# Current Screens

# Justification for Non-Substantive Change to

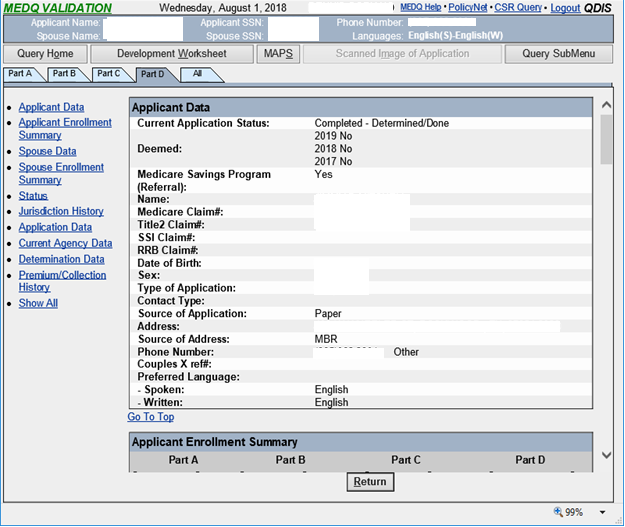
**Form SSA-1020/i1020**

***Application for Extra Help with Medicare Prescription Drug Plan Costs***

**OMB No. 0960-0696 – Current Screens**

***Change 1:***

**Current MEDQ Default Screen (QDIS)**



**Current QDIS display: Client Data section (Part A tab)**

## Client Data

### Name:

**Medicare Claim#: Title2 Claim#: SSI Claim#:**

**RRB Claim#: Date of Birth: Sex:**

**Address:**

**Source of Address:** MBR

**Phone Number: Couples X ref#:**

**Preferred Language:**

* **Spoken:** English
* **Written:** English

# Current QDIS display: Client Data section (Part B tab)

## Client Data

#### Name:

**Medicare Claim#: Title2 Claim#: SSI Claim#:**

**RRB Claim#: Date of Birth: Sex:**

**Address:**

**Source of Address:** MBR

**Phone Number: Couples X ref#: Preferred Language:**

* **Spoken:** English
* **Written:** English

# Current QDIS display: Client Data section (Part C tab)

### Client Data

Name:

Medicare Claim#: Title2 Claim#: SSI Claim#:

RRB Claim#: Date of Birth: Sex:

Address:

Source of Address: MBR

Phone Number: Couples X ref#: Preferred Language:

* **Spoken:** English
* **Written:** English

# Current QDIS display: Applicant Data section (Part D & ‘All’ tab)

### Applicant Data

**Current Application Status:** Completed - Determined/Done 2019 No

Deemed:

2018 No

2017 No

Medicare Savings Program (Referral): Yes

Name:

Medicare Claim#: Title2 Claim#: SSI Claim#:

RRB Claim#:

Date of Birth: Sex:

Type of Application: Contact Type:

Source of Application: Paper

Address:

Source of Address: MBR

**Phone Number:** Other

Couples X ref#: Preferred Language:

* **Spoken:** English
* **Written:** English

# Current QDIS display: Spouse Data section (Part D & ‘All’ tab)

### Spouse Data

**Current Application Status:** Completed - Determined/Done 2019 No

Deemed:

2018 No

2017 No

Medicare Savings Program (Referral): Yes

Name:

Medicare Claim#: Title2 Claim#: SSI Claim#:

RRB Claim#:

Date of Birth: Sex:

Type of Application: Contact Type:

Source of Application: Paper

Address:

Source of Address: MBR

**Phone Number:** Other

Couples X ref#: Preferred Language:

* **Spoken:** English
* **Written:** English

