



**ENHANCED LEADS AND APPOINTMENT SYSTEM
(ELAS)
PROJECT
SCREEN PACKAGE**

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Introduction:

For your information, the screens below show the legacy system (in black background) along with the proposed web-based screens (in white background).

Appointment/Referral Menu Page

800# 800S

APPOINTMENT/REFERRAL MENU

ZIP CODE: _____ OFFICE CODE: _____ CITY/STATE: _____

NH SSN: _____

MODE: 1 1. ESTABLISH 2. UPDATE 3. QUERY

SELECT THE DESIRED FUNCTION: 4

- 1. ADMINISTRATIVE MESSAGE
- 2. OFFICE INFORMATION/REFERRAL
- 3. EVENT - CLAIMS LEADS/PROTECTIVE FILING
- 4. EVENT - POSTENTITLEMENT
- 5. QUERY
- 6. DEVELOPMENT MENU - CLAIMS LEADS
- 7. DEVELOPMENT MENU - POSTENTITLEMENT
- 8. DELETION CLAIMS LEADS
- 9. DELETION POSTENTITLEMENT
- 10. APPOINTMENT CALENDAR MENU - CLAIMS LEADS
- 11. APPOINTMENT CALENDAR MENU - POSTENTITLEMENT
- 12. LISTING REQUEST MENU

Appointment/Referral Menu Screen

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [MENU] [DOORS] [About] [Sign Out] [Re-Login]

[Home](#) [Calendar](#) [Office Information/Referral](#) [Listing Request Menu](#) [CHIP Test Page](#)

Appointment/Referral Menu

Main Menu

*Numberholder SSN [Help](#)

*Select the Desired Function

☐ Claims Leads/Protective Filing

☐ Post-Entitlement Event

☐ Query

[Submit](#)

Postentitlement Event Profile Menu Screen

Profile Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

CalendarOffice Information/ReferralListing Request MenuCHIP Test Page

Post-Entitlement Event Profile Menu

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
		C	Male	--

Post-Entitlement Claimant Selection

Create Event For:

☐ Numberholder

☒ Claimant

Is the Claimant Social Security Number (SSN) known?

☒ Yes

☐ No

Claimant Social Security Number (SSN)

Create PE Event

Back To Search

Post-Entitlement Event

i

No current Post-Entitlement event on this record.

[REDACTED]				
Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

☐ Numberholder

☒ Claimant

☒ Yes ☐ No

114

[Back To Search](#)

Delete All

#	Social Security Number	Claimant Name	PE Referral Established Date	Appointment	Remarks Present	Action
1	[REDACTED]	[REDACTED]	01/09/2020	Y		View Delete
2	[REDACTED]	[REDACTED]	01/09/2020	Y	Y	View Delete
3	[REDACTED]	[REDACTED]	01/09/2020			View Delete
4	[REDACTED]	[REDACTED]	01/09/2020		Y	View Delete
5	[REDACTED]	[REDACTED] Y	01/09/2020	Y	Y	View Delete

Claimant Unknown Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Claimant SSN Unknown Page

EE Name: TRICARIO,JAMES

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
		C	Male	--

Claimant SSN Unknown

Identification Information

First Name

Middle Name

Last Name

Suffix

--

Sex

☐ Male
☐ Female

Birth Date

Add a remark if birthdate is unknown

Contact Information

Address

Country

United States

Street 1

Street 2

Street 3

Street 4

City/Town

State

--

ZIP Code

Primary Phone Number

☒ U.S.
☐ International

10-digit Number

Ext.

Phone Information

Alternative Phone Number

10-digit Number

Ext.

Phone Information

Email Address

Spoken Language Preference

--

Written Language Preference

--

Next
Back

Verify Person Information Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Verify Person Information

Search Result for SSN:

Person Information on Record for

^Identity Information

Social Security Number:
Multiple SSN(s): None
Name:
Hide Other Names:
Sex: Male
Birth Date:
Birth Place:
Birth Date Proof: Convincing Proof (C)
Birth Date Proof Type: Hospital Birth Record (H)
Parent/Mother's Name at Her Birth:

Go to [NUMI Query](#) to view the historical enumeration information.

^Death Information

No death information exists for this person. Go to [Death Information Processing System \(DIPS\)](#) to record death information

^Citizenship Information

Official Information on Record
U.S. Citizenship: No
Citizenship Details

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date
No records found.				

^Contact Information
Edit

Addresses on Record

Address	Purpose
234 ELM STREET, BALTIMORE, MD 21204	Most Recently Provided Mailing

Primary Phone Number:
Receive Text Message: No
Receive Voice Message: No
Primary Phone Number Remarks: Not Answered
Alternate Phone Number: Not Answered
Receive Text Message: No
Receive Voice Message: No
Alternate Phone Number Remarks: Not Answered
Email: Not Answered
Spoken Language Preference: Arabic
Written Language Preference: Armenian
Special Notice Option: None

Go to [iAccommodate](#) to update SNO.

^Military Service Information

Department of Defense (DoD) Wounded Warrior: No
Veterans Affairs 100% Permanent and Total Disability Compensation Rating: No

Next
Cancel

Post Entitlement Event Page

800#	EE NAME: MALLAIY,	PE IDENTIFICATION	IDEN
NH: _____			
BIRTHDATE: _____	PROOF CODE: B	SEX (M/F): M	DEATH (MMDDCCYY): _____
UNIT: YM	FO: 224	PRIOR FO: _____	
PE REFERRAL ESTABLISHED: _____			
CL: _____			
BIRTHDATE: _____	PROOF CODE: B	SEX (M/F): M	DEATH (MMDDCCYY): _____
ADDRESS: 123 _____			
CITY: ERGERGE	STATE: MD	ZIP: 21043	
COUNTRY: _____	POSTAL ZONE: _____	FOREIGN PHONE: _____	
PHONE: _____	EXT: _____	FOREIGN PHONE: _____	
INFORMATION: _____			
CALLER (IF DIFFERENT)			
NAME: _____			
RELATIONSHIP TO CLAIMANT: _____			
PHONE: _____	EXT: _____	FOREIGN PHONE: _____	
INFORMATION: _____			

Post Entitlement Event Data Page

800#	PE EVENT DATA	EVNT
NH: _____		
CL: _____		
*SELECT EVENT: 1	1=SSI REDETERMINATIONS	6=REP PAYEE
	2=SSI LIMITED ISSUES	7=OVERPAYMENT ISSUES
	3=SSI LIVING ARRANGEMENT CHANGES	8=OTHER
	4=WORK CDR	9=MEDICARE ISSUES
	5=MEDICAL CDR.	
IF EVENT IS OTHER (SPECIFY): _____		
*SELECT EVENT TITLE: 1	1=TITLE 2 2=TITLE 16 3=TITLE 2 & 16 4=OTHER 5=TITLE 18.	
*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y		
ARE THERE OTHER CLIENTS INVOLVED (Y/N): Y		
IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER		
CURRENT REP PAYEE	SSN: _____	OR ORGANIZATION (Y/N): Y
APPLICANT PAYEE	SSN: _____	OR ORGANIZATION (Y/N): N

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“Is Caller different than claimant” question by default will be “No” but if you select “Yes” then the caller container pops-up prompting information about the caller.

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Post-Entitlement Events

Role: Numberholder/Claimant

EE Name: TRICARIO,JAMES

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

C

Male

--

Post-Entitlement Event Information

*FO Code

278

Prior FO Code

--

*Unit

JJT

DOORS

*Select Event

--

*Select Event Title

--

Post-Entitlement Referral Established

--

*Is there any Rep Payee involvement?

☐ Yes, Current

☐ Yes, Applicant

☐ Yes, Both

☐ No

Other Clients

Are there other clients involved?

☐ Yes

☒ No

Caller Information (If Different)

Is the caller different than the claimant?

☒ Yes

☐ No

*Caller First Name

Caller Middle Initial

*Caller Last Name

Suffix

--

*Relationship to Claimant

--

Phone Number

☒ U.S.

☐ International

10-digit Number

Ext.

Phone Information

Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Save Event

Back

Other Clients Involved Page

800#

OTHER CLIENTS INVOLVED

OTHR

NH:

CL:

LIST ALL OTHER CLIENTS INVOLVED:

	SSN	OTHER CLIENT NAME			
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

Other Clients Involved Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQJ [800S]

[DOORS]

[About]

[Sign Out]

[Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Other Clients Involved

Role: Numberholder/Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

C

Male

--

List All Other Clients Involved

1.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

2.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

3.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

4.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

5.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

6.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

7.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

8.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

9.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

10.

Social Security Number

Other Client First Name

Other Client Middle Name

Other Client Last Name

Suffix

--

☐ SSN Unknown

Next

Back

Clear

Rep Payee Identification Page

800#	REP PAYEE IDENTIFICATION	REP1
NH: _____ CL: _____		
CURRENT PAYEE INFORMATION		
NAME: _____		
ORGANIZATION: _____	DEATH: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
COUNTRY: _____	POSTAL ZONE: _____	
PHONE: _____	EXT: _____	FOREIGN PHONE: _____
INFORMATION: _____		
RELATIONSHIP OF APPLICANT/PAYEE TO CLIENT: ____		
01. SELF	07. SPOUSE	
02. NATURAL OR ADOPTIVE FATHER	08. STEPFATHER	
03. NATURAL OR ADOPTIVE MOTHER	09. STEPMOTHER	
04. NATURAL OR ADOPTIVE CHILD/STEPCHILD	10. GRANDPARENT	
05. OTHER RELATIVE: _____	11. ESSENTIAL PERSON	
06. OTHER: _____	12. INSTITUTION	

Rep Payee Identification Screen – Organization(s)

Rep Payee Identification

Role: Numberholder/Claimant

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Current Payee Information

*Is this an Organization?

☒ Yes ☐ No

*Organization

[REDACTED]

*Address

*Country

United States

*Street 1

[REDACTED]

Street 2

[REDACTED]

Street 3

[REDACTED]

Street 4

[REDACTED]

*City/Town

[REDACTED]

*State

--

*ZIP Code

[REDACTED]

*Relationship of Current Payee to Client

--

Phone Number

☒ U.S. ☐ International

10-digit Number

[REDACTED]

Ext.

[REDACTED]

Phone Information

[REDACTED]

Applicant Payee Information

*Is this an Organization?

☒ Yes ☐ No

*Organization

[REDACTED]

*Address

*Country

United States

*Street 1

[REDACTED]

Street 2

[REDACTED]

Street 3

[REDACTED]

Street 4

[REDACTED]

*City/Town

[REDACTED]

*State

--

*ZIP Code

[REDACTED]

*Relationship of Applicant Payee to Client

--

Phone Number

☒ U.S. ☐ International

10-digit Number

[REDACTED]

Ext.

[REDACTED]

Phone Information

[REDACTED]

Next

Back

Rep Payee Identification Screen – Individual(s)

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Rep Payee Identification

Role: Numberholder/Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

C

Male

--

Current Payee Information

Is this an Organization?

Yes

No

First Name

Middle Name

Last Name

Suffix

Death

Email Address

Social Security Number

SSN Unknown

Address

Country

United States

Street 1

Street 2

Street 3

Street 4

City/Town

State

ZIP Code

Phone Number

U.S.

International

10-digit Number

Ext.

Phone Information

Relationship of Current Payee to Client

--

Applicant Payee Information

Is this an Organization?

Yes

No

First Name

Middle Name

Last Name

Suffix

Death

Email Address

Social Security Number

SSN Unknown

Address

Country

United States

Street 1

Street 2

Street 3

Street 4

City/Town

State

ZIP Code

Phone Number

U.S.

International

10-digit Number

Ext.

Phone Information

Relationship of Applicant Payee to Client

--

Next

Back

Post Entitlement Appointment Information Page

800#	PE APPOINTMENT INFORMATION	APPE																
NH:																		
CL:																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">CURRENT APPOINTMENT</td> <td style="width: 20%;">MISSED (Y/N) :</td> <td style="width: 40%;"></td> </tr> <tr> <td>DATE: TIME:</td> <td>TYPE:</td> <td>SOURCE:</td> </tr> <tr> <td>PRIOR APPOINTMENT</td> <td>REASON APPOINTMENT CHANGED:</td> <td></td> </tr> <tr> <td>DATE: TIME:</td> <td>SOURCE:</td> <td></td> </tr> <tr> <td colspan="2">APPOINTMENT CHANGED BY CLIENT:</td> <td>APPOINTMENT CHANGED BY SSA:</td> </tr> </table>			CURRENT APPOINTMENT	MISSED (Y/N) :		DATE: TIME:	TYPE:	SOURCE:	PRIOR APPOINTMENT	REASON APPOINTMENT CHANGED:		DATE: TIME:	SOURCE:		APPOINTMENT CHANGED BY CLIENT:		APPOINTMENT CHANGED BY SSA:	
CURRENT APPOINTMENT	MISSED (Y/N) :																	
DATE: TIME:	TYPE:	SOURCE:																
PRIOR APPOINTMENT	REASON APPOINTMENT CHANGED:																	
DATE: TIME:	SOURCE:																	
APPOINTMENT CHANGED BY CLIENT:		APPOINTMENT CHANGED BY SSA:																
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">APPOINTMENT: ☐</td> <td style="width: 30%;">1. MAKE</td> <td style="width: 30%;">2. RESCHEDULE</td> <td style="width: 10%;">3. CANCEL</td> </tr> <tr> <td>TYPE: ☐</td> <td>1. TELEPHONE</td> <td>2. IN-OFFICE</td> <td></td> </tr> <tr> <td>SOURCE: ☐</td> <td>1. CALENDAR</td> <td>2. FO-SCRATCHPAD</td> <td></td> </tr> <tr> <td colspan="2">APPOINTMENT CHANGE REQUESTED BY:</td> <td colspan="2">1. CLIENT 2. SSA</td> </tr> </table>			APPOINTMENT: ☐	1. MAKE	2. RESCHEDULE	3. CANCEL	TYPE: ☐	1. TELEPHONE	2. IN-OFFICE		SOURCE: ☐	1. CALENDAR	2. FO-SCRATCHPAD		APPOINTMENT CHANGE REQUESTED BY:		1. CLIENT 2. SSA	
APPOINTMENT: ☐	1. MAKE	2. RESCHEDULE	3. CANCEL															
TYPE: ☐	1. TELEPHONE	2. IN-OFFICE																
SOURCE: ☐	1. CALENDAR	2. FO-SCRATCHPAD																
APPOINTMENT CHANGE REQUESTED BY:		1. CLIENT 2. SSA																
REMARKS: 																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">PRINT REFERRAL (Y/N) : <u>Y</u></td> <td style="width: 40%;">MORE REMARKS (Y/N) : <u>N</u></td> </tr> <tr> <td>PRINT NOTICE (Y/N) : <u>Y</u></td> <td>ADD A NEW CLIENT (Y/N) : <u> </u></td> </tr> </table>			PRINT REFERRAL (Y/N) : <u>Y</u>	MORE REMARKS (Y/N) : <u>N</u>	PRINT NOTICE (Y/N) : <u>Y</u>	ADD A NEW CLIENT (Y/N) : <u> </u>												
PRINT REFERRAL (Y/N) : <u>Y</u>	MORE REMARKS (Y/N) : <u>N</u>																	
PRINT NOTICE (Y/N) : <u>Y</u>	ADD A NEW CLIENT (Y/N) : <u> </u>																	

Post Entitlement Appointment Information Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Post-Entitlement Appointment Information

Role: Numberholder/Claimant

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
		C	Male	--

Post-Entitlement Appointment Information

Make an Appointment
☒ Yes ☐ No

***Appointment Type**
☐ Phone
☒ In-Office

Appointment Source
☒ Calendar
☐ Scratchpad

Remarks

Add Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Next
Back

Postentitlement Appointment Calendar Page

800# PE APPOINTMENT CALENDAR FOR 224 PAGE 1 OF APPP1
 TIME ZONE:
 ADDRESS: SOCIAL SECURITY OFFICE HOURS MON: -
 2-Q-16 OPNS BLDG TUES: -
 6401 SECURITY BLVD WED: -
 BALTIMORE MD 21235 THURS: -
 FRI: -

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
 OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**

	WE	TH	FR	MO	TU	WE	TH	FR	MO	TU	WE	TH	FR	MO	TU	WE	TH	FR	MO	**	NORMAL
NOV/DEC	28	29	30	03	04	05	06	07	10	11	12	13	14	17	18	19	20	21	24	25	COUNT
TITLE 16 APPOINTMENTS																					
A 09:15	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	--	05
B 10:30	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	--	06
C 11:27	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	--	07
D 12:30	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	--	08
E 01:30	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	--	09
F 02:30	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	--	10
G 03:30	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	--	20
H 04:00	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	--	11
APPOINTMENT DATE: █ APPOINTMENT TIME: _ NEXT PAGE (Y): Y																					

Postentitlement Appointment Calendar Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S]

[DOORS]

[About]

[Sign Out]

[Re-Login]

Home

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Appointment

Role: Numberholder/Claimant

NAME: [REDACTED]

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

[REDACTED]

[REDACTED]

C

Male

--

Calendar

Field Office

278

DOORS

Appointment Type

In Office

Calendar Remarks

POST ENTITLEMENT ONLY/NO EXR OR INITIAL CLAIMS-FM S YORK RD RIGHT ON ALLEGHENY/FM N YORK RD TO BOSLEY RIGHT ON ALLEGHENY/FREE PARK//

Calendar Description

MEDICARE APPOINTMENTS

Calendar Page 1 of 2

PREV

NEXT

JAN

FEB

Date	F 10	M 13	T 14	W 15	Th 16	F 17	M 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
Time																				
08:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09:00am	01	01	01	01	01	01	--	01	01	01	01	01	01	01	01	01	01	01	01	01
10:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
01:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
02:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Appointment Date

Current Appointment Time

Current Appointment Type

--

Contact Information

If notice is sent it will be sent to the most recently provided address of the Claimant.

Most Recently Provided Address

[REDACTED]

[REDACTED]

US

Special Notice Option

First Class Mail

Claimant phone information on record

Phone	Primary	Receive Text Message	Receive Voice Message	Remarks
[REDACTED]	Yes	No	No	--

Email Address

--

Print Referral?

Yes

No

Print Notice?

Yes

No

Done

Back

Field Office Appointment (Scratchpad) Page

800#	FO APPOINTMENT	FOAP
NH:		
CL:		
CURRENT APPOINTMENT		
DATE:	TIME:	TYPE: SOURCE:
PRIOR APPOINTMENT		
DATE:	TIME:	REASON APPOINTMENT CHANGED: SOURCE:
APPOINTMENT CHANGED BY CLIENT:		APPOINTMENT CHANGED BY SSA:
NEW APPOINTMENT INFORMATION		
DATE (MMDDYY):		
START TIME (HH MM):	END TIME (HH MM):	
TYPE: 2	1. TELEPHONE 2. IN-OFFICE	
APPOINTMENT CHANGE REQUESTED BY: 1. CLIENT 2. SSA		

Field Office Appointment (Scratchpad) Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Field Office Appointment (Scratchpad)

Role: Numberholder/Claimant

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
		C	Male	--

Scratchpad Information

Current Appointment Date	Current Appointment Time	Current Appointment Type	Source	
--	--	--	--	
Prior Appointment Date	Prior Appointment Time	Reason for Change	Source	Change Requested By
--	--	--	--	--

New Appointment Information

Date	Start time	End Time	Appointment Type
			☐ Phone ☒ In-Office

Next
Cancel

Appointment Calendar Menu Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Appointment Calendar Menu

Select Appointment Calendar Type

☐ Claims Leads/Protective Filing
☒ Post-Entitlement Event

Search Option

☒ Field Office
☐ Zip Code

*FO Code

Submit

Postentitlement Calendar Menu Page

```

800#                                PE CALENDAR MENU FOR 224                                PCAL

                                TIME ZONE:
ADDRESS: SOCIAL SECURITY                OFFICE HOURS MON:      :    -    :
          2-Q-16 OPNS BLDG              TUES:      :    -    :
          6401 SECURITY BLVD            WED:      :    -    :
                                THURS:      :    -    :
          BALTIMORE                    FRI:      :    -    :
                                MD 21235

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
              OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**

SELECT PE CALENDAR: 0
                  1=TITLE 16 APPOINTMENTS
                  2=TITLE 2, CONCURRENT AND OTHER APPOINTMENTS
                  3=MEDICARE APPOINTMENTS.
    
```

Claims Leads/Protective Filing Calendar(s) Overview Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S]

[DOORS]

[About]

[Sign Out]

[Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Post-Entitlement Events Calendar(s) Overview

Field Office Information

FO Code

642

General Calendar Remarks

[432] Characters Maximum

OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE LITTLE BUTCHER SHOP

Characters remaining: 364

Save Remarks

Create PE Calendar

Medicare Appointments

Create a New Calendar

Calendars

#	Calendar Label	Actions
PE1	TITLE 16 APPOINTMENTS	View Edit
PE2	TITLE 2, CONCURRENT AND OTHER APPOINTMENTS	View Edit

Back

Manager Create New Calendar Page

800#

PE APPOINTMENT CALENDAR FOR 224

PAGE 1 OF APPP1

ADDRESS: SOCIAL SECURITY
2-Q-16 OPNS BLDG
6401 SECURITY BLVD

BALTIMORE

TIME ZONE:
OFFICE HOURS MON: : - :
TUES: : - :
WED: : - :
THURS: : - :
FRI: : - :

MD 21235

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**

	WE	TH	FR	MO	TU	WE	TH	FR	MO	TU	WE	TH	FR	MO	TU	WE	TH	FR	MO	**	NORMAL	
NOV/DEC	28	29	30	03	04	05	06	07	10	11	12	13	14	17	18	19	20	21	24	25	COUNT	
TITLE 16 APPOINTMENTS																						
A	09:15	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	04	05	--	05
B	10:30	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	--	06
C	11:27	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	--	07
D	12:30	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	--	08
E	01:30	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	--	09
F	02:30	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	--	10
G	03:30	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	--	20
H	04:00	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	--	11

NEXT PAGE (Y) : Y

Manager Create New Calendar Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Create a New Calendar

Calendar Template

FO Code

642

Remarks

OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE LITTLE BUTCHER SHOP

Set Time and Normal Count

To generate a 40 business day calendar, enter a 12-hour time between 7:00am and 6:59pm into each Time Slot (HH:MM) and a Normal Count (00-20) for each weekday into the Template table below.

Calendar Description
Medicare Appointments

Time \ Day	M	T	W	Th	F

Next

Back

Manager Create New Calendar Screen – Availability

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Create Calendar Availability

Calendar Information

FO Code
642

Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Maximum Appointment Count

Calendar Description
Medicare Appointments

Calendar Page 1 of 2

PREV
NEXT

JAN																	FEB			
Date	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
09:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
10:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
11:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
12:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
01:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
02:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
03:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
04:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05

Next
Back

View Calendar Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

View Calendar

Calendar

FO Code
642

Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Calendar Description
Medicare Appointments

Calendar Page 1 of 2

PREV
NEXT

JAN																	FEB			
Date	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
09:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
10:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
11:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
12:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
01:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
02:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
03:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
04:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05

Next
Back

Edit Label/Descriptions Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Edit Label/Descriptions

Edit Calendar Label

Calendar Description
TITLE 16 APPOINTMENTS

Save
Back
Go to Edit Template
Go to Edit Availability

Edit Calendar Template Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Edit Calendar Template

Calendar Template

FO Code
642
Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE LITTLE BUTCHER SHOP

Set Time and Normal Count

Changes made to the Template only apply to Availability for future dates and may not take effect until the next business day.

Calendar Description
Title 16 Appointments

Time \ Day	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>
08:00	0	0	0	0	0
09:30	0	0	0	0	0
10:30	0	0	0	0	0
11:00	1	1	1	1	1
12:00	0	0	0	0	0
01:00	0	0	0	0	0
02:00	0	0	0	0	0
03:00	0	0	0	0	0

Next
Back

Edit Calendar Availability Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Edit Calendar Availability

Calendar Information

FO Code

642

Remarks

OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Maximum Appointment Count

Calendar Description

TITLE 16 APPOINTMENTS

Calendar Page 1 of 2

PREV

NEXT

JAN

Date

F 10

M 13

T 14

W 15

Th 16

F 17

** 20

T 21

W 22

Th 23

F 24

M 27

T 28

W 29

Th 30

F 31

FEB

M 03

T 04

W 05

Th 06

Time	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
08:00am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
10:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11:00am	01	01	01	01	01	01	--	01	01	01	01	01	01	01	01	01	01	01	01	01
12:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
01:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
02:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Next

Back

Summary Page Screen

Enhanced Leads and Appointment System (ELAS)

JAMES TRICARIO EQ [80805]

[DOORS]

[About]

[Sign Out]

[Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Summary Page

Role: Numberholder

EE Name: TRICARIO,JAMES

Social Security Number (SSN)

302-60-4103

Birth Date

Proof Code

C

Sex

Male

Date of Death

--

Role: Claimant

Social Security Number (SSN)

Birth Date

Proof Code

B

Sex

Female

Date of Death

--

Post-Entitlement Event

Role: Claimant

Hide Appointment Information

Appointment Information

Edit

Current Appointment Date

January 31, 2020

Current Appointment Time

09:15am

Current Appointment Type

In Office 224

Current Appointment Source

Calendar

Prior Appointment Date

--

Prior Appointment Time

--

Reason for Change

--

Prior Appointment Source

--

Hide Identification Information

Identification Information

To update person identity and contact information go to

Person Information

Full Name

Social Security Number (SSN)

Birth Date

Sex

Female

Proof Code

B

Contact Information

Most Recently Provided Address

BALTIMORE, MD 21237

US

Primary Phone

Email Address

Language spoken

Chinese Formosan

Language written

Chinese-Mien

Hide Claim/Event Information

Post-Entitlement Event

Edit

FO Code

224

Prior FO Code

--

Unit

JJT

Event Type

REPPYE

Post-Entitlement Referral Established Date

01/09/2020

Event Title

TITLE 16

Other Clients Involved

Y

Current Rep Payee

Current Organization

Applicant Rep Payee

Applicant Individual

Caller Information (If Different)

Caller Name

Relationship to claimant

Brother

Caller History

Date of Call

01/09/2020

Caller Name

Relationship to Claimant

Brother

Phone Number

Phone Information

Mobile

Remarks

REMARKS - MORE REMARKS

Show Add Remarks

Hide Other Clients Involved

Other Clients Involved

Edit

List Of Other Clients

#

Social Security Number (SSN)

First Name

Middle Name

Last Name

Suffix

1

2

Hide Development Worksheet

Worksheet Information

Edit

#

Issue

REQ

Follow Up 1

Follow Up 2

Ticket

REQ

Remarks

1

PEAPPT

01/09/2020

--

--

02/01/2020

--

T16

2

REPPYE

--

--

--

--

--

Hide Rep Payee Information

Rep Payee Information

Edit

Current Rep Payee

Organization

PEPCO

Address

BALTIMORE, MD 21234

US

Phone Number

Relationship of Applicant/Payee to Client

Institution

Phone Information

Office

Applicant Payee

Rep Payee Name

Address

US

Phone Number

SSN

Death

--

Phone Information

Cell

Relationship of Applicant/Payee to Client

Stepfather

Done

Print Summary

Print Referral

Worksheet Page

800#
FO: 224
NH:
CL:

UNIT: YM

WORKSHEET

WKS#

APPOINTMENT DATE: 122118

TIME: 09:15

SOURCE: CALENDAR

ISSUE	REQ	F/UP	F/UP	TICKLE	REC	REMARKS
PEAPPT	112718					T16
REDET						

PRINT APPOINTMENT NOTICE (Y/N): N
PF1 HELP AVAILABLE

Worksheet Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQJ JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Development Worksheet

Role: Numberholder
[Redacted]
Social Security Number (SSN) [Redacted] Birth Date [Redacted] Proof Code C Sex Male Date of Death --

Role: Claimant
[Redacted]
Social Security Number (SSN) [Redacted] Birth Date [Redacted] Proof Code B Sex Female Date of Death --

Appointment Information

Field Office: 224 Unit: JJT
Appointment Date: January 31, 2020 Appointment Time: 09:15am Source: Calendar

#	Issue	REQ	Follow Up 1	Follow Up 2	Tickle	REC	Remarks
1	PEAPPT	01/09/2020			02/01/2020		T16
2	REPPYE						

Print Appointment Notice:
☐ Yes ☒ No
Save Cancel

Edit Post Entitlement Page

800#	EE NAME: MALLAIY,	PE IDENTIFICATION	IDEN
NH: _____			
BIRTHDATE: _____	PROOF CODE: B	SEX (M/F): M	DEATH (MMDDCCYY): _____
UNIT: YM	FO: 224	PRIOR FO: _____	
		PE REFERRAL ESTABLISHED: 112718	
CL: _____			
BIRTHDATE: _____	PROOF CODE: B	SEX (M/F): M	DEATH (MMDDCCYY): _____
ADDRESS: 123			
CITY: ERGERGE	STATE: MD	ZIP: 21043	
COUNTRY: _____	POSTAL ZONE: _____		
PHONE: _____	EXT: _____	FOREIGN PHONE: _____	
INFORMATION: _____			
CALLER (IF DIFFERENT)			
NAME: _____			
RELATIONSHIP TO CLAIMANT: _____			
PHONE: _____	EXT: _____	FOREIGN PHONE: _____	
INFORMATION: _____			
APPOINTMENT DATE: 122118		TIME: 09:15	

Edit Post Entitlement Event Page

800#	PE EVENT DATA	EVNT
NH: _____		
CL: _____		
*SELECT EVENT: 1	1=SSI REDETERMINATIONS	6=REP PAYEE
	2=SSI LIMITED ISSUES	7=OVERPAYMENT ISSUES
	3=SSI LIVING ARRANGEMENT CHANGES	8=OTHER
	4=WORK CDR	9=MEDICARE ISSUES
	5=MEDICAL CDR.	
IF EVENT IS OTHER (SPECIFY): _____		
*SELECT EVENT TITLE: 2		
1=TITLE 2	2=TITLE 16	3=TITLE 2 & 16
4=OTHER	5=TITLE 18.	
*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y		
ARE THERE OTHER CLIENTS INVOLVED (Y/N): N		
IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER		
CURRENT REP PAYEE	SSN: _____	OR ORGANIZATION (Y/N): Y
APPLICANT PAYEE	SSN: _____	OR ORGANIZATION (Y/N): N

Edit Post Entitlement Events Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Edit Post-Entitlement Events

Role: Numberholder
EE Name: TRICARIO,JAMES

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

Post-Entitlement Event Information

*FO Code
224

Prior FO Code
--

*Unit
JJT

DOORS

Select Event
Rep Payee

*Select Event Title
TITLE 16

Post-Entitlement Referral Established
01/09/2020

Is there any Rep Payee involvement?
Yes, Both

Other Clients

Are there other clients involved?
Yes

Caller Information (If Different)

Is the caller different than the claimant?
☒ Yes
☐ No

*Caller First Name

Caller Middle Initial
X

*Caller Last Name

Suffix
JR

*Relationship to Claimant
Brother

Phone Number
☒ U.S.
☐ International

Phone Information
Mobile

10-digit Number
Ext.

Remarks
REMARKS - MORE REMARKS

Add Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2475

Save Event
Cancel

Update Appointment Page

800#	PE APPOINTMENT INFORMATION	APPE
NH: 2 CL: --		
CURRENT APPOINTMENT DATE: 122118 TIME: 09:15 PRIOR APPOINTMENT DATE: TIME: APPOINTMENT CHANGED BY CLIENT: MISSED (Y/N): ■ TYPE: OFF SOURCE: CALENDAR REASON APPOINTMENT CHANGED: SOURCE: APPOINTMENT CHANGED BY SSA:		
APPOINTMENT: _ 1. MAKE 2. RESCHEDULE 3. CANCEL TYPE: _ 1. TELEPHONE 2. IN-OFFICE SOURCE: _ 1. CALENDAR 2. FO-SCRATCHPAD APPOINTMENT CHANGE REQUESTED BY: _ 1. CLIENT 2. SSA		
REMARKS:		
PRINT REFERRAL (Y/N): Y PRINT NOTICE (Y/N): Y MORE REMARKS (Y/N): N ADD A NEW CLIENT (Y/N): _		

Update Postentitlement Appointment Screen

Enhanced Leads and Appointment System (eLAS)

JAMES TRICARIO EQI [800S]

[DOORS]

[About]

[Sign Out]

[Re-Login]

Calendar

Office Information/Referral

Listing Request Menu

CHIP Test Page

Update Post-Entitlement Appointment

Role: Numberholder

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

Role: Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

Post-Entitlement Appointment Information

Current Appointment Date

Current Appointment Time

Current Appointment Type

Appointment Source

Field Office

Prior Appointment Date

Prior Appointment Time

Reason for Change

Appointment Source

Change Requested By

Missed Appointment

Yes

No

Edit Appointment

Make Appointment

Reschedule Appointment

Cancel Appointment

*Appointment Type

Phone

In-Office

Remarks

REMARKS - MORE REMARKS

Add Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2475

Next

Cancel

Edit Other Clients Involved Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Edit Other Clients Involved

Role: Numberholder

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

Role: Claimant

GANDALF T GREY

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

List All Other Clients Involved

1.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

2.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

☒ SSN Unknown

--

3.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

4.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

5.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

6.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

7.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

8.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

9.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

10.
Social Security Number
Other Client First Name
Other Client Middle Name
Other Client Last Name
Suffix

--

☐ SSN Unknown

Next
Back
Clear

Edit Rep Payee Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Edit Rep Payee

Role: Numberholder

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

C
Male
--

Role: Claimant

Social Security Number (SSN)
Birth Date
Proof Code
Sex
Date of Death

B
Female
--

*Rep Payee Type

☐ Current Rep Payee
☐ Applicant Payee
☒ Both

Current Payee Information

*Is this an Organization?

☒ Yes
☐ No

*Organization

PEPCO

*Address

*Country

United States

*Street 1

*Street 2

*Street 3

*Street 4

*City/Town

BALTIMORE

*State

Maryland

*ZIP Code

21234

*Phone Number

☒ U.S.
☐ International

10-digit Number

Ext.

*Phone Information

Office

*Relationship of Current Payee to Client

Institution

*Is this an Organization?

☐ Yes
☒ No

*First Name

*Middle Name

*Last Name

*Suffix

SR

*Death

*Email Address

Fakeemail@Fake.com

*Social Security Number
☐ SSN Unknown

*Address

*Country

United States

*Street 1

*Street 2

*Street 3

*Street 4

*City/Town

BALTIMORE

*State

Maryland

*ZIP Code

21234

*Phone Number

☒ U.S.
☐ International

10-digit Number

Ext.

*Phone Information

Cell

*Relationship of Applicant Payee to Client

Stepfather

Next
Back