Loss) Net Amount	Verified (Profit or Loss) Net Amount	Court-Ordered Title IV-D Support Amount	Other Deduction Amount	Unk (FLA)
Calendar	1/	12/	NA		--					<input type="checkbox"/>

* Other deduction amount reason

* Self-employment activities permanently ended Yes No

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX

No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining: XXXX

No file documentation notes

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54. Self-Employment Income (IRS Tax Year Type - Fiscal)

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Income | Summary

Income

- Income Selection
- Self-Employment**
- Veteran Affairs
- Dividends
- Rental or Lease Income
- OCSE Data

Self Employment Income

* Indicates required information

* Business name Unknown EIN

* Business address Country United States or U.S. Territory

Street 1

Street 2

City State ZIP Code

Unknown

Yearly values

Alleged Amount or Verified Amount is required.

IRS Tax Year Type	Tax Year From Date	Tax Year To Date (mm/yyyy)	Short Tax Year Reason	Gross Income Amount	Profit or Loss	Alleged (Profit or Loss) Net Amount	Verified (Profit or Loss) Net Amount	Court Ordered Title IV-D Support Amount	Other Deduction Amount	Unk	CP
Fiscal			NA							<input type="checkbox"/>	

* Other deduction amount reason

* Self-employment activities permanently ended Yes No

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining XXXX

No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining XXXX

No file documentation notes

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62. Blind Work Expenses (Default)

SSI Claim

Name: [REDACTED] SSN: [REDACTED] Role: Claimant [Help](#)

Income | Summary

Income

- Income Selection
- Refugee Assistance
- Other State, Local, or Tribe
- Wages
- Work Expenses**
- Social Security
- Black Lung

Blind Work Expenses

* Indicates required information

* Please select from the following choices.

Select all the expenses that apply and provide appropriate details (View Work Expenses Summary.)

- Attendant care services
- Drugs and Medical services essential to work
- Durable medical devices
- Expendable medical supplies
- Guide dog
- Fees – Work related (ex. licenses, professional association dues, union dues)
- Mandatory Contribution - Pension
- Mandatory Contribution - Disability
- Meals Consumed During work hours
- Non-medical equipment/services
- Physical therapy
- Prosthesis
- Residential Modifications – Necessary to work
- Taxes - Federal
- Taxes - State
- Taxes - Local
- Taxes - Social Security
- Taxes - Medicare
- Training on use of impairment related equipment – Necessary for work
- Transportation costs
- Vehicle modification
- Other

There are no expenses to record.

Unknown

Show person remarks (printed)
No person remarks

Show file documentation notes
No file documentation notes

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66. Impairment Related Work Expenses (Default)

SSI Claim

Name: [REDACTED] SSN: [REDACTED] Role: Claimant Help

Income | Summary

Income

- Income Selection
- Adoption, Foster Care, Etc
- Self-Employment
- Work Expenses**
- Unemployment
- Veteran Affairs
- Pension, Etc
- Dividends
- Rental or Lease Income
- Other Income
- School Data
- OCSE Data

Impairment Related Work Expenses

* Indicates required information

* Please select from the following choices.

Select all the expenses that apply and provide appropriate details (View Work Expenses Summary)

- Attendant care services
- Drugs and Medical services essential to work
- Durable medical devices
- Expendable medical supplies
- Impairment-Related Equipment / Services - Other
- Non-medical Appliances and Equipment
- Physical Therapy
- Prosthesis
- Residential Modifications – Necessary to work
- Service Animal
- Training on use of impairment related equipment – Necessary for work
- Transportation Costs
- Vehicle Modification
- Other

There are no expenses to record

Unknown

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX
Last updated by Tesh, J on 01/10/2013


Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining: XXXX
Last updated by Tesh, J on 01/10/2013

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47. Alimony or Spousal Support (Default)

 **SSI Claim** Help

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Income | Summary

- Income**
- Income Selection
- TANF
- Bureau of Indian Affairs
- Other Federal Based on Need
- Alimony or Spousal Support**
- Wages
- Railroad Board
- Quarterly Wages Summary

Alimony or Spousal Support

* Indicates required information

* Type: [Dropdown]

* Source: [Dropdown] Unknown ID

* Address

Country: United States or U.S. Territory

Street 1: [Text]

Street 2: [Text]

City: [Text] State: [Dropdown] ZIP Code: [Text]

Unknown

Contact

Phone: U.S. International

10-digit Number: [Text]

Monthly values

Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount	Verified Amount	Claim Ordered or IV D Support Amount	Other Deduction Amount	Unk	Countable Amount	Actions
						<input type="checkbox"/>		<input type="button" value="Delete"/>

* Other deduction amount reason

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

[Text Area]

Characters remaining: XXXX

No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

[Text Area]

Characters remaining: XXXX
No file documentation notes

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Alimony or Spousal Support types

-
- Court ordered alimony or support
- Spousal impoverishment
- Voluntary alimony or support
- Unknown

Quarterly Wages Summary

OCSE Data

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49.Child Support

Help

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Income
Summary

Income

- Income Selection
- TANF
- Bureau of Indian Affairs
- Other Federal Based on Need
- Alimony or Spousal Support
- Child Support
- Wages
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers Compensation
- Railroad Board
- Quarterly Wages Summary

Child Support

* Indicates required information

* Type: -

* Source: Unknown ID

* Address: Country: United States or U.S. Territory

Street 1

Street 2 Add Line

City: State: ZIP Code:

Unknown

Contact

Phone: U.S. International

10-digit Number

Monthly Values

Alleged Amount or Verified Amount is required

Date From (mmyyyy)	Date To (mmyyyy)	Alleged Amount	Verified Amount	Court Ordered or IV D Support Amount	Other Deduction Amount	Unk	Countable Amount	Actions
						<input type="checkbox"/>		Delete

Other deduction amount reason

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX

No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining: XXXX

No file documentation notes

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Alimony or Spousal Support types

- Arrearages for adult retained by parent or pther person
- Court ordered - absent parent
- Court ordered - parent in household
- TANF pass-through
- Voluntary - absent parent
- Unknown

Quarterly Wages Summary

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120. School Data (Default)

SSI Claim

Name [REDACTED] SSN [REDACTED] Role: Claimant Help

Income | Summary

Income

- Income Selection
 - TANF
 - Refugee Assistance
 - Bureau of Indian Affairs
 - Disaster Assistance
 - SSI
 - Adoption, Foster Care, Etc.
 - Other State, Local, or Tribe
 - Other Federal Based on Need
 - Alimony or Spousal Support
 - Child Support
 - Wages
 - Self-Employment
 - Sick Pay (Earned)
 - Sick Pay (Unearned)
 - Work Expenses
 - SGA
 - Workers Compensation
 - Unemployment
 - Social Security
 - Black Lung
 - OPM
 - Railroad Board
 - Veteran Affairs
 - Pension, Etc.
 - Interest
 - Dividends
 - Royalties or Honorarium
 - Rental or Lease Income
 - Other Income
 - Blind Countable Income
 - PASS

School Data

* Indicates required information

* Collect school data More info Yes No Decide later

Hide person remarks (printed)

Person remarks (printed)
(XXXX characters maximum)

Characters remaining: XXXX
No person remarks

Hide file documentation notes

File documentation notes
(XXXX characters maximum)

Characters remaining: XXXX
No file documentation notes

School Data

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