

## 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

Yes  No  Unknown

**\*Wages**

Includes earned royalties and honoraria

Yes  No  Unknown

**\*Self Employment**

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

Yes  No  Unknown

**\*Sick Pay (Earned)**

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

Yes  No  Unknown

**\*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

Yes  No  Unknown

**\*Worker's Compensation**

Yes  No  Unknown

**\*Unemployment Compensation**

Yes  No  Unknown

**\*Social Security**

Yes  No  Unknown

**\*Black Lung**

Yes  No  Unknown

**\*Office of Personal Management**

Yes  No  Unknown

**\*Railroad Board**

Yes  No  Unknown

**\*Department of Veteran Affairs**

Yes  No  Unknown

**\*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  Unknown    EIN

\* Address    Country      Unknown

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

OCSE Data

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# 57.Sick Pay (Earned)

Help

## SSI Claim

Name: ██████████
SSN: ██████████
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="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

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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)



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Characters remaining XXXX

No file documentation notes

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## 62. Blind Work Expenses (Default)

Help

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

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

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: [REDACTED]

\* Source: [REDACTED]  Unknown ID

\* Address

Country: United States or U.S. Territory

Street 1: [REDACTED]

Street 2: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Unknown

### Contact

Phone:  U.S.  International

10-digit Number: [REDACTED]

### 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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	[REDACTED]	<input type="button" value="Delete"/>

### \* Other deduction amount reason

Hide person remarks (printed)

Person remarks (printed)  
(XXXX characters maximum)

[REDACTED]

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

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



Quarterly Wages Summary

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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

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"/>		<a href="#">Delete</a>

**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)

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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

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## 120. School Data (Default)

SSI Claim Help

Name John Williams SSN XXXXXXXXXX Role **Claimant**

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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