



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

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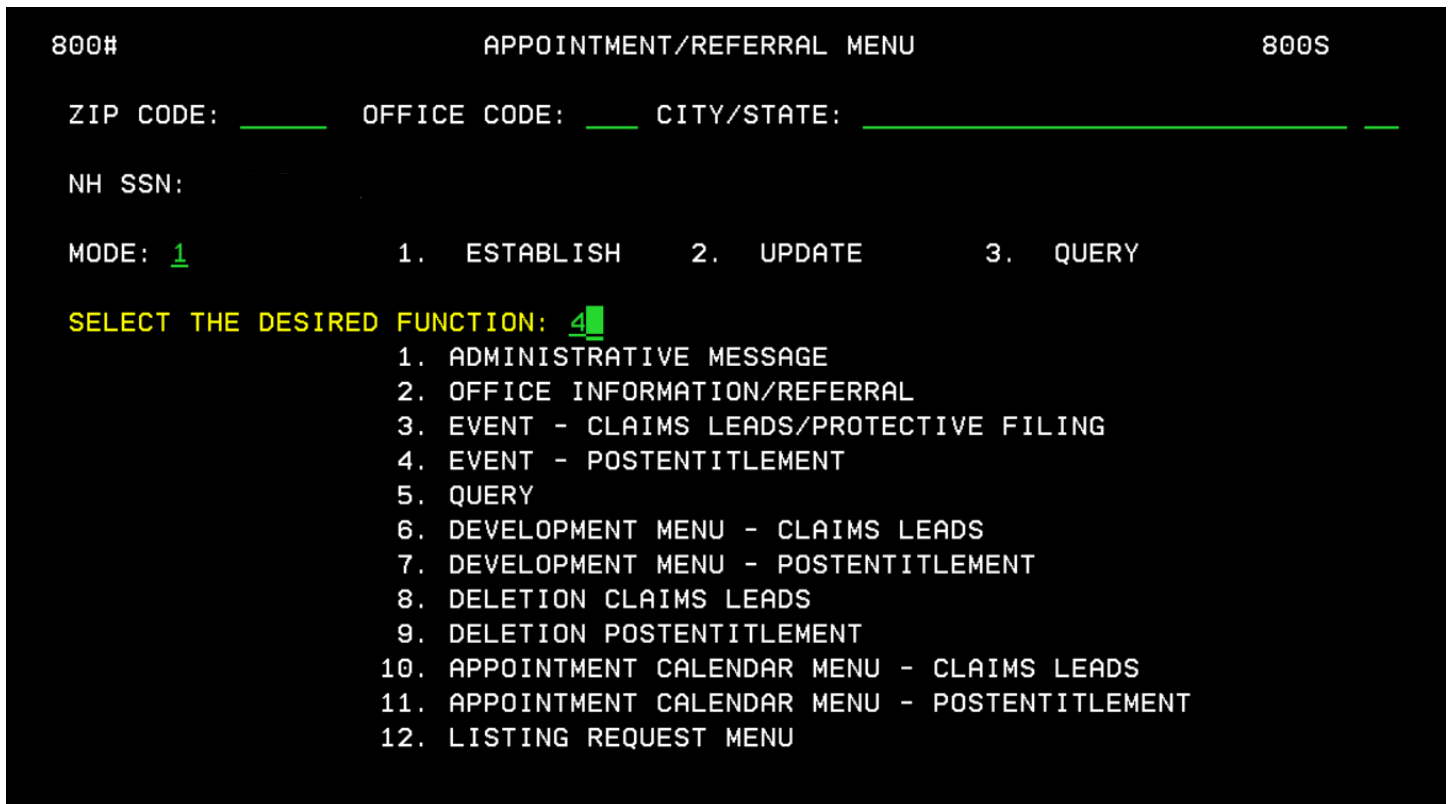
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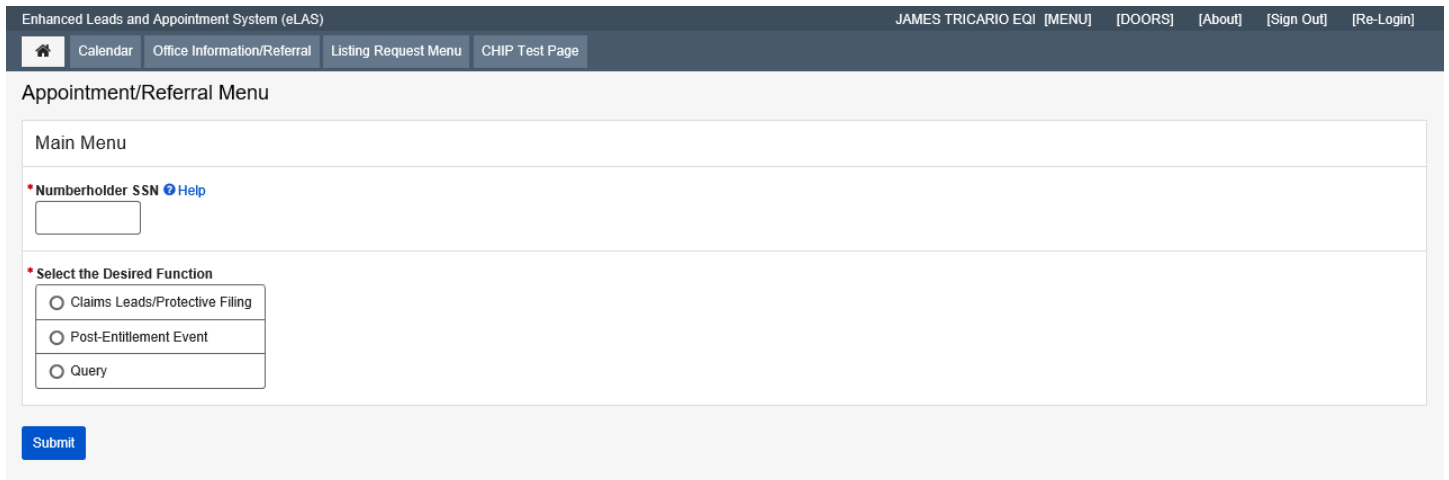
**Introduction:**

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

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

#### Post-Entitlement Claimant Selection

Create Event For:

Numberholder  
 Claimant

Create PE Event
Back To Search

#### Post-Entitlement Event

**i** 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

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

### Claimant SSN Unknown

#### Identification Information

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

#### Contact Information

\*Address

\*Country

\*Street 1

Street 2

Street 3

Street 4

\*City/Town

\*State  \*ZIP Code

#### Primary Phone Number

U.S.  International

10-digit Number  Ext.

#### Phone Information

#### Alternative Phone Number

10-digit Number  Ext.

#### Phone Information

#### Email Address

#### Spoken Language Preference

--

#### Written Language Preference

--



# Verify Person Information Screen

## Verify Person Information

Search Result for SSN: [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:  Prior FO Code: -- \*Unit:

[DOORS](#)

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

\*Is there any Rep Payee involvement?

Yes, Current  
 Yes, Applicant  
 Yes, Both  
 No

### Other Clients

Are there other clients involved?

Yes  No

### Caller Information (If Different)

Is the caller different than the claimant?

Yes  No

\*Caller First Name:  Caller Middle Initial:  \*Caller Last Name:  Suffix:

\*Relationship to Claimant:

Phone Number:  U.S.  International

10-digit Number:  Ext.:  Phone Information:

Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

### 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				

Next Back Clear

## Rep Payee Identification Page

800#

REP PAYEE IDENTIFICATION

REP1

NH:

CL:

## CURRENT PAYEE INFORMATION

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DEATH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

POSTAL ZONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EXT: \_\_\_\_\_

FOREIGN PHONE: \_\_\_\_\_

INFORMATION: \_\_\_\_\_

## RELATIONSHIP OF APPLICANT/PAYEE TO CLIENT: \_\_

01. SELF

07. SPOUSE

02. NATURAL OR ADOPTIVE FATHER

08. STEPFATHER

03. NATURAL OR ADOPTIVE MOTHER

09. STEPMOTHER

04. NATURAL OR ADOPTIVE CHILD/STEPCHILD

10. GRANDPARENT

05. OTHER RELATIVE: \_\_\_\_\_

11. ESSENTIAL PERSON

06. OTHER: \_\_\_\_\_

12. INSTITUTION

# Rep Payee Identification Screen – Organization(s)

## Rep Payee Identification

Role: Numberholder/Claimant

**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

--

Next

Back



## 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>	
<p>APPOINTMENT: <input checked="" type="checkbox"/> 1. MAKE      2. RESCHEDULE   3. CANCEL</p> <p>TYPE: <input type="checkbox"/> 1. TELEPHONE   2. IN-OFFICE</p> <p>SOURCE: <input type="checkbox"/> 1. CALENDAR   2. FO-SCRATCHPAD</p> <p>APPOINTMENT CHANGE REQUESTED BY:      1. CLIENT   2. SSA</p>		
<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]

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

### Post-Entitlement Appointment Information

Role: Numberholder/Claimant

[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 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

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

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)

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

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

## Contact Information

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

Most Recently Provided Address  
 [REDACTED]  
 [REDACTED]  
 US

Special Notice Option  
 First Class Mail

Claimant phone information on record

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

Email Address --

Print Referral?  
 Yes  No

Print Notice?  
 Yes  No

### 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]

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) 302-60-4103	Birth Date	Proof Code C	Sex Male	Date of Death --
---------------------------------------------	------------	-----------------	-------------	---------------------

Role: Claimant

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

Post-Entitlement Event

Role: Claimant

[Hide Appointment Information](#)

Appointment Information [Edit](#)

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

[Hide Identification Information](#)

Identification Information

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

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

Contact Information

Primary Phone	Email Address
Language spoken Chinese Formosan	Language written Chinese-Min

[Hide Claim/Event Information](#)

Post-Entitlement Event [Edit](#)

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

Caller Information (if Different)

Caller Name Relationship to claimant  
Brother

Date of Call	Caller Name	Relationship to Claimant	Phone Number	Phone Information
01/09/2020		Brother		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					
2					

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

Applicant Payee

Rep Payee Name	Address US	Phone Number
SSN	Death --	Phone Information Cell
Relationship of Applicant/Payee to Client Stepfather		

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

Worksheet Page

800#	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T16
	REDET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	02/01/2020	<input type="checkbox"/>	T16
2	REPPYE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Appointment Notice:

Yes  No

Edit Post Entitlement Page

```

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

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

Edit Post Entitlement Event Page

```

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

IF EVENT IS OTHER (SPECIFY): _____

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

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

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

# Edit Post Entitlement Events Screen

## Edit Post-Entitlement Events

Role: Numberholder

EE Name: TRICARIO,JAMES

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

Role: Claimant

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 [REDACTED] Ext. [REDACTED]	Mobile

Remarks  
REMARKS - MORE REMARKS

Add Remarks  
Please enter a remark with a maximum of 2500 characters  
  
Characters remaining: 2475

Save Event Cancel

Update Appointment Page

```

800#                PE APPOINTMENT INFORMATION                APPE
NH:
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

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

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

### Update Post-Entitlement Appointment

Role: Numberholder

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

**Missed Appointment**

Yes  No

**Edit Appointment**

Make Appointment  
 Reschedule Appointment  
 Cancel Appointment

**\*Appointment Type**  
 Phone  
 In-Office

**Remarks**  
REMARKS - MORE REMARKS

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

Characters remaining: 2475

Next
Cancel

# Edit Other Clients Involved Screen

## 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