


2. Benefit Selection

 **SSI Claim** PolicyNet

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

Benefit Leads

Other Benefit Leads

Selection

Potential Eligibility for Other Benefits Selection

* Indicates required information

*** Supplemental Nutrition Assistance Program (SNAP)**

Select yes to collect information from the claimant about SNAP, formerly the Food Stamp program

Yes No

*** Health Expenses**

Select yes to collect information from the claimant about any health expenses, third party insurance or unpaid medical expenses

Yes No

Did you, your spouse, a former spouse, child or parent (if you are filing as a child) ever:

*** Serve in the military**  Check DRAMS/VBAQ

Yes No Unknown

*** Work in the railroad industry**

Yes No Unknown

*** Work for the federal government**

Yes No Unknown

*** Work for a state or local government**

Yes No Unknown

*** Belong to a union with a pension plan**


Yes No Unknown

*** Work for a private employer with a pension plan**

Include work for a private employer with a pension plan or other benefit plan

Yes No Unknown

*** Have coverage or become eligible under a social security or pension plan of a country other than the U.S**

Include potential eligibility for foreign benefits based on citizenship, residency, or work covered under a foreign country with a social security program.  Social security programs throughout the world.

Yes No Unknown


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3. Benefit Selection (Multi-person)

 PolicyNet

Name: ~~Jordan Williams~~ SSN: ~~00000-0000~~ Role: Claimant

Benefit Leads

Other Benefit Leads

Selection

Potential Eligibility for Other Benefits Selection

* Indicates required information

* Supplemental Nutrition Assistance Program (SNAP)

~~Jordan Williams~~ - ~~00000-0000~~ - Claimant Yes No Unknown

~~Sarah Williams~~ - ~~00000-0000~~ - Claimant Spouse Yes No Unknown

* Health Expense

~~Jordan Williams~~ - ~~00000-0000~~ - Claimant Yes No Unknown

~~Sarah Williams~~ - ~~00000-0000~~ - Claimant Spouse Yes No Unknown

Did you, your spouse, a former spouse, child or parent (if you are filing as a child) ever:

* Serve in the military Check DRAMS/VBAQ

~~Jordan Williams~~ - ~~00000-0000~~ - Claimant Yes No Unknown

~~Sarah Williams~~ - ~~00000-0000~~ - Claimant Spouse Yes No Unknown

* Work in the railroad industry

~~Jordan Williams~~ - ~~00000-0000~~ - Claimant Yes No Unknown

~~Sarah Williams~~ - ~~00000-0000~~ - Claimant Spouse Yes No Unknown

* Work for the federal government

~~Jordan Williams~~ - ~~00000-0000~~ - Claimant Yes No Unknown

~~Sarah Williams~~ - ~~00000-0000~~ - Claimant Spouse Yes No Unknown



Proven. Design. Solutions.

*** Work for a state or local government**

[REDACTED] - [REDACTED] - Claimant Yes No Unknown

[REDACTED] - [REDACTED] - Claimant Spouse Yes No Unknown

*** Belong to a union with a pension plan**

[REDACTED] - [REDACTED] - Claimant Yes No Unknown

[REDACTED] - [REDACTED] - Claimant Spouse Yes No Unknown

*** Work for a private employer with a pension plan**

Include work for a private employer with a pension plan or other benefit plan

[REDACTED] - [REDACTED] - Claimant Yes No Unknown

[REDACTED] - [REDACTED] - Claimant Spouse Yes No Unknown

*** Have coverage or become eligible under a social security or pension plan of a country other than the U.S**

Include potential eligibility for foreign benefits based on citizenship, residency, or work covered under a foreign country with a social security program. Social security programs throughout the world.

[REDACTED] - [REDACTED] - Claimant Yes No Unknown

[REDACTED] - [REDACTED] - Claimant Spouse Yes No Unknown


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4. SNAP - Currently receiving

PolicyNet

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

Benefit Leads

Other Benefit Leads

Selection
Supplemental Nutrition Assist. Prog.
Health Expenses/ Liability
Social Security
Retirement and Disability
Title II Retirement
Title II Disability
Title II from Spouse
Title II from Parents
Military
Railroad
Federal Government
State / Local Government
Union
Private Employment
Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

Currently receiving SNAP benefits

Filed within the past 60 days

Never filed or file date more than 60 days in the past

Unknown

* **Recertification notice received within past 30 days** Yes No Unknown

* **All household members applying for or receiving SSI** Yes No Pre-release Unknown

* **May I take your SNAP application today?** Yes No Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

Show person remarks

No remarks

Show file documentation notes

No notes


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5. SNAP - Currently receiving –Recertification No

 PolicyNet

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

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

- Currently receiving SNAP benefits
- Filed within the past 60 days
- Never filed or file date more than 60 days in the past
- Unknown

* **Recertification notice received within past 30 days** Yes No Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


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6. SNAP - Currently receiving –Receiving SSI – No

PolicyNet

Name: ~~Jordan Williams~~ SSN: ~~SSN-12-3456~~ Role: Claimant

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

- Currently receiving SNAP benefits
- Filed within the past 60 days
- Never filed or file date more than 60 days in the past
- Unknown

* **Recertification notice received within past 30 days** Yes No Unknown

* **All household members applying for or receiving SSI** Yes No Pre-release Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

- Shelter cost at or above state standard [? More info.](#)
- Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)
No remarks

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

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8. SNAP – Filed within 60 days



PolicyNet

Name: **Jordan Williams** SSN: **97-15-6996** Role: Claimant

Benefit Leads

Other Benefit Leads

Selection

Supplemental Nutrition Assist. Prog.

Health Expenses/ Liability

Social Security

Retirement and Disability

Title II Retirement

Title II Disability

Title II from Spouse

Title II from Parents

Military

Railroad

Federal Government

State / Local Government

Union

Private Employment

Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* SNAP status

- Currently receiving SNAP benefits
- Filed within the past 60 days
- Never filed or file date more than 60 days in the past
- Unknown

* SNAP application decision received Yes No Unknown

* All household members applying for or receiving SSI Yes No Pre-release Unknown

* May I take your SNAP application today? Yes No Unknown

Last SNAP application or recertification date

mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


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9. SNAP – Filed within 60 days - SNAP decision received – No

 PolicyNet

Name: Jordan Williams SSN: 000-00-0000 Role: Claimant

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* SNAP status

- Currently receiving SNAP benefits
- Filed within the past 60 days
- Never filed or file date more than 60 days in the past
- Unknown

* SNAP application decision received Yes No Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+](#) Show person remarks

No remarks

[+](#) Show file documentation notes

No notes


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10. SNAP – Filed within 60 days - Receiving SSI – No

PolicyNet

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

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

Currently receiving SNAP benefits

Filed within the past 60 days

Never filed or file date more than 60 days in the past.

Unknown

* **SNAP application decision received** Yes No Unknown

* **All household members applying for or receiving SSI** Yes No Pre-release Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


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11. SNAP – Filed within 60 days - SNAP application – No

PolicyNet

Name: Jordan Williams SSN: XXXXXXXXXX Role: Claimant

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

Currently receiving SNAP benefits

Filed within the past 60 days

Never filed or file date more than 60 days in the past.

Unknown

* **SNAP application decision received** Yes No Unknown

* **All household members applying for or receiving SSI** Yes No Pre-release Unknown

* **May I take your SNAP application today?** Yes No Unknown

* **Explain** Unknown

Last SNAP application or recertification date mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)

No remarks

 Show file documentation notes

No notes


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12. SNAP – Never filed

PolicyNet

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

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* **SNAP status**

Currently receiving SNAP benefits

Filed within the past 60 days

Never filed or file date more than 60 days in the past.

Unknown

* **All household members applying for or receiving SSI** Yes No Pre-release Unknown

* **May I take your SNAP application today?** Yes No Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


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13. SNAP – Never Filed – Receiving SSI - No

 **SSI Claim**PolicyNet

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

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

*** SNAP status**

Currently receiving SNAP benefits

Filed within the past 60 days

Never filed or file date more than 60 days in the past.

Unknown

*** All household members applying for or receiving SSI** Yes No Pre-release Unknown

Last SNAP application or recertification date

mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

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14. SNAP – Never Filed – SNAP application – No

PolicyNet

Name: **John Williams** SSN: **007-45-0000** Role: Claimant

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

*** SNAP status**

Currently receiving SNAP benefits
 Filed within the past 60 days
 Never filed or file date more than 60 days in the past
 Unknown

*** All household members applying for or receiving SSI** Yes No Pre-release Unknown

*** May I take your SNAP application today?** Yes No Unknown

*** Explain** Unknown

Last SNAP application or recertification date

mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

Shelter cost at or above state standard [? More info.](#)

Subsidized housing with heat included in rent [? More info.](#)

Show person remarks
 No remarks

Show file documentation notes
 No notes

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14. SNAP – Never Filed – SNAP application – No

Benefit Leads

- Other Benefit Leads
- Selection
- Supplemental Nutrition Assist. Prog.**
- Health Expenses/ Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

*** SNAP status**

- Currently receiving SNAP benefits
- Filed within the past 60 days
- Never filed or file date more than 60 days in the past
- Unknown

* All household members applying for or receiving SSI Yes No Pre-release Unknown

* May I take your SNAP application today? Yes No Unknown

* Explain Unknown

Last SNAP application or recertification date
mm/dd/yyyy

Combined Application Project (CAP) data [? More info.](#)

- Shelter cost at or above state standard [? More info.](#)
- Subsidized housing with heat included in rent [? More info.](#)

[+](#) Show person remarks

No remarks

[+](#) Show file documentation notes

No notes

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16. Health Expenses and Third Party Liability – Assign rights – No

Benefit Leads

- Other Benefit Leads
- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability**
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Health Expenses and Third Party Liability

* Indicates required information.

Any unpaid medical expenses from 01/2009 through 01/2013 Yes No

* Agree to assign rights to payments for medical support and medical care to the state Medicaid agency Yes No Automatic Assignment Unknown

* Explain Unknown

Show person remarks

No remarks

Show file documentation notes

No notes


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17. Health Expenses and Third Party Liability – Third party info – No

PolicyNet

Name: **Jordan Williams**SSN: **██████████**Role: Claimant

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability**
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Health Expenses and Third Party Liability

* Indicates required information.

Any unpaid medical expenses from 01/2009 through 01/2013 Yes No

*** Agree to assign rights to payments for medical support and medical care to the state Medicaid agency** Yes No Automatic Assignment Unknown

*** Agree to provide information regarding third party responsible for health expenses** Yes No Unknown

*** Explain** Unknown

Show person remarks
No remarks

Show file documentation notes
No notes

18. Health Expenses and Third Party Liability – Insurance –Yes

Benefit Leads

- Other Benefit Leads
- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability**
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Health Expenses and Third Party Liability

* Indicates required information.

Any unpaid medical expenses from 01/2009 through 01/2013 Yes No

* Agree to assign rights to payments for medical support and medical care to the state Medicaid agency Yes No Automatic Assignment Unknown

* Agree to provide information regarding third party responsible for health expenses Yes No Unknown

* Insurance or third-party responsible other than Medicare or Medicaid Yes No Unknown

Third Party Liability

Status	Policy Holder Name	SSN	Relationship	Policy Number	Insurance Company	Actions

Add Policy

Claim or legal action pending or planned due to illness or injury Yes No

Status	Nature of Claim	Injury or Illness Begin Date	Actions

Add Claim

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

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34. Military - Default

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military**
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country

Military Service

* Indicates required information

Person with the military service  Check DRAMS/BQA

Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
[REDACTED]	[REDACTED]	Claimant	Select
[REDACTED]	[REDACTED]	Claimant Spouse	Select
Ted Miller	[REDACTED]	Child	Select
[REDACTED]	[REDACTED]	Child	Select


Name

Unknown
 * First Middle * Last Suffix

SSN

* Relationship

Service number

Military service benefits type  More than one type applies


Claim status for military service benefits  More info

* Lead status

VA or Dept. of Defense contact information

Select from favorites or type contact information.

 Show favorites

Contact	<input type="text"/>	<input type="checkbox"/> Unknown
Address	Street 1	<input type="text"/>
	Street 2	<input type="text"/>  Add Line
	City/Town	<input type="text"/>
	State	<input type="text" value="--"/>
<input type="checkbox"/> Unknown	ZIP Code	<input type="text"/>
Phone	<input type="text"/>	10-digit Number
Web address	<input type="text"/>	

Add to Favorites

Military service

* Branch of Service	* Period or Length of Service	Unknown	Actions
		<input type="checkbox"/>	Delete

 Show person remarks

No remarks

 Show file documentation notes

No notes

Add Another

Clear Page

Delete

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***Relationship**

--

Self
Spouse
Former Spouse
Parent
Child
Unknown

Military service benefits type

--

VA Compensation
VA Pension
DOD Compensation

Claim status

--


Never Filed
Approved
Pending
Denied

***Lead status**

--

Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

40. State / Local Government - Default

PolicyNet

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

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government**
- Union
- Private Employment
- Foreign Country

State or Local Government

* Indicates required information

State or local government employee
Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
[REDACTED]	[REDACTED]	Claimant	Select
[REDACTED]	[REDACTED]	Claimant Spouse	Select
[REDACTED]	[REDACTED]	Child	Select
[REDACTED]	[REDACTED]	Child	Select

Name

Unknown

* First Middle * Last Suffix

SSN

* Relationship

Claim status for state or local government benefits

* Lead status

State or local government contact information
Select from favorites or type contact information.

Show favorites

Contact Unknown

Address

Street 1

Street 2

City/Town **State** **ZIP Code**

Unknown

Phone
10-digit Number

Web address

Employer

Employer	Period of Employment	Unknown	Actions
		<input type="checkbox"/>	<input type="button" value="Delete"/>

No remarks

No notes

***Relationship**

--

--

Self

Spouse

Former Spouse

Parent

Unknown

Claim status for state or local government benefits

--

--

Never Filed

Approved

Pending

Denied

***Lead status**

--

--

Referral at Interview

Referral by Mail

No Potential Eligibility

Unknown

47. Railroad - Default

Benefit Leads

- Other Benefit Leads
- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government**
- Union
- Private Employment
- Foreign Country

State or Local Government

* Indicates required information

State or local government employee

Name

[REDACTED] [REDACTED] [REDACTED] [REDACTED] Unknown
* First Middle * Last Suffix

SSN [REDACTED]

* Relationship

Claim status for state or local government benefits

Claim or ID number

* Denial date
mm/dd/yyyy

* Reason for denial

* Reason for denial changed Yes No Unknown

Diary date
mm/dd/yyyy

State or local government contact information

Select from favorites or type contact information.

+ Show favorites

Contact **Railroad Retirement Board**

Address **Street 1**

Street 2 + Add Line

City/Town **State** **ZIP Code**

Unknown

Phone

10-digit Number

Web address

Add to Favorites

Employer

* Employer	* Period of Employment	Unknown	Actions
		<input type="checkbox"/>	Delete

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

Add Another Clear Page Delete

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***Relationship**

--

--

Self

Spouse

Former Spouse

Parent

Unknown

Claim status for railroad employment benefits

--

--

Never Filed

Approved

Pending

Denied

***Lead status**

--

--

Referral at Interview

Referral by Mail

No Potential Eligibility

Unknown

54. Federal Employment –Default

SSI Claim
PolicyNet

Name: **Jordan Williams** SSN: **097-45-8999** Role: **Claimant**

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government**
- State / Local Government
- Union
- Private Employment
- Foreign Country

Federal Employment

* Indicates required information

Federal employee

Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
Jordan Williams	097-45-8999	Claimant	Select
Carol Williams	097-45-8999	Claimant Spouse	Select
Tyler Williams	222-55-8142	Child	Select
...	...	Child	Select

Name

Unknown
 * First Middle * Last Suffix

SSN

* Relationship

Employment was less than 5 years

Withdrew contribution from pension plan and not entitled to annuity

Claim status for federal employment benefits

* Lead status

Federal government contact information

Select from favorites or type contact information.

Show favorites

Contact	Office of Personnel Management		
Address	Street 1	<input type="text"/>	
	Street 2	<input type="text"/>	<input type="button" value="+ Add Line"/>
	City/Town	<input type="text"/>	State
	<input type="checkbox"/> Unknown	<input type="text"/>	-- <input type="text"/>
Phone	<input type="text"/>	10-digit Number	
Web address	<input type="text"/>		

Employer

Employer	Period of Employment	Unknown	Actions
		<input type="checkbox"/>	<input type="button" value="Delete"/>

Show person remarks

No remarks

Show file documentation notes

No notes

***Relationship**

--

Self
Spouse
Former Spouse
Parent
Unknown

Claim status for federal employment benefits

--


Never Filed
Approved
Pending
Denied

***Lead status**

--

Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

61. Union Membership- Default

 PolicyNet

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

Benefit Leads

- Other Benefit Leads
- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union**
- Private Employment
- Foreign Country

Union Membership

* Indicates required information

Union member

Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
[REDACTED]	[REDACTED]	Claimant	Select
[REDACTED]	[REDACTED]	Claimant Spouse	Select
[REDACTED]	[REDACTED]	Child	Select
[REDACTED]	[REDACTED]	Child	Select

Name

Unknown

* First Middle * Last Suffix

SSN

* Relationship

Claim status for union benefits

* Lead status

Union contact information

Select from favorites or type contact information.

Show favorites

Contact Unknown

Address

Street 1

Street 2

City/Town State ZIP Code

Unknown

Phone

10-digit Number

Web address

Employer

Employer	Period of Employment	Unknown	Actions
		<input type="checkbox"/>	<input type="button" value="Delete"/>

No remarks

No notes

***Relationship**

--

--

- Self
- Spouse
- Former Spouse
- Parent
- Unknown

Claim status for union benefits

--

--

- Never Filed
- Approved
- Pending
- Denied

***Lead status**

--

--

- Referral at Interview
- Referral by Mail
- No Potential Eligibility
- Unknown

67. Private Employment – Default

SSI Claim
PolicyNet

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

Benefit Leads

- Other Benefit Leads
- Selection
 - Supplemental Nutrition Assist. Prog.
 - Health Expenses / Liability
 - Social Security
 - Retirement and Disability
 - Title II Retirement
 - Title II Disability
 - Title II from Spouse
 - Title II from Parents
 - Military
 - Railroad
 - Federal Government
 - State / Local Government
 - Union
 - Private Employment**
 - Foreign Country

Private Employment

* Indicates required information

Employee

Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
████████████████████	██████████	Claimant	Select
████████████████████	██████████	Claimant Spouse	Select
████████████████████	██████████	Child	Select
████████████████████	3 ██████████	Child	Select

Name

Unknown
 * First Middle * Last Suffix

SSN

* Relationship

Age 24 or younger during all periods of employment


Claim status for private employment benefits

* Lead status

Employer contact information

Select from favorites or type contact information.

 Show favorites

Contact	<input type="text"/>	<input type="checkbox"/> Unknown
Address	Street 1	<input type="text"/>
	Street 2	<input type="text"/>  Add Line
	City/Town	<input type="text"/>
	State	<input type="text" value="--"/>
<input type="checkbox"/> Unknown	ZIP Code	<input type="text"/>
Phone	<input type="radio"/> U.S. <input checked="" type="radio"/> International	
	<input type="text"/>	
	Country Code + Number	
Web address	<input type="text"/>	

Add to Favorites

Employer

Employer	Period of Employment	Unknown	Actions
Walmart	3 years	<input type="checkbox"/>	Delete

 Show person remarks

No remarks

 Show file documentation notes

No notes

Add Another

Clear Page

Delete

Next

Previous

Save & Return to Mainframe

***Relationship**

--

- Self
- Spouse
- Former Spouse
- Parent
- Unknown

Claim status for private employment benefits

--


- Never Filed
- Approved
- Pending
- Denied

***Lead status**

--

- Referral at Interview
- Referral by Mail
- No Potential Eligibility
- Unknown

74. Foreign Benefits – Default

 **SSI Claim**
PolicyNet

Name: **Susan Williams** SSN: **007-45-8888** Role: **Claimant**

Benefit Leads

Other Benefit Leads

- Selection
- Supplemental Nutrition Assist. Prog.
- Health Expenses / Liability
- Social Security
- Retirement and Disability
- Title II Retirement
- Title II Disability
- Title II from Spouse
- Title II from Parents
- Military
- Railroad
- Federal Government
- State / Local Government
- Union
- Private Employment
- Foreign Country**

Foreign Benefits

Include potential eligibility for foreign benefits based on citizenship, residency, or work covered under a foreign country with a social security program.

Social security programs throughout the world.

* Indicates required information

Person name

Select a person from the person list to populate information OR type in form fields below.

Hide person list

Name	SSN	Relationship	Actions
[REDACTED]	[REDACTED]	Claimant	Select
[REDACTED]	[REDACTED]	Claimant Spouse	Select
T. Williams	[REDACTED]	Child	Select
Virginia Williams	[REDACTED]	Child	Select

Name

Unknown
* First Middle * Last Suffix

SSN

* Relationship

--

Claim status for foreign benefits

--

* Lead status

--

Foreign benefit contact information


Select from favorites or type contact information.

 Show favorites

Contact Unknown

Address **Country**

Street 1

Street 2  Add Line

City/Town **State/Province/Region** **Postal Code**

Unknown

Phone U.S. International

Country Code + Number

Web address

Period of employment, residency or citizenship

Period	Country	Unknown	Actions
		<input type="checkbox"/>	<input type="button" value="Delete"/>

 Show person remarks

No remarks

 Show file documentation notes

No notes

Add Another

Clear Page

Delete

Next

Previous

Save & Return to Mainframe

***Relationship**

--

- Self
- Spouse
- Former Spouse
- Parent
- Unknown

Claim status for foreign benefits

--

- Never Filed
- Approved
- Pending
- Denied

***Lead status**

--

- Referral at Interview
- Referral by Mail
- No Potential Eligibility
- Unknown