| Screen name | PCS Question | Retirement Insurance Benefits (SSA-1) OMB No. 0960-0618 | Husband's or Wife's Insurance Benefits (SSA-2) OMB No. 0960-0618 | Disability Insurance Benefits (SSA-16) OMB No. 0960- 0618 | iClaim (online application) OMB No. 0960-0618 | Widow(er)'s Insurance Benefits (SSA-10) OMB No. 0960-0004 | Mother or Father Insurance Benefits (SSA-5) OMB No. 0960- 0003 | Child Insurance Benefits (SSA-4) OMB No. 0960- 0010 | Parent's Insurance Benefits (SSA-7) OMB No. 0960- 0012 | Lump Sum Death Payment (SSA-8) OMB No. 0960-0013 | Supplemental Security Income (SSI) (SSA-8000) OMB No. 0960-0229 | SSI (Abbreviated or Deferred) (SSA-8001) OMB No. 0960-0444 | |
|-------------------------------------|--|---|--|---|---|--|---|---|--|---|--|---|--|
| Individual Information Screen | Is John Doe answering the questions? | | | | | | | | | | Both SSI applications to questions for n | answer the | |
| Individual Information Screen | Is John Doe inquiring on his or her own behalf? | | | | | | | | | | person/agency relationship to the individual is | the claimant if | |
| Individual Information Screen | Is someone else inquiring on John Doe behalf? | | | | | | | | | | behalf of some These three que represent the in | estions | |
| Individual Information Screen | What is the inquiring individual's relationship to John Doe? | | | | | | | | | | Х | X | |
| Individual Information Screen | Name or Organization's Name | | | | | | | X | | | Х | Х | |
| Individual Information Screen | Is John Doe legally incompetent? | | | | | | | | | | | | |
| Protective Filing Screen | | | This | screen is for ir | nternal use only | ι. Questions are | e for the SSA | employee ar | nd not the public. | | | | |

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|---------------------------------|---|---|--|---|---|--|---|---|--|---|--|---|
| Person Information Screen | This screen provides in that collect name, date if it differs from what the | of birth, social | security numl | | | | | | • | | • • | • |
| Person Information Screen | SSN | X | X | Х | | X | Х | Х | Х | Х | Х | Х |
| Person Information Screen | Name | Х | Х | Х | X | X | Х | Х | Х | Х | Х | Х |
| Person Information Screen | Other Names Used | Х | X | Х | X | | | | | | Х | X |
| Person Information Screen | Sex | Х | X | Х | X | X | Х | Х | Х | Х | Х | Х |
| Person Information | Birth Date | X | X | X | X | X | X | X | X | X | X | X |

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|---------------------------------|-------------------------------|---|--|---|---|--|---|---|--|---|--|---|
| Screen | | | | | | | | | | | | |
| Person Information Screen | Birth Place | Х | X | Х | | X | Х | | Х | | Х | Х |
| Person Information Screen | Parent/Mother's name at birth | | This data is only for the SSA employee's reference and is not a PCS question. | | | | | | | | | |
| Person Information Screen | Parent/Father's name at birth | | | | This data is c | only for the SSA | employee's | reference and | d is not a PCS question | ٦. | | |
| Person Information Screen | Citizenship Country | Х | X | Х | X | | | | | | Х | Х |
| Person Information Screen | U.S. Citizenship Basis | X | Х | Х | Х | | | | | | X | Х |

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|---------------------------------|---------------------------|---|--|---|---|--|---|---|--|---|--|---|--|
| Person Information Screen | Start Date | Х | | | | | | | | | Х | Х | |
| Person Information Screen | End Date | Х | | | | | | | | | Х | Х | |
| Person Information Screen | Address | X | X | X | X | X | X | X | Х | X | Х | X | |
| Person Information Screen | Primary Phone Number | X | X | Х | X | X | Х | Х | X | Х | Х | X | |
| Person Information Screen | Alternate Phone Number | This is not a PCS or application question. It is displayed in PCS because it is linked with the contact information that includes address and phone number. | | | | | | | | | | | |

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|---------------------------------|--------------------------------|--|--|---|---|--|---|---|--|---|--|---|
| Person Information Screen | Receive Text Message | This is r | not a PCS or app | olication ques | tion. It is displa | ayed in PCS bec | ause it is link | ed with the o | contact information th | at includes ad | dress and phone i | number. |
| Person Information Screen | Receive Voice Message | This is r | not a PCS or app | olication ques | tion. It is displa | ayed in PCS bec | ause it is link | ed with the o | contact information th | at includes ad | dress and phone I | number. |
| Person Information Screen | Email | | | | X | | | | | | | |
| Person Information Screen | Spoken Language Preference | Х | Х | Х | Х | | | | | | | |
| Person Information Screen | Written Language Preference | Х | X | Х | Х | | | | | | | |
| Person Information | Accommodations? | | | | | | | | | | X The SSA-8000 ask for the | |

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|---------------------|--|---|--|---|---|--|---|---|--|---|---|---|
| Screen | | | | | | | | | | | type of mail the claimant wants to receive from us based on his or her visual impairment. | |
| Residence Screen | Do you live at this address? | | | | X | | | | | | | |
| Residence Screen | Residence Address | Х | Х | Х | Х | Х | Х | X | X | | Х | Х |
| Residence Screen | When did you begin living at this address? | Required for Uninsured Medicare only claims for non- citizens per CMS-18F5 (OMB 0938- 0251) | | | | | | | | | | |

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|----------------------|--|---|--|---|---|--|---|---|--|--|--|--|
| Residence Screen | What date did you establish residency in the United States | | | | | | | | | | Х | |
| Disability 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 Screen | Are you blind or do you have low vision even with glasses or contact lens? | | | X | X | | | | | | | |
| Disability Screen | Have you been diagnosed with End Stage Renal Disease? | | • • | | | | | | on having End Stage Fuals who are only eligi | | • | |
| Disability Screen | What date did you become disabled and unable to work | Х | Х | Х | Х | Х | Х | | | Х | X | Х |

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|----------------------|--|---|--|---|---|--|---|---|--|---|--|--|
| Disability Screen | Do you have a disabling condition that was established prior to attaining age 22? | | | | | | | | | | Х | X |
| Disability 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 Screen | Parent 1 SSN | | | | | | | | | | Х | X |
| Disability Screen | Parent 2 SSN | | | | | | | | | | Х | X |
| Earnings Screen | Have you worked under any other Social Security Numbers (SSN)? | X | X | X | Х | | | | | | | |
| Earnings Screen | What other SSN(s) have you used? | Х | Х | Х | X | | | | | Х | Х | |
| Earnings Screen | Did you work last year or any time this year? | Х | | | X | | | | | | | |

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|-----------------|--|--|--|---|---|--|---|---|--|---|--|---|
| 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 | | Х | X | X | Х | X | | | |
| Earnings Screen | Are you currently working? | | | | | | | | | | X | X |
| Earnings Screen | Current earnings: Type (wages/self-employment) Amount, and Frequency | | | | | | | | | | Х | Х |
| Earnings Screen | Have you worked and/or reported earnings in a foreign country? | X | Х | X | X | X | Х | | X | | X | |
| Earnings Screen | In what foreign country have you reported earnings? | Х | Х | Х | Х | Х | Х | | Х | | | |

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|-----------------|--|---|--|---|---|--|---|---|--|---|--|--|
| Earnings Screen | Did you serve in the military service before 1968? | X | Х | Х | X | Х | | | X | | X | |
| Earnings Screen | Start and End Dates | X | Х | X | X | | | | | | Х | |
| Earnings Screen | Have you worked for the Railroad 5 years or more? | Х | Х | Х | Х | Х | X | | Х | | X | |
| Earnings Screen | Are you receiving or eligible to receive a Railroad pension or annuity? | | | | X | | | | | | X | |
| Earnings Screen | Have you received Railroad Unemployment Insurance Act benefits in the last 18 months? | · · | ployment in th | e last 18 mon | ths, filing for So | ocial Security be | enefits could | have an adve | to determine prior to erse effect on his or he urity benefits. | ~ | | |
| Earnings Screen | Has your spouse or prior spouse worked for the Railroad for 5 years or more? | X | Х | Х | Х | Х | | | Х | Х | Х | |
| Earnings Screen | Is your spouse or prior | | | | X | | | | | | X | |

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|--------------------------|---|---|--|---|---|--|---|---|--|---|--|---|
| | spouse receiving or eligible to receive a Railroad pension or annuity? | | | | | | | | | | | |
| Insured Status Screen | The Insured Status Screen possibly filing dates. | is for internal us | se only. SSA er | nployees refe | r to the individ | ual's insured sta | atus data wh | en discussing | g earnings, disability o | nset dates, mo | nth of entitlemer | nts and |
| Children Screen | Do you have any children? | | | | Х | | | | | | | |
| Children Screen | Are any of your children unmarried and under age 18? | The Retirement | t, Husband's/W | /ife's and | Х | | | | | | | |
| Children Screen | Are any of your children unmarried, age 18-19, and still attending elementary school or secondary school (below college level) full-time? | Disability Insurathese questions listing a child's provided in the questions. | s. The instruct name includes | ions for the criteria | X | | | | | | | |
| Children Screen | Did any of your children become disabled prior to the age 22? | | | | X | | | | | | | |

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|---|---|--|--|---|---|--|---|---|--|---|--|---|
| Supplemental Security Income Screen | Do you wish to apply for Supplemental Security Income? | | | | Х | | | | | | | |
| Supplemental Security 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 |
| Supplemental Security Income Screen | List your resources with value. | | | | | | | | | | X | Х |
| Supplemental Security 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? | | | | | | | | | | X | Х |

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|---|-----------------------------|---|--|---|---|--|---|---|--|--|--|--|
| Supplemental Security Income Screen | List your Income and value. | | | | | | | | | | X | X |