



**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**

```

800#                APPOINTMENT/REFERRAL MENU                800S

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

NH SSN: _____

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

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

**Appointment/Referral Menu**

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

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

**Appointment/Referral Menu**

Main Menu

---

**\*Numberholder SSN** [Help](#)

---

**\*Select the Desired Function**

Claims Leads/Protective Filing

Post-Entitlement Event

Query

[Submit](#)

LPF1

LEADS/PROTECTIVE FILING NH IDENTIFICATION				LPF1	
NH:					
BIRTHDATE:		PROOF CODE: <b>B</b>	SEX (M/F): <b>M</b>	DEATH:	
NUMBERHOLDER CLAIM (Y/N): <b>█</b>			NUMBERHOLDER QUERY (Y/N): <b>_</b>		
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
<b>SSN</b> <input type="text"/>	<b>Birth Date</b> <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 C
 Sex Male
 Date of Death --

### 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			<a href="#">View</a> <a href="#">Query</a> <a href="#">Delete</a>
2	[REDACTED]	[REDACTED]	01/08/2020	Y			<a href="#">View</a> <a href="#">Query</a> <a href="#">Delete</a>
3	[REDACTED]	[REDACTED]	01/08/2020				<a href="#">View</a> <a href="#">Query</a> <a href="#">Delete</a>
4	[REDACTED]	[REDACTED]	01/08/2020	Y			<a href="#">View</a> <a href="#">Query</a> <a href="#">Delete</a>
5	[REDACTED]	[REDACTED]	01/08/2020	Y			<a href="#">View</a> <a href="#">Query</a> <a href="#">Delete</a>

[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: --  
 XLAN: --

**Beneficiaries:**

#	BIC	Name	LAF	OP	BOAN	XLAN
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): **N**

	SSN	CLAIMANT NAME	RMKS PRES	INF DEN	SELECT	QUERY
01.	<b>?</b> _____					—
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

<b>Respondent Name</b>		EE Name: TRICARIO,JAMES		
<b>Social Security Number (SSN)</b>	<b>Birth Date</b>	<b>Proof Code</b>	<b>Sex</b>	<b>Date of Death</b>
[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

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

#### 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

<b>Time Sensitive Alerts:</b> 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	<b>General Field Office Alerts:</b> 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

Save Lead
Back



“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](#)

W-2/Earnings input boxes will appear if “W-2/Earnings” is chosen as a Proof Requested – one at a time allowing the user to request up to three.

Proofs Requested

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Marriage/Divorce</li> <li><input checked="" type="checkbox"/> Death</li> <li><input checked="" type="checkbox"/> Medical Evidence</li> <li><input checked="" type="checkbox"/> SSI Income/Resources</li> <li><input checked="" type="checkbox"/> Military</li> <li><input checked="" type="checkbox"/> W-2/Earnings</li> </ul>	<p><b>*W-2/Earnings for year 1</b></p> <input type="text"/>  <p><b>W-2/Earnings for year 2</b></p> <input type="text"/>  <p><b>W-2/Earnings for year 3</b></p> <input type="text"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Characters remaining: 2500

### Leads Protective Filing Information Page

800#	LPF INFORMATION	LPFI
NH: <input style="border: 1px solid red; width: 80px;" type="text" value="First Name"/>	<input style="border: 1px solid red; width: 120px;" type="text" value="Last Name"/>	
CL: <input style="border: 1px solid red; width: 80px;" type="text" value="First Name"/>	<input style="border: 1px solid red; width: 120px;" type="text" value="Last Name"/>	
<p>*CY EARNINGS: <input style="width: 80px;" type="text" value=""/></p> <p>*PY EARNINGS: <input style="width: 80px;" type="text" value=""/></p> <p>*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): <input type="text" value="_"/></p> <p>INFORMAL DENIAL (Y/N): <input type="text" value="N"/></p> <p>NOTICE OPTION: DATA CD</p> <p>*ADD OR UPDATE NOTICE OPTION DUE TO VISUAL IMPAIRMENT (Y/N): <input type="text" value="_"/></p>		

# 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:  Y

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

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

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

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

ISSUE DENIAL FOR OTHER REASON (Y):  N

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

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):  Y NOTICE PRINTED:

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

# Informal Denial Screen

## Informal Denial

Role: Numberholder/Claimant

**Respondent Name**

<b>Social Security Number (SSN)</b> SSN	<b>Birth Date</b> Birth Date	<b>Proof Code</b> B	<b>Sex</b> Male	<b>Date of Death</b> --
--------------------------------------------	---------------------------------	------------------------	--------------------	----------------------------

### Leads Supporting Information

Caller Name:  
--

Most Recently Provided Address

**Address**

Your phone information on record

Phone	Primary	Receive Text Message	Receive Voice Message	Remarks
<b>Phone #</b>	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)	Birth Date	Proof Code	Sex	Date of Death
<b>SSN</b>	<b>Birth Date</b>	B	Male	--

#### 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
<b>Phone #</b>	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:

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

PCOM Session A CEVCMT2

File Edit View Communication Actions Window Help

800# LPF PROOFS/APPOINTMENT LFPF

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:

MA A 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	[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.

\*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  
[REDACTED]  
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

## Appointment Calendar Menu Page

```

800#                APPOINTMENT/REFERRAL MENU                800S

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

NH SSN: _____

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

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

## Appointment Calendar Menu Screen

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

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

### Appointment Calendar Menu

**Select Appointment Calendar Type**

Claims Leads/Protective Filing  
 Post-Entitlement Event

**Search Option**

Field Office  
 Zip Code

\*FO Code

[Submit](#)

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	<a href="#">View</a> <a href="#">Edit</a>
APPT2	NO APPTS AVAILABLE - SEE NOTE BELOW	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Deactivate</a>
APPT3	NO APPTS AVAILABLE	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Deactivate</a>
APPT5	Appointments for Internet	<a href="#">View</a> <a href="#">Edit</a>

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	--	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	--	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	--	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	--	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	--	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	--	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	--	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"/>

\*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"/>

## 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
09:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
10:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
11:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
12:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
01:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
02:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05
03:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05

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

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
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 [806S] [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
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
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

[REDACTED]

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

---

### Leads

Role: Numberholder/Claimant

[Hide Appointment Information](#)

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

[Hide Claim/Event Information](#)

Claim 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	[REDACTED]	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](#)

Worksheet Information [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](#)

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	<a href="#">Edit</a>
No	

[Done](#) [Print Summary](#) [Print Referral](#)

### 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
278	--	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

### Update Appointment Page

800#	LPF PROOFS/APPOINTMENT	LPFP
NH:		
CL:		
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: 121718	TIME: 09:00	CALENDAR USED: APPT3
PRIOR DATE:	TIME:	REASON FOR CHANGE:
SELECT APPOINTMENT: _	1=MAKE	2=RESCHEDULE 3=CANCEL.
SELECT TYPE: 2	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: _____	

### Update 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](#)

#### Update Lead Appointment

Role: Numberholder/Claimant

████████████████████

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

#### Lead Appointment Information

Current Appointment Date	Current Appointment Time	Current Appointment Type	Appointment Source	Field Office
January 30, 2020	11:00am	In Office	Calendar	224
Prior Appointment Date	Prior Appointment Time	Reason for Change	Appointment Source	
--	--	--	--	

**Edit Appointment**

<input type="radio"/> Make Appointment
<input type="radio"/> Reschedule Appointment
<input type="radio"/> Cancel Appointment

**\*Appointment Type**

<input type="radio"/> Phone
<input checked="" type="radio"/> In-Office

[Next](#) [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]

[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

\*Zip Code

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

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

\*City

\*State

--



## Field Office Informational/Referral Screen

### Field Office Information/Referral

#### Field Office Information

<b>FO Code</b> 278	<b>Time Zone</b> EASTERN
<b>RoutingInd</b> RUSADOU	<b>TTY</b> (410) 823-0782
<b>Business Number</b> (866) 614-4758	<b>FOR SSA USE ONLY ADMIN</b> (866) 613-3918
<b>Address</b> SOCIAL SECURITY 4TH FLOOR 28 ALLEGHENY AVENUE TOWSON, MD 21204	<b>Fax Number</b> (410) 825-5368
	<b>Office Hours</b>
	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/ IF 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

<b>Agency</b> ADMIN ON AGING	<b>Telephone Number</b> (410) 887-2594	<b>Description</b> 8:30 AM - 4:30 PM
<b>Agency</b> DEPT OF SOC SERVICES	<b>Telephone Number</b> (800) 284-4510	<b>Description</b> COUNTY CITY:410 361 4600
<b>Agency</b> SENIOR INFO & ASSIST	<b>Telephone Number</b> (410) 887-2594	<b>Description</b> 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
<a href="#">Hide More Informational/Referral</a>		
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

<b>FO Code</b> 432	<b>Time Zone</b> EASTERN
<b>RoutingInd</b> RUSAFFT	<b>TTY</b> (800) 325-0778
<b>Business Number</b> (866) 931-9176	<b>FOR SSA USE ONLY ADMIN</b> (866) 613-2775
<b>Address</b> SOCIAL SECURITY SUITE 101 7344 PEARL RD MIDDLEBURG HTS, OH 44130	<b>Fax Number</b> (440) 243-4647
	<b>Office Hours</b>
	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

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

[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 <a href="#">View</a>
2	BALTIMORE WABASH	6100A WABASH AVENUE	BALTIMORE	MD	199 <a href="#">View</a>
3	STE 106	2401 BELAIR RD	BALTIMORE	MD	019 <a href="#">View</a>
4	SUITE 100	6820 HOSPITAL DR	BALTIMORE	MD	196 <a href="#">View</a>
5	SUITE S	1531 S EDGEWOOD STREET	BALTIMORE	MD	020 <a href="#">View</a>
6	LAKESIDE BLDG, STE 110	8865 STANFORD BLVD	COLUMBIA	MD	195 <a href="#">View</a>
7	SUITE 1A	337 HOSPITAL DR	GLEN BURNIE	MD	283 <a href="#">View</a>
8	SUITE 100	5 PARK CENTER COURT	OWINGS MILLS	MD	197 <a href="#">View</a>
9	4TH FLOOR	28 ALLEGHENY AVENUE	TOWSON	MD	278 <a href="#">View</a>

[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:

<input type="radio"/> 1 - Referral and Appointment
<input checked="" type="radio"/> 2 - Appointments for (MM/DD/YYYY)
<input type="radio"/> 3 - Pending
<input type="radio"/> 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 <input type="checkbox"/> 2. INITIAL CLAIMS <input type="checkbox"/> 3. POSTENTITLEMENT	
SELECT TYPE:	<input type="checkbox"/> 1. ALL <input type="checkbox"/> 2. IN-OFFICE <input type="checkbox"/> 3. TELEPHONE	
SELECT SOURCE:	<input type="checkbox"/> 1. ALL <input type="checkbox"/> 2. CALENDAR <input type="checkbox"/> 3. FO SCRATCHPAD	

### Appointment List Request Screen

Enhanced Leads and Appointment System (eLAS)		JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]
<span style="margin-right: 10px;">🏠</span> <span style="margin-right: 10px; border: 1px solid white; padding: 2px 5px;">Calendar</span> <span style="margin-right: 10px; border: 1px solid white; padding: 2px 5px;">Office Information/Referral</span> <span style="margin-right: 10px; border: 1px solid white; padding: 2px 5px;">Listing Request Menu</span> <span style="border: 1px solid white; padding: 2px 5px;">CHIP Test Page</span>		
<h4 style="margin-top: 0;">Appointment List Request</h4> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p><b>Office Code</b> 224</p> <p><b>*Select Workload</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="radio"/> All  <input type="radio"/> Initial Claims  <input type="radio"/> Postentitlement         </div> <p><b>*Select Type</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="radio"/> All  <input type="radio"/> In-Office  <input type="radio"/> Telephone         </div> <p><b>*Select Source</b></p> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="radio"/> All  <input type="radio"/> Calendar  <input type="radio"/> FO Scratchpad         </div> </div> <div style="margin-top: 10px;"> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> </div>		



## 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 Listing Request Page

800#

TELESERVICE/DSU LISTING REQUEST

TREQ

OFFICE CODE: B81

SELECT LISTING:

- 1. ENTIRE OFFICE
  - 2. EMPLOYEE NAME
- LAST NAME (FIRST 7), FIRST INITIAL:

_____	-
_____	-
_____	-
_____	-
_____	-
_____	-
_____	-

SELECT DATE (MMDDYY) : \_\_\_\_\_ TO: \_\_\_\_\_

### Teleservice/DSU Listing 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](#)

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#### Teleservice/DSU Listing Request

Office  
B81

Select Date:

to

<input type="checkbox"/>	Name
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]
<input type="checkbox"/>	[REDACTED]

## 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]

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