

## **Institution Residence Screen Shots**

When continued payments are payable for temporary institutionalization, SSA must receive a physician's certification and home expenses statement by the recipient, no later than the date of discharge or the 90<sup>th</sup> day of medical confinement, whichever is earlier.

The SSA Claims Specialist (CS) confirms the recipient and physician provided this required information by completing the fields 'Home expense statement date' field and 'Physician certification date' field on the Screenshot page 'Institution Residence – TI Benefits Selected'. These fields tell the SSI system that the CS has obtained the necessary documentation to determine the SSI recipient is eligible for temporary institutionalization benefits.

These fields serve as a safeguard to prevent the issuance of incorrect payments to a recipient who does not meet the requirements to receive temporary institutionalization benefits.



## Screenshot 2: Institution Residence – Levings State (Meets Levings Requirement is No)

Institution Residence

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 01/01/2018 - Continuing

Living Arrangements

- Periods
- 01/01/2018 - Continuing
- Residence Address and Jurisdiction
- Institution Residence
- In-Kind Support and Maintenance
- Living Arrangement Change

\* Indicates required information  
Select from favorites or type contact information  
[Show favorites](#)

\* Institution name  
  Unknown

\* Address

\* Country

\* Street 1  Street 2  Street 3  Street 4

\* City/Town  \* State/Territory  \* ZIP Code

Unknown

Phone  
 U.S.  International  
10-digit Number

Date institutionalization began 01/01/2010

\* Medicaid, or Medicare Part A with state buy-in, pays more than 50%  
 Yes  No  Unknown

\* Institution for Supplemental Nutrition Assistance Program (SNAP) purposes  
 Yes  No

\* Meets Levings requirements [More Info](#)  
 Yes  No  Decide later

Admission date 01/01/2010 \* Admission date verified  
 Yes  No

Discharged from the institution

\* Institution type  
 Public  Private  Unknown

\* Confinement reason

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Undo Changes](#)

### Screenshot 3: Institution Residence (Non-Levings State)

**Institution Residence**

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 01/01/2018 - Continuing

**Living Arrangements**

- ✓ **Periods**
- 01/01/2018 - Continuing
- ✓ **Residence Address and Jurisdiction**
- 🔴 **Institution Residence**
- In-Kind Support and Maintenance
- Living Arrangement Change

\* Indicates required information

Select from favorites or type contact information  
[Show favorites](#)

**\* Institution name**  
ABC  Unknown

**\* Address**

**\* Country**  
United States or U.S. Territory

**\* Street 1** **Street 2** **Street 3** **Street 4**  
123 Main

**\* City/Town** **\* State/Territory** **\* ZIP Code**  
Baltimore Maryland 21224

Unknown

**Phone**  
 U.S.  International  
10-digit Number

Date institutionalization began 01/01/2010

**\* Institution for Supplemental Nutrition Assistance Program (SNAP) purposes**  
 Yes  No

Admission date 01/01/2010 **\* Admission date verified**  
 Yes  No

Discharged from the institution

**\* Institution type**  
 Public  Private  Unknown

**\* Confinement reason**  
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[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

## Screenshot 4: Institution Residence – 1619/1611 Benefits

**\*Institution temporary**

Yes  No  Decide later

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**1619/1611E Special Benefits**  
Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two full months of institutionalization.

**\*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)**

Yes  No  Decide later

**\*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization**

Yes  No  Decide later

**\*Institution permits claimant to retain any SSI payment made under this provision**

Yes  No  Decide later

**\*Eligible for and chooses up to 2 months of benefit continuation**

Yes  No  Decide later

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**▼ Show person remarks**

No remarks

**▼ Show file documentation notes**

No notes

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[Undo Changes](#)

## Screenshot 5: Institution Residence – TI Benefits Selected

**\*Institution type**  
 Public  Private  Unknown

**\*Confinement reason**  
Medical or psychiatric care

**\*Medicaid, or Medicare Part A with state buy-in, pays more than 50%**  
 Yes  
 No  
 Unknown

**\*Private health insurance, or a combination of Private health insurance and Medicaid, is paying or is expected to pay more than 50 percent**  
 Yes  No  Unknown

**\*Institution temporary**  
 Yes  No  Decide later

**1619/1611E Special Benefits**  
Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two full months of institutionalization.

**\*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)**  
 Yes  No  Decide later

**\*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization**  
 Yes  No  Decide later

**\*Institution permits claimant to retain any SSI payment made under this provision**  
 Yes  No  Decide later

**\*Eligible for and chooses up to 2 months of benefit continuation**  
 Yes  No  Decide later

**Temporary Institutionalization Benefits**  
Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return.

**\*Eligible for and chooses up to 3 months of temporary institutionalization benefits**  
 Yes  No  Decide later

**\*Care type**  
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**\*Home expense statement date for RAYAN JUNAI MUHAMMAD - 006-90-2508 - Claimant**  
mm/dd/yyyy

**\*Physician certification date for RAYAN JUNAI MUHAMMAD - 006-90-2508 - Claimant**  
mm/dd/yyyy

**▼ Show person remarks**  
No remarks

**▼ Show file documentation notes**  
No notes

[Undo Changes](#)

## Screenshot 6: Institution Residence – Ineligible for TI Benefits

**\*Institution temporary**  
 Yes  No  Decide later

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**1619/1611E Special Benefits**  
Individuals with earnings at or over the substantial gainful activity (SGA) limit who become institutionalized may be eligible for Special Benefits for up to the first two full months of institutionalization.

**\*Earnings at or over the substantial gainful activity (SGA) limit but remains eligible for SSI payment or Medicaid under section 1619(a) or (b)**  
 Yes  No  Decide later

**\*Eligible for SSI under section 1619(a) or (b) in the month prior to the first full month of institutionalization**  
 Yes  No  Decide later

**\*Institution permits claimant to retain any SSI payment made under this provision**  
 Yes  No  Decide later

**\*Eligible for and chooses up to 2 months of benefit continuation**  
 Yes  No  Decide later

**Temporary Institutionalization Benefits**  
Individuals in a public institution whose primary purpose is medical or psychiatric care or in a public or private Medicaid certified facility and whose stay is certified by a physician as not likely to exceed 3 months, may be eligible for continuing SSI benefits when receipt of benefits is necessary to maintain a living arrangement to which the individual may return.

**\*Eligible for and chooses up to 3 months of temporary institutionalization benefits**  
 Yes  No  Decide later

**\*Temporary institutionalization ineligibility reason** [List of Temporary Institutionalization Ineligibility Reason Codes](#)

<input type="radio"/> Individual not in a medical facility
<input type="radio"/> Individual does not have home expenses that must continue to be paid
<input type="radio"/> Proof of home expenses not submitted by required date
<input type="radio"/> Physician expects institutionalization to last over 90 days
<input type="radio"/> Physician certification not submitted by required date
<input type="radio"/> Individual not eligible for SSI payment in month prior to first month of institutionalization
<input type="radio"/> Individual does not have home expenses that must continue to be paid and physician certification not submitted by required date
<input type="radio"/> Proof of home expenses not submitted by required date and physician certification not submitted by required date
<input type="radio"/> Physician expects institutionalization to last over 90 days and physician certification not submitted by required date
<input type="radio"/> Individual not eligible for SSI payment in month prior to first month of institutionalization, and physician certification not submitted by required date
<input type="radio"/> Decide later

▼ [Show person remarks](#)  
No remarks

▼ [Show file documentation notes](#)  
No notes

[Undo Changes](#)

*SSA will insert the following revised Privacy Act Statement into the screens as soon as possible:*

**Privacy Act Statement  
Collection and Use of Personal Information**

Section 1611 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision regarding Supplemental Security Income benefits.

We will use the information to determine eligibility or benefit amount. We may also share your information for the following purposes, called routine uses:

- To representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payee; and
- To third party contacts, where necessary, to establish or verify information provided by representative payees or payee applicants.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1830 and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).