| Screen name                         | PCS Question   | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum Death Payment (SSA-8) OMB No. 0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|-------------------------------------|--|--|--|---|---|--|---|---|--|--|--|---|
| Individual<br>Information<br>Screen | Is John Doe answering the questions?                         |  |  |   |   |  |   |   |  |  | Both SSI applications to a questions for na                                    | answer the  |
| Individual<br>Information<br>Screen | Is John Doe inquiring on his or her own behalf?              |  |  |   |   |  |   |   |  |  | person/agency<br>relationship to<br>the individual is                          | and<br>the claimant if  |
| Individual<br>Information<br>Screen | Is someone else inquiring on John Doe behalf?                |  |  |   |   |  |   |   |  |  | behalf of some<br>These three que<br>represent the in                          | estions   |
| Individual<br>Information<br>Screen | What is the inquiring individual's relationship to John Doe? |  |  |   |   |  |   |   |  |  | X  | X   |
| Individual<br>Information<br>Screen | Name or Organization's<br>Name                               |  |  |   |   |  |   | X   |  |  | Х  | Х   |
| Individual<br>Information<br>Screen | Is John Doe legally incompetent?                             | This is not an a<br>legal guardian)                                    | • •  | stion. We are   | asking this que   | estion to detern   | nine if the ind   | dividual inqui  | iring meets the respor   | ndent criteria (                                 | legally incompete  | ent adult with a  |
| Protective<br>Filing Screen         |  |  | This s   | screen is for ir  | nternal use only  | . Questions are  | e for the SSA   | employee ar   | nd not the public.   |  |  |   |

| Screen name                     | PCS Question   | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---------------------------------|--|---|--|---|---|--|---|---|--|---|--|---|
| Person<br>Information<br>Screen | This screen provides in<br>that collect name, date<br>if it differs from what th | of birth, social  | security numl  |   |   |  |   |   | •  |   | • •  | •   |
| Person<br>Information<br>Screen | SSN  | Х   | X  | X   |   | X  | Х   | X   | Х  | Х   | X  | Х   |
| Person<br>Information<br>Screen | Name   | Х   | Х  | Х   | X   | X  | Х   | Х   | Х  | Х   | Х  | Х   |
| Person<br>Information<br>Screen | Other Names Used   | X   | Х  | Х   | X   |  |   |   |  |   | X  | X   |
| Person<br>Information<br>Screen | Sex  | Х   | Х  | Х   | X   | Х  | Х   | Х   | X  | Х   | Х  | Х   |

| Screen name                     | PCS Question                  | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618        | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---------------------------------|-------------------------------|---|--|---|---|--|---|---|--|---|--|---|
| Person<br>Information<br>Screen | Birth Date                    | Х   | X  | X   | X   | X  | X   | Х   | X  | X   | X  | X   |
| Person<br>Information<br>Screen | Birth Place                   | Х   | Х  | Х   |   | Х  | Х   |   | Х  |   | Х  | Х   |
| Person<br>Information<br>Screen | Parent/Mother's name at birth |   |  |   | This data is o  | nly for the SSA  | employee's i  | reference an  | d is not a PCS question  | 1.  |  |   |
| Person<br>Information<br>Screen | Parent/Father's name at birth | This data is only for the SSA employee's reference and is not a PCS question. |  |   |   |  |   |   |  |   |  |   |
| Person<br>Information<br>Screen | Citizenship Country           | Х   | X  | Х   | X   |  |   |   |  |   | X  | X   |

| Screen name                     | PCS Question           | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---------------------------------|------------------------|---|--|---|---|--|---|---|--|---|--|---|
| Person<br>Information<br>Screen | U.S. Citizenship Basis | X   | X  | X   | X   |  |   |   |  |   | X  | X   |
| Person<br>Information<br>Screen | Start Date             | X   |  |   |   |  |   |   |  |   | Х  | X   |
| Person<br>Information<br>Screen | End Date               | Х   |  |   |   |  |   |   |  |   | Х  | Х   |
| Person<br>Information<br>Screen | Address                | X   | X  | Х   | X   | X  | Х   | Х   | Х  | Х   | X  | Х   |
| Person<br>Information<br>Screen | Primary Phone Number   | X   | X  | X   | X   | X  | X   | X   | X  | X   | X  | X   |

| Screen name                     | PCS Question                  | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---------------------------------|-------------------------------|--|--|---|---|--|---|---|--|---|--|---|
| Person<br>Information<br>Screen | Alternate Phone<br>Number     | This is r  | not a PCS or app   | olication ques  | tion. It is displ   | ayed in PCS bec  | ause it is link   | ed with the c   | contact information th   | at includes ad  | dress and phone  | number.   |
| Person<br>Information<br>Screen | Receive Text Message          | This is r  | ot a PCS or app  | olication ques  | tion. It is displ   | ayed in PCS bec  | ause it is link   | ed with the o   | contact information th   | at includes ad  | dress and phone  | number.   |
| Person<br>Information<br>Screen | Receive Voice Message         | This is r  | not a PCS or app   | olication ques  | tion. It is displ   | ayed in PCS bec  | ause it is link   | ed with the o   | contact information th   | at includes ad  | dress and phone  | number.   |
| Person<br>Information<br>Screen | Email                         |  |  |   | Х   |  |   |   |  |   |  |   |
| Person<br>Information<br>Screen | Spoken Language<br>Preference | X  | Х  | Х   | Х   |  |   |   |  |   |  |   |

| Screen name                     | PCS Question                               | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229                                       | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---------------------------------|--|---|--|---|---|--|---|---|--|---|--|---|
| Person<br>Information<br>Screen | Written Language<br>Preference             | X   | X  | X   | X   |  |   |   |  |   |  |   |
| Person<br>Information<br>Screen | Accommodations?                            |   |  |   |   |  |   |   |  |   | X The SSA-8000 ask for the type of mail the claimant wants to receive from us based on his or her visual impairment. |   |
| Residence<br>Screen             | Do you live at this address?               |   |  |   | X   |  |   |   |  |   |  |   |
| Residence<br>Screen             | Residence Address                          | Х   | X  | X   | X   | X  | X   | X   | X  |   | Х  | Х   |
| Residence<br>Screen             | When did you begin living at this address? | Required for Uninsured                                  |  |   |   |  |   |   |  |   |  |   |

| Screen name          | PCS Question   | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618                 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI (Abbreviated or Deferred) (SSA-8001) OMB No. 0960-0444 |
|----------------------|--|--|--|---|---|--|---|---|--|---|--|--|
|                      |  | Medicare<br>only claims<br>for non-<br>citizens per<br>CMS-18F5<br>(OMB 0938-<br>0251) |  |   |   |  |   |   |  |   |  |  |
| Residence<br>Screen  | What date did you establish residency in the United States   |  |  |   |   |  |   |   |  |   | X  |  |
| Disability<br>Screen | In the last 14 months, have you been unable to work due to illness, injuries, or conditions that is expected to last for at least 12 months or will result in death? | X  | X  | X   | X   | X  | X   | X   |  | X   | X  | X  |
| Disability<br>Screen | Are you blind or do you have low vision even with glasses or contact lens?   |  |  | X   | Х   |  |   |   |  |   |  |  |

| Screen name          | PCS Question   | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|----------------------|--|--|--|---|---|--|---|---|--|---|--|---|
| Disability<br>Screen | Have you been diagnosed with End Stage Renal Disease?  |  | • •  |   | •   |  |   |   | on having End Stage F<br>uals who are only eligi                   |   | ·  |   |
| Disability<br>Screen | What date did you become disabled and unable to work   | Х  | Х  | Х   | Х   | Х  | X   |   |  | Х   | Х  | Х   |
| Disability<br>Screen | Do you have a disabling condition that was established prior to attaining age 22?                                    |  |  |   |   |  |   |   |  |   | X  | X   |
| Disability<br>Screen | Do you have a parent who is age 62 or older, unable to work because of illness, injuries or conditions, or deceased? |  |  |   |   |  |   |   |  |   | X  | X   |
| Disability<br>Screen | Parent 1 SSN   |  |  |   |   |  |   |   |  |   | Х  | Х   |
| Disability<br>Screen | Parent 2 SSN   |  |  |   |   |  |   |   |  |   | X  | X   |

| Screen name     | PCS Question   | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability<br>Insurance<br>Benefits<br>(SSA-16)<br>OMB No.<br>0960-<br>0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|-----------------|--|---|--|---|---|--|---|---|--|---|--|---|
| Earnings Screen | Have you worked under any other Social Security Numbers (SSN)?                 | Х   | X  | X   | Х   |  |   |   |  |   |  |   |
| Earnings Screen | What other SSN(s) have you used?   | Χ   | X  | X   | Х   |  |   |   |  | Х   | X  |   |
| Earnings Screen | Did you work last year or any time this year?                                  | Х   |  |   | Х   |  |   |   |  |   |  |   |
| Earnings Screen | Last year's earnings: Type (wages/self- employment) and Amount.                | X   | X  | X   | X   | X  | Х   | X   | X  |   |  |   |
| Earnings Screen | Current earnings: Type (wages/self-employment) and Amount.                     | X   | X  |   | X   | X  | X   | X   | X  |   |  |   |
| Earnings Screen | Are you currently working?   |   |  |   |   |  |   |   |  |   | X  | X   |
| Earnings Screen | Current earnings: Type<br>(wages/self-<br>employment) Amount,<br>and Frequency |   |  |   |   |  |   |   |  |   | X  | X   |

| Screen name     | PCS Question  | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|-----------------|---|---|--|---|---|--|---|---|--|---|--|---|
| Earnings Screen | Have you worked and/or reported earnings in a foreign country?          | X   | X  | X   | X   | X  | X   |   | X  |   | X  |   |
| Earnings Screen | In what foreign country have you reported earnings?                     | Х   | Х  | Х   | Х   | Х  | X   |   | X  |   |  |   |
| Earnings Screen | Did you serve in the military service before 1968?                      | Х   | Х  | Х   | Х   | Х  |   |   | X  |   | Х  |   |
| Earnings Screen | Start and End Dates   | X   | X  | Х   | X   |  |   |   |  |   | Х  |   |
| Earnings Screen | Have you worked for the Railroad 5 years or more?                       | Х   | Х  | X   | Х   | Х  | Х   |   | X  |   | X  |   |
| Earnings Screen | Are you receiving or eligible to receive a Railroad pension or annuity? |   |  |   | Х   |  |   |   |  |   | X  |   |

| Screen name              | PCS Question   | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012     | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI (Abbreviated or Deferred) (SSA-8001) OMB No. 0960-0444 |
|--------------------------|--|---|--|---|---|--|---|---|--|---|--|--|
| Earnings Screen          | Have you received Railroad Unemployment Insurance Act benefits in the last 18 months?          | Railroad Unem   | ployment in th   | e last 18 mon   |   | ocial Security be  | enefits could   | have an adve  | s to determine prior to<br>erse effect on his or he<br>urity benefits. | ~   |  |  |
| Earnings Screen          | Has your spouse or prior spouse worked for the Railroad for 5 years or more?                   | X   | X  | X   | X   | Х  |   |   | X  | X   | X  |  |
| Earnings Screen          | Is your spouse or prior spouse receiving or eligible to receive a Railroad pension or annuity? |   |  |   | X   |  |   |   |  |   | X  |  |
| Insured Status<br>Screen | The Insured Status Screer possibly filing dates.   | is for internal u                                       | se only. SSA er  | nployees refe   | er to the individ   | ual's insured st   | atus data wh  | en discussing   | g earnings, disability o   | nset dates, mo  | onth of entitlemer   | nts and  |
| Children Screen          | Do you have any children?  |   |  |   | X   |  |   |   |  |   |  |  |
| Children Screen          | Are any of your children unmarried and under age 18?   |   |  |   | X   |  |   |   |  |   |  |  |

| Screen name                               | PCS Question  | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618                                    | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---|---|--|--|---|---|--|---|---|--|---|--|---|
| Children Screen                           | Are any of your children unmarried, age 18-19, and still attending elementary school or secondary school (below college level) full-time? | The Retiremen Disability Insur these question listing a child's provided in the questions. | ance Applications. The instruct name includes                                      | ons combine<br>ions for<br>the criteria                   | X   |  |   |   |  |   |  |   |
| Children Screen                           | Did any of your children become disabled prior to the age 22?   |  |  |   | X   |  |   |   |  |   |  |   |
| Supplemental Security Income Screen       | Do you wish to apply for Supplemental Security Income?  |  |  |   | Х   |  |   |   |  |   |  |   |
| Supplemental<br>Security<br>Income Screen | Since the first moment of the month of mm/dd/yyyy, do you own, or does your name appear on any resources, either                          |  |  |   |   |  |   |   |  |   | X  | X   |

| Screen name                               | PCS Question  | Retirement<br>Insurance<br>Benefits<br>(SSA-1)<br>OMB No.<br>0960-0618 | Husband's<br>or Wife's<br>Insurance<br>Benefits<br>(SSA-2)<br>OMB No.<br>0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim<br>(online<br>application)<br>OMB No.<br>0960-0618 | Widow(er)'s<br>Insurance<br>Benefits<br>(SSA-10)<br>OMB No.<br>0960-0004 | Mother<br>or Father<br>Insurance<br>Benefits<br>(SSA-5)<br>OMB No.<br>0960-<br>0003 | Child<br>Insurance<br>Benefits<br>(SSA-4)<br>OMB No.<br>0960-<br>0010 | Parent's Insurance<br>Benefits<br>(SSA-7)<br>OMB No. 0960-<br>0012 | Lump Sum<br>Death<br>Payment<br>(SSA-8)<br>OMB No.<br>0960-0013 | Supplemental<br>Security<br>Income (SSI)<br>(SSA-8000)<br>OMB No.<br>0960-0229 | SSI<br>(Abbreviated<br>or Deferred)<br>(SSA-8001)<br>OMB No.<br>0960-0444 |
|---|---|--|--|---|---|--|---|---|--|---|--|---|
| Supplemental<br>Security<br>Income Screen | List your resources with value.   |  |  |   |   |  |   |   |  |   | X  | X   |
| Supplemental<br>Security<br>Income Screen | At any time since mm/dd/yyyy, have you or received any type of income, or do you expect to receive any type of income in the next 3 months? |  |  |   |   |  |   |   |  |   | Х  | Х   |
| Supplemental<br>Security<br>Income Screen | List your Income and value.   |  |  |   |   |  |   |   |  |   | X  | X   |