

# 1. Resource Selection – Initial Claims - Default

SSI Claim

General ID Living Arrangements **Resources** Income Benefit Leads Summary

## Resource Selection

Name: [REDACTED] SSN: [REDACTED] Role: **Claimant**

\* Indicates required information

### Resources

Since the first moment of mm/dd/yyyy, do the following people own, or do their name appear, either alone or with other people on any of the following resources?

[REDACTED] - [REDACTED] - Claimant  
[REDACTED] - [REDACTED] - Ineligible Spouse

### \*Trusts

Yes  No  Unknown

### \*Vehicles

Auto, truck, camper, boat, motorcycle, etc.

Yes  No  Unknown

### \*Real Property Other than Home

Land, houses, buildings, property in US and foreign countries

Yes  No  Unknown

### \*Business Equipment

Yes  No  Unknown

### \*Achieving a Better Life Experience (ABLE) Account

Yes  No  Unknown

### \*Financial Institution Accounts

Checking, Savings, Credit unions, Holiday Club, Time Deposits, Individual Indian Money Account, Direct Express, etc.

Yes  No  Unknown

### \*Cash

Yes  No  Unknown

### \*Stocks, Bonds, or Mutual Funds

Yes  No  Unknown

**\*Promissory Note, Loan, or Property Agreement**

Yes  No  Unknown

**\*Items held for Potential Value or Investment**

Coin or card collections, jewelry in safe deposit box, etc

Yes  No  Unknown

**\*Life Insurance**

Yes  No  Unknown

**\*Burial Funds**

Contracts and trusts

Yes  No  Unknown

**\*Burial Spaces and Related Items**

Cemetery lots, crypts, caskets, urns, headstones, markers, etc

Yes  No  Unknown

**\*Other Resources**

Life estates, unprobated estates, retirement funds, mineral rights, other items that can be turned into cash

Yes  No  Unknown

**\*Transfers**

Since mm/dd/yyyy, has Kelly Anderson or a co-owner sold, transferred title, disposed of any money or other property, including property or money in foreign countries

Yes  No  Unknown


Undo Changes

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## 6. Trust


SSI Claim
Help

Name   SSN   Role: Claimant

Resources
Summary

Resources

- Resource Selection
- Trusts**
- Vehicles
- Financial Accounts
- Cash
- Stocks and Bonds

### Trust

Record information about assets contained in the trust on this page and not on any other resource page.

\* Indicates required information

\* **Title of trust**  
 Planned Lifetime Assistance Network of California (PLAN) Master Pooled Trust, Jane Doe Special Needs Trust, etc.  
 (XXXX characters maximum)

▲

▼

Characters remaining: XXXX

Unknown

\* **Funding type** -- ▼

\* **Revocability** -- ▼

\* **Established date**   Unknown

\* **Trustee type** Person ▼

\* **Trustee name**      Unknown

\* **Income from additions or earnings**  Yes  No  Unknown

\* **Disbursements from trust**  Yes  No  Unknown

Earns interest

Set aside for burial

\* **Name for whom held**      Unknown

\* **Meets exclusion relationship**  
 For children: self, mother, or father. For adults: self or spouse.  
 Yes  No  Decide later

\* **Date asset set aside**   Unknown

\* **Interest remains in fund**  Yes  No  Unknown

Values (of all resources in this Trust)  
 Alleged Value or Verified Value is required

(mm/yyyy)	(mm/yyyy)	Value	Asset	Asset Interest	Asset Amount	Asset Date	Asset Amount	Action
								Delete

If excluded, select reason Other Other reason

Meets special needs or pooled trust exception

Ninety day amendment period applies

\* Amendment period begin date

\* Amendment period end date

Assets contained in trust

Asset type	Details	Actions
No assets recorded		

Resource disposal agreement  Proof of disposal

Show person remarks (printed)

No person remarks

Show file documentation notes

No file documentation notes

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\* Funding type -- ▼  
--  
Self-funded  
Third party funded  
Unknown

\* Trustee type -- ▼  
--  
Person  
Organization  
Unknown

\* Revocability -- ▼  
--  
Irrevocable  
Revocable  
Unknown

If excluded, select reason -- ▼  
--  
Beneficiary cannot direct the use of funds  
Meets special needs trusts requirements  
Meets pooled trust requirements  
Co-Ownership  
Set aside for burial  
Undue hardship  
Other

# 13. Vehicle

Help

SSI Claim

Name: ██████████
SSN: ██████████
Role: Claimant

Resources Summary

- Resources
- Resource Selection
- Trusts
- Vehicles**
- Financial Accounts
- Cash
- Stocks and Bonds

## Vehicle

\* Indicates required information

\* Type  \* Other type

\* Year  \* Make  \* Model

Unknown     Unknown     Unknown

\* Co-Owned     Yes     No     Unknown

Co-Owner	Date from (mm/yyyy)	Date to (mm/yyyy)	Actions
██████████ - ██████████ - Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Use before 04/01/2005        \* Other use

Use 04/01/2005 or later        \* Other use

### Values

Alleged Value or Verified Value is required

[NADA e Valuator](#)

* Date from (mm/yyyy)	* Date to (mm/yyyy)	Alleged Value	Verified Value	Loss Amount	Excluded Amount	Unk	Contribable Amount	Actions
						<input type="checkbox"/>		<input type="button" value="Delete"/>

If excluded, select reason  \* Other reason

Resource disposal agreement     Proof of disposal

Show person remarks (printed)

No person remarks

Show file documentation notes

No file documentation notes

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The values table should show 12 default rows. The focus will always be on the last row and user will need to scroll up to view previous values.

Type --

- Auto
- Truck
- Camper
- Boat
- Motorcycle
- Other
- Unknown

Use before 04/01/2005

--

- Employment
- Medical Treatment
- Transportation of Handicapped
- Essential Daily Activities
- Other

Use 04/01/2005 or later

--

- Transportation
- Other

If excluded, select reason

--

- Conditional benefits
- Co-ownership
- PASS
- PESS
- Pre-April 2005 use
- Pre-April 2005 CMV exclusion
- Transportation
- Other

## 7. Assets in Trust - Vehicle Selected

### Asset contained in trust

\* Asset type --

OK

Cancel

### Asset contained in trust

\* Asset type Vehicle

\* Type Other

\* Other type

\* Year

\* Make

\* Model

Unknown

Unknown

Unknown

OK

Cancel

\* Asset type --

- Vehicle
- Real Property
- Financial Institution Account
- Stock or Bond
- Other

\* Type --

- Auto
- Truck
- Camper
- Boat
- Motorcycle
- Other
- Unknown

# 57.Life Insurance

## SSI Claim

Name: [redacted] SSN: [redacted] Role: Claimant

Resources Summary

- Resource Selection
- Financial Accounts
- Cash
- Value of Investment Items
- Life Insurance**
- Other

### Life Insurance

\* Indicates required information.

\* Company: [Unknown]

Borrower's address: Country: United States or U.S. Territory

Street 1: [redacted]

Street 2: [redacted] Add Line

City/Town: [redacted] State: [redacted] ZIP Code: [redacted]

[Unknown]

Policy number: [redacted] Date purchased: [redacted]

Name of insured: [redacted] Other name: [redacted]

\* Face value: \$ [Unknown]

\* Policy has a Cash Surrender Value (CSV):  Yes  No  Unknown

\* Need to document CSV:  Yes  No

Cash Surrender Value  
Alleged Value or Verified Value is required

[redacted] Delete

If excluded, select reason: [redacted] Other reason: [redacted]

Set aside for burial

Name for whom held: [redacted] Unknown

\* Trust: [redacted] \* Spouse: [redacted] \* Child: [redacted] \* Other: [redacted]

Meets exclusion relationship  
For children: self, mother, or father. For adults: self or spouse.

Yes  No  Decide later



\* Date asset set aside  Unknown

\* Interest remains in fund  
 Yes  No  Unknown

\* Dividend accumulations  Yes  No      Policy pays dividend additions  Yes  No

Resource disposal agreement       Proof of disposal


Show person remarks (printed)  
No person remarks

Show file documentation notes  
No file documentation notes

If excluded, select reason

- Conditional Benefits
- Plan to Achieve Self-Support (PASS)
- Set aside for burial
- Other

## 32. Financial Institution Account


SSI Claim
Help

Name 
SSN 
Role **Claimant**

Resources Summary

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Financial Accounts**
- Cash
- Stocks and Bonds

### Financial Institution Account

\* Indicates required information.

\* **Financial Institution Information**  
Use Search Financial Institutions or Select from Favorites to add or change the Financial Institution.

Name

Address

OR

**Account Information**

\* Account type  Other account type

**Account number**

Dedicated account

Collective account or master sub-account

**Account title**  
(XXXX characters maximum)

Characters remaining: XXXX

\* Co-Owned  Yes  No  Unknown

Co-Owner	Relationship	DOB	Account Type	Actions
<input type="text" value=""/>	<input type="text" value="Ineligible spouse"/>	<input type="text" value="07/1997"/>	<input type="text" value="Continuing"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Earns interest

Set aside for burial

**Name for whom held**

Unknown

\* Meets exclusion relationship  
For children: self, mother, or father. For adults: self or spouse

Yes  No  Decide later

\* Date asset set aside  Unknown

\* Interest remains in fund

Yes  No  Unknown



## 46. Stock, Bond or Mutual Fund – Default

Help

### SSI Claim

Name: **JEROME V. [REDACTED]**
SSN: **[REDACTED]**
Role: Claimant

Resources Summary

- Resources
- Resource Selection
  - Trusts
  - Vehicles
  - Financial Accounts
  - Cash
  - Stocks and Bonds

### Stock, Bond, or Mutual Fund

Use a separate page to record each item

\* Indicates required information

\* Type

\* Description

\* Co-Owned  Yes  No  Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
[REDACTED] Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Set aside for burial

\* Name for whom held

Unknown

\* First  Middle  \* Last  Suffix

\* Meets exclusion relationship

For children self, mother or father For adults self or spouse

Yes  No  Decide later

\* Date asset set aside   Unknown

mm/dd/yyyy

### Values

Alleged Value or Verified Value is required

* Date from (mm/yyyy)	* Date to (mm/yyyy)	Alleged Value	Verified Value	Loss Amount	Excluded Amount	Unk. Amount	Comments	Actions
						<input type="checkbox"/>		<input type="button" value="Delete"/>

If excluded, select reason

\* Other reason

Resource disposal agreement  Proof of disposal

Show person remarks (printed)

No person remarks

Show file documentation notes

No file documentation notes



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Type --

- Mutual Fund
- Stock
- U.S Savings Bond (Series E and EE)
- U.S Savings Bond (Series H and HH)
- U.S. Savings Bond (Series I)
- Other Bond

If excluded, select reason --

- Bond not in physical possession
- Co-Ownership
- First 6 months (issued prior to 2/1/2003)
- First 12 months (issues on or after 2/1/2003)
- Plan to Achieve Self-Support (PASS)
- Restricted transaction authority
- Set aside for burial
- Other

## 52. Promissory Note, Loan, or Property Agreement - Informal and Not Bona fide

SSI Claim

Help

---

Name [REDACTED]
SSN [REDACTED]
Role **Claimant**

---

Resources
Summary

Resources

- Resource Selection
- Real Property
- Business Equipment
- Financial Accounts
- Cash
- Notes and Loans

### Promissory Note, Loan, or Property Agreement

Only enter promissory note, loan or property agreement information where the individual is the lender

\* Indicates required information

\* **Type** Oral / Informal Loan

\* **Original loan date** [Unknown] mm/dd/yyyy    \* **Original loan amount \$** [Unknown]

\* **Timetable or plan to repay**     Yes     No     Unknown

\* **How the borrower intends to repay** \_\_\_\_\_

\* **Loan bona fide for SSI purposes**     Yes     No     Decide later

\* **If ownership ended, enter end date** [Unknown] mm/dd/yyyy

\* **Borrower's name** [Unknown]

**Borrower's phone number** [Unknown] ( ) 000 0000

**Borrower's address**    **Country** United States or U.S. Territory

**Street 1** [Unknown]

**Street 2** [Unknown] Add Line

**City/Town** [Unknown]    **State** [Unknown]    **ZIP Code** [Unknown]

Unknown

\* **Co-Owned**     Yes     No     Unknown

Earns interest

Set aside for burial

\* **Name for whom held** [Unknown]

First [Unknown]    Middle [Unknown]    Last [Unknown]    Suffix [Unknown]

\* **Meets exclusion relationship**  
For children, self, mother or father. For adults, self or spouse  
 Yes     No     Decide later

**Date asset set aside** [Unknown] mm/dd/yyyy

\* **Interest remains in fund**     Yes     No     Unknown

# 16. Real Property

**SSI Claim** Help

Name: [REDACTED] SSN: [REDACTED] Role: Claimant

Resources Summary

- Resources**
- Resource Selection
- Real Property**
- Business Equipment
- Financial Accounts
- Cash
- Notes and Loans

## Real Property

\* Indicates required information

### Description

**Address** Country: United States or U.S. Territory

Street 1

Street 2 Add Line

City/Town State ZIP Code

Unknown

**Used to produce income**  Yes  No  Unknown

**Nonbusiness property used for self-support**  Yes  No  Unknown

**Co-Owned**  Yes  No  Unknown

Relationship	SSN	DOB	Address	Actions
[REDACTED] - Ineligible spouse	[REDACTED]	07/1997	Continuing	Edit Delete

### Values

Either Alleged Value or Verified Value is required

Alleged Value	Verified Value	Value Date	Value Type	Value Source	Value Status	Actions
					<input type="checkbox"/>	Delete

If excluded, select reason Other reason

Resource disposal agreement  Proof of disposal

Show person remarks

No person remarks

Show file documentation notes

No file documentation notes

If excluded, select reason

--

- Conditional Benefits
- Domestic Abuse
- Intent to Return
- Plan to Achieve Self-Support (PASS)
- Co-Ownership
- Property Essential for Self-Support
- Restricted Indian lands
- Non-Negotiable agreement
- Sale barred by a legal impediment
- Sale would cause co-owner undue hardship
- Spouse or dependent reside in property
- Set aside for burial
- Unsuccessful efforts to sell
- Other



# 18. Business Equipment

Help

## SSI Claim

Name: ██████████
SSN: ██████████
Role: Claimant

Resources    Summary

- Resources
- Resource Selection
  - Real Property
  - Business Equipment**
  - Financial Accounts
  - Cash
  - Notes and Loans

### Business Equipment

\* Indicates required information

\* Description

---

\* Co Owned       Yes     No     Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
██████████ Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add Co-Owner

#### Values

Either Alleged Value or Verified Value is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Value	Verified Value	Loan Amount	Excluded Amount	Unk	Countable Amount	Actions
						<input type="checkbox"/>		<input type="button" value="Delete"/>

If excluded, select reason    Other

\* Other reason

Resource disposal agreement     Proof of disposal

Show person remarks (printed)

No person remarks

Show file documentation notes

No file documentation notes

Add Another
Clear Page
Delete

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If excluded, select reason

- - Conditional Benefits
  - Co-Ownership
  - Plan to Achieve Self-Support (PASS)
  - Property Essential for Self-Support (PESS)
  - Other

## 65. Property / Cash Given or Sold - Default

SSI Claim

Help

Name 
SSN 
Role Claimant

Resources
Summary

Resources

- Resource Selection
- Financial Accounts
- Cash
- Value or Investment Items
- Life Insurance
- Other

Transfers

### Property / Cash Given or Sold

\* Indicates required information

**Description**

---

\* **Is it own part of property**  Yes  No  Unknown

\* **Market value or amount of cash gift**  
Record the market value of the portion of the property that the individual transferred

\$   Unknown

\* **Receiver's name**   Unknown

**Borrower's address**

<b>Country</b>	<input type="text" value="United States or U.S. Territory"/>		
<b>Street 1</b>	<input type="text" value=""/>		
<b>Street 2</b>	<input type="text" value=""/>	<a href="#">Add Line</a>	
<b>City/Town</b>	<input type="text" value=""/>	<b>State</b>	<b>ZIP Code</b>
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Unknown

\* **Receiver relationship**

\* **Transfer date**   Unknown

\* **Method of transfer**

\* **Additional considerations or proceeds expected**  Yes  No

\* **Explain**

---

\* **Ineligibility period**  Yes  No  Decide later

\* **Ineligibility period start date**  **Ineligibility period end date**

**Resource disposal agreement**  **Proof of disposal**

**Trust person remarks provided**

No person remarks

**Trust document provided**

No file documentation notes

Add Another

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Receiver relationship

---

- Child
- Sibling
- Spouse
- Other

Method of transfer

---

- Exchanged for goods or services
- Given away
- Sold on open market
- Other

# 59. Burial Fund

SSI Claim
Help

Name [REDACTED]
SSN [REDACTED]
Role Claimant

Resources
Summary

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Financial Accounts
- Cash
- Stocks and Bonds
- Burial Funds**

### Burial Fund

\* Indicates required information

\* Type

\* Description

\* Name for whom set aside

\* First  Middle  Last  Suffix

\* Meets exclusion relationship  
For children: self, mother or father. For adults: self or spouse.  
 Yes  No  Decide later

\* Date asset set aside  mm/dd/yyyy

Original amount set aside \$

Earns interest

\* Interest remains in fund  Yes  No  Unknown

\* Co-Owned  Yes  No  Unknown

CO-OWNER	Relationship	SSN	DOB	Status	Actions
[REDACTED]	Ineligible spouse	[REDACTED]	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**Values**  
Alleged Value or Verified Value is required

Value Type	Value	Verified	Actions
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="button" value="Delete"/>

If excluded, select reason:  Other reason

Resource disposal agreement  Proof of disposal

Show person remarks No person remarks

Show file documentation notes No file documentation notes

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Type --

- 
- Burial Contract
- Burial Trust

If excluded, select reason --

- 
- Conditional Benefits
- Co-Ownership
- Relationship Exclusion
- Other

## 61. Burial Space or Related Item

SSI Claim

Help

Name XXXXXXXXXX   
 SSN XXXXXXXXXX   
 Role **Claimant**

Resources    Summary

Resources

- Resource Selector
- Real Property
- Business Equipment
- Financial Accounts
- Cash
- Notes and Loans
- Burial Spaces**

### Burial Space or Related Item

\* Indicates required information

\* Type Other type

---

\* Name for whom held

\* First     \* Last     \* Suffix

Unknown

\* Relationship of person for whom held v

\* Co-Owned     Yes     No     Unknown

Name	SSN	Relationship	Date	Status	
John Williams - 123 45 6789	XXXXXXXXXX	Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**Values**  
Alleged Value or Verified Value is required

Name	SSN	Value	Date	Status	
XXXXXXXXXX	XXXXXXXXXX				<input type="button" value="Delete"/>

If excluded, select reason v    \* Other reason

Resource disposal agreement     Proof of disposal

Show person remarks to node  
No person remarks

Show file documentation notes  
No file documentation notes

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Case & Control Management

SSI Strategic Modernization Resources Design Memo Final  
April 12, 2018

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Type --

- Cemetary lot
- Crypt
- Casket
- Headstone
- Marker
- Urn
- Other

Relationship of person for whom held --

- Self
- Spouse
- Mother
- Father
- Child
- Sibling
- Mother's Spouse
- Father's Spouse
- Child's Spouse
- Sibling's Spouse
- Other
- Unknown

If excluded, select reason --

- Conditional Benefits
- Co-Ownership
- Relationship Exclusion
- Other