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 a guestions for name	answer the		
Individual Information Screen	Is John Doe inquiring on his or her own behalf?										person/agency relationship to the individual is	and the claimant if		
Individual Information Screen	Is someone else inquiring on John Doe behalf?										behalf of some These three que represent the ir	estions		
Individual Information Screen	What is the inquiring individual's relationship to John Doe?										X	Х		
Individual Information Screen	Name or Organization's Name							Х			X	Х		
Individual Information Screen	Is John Doe legally incompetent?													
Protective Filing Screen			This s	creen is for ir	iternal use only	v. 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 t	e of birth, social	security num						-			•
Person Information Screen	SSN	X	Х	X		Х	Х	Х	Х	Х	X	X
Person Information Screen	Name	Х	Х	X	Х	Х	Х	Х	Х	Х	X	X
Person Information Screen	Other Names Used	X	X	X	Х						X	X
Person Information Screen	Sex	X	X	X	Х	Х	Х	Х	Х	Х	X	X
Person Information	Birth Date	X	X	X	X	Х	Х	Х	Х	Х	X	X

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

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Person Information Screen	Start Date	X									X	Х
Person Information Screen	End Date	Х									X	Х
Person Information Screen	Address	X	Х	X	Х	Х	Х	Х	X	X	X	Х
Person Information Screen	Primary Phone Number	Х	Х	X	Х	Х	Х	Х	Х	X	X	Х
Person Information Screen	Alternate Phone Number	This is r	not a PCS or app	blication ques	tion. It is displa	ayed in PCS beca	ause it is link	ed with the c	contact information th	at includes ad	dress and phone	number.

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Person Information Screen	Receive Text Message	This is r	not a PCS or app	blication ques	tion. It is displa	ayed in PCS bec	ause it is link	ed with the c	ontact information th	at includes ad	dress and phone I	number.
Person Information Screen	Receive Voice Message	This is r	not a PCS or app	blication ques	tion. It is displa	ayed in PCS bec	ause it is link	ed with the c	ontact information th	at includes ad	dress and phone i	number.
Person Information Screen	Email				Х							
Person Information Screen	Spoken Language Preference	X	Х	Х	Х							
Person Information Screen	Written Language Preference	X	Х	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?				Х							
Residence Screen	Residence Address	X	Х	Х	Х	Х	Х	Х	Х		X	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										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	Х	X	X	X	Х	X		X	X	Х
Disability Screen	Are you blind or do you have low vision even with glasses or contact lens?			X	Х							
Disability Screen	Have you been diagnosed with End Stage Renal Disease?		• • • •		•				on having End Stage R Jals 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?										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	Х
Earnings Screen	Have you worked under any other Social Security Numbers (SSN)?	Х	Х	Х	X							
Earnings Screen	What other SSN(s) have you used?	Х	Х	X	Х					Х	X	
Earnings Screen	Did you work last year or any time this year?	Х			Х							

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Earnings Screen	Last year's earnings: Type (wages/self- employment) and Amount.	Х	Х	X	Х	Х	Х	Х	Х			
Earnings Screen	Current earnings: Type (wages/self- employment) and Amount.	Х	Х		Х	Х	Х	Х	Х			
Earnings Screen	Are you currently working?										Х	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?	Х	Х	X	Х	Х	Х		Х		X	
Earnings Screen	In what foreign country have you reported earnings?	Х	Х	X	Х	Х	Х		Х			

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Earnings Screen	Did you serve in the military service before 1968?	Х	х	Х	Х	Х			X		X	
Earnings Screen	Start and End Dates	Х	Х	Х	Х						Х	
Earnings Screen	Have you worked for the Railroad 5 years or more?	Х	Х	Х	Х	Х	Х		Х		X	
Earnings Screen	Are you receiving or eligible to receive a Railroad pension or annuity?				Х						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	s 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?	Х	Х	X	Х	Х			X	Х	X	
Earnings Screen	ls your spouse or prior				X						Х	

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	spouse receiving or eligible to receive a Railroad pension or annuity?											
Insured Status Screen	The Insured Status Screer possibly filing dates.	n is for internal u	se only. SSA er	nployees refe	r to the individ	ual's insured sta	atus data wh	en discussing	gearnings, disability or	nset dates, mo	onth 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 Retiremen	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?	these question listing a child's	The Retirement, Husband's/Wife's and Disability Insurance Applications combine hese questions. The instructions for sting a child's name includes the criteria provided in these individual child questions.									
Children Screen	Did any of your children become disabled prior to the age 22?											

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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	X

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Supplemental Security Income Screen	List your Income and value.									Х	X