



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

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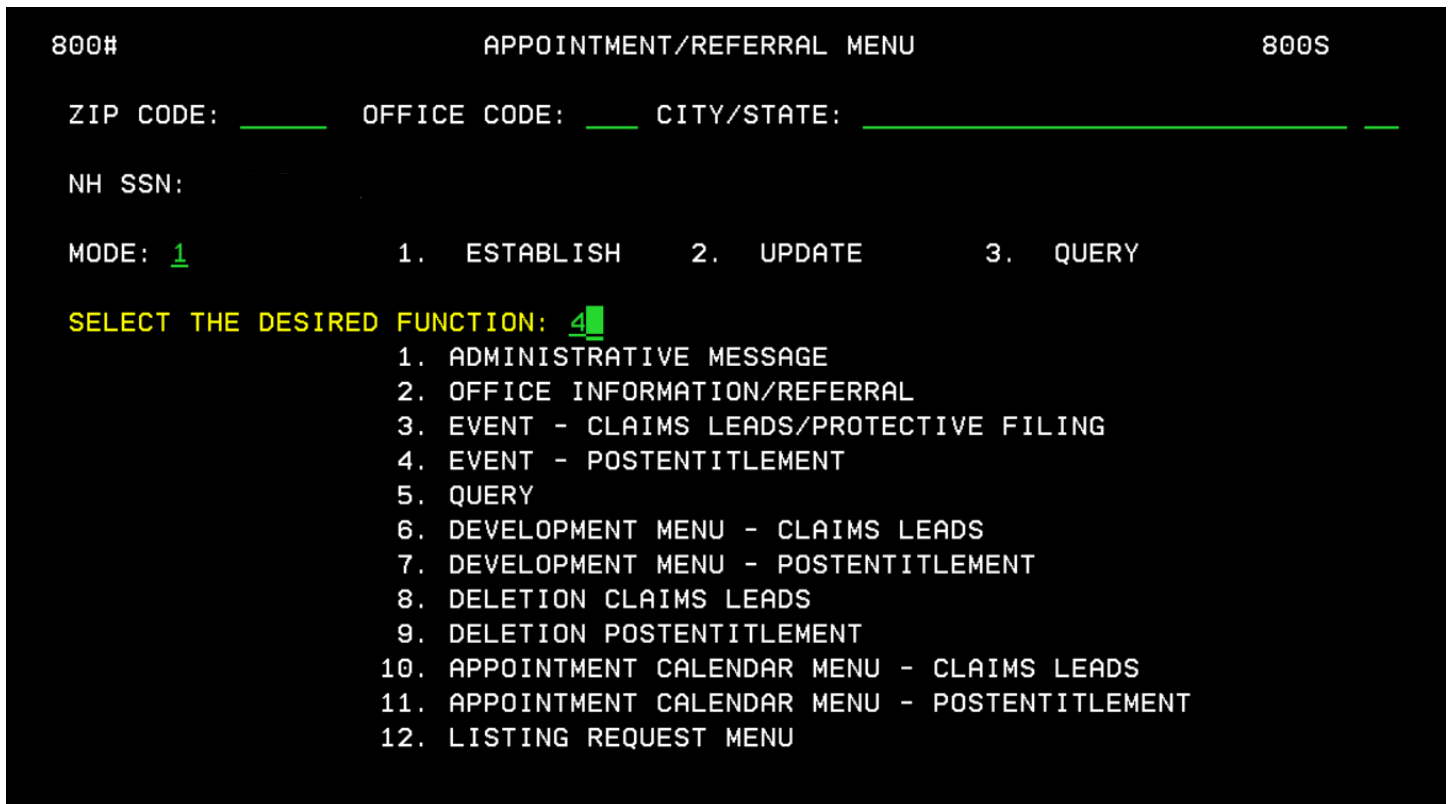
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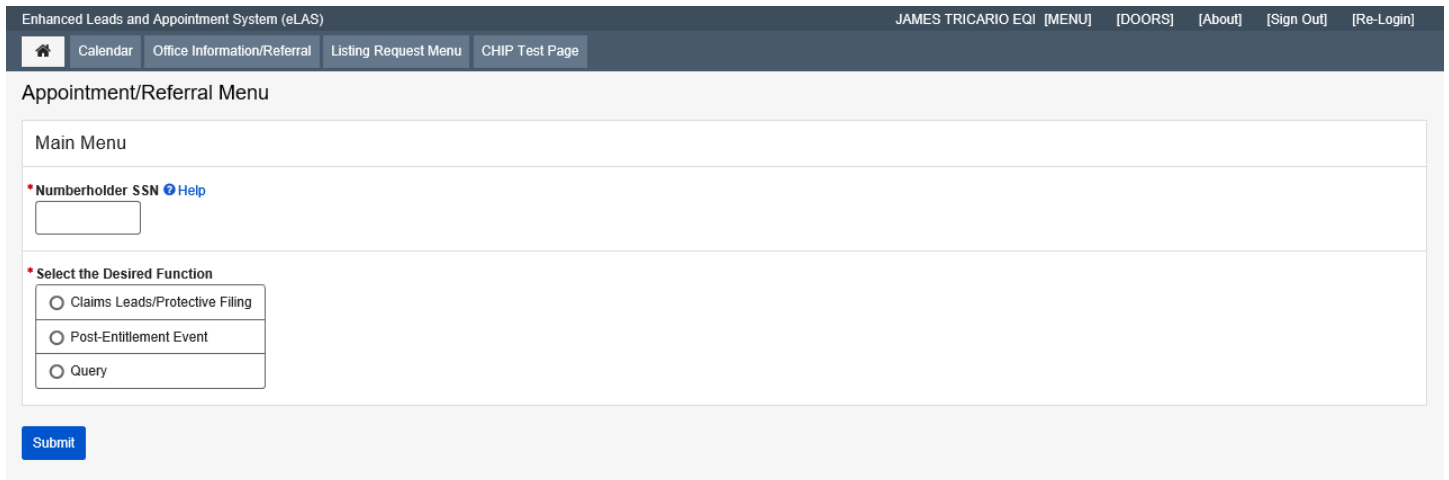
**Introduction:**

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

**Appointment/Referral Menu Page**



**Appointment/Referral Menu Screen**



### Postentitlement Claimant Menu Page

**POSTENTITLEMENT CLAIMANT MENU** PECL

NH:  
 BIRTHDATE:                      PROOF CODE: **B**                      SEX (M/F): **M**                      DEATH:  
 NUMBERHOLDER REFERRAL (Y/N): **█**

	SSN	CLAIMANT NAME
01.	_____	
02.	_____	
03.	_____	
04.	_____	
05.	_____	
06.	_____	
07.	_____	
08.	_____	
09.	_____	

### Postentitlement Event Profile Menu Screen

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

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

#### Post-Entitlement Event Profile Menu

[REDACTED]				
<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	--

**Post-Entitlement Claimant Selection**

Create Event For:

Numberholder

Claimant

[Create PE Event](#) [Back To Search](#)

**Post-Entitlement Event**

ⓘ No current Post-Entitlement event on this record.

# Profile Screen

## Post-Entitlement Event Profile Menu

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

## Post-Entitlement Claimant Selection

Create Event For:

Numberholder

Claimant

Is the Claimant Social Security Number (SSN) known?

Yes

No

Claimant Social Security Number (SSN)

[Create PE Event](#)

[Back To Search](#)

## Post-Entitlement Event

**i** No current Post-Entitlement event on this record.

## Profile Page – Extended View

### Post-Entitlement Event Profile Menu

[REDACTED]

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

### Post-Entitlement Claimant Selection

Create Event For:

- Numberholder  
 Claimant

Is the Claimant Social Security Number (SSN) known?

- Yes
  No

Claimant Social Security Number (SSN)

[Create PE Event](#)

[Back To Search](#)

### Post-Entitlement Event

[Delete All](#)

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

# Claimant Unknown Screen

## Claimant SSN Unknown Page

EE Name: TRICARIO,JAMES

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

### Claimant SSN Unknown

#### Identification Information

\*First Name  Middle Name  \*Last Name  Suffix

\*Sex  Male  Female Birth Date  Add a remark if birthdate is unknown

#### 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

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



# Verify Person Information Screen

## Verify Person Information

Search Result for SSN: [REDACTED]

Person Information on Record for [REDACTED]

### Identity Information

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

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
[REDACTED]	Most Recently Provided Mailing

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

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

### Military Service Information

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

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

Post Entitlement Event Page

800# EE NAME: MALLAIY, PE IDENTIFICATION IDEN

NH:  
 BIRTHDATE: \_\_\_\_\_ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): \_\_\_\_\_

UNIT: YM FO: 224 PRIOR FO:  
 PE REFERRAL ESTABLISHED: \_\_\_\_\_

CL: \_\_\_\_\_  
 BIRTHDATE: \_\_\_\_\_ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): \_\_\_\_\_  
 ADDRESS: 123

CITY: ERGERGE STATE: MD ZIP: 21043  
 COUNTRY: \_\_\_\_\_ POSTAL ZONE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FOREIGN PHONE: \_\_\_\_\_  
 INFORMATION: \_\_\_\_\_

CALLER (IF DIFFERENT)  
 NAME: \_\_\_\_\_  
 RELATIONSHIP TO CLAIMANT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FOREIGN PHONE: \_\_\_\_\_  
 INFORMATION: \_\_\_\_\_

Post Entitlement Event Data Page

800# PE EVENT DATA EVNT

NH:  
 CL:

\*SELECT EVENT: 1

1=SSI REDETERMINATIONS	6=REP PAYEE
2=SSI LIMITED ISSUES	7=OVERPAYMENT ISSUES
3=SSI LIVING ARRANGEMENT CHANGES	8=OTHER
4=WORK CDR	9=MEDICARE ISSUES
5=MEDICAL CDR.	

IF EVENT IS OTHER (SPECIFY): \_\_\_\_\_

\*SELECT EVENT TITLE: 1

1=TITLE 2 2=TITLE 16 3=TITLE 2 & 16 4=OTHER 5=TITLE 18.

\*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y  
 ARE THERE OTHER CLIENTS INVOLVED (Y/N): Y

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER  
 CURRENT REP PAYEE SSN: \_\_\_\_\_ OR ORGANIZATION (Y/N): Y  
 APPLICANT PAYEE SSN: █ OR ORGANIZATION (Y/N): N

# Post Entitlement Events Screen

## Post-Entitlement Events

Role: Numberholder/Claimant

EE Name: TRICARIO,JAMES

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

### Post-Entitlement Event Information

**\*FO Code** **Prior FO Code** **\*Unit**  
278 -- JJT

#### DOORS

**\*Select Event** **\*Select Event Title** **Post-Entitlement Referral Established**  
-- -- --

#### \*Is there any Rep Payee involvement?

- Yes, Current
- Yes, Applicant
- Yes, Both
- No

### Other Clients

#### Are there other clients involved?

- Yes
- No

### Caller Information (If Different)

#### Is the caller different than the claimant?

- Yes
- No

#### Remarks

Please enter a remark with a maximum of 2500 characters

[Text Area]

Characters remaining: 2500

[Save Event](#) [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 EQI JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

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

### Post-Entitlement Events

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

### Post-Entitlement Event Information

*FO Code 278	Prior FO Code --	*Unit JJT
DOORS		
*Select Event --	*Select Event Title --	Post-Entitlement Referral Established --
*Is there any Rep Payee involvement?		
<input type="radio"/> Yes, Current <input type="radio"/> Yes, Applicant <input type="radio"/> Yes, Both <input type="radio"/> No		

### Other Clients

Are there other clients involved?

Yes  No

### Caller Information (If Different)

Is the caller different than the claimant?

Yes  No

*Caller First Name	Caller Middle Initial	*Caller Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	--
*Relationship to Claimant	Phone Number		Phone Information
--	<input checked="" type="radio"/> U.S. <input type="radio"/> International 10-digit Number    Ext.		<input type="text"/>
Remarks Please enter a remark with a maximum of 2500 characters <input style="width: 100%; height: 40px;" type="text"/>			
Characters remaining: 2500			

### Other Clients Involved Page

800#

OTHER CLIENTS INVOLVED

OTHR

NH:

CL:

LIST ALL OTHER CLIENTS INVOLVED:

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

## Other Clients Involved Screen

### Other Clients Involved

Role: Numberholder/Claimant

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

#### List All Other Clients Involved

1.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
2.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
3.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
4.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
5.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
6.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
7.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
8.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
9.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
10.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				

Rep Payee Identification Page

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

## Rep Payee Identification Screen – Organization(s)

### Rep Payee Identification

Role: Numberholder/Claimant

[REDACTED]

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

### Current Payee Information

\*Is this an Organization?

Yes  No

\*Organization

\*Address

\*Country

United States

\*Street 1

Street 2

Street 3

Street 4

\*City/Town

\*State

--

\*ZIP Code

Phone Number

U.S.  International

10-digit Number

Ext.

Phone Information

\*Relationship of Current Payee to Client

--

### Applicant Payee Information

\*Is this an Organization?

Yes  No

\*Organization

\*Address

\*Country

United States

\*Street 1

Street 2

Street 3

Street 4

\*City/Town

\*State

--

\*ZIP Code

Phone Number

U.S.  International

10-digit Number

Ext.

Phone Information

\*Relationship of Applicant Payee to Client

--



## Rep Payee Identification Screen – Individual(s)

### Rep Payee Identification

Role: Numberholder/Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

C

Male

--

### Current Payee Information

\*Is this an Organization?

Yes  No

\*First Name

Middle Name

\*Last Name

Suffix

Death

Email Address

\*Social Security Number

 SSN Unknown

\*Address

\*Country

Phone Number

U.S.  International

10-digit Number [Ext.](#)

\*Street 1

Street 2

Street 3

Street 4

Phone Information

\*City/Town

\*State

\*ZIP Code

\*Relationship of Current Payee to Client

### Applicant Payee Information

\*Is this an Organization?

Yes  No

\*First Name

Middle Name

\*Last Name

Suffix

Death

Email Address

\*Social Security Number

 SSN Unknown

\*Address

\*Country

Phone Number

U.S.  International

10-digit Number [Ext.](#)

\*Street 1

Street 2

Street 3

Street 4

Phone Information

\*City/Town

\*State

\*ZIP Code

\*Relationship of Applicant Payee to Client

Next

Back

## Post Entitlement Appointment Information Page

<b>800#</b>	<b>PE APPOINTMENT INFORMATION</b>	<b>APPE</b>
<b>NH:</b>		
<b>CL:</b>		
<b>CURRENT APPOINTMENT</b>	<b>MISSED (Y/N):</b>	
DATE: TIME:	TYPE: SOURCE:	
<b>PRIOR APPOINTMENT</b>	<b>REASON APPOINTMENT CHANGED:</b>	
DATE: TIME:	SOURCE:	
<b>APPOINTMENT CHANGED BY CLIENT:</b>	<b>APPOINTMENT CHANGED BY SSA:</b>	
APPOINTMENT: <input checked="" type="checkbox"/> 1. MAKE      2. RESCHEDULE    3. CANCEL TYPE: <input type="checkbox"/> 1. TELEPHONE    2. IN-OFFICE SOURCE: <input type="checkbox"/> 1. CALENDAR      2. FO-SCRATCHPAD APPOINTMENT CHANGE REQUESTED BY:      1. CLIENT    2. SSA		
<b>REMARKS:</b>		
PRINT REFERRAL (Y/N) : <u>Y</u>		MORE REMARKS (Y/N) : <u>N</u>
PRINT NOTICE (Y/N) : <u>Y</u>		ADD A NEW CLIENT (Y/N) : <u>      </u>

## Post Entitlement Appointment Information Screen

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

Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Post-Entitlement Appointment Information

Role: Numberholder/Claimant

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
<div style="background-color: black; width: 50px; height: 15px;"></div>	<div style="background-color: black; width: 50px; height: 15px;"></div>	C	Male	--

Post-Entitlement Appointment Information

**Make an Appointment**

Yes     No

**\*Appointment Type**

Phone

In-Office

**Appointment Source**

Calendar

Scratchpad

**Remarks**

--

**Add Remarks**

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Next
Back

Postentitlement Appointment Calendar Page

```

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

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
            OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**
            WE TH FR MO TU WE TH FR MO TU WE TH FR MO TU WE TH FR MO **  NORMAL
NOV/DEC    28 29 30 03 04 05 06 07 10 11 12 13 14 17 18 19 20 21 24 25  COUNT
TITLE 16 APPOINTMENTS
A 09:15    05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 --   05
B 10:30    06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 --   06
C 11:27    07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 --   07
D 12:30    08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 --   08
E 01:30    09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 --   09
F 02:30    10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 --   10
G 03:30    20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 --   20
H 04:00    11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 --   11
APPOINTMENT DATE: █_          APPOINTMENT TIME: _          NEXT PAGE (Y): Y
    
```

# Postentitlement Appointment Calendar Screen

## Appointment

Role: Numberholder/Claimant

NAME: [REDACTED]

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

## Calendar

Field Office: 278 DOORS Appointment Type: In Office

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

Calendar Description: MEDICARE APPOINTMENTS

Calendar Page 1 of 2 [PREV] [NEXT]

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

Current Appointment Date: -- Current Appointment Time: -- Current Appointment Type: --

## Contact Information

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

Most Recently Provided Address: [REDACTED]  
[REDACTED]  
[REDACTED]  
US

Special Notice Option: First Class Mail

Claimant phone information on record

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

Email Address: --

Print Referral?  Yes  No

Print Notice?  Yes  No

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

### Field Office Appointment (Scratchpad) Page

```

800#                                FO APPOINTMENT                                FOAP

NH:
CL:

CURRENT APPOINTMENT
DATE:          TIME:          TYPE:          SOURCE:
PRIOR APPOINTMENT REASON APPOINTMENT CHANGED:
DATE:          TIME:          SOURCE:
APPOINTMENT CHANGED BY CLIENT:          APPOINTMENT CHANGED BY SSA:

NEW APPOINTMENT INFORMATION
DATE (MMDDYY) : █
START TIME (HH MM) : █
TYPE: 2
END TIME (HH MM) : █
1. TELEPHONE 2. IN-OFFICE

APPOINTMENT CHANGE REQUESTED BY: 1. CLIENT 2. SSA
    
```

### Field Office Appointment (Scratchpad) Screen

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

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

#### Field Office Appointment (Scratchpad)

Role: Numberholder/Claimant

████████████████████

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

#### Scratchpad Information

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

#### New Appointment Information

Date	Start time	End Time	Appointment Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Phone <input checked="" type="radio"/> In-Office

## Appointment Calendar Menu Screen

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

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

### Appointment Calendar Menu

**Select Appointment Calendar Type**

Claims Leads/Protective Filing  
 Post-Entitlement Event

**Search Option**

Field Office  
 Zip Code

\*FO Code

[Submit](#)

## Postentitlement Calendar Menu Page

```

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

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

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

## Claims Leads/Protective Filing Calendar(s) Overview Screen

### Post-Entitlement Events Calendar(s) Overview

#### Field Office Information

FO Code  
642

#### General Calendar Remarks

[432] Characters Maximum

OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE  
LITTLE BUTCHER SHOP

Characters remaining: 364

Save Remarks

#### Create PE Calendar

Medicare Appointments

Create a New Calendar

#### Calendars

#	Calendar Label	Actions
PE1	TITLE 16 APPOINTMENTS	<a href="#">View</a> <a href="#">Edit</a>
PE2	TITLE 2, CONCURRENT AND OTHER APPOINTMENTS	<a href="#">View</a> <a href="#">Edit</a>

Back

### Manager Create New Calendar Page

```

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

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**
WE TH FR MO TU WE TH FR MO TU WE TH FR MO TU WE TH FR MO **  NORMAL
NOV/DEC  28 29 30 03 04 05 06 07 10 11 12 13 14 17 18 19 20 21 24 25  COUNT
TITLE 16 APPOINTMENTS
A  09:15  05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 04 05  --  05
B  10:30  06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06  --  06
C  11:27  07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07  --  07
D  12:30  08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08  --  08
E  01:30  09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09  --  09
F  02:30  10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10  --  10
G  03:30  20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20  --  20
H  04:00  11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11  --  11
                                NEXT PAGE (Y) : Y
    
```

### Manager Create New Calendar Screen

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

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

#### Create a New Calendar

**Calendar Template**

<b>FO Code</b> 642	<b>Remarks</b> OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE LITTLE BUTCHER SHOP
-----------------------	--

**Set Time and Normal Count**

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

**Calendar Description**  
Medicare Appointments

Time \ Day	M	T	W	Th	F
	<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"/>

Next
Back



## Manager Create New Calendar Screen – Availability

### Create Calendar Availability

#### Calendar Information

FO Code  
642

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

#### Maximum Appointment Count

Calendar Description  
Medicare Appointments

Calendar Page 1 of 2 (PREV) (NEXT)

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

FO Code  
642

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

Calendar Description  
Medicare Appointments

Calendar Page 1 of 2 (PREV) (NEXT)

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

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

## Edit Label/Descriptions Screen

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

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

### Edit Label/Descriptions

**Edit Calendar Label**

**Calendar Description**  
TITLE 16 APPOINTMENTS

## Edit Calendar Template Screen

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

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

### Edit Calendar Template

**Calendar Template**

**FO Code**  
642

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

**Set Time and Normal Count**

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

**Calendar Description**  
Title 16 Appointments

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

## Edit Calendar Availability Screen

### Edit Calendar Availability

#### Calendar Information

FO Code  
642

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

#### Maximum Appointment Count

Calendar Description  
TITLE 16 APPOINTMENTS

Calendar Page 1 of 2

PREV NEXT

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

Next Back

# Summary Page Screen

JAMES TRICARIO EQI [8095] [DOORS] [About] [Sign Out] [Re-Login]
# Calendar Office Information/Referral Listing Request Menu CHIP Test Page

**Summary Page**

Role: Numberholder EE Name: TRICARIO, JAMES

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
302-60-4103	[REDACTED]	C	Male	--

Role: Claimant

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

Post-Entitlement Event

Role: Claimant

[Hide Appointment Information](#)

Appointment Information [Edit](#)

Current Appointment Date	Current Appointment Time	Current Appointment Type	Current Appointment Source
January 31, 2020	09:15am	In Office 224	Calendar
Prior Appointment Date	Prior Appointment Time	Reason for Change	Prior Appointment Source
--	--	--	--

[Hide Identification Information](#)

Identification Information

To update person identity and contact information go to [Person Information](#)

Full Name	Social Security Number (SSN)	Birth Date
[REDACTED]	[REDACTED]	[REDACTED]
Sex	Proof Code	
Female	B	

Contact Information

Primary Phone	Email Address
[REDACTED]	[REDACTED]
Language spoken	Language written
Chinese Formosan	Chinese-Min

[Hide Claim/Event Information](#)

Post-Entitlement Event [Edit](#)

FO Code	Prior FO Code	Unit
224	--	JIT
Event Type	Post-Entitlement Referral Established Date	Event Title
REPPYE	01/09/2020	TITLE 16
Other Clients Involved	Current Rep Payee	Applicant Rep Payee
Y	Current Organization	Applicant Individual

Caller Information (if Different)

Caller Name: [REDACTED] Relationship to claimant: Brother

Date of Call	Caller Name	Relationship to Claimant	Phone Number	Phone Information
01/09/2020	[REDACTED]	Brother	[REDACTED]	Mobile

Remarks

REMARKS - MORE REMARKS

[Show Add Remarks](#)

[Hide Other Clients Involved](#)

Other Clients Involved [Edit](#)

#	Social Security Number (SSN)	First Name	Middle Name	Last Name	Suffix
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

[Hide Development Worksheet](#)

Worksheet Information [Edit](#)

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

[Hide Rep Payee Information](#)

Rep Payee Information [Edit](#)

Current Rep Payee

Organization	Address	Phone Number
PEPCO	[REDACTED] BALTIMORE, MD 21234 US	[REDACTED]
Relationship of Applicant/Payee to Client Institution	Phone Information	
	Office	

Applicant Payee

Rep Payee Name	Address	Phone Number
[REDACTED]	[REDACTED] US	[REDACTED]
SSN	Death	Phone Information
[REDACTED]	--	Cell

Relationship of Applicant/Payee to Client: Stepmother

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

Worksheet Page

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

APPOINTMENT DATE: 122118 TIME: 09:15 SOURCE: CALENDAR

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

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

Worksheet Screen

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

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Development Worksheet

Role: Numberholder  
 [REDACTED]

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

Role: Claimant  
 [REDACTED]

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

Appointment Information

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

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

Print Appointment Notice:  
 Yes  No

Save Cancel

Edit Post Entitlement Page

```

800#      EE NAME: MALLAIY,      PE IDENTIFICATION      IDEN

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

UNIT: YM      FO: 224      PRIOR FO:
PE REFERRAL ESTABLISHED: 112718

CL:
BIRTHDATE: _____ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): _____
ADDRESS:      123
CITY:      ERGERGE      STATE: MD      ZIP: 21043
COUNTRY:
PHONE: _____ EXT: _____ FOREIGN PHONE: _____
INFORMATION: _____

CALLER (IF DIFFERENT)
NAME: _____
RELATIONSHIP TO CLAIMANT: _____
PHONE: _____ EXT: _____ FOREIGN PHONE: _____
INFORMATION: _____
APPOINTMENT DATE: 122118      TIME: 09:15
    
```

Edit Post Entitlement Event Page

```

800#      PE EVENT DATA      EVNT

NH:
CL:

*SELECT EVENT: 1      1=SSI REDETERMINATIONS      6=REP PAYEE
2=SSI LIMITED ISSUES      7=OVERPAYMENT ISSUES
3=SSI LIVING ARRANGEMENT CHANGES      8=OTHER
4=WORK CDR      9=MEDICARE ISSUES
5=MEDICAL CDR.

IF EVENT IS OTHER (SPECIFY): _____

*SELECT EVENT TITLE: 2
1=TITLE 2      2=TITLE 16      3=TITLE 2 & 16      4=OTHER      5=TITLE 18.

*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
ARE THERE OTHER CLIENTS INVOLVED (Y/N): N

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER
CURRENT REP PAYEE      SSN: _____ OR ORGANIZATION (Y/N): Y
APPLICANT PAYEE      SSN: _____ OR ORGANIZATION (Y/N): N
    
```

### Edit Post Entitlement Events Screen

#### Edit Post-Entitlement Events

Role: Numberholder EE Name: TRICARIO,JAMES

[REDACTED]

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

Role: Claimant

[REDACTED]

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

#### Post-Entitlement Event Information

*FO Code	Prior FO Code	*Unit
224	--	JJT

DOORS

Select Event	* Select Event Title	Post-Entitlement Referral Established
Rep Payee	TITLE 16	01/09/2020

Is there any Rep Payee involvement?  
Yes, Both

#### Other Clients

Are there other clients involved?  
Yes

#### Caller Information (If Different)

Is the caller different than the claimant?  
 Yes  No

*Caller First Name	Caller Middle Initial	*Caller Last Name	Suffix
[REDACTED]	X	[REDACTED]	JR

*Relationship to Claimant	Phone Number	Phone Information
Brother	<input checked="" type="radio"/> U.S. <input type="radio"/> International 10-digit Number Ext. [REDACTED]	Mobile

Remarks  
REMARKS - MORE REMARKS

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

Characters remaining: 2475

Update Appointment Page

```

800#                PE APPOINTMENT INFORMATION                APPE
NH:
CL:

CURRENT APPOINTMENT          MISSED (Y/N): 
  DATE: 122118  TIME: 09:15          TYPE: OFF  SOURCE: CALENDAR
PRIOR APPOINTMENT          REASON APPOINTMENT CHANGED:
  DATE:          TIME:                SOURCE:
APPOINTMENT CHANGED BY CLIENT:          APPOINTMENT CHANGED BY SSA:

  APPOINTMENT: _  1. MAKE          2. RESCHEDULE  3. CANCEL
    TYPE: _      1. TELEPHONE     2. IN-OFFICE
    SOURCE: _    1. CALENDAR      2. FO-SCRATCHPAD
APPOINTMENT CHANGE REQUESTED BY: _  1. CLIENT  2. SSA

REMARKS:
_____
_____
PRINT REFERRAL (Y/N): Y                MORE REMARKS (Y/N): N
PRINT NOTICE (Y/N): Y                ADD A NEW CLIENT (Y/N): _____
    
```



## Update Postentitlement Appointment Screen

### Update Post-Entitlement Appointment

Role: Numberholder

[REDACTED]

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

Role: Claimant

[REDACTED]

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

### Post-Entitlement Appointment Information

Current Appointment Date January 31, 2020	Current Appointment Time 09:15am	Current Appointment Type In Office	Appointment Source Calendar	Field Office <a href="#">224</a>
Prior Appointment Date --	Prior Appointment Time --	Reason for Change --	Appointment Source --	Change Requested By --

**Missed Appointment**  
 Yes  No

**Edit Appointment**

<input type="radio"/> Make Appointment <input type="radio"/> Reschedule Appointment <input type="radio"/> Cancel Appointment	<b>*Appointment Type</b> <input type="radio"/> Phone <input checked="" type="radio"/> In-Office
--	---

**Remarks**  
REMARKS - MORE REMARKS

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

Characters remaining: 2475

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

# Edit Other Clients Involved Screen

## Edit Other Clients Involved

Role: Numberholder

[REDACTED]

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

Role: Claimant

GANDALF T GREY

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

### List All Other Clients Involved

1.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	--
	<input type="checkbox"/> SSN Unknown				
2.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input checked="" type="checkbox"/> SSN Unknown	[REDACTED]	[REDACTED]	[REDACTED]	--
3.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
4.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
5.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
6.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
7.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
8.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
9.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
10.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				

# Edit Rep Payee Screen

## Edit Rep Payee

Role: Numberholder

[Redacted]

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

Role: Claimant

[Redacted]

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

### \*Rep Payee Type

Current Rep Payee  
 Applicant Payee  
 Both

### Current Payee Information

#### \*Is this an Organization?

Yes  No

#### \*Organization

PEPCO

#### \*Address

\*Country: United States  
\*Street 1: [Redacted] Street 2: [Redacted] Street 3: [Redacted]  
Street 4: [Redacted]  
\*City/Town: BALTIMORE \*State: Maryland \*ZIP Code: 21234

#### Phone Number

U.S.  International  
10-digit Number: [Redacted] Ext: [Redacted]

#### Phone Information

Office

#### \*Relationship of Current Payee to Client

Institution

### Applicant Payee Information

#### \*Is this an Organization?

Yes  No

#### \*First Name

[Redacted]

#### Middle Name

[Redacted]

#### \*Last Name

[Redacted]

#### Suffix

SR

#### Death

[Redacted]

#### Email Address

Fakeemail@Fake.com

#### \*Social Security Number

[Redacted]

SSN Unknown

#### \*Address

\*Country: United States  
\*Street 1: [Redacted] Street 2: [Redacted] Street 3: [Redacted]  
Street 4: [Redacted]  
\*City/Town: BALTIMORE \*State: Maryland \*ZIP Code: 21234

#### Phone Number

U.S.  International  
10-digit Number: [Redacted] Ext: [Redacted]

#### Phone Information

Cell

#### \*Relationship of Applicant Payee to Client

Stepfather