
MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS

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: _____

| | |
|---|--|
| <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

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

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|---|---|
| <p>1. Identity</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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| SSA Records | Interview |
|---|---|
| <p>2. Marital Status</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 <input type="checkbox"/> Separation from Spouse</p> <p><input type="checkbox"/> Annulment <input type="checkbox"/> Death of your Spouse</p> <p><input type="checkbox"/> Marriage <input type="checkbox"/> Resumption of cohabitation after separation</p> <p>Date of change: _____</p> <p>Remarks: _____</p> <p>_____</p> |

| | Verification | Conclusion |
|--|---|-------------------|
| <p>2. Marital Status (Verification required) Status not</p> <p>Remarks: _____</p> <p>_____</p> | <p>LWS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deficiency</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>3. FS 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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1/2 support met for the following individuals.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1/2 support deemed for the following children.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Remarks: _____</p> <p>_____</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>_____</p> <p>_____</p> <p>Remarks: _____</p> <p>_____</p> |
|---|--|

SSA Records

Interview

| <p>4. Liquid Resources (LR)</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><u>BN</u></p> <p>Source: _____ Amount: \$ _____</p> <p>Source: _____ Amount: \$ _____</p> <p>Source: _____ Amount: \$ _____</p> <p>Source: _____ Amount: \$ _____</p> <p><u>LWS</u></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: 60%;"></th> <th style="width: 20%; text-align: center;"><u>BN</u></th> <th style="width: 20%; text-align: center;"><u>LWS</u></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> </tr> </thead> <tbody> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Checking Account</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Savings Account</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Cert. of Deposit</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Mutual Funds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Credit Union Accts.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other Bank Account (Christmas Club, etc.)</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Patient Accounts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Savings Bonds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Stocks/Bonds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Promissory Notes</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>401K Plans/Keogh Accounts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Trusts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other (Explain) _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</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> | | <u>BN</u> | <u>LWS</u> | | <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) _____ | \$ _____ | \$ _____ |
|---|---|--------------------------------|------------------|-------------------|--|--------------------------------|--------------------------------|------|----------|----------|------------------|----------|----------|-----------------|----------|----------|------------------|----------|----------|--------------|----------|----------|---------------------|----------|----------|---|----------|----------|------------------|----------|----------|---------------|----------|----------|--------------|----------|----------|------------------|----------|----------|---------------------------|----------|----------|--------|----------|----------|-----------------------|----------|----------|
| | <u>BN</u> | <u>LWS</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <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) _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verification

Conclusion

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| <p>4. Liquid Resources</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: _____ _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ _____ 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

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| <p>5. Non-home Real Property (NHRP)</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

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| <p>5. Non-Home Real Property <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

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|---|---|
| <p>6. Funeral/Burial Expenses</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> |
|---|---|

Verification

Conclusion

| | |
|---|---|
| <p>6. Funeral/Burial Funds (Verification not required)</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> |
|---|---|

Total Countable Resources Summary

| <u>Type of Resource</u> | <u>Total Value</u> |
|--|--|
| Liquid Resources | \$ _____ |
| Non-Home Real Property | \$ _____ |
| Subtotal | \$ _____ |
| Minus Burial Fund Exclusion (If applicable) | \$ _____ |
| Total | \$ _____ |
| Resources caused ineligibility: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | _____ |
| | _____ |

SSA Records

Interview

| <p>7. Unearned Income (UI)</p> <p><u>BN</u></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><u>LWS</u></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;"><u>BN</u></th> <th style="width: 25%; text-align: center;"><u>LWS</u></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 colspan="3"><input type="checkbox"/> BN receives no other unearned income</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> LWS receives no other unearned income</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> <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>Rental Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gifts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Alimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Patrimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gambling Proceeds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p> <p>Remarks _____</p> <p>_____</p> | | <u>BN</u> | <u>LWS</u> | | <input type="checkbox"/> No UI | <input type="checkbox"/> No UI | Title II | \$ _____ | \$ _____ | <input type="checkbox"/> BN receives no other unearned income | | | <input type="checkbox"/> LWS receives no other unearned income | | | Title XVI | \$ _____ | \$ _____ | Bank Deposits | \$ _____ | \$ _____ | VA Pension | \$ _____ | \$ _____ | VA Compensation | \$ _____ | \$ _____ | Gov't Pension | \$ _____ | \$ _____ | Private Pension | \$ _____ | \$ _____ | Railroad Retirement | \$ _____ | \$ _____ | Black Lung | \$ _____ | \$ _____ | Educational Assistance | \$ _____ | \$ _____ | State Dib Payment | \$ _____ | \$ _____ | Unemployment | \$ _____ | \$ _____ | Worker's Comp. | \$ _____ | \$ _____ | Sick Pay | \$ _____ | \$ _____ | Royalties | \$ _____ | \$ _____ | Rental Income | \$ _____ | \$ _____ | Gifts | \$ _____ | \$ _____ | Alimony | \$ _____ | \$ _____ | Patrimony | \$ _____ | \$ _____ | Gambling Proceeds | \$ _____ | \$ _____ | Child Support | \$ _____ | \$ _____ | Cash | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
|---|---|--------------------------------|------------------|-------------------|--|--------------------------------|--------------------------------|----------|----------|----------|---|--|--|--|--|--|-----------|----------|----------|---------------|----------|----------|------------|----------|----------|-----------------|----------|----------|---------------|----------|----------|-----------------|----------|----------|---------------------|----------|----------|------------|----------|----------|------------------------|----------|----------|-------------------|----------|----------|--------------|----------|----------|----------------|----------|----------|----------|----------|----------|-----------|----------|----------|---------------|----------|----------|-------|----------|----------|---------|----------|----------|-----------|----------|----------|-------------------|----------|----------|---------------|----------|----------|------|----------|----------|-------|----------|----------|
| | <u>BN</u> | <u>LWS</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> No UI | <input type="checkbox"/> No UI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title II | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BN receives no other unearned income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LWS receives no other unearned income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title XVI | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Deposits | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA Pension | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA Compensation | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gov't Pension | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Pension | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Railroad Retirement | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Black Lung | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Assistance | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Dib Payment | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unemployment | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Worker's Comp. | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sick Pay | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Royalties | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rental Income | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gifts | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alimony | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patrimony | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gambling Proceeds | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Support | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verification

Conclusion

| <p>7. UI <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>8. Earned Income (EI)</p> <p><u>BN</u></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><u>LWS</u></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;"><u>BN</u></th> <th style="width: 25%; text-align: center;"><u>LWS</u></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;"><u>Cafeteria Plan</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Work Expenses</u></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> | | <u>BN</u> | <u>LWS</u> | | <input type="checkbox"/> No EI | <input type="checkbox"/> No EI | Wages | \$ _____ | \$ _____ | NESE | \$ _____ | \$ _____ | Sheltered Workshop Earnings | \$ _____ | \$ _____ | Royalties | \$ _____ | \$ _____ | Honoraria | \$ _____ | \$ _____ | In-Kind Earned Income | \$ _____ | \$ _____ |
|---|---|--------------------------------|------------------|-------------------|--|--------------------------------|--------------------------------|-------|----------|----------|------|----------|----------|-----------------------------|----------|----------|-----------|----------|----------|-----------|----------|----------|-----------------------|----------|----------|
| | <u>BN</u> | <u>LWS</u> | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> No EI | <input type="checkbox"/> No EI | | | | | | | | | | | | | | | | | | | | | | | |
| Wages | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| NESE | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Sheltered Workshop Earnings | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Royalties | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Honoraria | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| In-Kind Earned Income | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |

Verification

Conclusion

| <p>8. EI and EI Exclusions</p> <p><input type="checkbox"/> No EI</p> <p>EI established:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employer contact in file <input type="checkbox"/> Systems query (DEQY, SEQY) <input type="checkbox"/> Tax return <input type="checkbox"/> Copy of other business record <input type="checkbox"/> BN's pay stubs <input type="checkbox"/> Spouse's pay stubs <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"> Earned Income Exclusion (1) \$ _____ Earned Income Exclusion (2) \$ _____ Earned Income Exclusion (3) \$ _____ <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> |
|--|----------------|----------------|---------------|-------|----------|----------|-------|----------|----------|-------|----------|----------|---|
| Type of Income | Monthly Amount | Yearly Amount | | | | | | | | | | | |
| _____ | \$ _____ | \$ _____ | | | | | | | | | | | |
| _____ | \$ _____ | \$ _____ | | | | | | | | | | | |
| _____ | \$ _____ | \$ _____ | | | | | | | | | | | |

| | |
|------------------------------|--------------|
| Reviewer's Signature: | Date: |
|------------------------------|--------------|

Attach all Reports of Contacts, Available Documentation, Other Related Worksheets, and Continuation Pages.