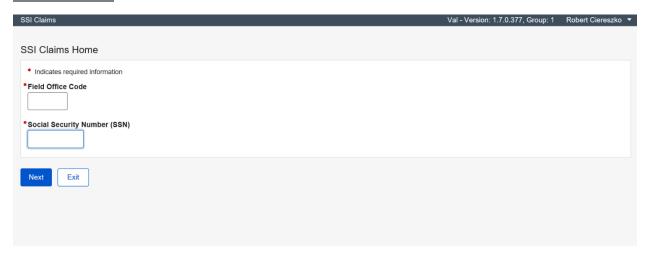
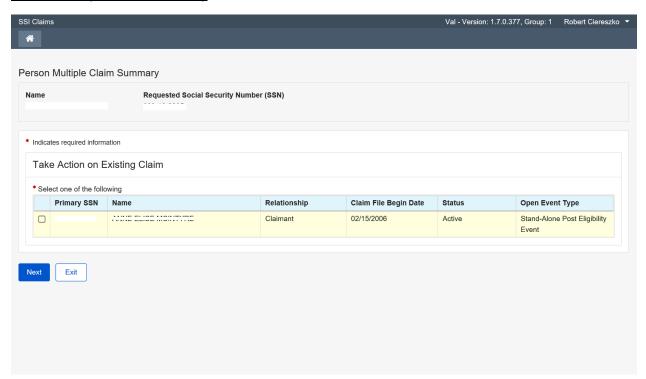
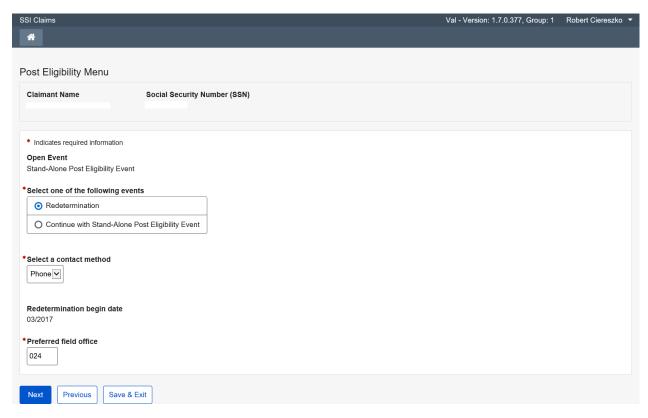
SSI Claims Home



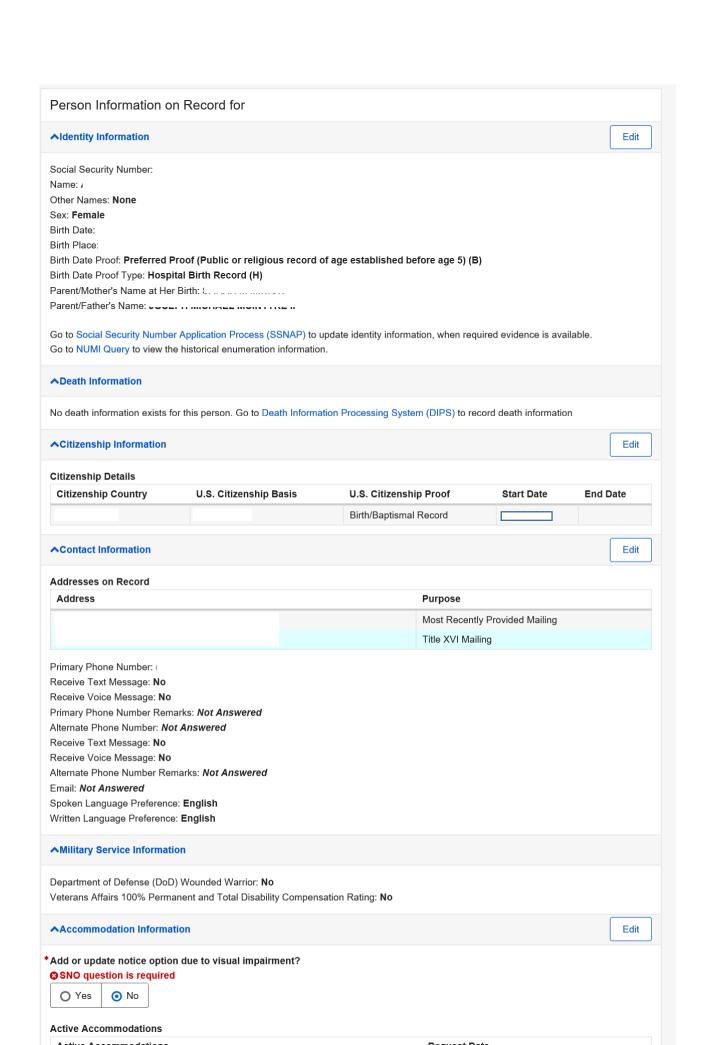
Person Multiple Claim Summary



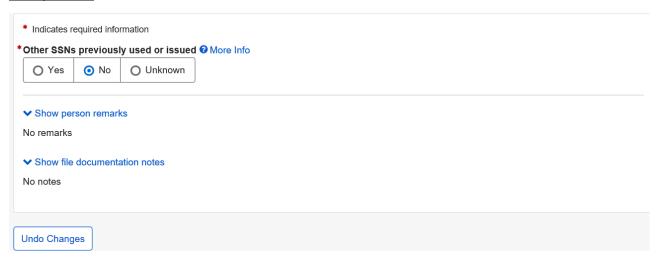
Post Eligibility Menu



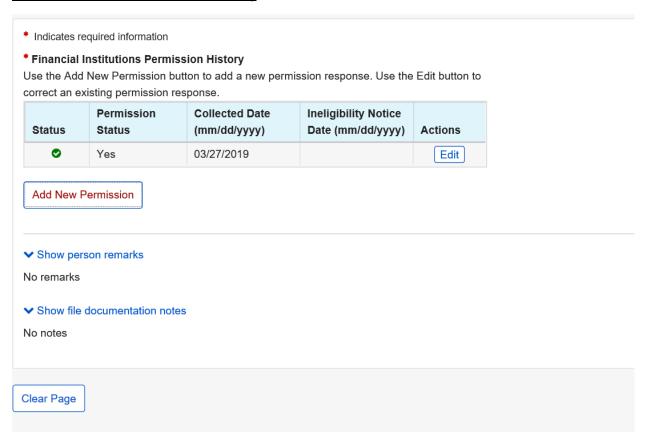
Person Information



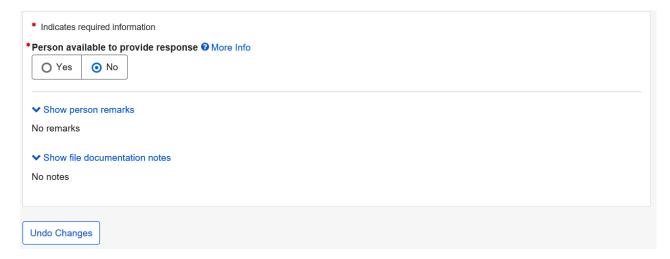
Multiple SSNs



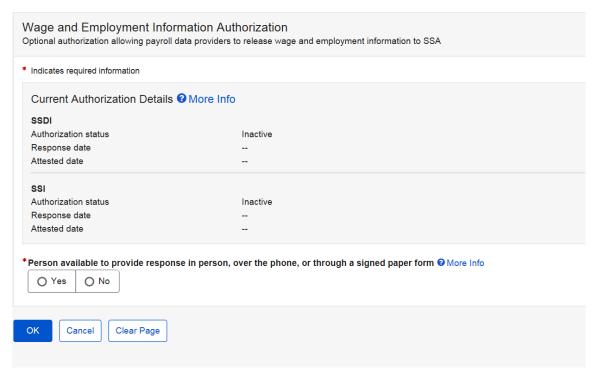
Financial Institutions Permission History



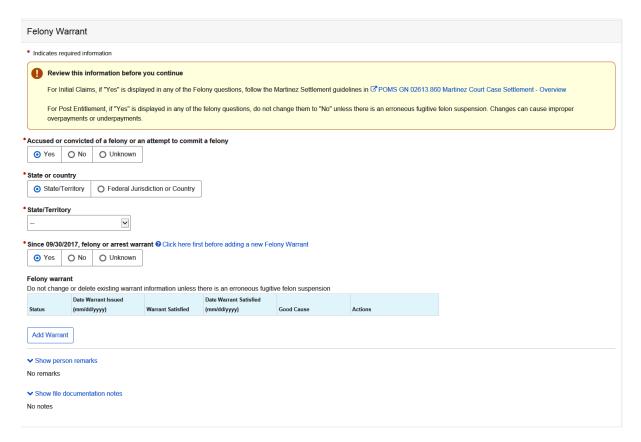
Personal Information Authorization



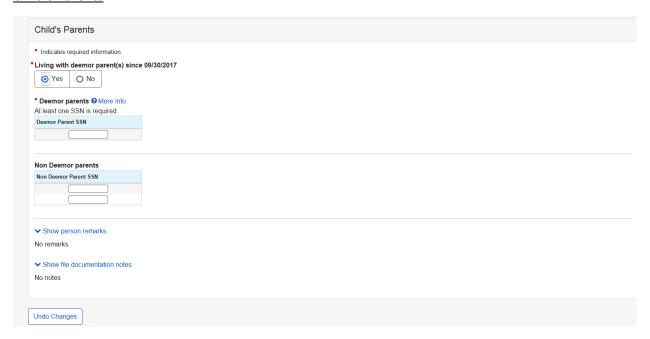
Wage and Employment Information



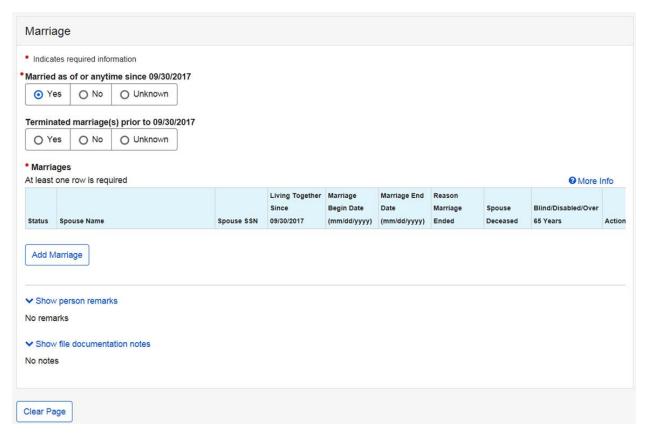
Felony Warrant



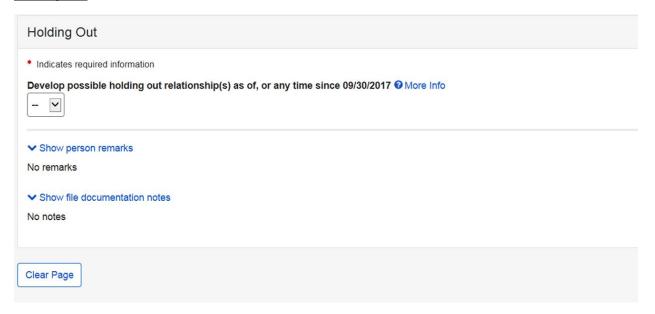
Child's Parents



Marriage



Holding Out



Living Arrangement Recap

Admission date

Institution Type Public

Confinement reason Medical or psychiatric care

Eligible for and chooses 2 months of benefit continuation No Eligible for and chooses 3 months of temporary No

institutionalization benefits

Household Composition:

Name	Relationship	SSN	Age	Sex	Disabled	Blind	Child Student	Child Married
	Claimant			Female	Yes	No		No

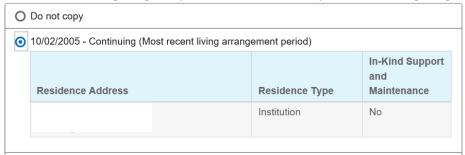
In-Kind support and maintenance from household:

Outside In-Kind support and maintenance received No

☐ Change in living arrangement and/or residence situation since 10/02/2005

*Select period to copy living arrangement data

Information from the living arrangement period selected below will be copied into the new living arrangement period.



Indicates required information

*Spent a calendar month in a hospital, nursing home, correctional facility or any other institution since 03/2017

O Yes	No	O Unknown
_	_	_

*Outside U.S. for a calendar month or 30 consecutive days since 03/2017

Yes O No O Unknow

Residence Address and Jurisdiction:

Residence address

Residence type Institution
Residence start date 10/01/2005

เทลท วบ%

Admission date 03/01/2002
Institution Type Public

Confinement reason Medical or psychiatric care

Eligible for and chooses 2 months of benefit continuation No Eligible for and chooses 3 months of temporary No

institutionalization benefits

Household Composition:

Name	Relationship	SSN	Age	Sex	Disabled	Blind	Child Student	Child Married
	Claimant	1		Female	Yes	No		No

In-Kind support and maintenance from household:

Outside In-Kind support and maintenance received

☐ Change in living arrangement and/or residence situation since 10/02/2005

*Select period to copy living arrangement data

Information from the living arrangement period selected below will be copied into the new living arrangement period.

0	Do not copy			
•	10/02/2005 - Continuing (Most recent living arrang	ement period)		
	Residence Address	Residence Type	In-Kind Support and Maintenance	
		Institution	No	
0	02/01/2004 - 10/01/2005			
	Residence Address	Residence Type	In-Kind Support and Maintenance	
		Institution	No	

Undo Changes

Periods List

Status	Change Date	Effective	Residence Address	Residence Type	In-Kind Support and Maintenance	Action
•		02/01/2004 - 10/01/2005		Institution	No	Select Insert LA Period Modify Change Date Remove LA Period
9	10/01/2005	10/02/2005 - Continuing		Institution	No	Select Insert LA Period Modify Change Date Remove LA Period

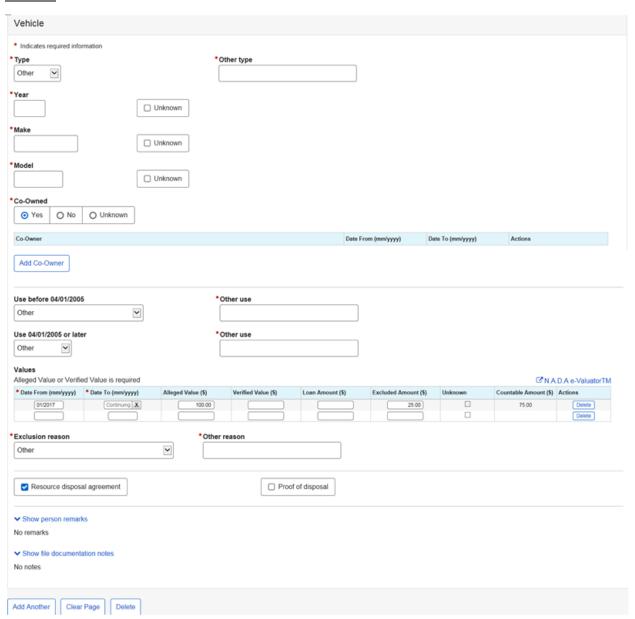
Resource Selection

Resource Selection
* Indicates required information
Resources
Since the first moment of 05/01/2013, do you own or does your name appear, either alone or with other people, on any of the following?
*Trusts O Yes O No O Unknown
*Vehicles Auto, truck, camper, boat, motorcycle, etc.
O Yes O No O Unknown
*Real Property Other than Home Land, houses, buildings, property in foreign countries
O Yes O No O Unknown
O 165 O 166 O SHILLOWIT
*Business Equipment
O Yes O No O Unknown
*Achieving a Better Life Experience (ABLE) Account
O Yes O No O Unknown
*Financial Institution Accounts Checking, Savings, Credit Union, Holiday Club, Time Deposits, Individual Indian Money Account, Direct Express, etc. O Yes O No O Unknown
to
Cash O Yes O No O Unknown
* Stocks, Bonds, or Mutual Funds
O Yes O No O Unknown
*Promissory Note, Loan, or Property Agreement
O Yes O No O Unknown
Missey Held for Potrolli-Helm or leveration of
*Items Held for Potential Value or Investment Coin or card collections, jewelry in safe deposit box, etc.
O Yes O No O Unknown
*Life Insurance
O Yes O No O Unknown
*Burial Funds Contracts and trusts
O Yes O No O Unknown
*Burial Spaces and Related Items Cemetery lots, crypts, caskets, urns, headstones, markers, etc.
O Yes O No O Unknown
*Other Resources
Life estates, unprobated estates, retirement funds, mineral rights, other items that can be turned into cash
O Yes O No O Unknown
Transfers *Since 05/01/2010 has
O Yes O No O Unknown

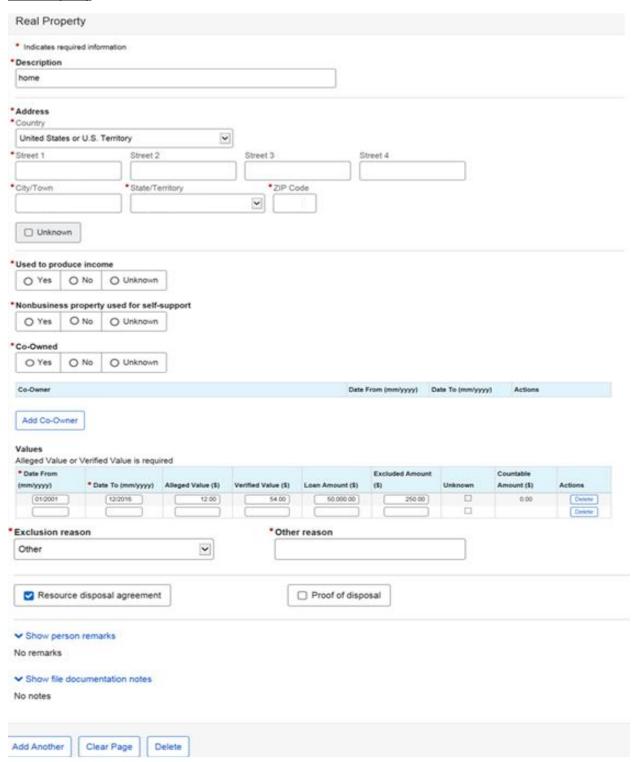
Trusts

Trust Record information about assets contained in the trust on this page and not on any other resource page.
Indicates required information
* Title of trust Planned Lifetime Assistance Network of California (PLAN) Master Pooled Trust. Jane Doe Special Needs Trust etc (500 characters maximum) ;pecial Needs Trust
Characters remaining: 469
Funding type Self-funded
*Revocability Irrevocable ✓
*Established date 02/25/2012 Unknown mm/dd/yyyy
*Trustee type Organization
*Organizational name
*Income from additions or earnings O Yes O No O Unknown
* Disbursements from trust O Yes O No O Unknown
☐ Earns interest
Set aside for burial
*Name for whom held First Middle Last Suffix Unknown
*Meets exclusion relationship For children self or parent. For adults self or spouse. O Yes O No O Decide later
* Date asset set aside [04/25/2012
Values (of all resources in this Trust)
Alleged Value or Verified Value is required * Date From (mm/yyyy) * Date To (mm/yyyy) Alleged Value (\$) Verified Value (\$) Loan Amount (\$) Excluded Amount (\$) Unknown Countable Amount (\$) Actions Delete
☐ Meets special needs or pooled trust exception
Ninety day amendment period applies
*Amendment period begin date *Amendment period end date
mm/dd/yyyy mm/dd/yyyy
Assets contained in trust
Asset Type Details Actions Financial Institution Account Rock Financial - Other - Trust - 01/2345_W Edit Delete
Add Asset to Trust
Resource disposal agreement
✓ Show person remarks No remarks
✓ Show file documentation notes No notes
Add Another Undo Changes Delete

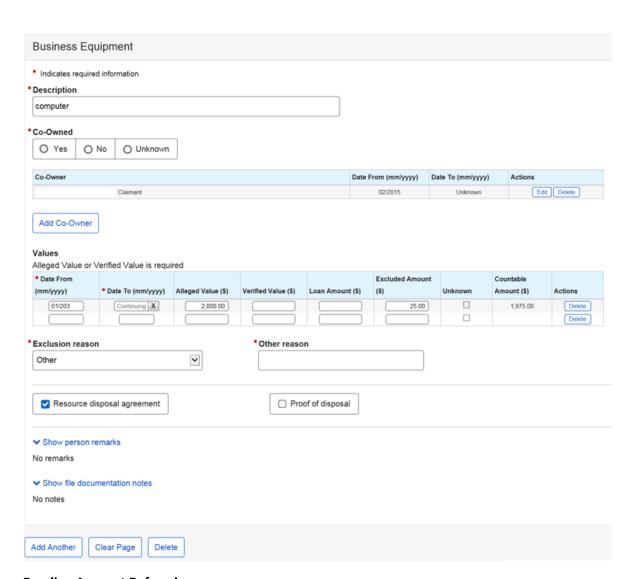
Vehicles



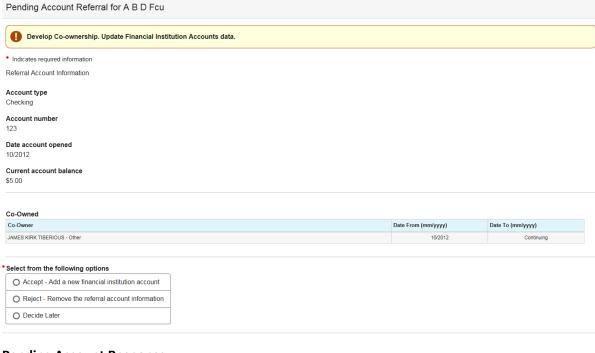
Real Property



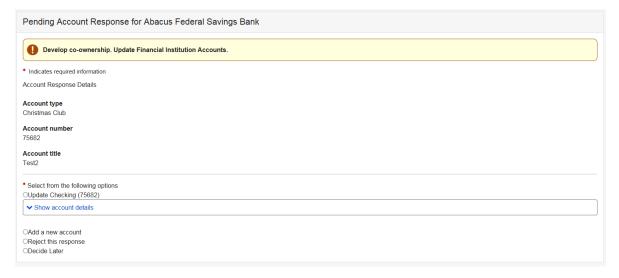
Business Equipment



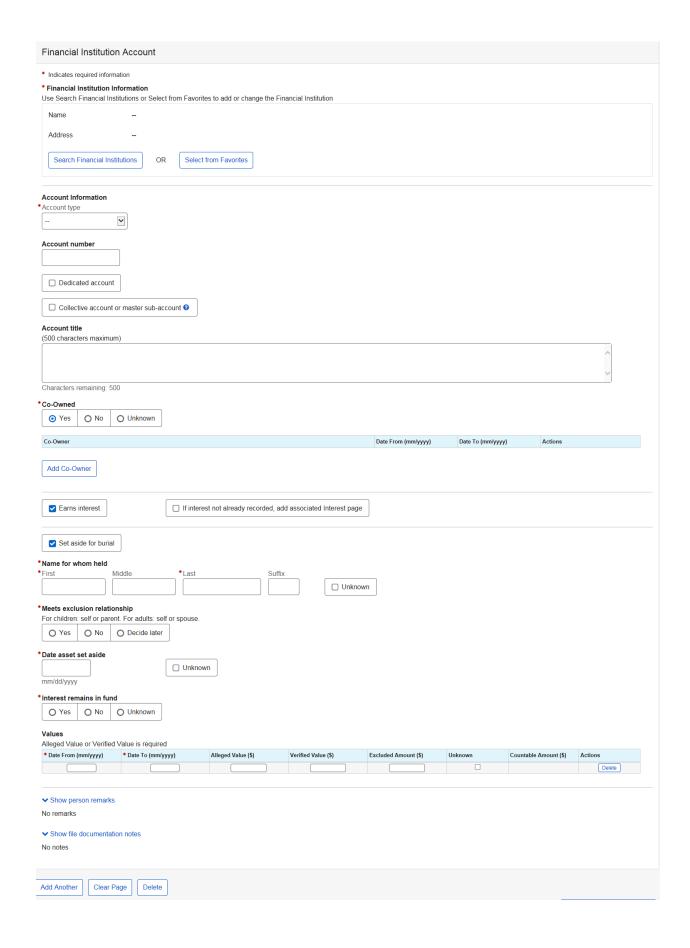
Pending Account Referrals



Pending Account Response



Financial Institution Account



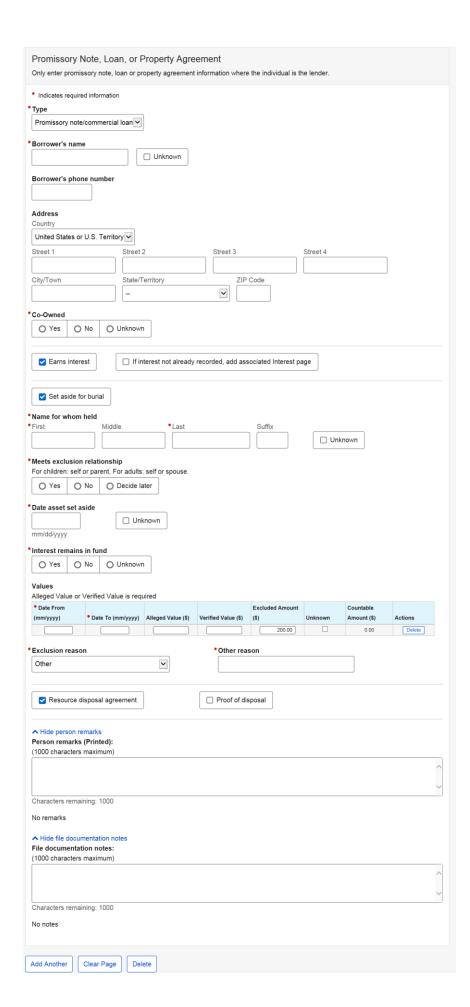
<u>Cash</u>

Cash Document cash values	as of the first moment of th	e month.				
* Indicates required info Set aside for buri Values						
						Currency Converter
* Date From (mm/yyyy)	* Date To (mm/yyyy)	* Alleged Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
01/2017		250.00	25.00		225.00	Delete
						Delete
*Exclusion reason Other	V	*Other reas	son			
➤ Show person remark	ke .					
No remarks						
➤ Show file documenta	ation notes					
No notes						
Clear Page Delete						

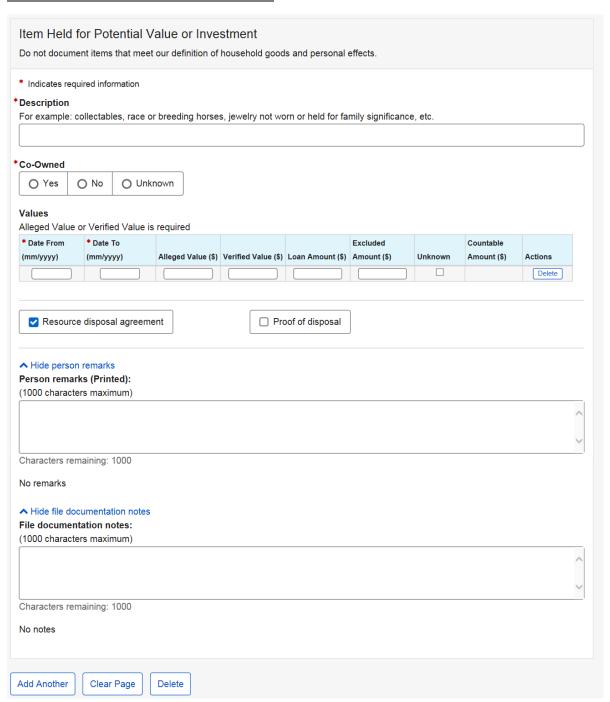
Stock, Bond, or Mutual Fund

Stock, Bor										
* Indicates req	uired in	formation								
* Type										
Mutual fund			~							
*Description										
*Co-Owned	O No	O Un	ıknown							
Earns di	ividend	s	☐ If div	idends not already re	corded, add associate	ed Dividend page				
✓ Earns in	terest		☐ If inte	erest not already reco	orded, add associated	Interest page				
Set asid	e for bu	urial								
*Name for who	om hel	d Middle		*Last	Suffix					
						Unkn	own			
*Meets exclus			adults: self o	or spouse.						
O Yes	O No	O De	cide later							
*Date asset se	et aside	e								
mm/dd/yyyy			Unkn	nown						
*Interest rema	ins in	fund								
O Yes	O No	O Un	iknown							
Values Alleged Value	or Ver	ified Value	is required					[Savings	Bond Calculator	
* Date From	or ver	illed value	is required					Countable Amount	BOIIG Calculator	
(mm/yyyy)		* Date To (n	mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount (\$)	Unknown	(\$)	Actions	
									Delete	
↑ Hide person Person remail (1000 characti	rks (Pr	inted):								
(1000 charact	ers ma	ximum)								^
Characters rei	mainin	g: 1000								~
No remarks										
↑ Hide file do File documer (1000 characte	ntation	notes:	s							
(1000 characti	oro ma	AITHIN)								^
										~
Characters rei	mainin	g: 1000								
No notes										

Promissory Note, Loan, or Property Agreement



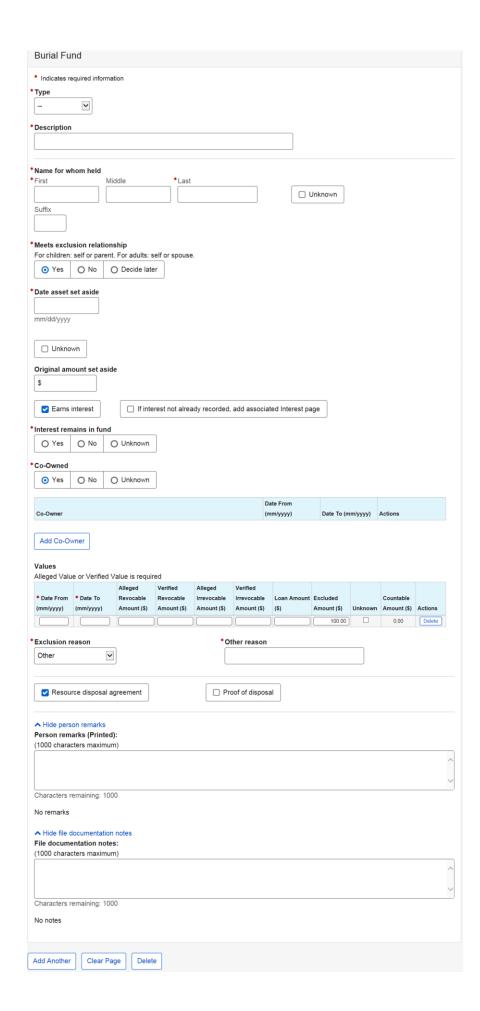
Item Held for Potential Value or Investment



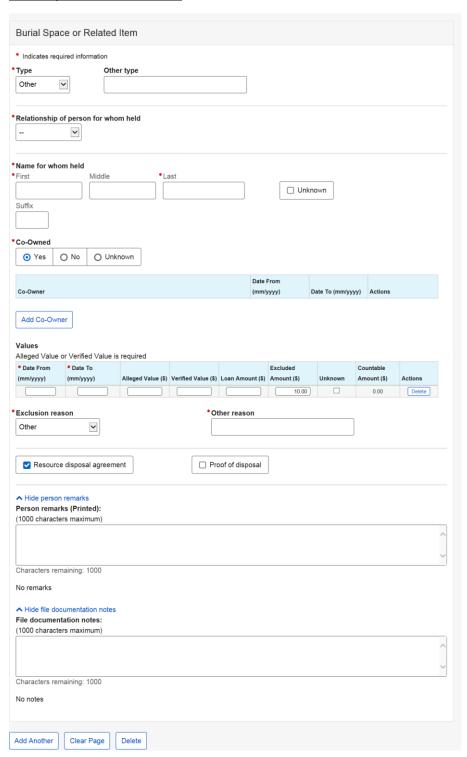
Life Insurance

Life Insurance	
* Indicates required informa	ation
Company	
	Unknown
Address Country	
United States or U.S. Te	rritory 🗹
Street 1	Street 2 Street 3 Street 4
City/Town	State/Territory ZIP Code
Policy number	Date purchased mm/dd/yyyy
lame of insured	
ace value	
\$	Unknown
O Yes O No O	⊙ Unknown
	7
Oividend accumulations O Yes O No	⊙ Unknown
O res O No	O OTRIOWIT
Resource disposal a	agreement Proof of disposal
↑ Hide person remarks Person remarks (Printed 1000 characters maximum	
Characters remaining: 100	00
No remarks	
► Hide file documentation File documentation note 1000 characters maximum	es:
Characters remaining: 100	00
Characters remaining: 100	

Burial Fund



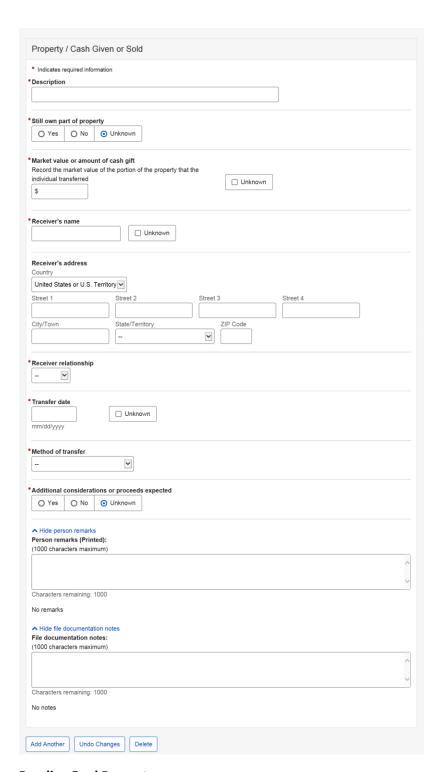
Burial Space or Related Item



Other Resource

Other Res	ource								
* Indicates req	uired info	rmation							
Туре									
Retirement/p	ension fu	und 🔽							
Income from	property	y							
O Yes	No	O Unkr	nown						
Description									
Co-Owned									
Yes	O No	O Unkr	nown						
					Date	From			
Co-Owner						уууу)	Date To (mm/y)	yyy) Actions	
Add Co-Ow	ner								
							_		
Z Earns in	terest		If interest not	already recorded,	add associated	Interest page			
Set asid	e for buri	ial							
Name for who	om held								
First		Middle		Last	Suffi	x		_	
							Unknow	'n	
Meets exclus									
For children: s	O No	Deci		oouse.					
		0 500	de later						
Date asset se	et aside		Untrasse						
mm/dd/yyyy			Unknown						
Interest rema	ins in fu	ınd							
	O No	O Unkr	nown						
Values									
Alleged Value			required						
* Date From (mm/yyyy)	* Date (mm/y)		Alleged Value	\$) Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
(()					7(0)) 🗆	, meant (c)	Delete
✓ Resource	e dispos	al agreeme	ent	□ Pr	oof of disposal				
						J			
↑ Hide perso	n remark	s							
Person remaind (1000 charact									
(1000 charact	CIS IIIdAII	mum)							
Characters re	maining	1000							
No remarks	anmig.	.300							
↑ Hide file do File documer									
(1000 charact									
Characters re	maining:	1000							
No notes									
	-								
Add Another	Clear	r Page	Delete						

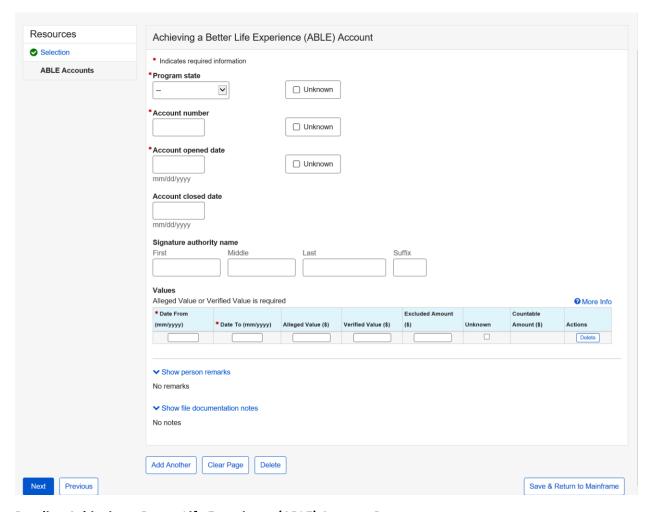
Property/Cash Given or Sold



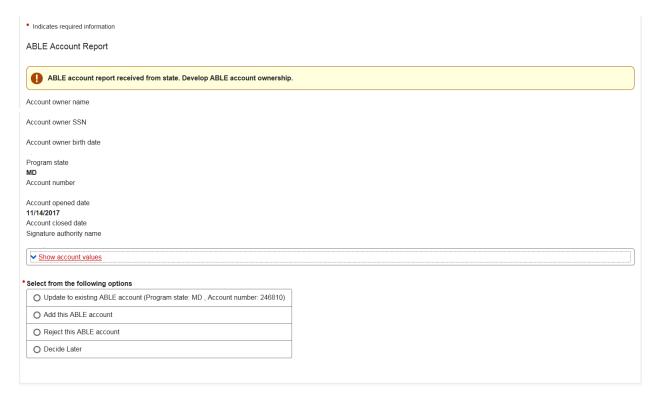
Pending Real Property

Pending Real Properties	
* Indicates required information Result Details for Non Home Real Property SSA Request ID 22	
Property address	
County	
Parcel ID	
Assessed total value \$200,000	
Owner's name	
Seller's name	
Sale date 10/01/2017	
* Select from the following options ② More Info	
O Update existing property -	
O Add new property	
O Reject property	
O Decide later	

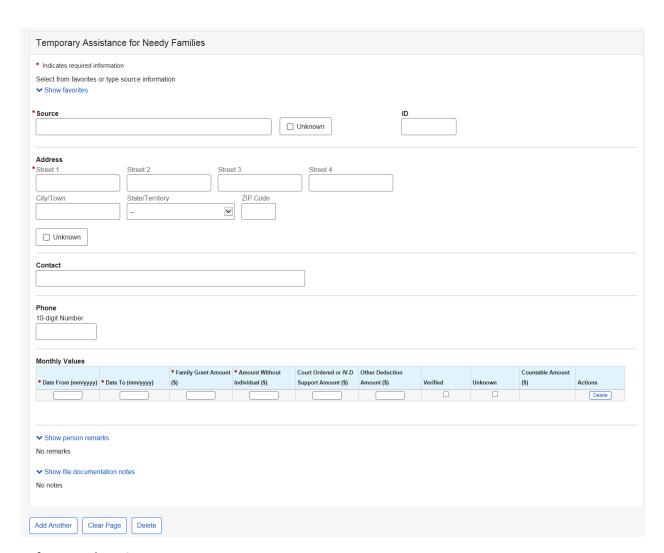
Achieving a Better Life Experience (ABLE) Account Page



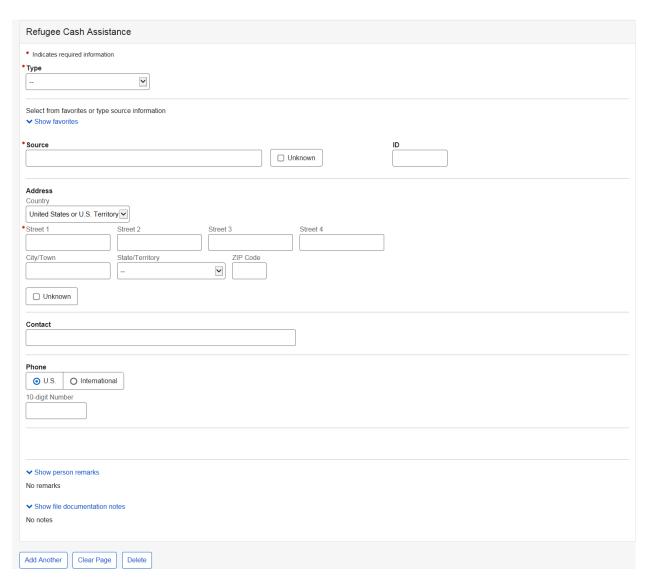
Pending Achieving a Better Life Experience (ABLE) Account Page



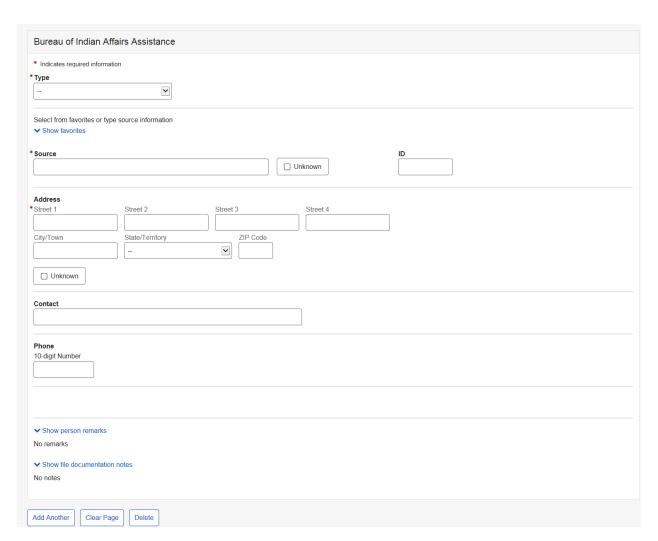
Temporary Assistance for Needy Families



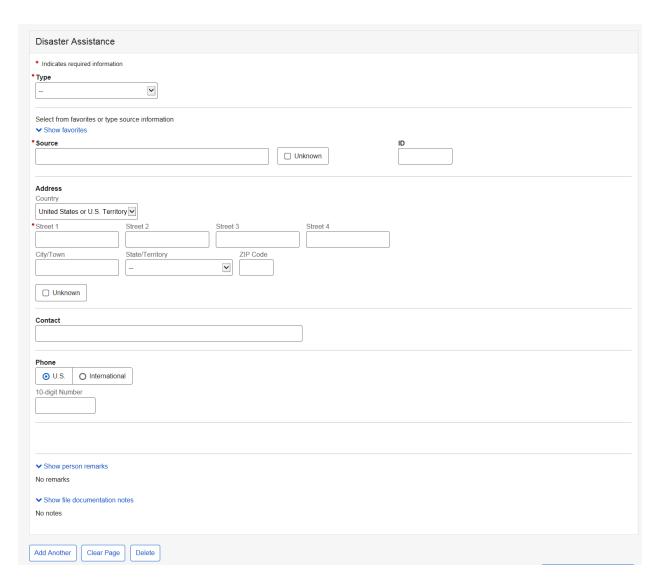
Refugee Cash Assistance



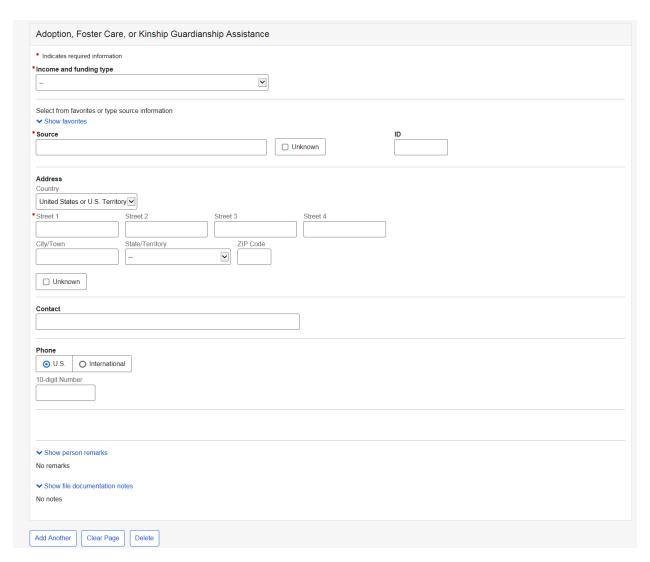
Bureau of Indian Affairs Assistance



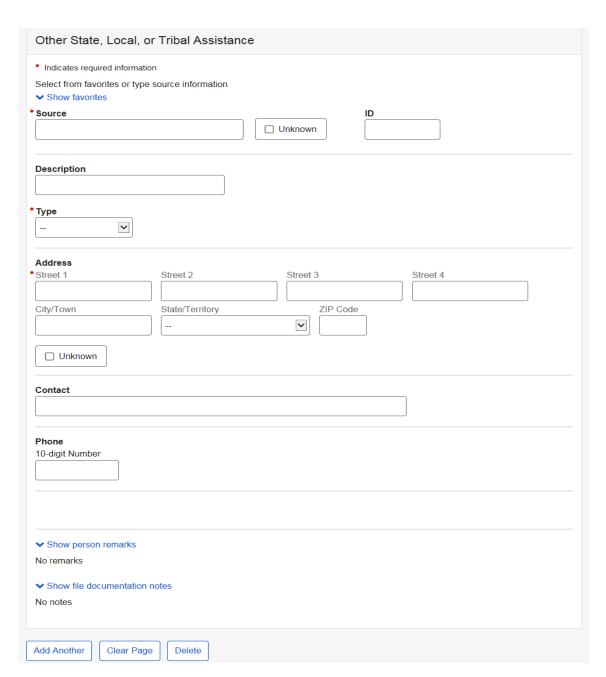
Disaster Assistance



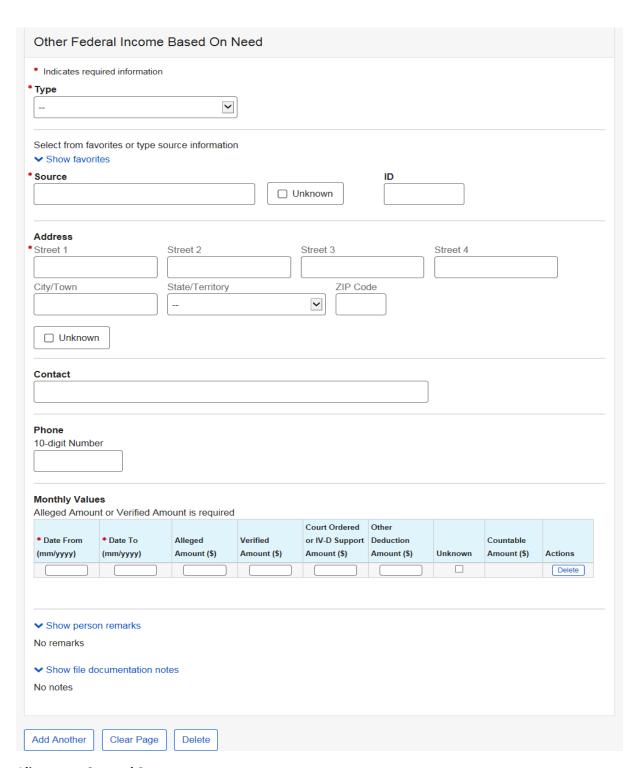
Adoption, Foster Care, or Kinship Guardianship Assistance Payment



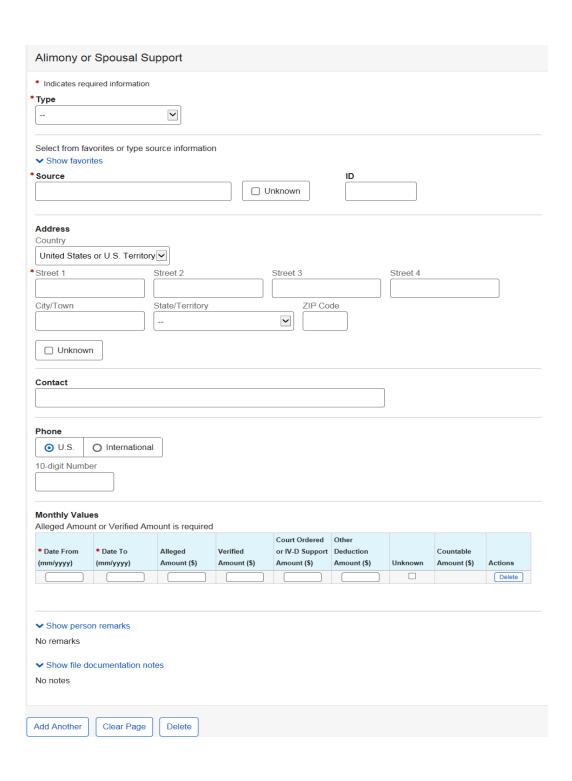
Other State, Local, or Tribal Assistance



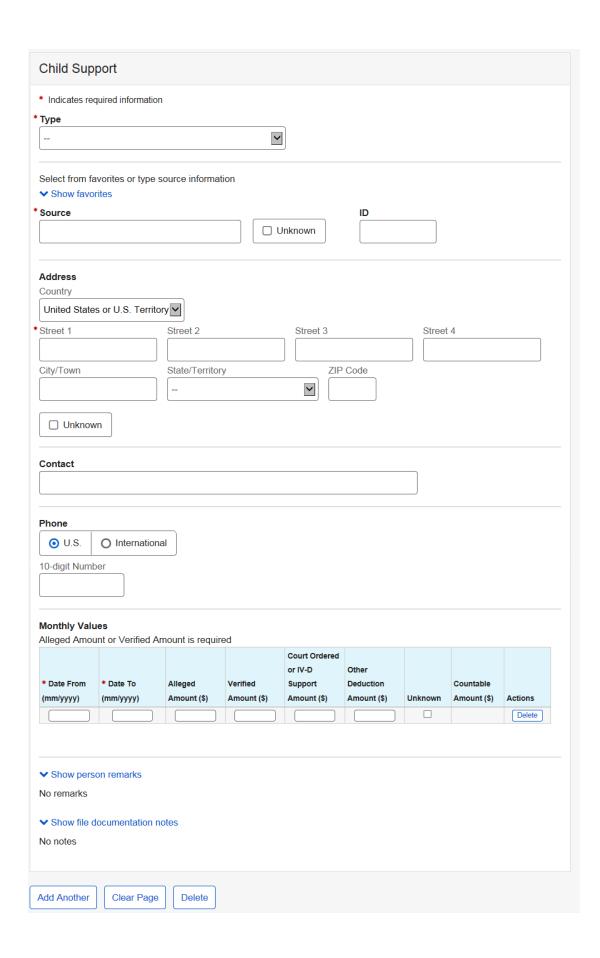
Other Federal Income Based on Need



Alimony or Spousal Support



Child Support



Wages

k naar o									
 indicates red 	quired information	on							
	avorites or type		ormation						
Employer na	me					IN			
				Unknown					
Address Country									
	s or U.S. Territ	tory							
Street 1		Street 2		Street 3	3	Stre	eet 4		_
City/Town		State/Terri	tory		ZIP Code				
				~					
Unknow	vn								
Contact									
onact									
hone									
⊙ U.S.	O Internatio	nal							
0-digit Numb	per								
Monthly Valu		Amount or Ver	ified Amount						
Alleged Amou	ini, Reported <i>F</i>	anount or vor	illou / uriourit	is required				С	[₹] More Info
Alleged Amou	лі, керопеа я	unduit or voi	illou / tilloulit	is required	Court Ordered or	Other		C	More Info
Date From	* Date To	Alleged	Reported	Verified	Ordered or IV-D Support	Deduction		Countable	
Date From					Ordered or	Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
Date From	* Date To	Alleged	Reported	Verified	Ordered or IV-D Support	Deduction	Unknown	Countable	
* Date From mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
Date From mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$) eason @ More	Reported Amount (\$)	Verified	Ordered or IV-D Support	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
Date From mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$) eason @ More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
Date From mm/yyyy) Other deduct	* Date To (mm/yyyy)	Alleged Amount (\$) eason @ More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$) eason @ More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
* Date From mm/yyyy) Other deduct Other Show pers to remarks	* Date To (mm/yyyy) tion amount r	Alleged Amount (\$) eason • More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
Date From mm/yyyy) Other deduct Other Show pers Show file deduct Show file dedu	* Date To (mm/yyyy)	Alleged Amount (\$) eason • More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
Date From mm/yyyy) Other deduct Other Show pers Show file deduct Show file dedu	* Date To (mm/yyyy) tion amount r	Alleged Amount (\$) eason • More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete
* Date From mm/yyyy) Other deduct Other Show pers to remarks	* Date To (mm/yyyy) tion amount r	Alleged Amount (\$) eason • More	Reported Amount (\$)	Verified	Ordered or IV-D Support Amount (\$)	Deduction Amount (\$)		Countable Amount (\$)	Actions Delete

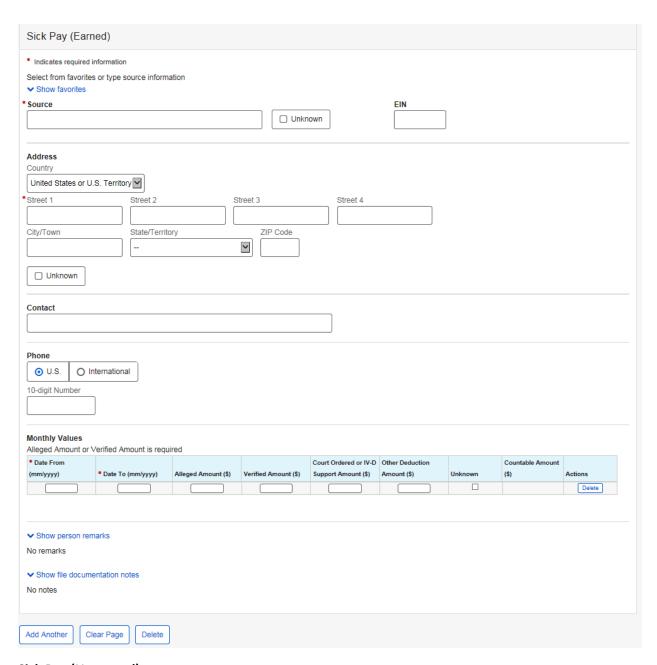
Quarterly Wages Summary

ear 2017 Expand	all				
Expand	Quarter	Employers	Quarterly Countable Amount (\$)	Quarterly Deduction Amount (\$)	Quarterly Gross Wages Amount (\$)
0	First	1 Employer	1,650.00	0.00	1,650.0
0	Second	1 Employer	1,650.00	0.00	1,650.
0	Third	1 Employer	1,650.00	0.00	1,650.
0	Fourth	1 Employer	550.00	0.00	550.
Expand	all		Quarterly	Quarterly	Quarterly
			Countable	Deduction	Gross Wages
Expand	Quarter	Employers	Amount (\$)	Amount (\$)	Amount (\$)
0	First	1 Employer	1,500.00	0.00	1,500.0
0	Second	1 Employer	1,500.00	0.00	1,500.0
	Third	1 Employer	1,500.00	0.00	1,500.0
•		1 Employer	500.00	0.00	500.

Self-Employment Income

Self-Employment Income
* Indicates required information
Business name EIN
□ Unknown
Address Country
United States or U.S. Territory
*Street 1 Street 2 Street 3 Street 4
City/Town State/Territory ZIP Code
- V
Unknown
Yearly Values Alleged Amount or Verified Amount is required
*Tax Year Short Tax *IRS Tax From Date *Tax Year O Year Gross Income Profit or or Loss) or Loss) or IV-D Support Deduction *IRS Tax From Date (mm/yyyy) Date (mm/yyyy) Reason Amount (\$) Loss Amount (\$) Amount (\$) Amount (\$) Unknown Amount (\$) Actions
- V Delete
Self-Employment is continuing or is expected to continue Yes No Unknown
➤ Show person remarks
No remarks
➤ Show file documentation notes No notes
Add Another Clear Page Delete

Sick Pay



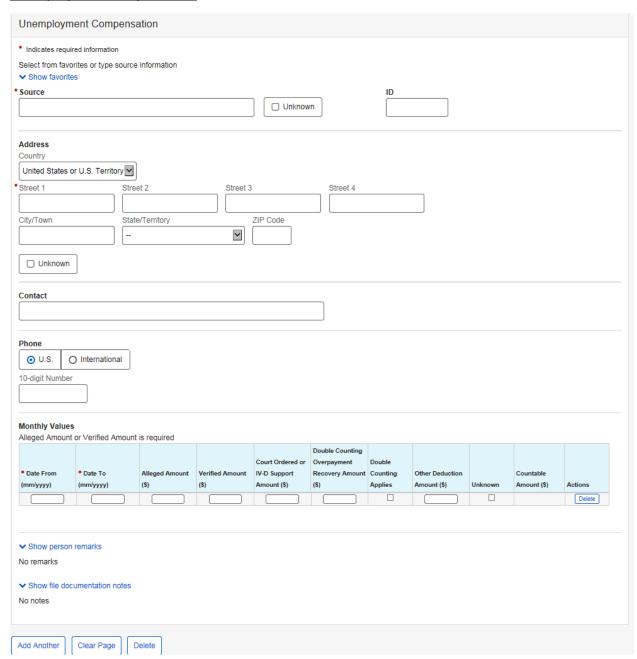
Sick Pay (Unearned)

.S. Territory	urce information		nknown	ID			
		UI	nknown	ID			
		UI	nknown	ID			
			IIKIIOWII				
	Street 2						
			Street 3		Street 4		
	State/Territory		ZIP Cod	de			
			<u> </u>				
nternational							
J							
Verified Amo	unt is required						
te To	Alleged	Verified				Countable	
	Amount (\$)	Amount (\$)	Amount (\$)	Amount (\$)	Unknown	Amount (\$)	Actions
							Delete
\ 1	nternational	nternational Verified Amount is required ate To Alleged	nternational Verified Amount is required ate To Alleged Verified	nternational Verified Amount is required ate To Alleged Verified Court Ordered or IV-D Support	nternational Verified Amount is required ate To Alleged Verified or IV-D Support Deduction	nternational Verified Amount is required Ate To Alleged Verified or IV-D Support Deduction Amount (\$) Amount (\$) Unknown	nternational Verified Amount is required ate To Alleged Verified or IV-D Support Deduction Amount (\$) Amount (\$) Unknown Amount (\$)

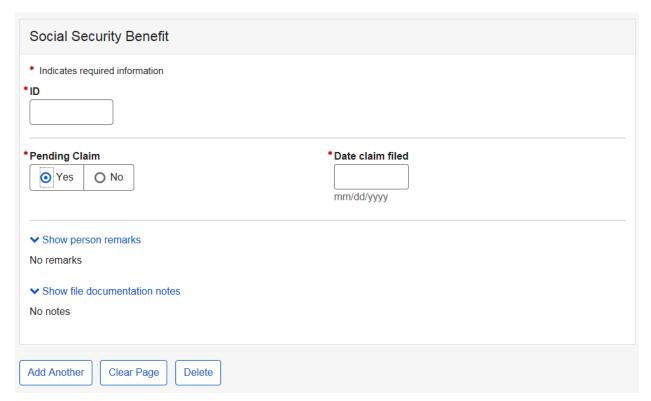
Workers Compensation

imo	equired informat	tion								
уре										
		~								
	favorites or typ	e source info	ormation							
Show favo	orites									
ource				Unkr	nown	ID				
ddress country										
	es or U.S. Terr	ritory								
treet 1		Street 2		Str	eet 3		Street 4	1		
								-		
ity/Town		State/Te	rritory		ZIP Cod	de				
			-		<u>~</u>					
	$\overline{}$									
Unkno	wn									
o U.S.		onal								
lonthly Va l lleged Amo	l ues ount or Verified	Amount is re	equired							
	* Date To	Alleged Amount (\$)		Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)		Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
Date From	(mm/yyyy)									
	(mm/yyyy)									Delete

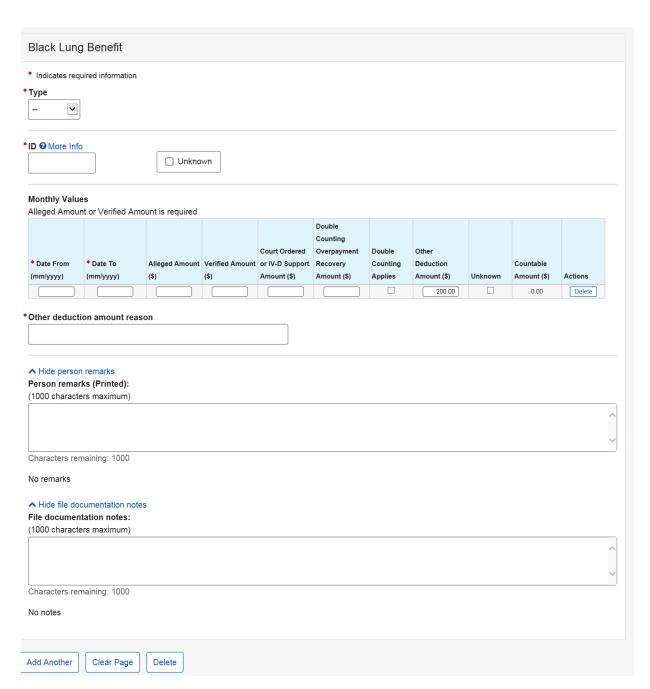
Unemployment Compensation



Social Security Benefit



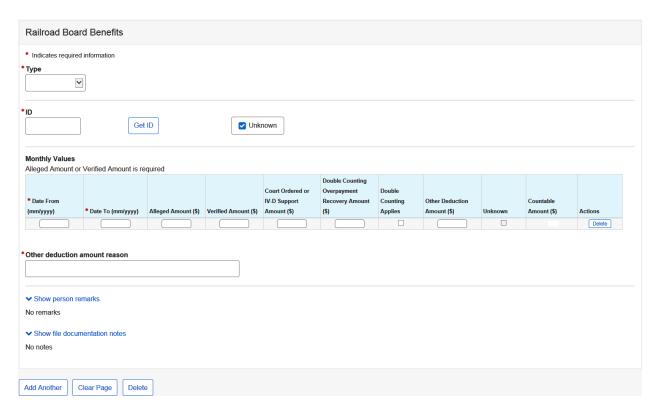
Black Lung Benefits



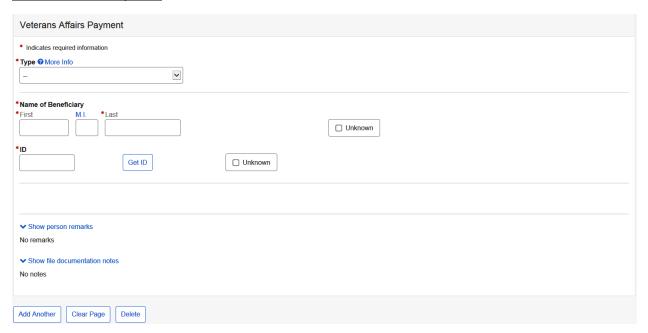
Office of Personnel Management (OPM)

Office of I	Personnel	Managem	ent Benef	fit							
* Indicates re	quired informati	on									
'ID											
	G	et ID		Unknown							
M 4b b - 37 - 1											
Monthly Val	ues unt or Verified	Amount is red	quired								
				Court	Double Counting						
				Ordered or	Overpayment	Double	Other				
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	IV-D Support Amount (\$)	Recovery Amount (\$)	Counting Applies	Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions	
(11111111111111111111111111111111111111	(1111117939)	Amount (0)	Amount (v)	Amount (0)	Amount (e)		100.00		0.00	Delete	
										Delete	
(1000 charac	arks (Printed): ters maximum)									^ \
No remarks											
	ocumentation i										
	ters maximum										
											< >
Characters re	emaining: 1000)									
No notes											
Add Another	Clear Pag	Delete									

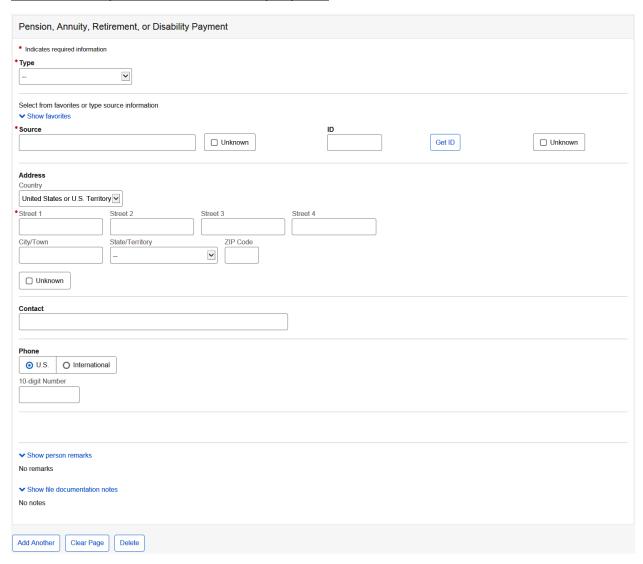
Railroad Board Benefits



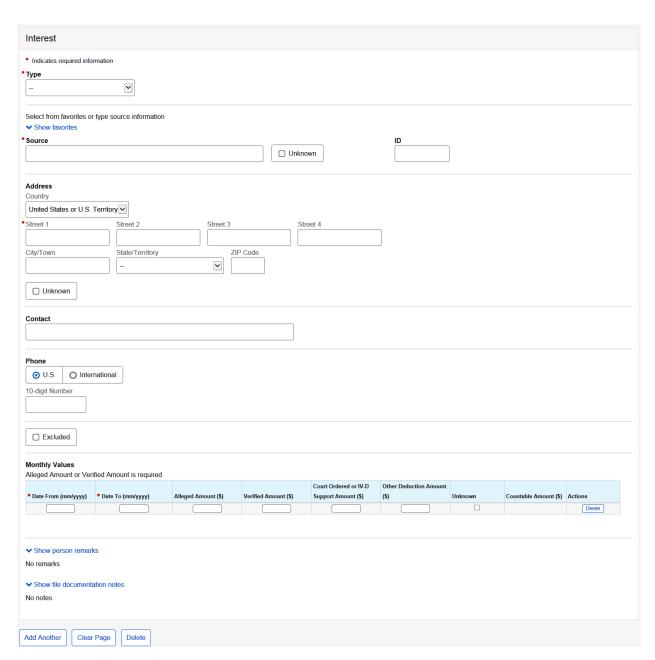
Veteran Affairs Payment



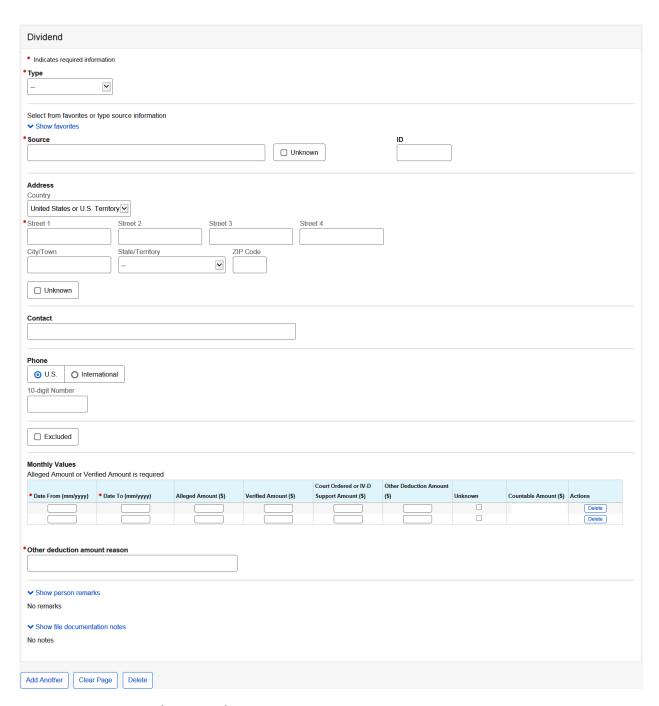
Pension, Annuity, Retirement, or Disability Payment



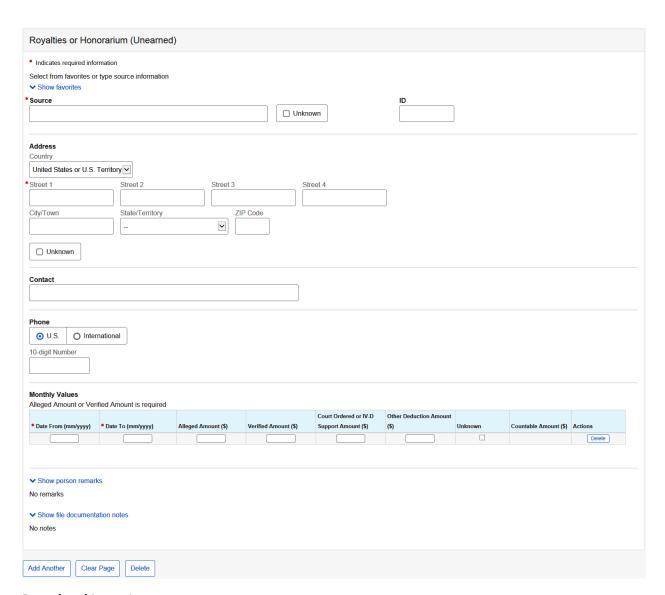
<u>Interest</u>



Dividend



Royalties or Honoraria (Unearned)



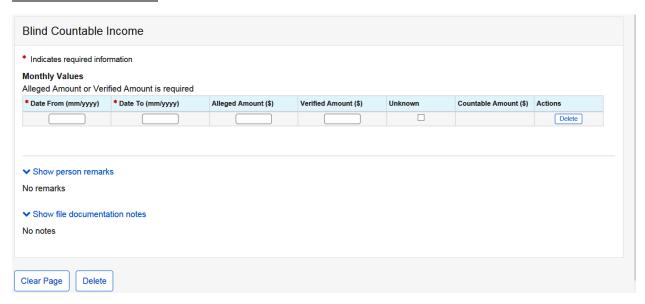
Rental and Lease Income

* Indicates required information
marade regime internation
*Type @ More Info
Land - not PESS
Select from favorites or type source information ✓ Show favorites
*Description
Unknown
*Source ID
Unknown
Address
Country
United States or U.S. Territory
*Street 1 Street 2 Street 3 Street 4
SHOOL SHOL SH
City/Faury Clote/Fauritary 7/10 0 - 1
City/Town State/Territory ZIP Code
Unknown
Contact
Phone
● U.S.
10-digit Number
Monthly Values Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Court Net Rental Income Program
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Ve
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Court Alleged Verified Alleged Verified Ordered or Date From Date To Gross Fixpenses Expenses Fixpenses Fixpe
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or Other Date From (mm/yyyy) Amount (\$) Amount (
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or Other Date From (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or Other Date From (mm/yyyy) (mm/yyyy) Amount (\$) Amount (\$
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or Other Date From (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required * Date From (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or (mm/yyyy) Amount (\$) Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or (mm/yyyy) Amount (\$) Delete Other deduction amount reason
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required * Date From (mm/yyyy) Amount (\$) Delete * Other deduction amount reason * Show person remarks No remarks
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Expenses Expenses Expenses IV-D Support Deduction Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Delete Other deduction amount reason
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Verified Ordered or (mm/yyyy) Amount (\$) Delete Other deduction amount reason Other Date To (mm/yyyy) Amount (\$) Amount (\$) Amount (\$) Delete Delete
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Expenses Expenses Expenses IV-D Support Deduction Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Delete Other deduction amount reason The deduction amount reason Show person remarks No remarks
Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required Alleged Verified Alleged Expenses Expenses Expenses Expenses IV-D Support Deduction Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Amount (\$) Delete Other deduction amount reason No remarks Show file documentation notes

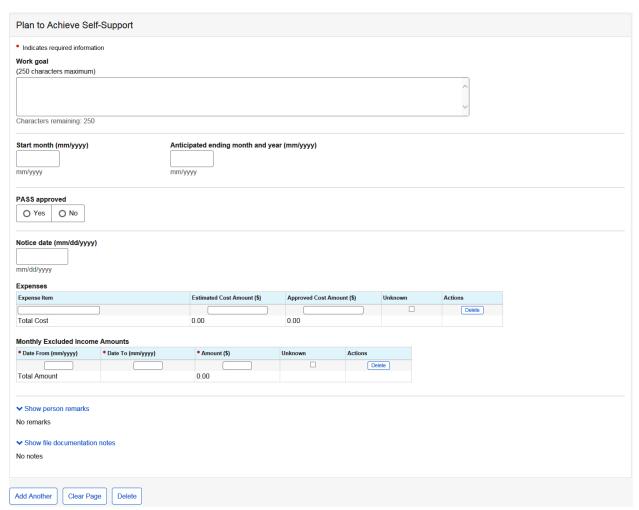
Other Income

Other Income
* Indicates required information
*Type
Select from favorites or type source information Show favorites
*Source ID
Unknown
Address Country
United States or U.S. Territory
*Street 1 Street 2 Street 3 Street 4
City/Town State/Territory ZIP Code V
Unknown
Contact
Phone O U.S. O International
10-digit Number
➤ Show person remarks
No remarks
➤ Show file documentation notes
No notes
Add Another Clear Page Delete

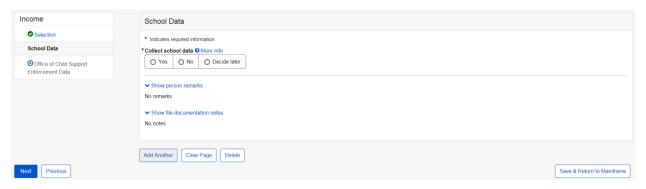
Blind Countable Income



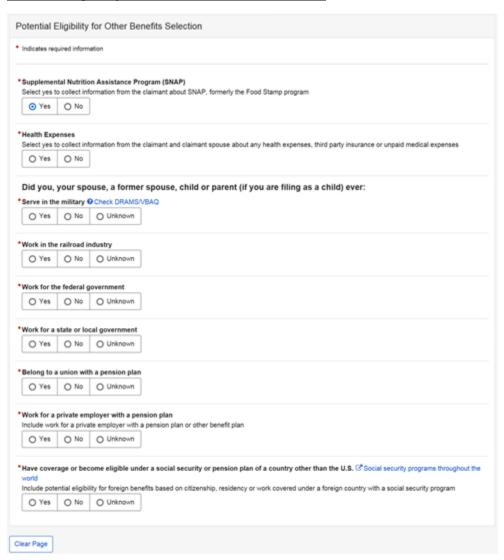
Plan to Achieve Self-Support



School Data



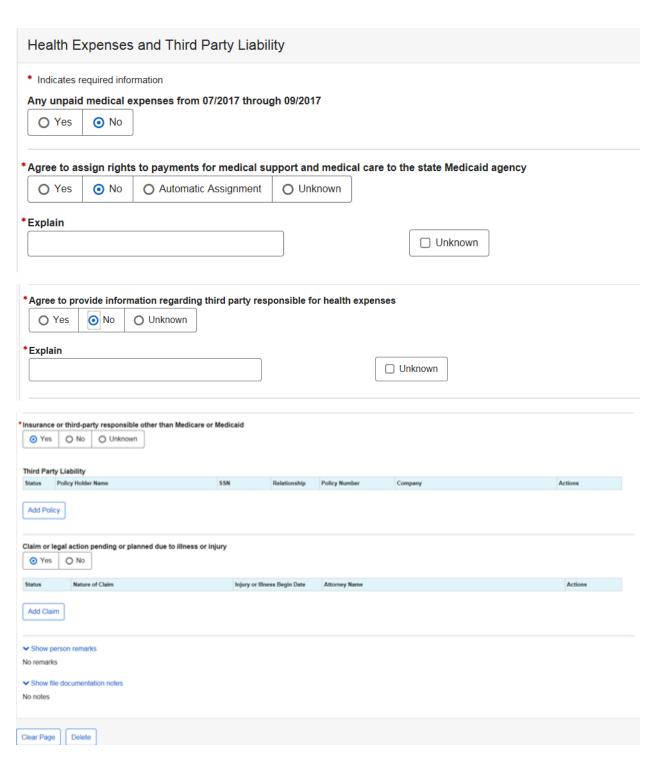
Potential Eligibility for Other Benefit Leads Selection



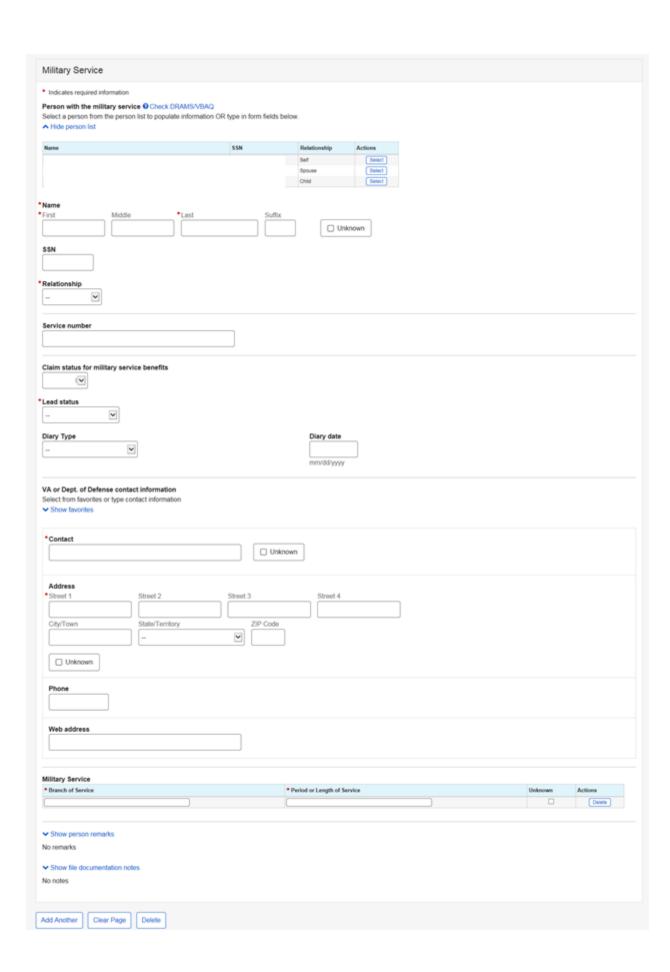
Supplemental Nutrition Assistance Program (SNAP)

Supplemental Nutrition Assistance Program (SNAP) Record eligibility information about SNAP (formerly known as the food stamp program) Indicates required information SNAP status Currently receiving SNAP benefits Filed within the past 60 days
SNAP status • Currently receiving SNAP benefits
Currently receiving SNAP benefits
O Filed within the past 60 days
O Never filed or file date more than 60 days in the past
O Unknown
Recertification notice received within past 30 days
Yes O No O Unknown
All household members applying for or receiving SSI
Yes O No O Pre-release O Unknown
Many Lieber way and Disputing the day of
May I take your SNAP application today?
Yes O No O Unknown
Most recent application date must be entered Last SNAP application or recertification date
mm/dd/yyyy
Combined Application Project (CAP) data More Info Shelter cost at or above state standard More Info
Yes
Subsidized housing with heat included in rent @ More Info
Yes
➤ Show person remarks No remarks
➤ Show file documentation notes
No notes
Undo Changes Delete

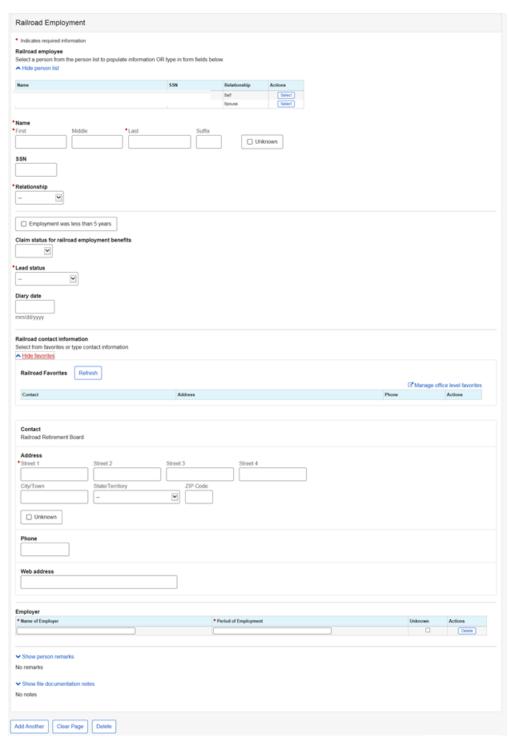
Health Expenses & Third Party



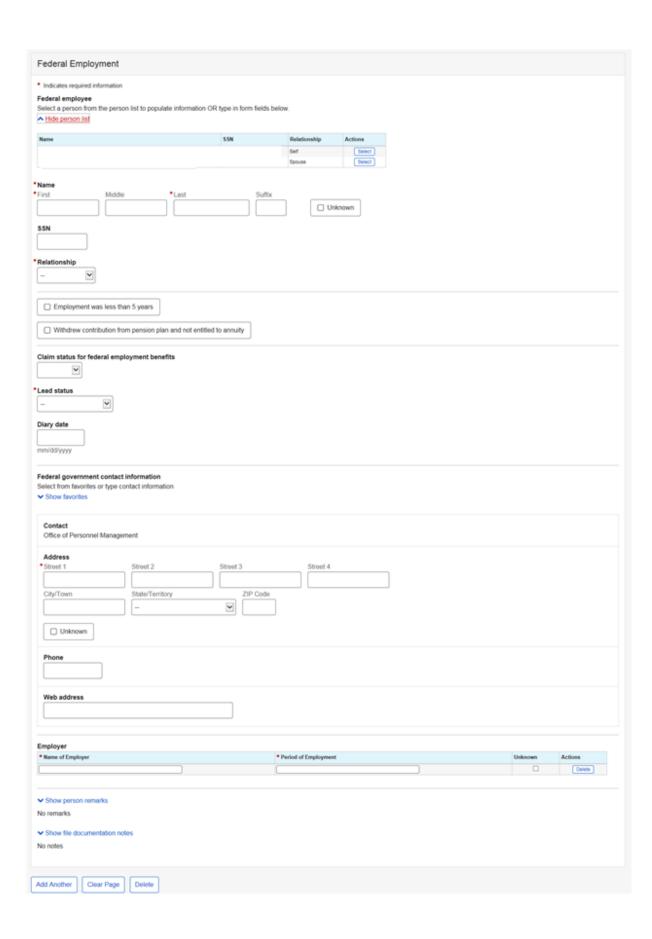
Military Service



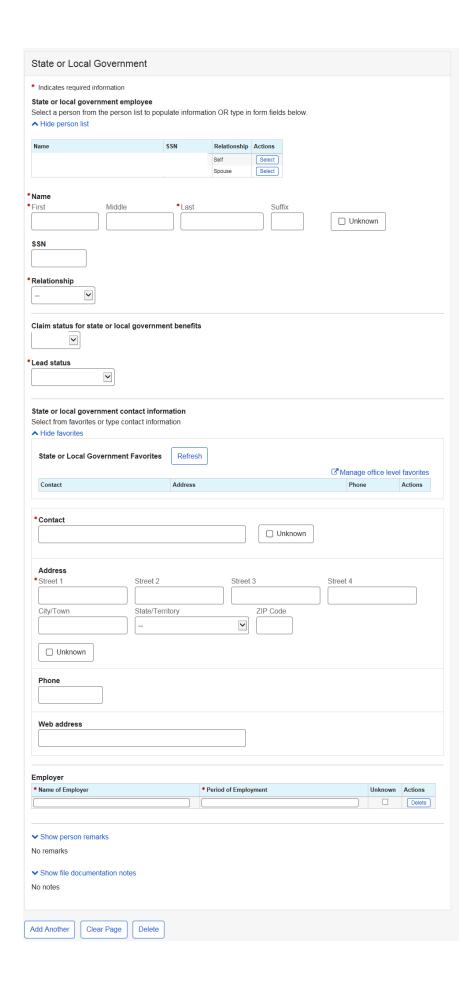
Railroad Employment



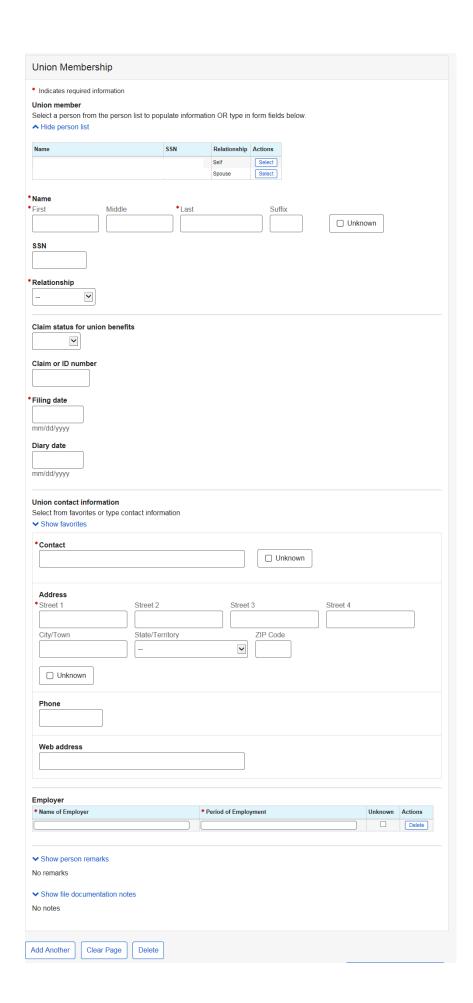
Federal Employment



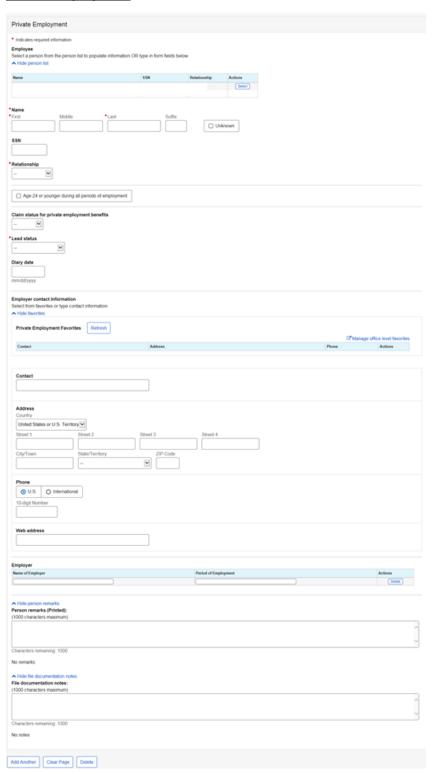
State or Local Government



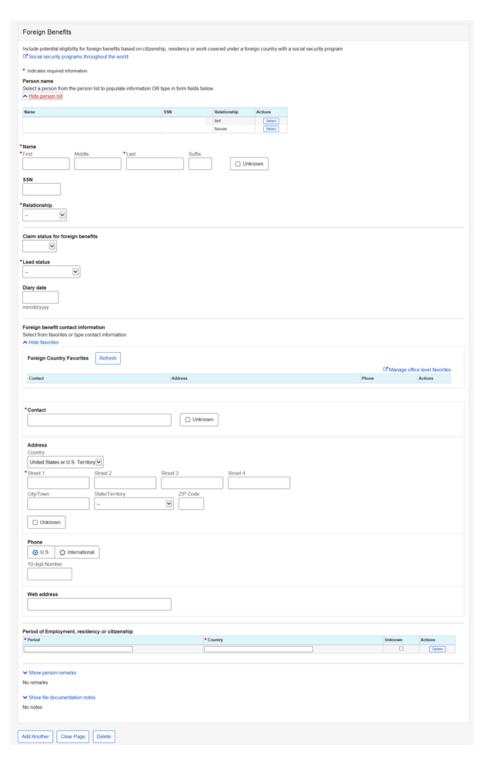
Union Membership



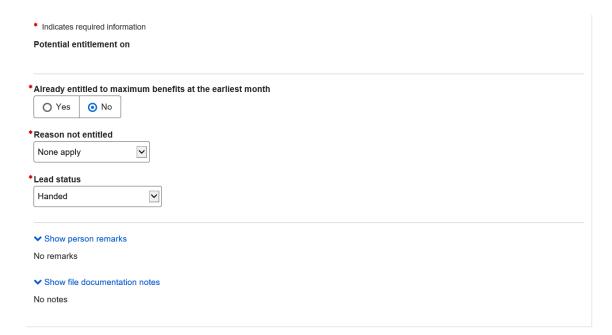
Private Employment



Foreign Benefits



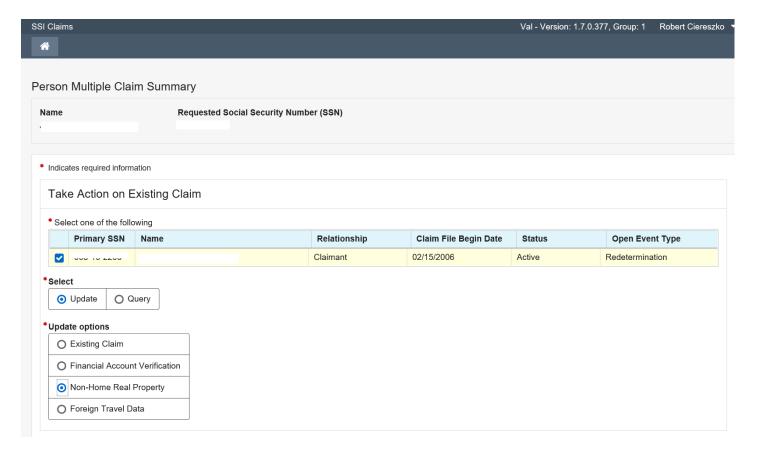
Disability Entitlement



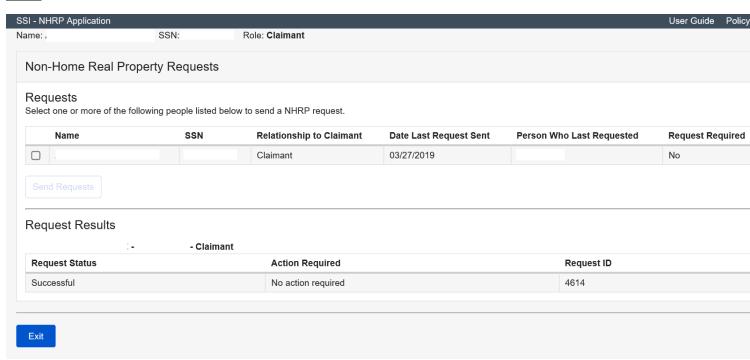
Living Arrangements Summary

Effective Date	Federal Living Arrangement	Ineligibility Reason	State and County Code	Optional State Supplement Code	Intervening A or C Period	Chose Presumed Maximum Value (PMV)	Cash from Household	Actual ISM
02/01/2004	Title XIX institution (D)		05200B	J				
11/01/2005	Title XIX institution (D)		09000D	G				

PMCS NHRP Request



NHRP



MSSI

FIELD OFFICE: 024

SSN:

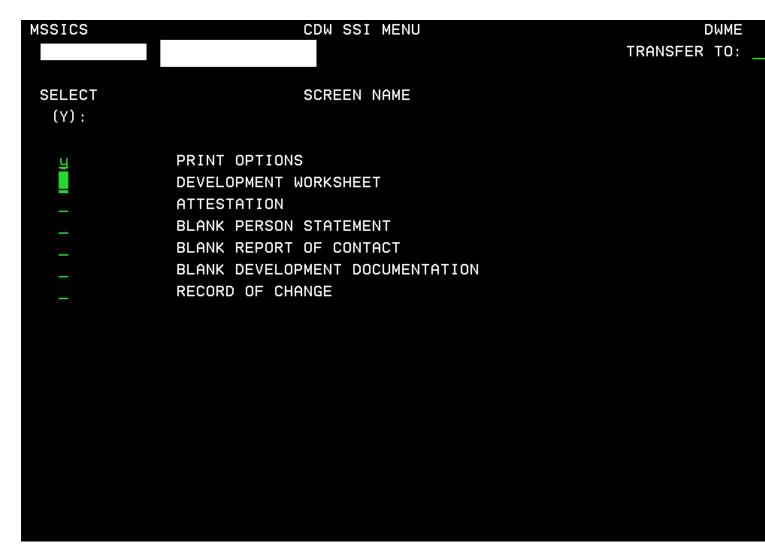
SELECT: 2 1=ESTABLISH 2=UPDATE 3=QUERY

SELECT THE DESIRED FUNCTION: 5

- 1. ARCHIVAL RETRIEVAL
- 2. TICKLE LIST REQUEST
- 5. CLAIM DEVELOPMENT
- 6. CLAIMS CLEARANCE
- 7. CASE MOVEMENT
- 8. WMS QUERY REQUEST
- 9. APPEALS
- 10. SSN CORRECTION

- 11. DELETE INELIGIBLES
- 12. MANUAL PROCESSES
- 14. DECISION INPUT
- 15. AUTOMATED COMPUTATIONS
- 19. DIRECT SSR UPDATE

DWME



DPRN

MSSICS	PRINT OPTIONS	PAGE 1 OF DPRN TRANSFER TO: _
SELECT	(Y): OUTPUT TYPE	LAST ACTION
ñ	REDETERMINATION DOCUMENT	
<u>.</u>	INCLUDE WITNESS STATEMENT COVER NOTICE EVIDENCE REQUEST COVER NOTICE	
	PRINT WITHOUT ATTEST RENTAL SUBSIDY FORM	
	REFERRAL FOR OTHER BENEFITS _ ALL _ BDIB _ BFED _ BFOR _ BMIL _ BRRE _ BSCP _ BSRD _ BSSA	

<u>DPRN</u>

MSSICS	PRINT	OPTIONS	PAGE 2 OF DPRN
			TRANSFER TO: _
CONTACT NAME:			
TELEPHONE NUMBER:		EXTENSION:	

DW01

MSSICS		DEVELOPMENT	WORK	SHEET	PAGE	1 OF DW01		
							TR	ANSFER TO:
UNIT:	<u>rc</u>	FO	024					
	CLAIMAN	T NAME:						
		SSN:						
	Α	DDRESS:						
		CITY:				STATE:	ZIP:	
		PHONE:				INFO:		
MISC:								
ISSUE:		SCREEN:	REQUEST:	F/UP: F/	UP:	TICKLE:	RECEIVED:	REMARKS:
REDET		PMEN	032719	.,	01 1	041119	032719	NEITH NOT
ATTEST			032719			041119		
								MORE ISSUES:
								REMARKS (Y):

<u>MSSI</u>

FIELD OFFICE: 024

SSN:

SELECT: 2 1=ESTABLISH 2=UPDATE 3=QUERY

SELECT THE DESIRED FUNCTION: 14

- 1. ARCHIVAL RETRIEVAL
- 2. TICKLE LIST REQUEST
- 5. CLAIM DEVELOPMENT
- 6. CLAIMS CLEARANCE
- 7. CASE MOVEMENT
- 8. WMS QUERY REQUEST
- 9. APPEALS
- 10. SSN CORRECTION

- 11. DELETE INELIGIBLES
- 12. MANUAL PROCESSES
- 14. DECISION INPUT
- 15. AUTOMATED COMPUTATIONS
- 19. DIRECT SSR UPDATE

FORMATTING FOR PRINT

DSSR

```
MSSICS

UNIT: RC

CLOSE EVENT (Y/N): y

DIRECT SSR UPDATE (Y): COMPARE UPDATES (Y) Y
HOLD BACK UPDATES (Y): SELECT SIMULATED SSR TYPE: 1
1=STANDARD DISPLAY
2=HISTORY DISPLAY

SERVICING FIELD OFFICE 531

PREFERRED FIELD OFFICE: 024
```

DADJ

MSSICS ADJUDICATIVE			DECISION			
CLOSE REDETE	RMINATION		(Y/N): <u>Y</u>			
INITIAL CLA	IM DECISION: 1	1=ALLOWANCE	2=DENIAL	DENIAL CODE:		
MANUAL PROCE REASON:	SSING REQUIRED	(Y) :				
KENOON.						

<u>CPRM</u>

MSSICS		COMPARE MENU	CPRM
SELECT:	DC		
(Y)	<u>Y</u>	SELECT ALL	
		CASE DATA	
		PERSON ID	
		PERSON CLAIM	
	_	MAILING/PAYMENT ADDRESS	
		RESIDENCE ADDRESS	
		DIARIES	
		EARNED INCOME	
		UNEARNED INCOME	
		INSTITUTIONALIZATION	
		COMPUTATION HISTORY	
		MISCELLANEOUS PAYMENT	
		DISABILITY	
		RESOURCES	
		REMARKS	
	_	WINDFALL OFFSET/STATE DATA	
		AUTHORIZED REPRESENTATIVE	
		APPEAL DATA	

<u>CPAD</u>

MSSICS	MA	ILING/PAYMENT	ADDRESS	COMPARISON	PAGE 2	2 OF CPAD
PAYEE LEGEND	BEFORE:					
PAYEE LEGEND	AFTER:					
PAYEE MAILING	ADDRESS	BEFORE:				
PAYEE MAILING	ADDRESS	AFTER:				
	REP PA	YEE PHONE BEF AF	ORE: TER:			

CPAD

MSSICS	MAILING/PAYMENT ADDRE	SS COMPARISON	I PAGE 3 OF CPAD
REP PAYEE	TYPE/COMPETENCY/CUSTODY CODES	BEFORE: N	ITH B SLO
	REP PAYEE SELECTION DATE	BEFORE: 0	02/15/06
	REP PAYEE SSN	BEFORE: AFTER:	

CPWS

MSSICS	WINDFALL OFFS	SET/STATE	DATA	COMPARISON	CPWS
	FOOD STAMP DATA	BEFORE: AFTER:			
THIRD	PARTY INSURANCE	BEFORE: AFTER:			
UNPAID	MEDICAL EXPENSES	BEFORE: AFTER:	Y N		
WINDFALL FEDE	RAL OFFSET TOTAL	BEFORE: AFTER:			
WINDFALL ST	ATE OFFSET TOTAL	BEFORE: AFTER:			
WINDFALL NON	COUNTABLE INCOME	BEFORE: AFTER:			

Simulated SSR

	DTE:03/27/19 SSIM	SIMULATED SSR	UN:	PG: 001
	SN:	PSY:C01 TMR:DB	ID:DC TDA:03	/27/19
CMSC	HUN: RIC:G VER:3 CPD	:03/27/19-P CPF:0	3/27/19	
	MSI:2-1-04/08/02			
RMKS	1:TEST CASE FOR WASH DC CHILD I	N DG LIVING ARRAN	GEMENT	
CRZD	RZ: S RZP T RZD RZI RZC	RTD EE		
	N C-J9 B 03/27/19 03/19 03/	19		
	K U 07/06/02			
PRSN	AP: DF: DB:	SX: AR:	A	
	LPS:ENGLISH LPW:ENGLISH DOE	:03/02 MEF:04/01/	2002 IRS:1	
RCRD	EST:04/08/02 XDO:001 IDD:05/24/	02 SNV:3 CNV:4 PT	:N-02/06 UE:	N FSD: 04/
	FS1:N FS2:N			
ADDR	CTY:	STN:	TL:	
	DIS:531 ST:09000D ACD:03/22	/06		
RADR	CTY:	STN: DC		
DIAR	MR-05/24/09			
DISB	DPC:F SAC:S22 DSA:04/08/02 DDO:	03/26/02 SPD:04/0	2 EPD:06/02	CIT: X-00/
	MDR:7 DIG:7580-6490 DPM:P			
NOTC	C/O:Y 05/27/06 -8100 CTE001 20	02 WKS001 2016 19	05 1012 1479	2525 190
	INC026 1908 PAY096 PAY098 PAY10	5 PAY150 PAY151 R	VW001 1926 2	750
	03/22/06 -8151 CTE001 2002 WKS0	01 2016 1904 2310	1905 2509 1	479 2520
	2524 1907 LAR100 LAR101 LAR102	1315 2970 LAR005	LAR104 02	/15/06 -

DTE:03/	27/19 SSIM	SIMIII ATED	SSR IIN:	PG: 06
8151 CTE001 200				
LAR101 LAR102 1:				
1026 1027 1004				
1010 1315 1240				
1919 1290 1905				
TRAN UN:RC OL-03/27/				
RQ-07/06/02, DO	-05/24/02-S22,	OL-04/26/02-0	001, PR-04/13/	02-L25,
D0-04/11/02-S22	, IF-04/11/02			
INST MOC MLG 123 M	OR INST MOC I	MLG 123 MOR	INST MOC MLG	123 MOR
01 0302 0000 Q 0	302			
CMPH+FAM SAM :	SUP UMC EI	NC PCI	PS BELGPF FO	HSWADCMICT
0106 DMC:I				
0106 30.00 40.00	9000 .00	.00 .00	CO1 2EEN DG	NN YW44
PMTH+ 12 35	CKA FMA	SMA	UDSFPI	
04/01/08 1 N	70.00	30.00 40.0	90	
05/01/19 1 N	70.00	30.00 40.0	90	
OPSQ C OPB OPE O	PA AX TS	SQD NTD	SQR SBL	BAL
01 0000 0000	.00 D	021506	. 00	. 0
	SN:2	TMR: DB ID: XF	=	
PRSN DB:	SX:M IRS:1			

PRSN DB: SX:M IRS: RCRD EST:04/08/02 SNV:3 CNV:4

		DTE: 03	/27/19	SSIM	SIM	JLATED	SSR	UN:	PG:	C
		М	SN:		TMR: DB	ID:XM				
PRSN	DB:		SX:F	AK:	IRS:1					
	EST: 04/0	08/02 S								

BTCF

SELECT: 1 1=SEND DATA TO SSR

2=GO TO COMPARE MENU

3=GO TO HOLD BACK SCREEN

4=G0 TO SSR DISPLAY