

ACLM - SSI CLAIMS APPLICATION

MSSICS

SSI CLAIMS APPLICATION

ACLM

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

APPLICATION TYPE: P 1=DEFERRED 2=FULL 3=ABBREVIATED

[\[3-C\]](#)

IF ABBREVIATED, TYPE: 9 1=EXCESS COUNTABLE INCOME

2=INELIGIBLE RESIDENT OF A PUBLIC INSTITUTION

3=ABSENCE FROM U.S.

4=EXCESS RESOURCES

5=NOT A CITIZEN or LAWFULLY ADMITTED ALIEN

6=NOT AGED 65, BLIND, OR DISABLED

7=FAILURE TO PURSUE CLAIM

8=INMATE OF A PENAL INSTITUTION

9=NOT A RESIDENT OF THE UNITED STATES

[\[4-O\]](#)

PROTECTIVE FILING DATE (MMDDYY): PPPPPP

[\[5-M\]](#)

EFFECTIVE FILING DATE (MMDDYY): 999999

[\[6-O\]](#)

PENDING FILE BEGIN DATE (MMYY): SSSS

[\[7-M\]](#)

TYPE OF APPLICANT: P 1=CLAIMANT 2=OTHER INDIVIDUAL 3=AGENCY

[\[8-O\]](#)

REMARKS (Y): X

ACLD - ADDITIONAL CLIENT DATA.

MSSICS ADDITIONAL CLIENT DATA ACLD

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[\[2-D\]](#)

SS/SS/SSSS

[\[3-M\]](#)

MARRIED AS OF OR ANYTIME SINCE SS/SS/SSSS (Y/N): X

[\[4-C\]](#)

TERMINATED MARRIAGE(S) PRIOR TO SS/SS/SSSS (Y/N): X

[\[5-O\]](#)

POSSIBLE HOLDING OUT RELATIONSHIP AS OF OR ANYTIME SINCE
SS/SS/SSSS (Y/N): X

[\[6-C\]](#)

[\[7-C\]](#)

DISABLED (Y/N/U): X BLIND (Y/N/U): X

[\[8-C\]](#)

WHY NOT FILING FOR SSI: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[9-C\]](#)

NUMBER OF CHILDREN LIVING WITH CLAIMANT SINCE SS/SS/SSSS: PP

[\[10-O\]](#)

SSNS FOR APPLICABLE INELIGIBLE CHILDREN:

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB BBBBBBBBBB

[\[11-d\]](#)

[\[12-c\]](#)

SPONSOR OF ALIEN WITH PERMANENT LEGAL RESIDENT STATUS SINCE
SS/SS/SSSS

WHO IS RECEIVING SSI (Y/N): X

[\[13-C\]](#)

SPONSOR HAS DEPENDENTS (Y/N): B

[\[14-O\]](#)

REMARKS (Y): X

ACIT – CITIZENSHIP (Deferred Application only)

MSSICS CITIZENSHIP ACIT
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[2-C]

U.S. CITIZENSHIP STATUS: P

- 1=BIRTH IN THE U.S.
- 2=U.S. CITIZEN BORN OUTSIDE U.S.
- 3=NATURALIZED CITIZEN
- 4=ALIEN
- 5=NORTH AMERICAN INDIAN ALIEN EXCEPTION

[3-C]

DATE OF CHANGE (MMDDYY): 999999

[4-C]

IF U.S. CITIZENSHIP STATUS IS 1, 2, 3 OR 5, PROOF: 9

- 1=ALLEGATION
- 2=NUMIDENT (MEETS CRITERIA FOR Q CITIZENSHIP STATUS CODE)
- 3=NUMIDENT (NO U.S. PLACE OF BIRTH SHOWN)
- 4=BIRTH/BAPTISMAL RECORD

[5-C]

5=OTHER TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[6-C]

CITIZENSHIP CHANGE (Y): X

[7-O]

PRE-1/1/79 RECORD (Y/N): X

[8-O]

REMARKS (Y): X

ADDR - MAILING/PAYMENT ADDRESS

MSSICS MAILING/PAYMENT ADDRESS PAGE 1 OF ADDR

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[2-M]

ADDR: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[3-M] [4-C] [5-C]

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[6-C] [7-C]

FOREIGN COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP POSTAL ZONE:
PPPPPPPPPPPPPPPPPP

[8-C] [9-M]

CONSULAR CODE: PPP STATE/COUNTY CODE: 99999X

[10-O] [11-O]

DOMESTIC PHONE NO: PPP PPP PPP FOREIGN PHONE NO:
PPPPPPPPPPPPPPPP

[12-O]

PHONE INFO: XXXXXXXXXXXX

[13-O]

EXPLAIN C/O ADDRESS:
XXX
XXX
XXXXXXXXXXXXXXXX

[14-M]

SELECT DIRECT DEPOSIT CHOICE: 9
1=BANK NO: PPPPPPPP ACCT TYPE (C/S): P ACCT NO:
PPPPPPPPPPPPPPPPPP
2=ENROLL IN DIRECT EXPRESS 3=NO DIRECT DEPOSIT

[15-D]

NOTICE OPTION: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

[16-M]

ADD OR UPDATE NOTICE OPTION DUE TO VISUAL IMPAIRMENT (Y/N): X

[17-O]
REMARKS

CLLG - CLIENT LANGUAGE (SCREEN# 1)

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG
SS SSSSSSSSS SSSSS SSSSSSSSSSS

[\[1-M\]](#)

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

[\[2-M\]](#)

FOR WRITTEN COMMUNICATION: PP

- | | | |
|----------------------------|--------------------------|------------------------|
| 1. ENGLISH | 16. ARABIC | 31. CHINESE-TOISHANESE |
| 2. SPANISH | 17. ARMENIAN | 32. CHINESE-OTHER |
| 3. AMERICAN SIGN LANGUAGE | 18. ASSYRIAN | 33. CREOLE-CRIOLLO |
| 4. ALASKA NATIVE | 19. BENGALI | 34. CREOLE-FRENCH |
| 5. ALBANIAN | 20. BOSNIAN | 35. CREOLE-HAITIAN |
| 6. AMERICAN INDIAN-APACHE | 21. BULGARIAN | 36. CREOLE-OTHER |
| 7. AMERICAN INDIAN-CHOCTAW | 22. BURMESE | 37. CROATIAN |
| 8. AMERICAN INDIAN-CROW | 23. CAMBODIAN | 38. CZECH |
| 9. AMERICAN INDIAN-DAKOTA | 24. CHAMORRO | 39. DUTCH |
| 10. AMERICAN INDIAN-LAKOTA | 25. CHINESE-CANTONESE | 40. FARSI |
| 11. AMERICAN INDIAN-NAKOTA | 26. CHINESE-FORMOSAN | 41. FINNISH |
| 12. AMERICAN INDIAN-NAVAJO | 27. CHINESE-MANDARIN | 42. FRENCH |
| 13. AMERICAN INDIAN-ZUNI | 28. CHINESE-MIEN | 43. GERMAN |
| 14. AMERICAN INDIAN-OTHER | 29. CHINESE-SHANGHAINESE | 44. GREEK |
| 15. AMHARIC | 30. CHINESE-TAIWANESE | 45. GUJARATHI |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH
NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL
ONLY)

CLLG - CLIENT LANGUAGE SCREEN# 2

TRANSFER TO: XXXX CLIENT LANGUAGE YRF1 CLLG
SS SSSSSSSSS SSSSS SSSSSSSSSSS

[\[1-M\]](#)

ENTER LANGUAGE CLIENT PREFERS FOR SPOKEN COMMUNICATION: PP

[\[2-M\]](#)

FOR WRITTEN COMMUNICATION: PP

- | | | |
|-------------------|------------------------|-----------------|
| 46. HEBREW | 61. MONGOLIAN | 76. SOMALI |
| 47. HINDI | 62. NORWEGIAN | 77. SWAHILI |
| 48. HMONG | 63. OROMO | 78. SWEDISH |
| 49. HUNGARIAN | 64. PASHTO | 79. SYRIAC |
| 50. ILOCANO | 65. PENNSYLVANIA DUTCH | 80. TAGALOG |
| 51. INDONESIAN | 66. PERSIAN | 81. THAI |
| 52. ITALIAN | 67. PIDGIN-HAWAIIAN | 82. TONGAN |
| 53. JAPANESE | 68. POLISH | 83. TURKISH |
| 54. KHMER | 69. PORTUGUESE | 84. TWI (FANTI) |
| 55. KOREAN | 70. PUNJABI | 85. UKRAINIAN |
| 56. KURDISH | 71. ROMANIAN | 86. URDU |
| 57. LAO (LAOTIAN) | 72. RUSSIAN | 87. VIETNAMESE |
| 58. LITHUANIAN | 73. SAMOAN | 88. YIDDISH |
| 59. MACEDONIAN | 74. SERBO-CROATIAN | 89. YUGOSLAVIAN |
| 60. MALAYALAM | 75. SLOVAK | 90. OTHER |

(ENGLISH AND SPANISH ARE THE ONLY LANGUAGES IN WHICH NOTICES ARE CURRENTLY

ISSUED - OTHER WRITTEN LANGUAGE PREFERENCES ARE INFORMATIONAL ONLY)

ALEF - LAW ENFORCEMENT

MSSICS

LAW ENFORCEMENT

ALEF

[\[1-O\]](#)

SSS-SS-SSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A
FELONY (Y/N): X

[\[3-C\]](#)

[\[4-C\]](#)

IF YES, IN WHICH STATE: XX OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXX

[\[5-D\]](#)

[\[6-C\]](#)

SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X

[\[7-M\]](#)

ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X

[\[8-C\]](#)

IF STATE LAW, WHICH STATE: XX

[\[9-D\]](#)

[\[10-C\]](#)

SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE
OR

PROBATION VIOLATION(Y/N): X

[\[11-O\]](#)

REMARKS (Y): X

AMAR - MARRIAGE DATA (page 1)

MSSICS

MARRIAGE DATA

PAGE 1 OF AMAR

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

SPOUSE NAME: VVVVVVVVVVVVVVV VVVVVVVVVVVVVVVV
VVVVVVVVVVVVVVVVVVVVVV VVVV

[\[3-C\]](#)

SPOUSE SSN: VVVVVVVVV

[\[4-C\]](#)

LIVING TOGETHER SINCE SS/SS/SSSS (Y/N): X

[\[5-C\]](#)

MARRIAGE DATE (MMDDCCYY): PPPPPPPP

[\[6-M\]](#)

MARRIAGE ENDED (Y/N): B

[\[7-C\]](#)

IF YES, DATE ENDED (MMDDCCYY): 99999999

[\[8-C\]](#)

REASON MARRIAGE ENDED: X 1=DIVORCE 2=DEATH 3=ANNULMENT
4=OTHER

[\[9-C\]](#)

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[\[10-O\]](#)

[\[11-O\]](#)

[\[12-O\]](#)

ANOTHER MARRIAGE (Y): X DELETE THIS SOURCE (Y): X REMARKS (Y): X

D. FACSIMILE 2: AMAR - MARRIAGE DATA

AMAR - MARRIAGE DATA (page 2)

MSSICS

MARRIAGE DATA

PAGE 2 OF AMAR

[\[1-0\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

SPOUSE NAME: VVVVVVVVVVVVVVV VVVVVVVVVVVVVVV
VVVVVVVVVVVVVVVVVVVVVV VVVV

[\[13-C\]](#)

SPOUSE BIRTHDATE (MMDDCCYY): 99999999

[\[14-C\]](#)

IF UNKNOWN, AGE: 999

[\[15-M\]](#)

IS SPOUSE DECEASED (Y/N): X

[\[16-C\]](#)

[\[17-C\]](#)

IF NO, SPOUSE BLIND (Y/N/U): X SPOUSE DISABLED (Y/N/U): X

[\[18-C\]](#)

IF SEPARATED/FORMER SPOUSE IS AGED, BLIND, OR DISABLED,
ADDRESS:

XX
XX

[\[19-C\]](#)

DO YOU WANT TO FILE FOR SPOUSE (Y/N): X

[\[10-O\]](#)

[\[12-O\]](#)

ANOTHER MARRIAGE (Y): X

REMARKS (Y): X

LRES - RESIDENCE ADDRESS (#1)

MSSICS RESIDENCE ADDRESS PAGE 1 OF LRES

[\[1-D\]](#)

[\[2-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER
TO: XXXX

[\[3-M\]](#)

ADDRESS: PPPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP
PPPPPPPPPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPPPPPP

[\[4-M\]](#)

[\[5-O\]](#)

[\[6-C\]](#)

CITY: PPPPPPPPPPPPPPPPPPPPPPP STATE: PP ZIP: PPPPP

[\[7-O\]](#)

[\[8-O\]](#)

COUNTY: XXXXXXXXXXXXXXXXXXXX COUNTRY: PPPPPPPPPPPPPPPPPPPPPPP

[\[9-O\]](#)

[\[10-O\]](#)

CONSULAR CODE: PPP POSTAL ZONE: PPPPPPPPPPPPPPP

[\[11-M\]](#)

JURISDICTIONAL RESIDENCE ADDRESS SAME AS ABOVE (Y/N): X

[\[12-C\]](#)

CHILD OF ARMED FORCES MEMBER STATIONED
OUTSIDE THE U.S. BY ORDER (Y/N): X

[\[13-C\]](#)

IF YES, VERIFIED (Y/N): X

[\[14-C\]](#)

OUTSIDE U.S. RESIDENCE START DATE (MMYY): 9999

[\[15-M\]](#)

RESIDENCE STATE/COUNTY CODE: PPPPP

[\[16-O\]](#)

STATE/COUNTY OVERRIDE (Y):

[\[17-O\]](#)

REMARKS (Y): X

LRES - RESIDENCE ADDRESS (#2)

MSSICS RESIDENCE ADDRESS PAGE 2 OF LRES

[\[1-D\]](#)

[\[2-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER
TO: XXXX

[\[18-M\]](#)

RESIDENCE TYPE (SELECT ONE): 9 1 = HOUSE/APARTMENT/MOBILE HOME/
HOUSEBOAT

2 = ROOM (PRIVATE HOME)/FLAT FEE

3 = ROOM (COMMERCIAL ESTABLISHMENT)

4 = NON INSTITUTIONAL CARE

6 = INSTITUTION

[\[19-M\]](#)

RESIDENCE START DATE (MMDDYY): 999999

[\[17-O\]](#)

REMARKS (Y): X

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS
SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS
SSSSS SSSS SSSS

[\[5-M\]](#)

(Y/N)

X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS
BONDS)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN
HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION
FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT
BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN
OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE
RESOURCES LISTED BELOW:

[\[2-D\]](#)

[\[3-D\]](#)[\[4-D\]](#)

01=SSSSSS SSSSS SSSS SSSS 04=SSSSSS SSSSS SSSS SSSS 07=SSSSSS
SSSSS SSSS SSSS

02=SSSSSS SSSSS SSSS SSSS 05=SSSSSS SSSSS SSSS SSSS 08=SSSSSS
SSSSS SSSS SSSS

03=SSSSSS SSSSS SSSS SSSS 06=SSSSSS SSSSS SSSS SSSS 09=SSSSSS
SSSSS SSSS SSSS

[\[5-M\]](#)

(Y/N)

X BURIAL CONTRACTS OR TRUST (FUNDS SET ASIDE FOR BURIAL)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS,
CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[\[6-D\]](#) [\[7-D\]](#) [\[8-D\]](#)

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS
SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY
MONEY OR
OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN
COUNTRIES?

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

[\[9-O\]](#)

X DISPLAY RESOURCES SUMMARY

01 X 02 X 03 X 04 X 05 X 06 X 07 X 08 X 09 X

G. FACSIMILE 4: RMEN - RESOURCES MENU

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN
OR DO THEIR
NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE
RESOURCES LISTED BELOW:

[\[2-D\]](#) [\[3-D\]](#) [\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

[\[5-M\]](#)

(Y/N)

B VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

10 B 11 B 12 B

B LIFE INSURANCE

10 B 11 B 12 B

B ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

10 B 11 B 12 B

B CASH

10 B 11 B 12 B

B FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION,
CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY
ACCOUNT)

10 B 11 B 12 B

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN
OR DO THEIR
NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE
RESOURCES LISTED BELOW:

[\[2-D\]](#) [\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

[\[5-M\]](#)

(Y/N)

B STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

10 B 11 B 12 B

B PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

10 B 11 B 12 B

B REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

10 B 11 B 12 B

B OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFETY DEPOSIT BOXES

OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

10 B 11 B 12 B

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO THE FOLLOWING PEOPLE OWN OR DO THEIR

NAMES APPEAR, EITHER ALONE OR WITH OTHER PEOPLE, ON THE RESOURCES LISTED BELOW:

[\[2-D\]](#)

[\[3-D\]](#)[\[4-D\]](#)

10=SSSSSS SSSSS SSSS SSSS

11=SSSSSS SSSSS SSSS SSSS

12=SSSSSS SSSSS SSSS SSSS

[\[5-M\]](#)

(Y/N)

B BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

10 B 11 B 12 B

B BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

10 B 11 B 12 B

[\[6-D\]](#)

[\[7-D\]](#)

[\[8-D\]](#)

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS OR SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE, DISPOSED OF OR GIVEN AWAY ANY MONEY OR

OTHER PROPERTY, INCLUDING PROPERTY OR MONEY IN FOREIGN COUNTRIES?

10 X 11 X 12 X

[\[9-O\]](#)

X DISPLAY RESOURCES SUMMARY

10 X 11 X 12 X

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

[\[5-M\]](#)

(Y/N)

X VEHICLES (AUTO, TRUCK, CAMPER, BOAT, MOTORCYCLE, ETC.)

X LIFE INSURANCE

X ITEMS HELD FOR POTENTIAL VALUE / INVESTMENT

X CASH

X FINANCIAL INSTITUTION ACCOUNTS (CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, TIME DEPOSITS, INDIVIDUAL INDIAN MONEY ACCOUNT)

X STOCKS AND BONDS (STOCKS, MUTUAL FUNDS, BONDS, U.S. SAVINGS BONDS)

X PROMISSORY NOTES/LOANS/PROPERTY AGREEMENTS

X REAL PROPERTY/BUSINESS PROPERTY OR EQUIPMENT, OTHER THAN HOME,

(LAND, HOUSES, BUILDINGS, PROPERTY IN FOREIGN COUNTRIES)

[\[1-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS DO YOU OWN OR DOES YOUR NAME APPEAR,

EITHER ALONE OR WITH OTHER PEOPLE, ON ANY OF THE FOLLOWING:

[\[5-M\]](#)

(Y/N)

X OTHER RESOURCES (LIFE ESTATES, UNPROBATED ESTATES, PENSION FUNDS,

TRUSTS, MINERAL RIGHTS, BELONGINGS HELD IN SAFE DEPOSIT BOXES OR OTHER ITEMS THAT CAN BE TURNED INTO CASH, ETC.)

X BURIAL CONTRACTS OR TRUSTS (FUNDS SET ASIDE FOR BURIAL)

X BURIAL SPACES AND RELATED ITEMS (CEMETERY LOTS, CRYPTS, CASKETS, URNS,

OR OTHER REPOSITORIES FOR BURIAL OR ANY HEADSTONE OR MARKER)

[\[6-D\]](#)

[\[7-D\]](#)

X SINCE SS/01/SSSS, HAS SSSSS SSSSSS SSSS SOLD, TRANSFERRED TITLE,
DISPOSED

OF OR GIVEN AWAY ANY MONEY OR OTHER PROPERTY, INCLUDING
PROPERTY

OR MONEY IN FOREIGN COUNTRIES?

[\[9-0\]](#)

X DISPLAY RESOURCES SUMMARY

IMEN - INCOME MENU (INDIVIDUALS)

MSSICS

INCOME MENU

PAGE 1 OF IMEN

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

[\[2-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/SS/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X SSI
- X STATE OR LOCAL ASSISTANCE BASED ON NEED
- X REFUGEE CASH ASSISTANCE
- X AFDC
- X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS
- X DISASTER RELIEF
- X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A

DEPENDENT)

- X * HAVE YOU RECEIVED ANY OTHER INCOME
- X SOCIAL SECURITY
- X * HAVE YOU RECEIVED AND EXPECT TO CONTINUE RECEIVING

WITHOUT

INTERRUPTION THE PAYMENTS LISTED ABOVE

- X * DO YOU MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

[\[2-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X OTHER INCOME BASED ON NEED
- X BLACK LUNG
- X RAILROAD BOARD BENEFITS
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)
- X OFFICE OF PERSONNEL MANAGEMENT
- X PENSION
- X UNEMPLOYMENT COMPENSATION
- X WORKERS' COMPENSATION
- X INTEREST
- X DIVIDENDS
- X ROYALTIES/HONORARIA (UNEARNED)
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
- X ALIMONY

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

[\[2-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE YOU RECEIVED OR EXPECT TO RECEIVE

INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

Y/N

- X CHILD SUPPORT
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- X SICK PAY (EARNED)
- X SICK PAY (UNEARNED)
- X WAGES
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED

G. FACSIMILE 4: IMEN - INCOME MENU

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO:XXXX

(Y/N) ADDITIONAL DEVELOPMENT:

[4-O]

X PASS INPUT NEEDED

[5-O]

X SCHOOL INPUT NEEDED

[6-O]

X BLIND COUNTABLE INCOME INPUT NEEDED

[7-O]

X DISPLAY INCOME SUMMARY SCREEN

[8-M]

[3-D]

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES

[9-D]

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X SSI

02: 03: 04: 05: 06: 07: 08: 09:

X STATE OR LOCAL ASSISTANCE BASED NEED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X REFUGEE CASH ASSISTANCE

01: 02: 03: 04: 05: 06: 07: 08: 09:

X AFDC

01: 02: 03: 04: 05: 06: 07: 08: 09:

X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X DISASTER RELIEF

01: 02: 03: 04: 05: 06: 07: 08: 09:

X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

I. FACSIMILE 6: IMEN - INCOME MENU

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X STATE OR LOCAL ASSISTANCE BASED NEED

10: 11: 12:

X REFUGEE CASH ASSISTANCE

10: 11: 12:

X AFDC

10: 11: 12:

X GENERAL ASST FROM BUREAU OF INDIAN AFFAIRS

10: 11: 12:

X DISASTER RELIEF

10: 11: 12:

X VA BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A DEPENDENT)

10: 11: 12:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

02: 03: 04: 05: 06: 07: 08: 09:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

01: 02: 03: 04: 05: 06: 07: 08: 09:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

02: 03: 04: 05: 06: 07: 08: 09:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

02: 03: 04: 05: 06: 07: 08: 09:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X HAVE ANY OF THE LISTED PEOPLE RECEIVED ANY OTHER INCOME

10: 11: 12:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE LISTED PEOPLE RECEIVED

OR EXPECT TO RECEIVE IN THE NEXT 14 MONTHS:

X SOCIAL SECURITY

10: 11: 12:

X HAVE ANY OF THE LISTED PEOPLE RECEIVED AND EXPECT TO CONTINUE TO

RECEIVE WITHOUT INTERRUPTION THE PAYMENTS LISTED ABOVE

10: 11: 12:

X DOES ANYONE MAKE ANY SUPPORT PAYMENTS UNDER A COURT ORDER OR UNDER

TITLE IV-D

10: 11: 12:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

[\[5-O\]](#)

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

02: 03: 04: 05: 06: 07: 08: 09:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

[\[10-O\]](#)

(Y/N)

X CR WANTS TO DO FULL DEVELOPMENT

10: 11: 12:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X OTHER INCOME BASED ON NEED

01: 02: 03: 04: 05: 06: 07: 08: 09:

X BLACK LUNG

01: 02: 03: 04: 05: 06: 07: 08: 09:

X RAILROAD BOARD BENEFITS

01: 02: 03: 04: 05: 06: 07: 08: 09:

X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS A

DEPENDENT)

01: 02: 03: 04: 05: 06: 07: 08: 09:

X OFFICE OF PERSONNEL MANAGEMENT

01: 02: 03: 04: 05: 06: 07: 08: 09:

X PENSION

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

- X OTHER INCOME BASED ON NEED
10: 11: 12:
- X BLACK LUNG
10: 11: 12:
- X RAILROAD BOARD BENEFITS
10: 11: 12:
- X VA PAYMENTS NOT BASED ON NEED (PAID DIRECTLY OR INDIRECTLY AS
A DEPENDENT)
10: 11: 12:
- X OFFICE OF PERSONNEL MANAGEMENT
10: 11: 12:
- X PENSION
10: 11: 12:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATIONS SSSS) 09=(NAME RELATION SSSS)

(Y/N)

- X UNEMPLOYMENT COMPENSATION
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X WORKERS' COMPENSATION
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X INTEREST
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X DIVIDENDS
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X ROYALTIES/HONORARIA
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS
01: 02: 03: 04: 05: 06: 07: 08: 09:
- X ALIMONY

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

X UNEMPLOYMENT COMPENSATION

10: 11: 12:

X WORKERS' COMPENSATION

10: 11: 12:

X INTEREST

10: 11: 12:

X DIVIDENDS

10: 11: 12:

X ROYALTIES/HONORARIA

10: 11: 12:

X RENTAL/LEASE INCOME NOT FROM A TRADE OR BUSINESS

10: 11: 12:

X ALIMONY

10: 11: 12:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE SOURCES:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N)

X CHILD SUPPORT

- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X SICK PAY RECEIVED (EARNED)
- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X SICK PAY RECEIVED (UNEARNED)
- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X WAGES
- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- 01: 02: 03: 04: 05: 06: 07: 08: 09:
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED
- 01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[8-M\]](#)

[\[3-D\]](#)

SINCE THE FIRST MOMENT OF SS/01/SSSS, HAVE ANY OF THE FOLLOWING PEOPLE

RECEIVED OR EXPECT TO RECEIVE INCOME IN THE NEXT 14 MONTHS FROM ANY OF THESE

SOURCES:

[\[9-D\]](#)

10=(NAME RELATION SSSS)

11=(NAME RELATION SSSS)

12=(NAME RELATION SSSS)

(Y/N)

- X CHILD SUPPORT
- 10: 11: 12:
- X OTHER BUREAU OF INDIAN AFFAIRS INCOME
- 10: 11: 12:
- X SICK PAY RECEIVED (EARNED)
- 10: 11: 12:
- X SICK PAY RECEIVED (UNEARNED)
- 10: 11: 12:
- X WAGES
- 10: 11: 12:
- X SELF-EMPLOYMENT INCOME prior / current taxable year
- 10: 11: 12:
- X OTHER INCOME OR SUPPORT NOT PREVIOUSLY MENTIONED
- 10: 11: 12:

[\[9-D\]](#)

01=(NAME RELATION SSSS) 04=(NAME RELATION SSSS) 07=(NAME RELATION SSSS)

02=(NAME RELATION SSSS) 05=(NAME RELATION SSSS) 08=(NAME RELATION SSSS)

03=(NAME RELATION SSSS) 06=(NAME RELATION SSSS) 09=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

[\[11-O\]](#)

X PASS INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[5-O\]](#)

X SCHOOL INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[10-O\]](#)

X BLIND COUNTABLE INCOME INPUT NEEDED

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[12-O\]](#)

X DISPLAY INCOME SUMMARY SCREEN

01: 02: 03: 04: 05: 06: 07: 08: 09:

[\[9-D\]](#)

01=(NAME RELATION SSSS)

02=(NAME RELATION SSSS)

03=(NAME RELATION SSSS)

(Y/N) ADDITIONAL DEVELOPMENT:

[\[11-O\]](#)

X PASS INPUT NEEDED

10: 11: 12:

[\[5-O\]](#)

X SCHOOL INPUT NEEDED

10: 11: 12:

[\[6-O\]](#)

X BLIND COUNTABLE INCOME INPUT NEEDED

10: 11: 12:

[\[12-O\]](#)

X DISPLAY INCOME SUMMARY SCREEN

10: 11: 12:

BMEN - POTENTIAL ELIGIBILITY FOR OTHER BENEFITS MENU

MSSICS POTENTIAL ELIGIBILITY FOR OTHER BENEFITS MENU BMEN

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS

TRANSFER TO: XXXX

SELECT

(Y/N)

[\[2-M\]](#)

P COMPLETE FOOD STAMPS QUESTIONS

[\[3-M\]](#)

X COMPLETE HEALTH EXPENSES QUESTIONS

[\[4-C\]](#)

DID YOU, YOUR SPOUSE, A FORMER SPOUSE, OR PARENT (IF YOU ARE FILING AS A CHILD) EVER:

(Y/N)

- X SERVE IN THE MILITARY SERVICE
- X WORK IN THE RAILROAD INDUSTRY
- X WORK FOR THE FEDERAL GOVERNMENT
- X WORK FOR A STATE OR LOCAL GOVERNMENT
- X BELONG TO A UNION WITH A PENSION PLAN
- X WORK FOR A PRIVATE EMPLOYER WITH A PENSION PLAN
- X WORK UNDER A SOCIAL SECURITY OR PENSION PLAN
 OF A COUNTRY OTHER THAN THE U.S.

BSRD – Retirement and disability entitlement

MSSICS RETIREMENT AND DISABILITY ENTITLEMENT BSRD

[\[1-O\]](#)

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[\[2-D\]](#)

POTENTIAL ENTITLEMENT ON SSN SSS-SS-SSSS

[\[3-M\]](#)

ALREADY ENTITLED TO MAXIMUM BENEFITS (Y/N): X

[\[4-C\]](#)

SELECT REASON NOT ENTITLED: 9 1=NEVER WORKED

2=NO WORK SINCE PRIOR DENIAL

3=REFUSED TO FILE

[\[5-C\]](#)

LEAD STATUS: 9 1=HANDLED 2=MAILED 3=FILED

4=SSA OFFICE REFERRAL-NO 8051 5=800 NUMBER REFERRAL

[\[6-O\]](#)

REMARKS (Y): X