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**MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS**

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1. QA Office Code: \_\_\_\_\_ Sample Cycle: \_\_\_\_\_ Study ID: \_\_\_\_\_  
Subsidy ~~Level~~: \_\_\_\_\_% Interview date: \_\_\_\_\_
2. Beneficiary's (BN) SSN: \_\_\_\_\_  
Living-with Spouse's (LWS) SSN (If applicable): \_\_\_\_\_  
Date Application Received \_\_\_\_\_
3. Exclusion code, if applicable: \_\_\_\_\_

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<p>Name of BN: _____</p> <p>Address: _____ _____</p> <p>Residence Address (if difference from Address): _____</p> <p>Phone: (    ) _____</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS name: _____</p> <p>LWS contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____ _____</p>	<p>Other Contact (if applicable):</p> <p>Representative Payee</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: (    ) _____</p> <p>Third Party</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: (    ) _____</p> <p>Remarks: _____ _____</p>
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**SSA Records**

**Interview**

<p><b>1. Identity</b></p> <p>SSN BN: _____</p> <p>LWS: _____</p> <p>Date of Birth BN: _____</p> <p>LWS: _____</p> <p>Remarks _____ _____</p>	<p><b>BN</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p><b>LWS</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p>Remarks: _____ _____</p>
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**Verification**

**Conclusion**

<p><b>1. Identity</b></p> <p>SSN agrees with systems queries</p> <p>BN: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____ _____</p>	<p>Proper BN/LWS interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: : _____ _____</p>
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<b>SSA Records</b>	<b>Interview</b>
<p><b>2. Marital Status</b></p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Remarks: _____</p> <p>_____</p>	<p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <p><input type="checkbox"/> Divorce <span style="margin-left: 150px;"><input type="checkbox"/> Separation from Spouse</span></p> <p><input type="checkbox"/> Annulment <span style="margin-left: 150px;"><input type="checkbox"/> Death of your Spouse</span></p> <p><input type="checkbox"/> Marriage <span style="margin-left: 150px;"><input type="checkbox"/> Resumption of cohabitation after separation</span></p> <p>Date of change: _____</p> <p>Remarks: _____</p> <p>_____</p>

	<b>Verification</b>	<b>Conclusion</b>
<p><b>2. Marital Status</b> (Verification required) <span style="float: right;">Status not</span></p> <p>Remarks: _____</p> <p>_____</p>	<p><b>LWS</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Deficiency</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p>_____</p>	<p> </p>

**SSA Records**

**Interview**

**3. Family Size (FS)**

Number of relatives living with the BN/LWS for whom they allege providing at least 1/2 financial support:

\_\_\_\_\_

\_\_\_\_\_ Alleged FS (include BN/LWS)

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Household Composition**

If BN or BN and LWS live alone, check the appropriate box and proceed to Family Size Verification column

- BN lives alone
- BN and LWS live alone

If BN or BN and LWS live with others complete the following:

Check all applicable boxes:

- BN
- LWS
- Deemed children. Number: \_\_\_\_\_
- Other related individuals. Number: \_\_\_\_\_
- Unrelated people in the HH. Number: \_\_\_\_\_

**Total number in household (HH) from boxes checked above** \_\_\_\_\_

In the chart below, show the name, relationship, income and whether or not 1/2 support is alleged for each relative in the HH of the BN or LWS.

*(If none, proceed to conclusion column for completion.)*

NAME	RELATIONSHIP	INCOME	1/2 SUPPORT ALLEGED
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed

**Average Monthly HH Expenses**

**(Complete only when non deemed relative(s) live with BN/LWS)**

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property		Property	
Tax	\$ _____	Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____
Garbage Removal	\$ _____		
Total Average Monthly HH Expenses			\$ _____

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Verification**

**Conclusion**

<p><b>3. FS</b> If BN or BN and LWS live alone, check the appropriate box and complete FS Conclusion column. <input type="checkbox"/> BN lives alone <input type="checkbox"/> BN and LWS live alone</p> <p>If BN or BN and LWS live with others complete the following:</p> <p>Number of people in HH _____ (including the BN and LWS)</p> <p>Pro rata share (total monthly expenses divided by number of people in HH)_____</p> <p>1/2 support not met for the following individuals.</p> <p>_____ _____ _____ _____ _____</p> <p>1/2 support met for the following individuals.</p> <p>_____ _____ _____ _____ _____</p> <p>1/2 support deemed for the following children.</p> <p>_____ _____ _____ _____ _____</p> <p>Remarks: _____ _____</p>	<p>Total FS: _____</p> <p>Difference <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____ _____</p> <p>Remarks: _____ _____</p>
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**SSA Records**

**Interview**

<p><b>4. Liquid Resources (LR)</b></p> <p><input type="checkbox"/> No Liquid Resources</p> <p>Bank Accounts: \$ _____</p> <p>Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: _____          _____          \$ _____</p> <p>Computer Match: _____          _____</p> <p><b><u>BN</u></b></p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p><b><u>LWS</u></b></p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p>Source: _____          Amount: \$ _____</p> <p>Remarks: _____          _____</p>	<p>Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;"><b><u>BN</u></b></th> <th style="width: 10%; text-align: center;"><b><u>LWS</u></b></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No LR</td> <td style="text-align: center;"><input type="checkbox"/> No LR</td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Checking Account</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Savings Account</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Cert. of Deposit</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Mutual Funds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Credit Union Accts.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Other Bank Account (Christmas Club, etc.)</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Patient Accounts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Savings Bonds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Stocks/Bonds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Promissory Notes</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>401K Plans/Keogh Accounts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Trusts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Other (Explain) _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____          _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Account type _____ Account ID _____</p> <p>Name of Source: _____</p> <p>Address: _____          _____</p> <p>Owner(s): _____</p> <p>Balance: \$ _____</p> <p>Remarks: _____          _____</p>		<b><u>BN</u></b>	<b><u>LWS</u></b>				<input type="checkbox"/> No LR	<input type="checkbox"/> No LR			Cash	\$ _____	\$ _____			Checking Account	\$ _____	\$ _____			Savings Account	\$ _____	\$ _____			Cert. of Deposit	\$ _____	\$ _____			Mutual Funds	\$ _____	\$ _____			Credit Union Accts.	\$ _____	\$ _____			Other Bank Account (Christmas Club, etc.)	\$ _____	\$ _____			Patient Accounts	\$ _____	\$ _____			Savings Bonds	\$ _____	\$ _____			Stocks/Bonds	\$ _____	\$ _____			Promissory Notes	\$ _____	\$ _____			401K Plans/Keogh Accounts	\$ _____	\$ _____			Trusts	\$ _____	\$ _____			Other (Explain) _____	\$ _____	\$ _____		
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**Verification**

**Conclusion**

<p><b>4. Liquid Resources</b></p> <p>Evidence provided by BN:</p> <p>Source document: _____          Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Source document: _____          Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Source document: _____          Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Evidence provided by collateral contact</p> <p>Name of Source: _____          Address: _____</p> <p>Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Name of Source: _____          Address: _____</p> <p>Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Name of Source: _____          Address: _____</p> <p>Account type _____ Account ID _____          Owner(s): _____          Balance: \$ _____</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> No Liquid Resources</p> <p>Bank Accounts: \$ _____          (Checking, Savings, CD)</p> <p>Stocks, bonds, savings          bonds, mutual funds,          IRA or other similar          Investments: \$ _____</p> <p>Cash: \$ _____</p> <p>Other \$ _____</p> <p>Total: \$ _____</p> <p>Difference  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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**SSA Records**

**Interview**

<p><b>5. Non-home Real Property (NHRP)</b></p> <p>Ownership:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CMV \$ _____</p> <p>Accurant NHRP lead for BN</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accurant NHRP lead for LWS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p>_____</p>	<p>Allegation of NHRP ownership by BN/LWS:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sole Ownership</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p>Joint ownership</p> <p>Joint owner's Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Property Address: _____</p> <p>_____</p> <p>CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____</p> <p>Lien Holder: _____</p> <p>Name/Source: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ( ) _____</p> <p>Encumbrances: _____</p> <p>_____</p> <p>Ownership</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p><input type="checkbox"/> Joint ownership</p> <p>Joint owner's Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ( ) _____</p> <p>Property Address: _____</p> <p>_____</p> <p>CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____</p> <p>Lien Holder: _____</p> <p>Name/Source: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ( ) _____</p> <p>Encumbrances: _____</p> <p>_____</p> <p>Remarks: _____</p> <p>_____</p>
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**Verification**

**Conclusion**

<p><b>5. Non-Home Real Property</b>  <input type="checkbox"/> Accurint produced NHRP leads for BN or LWS that affects the subsidy level</p> <p>Allegations verified by:  <input type="checkbox"/> Government Records (e.g., Tax Assessment Statement)</p> <p><input type="checkbox"/> Contact with applicable government records office (e.g., Assessor's office)          Date of contact _____          Agency name _____          Name of contact _____          Address/Internet address _____          Method of Contact <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other (e.g. deed, sales contract, etc.) _____</p> <p>Non-government collateral contact made          Name of Source: _____          Address/Internet Address: _____          Method of Contact <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other _____</p> <p>NHRP found          Owner(s): _____          Verified CMV: \$ _____ Equity Value: \$ _____          Name of Source: _____          Address: _____          Encumbrances: _____</p> <p>Property Essential for Self-Support: \$ _____</p> <p>Remarks: _____          _____</p>	<p>Non-Home Real Property:  <input type="checkbox"/> No NHRP</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS          owns countable NHRP-Home Real Property with a total equity value of: \$ _____</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS          owns excludable NHRP-Home Real Property</p> <p><input type="checkbox"/> Property Essential for Self Support  <input type="checkbox"/> Undue Hardship</p> <p>Difference  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____          _____</p>
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**SSA Records**

**Interview**

<p><b>6. Funeral/Burial Expenses</b></p> <p>Funds expected to be used for funeral or burial expenses?</p> <p>BN  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____          _____</p>	<p>Funds expected to be used for funeral or burial expenses?</p> <p>Beneficiary  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____          _____</p>
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**Verification**

**Conclusion**

<p><b>6. Funeral/Burial Funds (Verification not required)</b></p>	<p><input type="checkbox"/> Exclusion does not apply</p> <p>Exclusion applies</p> <p><input type="checkbox"/> BN only</p> <p><input type="checkbox"/> LWS only</p> <p><input type="checkbox"/> Both</p> <p>Difference</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note: Difference may affect total resource amount.</i></p> <p>Remarks: _____          _____</p>
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**Total Countable Resources Summary**

<b><u>Type of Resource</u></b>	<b><u>Total Value</u></b>
Liquid Resources	\$ _____
Non-Home Real Property	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>
Minus Burial Fund Exclusion (If applicable)	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Resources caused ineligibility:**       Yes    No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**SSA Records**

**Interview**

<p><b>7. Unearned Income (UI)</b></p> <p><b><u>BN</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: _____</p> <p>Source: _____</p> <p>Amount: \$ _____</p> <p><b><u>LWS</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: _____</p> <p>Source: _____</p> <p>Amount: \$ _____</p> <p>Remarks: _____</p> <p>_____</p>	<p>Indicate the type(s) of Unearned Income involved and provide the amount and source of verification.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;"><b><u>BN</u></b></th> <th style="width: 25%; text-align: center;"><b><u>LWS</u></b></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> </tr> <tr> <td>Title II</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> BN receives no other unearned income</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LWS receives no other unearned income</td> <td></td> <td></td> </tr> <tr> <td>Title XVI</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Bank Deposits</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Compensation</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gov't Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Private Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Railroad Retirement</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Black Lung</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Educational Assistance</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State Dib Payment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Unemployment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Worker's Comp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sick Pay</td> <td style="text-align: center;">\$ _____</td> 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_____	\$ _____	Educational Assistance	\$ _____	\$ _____	State Dib Payment	\$ _____	\$ _____	Unemployment	\$ _____	\$ _____	Worker's Comp.	\$ _____	\$ _____	Sick Pay	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Rental Income	\$ _____	\$ _____	Gifts	\$ _____	\$ _____	Alimony	\$ _____	\$ _____	Patrimony	\$ _____	\$ _____	Gambling Proceeds	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Cash	\$ _____	\$ _____	Other	\$ _____	\$ _____
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**Verification**

**Conclusion**

<p><b>7. UI</b>  <input type="checkbox"/> Title II (verified by the MBR)  <input type="checkbox"/> Title XVI (verified by the SSR - <i>Informational only – not used for subsidy determination</i>)</p> <p>Verified by award letter or other evidence in BN/LWS possession                  Source: _____                  Address: _____                  Phone: ( ) _____                  Total Yearly Amount: _____</p> <p>Source: _____                  Address: _____                  Phone: ( ) _____                  Total Yearly Amount: _____</p> <p>Collateral contact made:                  Source: _____                  Address: _____                  Phone: ( ) _____                  Total Yearly Amount: _____</p> <p>Source: _____                  Address: _____                  Phone: ( ) _____                  Total Yearly Amount: _____</p> <p>Source: _____                  Address: _____                  Phone: ( ) _____                  Total Yearly Amount: _____</p> <p><u>Summary of Total UI</u> (Drop all cents for monthly amounts of UI except Social Security before converting to a yearly amount)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Income</th> <th style="text-align: left;">Monthly Amount</th> <th style="text-align: left;">Yearly Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p>Total Yearly Unearned Income \$ _____                  Minus                  Unearned Income Exclusion \$ _____                  Total Yearly Countable Unearned Income \$ _____</p> <p>Remarks: _____</p>	Type of Income	Monthly Amount	Yearly Amount	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<p>UI:                  BN <input type="checkbox"/> Yes <input type="checkbox"/> No                  LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Yearly Countable UI                  \$ _____</p> <p>Difference  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
Type of Income	Monthly Amount	Yearly Amount											
_____	\$ _____	\$ _____											
_____	\$ _____	\$ _____											
_____	\$ _____	\$ _____											

**SSA Records**

**Interview**

<p><b>8. Earned Income (EI)</b></p> <p><b><u>BN</u></b></p> <p><input type="checkbox"/> No EI</p> <p>Wages: \$ _____</p> <p>SEI : \$ _____</p> <p>Amounts decreased:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Work expenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match:</p> <p>\$ _____</p> <p><b><u>LWS</u></b></p> <p><input type="checkbox"/> No EI</p> <p>Wages: \$ _____</p> <p>SEI : \$ _____</p> <p>Amounts decreased:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Work expenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match:</p> <p>\$ _____</p> <p>Remarks: _____</p> <p>_____</p>	<p>BN currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, date last employed: _____</p> <p>LWS currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, date last employed: _____</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;"><b><u>BN</u></b></th> <th style="width: 25%; text-align: center;"><b><u>LWS</u></b></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No EI</td> <td style="text-align: center;"><input type="checkbox"/> No EI</td> </tr> <tr> <td>Wages</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NESE</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sheltered Workshop Earnings</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Honoraria</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>In-Kind Earned Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source Name: _____</p> <p>Address : _____</p> <p>_____</p> <p>Phone: ( ) _____</p> <p>Remarks: _____</p> <p>Source Name: _____</p> <p>Address : _____</p> <p>_____</p> <p>Phone: ( ) _____</p> <p>Explanation of increase or decrease in earnings: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="color: red;"><b><u>Cafeteria Plan</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>Work Expenses</u></b></p> <p>IRWE/BWE</p> <p>Type(s): _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Remarks: _____</p> <p>_____</p>		<b><u>BN</u></b>	<b><u>LWS</u></b>		<input type="checkbox"/> No EI	<input type="checkbox"/> No EI	Wages	\$ _____	\$ _____	NESE	\$ _____	\$ _____	Sheltered Workshop Earnings	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Honoraria	\$ _____	\$ _____	In-Kind Earned Income	\$ _____	\$ _____
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In-Kind Earned Income	\$ _____	\$ _____																							

**Verification**

**Conclusion**

<p><b>8. EI and EI Exclusions</b></p> <p><input type="checkbox"/> No EI</p> <p>EI established:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employer contact in file</li> <li><input type="checkbox"/> Systems query (DEQY, SEQY)</li> <li><input type="checkbox"/> Tax return</li> <li><input type="checkbox"/> Copy of other business record</li> <li><input type="checkbox"/> BN's pay stubs</li> <li><input type="checkbox"/> Spouse's pay stubs</li> </ul> <p>Collateral contact made:</p> <p>Source: _____</p> <p>_____</p> <p>Date of Contact: _____</p> <p>Total: \$ _____</p> <p>Source: _____</p> <p>_____</p> <p>Date of Contact: _____</p> <p>Total: \$ _____</p> <p>Work Expense(s) established:</p> <p><input type="checkbox"/> IRWE <input type="checkbox"/> BWE</p> <p>Type: _____</p> <p>Amount: \$ _____</p> <p>Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p><u>Summary of Total Earned Income</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Income</th> <th style="text-align: left;">Monthly Amount</th> <th style="text-align: left;">Yearly Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p>Total Yearly Earned Income \$ _____</p> <p>Minus</p> <ul style="list-style-type: none"> <li>Earned Income Exclusion (1) \$ _____</li> <li>Earned Income Exclusion (2) \$ _____</li> <li>Earned Income Exclusion (3) \$ _____</li> </ul> <p>Total \$ _____</p> <p>Divide Total in half. Enter in Total Yearly Countable Unearned Income</p> <p>Total Yearly Countable Earned Income \$ _____</p> <p>Remarks: _____</p> <p>_____</p>	Type of Income	Monthly Amount	Yearly Amount	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<p>BN <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Yearly Countable EI: \$ _____</p> <p>Difference <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p>_____</p>
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_____	\$ _____	\$ _____											
_____	\$ _____	\$ _____											
_____	\$ _____	\$ _____											





<b>Reviewer's Signature:</b>	<b>Date:</b>
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Attach all Reports of Contacts, Available Documentation, Other Related Worksheets, and Continuation Pages.