

## ATTACHMENT 1 – TABLE OF PCS QUESTIONS WITH CORRESPONDING TITLE II AND TITLE XVI APPLICATIONS

| 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 |
|-------------------------------|--|--|--|---|---|--|---|---|--|---|--|---|
| Individual Information Screen | Is John Doe answering the questions?   |  |  |   |   |  |   |   |  |   | Both SSI applications provide instructions to answer the questions for name of person/agency and relationship to the claimant if the individual is applying on behalf of someone else. These three questions represent the instructions. |   |
| Individual Information Screen | Is John Doe inquiring on his or her own behalf?  |  |  |   |   |  |   |   |  |   |  |   |
| Individual Information Screen | Is someone else inquiring on John Doe behalf?  |  |  |   |   |  |   |   |  |   |  |   |
| Individual Information Screen | What is the inquiring individual’s relationship to John Doe?                                 |  |  |   |   |  |   |   |  |   | X  | X   |
| Individual Information Screen | Name or Organization’s Name  |  |  |   |   |  |   | X   |  |   | X  | X   |
| Individual Information Screen | Is John Doe legally incompetent?   | This is not an application question. We are asking this question to determine if the individual inquiring meets the respondent criteria (legally incompetent adult with a legal guardian) for the PCS. |  |   |   |  |   |   |  |   |  |   |
| Protective Filing Screen      | This screen is for internal use only. Questions are for the SSA employee and not the public. |  |  |   |   |  |   |   |  |   |  |   |



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|---------------------------|-------------------------------|---|--|--|---|---|---|--|---|--|---|--|
| Screen                    |                               |   |  |  |   |   |   |  |   |  |   |  |
| Person Information Screen | Birth Place                   | X   | X  | X  |   | X   | X   |  | X   |  | X   | X  |
| 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 only for the SSA employee's reference and is not a PCS question. |  |  |   |   |   |  |   |  |   |  |
| Person Information Screen | Citizenship Country           | X   | X  | X  | X   |   |   |  |   |  | X   | X  |
| Person Information Screen | U.S. Citizenship Basis        | X   | X  | X  | X   |   |   |  |   |  | X   | X  |

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|---------------------------|------------------------|---|--|--|---|---|---|--|---|--|---|--|
| Person Information Screen | Start Date             | X   |  |  |   |   |   |  |   |  | X   | X  |
| Person Information Screen | End Date               | X   |  |  |   |   |   |  |   |  | X   | X  |
| Person Information Screen | Address                | X   | X  | X  | X   | X   | X   | X  | X   | X  | X   | X  |
| Person Information Screen | Primary Phone Number   | X   | X  | X  | X   | X   | X   | X  | X   | X  | X   | 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 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. |  |   |   |  |   |   |  |   |  |   |
| Person Information Screen | Receive Voice Message       | 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. |  |   |   |  |   |   |  |   |  |   |
| Person Information Screen | Email                       |   |  |   | X   |  |   |   |  |   |  |   |
| Person Information Screen | Spoken Language Preference  | X   | X  | X   | X   |  |   |   |  |   |  |   |
| Person Information Screen | Written Language Preference | X   | X  | X   | X   |  |   |   |  |   |  |   |
| Person Information        | Accommodations?             |   |  |   |   |  |   |   |  |   | X<br>The SSA-8000<br>ask for the   |   |



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|-------------------|--|---|--|--|---|---|---|--|---|--|---|--|
| Residence Screen  | What date did you establish residency in the United States   |   |  |  |   |   |   |  |   |  | X   |  |
| 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?  | This is not an application question. Normally an individual contacts SSA to file for Medicare based on having End Stage Renal Disease (ESRD). Because PCS is identifying all potential entitlements, we need to ask this question to ensure PCS identifies individuals who are only eligible for Medicare based on ESRD requirements. |  |  |   |   |   |  |   |  |   |  |
| Disability Screen | What date did you become disabled and unable to work   | X   | X  | X  | X   | X   | X   |  |   | X  | X   | X  |

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



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|-----------------|--|---|--|--|---|---|---|--|---|--|---|--|
| Earnings Screen | Last year's earnings: Type (wages/self-employment) and Amount.       | X   | X  | X  | X   | X   | X   | 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 (wages/self-employment) Amount, and Frequency |   |  |  |   |   |   |  |   |  | X   | X  |
| 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?                  | X   | X  | X  | X   | X   | X   |  | X   |  |   |  |

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|-----------------|---|--|--|--|---|---|---|--|---|--|---|--|
| Earnings Screen | Did you serve in the military service before 1968?                                    | X  | X  | X  | X   | X   |   |  | X   |  | X   |  |
| Earnings Screen | Start and End Dates   | X  | X  | X  | X   |   |   |  |   |  | X   |  |
| Earnings Screen | Have you worked for the Railroad 5 years or more?                                     | X  | X  | X  | X   | X   | X   |  | X   |  | 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? | This question is not asked in our applications because it is information that an SSA employee needs to determine prior to taking a claim. If the individual has received Railroad Unemployment in the last 18 months, filing for Social Security benefits could have an adverse effect on his or her Railroad Unemployment. Therefore, the SSA employee will instruct the individual to contact the Railroad Board prior to filing for Social Security benefits. |  |  |   |   |   |  |   |  |   |  |
| Earnings Screen | Has your spouse or prior spouse worked for the Railroad for 5 years or more?          | X  | X  | X  | X   | X   |   |  | X   | X  | X   |  |
| Earnings Screen | Is your spouse or prior   |  |  |  | X   |   |   |  |   |  | X   |  |



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|-------------------------------------|---|---|--|--|---|---|---|--|---|--|---|--|
| Supplemental Security Income Screen | Do you wish to apply for Supplemental Security Income?  |   |  |  | X   |   |   |  |   |  |   |  |
| 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   | X  |
| 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   | X  |

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