

Exhibit 1

Addition of Holding Out question

- SSI Claim system web page (General Identification Holding Out screens)

Holding out –Default screen

Holding Out

* Indicates required information

Develop possible holding out relationship(s) as of, or any time since 09/30/2017 [More Info](#)

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▼ [Show person remarks](#)

No remarks

▼ [Show file documentation notes](#)

No notes

Holding Out-Yes screen

Holding Out

* Indicates required information

Develop possible holding out relationship(s) as of, or any time since 09/30/2017 [More Info](#)

Yes

* **Holding Out Relationships**
At least one row is required

Status	Other Person's Name	Other Person's SSN	Present to the Community as Married Couple	Consider as a Couple for SSI	Holding Out Begin Date (mm/dd/yyyy)	Holding Out End Date (mm/dd/yyyy)
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Show person remarks
No remarks

Show file documentation notes
No notes

Holding Out - Add Holding Out Relationship Pop-up - Default

Holding Out Relationship ✕

* Indicates required information

*** Other person's name**
First Middle Last Suffix

*** Does <first name + last name + suffix> present to the community as being part of a married couple**
 Yes No Unknown

Development needed [? More Info](#)

*** Consider as a couple for SSI**
 Yes No Decide later

Other person's SSN

*** Other person's signed statement received**
 Yes No

Holding Out - Add Holding Out Relationship Pop-up – Consider as a couple for SSI (Yes)

Holding Out Relationship ✕

* Indicates required information

* Other person's name
First Middle Last Suffix

* Does <first name + last name + suffix> present to the community as being part of a married couple
 Yes No Unknown

Development needed [? More Info](#)

* Name(s) you are known by in the community Unknown

* How do you introduce the other person to friends, relatives, or others Unknown

* How is mail addressed to you and the other person Unknown

* Bills, installment contracts, tax returns or other papers showing you or addressed to you as husband and wife
 Yes No Unknown

* Residence owned or rented by both of you
 Yes No Unknown

* Name on deed or lease Unknown

* Consider as a couple for SSI
 Yes No Decide later

* Begin date Unknown * End date Unknown
mm/dd/yyyy mm/dd/yyyy

* Other person's SSN

* Other person's signed statement received
 Yes No

Holding Out - Add Holding Out Relationship Pop-up - Consider As Couple (No)

Holding Out Relationship ✕

* Indicates required information

*** Other person's name**
First Middle Last Suffix

*** Does <first name + last name + suffix> present to the community as being part of a married couple**
 Yes No Unknown

Development needed [? More Info](#)


*** Consider as a couple for SSI**
 Yes No Decide later

*** Explain**

Other person's SSN

*** Other person's signed statement received**
 Yes No

22. Supplemental Security Income Application - Abbreviated

 **SSI Claim** PolicyNet

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


General Identification Living Arrangements Resources Income Benefit Leads Summary

General Identification


- Person Information
- SSI Application**
 - Disability
 - Multiple SSNs
 - Residency & Presence in US
 - Payment Method
 - FI Permission
 - Felony Warrant (0)
 - Parole or Probation Warrant(0)
 - Child's Parents
 - Marriage (0)
 - Holding Out (0)


Supplemental Security Income Application

* Indicates required information


* **Application type**  More Info


* **Abbreviated application reason**

Protective filing date  More Info
mm/dd/yyyy

* **Effective filing date**  More Info
mm/dd/yyyy

* **Applicant type**

 Show person remarks
No remarks

 Show file documentation notes
No notes


Abbreviated application reason dropdown

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- Absence from U.S.
- Excess Countable Income
- Excess Resources
- Failure to Pursue Claim
- Ineligible Resident of a Public Institution
- Inmate of a Penal Institution
- Not a Citizen or Lawfully Admitted Alien
- Not age 65, Blind or Disabled
- Not a Resident of the United States

4. Single Person Income Selection (Abbreviated, Deferred Claims)

Help

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

Income | Summary

Income Selection

* Indicates required information.

Income

Since the first moment of 07/01/2013, have you received or expect to receive income in the next 3 months from any of these sources

* **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

7. Multi Person Income Selection (Abbreviated, Deferred Claims)

Help

Income Summary

Income Selection

* Indicates required information.

Income

Since the first moment of 07/01/2013 have any of the following people received or expect to receive income in the next 3 months from any of these sources

* Temporary Assistance for Needy Families

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

* Refugee Cash Assistance

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

* General Assistance from Bureau of Indian Affairs

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

* Disaster Assistance

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown


* Supplemental Security Income

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

* Adoption, Foster Care, or Kinship Guardianship Assistance

[REDACTED] - Claimant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
[REDACTED] - Ineligible Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

25. Residence Address and Jurisdiction (Deferred application - House)

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

* Lives with

* Residence start date
mm/dd/yyyy Unknown

Intended first of month residence

* Expect change in living arrangement and/or residence

Yes No Unknown

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

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Save & Return to Mainframe

Live with dropdown

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Alone

Spouse, parents, and/or children

Others

Unknown

26. Residence Address and Jurisdiction (Deferred application - Room in commercial establishment)

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

* Lives with

* Residence start date Unknown
mm/dd/yyyy

Intended first of month residence

* Expect change in living arrangement and/or residence

- Yes
- No
- Unknown

* Meets Supplemental Nutrition Assistance Program (SNAP) requirements

- Yes
- No
- Unknown

Show person remarks

No remarks

Show file documentation notes

No notes


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27. Residence Address and Jurisdiction (Deferred application - Room in private dwelling)

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

*** Separate household verified with landlord**

- Yes
- No

*** Lives with**

*** Residence start date**
mm/dd/yyyy Unknown

Intended first of month residence

*** Expect change in living arrangement and/or residence**

- Yes
- No
- Unknown

Show person remarks

No remarks

Show file documentation notes

No notes


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84.Living Arrangement Abbreviated Application (Default)

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

Abbreviated Application

Living Arrangement Abbreviated Application

* Indicates required information

* **Federal living arrangement code** [More Info](#)

* **Optional state supplement code for Claimant, Jordan Williams 997-45-6890** [Reference](#)

- Independent living with cooking facilities (A)
- Nonmedical Out-of-Home Care (NMOHC) (B)
- Independent living without cooking facilities (C)
- Living in the household of another (D)
- Disabled child under age 18 (E)
- Nonmedical Out-of-Home Care (NMOHC) in the household of another (F)
- Disabled child under age 18 in the household of another (G)
- Residents of Title XIX facilities (J)
- Optional supplement waived (Y)
- No supplement (Z)
- Decide later

[+](#) Show person remarks

No remarks

[+](#) Show file documentation notes

No notes

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Federal living arrangement code dropdown

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- Own household (A)
- Another's household (B)
- Child owned house (C)
- Title XIX institution
- Decide later