



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

Table of Contents

Appointment/Referral Menu 5

Appointment/Referral Menu 5

LPF1 6

Profile Page 6

LPF1 Extended 7

Profile Page Extended 7

Number Holder Query Screen 8

Numberholder Query Page 9

Numberholder Query Page - Continued 10

Claimant SSN Unknown Screen 10

Claimant SSN Unknown Page 11

Claimant Unknown Screen Extended 12

Verify Person Information Screen 13

LPF2 Screen 14

Create a New lead Screen 15

Create a New lead Screen with Disability 16

Leads Protective Filing Information Page 18

Leads Protective Filing Information Screen 19

Informal Denial Page 20

Informal Denial Screen 21

Informal Denial (Issue Second) Screen 22

Appointment Page 24

Appointment Screen 25

Appointment Calendar Menu Page 26

Appointment Calendar Menu Screen 26

Appointment Calendar Menu Screen 28

Manager Create a New Calendar Page 29

Manager Create a New Calendar Screen 30

Manager Create New Calendar Screen – Calendar Availability 31

View Calendar Screen 32

Edit Calendar Screen – Edit Label/Descriptions 33

Edit Calendar Screen – Edit Calendar Availability 34

Calendar Assignment for Claim Types Page(s) 35

Title 16 Calendar Assignment Page 36

Title 2 & Title 16 Concurrent Calendar Assignment Page..... 36

Title 18 Calendar Assignment Page 37

Calendar Assignment for Claim Types Screen(s) – Title 2 37

Calendar Assignment for Claim Types Screen(s) – Title 16 38

Calendar Assignment for Claim Types Screen(s) – Title 2 & Title 16..... 39

Calendar Assignment for Claim Types Screen(s) – Title 18 40

Calendar Assignment for Claim Types Screen(s) – All Claim Types 41

Summary Screen 42

Worksheet Page 43

Edit Leads Protective Filing Information Screen..... 46

Edit Informal Denial Page 46

Edit Informal Denial Page 2..... 47

Edit Informal Denial Screen 48

Edit Informal Denial (Issue Second) Screen 49

Update Appointment Page 50

Update Appointment Screen 50

Reschedule Appointment Screen 51

Field Office Information Page(s) - Query Mode..... 52

Field Office Information Screen(s) 52

Field Office Information Screen(s) – ZIP Code Search 53

Field Office Information Screen(s) – City/State Search 53

Field Office Informational/Referral Page..... 54

Field Office Informational/Referral Page 2..... 54

Field Office Informational/Referral Screen..... 55

Field Office Informational/Referral Screen - Expanded 56

Field Office Informational/Referral Main Page - Update 57

Field Office Informational/Referral Page - Update..... 58

Field Office Informational/Referral Page 2 - Update..... 58

Field Office Informational/Referral Screen – Update Mode 59

Field Office Informational/Referral Screen – Update Mode Expanded 60

Field Office Informational/Referral Menu Page - Query 61

Field Office Informational/Referral Page - Query..... 61

Field Office Informational/Referral Screen - Query..... 62

Listing Request Menu Page..... 62

Listing Request Menu Screen..... 62

Referral and Appointment Screen 63

Listing Request Menu Screen - Appointments 63

Appointment List Request Page..... 64

Appointment List Request Screen 64

Appointment List For Date Screen..... 65

Pending List Request Page 65

Pending List Request Menu Screen 66

Pending List Request Menu Screen - Expanded 67

Pending List Request Page 68

Teleservice/DSU Listing Request Page..... 69

Teleservice/DSU Listing Request Screen..... 69

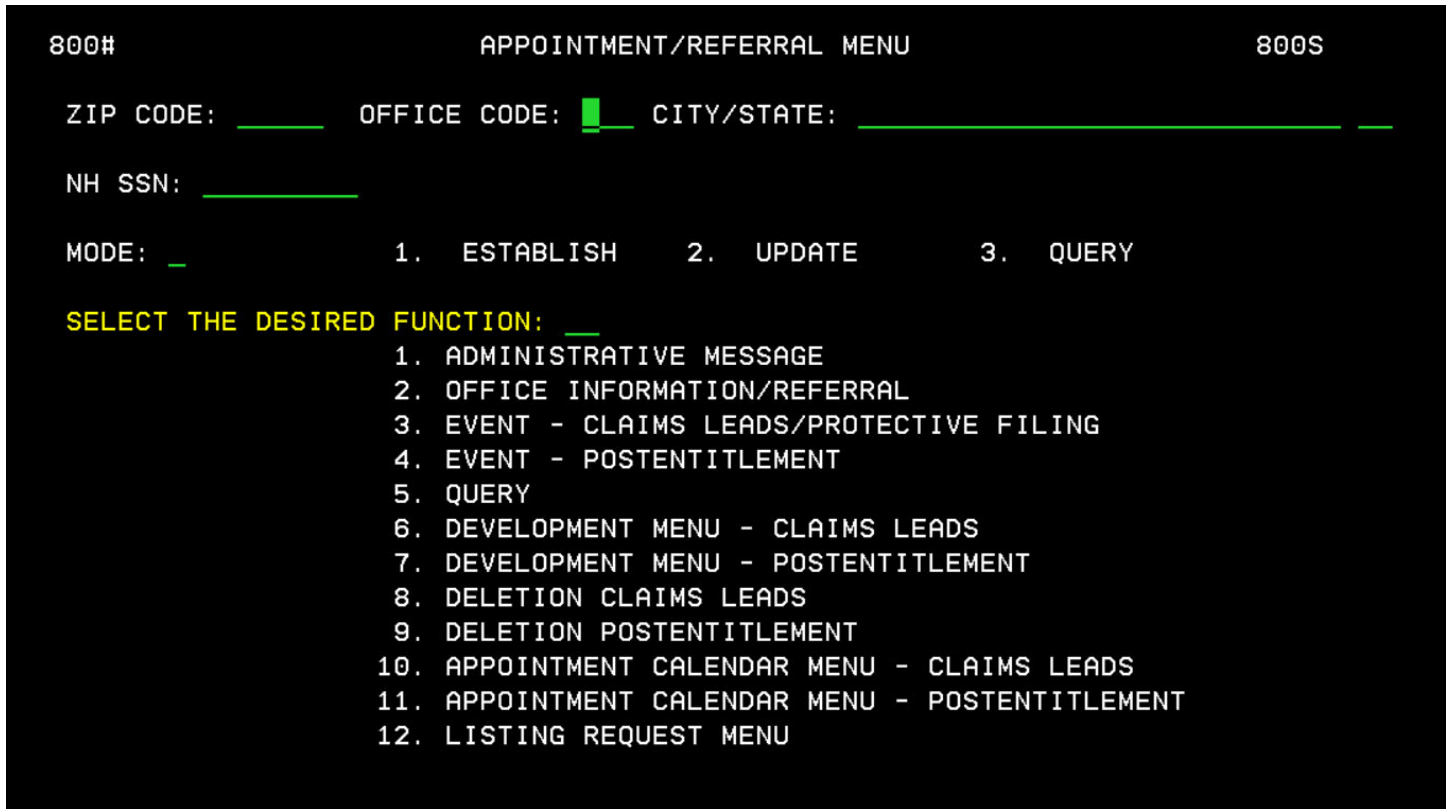
Teleservice/DSU List Report Screen..... 70

Query Page Screen 71

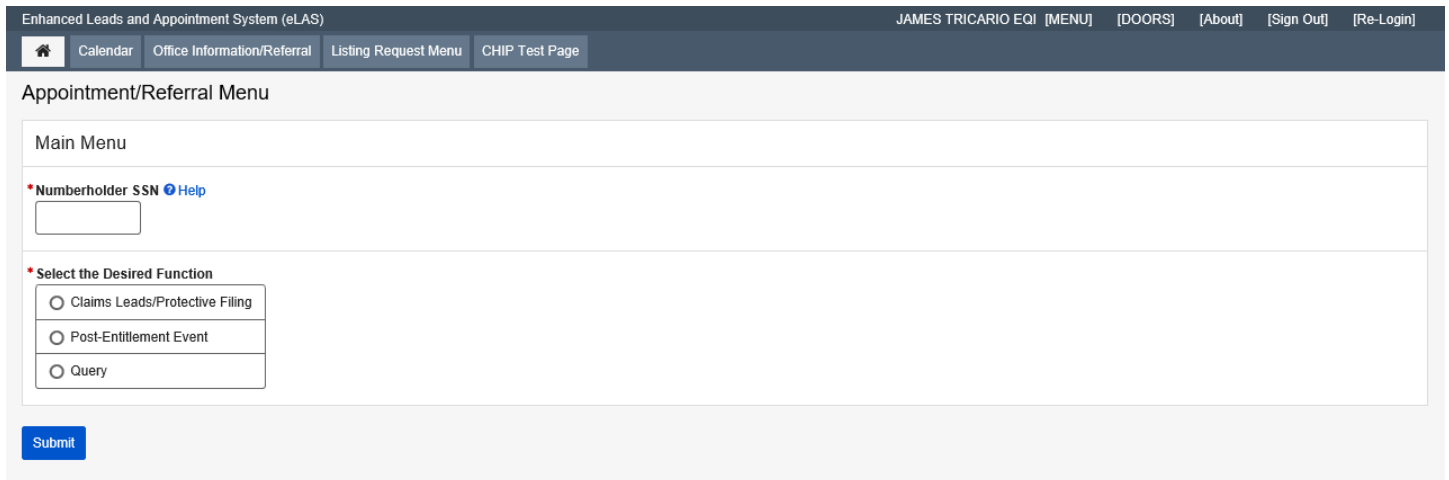
Introduction:

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



Appointment/Referral Menu



LPF1

| LEADS/PROTECTIVE FILING NH IDENTIFICATION | | | | LPF1 | |
|---|---------------|-----------------------------|--------------|--------|-------|
| NH: | | | | | |
| BIRTHDATE: | | PROOF CODE: B | SEX (M/F): M | DEATH: | |
| NUMBERHOLDER CLAIM (Y/N): █ | | NUMBERHOLDER QUERY (Y/N): _ | | | |
| SSN | CLAIMANT NAME | RMKS PRES | INF DEN | SELECT | QUERY |
| 01. | _____ | | | | — |
| 02. | _____ | | | | — |
| 03. | _____ | | | | — |
| 04. | _____ | | | | — |
| 05. | _____ | | | | — |
| 06. | _____ | | | | — |
| 07. | _____ | | | | — |
| 08. | _____ | | | | — |
| 09. | _____ | | | | — |

Profile Page

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](#)

Claims Leads/Protective Filing Profile Menu

Respondent Name

| | | | | |
|---------------------------------|--|------------|------|---------------|
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| SSN <input type="text"/> | Birth Date <input type="text"/> | C | Male | -- |

Add Claims Leads/Protective Filing

Create New Lead For:

Numberholder

Claimant

Numberholder Query

Yes No

[Create A New Lead](#) [Back To Search](#)

Lead

i No current lead on this record.

LPF1 Extended

| LEADS/PROTECTIVE FILING NH IDENTIFICATION | | | | LPF1 | | |
|---|---------------|---------------|--------------|---------|-------------------------------------|--------------------------|
| NH: | | | | | | |
| BIRTHDATE: | | PROOF CODE: B | SEX (M/F): M | DEATH: | | |
| NUMBERHOLDER CLAIM (Y/N): Y | | | | | | |
| | SSN | CLAIMANT NAME | RMKS PRES | INF DEN | SELECT | QUERY |
| 00. | ALL CLAIMANTS | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 01. | | | | Y | <input type="checkbox"/> | <input type="checkbox"/> |
| 02. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 03. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 04. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 05. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 06. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 07. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 08. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 09. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Profile Page Extended

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

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

Claims Leads/Protective Filing Profile Menu

Respondent Name

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

Add Claims Leads/Protective Filing

Create New Lead For:

Numberholder
 Claimant

Is the Claimant Social Security Number (SSN) known?

Yes No

Claimant Social Security Number (SSN)

Claimant Query

Yes No

[Create A New Lead](#)
[Back To Search](#)

Lead

| # | Social Security Number | Claimant Name | Lead Established Date | Appointment | Remarks Present | Informal Denial | Action |
|---|------------------------|---------------|-----------------------|-------------|-----------------|-----------------|---|
| 1 | [REDACTED] | [REDACTED] | 01/08/2020 | Y | | | View Query Delete |
| 2 | [REDACTED] | [REDACTED] | 01/08/2020 | Y | | | View Query Delete |
| 3 | [REDACTED] | [REDACTED] | 01/08/2020 | | | | View Query Delete |
| 4 | [REDACTED] | [REDACTED] | 01/08/2020 | Y | | | View Query Delete |
| 5 | [REDACTED] | [REDACTED] | 01/08/2020 | Y | | | View Query Delete |

[Delete All](#)

Number Holder Query Screen

```

800#          QUERY FOR 316139500          LQRY
NUMI : LAST NAME: Respondent Name          RECORD ESTABLISHED: 10/01/99
      DOB: 06/05/36-P          DOB DISCREPANCY:          PLACE OF BIRTH: DOMESTIC

MBR : NAME:          NIF          DOB:          PIA:
      MBA:          FMAX:          LAF:          QCR:          QCE:          OP:
      ONSET:          STOP:          DEATH:          XRAN:
      1. BIC:          NAME:          LAF:          OP:
         BOAN:          XRAN:
      2. BIC:          NAME:          LAF:          OP:
         BOAN:          XRAN:
      3. BIC:          NAME:          LAF:          OP:
         BOAN:          XRAN:

SEQY : MQGE:
      03          .00 06          6524.80 09          .00 12          .00 15          .00
      04          1403.88 07          .00 10          .00 13          .00 16          .00
      05          .00 08          .00 11          .00 14          .00 17          .00

SSID : NAME:          NIF          ID CODE:          PSY CODE:
      DOB:          DATE OF TERM:          APPEAL:
      NAME2:          ID CODE:          PSY CODE:
    
```


Numberholder Query Page

Query Page

Respondent Name

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

SSN

Birth Date

C

Male

--

Person Information on Record for WILLIAM F SHAKESPEARE

Identity Information

Social Security Number: [REDACTED]

Multiple SSN(s): None

Name: **Respondent Name**

[Hide Other Names](#)

Respondent other names

Sex: Male

Birth Date: [REDACTED]

Birth Place: [REDACTED]

Birth Date Proof: Convincing Proof (C)

Birth Date Proof Type: Hospital Birth Record (H)

Parent/Mother's Name at Her Birth: **Parent/Mother's name**

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

Query

Hide MBR Data

MBR

Name: NIF

Date of Birth: --

Date of Death: --

LAF: --

PIA: --

FMAX: --

MBA: --

OP: --

Onset: --

Stop: --

XRAN: --

Beneficiaries:

| # | BIC | Name | LAF | OP | BOAN | XRAN |
|---|-----|------|-----|----|------|------|
|---|-----|------|-----|----|------|------|

No records found.

Numberholder Query Page - Continued

^ Hide SEQY Data

Summary Earnings Query (SEQY)

Medicare Qualified Government Employee (MQGE):
No

| | | | | |
|-------------------|----------------------|----------------------|---------------------|-----------------|
| 2005: \$252.01 | 2006: \$10,164.00 | 2007: \$0.00 | 2008: \$0.00 | 2009: \$0.00 |
| 2010: \$0.00 | 2011: \$0.00 | 2012: \$10,084.00 | 2013: \$5,422.00 | 2014: \$0.00 |
| 2015: \$0.00 | 2016: \$0.00 | 2017: \$0.00 | 2018: \$0.00 | 2019: \$0.00 |

^ Hide SSID Data

SSID

Name: -- ID Code: -- PSY Code: -- DOB: --

Appeals

| # | Appeal Type | Level of Appeal | Appeal Reason | Appeal Filing Date | Appeal Decision | Appeal Decision Date | SBC Indicator |
|-------------------|-------------|-----------------|---------------|--------------------|-----------------|----------------------|---------------|
| No records found. | | | | | | | |

Done

Claimant SSN Unknown Screen

LEADS/PROTECTIVE FILING NH IDENTIFICATION LPF1

NH: Respondent Name

BIRTHDATE: PROOF CODE: B SEX (M/F): M DEATH:

NUMBERHOLDER CLAIM (Y/N): Y NUMBERHOLDER QUERY (Y/N): █

| | SSN | CLAIMANT NAME | RMKS PRES | INF DEN | SELECT | QUERY |
|-----|-------|---------------|--------------|------------|--------|-------|
| 01. | ? | _____ | | | | — |
| 02. | _____ | _____ | | | | — |
| 03. | _____ | _____ | | | | — |
| 04. | _____ | _____ | | | | — |
| 05. | _____ | _____ | | | | — |
| 06. | _____ | _____ | | | | — |
| 07. | _____ | _____ | | | | — |
| 08. | _____ | _____ | | | | — |
| 09. | _____ | _____ | | | | — |

Claimant SSN Unknown Page

Claims Leads/Protective Filing Profile Menu

Respondent Name

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

Add Claims Leads/Protective Filing

Create New Lead For:

Numberholder
 Claimant

Numberholder Query

Yes No

Is the Claimant Social Security Number (SSN) known?

Yes No

Create A New Lead

Back To Search

Lead

i No current lead on this record.

Claimant Unknown Screen Extended

Claimant SSN Unknown Page

| | | | | |
|-------------------------------------|-------------------|-------------------------|------------|----------------------|
| Respondent Name | | EE Name: TRICARIO,JAMES | | |
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| [REDACTED] | [REDACTED] | C | Male | -- |

Claimant SSN Unknown

Identification Information

| | | | |
|--|----------------------|--------------------------------------|-------------------------------------|
| *First Name | Middle Name | *Last Name | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | -- <input type="button" value="v"/> |
| *Sex | Birth Date | Add a remark if birthdate is unknown | |
| <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | | |

Contact Information

*Address

*Country

*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

Verify Person Information Screen

Verify Person Information

Search Result for SSN:

Person Information on Record for WILLIAM F SHAKESPEARE

Identity Information

Social Security Number:
 Multiple SSN(s): None
 Name:
[Hide Other Names](#)

 Sex: Male
 Birth Date: 11/07/1956
 Birth Place: ZACAPA, Guatemala
 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 |
|---|--------------------------------|
| <input type="text" value="Respondent Address"/> | 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](#)

LPF2 Screen

```

EE NAME: MALLAIY,                LPF IDENTIFICATION                LPF2

NH FIRST: First Name              NH MIDDLE: _____
NH LAST: Last Name               NH SUFFIX: _____      NH SSN: _____
BIRTHDATE: Birth Date           *PROOF CODE: B           *SEX (M/F): M           DEATH: █
*UNIT: _____                *FO: 224                PRIOR FO: _____

                                LEAD ESTABLISHED:
*CLAIM TYPE 1: _____        CLAIM TYPE 2: _____    CLAIM TYPE 3: _____
*CL FIRST: First Name           CL MIDDLE: _____
*CL LAST: Last Name            CL SUFFIX: _____      CL SSN: _____
*BIRTHDATE: Birth Date         *PROOF CODE: B           *SEX (M/F): M           ONSET: _____
*ADDRESS 1: 123                ADDRESS 2: _____
ADDRESS 3: _____           ADDRESS 4: _____
    *CITY: ERGERGE                STATE: MD                ZIP: 21043
COUNTRY: _____
POSTAL ZONE: _____        FOREIGN PHONE: _____
PHONE: _____ INFO: _____    PHONE: _____ INFO: _____
CALLER (IF DIFFERENT): _____    MI: _ CALLER LAST: _____
RELATIONSHIP TO CLAIMANT: _____
RECONTACT BY CALLER (Y/N): N      DATE: _____

PF1 HELP AVAILABLE
    
```

Create a New lead 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

Create A New Lead

Role: Numberholder EE Name: TRICARIO,JAMES

Respondent Name

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

Role: Claimant

Respondent Name

| | | | | |
|------------------------------|------------|------------|--------|---------------|
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| SSN | Birth Date | Q | Female | -- |

Claim Information

| | | |
|----------|---------------|-------|
| *FO Code | Prior FO Code | *Unit |
| 499 | -- | JJT |

DOORS

*Claim Type 1

--

[Add Another](#)

Caller Information (If Different)

Is the caller different than the claimant?

Yes No

Recontact by Caller Date

Yes No --

Critical Cases

| | |
|---|--|
| Time Sensitive Alerts: Military Casualty/Wounded Warrior (MC/WW) <input type="radio"/> Yes <input checked="" type="radio"/> No Veterans Affairs 100% Disability (VAPT) <input type="radio"/> Yes <input checked="" type="radio"/> No Terminal Illness (TERI) <input type="radio"/> Yes <input checked="" type="radio"/> No | General Field Office Alerts: Homelessness <input type="radio"/> Yes <input checked="" type="radio"/> No Sign-Language Interpreter Services <input type="radio"/> Yes <input checked="" type="radio"/> No Visual Accommodation <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

Proofs Requested

Documentation

- Age
- Marriage/Divorce
- Death
- Medical Evidence
- SSI Income/Resources
- Military
- W-2/Earnings

Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

[Save Lead](#) [Back](#)

Create a New lead Screen with Disability

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

Create A New Lead

Role: Numberholder EE Name: TRICARIO,JAMES

Respondent Name

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

Role: Claimant

Respondent Name

| | | | | |
|------------------------------|------------|------------|--------|---------------|
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| SSN | Birth Date | Q | Female | -- |

Claim Information

| | | |
|-----------------|---------------------|--------------|
| *FO Code 499 | Prior FO Code -- | *Unit JJT |
|-----------------|---------------------|--------------|

DOORS

| | | |
|-----------------------------------|----------------------------------|---|
| *Claim Type 1 RIB - Retirement | Claim Type 2 DIB - Disability | Claim Type 3 SSIAI - Aged individual |
|-----------------------------------|----------------------------------|---|

*Onset Date

*Disability Form Sent
Please indicate if you plan to send this caller a disability form to bring with them to the appointment.
 Yes No

i Inform Client of internet option to complete form I3368 / I3820 before Appointment

Caller Information (if Different)

Is the caller different than the claimant?
 Yes No

Recontact by Caller Date
 Yes No --

Critical Cases

| | |
|---|--|
| Time Sensitive Alerts: Military Casualty/Wounded Warrior (MC/WW) <input type="radio"/> Yes <input checked="" type="radio"/> No Veterans Affairs 100% Disability (VAPT) <input type="radio"/> Yes <input checked="" type="radio"/> No Terminal Illness (TERI) <input type="radio"/> Yes <input checked="" type="radio"/> No | General Field Office Alerts: Homelessness <input type="radio"/> Yes <input checked="" type="radio"/> No Sign-Language Interpreter Services <input type="radio"/> Yes <input checked="" type="radio"/> No Visual Accommodation <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

Proofs Requested

Documentation

| |
|---|
| <input type="checkbox"/> Age |
| <input type="checkbox"/> Marriage/Divorce |
| <input type="checkbox"/> Death |
| <input type="checkbox"/> Medical Evidence |
| <input type="checkbox"/> SSI Income/Resources |
| <input type="checkbox"/> Military |
| <input type="checkbox"/> W-2/Earnings |

Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

“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 EQJ JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Create A New Lead

Role: Numberholder EE Name: TRICARIO, JAMES

Respondent Name

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

Role: Claimant

Respondent Name

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

Claim Information

*FO Code Prior FO Code *Unit

[DOORS](#)

*Claim Type 1 Claim Type 2 Claim Type 3

*Onset Date

*Disability Form Sent
Please indicate if you plan to send this caller a disability form to bring with them to the appointment.
 Yes No

[i](#) Inform Client of internet option to complete form 13368 / 13820 before Appointment

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

Recontact by Caller Yes No Date

Critical Cases

Time Sensitive Alerts:

Military Casualty/Wounded Warrior (MC/WW) Yes No

Veterans Affairs 100% Disability (VAPT) Yes No

Terminal Illness (TERI) Yes No

General Field Office Alerts:

Homelessness Yes No

Sign-Language Interpreter Services Yes No

Visual Accommodation Yes No

Proofs Requested

Documentation

Age
 Marriage/Divorce
 Death
 Medical Evidence
 SSI Income/Resources
 Military
 W-2/Earnings

Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

[Save Lead](#) [Back](#)

Leads Protective Filing Information Screen

Leads Protective Filing Information

Role: Numberholder/Claimant

| | | | | |
|----------------------------------|---|------------|------|---------------|
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| <input type="text" value="SSN"/> | <input type="text" value="Birth Date"/> | C | Male | -- |

Lead Supporting Information

CY Earnings

PY Earnings

Issue Informal Denial?

Yes No

*Make an Appointment?

Yes No

*Appointment Type

Phone
 In-Office

Special Notice Option

First Class Mail

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

Remarks

THESE ARE REMARKS.

Add Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2479

[Next](#)

[Back](#)

Informal Denial Page

INFORMAL DENIAL PAGE 1 OF LDNY

CL:

CALLER NAME: _____

*ADDRESS 1: _____

ADDRESS 2: _____

ADDRESS 3: _____

ADDRESS 4: _____

*CITY: STATE: ZIP:

COUNTRY: _____ POSTAL ZONE: _____

PHONE NO: _____ FOREIGN PHONE: _____

LEAD ESTABLISH DATE:

FIELD OFFICE CONTACT: _____

PHONE NO: _____

*FO OFFICE OPEN (HH:MM): CLOSE (HH:MM):

*ENTER ISSUE NOTICE TO: 1=CLAIMANT 2=CALLER.

INFORMAL DENIAL PAGE 2 OF LDNY

CL:

ISSUE DENIAL BECAUSE CLAIMANT DID NOT WISH TO FILE:

ISSUE DENIAL BECAUSE NOT 65, BLIND, OR DISABLED (Y):

ISSUE DENIAL BECAUSE CLAIMANT NOT A CITIZEN/NATIONAL OR ELIGIBLE ALIEN (Y):

ISSUE DENIAL BECAUSE CLAIMANT'S INCOME IS TOO HIGH (Y):

ISSUE DENIAL BECAUSE CLAIMANT'S RESOURCES ARE TOO HIGH (Y):

ISSUE DENIAL FOR OTHER REASON (Y):

ISSUE DENIAL BECAUSE CLAIMANT DID NOT FILE AN APPLICATION (Y):

IF INCOME TOO HIGH, MONTHLY AMOUNT OF INCOME: _____

IF RESOURCES TOO HIGH, AMOUNT OF RESOURCES: _____

SELECT RESOURCE LIMIT: 1=\$2000 2=\$3000.

IF OTHER REASON: _____

PRINT NOTICE (Y/N): NOTICE PRINTED:

DO YOU WANT TO ISSUE ANOTHER INFORMAL DENIAL (Y/N):

Informal Denial Screen

Informal Denial

Role: Numberholder/Claimant

Respondent Name

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

Leads Supporting Information

Caller Name:
--

Most Recently Provided Address

Address

Your phone information on record

| Phone | Primary | Receive Text Message | Receive Voice Message | Remarks |
|----------------|---------|----------------------|-----------------------|---------|
| Phone # | Yes | No | No | Cell |

Lead Established Date:
01/28/2020

Field Office Contact:
Any SSI Representative

*Field Office Phone Number:

8666677698

*Issue Notice To:

Claimant

Informal Denial Reason

Issue denial because claimant did not wish to file?

Yes No

Issue denial because claimant not 65, blind, or disabled?

Yes No

Issue denial because claimant not a citizen/national or eligible alien?

Yes No

Issue denial because claimant not a resident of the U.S. for SSI purposes?

Yes No

Issue denial because claimants income is too high?

Yes No

Issue denial because claimants resources are too high?

Yes No

Issue denial for other reason?

Yes No

Informal Denial Notice

Print Notice:

Yes No

Notice Printed:

--

Do you want to issue another informal denial:

Yes No

Informal Denial (Issue Second) Screen

Informal Denial

Role: Numberholder/Claimant

Respondent Name

Social Security Number (SSN)
SSN

Birth Date
Birth Date

Proof Code
B

Sex
Male

Date of Death
--

Leads Supporting Information

Caller Name:
--

Most Recently Provided Address
Address
US

Your phone information on record

| Phone | Primary | Receive Text Message | Receive Voice Message | Remarks |
|---------|---------|----------------------|-----------------------|---------|
| Phone # | Yes | No | No | Cell |

Lead Established Date:
01/28/2020

Field Office Contact:
Any SSI Representative

***Field Office Phone Number:**
8666677698

***Issue Notice To:**
 Claimant

Informal Denial Reason

Issue denial because claimant did not wish to file?
 Yes No

Issue denial because claimant not 65, blind, or disabled?
 Yes No

Issue denial because claimant not a citizen/national or eligible alien?
 Yes No

Issue denial because claimant not a resident of the U.S. for SSI purposes?
 Yes No

Issue denial because claimants income is too high?
 Yes No

Issue denial because claimants resources are too high?
 Yes No

Issue denial for other reason?
 Yes No

Informal Denial Notice

Print Notice:
 Yes No

Notice Printed:
--

[Next](#) [Cancel](#)

The “Income is too high”, “Resources are too high”, and “Other reason” options will produce additional mandatory fields to enter.

Issue denial because claimants income is too high?
 Yes No

*Monthly amount of income:

Issue denial because claimants resources are too high?
 Yes No

*Amount of resources:

*Select resource limit:
 \$2000
 \$3000

Issue denial for other reason?
 Yes No

*Reason:

LPPF Screen (the data elements in the LPPF screen is split in to Create a new lead screen, LPFI screen).

PCOM Session A CEVCMT2

File Edit View Communication Actions Window Help

800# LPPF PROOFS/APPOINTMENT LPPF

NH: First Name Last Name SSN

CL: First Name Last Name SSN

PROOFS REQUESTED: AGE: MARRIAGE/DIVORCE: DEATH:

MEDICAL EVIDENCE: SSI INCOME/RESOURCES:

W-2/EARNINGS FOR YEAR 1: W-2/EARNINGS FOR YEAR 2:

W-2/EARNINGS FOR YEAR 3: MILITARY:

APPOINTMENT DATE: TIME:

PRIOR DATE: TIME: REASON FOR CHANGE:

SELECT APPOINTMENT: 1=MAKE 2=RESCHEDULE 3=CANCEL

SELECT TYPE: 1=PHONE 2=OFFICE

REMARKS:

SUPPRESS CONFIRMATION NOTICE (Y/N): N MORE REMARKS (Y/N): N

*PRINT REFERRAL (Y/N): Y ADD A LEAD (Y/N): SSN:

07/030

Connected to remote server/host TN3270E.LB.SSA.GOV using lu/pool V27D1C01 and port 32705

\\sz277ps\44K6-LEX0952 on Ne03: 7:11 AM 11/27/2018

Appointment Page

| OFFICE CODE: 224 | | APPOINTMENT REFERRAL CALENDAR 3 | | | | | | | | | | | | | | PAGE 1 OF APPT3 | | | | | | | |
|----------------------|-------|---------------------------------|----|-----------|----|-------------------------|----|----|----|----|----|----|----|----|----|-----------------|----|----|----|----|----|--------|-------|
| NOV/DEC | | WE | TH | FR | MO | TU | WE | TH | FR | MO | TU | WE | TH | FR | MO | TU | WE | TH | FR | MO | ** | NORMAL | |
| T2 | | 28 | 29 | 30 | 03 | 04 | 05 | 06 | 07 | 10 | 11 | 12 | 13 | 14 | 17 | 18 | 19 | 20 | 21 | 24 | 25 | | COUNT |
| A | 09:00 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 04 | 05 | 05 | 05 | 05 | 05 | 05 | -- | 05 | |
| B | 10:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| C | 11:00 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | -- | 07 | |
| D | 12:00 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 04 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | -- | 05 | |
| E | 01:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| F | 02:00 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 08 | 09 | 09 | 09 | 09 | 09 | 09 | -- | 09 | |
| G | 03:00 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | -- | 10 | |
| H | 04:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| T16 | | | | | | | | | | | | | | | | | | | | | | | |
| I | 09:00 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | -- | 12 | |
| J | 10:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| K | 10:30 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| L | 12:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| M | 01:00 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | -- | 15 | |
| N | 02:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| O | 03:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| P | 04:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| APPOINTMENT DATE: █_ | | APPOINTMENT TIME 1: _ | | TIME 2: _ | | NEXT PAGE (Y): <u>Y</u> | | | | | | | | | | | | | | | | | |

Appointment Screen

Appointment

Role: Numberholder/Claimant

WILLIAM F SHAKESPEARE

| | | | | |
|------------------------------|------------|------------|------|---------------|
| Social Security Number (SSN) | Birth Date | Proof Code | Sex | Date of Death |
| 362-60-4103 | ●●●● | C | Male | -- |

Calendar Selection

Current Calendar
The assigned (or default) calendar will be highlighted and labeled with an asterisk (*). This calendar should be used whenever possible.

*2. ALL DISABILITY CLAIMS

Calendar

Field Office: 278 DOORS
Appointment Type: In Office

Calendar Remarks
CAL 1 RSHI ONLY CAL 2 > TOP HALF CONCURRENT T2 DIB ONLY. BOTTOM HALF T16 SSI ONLY CAL 3 > SSI AGED CLAIMS IN OFFICE ONLY. BOTTOM HALF IS FOR DO 295'S MANAGEMENT USE ONLY. ENCOURAGE INTERNET FILING @WWW.SOCIALSECURITY.GOV CAL 5 > REMOVED FOR TEST FOR UPDATING REMARKS

Calendar Description
CONCURRENT DIB CLAIMS AND DAC/DWB CLAIMS ONLY. ENCOURAGE INTERNET

Calendar Page 1 of 2

| 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 |
| 08:30am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 02 | 02 | 02 | 02 |
| 09:05am | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 10:05am | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 01 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 11:00am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 12:00pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 01:00pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 02:00pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 03:00pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

Calendar Description: T16 DIB CLAIMS

Calendar Page 1 of 2

| 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 |
| 08:30am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 09:00am | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 10:45am | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 11:00am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 12:46pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 01:01pm | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 02:16pm | 02 | 02 | 02 | 02 | 02 | 02 | -- | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 02:45pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

You have selected an appointment on Monday, February 3, 2020 at 09:05 am and 10:45 am - In field office 278 - In Office.
Press Done button to confirm selected time.

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
231 ELM STREET
BETHLEHEM, MD 21224
US

Special Notice Option
First Class Mail

Claimant phone information on record

| Phone | Primary | Receive Text Message | Receive Voice Message | Remarks | Confirm By Text |
|----------------|---------|----------------------|-----------------------|---------|--------------------------|
| (410) 555-1212 | Yes | Yes | Yes | -- | <input type="checkbox"/> |

Email Address
[Redacted] Confirm by Email

Suppress Confirmation Notice?
 Yes No

Print Referral?
 Yes No

MCAL screen:

```

800#                APPOINTMENT CALENDAR MENU FOR 224                MCAL
                                TIME ZONE:
SOCIAL SECURITY      2-Q-16 OPNS BLDG                OPEN MON:      -
6401 SECURITY BLVD                                TUES:          -
BALTIMORE           MD 21235                        WED:           -
                                                THURS:         -
                                                FRI:           -

*TOTAL NUMBER OF CALENDARS: 4
USE APPOINTMENT CALENDAR FOR CLAIM TYPES
      APPT1: RIB
      APPT2: SSIDI
      APPT3: CONCURRENT
      APPT4: MEDICARE
      APPT5: APPOINTMENTS FOR INTERNET

RMRKS: THIS OFFICE WILL CLOSE ON NOV 3, 1995. ALL APPOINTMENTS FOR ZIP CODE
        15120 SHOULD BE MADE IN BO-221. ALL OTHER ZIP CODES IN THIS SERVICE
        AREA SHOULD BE MADE IN BO-C11.

        THIS IS A TEST SITE - NOT A REAL OFFICE - MAKE NO APPOINTMENTS

        SELECT CALENDAR (1, 2, 3, 4 OR 5): 0
        SELECT ASSIGNMENT PROCESS (Y/N): N
    
```

Appointment Calendar Menu Screen

Claims Leads/Protective Filing Calendar(s) Overview

Field Office Information

FO Code
224

General Calendar Remarks

[432] Characters Maximum

THIS OFFICE WILL CLOSE ON NOV 3, 1995. ALL APPOINTMENTS FOR ZIP CODE 15120 SHOULD BE MADE IN BO-221. ALL OTHER ZIP CODES IN THIS SERVICE AREA SHOULD BE MADE IN BO-C11. THIS IS A TEST SITE - NOT A REAL OFFICE - MAKE NO APPOINTMENTS

Characters remaining: 202

Save Remarks

Create IC Calendar

Calendars for Initial Claims (APPT1 to APPT4)

Create a New Calendar

Calendars

| # | Calendar Label | Actions |
|-------|-------------------------------------|--|
| APPT1 | NO APPTS AVAILABLE - SEE NOTE BELOW | View Edit |
| APPT2 | NO APPTS AVAILABLE - SEE NOTE BELOW | View Edit Deactivate |
| APPT3 | NO APPTS AVAILABLE | View Edit Deactivate |
| APPT5 | Appointments for Internet | View Edit |

Assign Calendars

Back

Manager Create a New Calendar Page

| OFFICE CODE: 224 | | APPOINTMENT REFERRAL CALENDAR 1 | | | | | | | | | | | | | | PAGE 1 OF APPT1 | | | | | | | |
|-------------------|-------|---------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|----|----|----|----|----|--------|-------|
| NOV/DEC | | WE | TH | FR | MO | TU | WE | TH | FR | MO | TU | WE | TH | FR | MO | TU | WE | TH | FR | MO | ** | NORMAL | |
| | | 28 | 29 | 30 | 03 | 04 | 05 | 06 | 07 | 10 | 11 | 12 | 13 | 14 | 17 | 18 | 19 | 20 | 21 | 24 | 25 | | COUNT |
| <u>R</u> SHI | | | | | | | | | | | | | | | | | | | | | | | |
| A | 09:00 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 04 | 05 | 05 | 05 | 05 | 05 | -- | -- | 05 | |
| B | 10:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| C | 11:00 | 06 | 06 | 06 | 06 | 06 | 05 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | -- | -- | 06 | |
| D | 12:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| E | 01:00 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | -- | -- | 07 | |
| F | 02:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| G | 03:00 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | -- | -- | 08 | |
| H | 04:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| <u>T2</u> CON/DIB | | | | | | | | | | | | | | | | | | | | | | | |
| I | 09:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| J | 10:00 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | -- | -- | 10 | |
| K | 11:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| L | 12:00 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 14 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | -- | -- | 15 | |
| M | 01:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| N | 02:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |
| O | 03:00 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | -- | -- | 06 | |
| P | 04:00 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 00 | |

NEXT PAGE (Y) : Y

Manager Create a New Calendar Screen

Create a New Calendar

Calendar Template

*Calendar Label FO Code
 50 Characters 224

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.

*Top Calendar Description
 69 Characters

| Time | Day | <u>M</u> | <u>T</u> | <u>W</u> | <u>Th</u> | <u>F</u> |
|----------------------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <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"/> | <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"/> |
| <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"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Bottom Calendar Description
 69 Characters

| Time | Day | <u>M</u> | <u>T</u> | <u>W</u> | <u>Th</u> | <u>F</u> |
|----------------------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <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"/> | <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"/> |
| <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"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Manager Create New Calendar Screen – Calendar Availability

Create Calendar Availability

Calendar Information

APPT4 Calendar Label
Something

FO Code
886

Maximum Appointment Count

Calendar Description
Top 1

Calendar Page 1 of 2

PREV NEXT

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

Calendar Description
Bottom 1

Calendar Page 1 of 2

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

Next Back

View Calendar Screen

View Calendar

Calendar

APPT4 Calendar Label
Something

FO Code
886

Calendar Description
Top 1

Calendar Page 1 of 2

PREV NEXT

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

Calendar Description
Bottom 1

Calendar Page 1 of 2

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

Next Back

Edit Calendar Screen – Edit Label/Descriptions

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

*APPT1 Calendar Label
50 Characters

*Top Calendar Description
69 Characters

*Bottom Calendar Description
69 Characters

[Save](#) [Back](#) [Go to Edit Template](#) [Go to Edit Availability](#)

Edit Calendar Screen – Edit Calendar Template

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

APPT1 Calendar Label FO Code
 TOP: DIB & SSI, DC BOTTOM: RSHI CLAIMS PHONE ONLY 886

Set Time and Normal Count

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

Top Calendar Description
 SCHEDULE**PHONE*ONLY**ALL DIB, SSIDI, SSIDC, DAC ON TOP CALENDAR

| Time \ Day | M | T | W | Th | F |
|------------|---|---|---|----|---|
| 09:00 | 0 | 0 | 0 | 0 | 0 |
| 09:30 | 0 | 0 | 0 | 0 | 0 |
| 10:00 | 0 | 0 | 0 | 0 | 0 |
| 10:30 | 0 | 0 | 0 | 0 | 0 |
| 11:00 | 0 | 0 | 0 | 0 | 0 |
| 11:45 | 0 | 0 | 0 | 0 | 0 |
| 01:45 | 0 | 0 | 0 | 0 | 0 |
| 02:30 | 0 | 0 | 0 | 0 | 0 |

Bottom Calendar Description
 PHONE ONLY - SCHEDULE RSHI CLAIMS HERE - NO DIB OR SSI

| Time \ Day | M | T | W | Th | F |
|------------|---|---|---|----|---|
| 09:31 | 0 | 0 | 0 | 0 | 0 |
| 10:31 | 0 | 0 | 0 | 0 | 0 |
| 11:31 | 0 | 0 | 0 | 0 | 0 |
| 11:45 | 0 | 0 | 0 | 0 | 0 |
| 12:46 | 0 | 0 | 0 | 0 | 0 |
| 01:46 | 0 | 0 | 0 | 0 | 0 |
| 02:30 | 0 | 0 | 0 | 0 | 0 |
| 03:15 | 0 | 0 | 0 | 0 | 0 |

[Next](#) [Back](#)

Edit Calendar Screen – Edit Calendar Availability

Edit Calendar Availability

Calendar Information

APPT1 Calendar Label FO Code
 TOP: DIB & SSI, DC BOTTOM: RSHI CLAIMS PHONE ONLY 886

Maximum Appointment Count

Calendar Description
 SCHEDULE**PHONE*ONLY**/ALL DIB, SSIDI, SSIDC, DAC ON TOP CALENDAR

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 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 09:30am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 10:00am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 10:30am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 11:00am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 11:45am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 01:45pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 02:30pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

Calendar Description
 PHONE ONLY - SCHEDULE RSHI CLAIMS HERE - NO DIB OR SSI -

Calendar Page 1 of 2

| 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 |
| 09:31am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 10:31am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 11:31am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 11:45am | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 12:46pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 01:46pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 02:30pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 03:15pm | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

[Next](#) [Back](#)

Calendar Assignment for Claim Types Page(s)

800#

APPOINTMENT CALENDAR ASSIGNMENT MENU FOR 224

ACAM

SELECT: 1

FUNCTIONS 1=ASSIGN TITLE 2 CLAIM TYPES TO APPOINTMENT CALENDARS
 2=ASSIGN TITLE 16 CLAIM TYPES TO APPOINTMENT CALENDARS
 3=ASSIGN TITLE 2 & 16 CONCURRENT CLAIM TYPES TO APPOINTMENT CALENDARS
 4=ASSIGN TITLE 18 SUBSIDY CLAIM TYPES TO APPOINTMENT CALENDARS
 5=ASSIGN ALL CLAIM TYPES TO APPOINTMENT CALENDAR 1 (APPT1)
 6=DO NOT ASSIGN CLAIM TYPES TO ANY APPOINTMENT CALENDARS.

Title 2 Calendar Assignment Page

800#

TITLE 2 CALENDAR ASSIGNMENT

T2CA

[~ COMPLETE PHONE & IN-OFFICE COLUMNS WITH 0, 1, 2, 3 OR 4 FOR ASSIGNMENT

| CLAIM TYPE | CLAIM TYPE DESCRIPTION | *PHONE | *IN-OFFICE |
|------------|-------------------------------------|----------|------------|
| RIB | RETIREMENT | <u>6</u> | <u>1</u> |
| AUXSPO | SPOUSE | <u>1</u> | <u>1</u> |
| AUXCIC | SPOUSE WITH CHILD IN CARE | <u>1</u> | <u>1</u> |
| AUXCHD | CHILD | <u>1</u> | <u>1</u> |
| SURSPO | SURVIVING SPOUSE | <u>1</u> | <u>1</u> |
| SURCIC | SURVIVING SPOUSE WITH CHILD IN CARE | <u>1</u> | <u>1</u> |
| SURCHD | SURVIVING CHILD | <u>1</u> | <u>1</u> |
| PARENT | PARENT OR NUMBER HOLDER | <u>1</u> | <u>1</u> |
| LSDP | LUMP SUM DEATH PAYMENT | <u>1</u> | <u>1</u> |
| HI/SMI | UNINSURED MEDICARE ONLY | <u>1</u> | <u>1</u> |
| BLKLNG | BLACK LUNG | <u>1</u> | <u>1</u> |
| DIB | DISABILITY | <u>1</u> | <u>1</u> |
| DAC | DISABLED ADULT CHILD | <u>1</u> | <u>1</u> |
| DWB | DISABLED WIDOW/ER | <u>1</u> | <u>1</u> |
| ESRD | END STAGE RENAL DISEASE | <u>1</u> | <u>1</u> |

Title 16 Calendar Assignment Page

| 800# | TITLE 16 CALENDAR ASSIGNMENT | T16CA |
|------|--|-------------------|
| [~ | COMPLETE PHONE & IN-OFFICE COLUMNS WITH 0, 1, 2, 3 OR 4 FOR ASSIGNMENT | |
| [| CLAIM TYPE CLAIM TYPE DESCRIPTION | *PHONE *IN-OFFICE |
| | SSIAI SSI AGED INDIVIDUAL | <u>2</u> <u>2</u> |
| | SSIAS SSI AGED SPOUSE | <u>2</u> <u>2</u> |
| | SSIBI SSI BLIND INDIVIDUAL | <u>2</u> <u>2</u> |
| | SSIBS SSI BLIND SPOUSE | <u>2</u> <u>2</u> |
| | SSIBC SSI BLIND CHILD | <u>2</u> <u>2</u> |
| | SSIDI SSI DISABLED INDIVIDUAL | <u>2</u> <u>2</u> |
| | SSIDS SSI DISABLED SPOUSE | <u>2</u> <u>2</u> |
| | SSIDC SSI DISABLED CHILD | <u>2</u> <u>2</u> |

Title 2 & Title 16 Concurrent Calendar Assignment Page

| 800# | TITLE 2 & 16 CONCURRENT CLAIM CALENDAR ASSIGNMENT | CONCA |
|------|--|-------------------|
| [~ | COMPLETE PHONE & IN-OFFICE COLUMNS WITH 0, 1, 2, 3 OR 4 FOR ASSIGNMENT | |
| [| CLAIM TYPE CLAIM TYPE DESCRIPTION | *PHONE *IN-OFFICE |
| | RIB/DIB RETIREMENT & DISABILITY | <u>3</u> <u>3</u> |
| | RIB/DWB RETIREMENT & DISABLED WIDOW/ER | <u>3</u> <u>3</u> |
| | RIB/SSIAI RETIREMENT & SSI AGED INDIVIDUAL | <u>3</u> <u>3</u> |
| | DIB/DAC DISABILITY & DISABLED ADULT CHILD | <u>3</u> <u>3</u> |
| | DIB/DWB DISABILITY & DISABLED WIDOW/ER | <u>3</u> <u>3</u> |
| | DIB/SSIDI DISABILITY & SSI DISABLED INDIVIDUAL | <u>3</u> <u>3</u> |
| | DIB/ESRD DISABILITY & END STAGE RENAL DISEASE | <u>3</u> <u>3</u> |
| | DAC/SSIDI DISABLED ADULT CHILD & SSI DIB INDIVIDUAL | <u>3</u> <u>3</u> |
| | DWB/SSIAI DISABLED WIDOW/ER & SSI AGED INDIVIDUAL | <u>3</u> <u>3</u> |
| | DWB/SSIDI DISABLED WIDOW/ER & SSI DIB INDIVIDUAL | <u>3</u> <u>3</u> |
| | AUXCHD/SSIDC CHILD OF NUMBER HOLDER & SSI DIB CHILD | <u>3</u> <u>3</u> |
| | SURSP0/SSIAI SURVIVING SPOUSE & SSI AGED INDIVIDUAL | <u>3</u> <u>3</u> |
| | SURSP0/SSIDI SURVIVING SPOUSE & SSI DIB INDIVIDUAL | <u>3</u> <u>3</u> |
| | SURCHD/SSIDC SURVIVING CHILD & SSI DIB CHILD | <u>3</u> <u>3</u> |

Title 18 Calendar Assignment Page

| 800# | TITLE 18 CALENDAR ASSIGNMENT | T18CA |
|---|--|-------------------|
| [~ COMPLETE PHONE & IN-OFFICE COLUMNS WITH 0, 1, 2, 3 OR 4 FOR ASSIGNMENT | | |
| [CLAIM TYPE | CLAIM TYPE DESCRIPTION | *PHONE *IN-OFFICE |
| T18SUB | TITLE 18 SUBSIDY | 4 3 |
| | TITLE 18 SUBSIDY & ANY TITLE 2 RETIREMENT | 4 3 |
| | TITLE 18 SUBSIDY & ANY TITLE 2 DISABILITY | 4 3 |
| | TITLE 18 SUBSIDY & ANY TITLE 16 DISABILITY | 4 3 |
| | TITLE 18 SUBSIDY, TITLE 2 & 16 DISABILITY | 4 3 |
| | TITLE 18 SUBSIDY & TITLE 16 AGED | 4 3 |

Calendar Assignment for Claim Types Screen(s) – Title 2

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

Calendar Assignment for Claim Types

Field Office Information

FO Code
886

Calendar Assignment

Appointment Calendar Assignment
Assign Title 2 Claim Types to Appointment Calendars

Complete Phone and In-Office columns with Calendars 1-4

| Claim Type | Claim Type Description | Phone | In Office |
|------------|---|---|---|
| AUXCHD | Child (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| AUXCIC | Spouse with child-in-care (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| AUXSPO | Spouse (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| BLKLNK | Black Lung | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DAC | Disabled adult child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB | Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DWB | Disabled widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| ESRD | End-stage renal disease | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| HI/SMI | Medicare only | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| LSDP | Lump sum only | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| PARENT | Parent | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB | Retirement | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURCHD | Child (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURCIC | Spouse with child-in-care (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURSPO | Spouse (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Calendar Assignment for Claim Types Screen(s) – Title 16

Calendar Assignment for Claim Types

Field Office Information

FO Code
886

Calendar Assignment

Appointment Calendar Assignment

Assign Title 16 Claim Types to Appointment Calendars

Complete Phone and In-Office columns with Calendars 1-4

Title XVI Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|------------|------------------------|--|--|
| SSIAI | Aged individual | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| SSIAS | Aged spouse | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| SSIBC | Blind child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| SSIBI | Blind individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| SSIBS | Blind spouse | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| SSIDC | Disabled child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| SSIDI | Disabled individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| SSIDS | Disabled spouse | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |

Done Back

Calendar Assignment for Claim Types Screen(s) – Title 2 & Title 16

Calendar Assignment for Claim Types

Field Office Information

FO Code
886

Calendar Assignment

Appointment Calendar Assignment

Assign Title 2 & 16 Claim Types to Appointment Calendars

Complete Phone and In-Office columns with Calendars 1-4

Title II & XVI Concurrent Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|--------------|---|---|---|
| AUXCHD/SSIDC | Child of Numberholder & SSI DIB Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DAC/SSIDI | Disabled Adult Child & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/DAC | Disability & Disabled Adult Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/DWB | Disability & Disabled Widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/ESRD | Disability & End State Renal Disease | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/SSIDI | Disability & SSI Disabled Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DWB/SSIAI | Disabled Widow(er) & SSI Aged Individual | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| DWB/SSIDI | Disabled Widow(er) & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/DIB | Retirement & Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/DWB | Retirement & Disabled Widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/SSIAI | Retirement & SSI Aged Individual | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| SURCHD/SSIDC | Surviving Child & SSI DIB Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURSP0/SSIAI | Surviving Spouse & SSI Aged Individual | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| SURSP0/SSIDI | Surviving Spouse & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Done

Back

Calendar Assignment for Claim Types Screen(s) – Title 18

Calendar Assignment for Claim Types

Field Office Information

FO Code
886

Calendar Assignment

Appointment Calendar Assignment

Assign Title 18 Subsidy Claim Types to Appointment Calendars

Complete Phone and In-Office columns with Calendars 1-4

Title XVIII Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|------------|--|--|--|
| T18SUB | Medicare Subsidy | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |
| | Title 18 Subsidy & Any Title 2 Retirement | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| | Title 18 Subsidy & Any Title 2 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| | Title 18 Subsidy & Any Title 16 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| | Title 18 Subsidy, Title 2 & 16 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CLA |
| | Title 18 Subsidy & Title 16 Aged | APPT2: SSI AGED ONLY PHONE ONLY | APPT2: SSI AGED ONLY PHONE ONLY |

Done

Back

Calendar Assignment for Claim Types Screen(s) – All Claim Types

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

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Calendar Assignment for Claim Types

Field Office Information

FO Code
886

Calendar Assignment

Appointment Calendar Assignment
Assign All Claim Types to Appointment Calendar 1

Complete Phone and In-Office columns with Calendars 1.4

Title II Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|------------|---|---|---|
| AUXCHD | Child (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| AUXCIC | Spouse with child-in-care (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| AUXSPO | Spouse (living NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| BLKLNG | Black Lung | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DAC | Disabled adult child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB | Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DWB | Disabled widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| ESRD | End-stage renal disease | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| HIFSMI | Medicare only | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| LSDP | Lump sum only | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| PARENT | Parent | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB | Retirement | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURCHD | Child (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURCIC | Spouse with child-in-care (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURSPO | Spouse (deceased NH) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Title XVI Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|------------|------------------------|---|---|
| SSIAI | Aged individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIAS | Aged spouse | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIBC | Blind child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIBI | Blind individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIBS | Blind spouse | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIDC | Disabled child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIDI | Disabled individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SSIDS | Disabled spouse | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Title II & XVI Concurrent Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|---------------|---|---|---|
| AUXCHD/SSIDC | Child of Numberholder & SSI DIB Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DAC/SSIDI | Disabled Adult Child & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/DAC | Disability & Disabled Adult Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/DWB | Disability & Disabled Widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/ESRD | Disability & End State Renal Disease | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DIB/SSIDI | Disability & SSI Disabled Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DWB/SSIAI | Disabled Widow(er) & SSI Aged Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| DWB/SSIDI | Disabled Widow(er) & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/DIB | Retirement & Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/DWB | Retirement & Disabled Widow(er) | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| RIB/SSIAI | Retirement & SSI Aged Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURCHD/SSIDC | Surviving Child & SSI DIB Child | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURSPPO/SSIAI | Surviving Spouse & SSI Aged Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| SURSPPO/SSIDI | Surviving Spouse & SSI DIB Individual | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Title XVIII Claim Types

| Claim Type | Claim Type Description | Phone | In Office |
|------------|--|---|---|
| T18SUB | Medicare Subsidy | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| | Title 18 Subsidy & Any Title 2 Retirement | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| | Title 18 Subsidy & Any Title 2 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| | Title 18 Subsidy & Any Title 16 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| | Title 18 Subsidy, Title 2 & 16 Disability | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |
| | Title 18 Subsidy & Title 16 Aged | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL | APPT1: TOP: DIB & SSI, DC BOTTOM: RSHI CL |

Done Back

Summary 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

Summary Page

Role: Numberholder/Claimant EE Name: TRICARIO,JAMES

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

Leads

Role: Numberholder/Claimant

[Hide Appointment Information](#)

[Edit](#)

| | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|
| Current Appointment Date | Current Appointment Time | Current Appointment Type | Current Appointment Source |
| February 21, 2020 | 09:00am | In Office 278 | Calendar |
| Prior Appointment Date | Prior Appointment Time | Reason for Change | |
| -- | -- | -- | |

[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 | Proof Code | |
| Male | C | |
| Contact Information For This Lead | | |
| Most Recently Provided Address | Primary Phone | Email Address |
| ██████████ BALTIMORE, MD 21234 US | ██████████ | ██████████ |
| | Language spoken | Language written |
| | Arabic | Armenian |

[Hide Claim/Event Information](#)

[Edit](#)

| | | |
|------------------|-------------------------|---|
| FO Code | Prior FO Code | Unit |
| 278 | -- | JJT |
| Claim Type 1 | Claim Type 2 | Claim Type 3 |
| RIB | -- | -- |
| Onset Date | Proofs Requested | Processing System Name |
| -- | | eLAS |
| Lead Established | Time Sensitive Alert(s) | General Field Office Alert(s) |
| 01/28/2020 | ██████████ | Homelessness, Visual Accommodations, Sign Language Interpretation Services Needed |

Caller Information (If Different)

| | |
|---------------------|------|
| Recontact by Caller | Date |
| No | -- |

Caller History

| Date of Call | Caller Name | Relationship to Claimant | Phone Number | Phone Information |
|-------------------|-------------|--------------------------|--------------|-------------------|
| No records found. | | | | |

Remarks

--

[Show Add Remarks](#)

[Hide Development Worksheet](#)

[Edit](#)

| # | Issue | REQ | Follow Up 1 | Follow Up 2 | Tickle | REC | Remarks |
|---|--------|------------|-------------|-------------|------------|------------|-----------------------------|
| 1 | PROTFL | 01/28/2020 | -- | -- | 02/22/2020 | -- | -- |
| 2 | T2CO | -- | -- | -- | -- | 01/28/2020 | T2CO NOTICE SENT 01/28/2020 |

[Hide Lead Protective Filing Information](#)

[Edit](#)

| | | |
|-------------|-------------|-----------------------|
| CY Earnings | PY Earnings | Special Notice Option |
| -- | -- | First Class Mail |

[Hide Informal Denial Information](#)

Informal Denial Information

| | |
|-----------------------------|----------------------|
| Issue First Informal Denial | Edit |
| No | |

Done Print Summary Print Referral

eLAS Project Screen Package

42

Worksheet Page

800# WORKSHEET WKSH
 FO: 224 UNIT: YM
 NH:
 CL:

APPOINTMENT DATE: 121718 TIME: 09:00

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| PROTFL | 112718 | <input type="checkbox"/> | <input type="checkbox"/> | 121818 | <input type="checkbox"/> | |
| T2CO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| T16CO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112718 | 021119 INFORMAL DENIAL |

PRINT APPOINTMENT NOTICE (Y/N): PRINT TITLE 2 CLOSEOUT NOTICE (Y/N):
 PF1 HELP AVAILABLE

Worksheet Screen

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

Development Worksheet

Role: Numberholder/Claimant
 [REDACTED]

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

Appointment Information

Field Office: 224 Unit: JJT
 Appointment Date: January 30, 2020 Appointment Time: 11:00am

| # | Issue | REQ | Follow Up 1 | Follow Up 2 | Tickle | REC | Remarks |
|---|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| 1 | PROTFL | 01/09/2020 | <input type="checkbox"/> | <input type="checkbox"/> | 01/31/2020 | <input type="checkbox"/> | |
| 2 | T2CO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | T16CO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01/09/2020 | 03/23/2020 INFORMAL DENIAL |

Print Appointment Notice: Yes No Print Title 2 Closeout Notice: Yes No

Edit a Lead Page

| | | |
|---------------------------------|----------------------|---------------------------------|
| EE NAME: MALLAIY, | LPF IDENTIFICATION | LPF2 |
| NH FIRST: _____ | NH MIDDLE: _____ | NH SSN: _____ |
| NH LAST: _____ | NH SUFFIX: _____ | DEATH: <input type="checkbox"/> |
| BIRTHDATE: _____ | *PROOF CODE: B | *SEX (M/F): M |
| *UNIT: YM | *FO: 224 | PRIOR FO: _____ |
| | | LEAD ESTABLISHED: 112718 |
| *CLAIM TYPE 1: RIB | CLAIM TYPE 2: SSI | CLAIM TYPE 3: _____ |
| *CL FIRST: _____ | CL MIDDLE: _____ | CL SSN: _____ |
| *CL LAST: _____ | CL SUFFIX: _____ | ONSET: _____ |
| *BIRTHDATE: _____ | *PROOF CODE: B | *SEX (M/F): M |
| *ADDRESS 1: 123 | ADDRESS 2: _____ | |
| ADDRESS 3: _____ | ADDRESS 4: _____ | |
| *CITY: ERGERGE | STATE: MD | ZIP: 21043 |
| COUNTRY: _____ | | |
| POSTAL ZONE: _____ | FOREIGN PHONE: _____ | |
| PHONE: _____ | PHONE: _____ | INFO: _____ |
| CALLER (IF DIFFERENT): _____ | MI: _ | CALLER LAST: _____ |
| RELATIONSHIP TO CLAIMANT: _____ | | |
| RECONTACT BY CALLER (Y/N): N | DATE: _____ | |
| APPOINTMENT DATE: 121718 | TIME: 09:00 | |
| PF1 HELP AVAILABLE | | |

Edit A Lead Screen

Edit A Lead

Role: Numberholder/Claimant

EE Name: TRICARIO,JAMES

[REDACTED]

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

Claim Information

| | | |
|----------------------------------|---------------|----------------------------------|
| *FO Code | Prior FO Code | *Unit |
| <input type="text" value="278"/> | -- | <input type="text" value="JJT"/> |

DOORS

Claim Type 1
RIB - Retirement

[+ Add Another](#)

Caller Information (If Different)

Is the caller different than the claimant?

Yes
 No

Recontact by Caller

Yes
 No

Date

--

Critical Cases

Time Sensitive Alerts:

Military Casualty/Wounded Warrior (MC/WW)
Yes

Veterans Affairs 100% Disability (VAPT)
Yes

Terminal Illness (TERI)
Yes

General Field Office Alerts:

Homelessness
Yes

Sign-Language Interpreter Services
Yes

Visual Accommodation
Yes

Proofs Requested

Documentation

| |
|---|
| <input type="checkbox"/> Age |
| <input type="checkbox"/> Marriage/Divorce |
| <input type="checkbox"/> Death |
| <input type="checkbox"/> Medical Evidence |
| <input type="checkbox"/> SSI Income/Resources |
| <input type="checkbox"/> Military |
| <input type="checkbox"/> W-2/Earnings |

Remarks

--

Add Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Edit Leads Protective Filing 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](#)

Edit Leads Protective Filing Information

Role: Numberholder/Claimant

[REDACTED]

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

Lead Supporting Information

| | |
|------------------------|------------------------|
| CY Earnings 1200.00 | PY Earnings 1100.00 |
|------------------------|------------------------|

Special Notice Option
First Class Mail

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

Remarks
THESE ARE REMARKS.

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

[REDACTED]

Characters remaining: 2479

[Done](#) [Back](#)

Edit Informal Denial Page

INFORMAL DENIAL PAGE 1 OF LDNY

CL: .

CALLER NAME: _____

*ADDRESS 1: 123 _____

ADDRESS 2: _____

ADDRESS 3: _____

ADDRESS 4: _____

*CITY: ERGERGE _____ STATE: MD ZIP: 21043

COUNTRY: _____ POSTAL ZONE: _____

PHONE NO: _____ FOREIGN PHONE: _____

LEAD ESTABLISH DATE: 112718

FIELD OFFICE CONTACT: BALTIMORE OFFICE _____

PHONE NO: 4104561234

*FO OFFICE OPEN (HH:MM): 09:00 CLOSE (HH:MM): 04:00

*ENTER ISSUE NOTICE TO: 1 1=CLAIMANT 2=CALLER.

PRINT NOTICE (Y/N): _ PRINTED ON: 112718

Edit Informal Denial Page 2

INFORMAL DENIAL

PAGE 2 OF LDNY

CL:

ISSUE DENIAL BECAUSE CLAIMANT DID NOT WISH TO FILE: Y
ISSUE DENIAL BECAUSE NOT 65, BLIND, OR DISABLED (Y): Y
ISSUE DENIAL BECAUSE CLAIMANT NOT A CITIZEN/NATIONAL OR ELIGIBLE ALIEN (Y): _
ISSUE DENIAL BECAUSE CLAIMANT'S INCOME IS TOO HIGH (Y): _
ISSUE DENIAL BECAUSE CLAIMANT'S RESOURCES ARE TOO HIGH (Y): _
ISSUE DENIAL FOR OTHER REASON (Y): _
ISSUE DENIAL BECAUSE CLAIMANT DID NOT FILE AN APPLICATION (Y): _

IF INCOME TOO HIGH, MONTHLY AMOUNT OF INCOME: _____

IF RESOURCES TOO HIGH, AMOUNT OF RESOURCES: _____
SELECT RESOURCE LIMIT: _ 1=\$2000 2=\$3000.

IF OTHER REASON: _____

PRINT NOTICE (Y/N): _ NOTICE PRINTED: 112718

DO YOU WANT TO ISSUE ANOTHER INFORMAL DENIAL (Y/N): █

Edit Informal Denial Screen

Edit Informal Denial

Role: Numberholder/Claimant

[REDACTED]

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

Leads Supporting Information

Caller Name:

--

Most Recently Provided Address

[REDACTED]
TOWSON, MD 21204
US

Your phone information on record

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

Lead Established Date:

01/28/2020

Field Office Contact:

Any SSI Representative

* Field Office Phone Number:

(866) 667-7698

Issue Notice To:

Claimant

Informal Denial Reason

Issue denial because claimant did not wish to file?

Yes

Issue denial because claimant not 65, blind, or disabled?

No

Issue denial because claimant not a citizen/national or eligible alien?

No

Issue denial because claimant not a resident of the U.S. for SSI purposes?

Yes

Issue denial because claimants income is too high?

No

Issue denial because claimants resources are too high?

No

Issue denial for other reason?

No

Informal Denial Notice

Print Notice:

Yes No

Notice Printed:

01/29/2020

Do you want to issue another informal denial:

Yes No

Done Cancel

Edit Informal Denial (Issue Second) Screen

Edit Informal Denial

Role: Numberholder/Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

B

Male

--

Leads Supporting Information

Caller Name:

--

Most Recently Provided Address

TOWSON, MD 21204
US

Your phone information on record

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

Lead Established Date:

01/28/2020

Field Office Contact:

Any SSI Representative

* Field Office Phone Number:

(866) 667-7698

Issue Notice To:

Claimant

Informal Denial Reason

Issue denial because claimant did not wish to file?

Yes

Issue denial because claimant not 65, blind, or disabled?

No

Issue denial because claimant not a citizen/national or eligible alien?

No

Issue denial because claimant not a resident of the U.S. for SSI purposes?

No

Issue denial because claimants income is too high?

No

Issue denial because claimants resources are too high?

No

Issue denial for other reason?

No

Informal Denial Notice

Print Notice:

Yes No

Notice Printed:

01/29/2020

Done

Cancel

Reschedule Appointment 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

Edit Appointment

Role: Numberholder/Claimant

[REDACTED]

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

Calendar Selection

Current Calendar
The assigned (or default) calendar will be highlighted and labeled with an asterisk (*). This calendar should be used whenever possible.

*1. NO APPTS AVAILABLE - SEE NOTE BELOW

Calendar

| | |
|------------------------------|-------------------------------|
| Field Office 224 DOORS | Appointment Type In Office |
|------------------------------|-------------------------------|

Calendar Remarks
THIS OFFICE WILL CLOSE ON NOV 3, 1995. ALL APPOINTMENTS FOR ZIP CODE 15120 SHOULD BE MADE IN BO-221. ALL OTHER ZIP CODES IN THIS SERVICE AREA SHOULD BE MADE IN BO-C11. THIS IS A TEST SITE - NOT A REAL OFFICE - MAKE NO APPOINTMENTS

Calendar Description
RSHI

Calendar Page 1 of 2

| Time | 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 |
| 09:00am | 05 | 10 | 11 | 11 | 11 | 11 | 10 | -- | 10 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 10:00am | 05 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 11:00am | 05 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 10 | 11 | 11 | 11 | 11 | 11 |
| 12:00pm | 03 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 01:00pm | 05 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 02:00pm | 05 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 03:00pm | -- | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 10 | 11 | 11 | 11 | 11 | 11 | 11 |
| 04:00pm | -- | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

Calendar Description
T2 CON/DIB

Calendar Page 1 of 2

| Time | 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 |
| 09:00am | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 10:00am | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 11:00am | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 12:00pm | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 01:00pm | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 02:00pm | 10 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 03:00pm | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 04:00pm | 11 | 11 | 11 | 11 | 11 | 11 | 11 | -- | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

| | | |
|--|-------------------------------------|---------------------------------------|
| Current Appointment Date January 30, 2020 | Current Appointment Time 11:00am | Current Appointment Type In Office |
|--|-------------------------------------|---------------------------------------|

Contact Information

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

Most Recently Provided Address
[REDACTED]
BALTIMORE, MD 21234
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
--

Recontact by Caller

| | | |
|---------------------------|-------------------------------------|--------------------------------|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Date 01/09/2020, 01/09/2020 |
|---------------------------|-------------------------------------|--------------------------------|

Suppress Confirmation Notice?

| | |
|---------------------------|-------------------------------------|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No |
|---------------------------|-------------------------------------|

Print Referral?

| | |
|--------------------------------------|--------------------------|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|--------------------------------------|--------------------------|

Done
Back

Field Office Information Page(s) - Query Mode

```

800#                APPOINTMENT/REFERRAL MENU                800S

ZIP CODE: _____ OFFICE CODE: 224 CITY/STATE: _____

NH SSN: _____

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

SELECT THE DESIRED FUNCTION: 2
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
    
```

Field Office Information Screen(s)

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 Information/Referral

Field Office Information Entry

*Mode

Query

Edit

*Search Option

Field Office

Zip Code

City/State

*FO Code

Field Office Information Screen(s) – ZIP Code Search

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

Field Office Information/Referral

Field Office Information Entry

*Mode

Query

Edit

*Search Option

Field Office

Zip Code

City/State

*Zip Code

Submit

Field Office Information Screen(s) – City/State Search

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

Field Office Information/Referral

Field Office Information Entry

*Mode

Query

Edit

*Search Option

Field Office

Zip Code

City/State

*City

*State

--

Submit

Field Office Informational/Referral Screen

Field Office Information/Referral

Field Office Information

| | |
|---|---|
| FO Code 278 | Time Zone EASTERN |
| RoutingInd RUSADOU | TTY (410) 823-0782 |
| Business Number (866) 614-4758 | FOR SSA USE ONLY ADMIN (866) 613-3918 |
| Address SOCIAL SECURITY 4TH FLOOR 28 ALLEGHENY AVENUE TOWSON, MD 21204 | Fax Number (410) 825-5368 |
| | Office Hours |
| | Monday 9:00 - 4:00 |
| | Tuesday 9:00 - 4:00 |
| | Wednesday 9:00 - 4:00 |
| | Thursday 9:00 - 4:00 |
| | Friday 9:00 - 4:00 |

Directions

FROM 695 EAST TAKE EXIT 26,TURN LEFT TURN ONTO MD-45 (YORK RD),CONTINUE ON YORK RD 1 MILE,TURN RIGHT ON BOSLEY AVE & THEN LEFT ON ALLEGHEYN AVE/ FROM SOUTH BALTIMORE TAKE YORK RD THEN MAKE A LEFT ON ALLEGHENY AVE. THEOFFICE IS LOCATED AT 28 ALLEGHENY(ON THE CORNER OF ALLEGHENY & WASHING TON)FREE PARKING IS AVAILABLE IN THE GARAGE LOCATED ON WASHINGTON AVE FOR SSA VISITORS ON THE 5TH FLOOR-FOLLOW THE SIGN TO THE ELEVATORS THAT WILL TAKE YOU TO THE SSA OFFICE LOCATED ON THE 4TH FLOOR/ IIF ENTERING MAIN ENTRANCE AT 28 ALLEGHENY AVE TAKE ELEVATOR TO FLOOR 4- VISITORS CAN ALSO USE STEPS LOCATED OUTSIDE OR INSIDE MAIN ENTRANCE TO

Suicide Prevention Hotline
(410) 531-6677

Informational/Referral

| | | |
|---------------------------------------|---|--|
| Agency ADMIN ON AGING | Telephone Number (410) 887-2594 | Description 8:30 AM - 4:30 PM |
| Agency DEPT OF SOC SERVICES | Telephone Number (800) 284-4510 | Description COUNTY CITY:410 361 4600 |
| Agency SENIOR INFO & ASSIST | Telephone Number (410) 887-2594 | Description AKA GATEWAY |

[Show More Informational/Referral](#)

[Close](#)

Field Office Informational/Referral Screen - Expanded

Informational/Referral

| Agency | Telephone Number | Description |
|--|------------------|---|
| ADMIN ON AGING | (410) 887-2594 | 8:30 AM - 4:30 PM |
| DEPT OF SOC SERVICES | (800) 284-4510 | COUNTY CITY:410 361 4600 |
| SENIOR INFO & ASSIST | (410) 887-2594 | AKA GATEWAY |
| Hide More Informational/Referral | | |
| TOWSON ADULT DAY CARE | (410) 296-4672 | -- |
| GOVANS MAYORS STATION | (410) 396-6084 | 396-6085/6158 5225 YORK RD 21212 |
| DIV OF REHABILITATION | (410) 333-6111 | TDD 410 333 6128 |
| PEOPLE'S PRO BONO A/C | (800) 236-5641 | STATEWIDE ABA CHILDREN'S SSI PROJECT |
| SENIOR LEGAL SERVICES | (410) 337-9415 | -- |
| NURSING HOME ADVOCACY | (410) 887-4200 | -- |
| LEGAL AIDE (BALTO CTY) | (410) 539-5340 | 500 E LEXINGTON ST 21202 |
| FIRST CALL FOR HELP | (410) 685-0525 | -- |
| LEGAL AIDE (BALTO CO) | (410) 296-6705 | 29 W SUSQUEHANNA AVE TOWSON MD 21204 |
| BUREAU OF VITAL RECRDS | (410) 764-3038 | 6550 REISTERSTOWN RD BALTO MD 21215 |
| INTERNAL REVENUE SERVI | (800) 829-1040 | -- |
| IMMIGRATION/NATURALIZA | (800) 375-5283 | -- |
| OFFICE OF PERSONNEL MG | (888) 767-6738 | -- |
| MCIL RESOURCES FOR I L | (410) 444-1400 | 2001 BPAO PROGRAM COOPERATIVE AGREEMENT |
| CHILD'S HEALTH INS PRG | (877) 543-7669 | STATE PROGRAMS FOR UNINSURED CHILDREN |
| COMMUNITY HOTLINE | (410) 931-2214 | BATIMORE COUNTY MENTAL HEALTH NEEDS |

Close

Field Office Information Screen - Edit Mode

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

Field Office Information/Referral

Field Office Information Entry

*Mode

Query
 Edit

*FO Code

Field Office Informational/Referral Main Page - Update

```

800#                APPOINTMENT/REFERRAL MENU                800S

ZIP CODE: _____ OFFICE CODE: 125 CITY/STATE: _____

NH SSN: _____

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

SELECT THE DESIRED FUNCTION: 2
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
    
```

Field Office Informational/Referral Page - Update

```

800#                                INFORMATIONAL/REFERRAL 125 PAGE 1                                INFO
                                BUSINESS: 866 964 7430
LOCATION:                            HOURS M: 09:00 - 04:00                                FAX: 518 563 3402
SOCIAL SECURITY                      T: 09:00 - 04:00                                TTY: 518 561 2265
SUITE 230                            W: 09:00 - 12:00                                FOR SSA USE ONLY
14 DURKEE ST                          TH: 09:00 - 04:00                                ADMIN: 866 395 5077
                                F: 09:00 - 04:00                                RI: RUSADSR
PLATTSBURGH                          NY 12901    TIME ZONE: EASTERN
GENERAL DIRECTIONS
EXIT 37 FROM I-87, TURN RIGHT ON RT 3, CONTINUE 1 MILE AND BEAR RT ON
BROAD STREET. TRAVEL THRU FIVE TRAFFIC LIGHTS AND TURN LEFT ONTO DURKEE
STREET. BUILDING IS ON THE CORNER OF DURKEE AND BROAD ON THE RT.

DIRECTIONS FROM THE EAST:           THE WEST:           THE NORTH:           THE SOUTH:
SUICIDE PREVENTION HOT LINE: 518 561 2330           REFERRAL AGENCIES: +
    
```

Field Office Informational/Referral Page 2 - Update

| AGENCY | TELEPHONE # | RESPONSIBILITIES/REMARKS |
|------------------------|--------------|---|
| CLINTON COUNTY | | |
| OFFICE OF THE AGING | 518 565 4620 | ALL SERVICES RELATED TO SENIOR PROGRAMS |
| DEPT OF SOCIAL SERVICE | 518 565 3300 | PUBLIC ASSISTANCE AND WELFARE PROGRAMS |
| CRISIS CENTER | 518 561 2330 | DRUG AND SUICIDE HOTLINE/RELATED SVCS |
| SALVATION ARMY | 518 561 2951 | CLOTHING AND SHELTER |
| CATHOLIC CHARITIES | 518 561 0470 | EMERGENCY FOOD AND SHELTER |
| RED CROSS | 518 561 7280 | EMERGENCY SHELTER |
| N.COUNTRY LEGAL SVCS. | 518 563 4022 | LEGAL SERVICES |
| OFFICE OF THE AGING | | |
| ESSEX COUNTY | 518 873 3695 | ALL SERVICES RELATED TO SENIOR PROGRAMS |
| FRANKLIN COUNTY | 518 481 1526 | ALL SERVICES RELATED TO SENIOR PROGRAMS |
| DEPT OF SOCIAL SERVICE | | |
| ESSEX COUNTY | 518 873 3420 | PUBLIC ASSISTANCE AND WELFARE PROGRAMS |
| FRANKLIN COUNTY | 518 483 6770 | PUBLIC ASSISTANCE AND WELFARE PROGRAMS |
| | 456 567 5667 | |

Field Office Informational/Referral Screen – Update Mode

Field Office Information/Referral

Field Office Information

| | |
|---|---|
| FO Code 432 | Time Zone EASTERN |
| RoutingInd RUSAFFT | TTY (800) 325-0778 |
| Business Number (866) 931-9176 | FOR SSA USE ONLY ADMIN (866) 613-2775 |
| Address SOCIAL SECURITY SUITE 101 7344 PEARL RD MIDDLEBURG HTS, OH 44130 | Fax Number (440) 243-4647 |
| | Office Hours |
| | Monday 9:00 - 4:00 |
| | Tuesday 9:00 - 4:00 |
| | Wednesday 9:00 - 12:00 |
| | Thursday 9:00 - 4:00 |
| | Friday 9:00 - 4:00 |

Directions
OFFICE IS LOCATED ON PEARL RD. ABOUT ONE BLOCK SOUTH OF BAGLEY RD. THE OFFICE IS ACROSS THE STREET FROM TOMON & SONS FUNERAL HOME.

*** Suicide Prevention Hotline**

(216) 623-6888

Informational/Referral

| | | | |
|--|---|--|-----------------------|
| Agency COUNCIL ON AGING | Telephone Number (216) 621-8010 | Description CONTRACTS FOR SERVICES WITH OTHERS | Clear |
| Agency CUYAHOGA CTY. WELFARE | Telephone Number (216) 987-7000 | Description FOOD STAMPS/MEDICAID/AFDC/GEN RELIEF | Clear |
| Agency FIRST CALL FOR HELP | Telephone Number (216) 436-2000 | Description INFORMATION & REFERRAL-ALL SERVICES | Clear |

[Show More Informational/Referral](#)

[Save](#) [Cancel](#) [Clear all](#)

Field Office Informational/Referral Screen – Update Mode Expanded

Hide More Informational/Referral

| | | | |
|----------------------------------|------------------------------------|--|-------|
| Agency CUYAHOGA METRO HOUSING | Telephone Number (216) 348-5000 | Description HOUSING, RENT BASED ON NEED | Clear |
| Agency RED CROSS | Telephone Number (216) 431-3010 | Description EMERGENCY SERVICES 24 HOURS PER DAY | Clear |
| Agency LEGAL AID | Telephone Number (216) 687-1900 | Description LEGAL SERVICES, FEE BASED ON NEED | Clear |
| Agency WOMEN'S ALLIANCE RCVRY | Telephone Number (216) 575-9120 | Description SHELTER & HEALTH CARE FOR WOMEN | Clear |
| Agency IMMIGRATION/NAT (INS) | Telephone Number (800) 375-5283 | Description FEDERAL BLDG, RM 1917, 8-4 MON-FRI | Clear |
| Agency HOMELESS COORDINATOR | Telephone Number (866) 613-3967 | Description JAMES STRINGER | Clear |
| Agency OHIO BUR. OF EMP. SVC. | Telephone Number (216) 732-2939 | Description UNEMPLOYMENT ASSISTANCE | Clear |
| Agency OHIO WORKERS COMP. | Telephone Number (800) 644-6292 | Description WORKERS COMPENSATION | Clear |
| Agency ASIAN SVCS IN ACTION | Telephone Number (216) 881-0330 | Description HEALTHCARE FOOD & MORE | Clear |
| Agency SERVICES FOR DEAF | Telephone Number (216) 231-8787 | Description VOICE & TTY - INTERPRETER SERVICES | Clear |
| Agency 24 HR SUICIDE PREVENT | Telephone Number (800) 784-2433 | Description NATIONAL SUICIDE PREVENTION HOTLINE | Clear |
| Agency SUICIDE PREVENTION | Telephone Number (216) 623-6888 | Description CUYAHOGA COUNTY RESIDENTS ONLY | Clear |
| Agency ADULT PROTECTIVE SRVS | Telephone Number (216) 420-6700 | Description SENIOR AND ADULT SERVICES | Clear |
| Agency ADULT GUARDIANSHIP SRV | Telephone Number (216) 696-1132 | Description | Clear |
| Agency LEAP | Telephone Number (216) 696-2716 | Description LINKING EMPLOYMNT ABILITIES & POTENTIAL | Clear |
| Agency | Telephone Number | Description | Clear |

Save Cancel Clear all

Field Office Informational/Referral Menu Page - Query

```

800#                APPOINTMENT/REFERRAL MENU                800S

ZIP CODE: _____ OFFICE CODE: ____ CITY/STATE: Baltimore MD

NH SSN: _____

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

SELECT THE DESIRED FUNCTION: 2
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
    
```

Field Office Informational/Referral Page - Query

```

FIELD OFFICE MENU FOR BALTIMORE           MD           CITY

SELECT THE DESIRED OFFICE: 1

    ADDRESS                CITY                ST FO
01 SUITE 200                1010 PARK AVE        BALTIMORE           MD 273
02 BALTIMORE WABASH        6100A WABASH AVENUE BALTIMORE           MD 199
03 STE 106                  2401 BELAIR RD       BALTIMORE           MD 019
04 SUITE 100                6820 HOSPITAL DR     BALTIMORE           MD 196
05 SUITE S                  1531 S EDGEWOOD STREET BALTIMORE           MD 020
06 LAKESIDE BLDG, STE 110  8865 STANFORD BLVD   COLUMBIA            MD 195
07 SUITE 1A                 337 HOSPITAL DR      GLEN BURNIE         MD 283
08 SUITE 100                5 PARK CENTER COURT  OWINGS MILLS        MD 197
09 4TH FLOOR                28 ALLEGHENY AVENUE  TOWSON              MD 278
    
```

Field Office Informational/Referral Screen - Query

Field Office Information/Referral, Office Information/Referral, Enhanced Leads and Appointment - Internet Explorer

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

Field Office Information/Referral

Field Office Menu For: Baltimore, MD

Select the Desired Office

| # | Address | City | State | FO | Action |
|---|------------------------|------------------------|--------------|----|--------------------------|
| 1 | SUITE 200 | 1010 PARK AVE | BALTIMORE | MD | 273 View |
| 2 | BALTIMORE WABASH | 6100A WABASH AVENUE | BALTIMORE | MD | 199 View |
| 3 | STE 106 | 2401 BELAIR RD | BALTIMORE | MD | 019 View |
| 4 | SUITE 100 | 6820 HOSPITAL DR | BALTIMORE | MD | 196 View |
| 5 | SUITE S | 1531 S EDGEWOOD STREET | BALTIMORE | MD | 020 View |
| 6 | LAKESIDE BLDG, STE 110 | 8865 STANFORD BLVD | COLUMBIA | MD | 195 View |
| 7 | SUITE 1A | 337 HOSPITAL DR | GLEN BURNIE | MD | 283 View |
| 8 | SUITE 100 | 5 PARK CENTER COURT | OWINGS MILLS | MD | 197 View |
| 9 | 4TH FLOOR | 28 ALLEGHENY AVENUE | TOWSON | MD | 278 View |

[Done](#)

Listing Request Menu Page

800# LISTING REQUEST MENU LSTM

OFFICE CODE: A33

LISTING TYPE: 1. REFERRAL AND APPOINTMENT
 2. APPOINTMENTS FOR (MMDDYY) : _____
 3. PENDING
 4. TELESERVICE/DSU

Listing Request 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

Listing Request Menu

*Office Code

*Listing Type:

1 - Referral and Appointment
 2 - Appointments for (MM/DD/YYYY)
 3 - Pending
 4 - Teleservice/DSU

[Submit](#) [Cancel](#)

Referral and Appointment Screen

Referral and Appointment

[Print](#)

Referral Listing for 01/30/2020

Office: 224 Printed on: 01/31/2020

Initial Claims

| Number Holder Name | Number Holder SSN | Claimant Name | Time Sensitive Cases | General Field Office Alerts | Referral Type(s) | Appt Type | Appt Times | Appt Date |
|--------------------|-------------------|---------------|----------------------|-----------------------------|------------------|-----------|------------|-----------|
| [REDACTED] | [REDACTED] | [REDACTED] | Y | N | RIB | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | SSIAI | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | T2CLM | | | |

Appointment Listing for Today 01/31/2020

Office: 224 Printed on: 01/31/2020

Initial Claims

| Number Holder Name | Number Holder SSN | Claimant Name | Time Sensitive Cases | General Field Office Alerts | Referral Type(s) | Appt Type | Appt Times | Unit |
|--------------------|-------------------|---------------|----------------------|-----------------------------|------------------|-----------|------------|--------|
| [REDACTED] | [REDACTED] | [REDACTED] | Y | N | RIB | In Office | R 09:00 AM | X37888 |

Postentitlement

| Number Holder Name | Number Holder SSN | Claimant Name | Referral Type(s) | Appt Type | Appt Times | Unit |
|--------------------|-------------------|---------------|------------------|-----------|------------|------|
| [REDACTED] | [REDACTED] | [REDACTED] | REPPYE | In Office | 09:15 AM | JJT |

[Cancel](#)

Listing Request Menu Screen - Appointments

Listing Request Menu

*Office Code

*Listing Type:

- 1 - Referral and Appointment
- 2 - Appointments for (MM/DD/YYYY)
- 3 - Pending
- 4 - Teleservice/DSU

*Date (MM/DD/YYYY)

[Submit](#)

[Cancel](#)

Appointment List Request Page

| | | |
|------------------|-------------------------------------|---|
| 800# | APPOINTMENT LIST REQUEST | AREQ |
| OFFICE CODE: A33 | | |
| | | |
| SELECT WORKLOAD: | <input checked="" type="checkbox"/> | 1. ALL 2. INITIAL CLAIMS 3. POSTENTITLEMENT |
| | | |
| SELECT TYPE: | <input type="checkbox"/> | 1. ALL 2. IN-OFFICE 3. TELEPHONE |
| | | |
| SELECT SOURCE: | <input type="checkbox"/> | 1. ALL 2. CALENDAR 3. FO SCRATCHPAD |

Appointment List Request 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 List Request

Office Code
224

***Select Workload**

All
 Initial Claims
 Postentitlement

***Select Type**

All
 In-Office
 Telephone

***Select Source**

All
 Calendar
 FO Scratchpad

Appointment List For Date Screen

Appointment List For Date

Print

Appointment Listing for 01/31/2020

Office: 224 Printed on: 01/31/2020

Initial Claims - Calendar Appointments

| Number Holder Name | Number Holder SSN | Claimant Name | Time Sensitive Cases | General Field Office Alerts | Referral Type(s) | Appt Type | Appt Times | Unit |
|--------------------|-------------------|---------------|----------------------|-----------------------------|------------------|-----------|------------|--------|
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | RIB | In Office | R 09:00 AM | X37888 |

Postentitlement

| Number Holder Name | Number Holder SSN | Claimant Name | Referral Type(s) | Appt Type | Appt Times | Unit |
|--------------------|-------------------|---------------|------------------|-----------|------------|------|
| [REDACTED] | [REDACTED] | [REDACTED] | REPPYE | In Office | 09:15 AM | JJT |

Cancel

Pending List Request Page

```

800#                PENDING LIST REQUEST                PEND
OFFICE CODE: A33

SELECT OFFICE/UNIT: █    1=ENTIRE OFFICE    2=SINGLE UNIT.

IF SINGLE UNIT, FIRST 3 POSITIONS: ____
LAST 3 POSITIONS:      ____
ALL 6 POSITIONS:      _____

SELECT WORKLOAD:  _
1=ALL
2=ALL INITIAL CLAIMS
3=ALL POSTENTITLEMENT
4=INITIAL CLAIMS / NO APPOINTMENT
5=CONCURRENT INITIAL CLAIMS / ONE TITLE PENDING
6=ALL RESCHEDULED APPOINTMENTS
7=INITIAL CLAIMS - APPOINTMENT DATE IN PAST / NO CLAIM TAKEN.

SELECT AGE CATEGORY:  _    0=ALL                4=PENDING 46-60 DAYS
                        1=PENDING OVER 120 DAYS    5=PENDING 31-45 DAYS
                        2=PENDING 91-120 DAYS      6=PENDING 16-30 DAYS
                        3=PENDING 61-90 DAYS       7=PENDING 0-15 DAYS.
    
```

Pending List Request Menu Screen

Pending List Request

Office Code
224

*** Select Office/Unit**

- Entire Office
- Single Unit

*** Select Workload**

- All
- All Initial Claims
- All Postentitlement
- Initial Claims/No Appointment
- Concurrent Initial Claims/One Title Pending
- All Rescheduled Appointments
- Initial Claims - Appointment Date in Past/No Claim Taken

*** Select Age Category**

- All
- Pending Over 120 Days
- Pending 91-120 Days
- Pending 61-90 Days
- Pending 46-60 Days
- Pending 31-45 Days
- Pending 16-30 Days
- Pending 0-15 Days

Pending List Request Menu Screen - Expanded

Pending List Request

Office Code
224

*** Select Office/Unit**

Entire Office

Single Unit

*** If Single Unit,
First 3 Positions**

Last 3 Positions

All 6 Positions

*** Select Workload**

All

All Initial Claims

All Postentitlement

Initial Claims/No Appointment

Concurrent Initial Claims/One Title Pending

All Rescheduled Appointments

Initial Claims - Appointment Date in Past/No Claim Taken

*** Select Age Category**

All

Pending Over 120 Days

Pending 91-120 Days

Pending 61-90 Days

Pending 46-60 Days

Pending 31-45 Days

Pending 16-30 Days

Pending 0-15 Days

Submit

Cancel

Pending List Request Page

Pending List

Print

Pending Listing

Office:
196

Requested Unit:
Entire Office

Printed on:
01/29/2020

Age: All Initial Claims

| Number Holder Name | Number Holder SSN | Claimant Name | Time Sensitive Cases | General Field Office Alerts | Referral Type(s) | Unit | Phone Number | Appt Type | Appt Date | Appt Time |
|--------------------|-------------------|---------------|----------------------|-----------------------------|------------------|------|--------------|-----------|------------|-----------|
| [REDACTED] | [REDACTED] | [REDACTED] | Y | N | RIB | DB | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | SSIDI | D | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | DIB | D | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | SSIDI | D | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | RIB | ab | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | RIB | TSC | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | Y | RIB | DG | 4105551234 | In Office | 04/12/2019 | 03:00 PM |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | SSIDC | CPO | | In Office | 06/04/2019 | 02:00 PM |
| [REDACTED] | [REDACTED] | [REDACTED] | Y | N | DIB | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | SSIDI | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | RECON | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | LSDP | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | N | DIB | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Y | N | HEAR | JEA | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | N | Y | SSIDI | JEA | | | | |

Age: All Postentitlement

| Number Holder Name | Number Holder SSN | Claimant Name | Event | Unit | Phone Number | Appt Type | Appt Date | Appt Time |
|--------------------|-------------------|---------------|--------|------|----------------|-----------|------------|-----------|
| [REDACTED] | [REDACTED] | [REDACTED] | MEDCDR | DG | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | LIMIT | LLG | | In Office | 03/04/2019 | 11:00 AM |
| [REDACTED] | [REDACTED] | [REDACTED] | OVRPMT | LLG | | In Office | 02/25/2019 | 09:00 AM |
| [REDACTED] | [REDACTED] | [REDACTED] | OVRPMT | TSC | 222222222 | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | OVRPMT | DG | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | REPPYE | JBB | 1234567890 | In Office | 04/26/2019 | 11:00 AM |
| [REDACTED] | [REDACTED] | [REDACTED] | WRKCDR | DG | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | MEDISS | JDD | 4104104102 | Phone | 01/21/2020 | 02:30 PM |
| [REDACTED] | [REDACTED] | [REDACTED] | REPPYE | JDD | 12345678890088 | In Office | 01/22/2020 | 10:00 AM |
| [REDACTED] | [REDACTED] | [REDACTED] | MEDISS | JDD | 4104104102 | In Office | 02/05/2020 | 02:30 PM |
| [REDACTED] | [REDACTED] | [REDACTED] | MEDCDR | AK | 2178886284 | In Office | 01/30/2020 | 02:30 PM |
| [REDACTED] | [REDACTED] | [REDACTED] | REPPYE | AK | 2178886284 | In Office | 02/03/2020 | 10:00 AM |

Cancel

Teleservice/DSU List Report Screen

Teleservice/DSU List Report

Print

Teleservice/DSU Report

Office: B81

Requested Dates: 01/07/2019 to 01/14/2019

Printed on: 01/14/2019

Establish Date: 01/09/2019

EE Name: ██████████

| Number Holder SSN | Referral Type(s) | Appt Times | Appt Date | Calendar Used | Field Office # |
|-------------------|------------------|------------|------------|---------------|----------------|
| ██████████ | SURCHD | 02:15 PM | 01/31/2019 | I1T | A25 |
| ██████████ | T18SUB | | | | |
| ██████████ | LIMIT | 10:00 AM | 02/04/2019 | PE1 | 283 |

Total Completed By Employee: 3

Establish Date: 01/10/2019

EE Name: ESQUER, LOURDES

| Number Holder SSN | Referral Type(s) | Appt Times | Appt Date | Calendar Used | Field Office # |
|-------------------|------------------|------------|------------|---------------|----------------|
| ██████████ | REPPYE | 09:00 AM | 01/14/2019 | PES | 196 |
| ██████████ | SSIBC | 10:00 AM | 01/28/2019 | I1T | 196 |
| ██████████ | RIB | 02:30 PM | 02/04/2019 | I1T | 278 |
| ██████████ | REPPYE | 08:30 AM | 01/31/2019 | PE1 | 278 |

Total Completed By Employee: 4

Query Page 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

Query Page

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

Person Information on Record for ██████████

[^ Identity Information](#)

Social Security Number: ██████████
 Multiple SSN(s): None
 Name: ██████████
[^ Hide Other Names](#)
 ██████████
 Sex: Male
 Birth Date: ██████████
 Birth Place: ZACAPA, Guatemala
 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.

Query

[^ Hide MBR Data](#)

MBR

Name: NIF
 Date of Birth: --
 Date of Death: --
 LAF: --
 PIA: --
 FMAX: --
 MBA: --
 OP: --
 Onset: --
 Stop: --
 XRAN: --

Beneficiaries:

| # | BIC | Name | LAF | OP | BOAN | XRAN |
|-------------------|-----|------|-----|----|------|------|
| No records found. | | | | | | |

[^ Hide SEQY Data](#)

Summary Earnings Query (SEQY)

Medicare Qualified Government Employee (MQGE): No

| | | | | |
|----------|-------------|-------------|------------|--------|
| 2005: | 2006: | 2007: | 2008: | 2009: |
| \$252.01 | \$10,164.00 | \$0.00 | \$0.00 | \$0.00 |
| 2010: | 2011: | 2012: | 2013: | 2014: |
| \$0.00 | \$0.00 | \$10,084.00 | \$5,422.00 | \$0.00 |
| 2015: | 2016: | 2017: | 2018: | 2019: |
| \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

[^ Hide SSID Data](#)

SSID

Name: -- ID Code: -- PSY Code: -- DOB: --

Appeals

| # | Appeal Type | Level of Appeal | Appeal Reason | Appeal Filing Date | Appeal Decision | Appeal Decision Date | SBC Indicator |
|-------------------|-------------|-----------------|---------------|--------------------|-----------------|----------------------|---------------|
| No records found. | | | | | | | |

Done