

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

Next Previous

Save & Return to Mainframe

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
mm/dd/yyyy

*** Trustee type** Person

*** Trustee name** Unknown

* First Middle * Last Suffix

*** 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

* 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

*** 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	Set aside	Amount	Set aside	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

[Previous](#)

[Save & Return to Mainframe](#)

* 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	Contributable 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

Previous

Save & Return to Mainframe

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: \$ [redacted] [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] * Trust: [redacted] * Trust: [redacted] * Trust: [redacted]

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

Yes No Decides 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


[Previous](#)

[Save & Return to Mainframe](#)

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 [REDACTED]
SSN [REDACTED]
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 v * 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	Status	Actions
[REDACTED]	Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Earns interest

Set aside for burial

Name for whom held

Self Mother Father Spouse Unknown

* **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) Unknown

* **Interest remains in fund**

Yes No Unknown

Values

Alleged Value or Verified Value is required

Account ID	Account Name	Account Type	Account Balance	Account Status	Account Amount	Account Amount	Account Amount	Account Amount	Account Amount
00000000	00000000	0000	0000	0000	0000	0000	0000	0000	0000

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

Add Another

Clear Page

Delete

Next

File view

Save & Return to Mainframe

Account Information

Account type

- Checking
- Credit Union
- Holiday Club
- Individual Indian Monies
- Savings
- Time Deposits
- Other
- Unknown

If excluded, select reason

- Co-ownership
- Early RSDI or SSI payment
- EITC, CTC or other excludable tax credit
- Eligible clinical trial payment
- Death benefits
- Dedicated account funds
- Disaster assistance
- Funds received for educational expenses
- Home reinvestment funds
- Individual Development Account (IDA)
- PASS
- PESS
- Restitution RSDI and SSI payments
- Retroactive RSDI and SSI payments
- Set aside for burial
- Other



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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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Next

Previous

Save & Return to Mainframe

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

* Timetable or plan to repay (a) Yes (b) No (c) Unknown

* How the borrower intends to repay [Unknown]

* Loan bona fide for SSI purposes (a) Yes (b) No (c) Decide later

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

* Borrower's name [Unknown]

Borrower's phone number [Unknown]
(0) 000

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 (a) Yes (b) No (c) 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
(a) Yes (b) No (c) Decide later

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

* Interest remains in fund (a) Yes (b) No (c) Unknown

16. Real Property

SSI Claim
Help

Name
SSN
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**

Street 1

Street 2

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

Name	DOB	DOB	Address	
<input type="text" value=""/> - Ineligible spouse	<input type="text" value="07/1997"/>	<input type="text" value="07/1997"/>	<input type="text" value="Continuing"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Values
Either Alleged Value or Verified Value is required

Alleged Value	Verified Value	Date	Date	Date	Date	Date	Date	Date	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If excluded, select 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

Name [REDACTED] SSN [REDACTED] 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
[REDACTED] Ineligible spouse	07/1997	Continuing	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

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

 Previous

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

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

Unknown

Receiver relationship

* **Transfer date** Unknown

mm/dd/yyyy

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**

mm/dd/yyyy mm/dd/yyyy

Resource disposal agreement **Proof of disposal**

Trust person remarks provided

No person remarks

Trust document provided

No file documentation notes

Add Another

Clear Page

Delete

Text

Previous

Save & Return to Mainpage

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

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

Burial Fund

* Indicate required information

* Type v

* Description

* Name for whom set aside (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

Original amount set aside \$

Earns interest

* Interest remains in fund Yes No Unknown

* Co-Owned Yes No Unknown

Role	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 v Other reason

Resource disposal agreement Proof of disposal

Show person remarks Hide person remarks
No person remarks

Show file documentation notes Hide file documentation notes
No file documentation notes

Next

Previous

Save & Return to Mainframe

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 [REDACTED]
SSN [REDACTED]
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

Unknown

* Relationship of person for whom held ▼

* Co-Owned Yes No Unknown

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

Values
Alleged Value or Verified Value is required

Name	Relationship	Date	Status	
[REDACTED]	[REDACTED]	[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 to note on
No person remarks

Show file documentation notes
No file documentation notes

Next

Previous

Case & System Information

Type --

- Cemetery 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