

# SSI Claim Screen Package Full Initial Claim

4/22/2021

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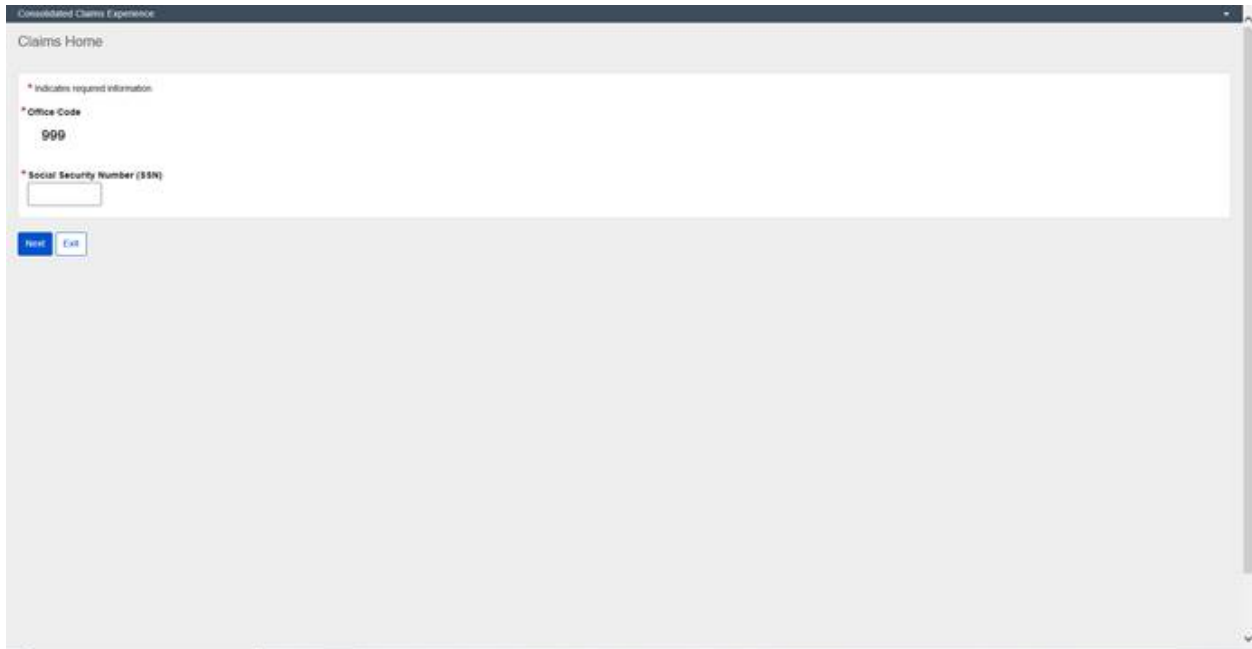


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## A. Log in Information

### 1. Claims Home

This page is used to input a Social Security Number (SSN) to establish or review claim(s).



The screenshot shows a web browser window titled "Consolidated Claims Experience" with a sub-header "Claims Home". The main content area contains a form with the following elements:

- A header note: "\* Indicates required information"
- A field for "Office Code" with the value "999" entered.
- A field for "Social Security Number (SSN)" which is currently empty.
- At the bottom left of the form area, there are two buttons: "Home" (highlighted in blue) and "Exit".

## 2. Claims Summary

The Claim Summary page allows you to view, manage, and establish claims.

The screenshot shows a web application interface for 'Consolidated Claims Experience'. At the top, there is a dark blue header with a home icon and the text 'Consolidated Claims Experience'. Below the header, the page title 'Claims Summary' is displayed. The main content area is divided into several sections:

- A table with two columns: 'Requested Social Security Number (SSN)' and 'Name'. The table is currently empty.
- A section titled 'T2/T18 Claims' containing a cyan message box: 'CCE Exclusion. This individual has not attained 64 and 8 months of age. To take appropriate action, select Exit and go to MCS.'
- A section titled 'T16 Claims' containing a cyan message box: 'Requested SSN has no active claim file or Supplemental Security Income Record. To establish a new claim, select "Establish New SSI Claim" button below.' Below this message is a button labeled 'Establish New SSI Claim'.
- At the bottom left of the main content area, there is an 'Exit' button.

## B. General Identification

### 1. Person Information

Person Information captures and displays data related to an individual's identity, contact information, citizenship, military service, and special accommodation needs. The Person Information page enables the user to view, and when applicable, update an individual's information. It also displays death information.

SSSI Claims

[Go To](#)

[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

**Person Information**

Name	Social Security Number (SSN)	Role Claimant

**General Identification**

- [Person Information](#)
- [SSSI Application](#)
- [Disability](#)
- [Multiple SSNs](#)
- [Residency & Presence in the U.S.](#)
- [Payment Method](#)
- [Advance Designation](#)
- [Financial Permission](#)
- [Personal Information Authorization](#)
- [Wage Authorization](#)
- [Felony Warrant](#)
- [Child's Parents](#)
- [Marriage \(0\)](#)
- [Holding Out \(0\)](#)

**Person Information on Record for**

**Identity Information** [Edit](#)

Social Security Number:  
Multiple SSN(s):  
Name:  
Other Names:  
Sex:  
Birth Date:  
Birth Place:  
Birth Date Proof:  
Birth Date Proof Type:  
Parent/Mother's Name at Her Birth:  
Parent/Father's Name:

Go to [Social Security Number Application Process \(SSNAP\)](#) to update identity information, when required evidence is available.  
Go to [NUMI Query](#) to view the historical enumeration information.

**Death Information** [Edit](#)

No death information exists for this person.

**Citizenship Information** [Edit](#)

**Citizenship Details**

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date
United States	Birth in U.S.	Allegation		

**Contact Information** [Edit](#)

**Addresses on Record**

Address	Purpose	Effective Date
	Most Recently Provided Mailing	
	T16 Mailing	

Primary Phone Number:  
TTY Number:  
Receive Text Message:  
Receive Voice Message:  
Primary Phone Number Remarks:  
Alternate Phone Number:  
TTY Number:  
Receive Text Message:  
Receive Voice Message:  
Alternate Phone Number Remarks:  
Email:  
Spoken Language Preference: **English**  
Written Language Preference: **English**  
Special Notice Option: **None**

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

**Military Service Information**

Department of Defense (DoD) Wounded Warrior:  
Veterans Affairs 100% Permanent and Total Disability Compensation Rating:

**Accommodation Information** [Edit](#)

Add or update notice option due to visual impairment?

Yes  No

**Active Accommodations**

Active Accommodations	Request Date
No records found.	

**Non-Standard Accommodations**

Non-Standard Accommodations	Request Date	Status
No records found.		

[Next](#)
[Previous](#)
[Save & Exit](#)
[Accept](#)

## a. Identity Information editing

SSI Claims

Go To: [General Identification](#) [Living Arrangements](#) [Resources](#) [Income](#) [Benefit Leads](#) [Summary](#) [Claim Edits and Alerts](#)

Person Information

Name Social Security Number (SSN) Role Claimant

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Child's Parents
- Marriage (0)
- Holding Out (0)

Identity Information

\* Indicates required information

**Social Security Number**

\* **Name Type**

Full Name  
 Single Name

\* **Name**

\* First Middle \* Last Suffix

**Other Names - Alleged Names** [More Info](#)  
Maximum of 5 Other Names can be entered

Other Name Type	First Name	Middle Name	Last Name	Suffix	Action
No records found					

[Add Other Name](#)

**Other Names - Official Information on Record** [More Info](#)

Other Name Type	First Name	Middle Name	Last Name	Suffix
No records found.				

\* **Sex**

Male  Female

\* **Birth Date**

mm/dd/yyyy

\* **Birth Place**

U.S. or U.S. Territory  International

\* City/Town \* State/Territory

\* **Birth Date Proof** [More Info](#)

**Birth Date Proof Type** [More Info](#)

\* **Parent/Mother's Name Type**

Full Name  
 Single Name  
 Name Unknown

\* **Parent/Mother's Name at Her Birth**

\* First Middle \* Last Suffix

\* **Parent/Father's Name Type**

Full Name  
 Single Name  
 Name Unknown

\* **Parent/Father's Name**

\* First Middle \* Last Suffix

[Save](#) [Cancel](#)

[Next](#) [Previous](#) [Save & Print](#)

**Dropdown list:**

- 
- JR
- SR
- I
- II
- III
- IV
- V
- VI
- VII
- VIII
- IX
- X
- XI
- XII
- XIII
- XIV
- XV
- XVI
- XVII

- 
- Age established for SSA purposes in a prior claim which warrants current coding of "F" according to POMS GN 00302.011 (F)
- Age established, but no other code applies (Q)
- Alleged (A)
- Convincing Proof (C)
- Preferred Proof (Public or religious record of age established before age 5) (B)

**Birth Date Proof Type**

- 
- Hospital Birth Record (H)
- Notification of Birth Registration (N)
- Other Evidence of Age (including religious records) (O)
- Pre-age 5 State, Local or Foreign Public Birth Certificate (P)

## b. Citizenship Information editing

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefits Leads Summary Claim Edits and Alerts

Person Information

Name Social Security Number (SSN) Role Claimant

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Child's Parents
- Marriage (0)
- Holding Out (0)

Social Security Number Name

Citizenship Information

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date	Action
					<a href="#">Edit</a> <a href="#">Delete</a>

[Add Citizenship](#)

[Save](#) [Cancel](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Modal window:

### Add Citizenship Information

\* Indicates required information

\* **U.S. Citizenship**

Yes  No

\* **U.S. Citizenship Basis**

--

\* **U.S. Citizenship Proof**

--

\* **Citizenship Start Date**  
This date can typically be a birthdate

mm/dd/yyyy

\* **Citizenship Ended**

Yes  No

[OK](#) [Cancel](#)

**Dropdown list:**

—

Birth in U.S.  
U.S. Citizen Born Outside U.S.  
Naturalization, Granted by Court, Department of Homeland Security, or Presidential Proclamation

U.S. Citizenship Proof

—

Allegation  
No Proof  
Enumeration Record  
Prior Social Security Claim with Proven Citizenship  
U.S. Passport  
Birth/Baptismal Record  
Naturalization Record  
Certificate of Citizenship  
Consular Report of Birth Abroad (FS-240)  
Other  
Certification of Report of Birth (DS-1350)



## c. Contact Information editing

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefits Leads Summary Claim Edits and Alerts

Person Information

Name Social Security Number (SSN) Role Claimant

General Identification

- Person Information
  - SSI Application
  - Disability
  - Multiple SSNs
  - Residency & Presence in the U.S.
  - Payment Method
  - Advance Designation
  - Financial Permission
  - Personal Information Authorization
  - Wage Authorization
  - Felony Warrant
  - Child's Parents
  - Marriage (0)
  - Holding Out (0)

Social Security Number Name

Contact Information

\* Indicates required information

Addresses on Record [More Info](#)

Address	Purpose	Effective Date	Action
			<a href="#">Edit</a>

[Manage Addresses](#)

Primary Phone Number

U.S.  International

10-digit Number

TTY Number

Yes  No

Receive a message on this phone by one or more of the following methods

Select All Options

Receive Text Message

Receive Voice Message

Primary Phone Number Remarks (250 characters maximum)

Characters remaining: 250

Alternate Phone Number

U.S.  International

10-digit Number

TTY Number

Yes  No

Receive a message on this phone by one or more of the following methods

Select All Options

Receive Text Message

Receive Voice Message

Alternate Phone Number Remarks (250 characters maximum)

Characters remaining: 250

Email

\* Spoken Language Preference

\* Written Language Preference

Special Notice Option

[Save](#) [Cancel](#)

Nav | [Dismiss](#) | [Save & Exit](#)

### Modal Window:

Add New Address

**\*Address**

**\*Country**

**\*Line 1**  **Line 2**

**Line 3**  **Line 4**

**\*City/Town**  **\*State/Territory**

**\*ZIP Code**

**State and County Code**

**\*Apply this Address to all applicable purposes**  
 T16 Mailing

### Edit T16 Mailing

**Manage Addresses**

---

**\* Indicates required information**

**\*Select one of the addresses below or enter a new address**

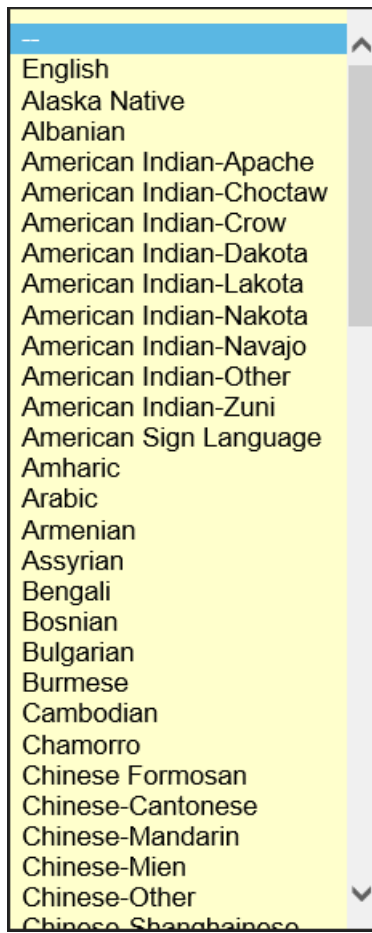
Add New Address

**Mailing Address you entered**

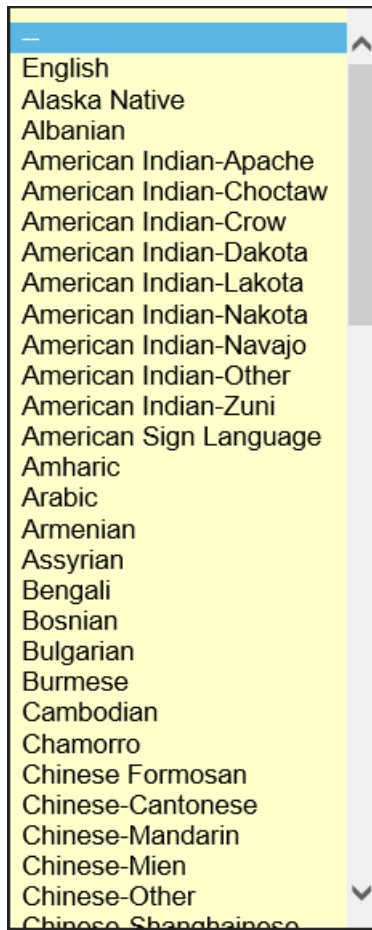
**\*Apply this Address to all applicable purposes**  
 T16 Mailing

**Dropdown list:**

Spoken Language Preference

- 
- English
  - Alaska Native
  - Albanian
  - American Indian-Apache
  - American Indian-Choctaw
  - American Indian-Crow
  - American Indian-Dakota
  - American Indian-Lakota
  - American Indian-Nakota
  - American Indian-Navajo
  - American Indian-Other
  - American Indian-Zuni
  - American Sign Language
  - Amharic
  - Arabic
  - Armenian
  - Assyrian
  - Bengali
  - Bosnian
  - Bulgarian
  - Burmese
  - Cambodian
  - Chamorro
  - Chinese Formosan
  - Chinese-Cantonese
  - Chinese-Mandarin
  - Chinese-Mien
  - Chinese-Other
  - Chinese-Shanghaiese

## Written Language Preference

- 
- English
  - Alaska Native
  - Albanian
  - American Indian-Apache
  - American Indian-Choctaw
  - American Indian-Crow
  - American Indian-Dakota
  - American Indian-Lakota
  - American Indian-Nakota
  - American Indian-Navajo
  - American Indian-Other
  - American Indian-Zuni
  - American Sign Language
  - Amharic
  - Arabic
  - Armenian
  - Assyrian
  - Bengali
  - Bosnian
  - Bulgarian
  - Burmese
  - Cambodian
  - Chamorro
  - Chinese Formosan
  - Chinese-Cantonese
  - Chinese-Mandarin
  - Chinese-Mien
  - Chinese-Other
  - Chinese-Shanghaiese

## d. Accommodation Information editing

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefits Leads Summary Claim Edits and Alerts

Person Information

Name Social Security Number (SSN) Role Claimant

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Child's Parents
- Marriage (0)
- Holding Out (0)

Social Security Number Name

### Request For Reasonable Accommodation

1 Provide Information 2 Review Information 3 Confirmation

Request Information

\*Request Date: [mm/dd/yyyy]

\*Office Code where accommodation is requested: [SCF]

Please select, enter, or modify, at least one of the accommodation options listed below. Select the associated impairment type.

#### Accommodation Approved Today

Hide Special Notice Options

##### Special Notice Options

Complete this section when a notice accommodation is requested by or for a claimant, beneficiary, applicant, recipient, or representative payee who is blind or visually-impaired. NOTICE: Organizational representative payees ARE NOT eligible for special notice options. If none of these options are adequate, please visit the SNO Website.

For Applicants, Beneficiaries, Recipients or Representative Payees  
Policy information relating to SNO can be referenced from PCMS VALLEY TSOOG

- Standard print notices sent by first-class mail
- Standard print notices sent by certified mail
- Standard print notices sent by first-class mail and a follow-up telephone call within 5 business days to read the client the notice
- Standard print notices and Braille notices sent by first-class mail
- Standard print notices and data compact discs (CDs) that contain a Microsoft Word file sent by first-class mail
- Standard print notices and audio compact discs (CDs) that contain a voice recording of the notice sent by first-class mail
- Standard print notices and large print (18-point font) notices sent by first-class mail

Impairment Type: [ ]

Undo Change

Use the "Non-Standard Accommodations" section below when a special notice option is requested by or for:

- Someone other than a claimant, beneficiary, applicant, recipient, or individual representative payee, or
- is based on an impairment other than blindness or visual impairment.

#### Standard Accommodation

Hide Standard Accommodation

Standard Accommodation Help

If required, select one or more Standard Accommodation(s).

Show Standard Accommodation Policies

Standard Accommodation	Impairment Type	Provided
<input type="checkbox"/> Test standard Accommodation creation with maximum input values allowed with accommodation name for local individuals located within the city and the area limit	[--]	<input type="checkbox"/>
<input type="checkbox"/> Test accommodation	[--]	<input type="checkbox"/>
<input type="checkbox"/> Certified and Qualified Sign Language Interpreter	[--]	<input type="checkbox"/>
<input type="checkbox"/> Certified and Qualified Video Remote Sign Language Interpreter (VRI)	[--]	<input type="checkbox"/>
<input type="checkbox"/> Handwritten notes	[--]	<input type="checkbox"/>
<input type="checkbox"/> Lip reading or speech reading	[--]	<input type="checkbox"/>

#### Locally-Available Accommodation

Hide Locally-Available Accommodation

Locally-Available Accommodation Help

If required, select one or more Locally-Available Accommodation. (These may not be available in every office.)

Show Locally-Available Accommodation Policies

Locally-Available Accommodation	Impairment Type	Provided
<input type="checkbox"/> xxxxxx	[--]	<input type="checkbox"/>
<input type="checkbox"/> test	[--]	<input type="checkbox"/>
<input type="checkbox"/> asasa	[--]	<input type="checkbox"/>
<input type="checkbox"/> Social Security employee who is a Qualified Sign Language Interpreter	[--]	<input type="checkbox"/>
<input type="checkbox"/> Social Security employee who knows American Sign Language (ASL)	[--]	<input type="checkbox"/>
<input type="checkbox"/> CapTel service	[--]	<input type="checkbox"/>
<input type="checkbox"/> Real-time Court Reporting	[--]	<input type="checkbox"/>
<input type="checkbox"/> UniDuo face-to-face communicator	[--]	<input type="checkbox"/>

#### Other Accommodation

Hide Other Accommodation

Other Accommodation Help

If required, describe any other accommodation that SSA can provide today. Only document accommodations provided by SSA.

Other Accommodation	Impairment Type	Provided	Actions
[ ]	[--]	<input type="checkbox"/>	[Remove]

Add A Row

If none of the above accommodations meet the requirement, please create Non-Standard Accommodation by clicking on below button.

Request Non-Standard Accommodation

Next Reset Cancel

Next Previous Save & Exit

### Dropdown list:

Impairment Type

- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Cognitive or Learning
- Mobility or Physical
- Psychological or Emotional
- Other

## 2. Supplemental Security Income Application

This page collects the type of application being processed, and the date the claim was established. Additionally, it collects information about the non-claimant applicant.

The screenshot shows a web application interface for a Supplemental Security Income Application. At the top, there is a navigation bar with tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. Below the navigation bar, the title 'Supplemental Security Income Application' is displayed. The main content area is divided into two sections: 'General Identification' on the left and a form on the right. The 'General Identification' section has two radio buttons: 'Person Information' (selected) and 'SSI Application'. The form on the right contains several required fields: 'Application type' (dropdown menu), 'Protective filing date' (text input with 'mm/dd/yyyy' placeholder), 'Effective filing date' (text input with 'mm/dd/yyyy' placeholder), and 'Applicant type' (dropdown menu). Below these fields are two expandable sections: 'Show person remarks' (currently showing 'No remarks') and 'Show file documentation notes' (currently showing 'No notes'). At the bottom of the form is a 'Clear Page' button. At the bottom of the page are navigation buttons: 'Next', 'Previous', and 'Save & Exit'.

### **Dropdown list:**

Application Type

A dropdown menu for 'Application Type' with a blue header bar containing a minus sign. The list items are 'Abbreviated', 'Deferred', and 'Full'.

Applicant Type

A dropdown menu for 'Applicant Type' with a blue header bar containing a minus sign. The list items are 'Agency', 'Claimant', and 'Other Individual'.

**More Info link:**

Application type ✕

Select an Application Type of:

- 'Full' for claims involving simultaneous development. See [POMS SI 00603.002 Explanation of Deferred and Simultaneous Development](#) for more information.
- 'Deferred' for claims that do not meet requirements for simultaneous development. See [POMS SI 00603.002.C Explanation of Deferred and Simultaneous Development](#) for more information.
- 'Abbreviated' to formally deny Title XVI benefits for certain nonmedical reasons when the applicant alleges information that clearly results in ineligibility. See [POMS SI 00602.001 The Abbreviated Application Process](#) for more information.

Close

Protective filing date ✕

The Protective filing date documents the claimant's first date of inquiry with an intent to apply for SSI benefits. See [POMS GN 00204.010 Protective Filing](#) for more information.

Close

Effective filing date ✕

The Effective Filing Date documents the date the claimant or claimant spouse files an application for SSI benefits. In most cases it will be the same as the Protective Filing Date. See [POMS SI 00601.009 Application Effective Date](#) for more information.

Close

### 3. Disability

This page documents the allegation of disability or blindness, the onset date alleged by the individual, the SSA employee's decision regarding the disposition of the medical portion of the file, and the date the field office sent the file for a medical decision.

Once in the path, this page remains in the path and the user cannot remove the page.

SSI Claims

Go To  General Identification  Living Arrangements  Resources  Income  Benefit Leads  Summary  Claim Edits and Alerts

#### Disability

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

Indicates required information

Allegations

**Disabled**

Yes  No

**Blind or low vision** [More Info](#)  
Includes blindness and severe visual impairment even with glasses or contacts

Yes  No

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Clear Page](#)



SSI Claims

Go To **General Identification** Living Arrangements Resources Income Benefit Leads **Summary** Claim Edits and Alerts

Disability

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**General Identification**

- [Person Information](#)
- [SSI Application](#)
- Disability**
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

\* Indicates required information

**Allegations**

**Disabled**  
 Yes  No

**Blind or low vision** [More Info](#)  
Includes blindness and severe visual impairment even with glasses or contacts  
 Yes  No

**Alleged onset date**  
   
mm/dd/yyyy

**Disabled prior to age 22**  
 Yes  No  Unknown

**Refer case for medical decision**  
 Yes  No  Decide later

**Reason not referred**

[Show person remarks](#)  
 No remarks

[Show file documentation notes](#)  
 No notes

**Dropdown list:**

Reason not referred

--

Adopt title II disability determination

Converted welfare case

Denied for non-medical reason

**More Info link:**

More Info - Blind or low vision ✕

Statutory blindness:

- Central visual acuity of 20/200 or less in the better eye after best correction
- A limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees in the better eye

Other considerations if blindness is established:

- No substantial gainful activity limitation applies see [POMS DI 10501.001 Meaning of SGA and Scope of Subchapter](#) ,
- [POMS DI 11005.070D Field Office Title II and Title XVI Disability Claims for Blindness and Visual Impairment Allegations](#) ,
- [POMS DI 26005.005B Title XVI Statutory Blindness Evaluation Issues](#)
- Blind work expenses are more favorable than income related work expenses because they reduce countable earnings dollar for dollar in SSI eligibility and payment computations, see [POMS SI 00820.535 Blind Work Expenses \(BWE\)](#)

Higher state supplements and multi-category eligibility are available in California, Iowa, and Nevada (as well as in Massachusetts prior to 04/01/2012) for statutorily blind recipients:

- [POMS SI 00501.300 Multicategory Eligibility - General Information](#)

More Info - Claim escalated ✕

- When a claim for benefits based on disability under title II or title XVI is pending at the initial, reconsideration, or hearing level of review and a subsequent claim under the other title is filed, establish whether the claims share a common issue. If the claims share a common issue, consider escalating the claim. See [POMS DI 12045.010 Processing Disability Claims at Different Levels of Appeal, Title II and Title XVI - Common Issue Cases](#) for more information.
- Escalated claims are different from Military Casualty (MC)/Wounded Warrior (WW) cases. See [POMS DI 11005.006 Field Office \(FO\) Instructions for Claims Development and Processing for Military Casualty \(MC\)/Wounded Warrior \(WW\) Cases](#) for more information.

[Close](#)

## 4. Children in Deeming Unit

This page collects the number of ineligible children (including children eligible on their own records) who live with or have lived with the claimant since the date indicated.

The screenshot shows the 'Children in Deeming Unit' section of the SSI Claims application. At the top, there is a navigation bar with tabs for 'General Identification', 'Resources', 'Income', 'Summary', and 'Claim Edits and Alerts'. Below the navigation bar, the page title is 'Children in Deeming Unit'. The main content area is divided into two columns. The left column contains a 'General Identification' sidebar with several options, each with a green checkmark: 'SSI Eligibility', 'Person Information', 'Children in Deeming Unit', 'Multiple SSNs', 'Sponsored Alien', 'Financial Permission', 'Personal Information Authorization', 'Wage Authorization', 'Marriage (1)', and 'Holding Out (0)'. At the bottom of this sidebar are three buttons: 'Next', 'Previous', and 'Save & Exit'. The right column contains the main form area. It starts with a header row with columns for 'Name', 'Social Security Number (SSN)', and 'Role' (with a sub-label 'Ineligible Spouse'). Below this, there is a section for 'Number of children, other than the claimant, included in the deeming unit since 02/28/2008'. This section includes a dropdown menu and a 'More Info' link. Below that is a table for 'Children' with columns for 'Child SSN' and 'Unknown'. The table has three rows, each with a checkbox in the 'Unknown' column. Below the table are two expandable sections: 'Show person remarks' (currently showing 'No remarks') and 'Show file documentation notes' (currently showing 'No notes'). At the bottom of the form area is an 'Undo Changes' button.

### **More Info link:**

#### Children In Deeming Unit ✕

The number of children in the deeming unit should include the total number of children of deemors (ineligible spouse or parents) for this claim. Do not count the claimant. For initial claims the date displayed is the last day of the month before the month of the Effective Filing Date on the Supplemental Security Income Application page. For post eligibility claims, the date displayed is the last day of the month before the Pending File Begin Date, if present. Otherwise, the date will display the last day of the month before the Effective Filing Date on the Supplemental Security Income Application page.

Close

**Dropdown list:**

—
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
More than 25

## 5. Multiple SSNs

This page collects additional social security numbers that have either been used by or issued to the claimant, claimant spouse, living with parent, deemor children, sponsor, sponsor spouse and/or co-sponsor spouse.

SSI Claims

Go To  General Identification  Living Arrangements  Resources  Income  Benefit Leads  Summary  Claim Edits and Alerts

### Multiple SSNs

Name	Social Security Number (SSN)	Role
		Claimant

**General Identification**

- Person Information
- SSI Application
- Disability
- Multiple SSNs**
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Child's Parents
- Marriage (0)
- Holding Out (0)

**Other SSNs previously used or issued** [More Info](#)

Yes  No  Unknown

**Other SSNs used or issued**  
At least one row is required

* SSN	* Type	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

### Dropdown list:

Type

Issued
Used
Used and Issued

**More Info link:**

<b>Multiple SSNs</b> <span data-bbox="898 268 922 296">✕</span>
<p>Other SSNs issued to the individual by SSA are cross-referenced on the SSR. The SSNs must be cross-referred so that the individual's earnings can be properly credited to his/her earnings record.</p>
<a data-bbox="212 474 298 522" href="#">Close</a>

## 6. Alien Status

The purpose of this requirement is to determine each month if N13 (Not a citizen or lawfully admitted alien) applies. When N13 does not apply for the month, the person is considered qualified for SSI based on Alien Status. Note: All other factors of SSI eligibility must still be met.

SSI claims

[Go To](#)

[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

---

**Alien Status**

Name	Social Security Number (SSN)	Role
		Claimant

**General Identification**

- [Person Information](#)
- [SSI Application](#)
- [Disability](#)
- [Multiple SSNs](#)
- [Alien Status](#)
- [Residency & Presence in the U.S.](#)
- [Payment Method](#)
- [Financial Permission](#)
- [Personal Information Authorization](#)
- [Felony Warrant](#)
- [Marriage \(0\)](#)
- [Holding Out \(0\)](#)
- [Sponsor](#)
- [Edits and Alerts](#)

**\* Indicates required information**

**\* U.S. admission date**  
This is the most recent date the claimant entered the United States for residence purposes.  
  Unknown

**\* Country of origin**  
This is the country where the Alien resided prior to entering the U.S., or from where the alien filed for refugee or other alien status prior to entering the U.S. It may or may not be the place of birth of the claimant.

**\* Alien status** [List of Alien status codes](#) [Reference: SI 00502.100](#)

- Amerasian immigrant or Iraqi/Afghani special immigrant status  
Class of admission: AM1, AM2, AM3, AM6, AM7, AM8. Class of admission Iraqi/Afghani special immigrant: SI1, SI2, SI3, SI6, SI7, SI8, SI8, SI1, SQ2, SQ3, SQ6, SQ7, SQ8
- Asylee, Section 208 of the Immigration and Nationality Act (INA)  
Class of admission: AS1, AS2, AS3, AS6, AS7, AS9
- Battery, cruelty or Violence Against Women Act petitioner  
Class of admission: IB1, IB2, IB3, IB6, IB7, OB8, IR8, IF1, Z14, DAS
- Continuous U.S. residence since prior to 1/1/1972 (PRUCOL); not eligible unless receiving SSI on 8/22/1996 and continues to meet all eligibility factors
- Cuban or Haitian entrant  
Class of admission: C7P, CC, CNP, CH6, CU0, CU5, CU7, CU8, CU9, CUP, HA6-HA9, HB6-HB9, HC6-HC9, HD6-HD9, HE6-HE9, NC6-NC9
- Deportation withheld under Section 241(d)(3) or removal withheld under Section 243(h) of the Immigration and Nationality Act (INA)  
Class of admission: DAS, ER6, ER7, IJ, DE, DEFER
- Lawful permanent resident  
Class of admission: IR3, FX3, DV1, AR1, AY1, DT1, E11, GA6, LA6, LB6, IMM, LPR, XB3 and including all values in other selections
- Lawful permanent resident, Immigration Reform and Control Act (IRCA) of 1986
- Lawful temporary resident, Immigration Reform and Control Act (IRCA) of 1986; not Special Agricultural Worker (SAW) or Replenishment Agricultural Worker (RAW)  
Class of admission: LTR, TW1, TW2, TS1, TS2
- Legalized Special Agricultural Worker (SAW) or Replenishment Agricultural Worker (RAW), Immigration Reform and Control Act (IRCA) of 1986  
Class of admission: S16, S26, S1W, S2W, TR1, TR2, RAW
- Parolee, Section 212(d)(5) of the Immigration and Nationality Act and not Cuban/Haitian entrant; not eligible unless receiving SSI on 8/22/1996 and continues to meet all eligibility factors  
Class of admission: DE, CC, CH, CP, DA, DT, R3, R4, PR
- Refugee, Section 207 of the Immigration and Nationality Act (INA) or Section 203(a)(7) of the INA prior to 1/1/1980  
Class of admission: Section 203(a)(7): R86, P7, P72, P75, P76, RRA, REF, Section 207: RE1-RE3, RE5-RE9, REF, RE, REUG
- Stay of deportation, non-qualified Alien  
Class of admission: Z13, Z14, Z15, Z56, Z57
- Voluntary departure  
Class of admission: FUG, VD
- No valid DHS status; alleges presence in the U.S. illegally or DHS unaware of presence
- Alleges valid DHS status; status unknown or no other applicable status
- Unknown

**\* Alien status verified**  
 Yes  No

**\* Alien receiving SSI benefits on 8/22/1996, and who has continued to meet all SSI eligibility factors** [More Info](#)  
 Yes  No  Unknown

**\* Refugee per Section 207**  
 Yes  No  Unknown

**Exception met**

**\* Sponsored at any time since 02/28/2012**  
 Yes  No  Unknown

**\* Sponsor type**  
If sponsor type is employer and the employer is a relative of the claimant, select "person" if the employer is not related to the claimant, select "organization".

**\* Sponsor signed a new version affidavit of support** [More Info](#)  
A new version affidavit of support is a legally enforceable affidavit of support (DHS Form I-864 or similar form) used by DHS for applications for immigrant visas or for adjustments of status filed on or after 12/19/1997. New sponsor deeming rules apply.

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

[Undo Changes](#)

[New](#)
[Dismiss](#)
[Save & Exit](#)

## 7. Residency and Presence in U.S.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Residency and Presence in U.S.(Initial Claim)

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**General Identification**

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

\* Indicates required information

**\* Permanently lives within the 50 States, District of Columbia, or the Northern Mariana Islands** [More info](#)

Yes  No

**\* First U.S. residency date**

Unknown  
mm/dd/yyyy

**\* Resided outside of the U.S. since 03/16/2021**

Yes  No  Unknown

**Periods Resided Outside the U.S.**

* Date From (mm/dd/yyyy)	* Date To (mm/dd/yyyy)	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<a href="#">Delete</a>

**\* Continuous presence in U.S. since 03/16/2021**

Yes  No  Unknown

**Periods not Present in the U.S.**

* Date Left (mm/dd/yyyy)	* Date Returned (mm/dd/yyyy)	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

### More info link:

#### Residency and Presence in U.S. (Initial Claim)

### Developing Permanent Home

✕

Develop if claimant permanently lives in the U.S. for SSI purposes. For more information see [POMS SI 00501.400 Residence and Citizenship Requirement](#)

Close



## 8. Payment Method

The Payment Method page collects the claimant and eligible spouse's payment choice.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Payment Method

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Residence in the U.S.

Payment Method

- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

Indicates required information

Payment method type

--

Show person remarks

No remarks

Show file documentation notes

No notes

Clear Page

Next | Previous | Save & Exit

### **Dropdown list:**

Payment method type

--

- Check by mail
- Direct Deposit
- Enroll in Direct Express
- Unknown

## “Payment method type” is *Direct Deposit*

Payment Method

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method**
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

\* Indicates required information

\* **Payment method type**  
Direct Deposit

\* **Routing number**  
  Unknown

\* **Account type**  
--

\* **Account number**  
  Unknown

Show person remarks  
No remarks

Show file documentation notes  
No notes

### **Dropdown list:**

Account type

—

- Checking
- Savings
- Unknown

## 9. Advanced Designation

SSI Advance Designation is a mini-path function in the SSI Claims system. Advance Designation is automatically placed in the SSI Claims path for the person on the claim when a new claim is established for the person on the claim. When accessing Advance Designation, the user is presented with the Advance Designation of Representative Payee application in establish, update or query mode.

The Advance Designation of Representative Payee application collects advance designation data for the applicants and beneficiaries who do not have a representative payee. If the time comes that they need a representative payee, individuals can be advance designated in priority order. The Advance Designation of Representative Payee application also allows applicants and beneficiaries who have a representative payee to update the phone number of any existing advance designations that are currently present in the application.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Advance Designation

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	---------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation**
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

Advance Designation for

\* Indicates required information

[Hide information about advance designation](#)

You have the option to designate someone you trust to receive and manage your benefit payments on your behalf in the event you become unable to do so yourself.

SSA refers to this person as a representative payee. A representative payee is responsible for ensuring that payments are used for the beneficiary's food, shelter, medical, and personal needs. To be appointed as a representative payee, an individual must be able and willing to serve, and meet SSA selection requirements.

\* Would the individual like to advance designate at this time?

Yes  No

**To advance designate at a later time:**  
Go online to [my Social Security](#) or contact us.

Next

## 10. Financial Institutions Permission

The Financial Institutions Permission page documents whether the claimant, eligible spouse, and deemors give permission to contact Financial Institutions.

The screenshot shows the 'Financial Institutions Permission' page in the SSI Claims system. The page has a navigation bar at the top with tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Summary' tab is selected. Below the navigation bar, the page title is 'Financial Institutions Permission'. There are three columns: 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. On the left, there is a sidebar with 'General Identification' selected, containing options like 'Person Information', 'SSI Application', 'Disability', 'Multiple SSNs', 'Residency & Presence in the U.S.', 'Payment Method', 'Advance Designation', 'Financial Permission', 'Personal Information Authorization', 'Wage Authorization', 'Felony Warrant', 'Marriage (0)', and 'Holding Out (0)'. The main content area shows a table for 'Financial Institutions Permission History' with columns for 'Status', 'Permission Status', 'Collected Date (mm/dd/yyyy)', 'Ineligibility Notice Date (mm/dd/yyyy)', and 'Actions'. The table is currently empty with the text 'No records found'. There are buttons for 'Add New Permission' and 'Clear Page'. Below the table, there are expandable sections for 'Show person remarks' (No remarks) and 'Show file documentation notes' (No notes). At the bottom, there are 'Next', 'Previous', and 'Save & Exit' buttons.

### **Modal Window:**

#### Add New Permission

The screenshot shows the 'Add New Permission' modal window. The window has a title bar with a close button. The main content area is titled 'Permission'. It contains a red asterisk indicating required information. The first section is 'Permission to contact financial institutions' with three radio buttons: 'Yes', 'No', and 'Unknown'. The second section is 'Collected date' with a text input field and the placeholder text 'mm/dd/yyyy'. At the bottom, there are 'OK' and 'Cancel' buttons.

## 11. Personal Information Authorization

This page documents whether the claimant, eligible spouse, and members of the deeming unit give authorization for third parties to disclose their personal information to SSA.

The screenshot shows the 'Personal Information Authorization' page in the SSI Claims system. The page title is 'Personal Information Authorization' and the subtitle is 'Optional authorization allowing third parties to release non-medical, non-financial institution information to SSA'. The page is divided into a left sidebar and a main content area. The sidebar lists various authorization categories: General Identification (selected), SSI Application, Disability, Multiple SSNs, Residency & Presence in the U.S., Payment Method, Advance Designation, Financial Permission, Personal Information Authorization (selected), Wage Authorization, Felony Warrant, Marriage (0), and Holding Out (0). The main content area contains a table with columns for Name, Social Security Number (SSN), and Role (Claimant). Below the table, there are several sections: 'Person available to provide response' with radio buttons for Yes and No (No is selected), 'Show person remarks' with a text area containing 'No remarks', and 'Show file documentation notes' with a text area containing 'No notes'. A 'Clear Page' button is located at the bottom of the main content area.

### More Info link:

Who May Consent ✕

For more information on who may consent, see [POMS GN 03305.005 Who May Consent](#)

[Close](#)

**Modal Window:**

“Person available to provide response” is Yes

Authorization Response

\* Indicates required information

\* Relationship of person providing response  
--

\* Name of person providing response

\* First Middle \* Last Suffix

\* Authorization for disclosure of personal information to SSA  
 Yes  No

\* Date response provided  
mm/dd/yyyy

OK Cancel

**Dropdown list:**

--

Self  
Parent of minor child  
Legal guardian

## 12. Wage Authorization

SSI Wage Authorization is a mini-path function in SSI Claims system. Upon accessing the page, the user is presented with a data collection screen. The SSI Wage Authorization page interfaces with the Programmatic Wage Authorization application, which houses authorization responses and presents the appropriate response collection elements and information depending on the authorization response status and claim status of both Title 16 and Title 2. This function collects and/or displays information regarding authorization for SSA to obtain wage and employment information from third party providers for the claimant, eligible spouse, ineligible spouse, eligible child, ineligible child, parent, sponsor, sponsor spouse, and sponsor cosponsor.

The SSI Wage Authorization function is automatically placed in the SSI Claims system path when required by current Policy in Initial Claims, Preeffectuation Review Contact page, and Redetermination events. It is also available to the user in other SSI Claims system events upon request. SSI Wage Authorization allows the user to review and update Programmatic Wage Authorization status without having to exit the SSI Claims system application.

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Wage Authorization

Name	Social Security Number (SSN)	Role
		Claimant

**General Identification**

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization**
- Felony Warrant
- Marriage (0)
- Holding Out (0)

**Wage and Employment Information Authorization**  
Optional authorization allowing payroll data providers to release wage and employment information to SSA

Indicates required information

Current Authorization Details [More Info](#)

SSDI	SSI
Authorization status: Inactive	Authorization status: Inactive
Response date: --	Response date: --
Attested date: --	Attested date: --

Person available to provide response in person, over the phone, or through a signed paper form [More Info](#)

Yes  No

[OK](#) [Clear Page](#)

[Next](#) [Previous](#) [Save & Exit](#)

**More Info link:**

Current Authorization Details

### Authorization Details

**Active** - Individual has given a "Yes" response

**Inactive** - This status is displayed when:

1. Individual has not provided an authorization response
2. Individual has given a "No" response
3. Individual turned 18 and a new authorization request has not been made
4. Individual revoked his or her authorization
5. Individual is no longer considered a deemor for SSI purposes
6. Claim has been denied
7. Benefits have terminated

**Authorization response date** - The date when the individual provided a "Yes" or "No" response

**Authorization terminated date** - The date when the system terminates the authorization due to the following reasons:

1. Individual turned 18 and a new authorization request has not been made
2. Individual is no longer considered a deemor for SSI purposes
3. Claim has been denied



“Person available to provide response in person, over the phone, or through a signed paper form” is Yes

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edit and Alerts

Wage Authorization

Name	Social Security Number (SSN)	Role
		Claimant

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization**
- Felony Warrant
- Child's Parents
- Marriage (0)
- Holding Out (0)

Wage and Employment Information Authorization

Optional authorization allowing payroll data providers to release wage and employment information to SSA

\* Indicates required information

Current Authorization Details [More Info](#)

SSDI

Authorization status	Inactive
Response date	--
Attested date	--

SSI

Authorization status	Inactive
Response date	--
Attested date	--

\* Person available to provide response in person, over the phone, or through a signed paper form [More Info](#)

Yes  No

\* Relationship of person providing response

--

\* Name of person providing response

\* First Middle Last Suffix

\_\_\_\_

\* Address of person providing response

If you update this address, it will be used only for the purpose of printed notice and will not be saved

\* Country

United States or U.S. Territory

\* Street 1 Street 2 Street 3 Street 4

\_\_\_\_

\* City/Town \* State/Territory \* ZIP Code

--

Authorization Response

\* Concurrent filing

Yes  No

OK Clear Page

**More Info link:**

Who May Provide Authorization ✕

An individual who is filing or receiving benefits may give us authorization to obtain his or her wage and employment records from any payroll data provider.

Additionally, for SSI, we will request authorization from anyone whose income and resources we consider when determining the individual's eligibility and payment amount.

Minor children, legally incompetent adults, and representative payees cannot give us authorization:

- If the individual is a minor child, then a parent or legal guardian must give us authorization on his or her behalf. The only exception is if the minor child is emancipated, then he or she can give authorization.
- If the individual is a legally incompetent adult, the legal guardian must give us authorization on behalf of the individual
- A representative payee can give authorization on behalf of the individual, only when the representative payee is the parent or legal guardian of the minor, or legal guardian of the incompetent adult

Close

**Dropdown list:**

—
Self
Parent of minor child
Legal guardian

### 13. Felony Warrant

These pages document the claimant's or eligible spouse's status as a Fugitive Felon or Parole Probation Violator.

This DFR documents two (2) separate pages:

- Felony Warrants
- Parole or Probation Violation Warrants

As a result of the Martinez Court Settlement, SSA will only suspend on the following felony arrest warrants:

- Flight to avoid prosecution or confinement – Offense Code 4902
- Flight – escape – Offense Code 4999

As a result of the Clark Court order, SSA can no longer make initial determination to suspend or deny payments based on a Parole or Probation violations. Historical information will be displayed, but new claims will not include PPV questions.

The screenshot shows the 'Felony Warrant' section of the SSI Claims application. At the top, there is a navigation bar with tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'General Identification' tab is selected. Below the navigation bar, the form title 'Felony Warrant' is displayed. The form includes a header with fields for 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. A left-hand sidebar lists various identification categories, with 'Felony Warrant' highlighted. The main content area contains a question: '\* Accused or convicted of a felony or an attempt to commit a felony', with radio button options for 'Yes', 'No' (selected), and 'Unknown'. Below this, there are expandable sections for 'Show person remarks' (displaying 'No remarks') and 'Show file documentation notes' (displaying 'No notes'). An 'Undo Changes' button is located at the bottom of the form. At the very bottom of the page, there are 'Next', 'Previous', and 'Save & Exit' buttons.

## “Accused or convicted of a felony or an attempt to commit a felony” is Yes

**Felony Warrant**

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant**
- Marriage (0)
- Holding Out (0)

\* Indicates required information

**Review this information before you continue**

For Initial Claims, if “Yes” is displayed in any of the Felony questions, follow the Martinez Settlement guidelines in [POMS GN 02613.860 Martinez Court Case Settlement - Overview](#)

For Post Entitlement, if “Yes” is displayed in any of the felony questions, do not change them to “No” unless there is an erroneous fugitive felon suspension. Changes can cause improper overpayments or underpayments.

**\* Accused or convicted of a felony or an attempt to commit a felony**

Yes  No  Unknown

**\* State or country**

State/Territory  Federal Jurisdiction or Country

**\* Federal Jurisdiction or Country**

--

**\* Since 03/31/2021, felony or arrest warrant** [Click here first before adding a new Felony Warrant](#)

Yes  No  Unknown

**Felony warrant**

Do not change or delete existing warrant information unless there is an erroneous fugitive felon suspension

Status	Date Warrant Issued (mm/dd/yyyy)	Warrant Satisfied	Date Warrant Satisfied (mm/dd/yyyy)	Good Cause	Actions
No records found.					

[Add Warrant](#)

▼ Show person remarks

No remarks

### Dropdown list:

State or Country

State

--

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa (AE)
- Armed Forces Americas (AA)
- Armed Forces Canada (AE)
- Armed Forces Europe (AE)
- Armed Forces Middle East (AE)
- Armed Forces Pacific (AP)
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine

Federal Jurisdiction or Country

- United States or U.S. Territory
- Afghanistan
- Albania
- Alderney
- Algeria
- Andaman Islands
- Andorra
- Angola
- Anguilla
- Annobon Island
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ascension
- Ascension Island
- Australia
- Austria
- Azerbaijan
- Azores
- Bahamas
- Bahrain
- Balearic Islands
- Bangladesh
- Barbados
- Barbuda
- Basse Terre
- Belarus

**Modal Window:**

**Add Warrant**

**Felony Warrant**  
Do not change existing Fugitive Felon historical data unless there is an erroneous Fugitive Felon suspension. For information on the Martinez Court Settlement, see [POMS GN 02613.860B.1 Martinez Court Settlement](#)

• Indicates required information

• **Date warrant issued**  
  Unknown  
mm/dd/yyyy

**Date fled**  
  
mm/dd/yyyy

• **Warrant selected/issued in error**  
 Yes  No  Unknown

**Good cause**

OK Cancel

**Dropdown list:**

**Good Cause**

--  
Established  
Not established

## 14. Child's Parents

This page documents the SSNs of parents living with a child claimant who is under age 18 prior to the effective filing date. It also documents SSNs of non-deemor parents for a claimant who alleges becoming disabled prior to age 22. It also adds a lead on the Child's Entitlement from Parents page for deemor and non deemor parents.

SSI Claims

Go To

General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Child's Parents

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**General Identification**

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Child's Parents**
- Marriage (0)
- Holding Out (0)

**Indicates required information**

**Living with deemor parent(s) since 03/31/2021**

Yes  No

**Non Deemor parents**

**Non Deemor Parent SSN**

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

Clear Page

Next Previous Save & Exit

## 15. Marriage

The Marriage page captures and displays data related to marriages, which are active or terminated for all the people on the Person Claim Summary page. It establishes marital relationships and also collects the information about a separated/former spouse of the claimant. The information collected on the Marriage page is shared data among all claims where that person's SSN is active. The Marriage Information section of the Marriage page enables the user to view, and when applicable, update an individual's information. This information is collected in Person Information (PI).

SSI Claims

Go To

General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Marriage

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

Marriage Information

Social Security Number Name

Marriage Information

**Are you or have you ever been married?**

Yes  No

Marriage Details

Spouse Name	Spouse SSN	Spouse Birth Date / Age	Marriage Start Date	Marriage End Date	Reason Marriage Ended	Spouse Death Date	Action
No records found.							

Add Marriage

Save Cancel

Next Previous Save & Exit



# Add Marriage

SSI Claims

Go To  General Identification  Living Arrangements  Resources  Income  Benefit Leads  Summary  Claim Edits and Alerts

Marriage

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

**Marriage Information**

**Social Security Number** **Name**

Marriage Information

Enter current or any prior marriage or Non-Marital Legal Relationship information (NMLR). [More Info](#)

**Spouse Social Security Number (SSN)** [More Info](#)  
Enter SSN to obtain spouse information on record.

[Get Spouse Information On Record](#)

**Name Type**

Full Name  
 Single Name

**Spouse Name**

First  Middle  Last  Suffix

**Spouse Birth Date or Age**  
Birth Date is required. If Birth date is unknown, please enter Age.  
Birth Date  Age   Unknown  
mm/dd/yyyy

**Marriage Date**  
  Unknown  
mm/dd/yyyy

**Place of Marriage**

U.S. or U.S. Territory  International

City/Town  State/Territory

**Marriage Type or Non-Marital Legal Relationship Information** [More Info](#)

**Special Relationships** [More Info](#)  
Special Relationships applies only for Title 2

Proof of marriage

**Marriage Ended**

Yes  
 No  
 Unknown

[Save](#) [Cancel](#)

Nav | [Deactivate](#) | [Sign Out](#)

## Dropdown list:

Suffix

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

**More Info link:**

**Marriage Information** ✕

Please use the Marriage Information questions to develop all relationships that may affect benefit entitlement.

Marriage data that is input may be matched to previous data for the SSA official record and/or alleged data from previous data inputs.

Please adhere to Privacy and Disclosure guideline in processing and communicating this data to the Claimant or any 3rd party representation.

[SI 00501.150](#)  
[GN 01085.010](#)

**Social Security Number (SSN)** ✕

The Spouse SSN may or may not be required depending on the type of marriage information you will provide. However, providing the Spouse SSN is recommended as this will allow you to select certain data such as Name, Birthdate, Marriage date etc., that may be on record instead of typing it in.

**Marriage Type** ✕

More information about Marriage Types can be found in the following POMS links:

General Information About Determining Marital Status - [GN 00305.005](#)  
Civil Union / Domestic Partnership - [GN 00210.004](#)  
Common Law (non-ceremonial) Marriage - [GN 00305.075](#)  
Deemed Marriage - [GN 00305.055](#)  
Indian Tribal or Custom Marriage - [GN 00305.090](#)  
Married by clergy or public official - [GN 00305.020](#)

**Special Relationship** ✕

Special Relationships only apply to Title 2.

For Special Relationships code details, refer to the following POMS links:

[MS 00705.007](#)  
[SM 03020.040](#)

## Reason Marriage Ended ✕

More information about Marriage Ended reasons can be found in the following POMS links:

Annulment, Death, Divorce - [GN 00305.120](#)

Putative - (for TII purposes only) [GN 00305.085](#)

Voided - [GN 00305.125](#)

### **Dropdown list:**

#### Marriage Type or Non-Marital Legal Relationship Information

- 
- Civil Union Marriage
- Common-Law (non-ceremonial) Marriage
- Deemed Marriage
- Domestic Partnership
- Indian Tribal or Custom Marriage
- Married by clergy or public official

#### Special Relationships

- 
- 216B1
- 216F1
- 202C2
- 216K
- 216C2/G2

#### Reason Marriage Ended

- 
- Annulment
- Death
- Divorce
- Putative
- Voided

# SSI Marriages - Marriage Summary

SSI Claims

Go To: [General Identification](#) [Living Arrangements](#) [Resources](#) [Income](#) [Benefit Leads](#) [Summary](#) [Claim Edits and Alerts](#)

Marriage

Name	Social Security Number (SSN)	Role
		Claimant

General Identification

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Residency & Presence in the U.S.
- Payment Method
- Advance Designation
- Financial Permission
- Personal Information Authorization
- Wage Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)

Next Previous Save & Exit

### SSI Marriages

#### Marriage Summary

Select marriage if couple has lived together anytime since 03/31/2021

Spouse Name	Spouse SSN	Spouse Birth Date/Age	Marriage Start Date	Marriage End Date	Spouse Deceased
No Records Found					

Show person remarks  
No remarks

Show file documentation notes  
No notes

Show Marriage Information

## 16. Holding Out

This page collects the information about the possible holding out relationship(s) of the person. It also collects the decision about a holding out relationship. The information collected on the Holding Out page is shared data among all claims where that person's SSN is active.

Develop possible holding out relationship(s) as of, or any time since xx/xx/xxxx is Yes

**Modal Window:**

**Develop Holding Out Relationship**

Holding Out Relationship

\* Indicates required information

**Name**

\*First  Middle  \*Last  Suffix

\* Does NICHOLAS COLLINS present to the community as being part of a married couple

Yes  No  Unknown

Development needed [More Info](#)

\* Consider as a couple for SSI

Yes  No

Other person's SSN

**More Info link:**

Develop Holding Out ✕

For more information refer to

- [POMS SI 00501.152 Determining Whether Two Individuals Are Holding Themselves Out as a Married Couple](#)
- [POMS SI 00501.150 Determining Whether a Marital Relationship Exists](#)

Development needed ✕

For more information refer to

- [POMS SI 00501.152 Determining Whether Two Individuals Are Holding Themselves Out as a Married Couple](#)
- [POMS SI 00501.150 Determining Whether a Marital Relationship Exists](#)

## 17. Sponsor

This page collects preliminary information about the claimant's individual sponsors and their spouses. This information is used to determine the sponsors, co-sponsor spouses, and sponsor's spouses that exist on the claimant's record.

SSI Claims

Go To: General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Sponsor

Name	Social Security Number (SSN)	Role	Claimant
------	------------------------------	------	----------

**General Identification**

- Person Information
- SSI Application
- Disability
- Multiple SSNs
- Alien Status
- Residency & Presence in the U.S.
- Payment Method
- Financial Permission
- Personal Information Authorization
- Felony Warrant
- Marriage (0)
- Holding Out (0)
- Sponsor**
- Edits and Alerts

**Indicates required information**

**Sponsor**

All-eligibility rule is required

When only the claimant or both members of an eligible couple are sponsored by a particular sponsor or sponsoring couple, add that sponsor to the claimant's Sponsor table.

When only the claimant spouse is sponsored by a particular sponsor or sponsoring couple, add that sponsor to the claimant spouse's Sponsor table.

Status	Sponsor Name	Sponsor SSN	Sponsor Relationship to Claimant	Sponsor Spouse Name	Sponsor Spouse SSN	Sponsor Spouse Relationship to Claimant	Co-Sponsor	Actions
<input type="checkbox"/>			Other			Other	No	Select Delete
<input type="checkbox"/>			Other					Select Delete

[Add Sponsor](#)

Show person remarks  
No remarks

Show file documentation notes  
No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Modal Window:

#### Add Sponsor

Sponsor

**Indicates required information**

**Sponsor name**

**Sponsor SSN**

**Sponsor's relationship to this claimant**

[OK](#) [Cancel](#)



# C. Living Arrangements

## 1. Residence Address and Jurisdiction

The Residence Address and Jurisdiction page collects the claimant's physical residence address and jurisdictional address when it is different from the physical residence address. In addition, it is used to record additional residence related data to determine the claimant's federal living arrangement. It is the first living arrangement data collection page in the SSI application for deferred, full, and abbreviated claims.

**SSI Claims**

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

**Residence Address and Jurisdiction**

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 04/01/2021 - Continuing

**Living Arrangements**

- 04/01/2021 - Continuing
- Residence Address and Jurisdiction**
- Living Arrangement Change

**Child of armed forces member stationed outside the U.S. by order**

Yes  No

Select from favorites or type contact information

[Show favorites](#)

**Residence Address**

**Country**

United States or U.S. Territory

**Street 1** **Street 2** **Street 3** **Street 4**

**City/Town** **State/Territory** **ZIP Code**

**County**

Unknown

**Jurisdictional residence address same as above**

Yes  No  Unknown

Override state and county code

**State and county code**

21020F

**Residence type**

House, apartment, mobile home, houseboat

Institution

Non-institutional care (placed by an agency in foster care, adult foster care, or family care, and not a resident of an institution)

Room in commercial establishment

Room in private dwelling (separate household from landlord, either room rental only or flat fee for room and board)

Transient

Unknown

**Residence start date**

Unknown

mm/dd/yyyy

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Clear Page](#)

[Next](#) [Previous](#) [Save & Print](#)

**Dropdown list:**

Country

- United States or U.S. Territory ^
- Afghanistan
- Albania
- Alderney
- Algeria
- Andaman Islands
- Andorra
- Angola
- Anguilla
- Annobon Island
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ascension
- Ascension Island
- Australia
- Austria
- Azerbaijan
- Azores
- Bahamas
- Bahrain
- Balearic Islands
- Bangladesh
- Barbados
- Barbuda
- Basse Terre
- Belarus v
- Belau

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 2. Institution Residence

The purpose is to record residence data collected when the claimant is residing in an institution.

SSI Claims

Go To General Identification **Living Arrangements** Resources Income Benefit Leads Summary Claim Edits and Alerts

### Institution Residence

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 03/25/2021 - Continuing

#### Living Arrangements

- Periods
  - 11/01/2020 - 03/24/2021
  - 03/25/2021 - Continuing**
- Residence Address and Jurisdiction
- Institution Residence**
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Living Arrangement Change
- Edits and Alerts

\* Indicates required information  
Select from favorites or type contact information  
[Show favorites](#)

**\* Institution name**  
  Unknown

**\* Address**

**\* Country**  
United States or U.S. Territory

**\* Street 1** **Street 2** **Street 3** **Street 4**

**\* City/Town** **\* State/Territory** **\* ZIP Code**

Unknown

**Phone**  
 U.S.  International  
10-digit Number

Date institutionalization began 11/01/2020

**\* Institution for Supplemental Nutrition Assistance Program (SNAP) purposes**  
 Yes  No

Admission date 11/01/2020 **\* Admission date verified**  
 Yes  No

Discharged from the institution

**\* Institution type**  
 Public  Private  Unknown

**\* Confinement reason**

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

### 3. Non-Institutional Care

This page collects living arrangement information when the claimant lives in a non-institutional care situation. Non-Institutional Care is when the claimant is placed by a public or private agency under a specific program of protective placement such as foster or family care. This information is necessary to document the living arrangement determination.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Non-Institutional Care

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/21/2021 - Continuing

**Living Arrangements**

- Periods
  - 04/01/2021 - 04/02/2021
  - 04/03/2021 - 04/15/2021
  - 04/16/2021 - 04/20/2021
  - 04/21/2021 - Continuing
- Residence Address and Jurisdiction
- Non-Institutional Care**
  - In-Kind Support and Maintenance
  - Living Arrangement Change

\* Indicates required information

Select from favorites or type contact information  
[Show favorites](#)

\* Placement agency name  
  Unknown

**Address**

Country  
United States or U.S. Territory

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

**Phone**

U.S.  International

10-digit Number

\* Agency responsibility verified  
 Yes  No

\* Current market value of monthly care  
\$   Unknown

\* Claimant pays entire current market value from own funds  
 Yes  No  Unknown

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

## 4. Household Composition

The Household Composition page exists to collect household composition information necessary for decisions relating to the federal living arrangement determination, in-kind support and maintenance from within the household and deeming.

SSI Claims

Go To  General Identification  Living Arrangements  Resources  Income  Benefit Leads  Summary  Claim Edits and Alerts

### Household Composition

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 04/01/2021 - Continuing

#### Living Arrangements

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Living Arrangement Change

\* Indicates required information

#### Household Members

Status	Name	Relationship Type	SSN	Birthdate or Age	Sex	Disabled	Blind	Student	Married	Actions
<input checked="" type="radio"/>		Claimant			Male					<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Show person remarks  
No remarks

Show file documentation notes  
No notes

### **Modal Window:**

Add Other Household Members

### Household Member

\* Indicates required information

**\* Name**

\* First  Middle  \* Last  Suffix   Unknown

**\* Relationship type**

--

**SSN**

**\* Birthdate**  OR **\* Age**   Unknown

mm/dd/yyyy

---

**\* Sex**

Male  Female

**\* Disabled**

Yes  No  Unknown

**\* Blind**

Yes  No  Unknown

**Student**

Yes  No  Unknown

---

**Married**

Yes  No  Unknown

## 5. Home Ownership and Rental Liability

The Home Ownership and Rental Liability page collects data regarding home ownership or rental liability in household situations. It collects the mortgage or rental payment amount and frequency of mortgage or rental payment, whether anyone in the household is a child or parent of the landlord, current market value of the home and landlord information. This information is used in conjunction with other living arrangement screens to determine eligibility and/or payment amount.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Home Ownership and Rental Liability

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/01/2021 - Continuing

Living Arrangements

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability**
- In-Kind Support and Maintenance
- Living Arrangement Change

Indicates required information

Ownership or rental liability

Show person remarks  
No remarks

Show file documentation notes  
No notes

Next Previous Save & Exit Undo Changes

### **Dropdown list:**

Ownership or Rental liability

Someone in the household owns or is buying  
Someone in the household rents  
No one in the household owns or rents  
Unknown

Payment Frequency

Monthly  
Bi-weekly (every two weeks)  
Quarterly  
Yearly  
Unknown



## 6. Household Expenses and Contributions

This page documents:

- Whether the claimant lives in an all public assistance household, or a public assistance household subject to the payment cap.
- Whether the claimant lives in the household of another, and whether a bona fide loan agreement exists between the claimant and another household member to cover the claimant's share of the household expenses.
- The claim representative's decision as to whether unstated income or the probability of inside in-kind support and maintenance (ISM) is an issue in special situations.
- When the claimant owns or rents, this page also collects information about household expenses and contributions needed to derive the amount of in-kind support and maintenance and cash received by the claimant or eligible couple from within the household, as well as the monthly loan amount when there is a loan agreement that does not meet the "assume to cover pro rata share" requirement.

The screenshot shows the SSI Claims system interface. At the top, there is a navigation bar with tabs: Home, Go To, General Identification, Living Arrangements (selected), Resources, Income, Benefit Leads, Summary, and Claim Edits and Alerts. Below the navigation bar, the page title is "Household Expenses and Contributions".

Below the title, there is a table with columns: Name, Social Security Number (SSN), and Role (Claimant). The table is currently empty.

Below the table, there is a section for "Period Effective Dates: 04/01/2021 - Continuing".

On the left side, there is a "Living Arrangements" sidebar with a list of options:

- Periods (checked)
- 04/01/2021 - Continuing (selected)
- Residence Address and Jurisdiction (checked)
- Household Composition (checked)
- Homeownership and Rental Liability (checked)
- Household Expenses and Contributions (selected)
- In-Kind Support and Maintenance (unchecked)
- Living Arrangement Change (checked)

At the bottom of the sidebar are buttons: Next, Previous, and Save & Exit.

On the right side, there is a main form area. It contains a red asterisk indicating required information: "All public assistance household". Below this are radio buttons for Yes, No, and Unknown. There are also expandable sections for "Show person remarks" (No remarks) and "Show file documentation notes" (No notes). At the bottom of the form area is a button labeled "Undo Changes".

## 7. Household of Another

This page collects the data to determine if the claimant pays his or her pro rata share of the household expenses when the claimant is not the householder (owner/renter). It also collects the information needed to determine if the claimant receives in-kind support and maintenance from the household.

SSI Claims

Go To [General Identification](#) [Living Arrangements](#) [Resources](#) [Income](#) [Benefit Leads](#) [Summary](#) [Claim Edits and Alerts](#)

### Household of Another

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/01/2021 - Continuing

#### Living Arrangements

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- Household Expenses and Contributions
- Household of Another
- In-Kind Support and Maintenance
- Living Arrangement Change

**Eats all meals out** [More Info](#)

Yes  No  Unknown

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Eat all meals out

Verify and document separate consumption or purchase of food. ✕

Per [SI 00835.140](#) and [SI 00835.150](#), obtain the individual's statement, signed or on a Report of Contact (DROC), regarding separate purchase or consumption of food. Verify the individual's allegation with a knowledgeable adult member of the household, other than the individual's spouse. Obtain a signed statement from the knowledgeable household member or record the contact on a DROC screen or SSA-5002.

[Close](#)

## 8. In-Kind Support and Maintenance

This page collects the data to determine if outside In-Kind Support and Maintenance applies for full applications. It collects information about all types of ISM other than inside ISM; i.e., collects information on ISM to one, institutional ISM, and outside ISM.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

In-Kind Support and Maintenance

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/01/2021 - Continuing

Living Arrangements

- ✓ Periods
- 04/01/2021 - Continuing
- ! Residence Address and Jurisdiction
- In-Kind Support and Maintenance**
- Living Arrangement Change

Indicates required information

Does any person (not living with you) or any agency pay for any of your food or shelter items or provide you or your household (if applicable) with any food or shelter items [More Info](#)

Yes  No  Unknown

Show person remarks  
No remarks

Show file documentation notes  
No notes

Undo Changes

Next Previous Save & Exit

### More Info link:

#### Develop and document In-Kind Support and Maintenance outside the household

Develop In-Kind Support and Maintenance (ISM) from outside a household when its receipt is alleged or otherwise indicated and the recipient is not subject to the value of the one-third reduction (VTR). Document the recipient's allegation on a Report of Contact. See [SI 00835.350D](#) for reference.

Close

## Modal Window:

### Add ISM

In-Kind Support and Maintenance Source

\* Indicates required information

Select from favorites or type source name information

▼ Show favorites

\* **Source name**

Unknown

---

**Address**

Country

United States or U.S. Territory ▼

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

-- ▼

Unknown

---

\* **In-Kind Support and Maintenance countable**

Yes  No  Decide later

---

ISM share for - - Claimant **\$0.00**

## 9. California Optional Supplement

The California Optional Supplement page collects the claimant's responses to questions required of all SSI applicants in the state of California. It also records the Claim Representative's determination of the appropriate State Supplementation code.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

California Optional Supplement

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/01/2021 - Continuing

**Living Arrangements**

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- California Optional Supplement**
- Living Arrangement Change

**\* Indicates required information**

Federal living arrangement

Residence state and county code

**\*Needs assistance in personal care, hygiene, or upkeep of residence**  
For example, help with eating, dressing, bathing, taking medication, caring for room, moving about

Yes  No  Unknown

**\*Has adequate cooking and food storage facilities**

Yes  No  Unknown

**\*Optional state supplement code for** - Claimant (SI 01415.000)

<input type="radio"/> Independent living with cooking facilities (A)
<input type="radio"/> Nonmedical Out-of-Home Care(NMCHC) (B)
<input type="radio"/> Independent living without cooking facilities (C)
<input type="radio"/> SVB recipient with prior California SSI residence (K)
<input type="radio"/> Optional supplementation waived (Y)
<input type="radio"/> No supplement (Z)
<input type="radio"/> Decide later

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

Undo Changes

Next | Previous | Save & Exit

## 10. Massachusetts Optional Supplement

The Massachusetts Optional Supplement page documents the claimant's household expenses in claims with living arrangement periods prior to 04/2012. The documentation of the claimant's household expenses on this page was necessary to determine if the claimant meets the 2/3 of household expense requirement. It also records the Claim Representative's determination of the appropriate State Supplementation code.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Massachusetts Optional Supplement

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 03/01/2012 - Continuing

**Living Arrangements**

- Periods
- 03/01/2012 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Massachusetts Optional Supplement
- Living Arrangement Change

**Indicates required information**

Federal living arrangement

Residence state and county code

**Pay two-thirds of the household expenses**

Yes  No

**Optional state supplementation code for** - Claimant [SI 01415.000](#)

- Full cost-of-living (A)
- Shared living expenses (B)
- Licensed rest homes (E)
- Title XIX facility where Medicaid pays more than 50% (F)
- Assisted living (G)
- Optional supplementation waived (Y)
- No supplement (Z)
- Decide later

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

Undo Changes

Next | Previous | Save & Exit

## 11. Michigan Optional Supplement

The Michigan Optional Supplement page documents the claimant's eligibility for Michigan Optional Supplement payments. It records the Claim Representative's determination of the appropriate State Supplementation code.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Michigan Optional Supplement

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Period Effective Dates: 04/01/2021 - Continuing

#### Living Arrangements

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Michigan Optional Supplement**
- Living Arrangement Change

**Indicates required information**

Federal living arrangement

Residence state and county code

**Michigan Department of Human Services form (DHS-3471), DHS/SSA Referral is in file**

Yes  No  Unknown

**Optional state supplementation code for** - Claimant [SI 01415.000](#)

Optional supplementation waived (Y)

No supplementation (Z)

Decide later

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

## 12. New Jersey Optional Supplement

The New Jersey Optional Supplement page documents the claimant's eligibility for New Jersey Optional Supplement payments. It records the Claim Representative's determination of the appropriate State Supplementation code.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

New Jersey Optional Supplement

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 03/01/2012 - Continuing

**Living Arrangements**

- Periods
- 03/01/2012 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- New Jersey Optional Supplement**
- Living Arrangement Change

Indicates required information

Federal living arrangement

Residence state and county code

Optional state supplementation code for - Claimant [SI 01415.000](#)

<input type="radio"/> Congregate care (A)
<input type="radio"/> Living alone or with others (B)
<input type="radio"/> Licensed Residential Health Care Facility (RHCF) (I)
<input type="radio"/> Optional supplementation waived (Y)
<input type="radio"/> No supplementation (Z)
<input checked="" type="radio"/> Decide later

Show person remarks  
No remarks

Show file documentation notes  
No notes

Undo Changes

Next | Previous | Save & Exit



## 13. New York Optional Supplement

The New York Optional Supplement page documents the claimant's eligibility for New York Optional Supplement payments.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

New York Optional Supplement

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 03/01/2012 - Continuing

**Living Arrangements**

- Periods
- 03/01/2012 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- New York Optional Supplement**
- Living Arrangement Change

Indicates required information

Federal living arrangement

Residence state and county code

Live with others (except spouse or children for whom claimant has primary responsibility)

--

Optional state supplement code for - Claimant [SI 01415.000](#)

<input type="radio"/> Living alone (A)
<input type="radio"/> Living with others (B)
<input type="radio"/> Congregate Care Level I (C)
<input type="radio"/> Congregate Care Level II (D)
<input type="radio"/> Congregate Care Level III & Enhanced Residential Care (E)
<input type="radio"/> Optional supplementation waived (Y)
<input type="radio"/> No supplement (Z)
<input checked="" type="radio"/> Decide later

Show person remarks  
No remarks

Show file documentation notes  
No notes

Undo Changes

Next | Previous | Save & Exit

### More Info link



## 14. Vermont Optional Supplement

The Vermont Optional Supplement page documents the claimant's eligibility for Vermont Optional Supplement payments. It records the determination of the appropriate State Supplementation code.

SSI Claims

Go To [General Identification](#) [Living Arrangements](#) [Resources](#) [Income](#) [Benefit Leads](#) [Summary](#) [Claim Edits and Alerts](#)

Vermont Optional Supplement

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 03/01/2012 - Continuing

**Living Arrangements**

- Periods
- 03/01/2012 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Vermont Optional Supplement
- Living Arrangement Change

**Indicates required information**

Federal living arrangement

Residence state and county code

Gets help with feeding, dressing, bathing or moving about under normal circumstances

--

**Optional state supplementation code for** - Claimant [SI 01415.000](#)

- Independent living in Chittenden County (B)
- Home or assisted living residence with assistive community care services (Level III) (C)
- Therapeutic community residence (Level IV) (G)
- Custodial care - family home (H)
- Optional supplementation waived (Y)
- Decide later

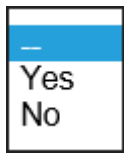
**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

### More Info link



## 15. Optional State Supplement

The Optional State Supplement page is used to collect the identifying information that documents the claimant's eligibility for optional state supplementary payments.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Optional State Supplement

Name	Social Security Number (SSN)	Role
		Claimant

Period Effective Dates: 10/02/2020 - Continuing

**Living Arrangements**

- ✓ Periods
  - ✓ 01/01/2010 - 03/01/2010
  - ✓ 03/02/2010 - 10/01/2020
  - 10/02/2020 - Continuing
- ✓ Residence Address and Jurisdiction
- ✓ Household Composition
- ✓ Homeownership and Rental Liability
- ✓ In-Kind Support and Maintenance
- **Optional State Supplement**
- ✓ Living Arrangement Change

• Indicates required information

Federal living arrangement

State of residence

Residence state and county code

• **Optional state supplement code for** [dropdown] - Claimant [SI 01415.000](#)

- Adult foster care home with 50 or fewer residents (A)
- Adult foster care home with more than 50 residents (B)
- Optional supplementation waived (Y)
- No supplement (Z)
- Decide later

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

Undo Changes

Next | Previous | Save & Exit

## 16. Living Arrangement Change

The Living Arrangement Change page exists to record the claimant's allegation about whether or not the living arrangement information already collected has changed. It also indicates whether a living arrangement change is expected.

SSI Claims

Go To | General Identification | **Living Arrangements** | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Living Arrangement Change

Name | Social Security Number (SSN) | Role  
Claimant

Period Effective Dates: 04/01/2021 - Continuing

**Living Arrangements**

- Periods
- 04/01/2021 - Continuing
- Residence Address and Jurisdiction
- Household Composition
- Homeownership and Rental Liability
- In-Kind Support and Maintenance
- Living Arrangement Change

**Indicates required information**

**Change in living arrangement and/or residence situation since 04/01/2021**

Yes  No  Unknown

**Expect change in living arrangement and/or residence**

Yes  No  Unknown

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

Undo Changes

Next Previous Save & Exit

10:56 AM

## D. Resources

### 1. Resource Selection

The Resource Selection page collects and displays information about the resources owned by the claimant or deemor (claimant, claimant spouse, ineligible spouse, parent, sponsor, sponsor spouse, and co-sponsor spouse associated with the claim). This page collects the claimant's or deemor's allegation of ownership for each resource type and is used to trigger the first source of a resource type into the SSI Claim path. When a source of a particular resource type already exists in the SSI Claim path, this page displays information about the existing sources. This page provides an option for the user to add another source of an existing resource type. During preeffectuation reviews or redeterminations, the page provides a way for the user to indicate which of the existing resources will be presented as he walks the path.

Resource Selection

Name	Social Security Number (SSN)	Role
		Claimant

Resources

Resource Selection

**\* Indicates required information**

**Resources**

Since the first moment of 04/01/2021, do you own or does your name appear, either alone or with other people, on any of the following?

**\* Trusts**

Yes  No  Unknown

**\* Vehicles**

Auto, truck, camper, boat, motorcycle, etc.

Yes  No  Unknown

**\* Real Property Other than Home**

Land, houses, buildings, property in foreign countries

Yes  No  Unknown

**\* Business Equipment**

Yes  No  Unknown

**\* Achieving a Better Life Experience (ABLE) Account**

Yes  No  Unknown

**\* Financial Institution Accounts**

Checking, Savings, Credit Union, Holiday Club, Time Deposits, Individual Indian Money Account, Direct Express, etc.

Yes  No  Unknown

**\* Cash**

Yes  No  Unknown

**\* Stocks, Bonds, or Mutual Funds**

Yes  No  Unknown

**\* Promissory Note, Loan, or Property Agreement**

Yes  No  Unknown

**\* Items Held for Potential Value or Investment**

Coin or card collections, jewelry in safe deposit box, etc.

Yes  No  Unknown

**\* Life Insurance**

Yes  No  Unknown

**\* Burial Funds**

Contracts and trusts

Yes  No  Unknown

**\* Burial Spaces and Related Items**

Cemetery lots, crypts, caskets, urns, headstones, markers, etc.

Yes  No  Unknown

**\* Other Resources**

Life estates, unprobated estates, retirement funds, mineral rights, other items that can be turned into cash

Yes  No  Unknown

**Transfers**

**\* Since 04/01/2018 has John Doe or a co-owner sold, transferred title, disposed of any money or other property, including property or money in foreign countries?**

Yes  No  Unknown

[Clear Page](#)

## 2. Trust

The Trust page collects information about trusts for Supplemental Security Income (SSI) claimants and deemors. The page collects information about any trusts (excluding burial trusts) which the claimant or deemors own or whose name appears on the title. It also records assets contained within the trust and a description of those assets. The value section of the page records the combined value of the assets contained within the trust including the total loan amounts against those assets. This information is used, in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims

Go To ▾ General Identification Living Arrangements **Resources** Income Benefit Leads Summary Claim Edits and Alerts

### Trust

Record information about assets contained in the trust on this page and not on any other resource page.

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

#### Resources

- Resource Selection
- Trusts
  - Vehicles
  - Real Property
  - Business Equipment
  - ABLE Accounts
  - Financial Accounts
  - Cash
  - Stocks and Bonds
  - Notes and Loans
  - Value or Investment Items
  - Life Insurance
  - Burial Spaces
  - Other
  - Transfers

\* 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)

   
Characters remaining: 500

**\* Funding type**  
--

**\* Revocability**  
--

**\* Established date**  
   
mm/dd/yyyy

**\* Trustee type**  
--

**\* Income from additions or earnings**  
 Yes  No  Unknown

**\* Disbursements from trust**  
 Yes  No  Unknown

Earns interest

Set aside for burial

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

Ninety day amendment period applies

**Assets contained in trust**

Asset Type	Details	Actions
No records found.		

Resource disposal agreement

**▼ Show person remarks**  
No remarks

**▼ Show file documentation notes**  
No notes

Next Previous Save & Exit

**Dropdown list:**

Funding type

—
Self-funded
Third party funded
Unknown

Revocability

—
Irrevocable
Revocable
Unknown

Trustee type

—
Organization
Person
Unknown



### 3. Vehicle

The Vehicle page collects information about any vehicles (e.g., cars, trucks, boats, motorcycles, etc.) which the claimant or deemor's own or whose name appears on the title. It also records a description of the vehicle, the market value, the amount owed on a loan for which this vehicle is security and the use of the vehicle. This information is used, in conjunction with other resource pages, to determine the claimant's countable resources.

**NOTE:** Due to a regulations change effective March 9, 2005, two USE fields (04/01/2005 OR LATER and BEFORE 04/01/2005) were added to accommodate the proper documentation of the use of the vehicle during each of those time-periods.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

**Vehicle**

Name	Social Security Number (SSN)	Role Claimant																		
<div style="display: flex;"> <div style="width: 25%; border: 1px solid #ccc; padding: 5px;"> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resource Selection</li> <li><input checked="" type="checkbox"/> Trusts</li> <li><input checked="" type="checkbox"/> <b>Vehicles</b></li> <li><input type="checkbox"/> Real Property</li> <li><input type="checkbox"/> Business Equipment</li> <li><input type="checkbox"/> ABLE Accounts</li> <li><input type="checkbox"/> Financial Accounts</li> <li><input type="checkbox"/> Cash</li> <li><input type="checkbox"/> Stocks and Bonds</li> <li><input type="checkbox"/> Notes and Loans</li> <li><input type="checkbox"/> Value or Investment Items</li> <li><input type="checkbox"/> Life Insurance</li> <li><input type="checkbox"/> Burial Spaces</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Transfers</li> </ul> </div> <div style="width: 75%; padding: 10px;"> <p><small>* Indicates required information</small></p> <p><b>Type</b>  <input type="text" value="--"/></p> <p><b>Year</b>  <input type="text" value=""/> <input type="checkbox"/> Unknown</p> <p><b>Make</b>  <input type="text" value=""/> <input type="checkbox"/> Unknown</p> <p><b>Model</b>  <input type="text" value=""/> <input type="checkbox"/> Unknown</p> <p><b>Co-Owned</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <hr/> <p><b>Use before 04/01/2005</b>  <input type="text" value="--"/></p> <p><b>Use 04/01/2005 or later</b>  <input type="text" value="--"/></p> <p><b>Values</b>  <small>Alleged Value or Verified Value is required</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date From (mm/yyyy)</th> <th>Date To (mm/yyyy)</th> <th>Alleged Value (\$)</th> <th>Verified Value (\$)</th> <th>Loan Amount (\$)</th> <th>Excluded Amount (\$)</th> <th>Unknown</th> <th>Countable Amount (\$)</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td></td> <td><a href="#">Delete</a></td> </tr> </tbody> </table> <p><input type="checkbox"/> Resource disposal agreement</p> <p><a href="#">Show person remarks</a> No remarks</p> <p><a href="#">Show file documentation notes</a> No notes</p> <p style="text-align: right;"> <a href="#">Add Another</a> <a href="#">Clear Page</a> <a href="#">Delete</a> </p> </div> </div>			Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>
Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>												

Next Previous Save & Exit

### Dropdown list:

Type

---
Auto
Boat
Camper
Motorcycle
Truck
Other
Unknown

Use before 04/01/2005

---
Employment
Essential Daily Activities
Medical Treatment
Specifically Equipped for Handicapped
Other
Unknown

Use 04/01/2005 or later

---
Transportation
Other
Unknown

## 4. Real Property

The Real Property page is used to collect the identifying information for any real property that is owned by the claimant, eligible spouse and/or deemors. In addition to the identifying information, this data group collects the value of the resource. For example: land, houses, buildings, and property in foreign countries.

SSI Claims

[Home](#)
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[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Real Property

Name	Social Security Number (SSN)	Role Claimant																		
<div style="display: flex;"> <div style="width: 25%; border: 1px solid #ccc; padding: 5px;"> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resource Selection</li> <li><input checked="" type="checkbox"/> Trusts</li> <li><input checked="" type="checkbox"/> Vehicles</li> <li><input checked="" type="checkbox"/> <b>Real Property</b></li> <li><input type="checkbox"/> Business Equipment</li> <li><input type="checkbox"/> ABLE Accounts</li> <li><input type="checkbox"/> Financial Accounts</li> <li><input type="checkbox"/> Cash</li> <li><input type="checkbox"/> Stocks and Bonds</li> <li><input type="checkbox"/> Notes and Loans</li> <li><input type="checkbox"/> Value or Investment Items</li> <li><input type="checkbox"/> Life Insurance</li> <li><input type="checkbox"/> Burial Spaces</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Transfers</li> </ul> </div> <div style="width: 75%; padding: 10px;"> <p><small>* Indicates required information</small></p> <p><b>* Description</b>  <input style="width: 100%;" type="text"/></p> <p><b>* Address</b></p> <p><small>* Country</small>            United States or U.S. Territory <input type="text"/></p> <p><small>* Street 1</small> <input style="width: 150px;" type="text"/> <small>Street 2</small> <input style="width: 150px;" type="text"/> <small>Street 3</small> <input style="width: 150px;" type="text"/> <small>Street 4</small> <input style="width: 150px;" type="text"/></p> <p><small>* City/Town</small> <input style="width: 150px;" type="text"/> <small>* State/Territory</small> <input type="text" value="--"/> <small>* ZIP Code</small> <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Unknown</p> <p><b>* Used to produce income</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><b>* Nonbusiness property used for self-support</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><b>* Co-Owned</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><b>Values</b>  <small>Alleged Value or Verified Value is required</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">* Date From (mm/yyyy)</th> <th style="width: 10%;">* Date To (mm/yyyy)</th> <th style="width: 10%;">Alleged Value (\$)</th> <th style="width: 10%;">Verified Value (\$)</th> <th style="width: 10%;">Loan Amount (\$)</th> <th style="width: 10%;">Excluded Amount (\$)</th> <th style="width: 10%;">Unknown</th> <th style="width: 10%;">Countable Amount (\$)</th> <th style="width: 10%;">Actions</th> </tr> </thead> <tbody> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><a href="#">Delete</a></td> </tr> </tbody> </table> <p><input type="checkbox"/> Resource disposal agreement</p> <p><small>▼ Show person remarks</small> No remarks</p> <p><small>▼ Show file documentation notes</small> No notes</p> <p style="text-align: right;"> <a href="#">Add Another</a> <a href="#">Clear Page</a> <a href="#">Delete</a> </p> </div> </div>			* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions												
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>												

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

Country – United States or U.S. Territory (Default)

United States or U.S. Territory  
Afghanistan  
Albania  
Algeria  
Andorra  
Angola  
Anguilla  
Antarctica  
Antigua  
Antigua and Barbuda  
Argentina  
Armenia  
Aruba  
Ashmore and Cartier Islands  
Australia  
Austria  
Azerbaijan  
Bahamas, the  
Bahrain  
Baker Island  
Bangladesh  
Barbados  
Bassas da India  
Basutoland  
Belarus  
Belgium  
Belize  
Benin  
Benin  
Benin West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 5. Business Equipment

The Business Equipment page is used to collect business equipment information, values and whether or not the equipment is co-owned for resources. This information is used in conjunction with other resource pages to determine the claimant's countable resources.

SSI Claims

Go To | General Identification | Living Arrangements | **Resources** | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Business Equipment

Name: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_ Role: Claimant

#### Resources

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment**
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

**Description**

**Co-Owned**

Yes  No  Unknown

**Values**

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>

Resource disposal agreement

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

## 6. Achieving a Better Life Experience (ABLE) Account

The Achieving a Better Life Experience (ABLE) Account page (hereafter referred to as the ABLE page) exists in the SSI Claims System for all claimants and deemors when an Achieving a Better Life Experience (ABLE) account has been reported to the Field Office.

Upon receipt of a state agency report, SSA's systems employ a series of rules to match and update each account received to an existing ABLE account.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Achieving a Better Life Experience (ABLE) Account

Name: Social Security Number (SSN): Role: Claimant

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts**
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

**Program state** [Dropdown]  Unknown

**Account number** [Text]  Unknown

**Account opened date** [Text]  Unknown  
mm/dd/yyyy

**Account closed date** [Text]  
mm/dd/yyyy

**Signature authority name**  
First [Text] Middle [Text] Last [Text] Suffix [Text]

**Values**  
Alleged Value or Verified Value is required

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
[Text]	[Text]	[Text]	[Text]	[Text]	<input type="checkbox"/>		<a href="#">Delete</a>

[More Info](#)

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

### More Info:

**Excluded Amount: More Information** ✕

The Excluded Amount is automatically calculated up to the current ABLE exclusion limit. Refer to [SI 01130.740](#)

[Close](#)

**Dropdown list:**

Program state

—

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada



## 7. Financial Institution Account

The Financial Institution Accounts pages exists in SSI Claims Systems, which records information about the financial institution accounts of Supplemental Security Income (SSI) claimants and deemors. The information collected includes: the type of financial institution account, the account number, the name and address of the financial institution, the value of the account for particular periods, and whether the account is co-owned, earns interest and/or is set aside for burial.

SSI Claims
Go To
General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

---

Financial Institution Account

Name	Social Security Number (SSN)	Role Claimant																
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resource Selection</li> <li><input checked="" type="checkbox"/> Trusts</li> <li><input checked="" type="checkbox"/> Vehicles</li> <li><input checked="" type="checkbox"/> Real Property</li> <li><input checked="" type="checkbox"/> Business Equipment</li> <li><input checked="" type="checkbox"/> ABLE Accounts</li> <li><input type="checkbox"/> <b>Financial Accounts</b></li> <li><input type="checkbox"/> Cash</li> <li><input type="checkbox"/> Stocks and Bonds</li> <li><input type="checkbox"/> Notes and Loans</li> <li><input type="checkbox"/> Value or Investment Items</li> <li><input type="checkbox"/> Life Insurance</li> <li><input type="checkbox"/> Burial Spaces</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Transfers</li> </ul> </div> <div style="width: 75%;"> <p><b>Indicates required information</b></p> <p><b>Financial Institution Information</b> Use Search Financial Institutions or Select from Favorites to add or change the Financial Institution</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Name --</p> <p>Address --</p> <p style="text-align: center;"> <input type="button" value="Search Financial Institutions"/> OR <input type="button" value="Select from Favorites"/> </p> </div> <p><b>Account Information</b></p> <p><b>Account type</b> --</p> <p><b>Account number</b> <input type="text"/></p> <p><input type="checkbox"/> Dedicated account</p> <p><input type="checkbox"/> Collective account or master sub-account</p> <p><b>Account title</b> (500 characters maximum)</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <p style="font-size: 0.8em;">Characters remaining: 500</p> <p><b>Co-Owned</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown         </p> <p><input type="checkbox"/> Earns interest</p> <p><input type="checkbox"/> Set aside for burial</p> <p><b>Values</b> Alleged Value or Verified Value is required <span style="float: right; font-size: 0.8em;">Consider Early-Deposited Benefits (EDB) Exclusion</span></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Date From (mm/yyyy)</th> <th>Date To (mm/yyyy)</th> <th>Alleged Value (\$)</th> <th>Verified Value (\$)</th> <th>Excluded Amount (\$)</th> <th>Unknown</th> <th>Countable Amount (\$)</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="button" value="Delete"/></td> </tr> </tbody> </table> <p><b>Show person remarks</b> No remarks</p> <p><b>Show file documentation notes</b> No notes</p> <p style="text-align: center;"> <input type="button" value="Add Another"/> <input type="button" value="Clear Page"/> <input type="button" value="Delete"/> </p> </div> </div>			Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>
Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>											

Next
Previous
Save & Exit



**Dropdown list:**

Account type

---
Checking
Credit union
Direct Express
Holiday club
Individual Indian monies
Savings
Time deposit
Other
Unknown

**Modal Window:**

Search Financial Institutions

Search Financial Institutions		
Routing number		
<input type="text"/>		
Financial Institution Name 		
<input type="text"/>		
Street		
<input type="text"/>		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	-- 	<input type="text"/>

Select from Favorites

Favorite Financial Institutions	
Total:	
Financial Institution	Actions
	<input type="button" value="Select"/> <input type="button" value="Delete"/>
	<input type="button" value="Select"/> <input type="button" value="Delete"/>

**More Info link:**

**Consider Early-Deposited Benefits (EDB) Exclusion**

Early- Deposited Benefits: More Information ✕ ^

We issue SSI payments prior to the first day of the month for which they are due a few times each year. The Treasury Department dates and issues recurring SSI payments and Federally administered supplementary payments on the last banking day of the prior month whenever the first day of the month falls on a Saturday, Sunday, or Federal holiday. These payments are called early-deposited benefits (EDB).

Early deposits before the month the payments are normally received can occur with many types of recurring income. States administering their own supplementary payments may also make their payments early, i.e., in the month before the payments are ordinarily made. Other regularly received payments, (e.g., Social Security benefits, wages, veterans benefits, pension or annuity) may sometimes be early.

Incorrect SSI eligibility determinations may result when early payments are included in the first of the month resource balance for the month the income normally would have been received. To prevent incorrect determinations, we must deduct early payment amounts from the countable resources in the month the income is normally received.

For early deposits of SSI, exclude the EDB amount when the month is an EDB month listed in [SM 01315.005](#) and applying the exclusion would

mean the difference between SSI eligibility and ineligibility (i.e., the countable amount exceeds the resource limit by an amount up to the EDB amount). Complete the Excluded amount field and select an Exclusion reason of "Early RSDI or SSI payment".

Similarly exclude early payments of other recurring income from countable resources in the months in which the payments are ordinarily received. Complete the Excluded amount field, select an Exclusion reason of "Other", complete "Other reason", explain the excluded amount, and document the evidence of early receipt in the File documentation notes.

NOTE: Be alert to situations in which multiple exclusions may apply simultaneously to the first of the month balance. Apply all applicable exclusions and document the file following the relevant policies and procedures.

[Close](#)

## 8. Cash

The Cash page exists in the SSI Claims system application to record information about cash in the possession of Supplemental Security Income (SSI) claimant or deemor. The information collected includes: periods of possession, amounts, exclusion reason(s), and if it is set aside for burial. This information is used, in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims
Go To
General Identification
Living Arrangements
Resources
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### Cash

Document cash values as of the first moment of the month.

Name	Social Security Number (SSN)	Role Claimant

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash**
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

\* Indicates required information

Set aside for burial

**Values**

[Consider Early-Deposited Benefits \(EDB\) Exclusion](#)  
[Currency Converter](#)

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

Show person remarks  
No remarks

Show file documentation notes  
No notes

**More Info link:**

**Consider Early-Deposited Benefits (EDB) Exclusion**

Early- Deposited Benefits: More Information ✕ ^

We issue SSI payments prior to the first day of the month for which they are due a few times each year. The Treasury Department dates and issues recurring SSI payments and Federally administered supplementary payments on the last banking day of the prior month whenever the first day of the month falls on a Saturday, Sunday, or Federal holiday. These payments are called early-deposited benefits (EDB).

Early deposits before the month the payments are normally received can occur with many types of recurring income. States administering their own supplementary payments may also make their payments early, i.e., in the month before the payments are ordinarily made. Other regularly received payments, (e.g., Social Security benefits, wages, veterans benefits, pension or annuity) may sometimes be early.

Incorrect SSI eligibility determinations may result when early payments are included in the first of the month resource balance for the month the income normally would have been received. To prevent incorrect determinations, we must deduct early payment amounts from the countable resources in the month the income is normally received.

For early deposits of SSI, exclude the EDB amount when the month is an EDB month listed in [SM 01315.005](#) and applying the exclusion would

mean the difference between SSI eligibility and ineligibility (i.e., the countable amount exceeds the resource limit by an amount up to the EDB amount). Complete the Excluded amount field and select an Exclusion reason of "Early RSDI or SSI payment".

Similarly exclude early payments of other recurring income from countable resources in the months in which the payments are ordinarily received. Complete the Excluded amount field, select an Exclusion reason of "Other", complete "Other reason", explain the excluded amount, and document the evidence of early receipt in the File documentation notes.

NOTE: Be alert to situations in which multiple exclusions may apply simultaneously to the first of the month balance. Apply all applicable exclusions and document the file following the relevant policies and procedures.

[Close](#)

## 9. Stock, Bond, or Mutual Fund

The Stock, Bond, or Mutual Bond page collects information about a stock, bond, or mutual fund of a Supplemental Security Income (SSI) claimant or deemor. The information collected includes the type of stock, bond or mutual fund, description, the issuance date for a bond, whether it earns interest or dividends, the value for particular periods, whether it is co-owned, and/or whether the stock, bond, or mutual fund is set aside for burial. This information is used, in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Stock, Bond, or Mutual Fund

Use a separate page to record each item.

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash

**Stocks and Bonds**

- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

**Indicates required information**

**Type**  
--

**Description**  
[Text Field]

**Co-Owned**  
 Yes  No  Unknown

Set aside for burial

**Values**  
Alleged Value or Verified Value is required [Savings Bond Calculator](#)

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
[Text Field]	[Text Field]	[Text Field]	[Text Field]	[Text Field]	<input type="checkbox"/>	[Text Field]	<a href="#">Delete</a>

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Dropdown list:

Type

- 
- Mutual fund
- Stock
- U.S. Savings Bond (Series E and EE)
- U.S. Savings Bond (Series H and HH)
- U.S. Savings Bond (Series I)
- Other bond
- Unknown

## 10. Promissory Note, Loan, or Property Agreement

The Promissory Note, Loan or Property Agreement page exists in the SSI Claims System application, which allows the user to collect information about any promissory note, loan or property agreement which a claimant or deemor owns, or whose name appears on the title. It also records information about the borrower, the date and amount of the original loan, current market value, the outstanding principal balance, and the plan for repayment. This information is used in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Promissory Note, Loan, or Property Agreement

Only enter promissory note, loan or property agreement information where the individual is the lender.

Name	Social Security Number (SSN)	Role
		Claimant

#### Resources

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Funds
- Burial Spaces
- Other
- Transfers

**\* Indicates required information**

**\* Type**

**\* Original loan date**  
  Unknown

**\* Original loan amount**  
  Unknown

**\* Timetable or plan to repay**  
 Yes  No  Unknown

**\* How the borrower intends to repay**  
  Unknown

**\* Loan bona fide for SSI purposes**  
 Yes  No  Decide later

**\* Borrower's name**  
  Unknown

**Borrower's phone number**

**Address**  
Country:   
Street 1:  Street 2:  Street 3:  Street 4:   
City/Town:  State/Territory:  ZIP Code:

**\* Co-Owned**  
 Yes  No  Unknown

Earns interest

Set aside for burial

Resource disposal agreement

**▼ Show person remarks**  
No remarks

**▼ Show file documentation notes**  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

Next | Previous | Save & Exit

### Dropdown list:

Type

- Oral/informal loan
- Promissory note/commercial loan
- Property agreement
- Written/informal loan
- Unknown

Address – Country

- United States or U.S. Territory
- Afghanistan
- Albania
- Alderney
- Algeria
- Andorra
- Angola
- Anguilla
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ascension
- Australia
- Austria
- Azerbaijan
- Azores
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Barbuda
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia



## 11. Item Held for Potential Value or Investment

The Item Held for Potential Value or Investment page is used to collect items of value such as collectibles, race or breeding horses, jewelry not worn or held for family significance, etc. These items can be owned by the claimant, eligible spouse and/or deemors. This information is used in conjunction with other resource pages to determine the claimant's countable resources.

SSI Claims

Go To General Identification Living Arrangements **Resources** Income Benefit Leads Summary Claim Edits and Alerts

Item Held for Potential Value or Investment

Do not document items that meet our definition of household goods and personal effects.

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

**Description**

\* Indicates required information

\* Description  
For example: collectables, race or breeding horses, jewelry not worn or held for family significance, etc.

**Co-Owned**

Yes  No  Unknown

**Values**  
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="button" value="Delete"/>

Resource disposal agreement

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

## 12. Life Insurance

The Life Insurance page exists in the SSI Claims system, which records information about the life insurance policies of Supplemental Security Income (SSI) claimants and deemors. The information collected includes: the type of policy, name of insured, face value, cash surrender value, loan amount, excluded amounts, insurance company name and address, if the policy pays dividends, whether the policy is co-owned, and/or is set aside for burial. This information is used in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims

[Home](#)
[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
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**Life Insurance**

Name	Social Security Number (SSN)	Role Claimant

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

\* Indicates required information

**\* Company**  
  Unknown

**Address**  
Country:  United States or U.S. Territory  
Street 1:  Street 2:  Street 3:  Street 4:   
City/Town:  State/Territory:  ZIP Code:

**Policy number**:  **Date purchased**:   
mm/dd/yyyy

**\* Name of insured**:

**\* Face value**: \$   Unknown

**\* Policy has a Cash Surrender Value (CSV)**  
 Yes  No  Unknown

Set aside for burial

**\* Dividend accumulations**  
 Yes  No  Unknown

Resource disposal agreement

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

**Dropdown list:**

Name of insured

--
John Doe
Other
Unknown

Address - Country

United States or U.S. Territory	^
Afghanistan	
Albania	
Alderney	
Algeria	
Andorra	
Angola	
Anguilla	
Antigua	
Antigua and Barbuda	
Argentina	
Armenia	
Aruba	
Ascension	
Australia	
Austria	
Azerbaijan	
Azores	
Bahamas	
Bahrain	
Bangladesh	
Barbados	
Barbuda	
Belarus	
Belgium	
Belize	
Benin	
Bermuda	
Bhutan	
Bolivia	v

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

### 13. Burial Fund

The Burial Fund page exists in the SSI Claims System, and allows the user to collect information about burial contracts and trusts that the claimant owns. It also records who the contract or trust is for, the date it was set aside, the original amount set aside, whether it is co-owned, revocable, irrevocable or partially irrevocable, earns interest, as well as the purchase price or market value. This information is used in conjunction with other resource pages to determine the claimant’s countable resources.

SSI claims Val - Version: 1.9.5.23, Group: 2 Robin Madison

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Burial Fund

Name: GIANNA LYNN BUSH Social Security Number (SSN): 051-42-9706 Role: Claimant

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Funds**
- Burial Spaces
- Other
- Transfers

**\* Indicates required information**

**\* Type**

**\* Description**

**\* Name for whom held**  
 \*First  Middle  \*Last  Suffix   Unknown

**\* Meets exclusion relationship**  
 For children: self or parent. For adults: self or spouse.  
 Yes  No  Decide later

**\* Date asset set aside**  
  Unknown

**Original amount set aside**  
 \$   Earns interest

**\* Co-Owned**  
 Yes  No  Unknown

**Values**  
 Alleged Value or Verified Value is required

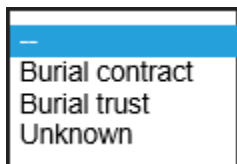
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Revocable Amount (\$)	Verified Revocable Amount (\$)	Alleged Irrevocable Amount (\$)	Verified Irrevocable Amount (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

Resource disposal agreement

**▼ Show person remarks**  
 No remarks

**▼ Show file documentation notes**  
 No notes

**Dropdown list:**



## 14. Burial Space or Related Item

The Burial Space or Related Item page is used to collect information about the location and value of burial spaces and related items (cemetery lots, crypts, caskets, vaults, urns, and mausoleums, other repositories for burial, headstones or markers) which the claimant owns or whose name appears on the title. This information is used, in conjunction with other resource pages, to determine the claimant's countable resources.

SSI Claims

Go To

General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Burial Space or Related Item

Name Social Security Number (SSN) Role Claimant

Resources

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

\* Indicates required information

\* Type

Relationship of person for whom held

\* Name for whom held

\* First Middle \* Last Suffix

Co-Owned

Yes No Unknown

Values

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
						<input type="checkbox"/>		Delete

Resource disposal agreement

Show person remarks

No remarks

Show file documentation notes

No notes

Add Another Clear Page Delete

Next Previous Save & Exit

### Dropdown list:

Type

Casket

Cemetery lot

Crypt

Headstone

Marker

Urn

Other

Unknown

Relationship of person for whom held

- Self
- Spouse
- Parent
- Parent's Spouse
- Child
- Child's spouse
- Sibling
- Sibling's spouse
- Other
- Unknown

## 15. Other Resource

The Other Resource page collects information about other resources, which are not listed separately on the Resources Selection menu for a Supplemental Security Income (SSI) claimant or deemor. The information collected includes the type of resource, a description, its value for particular periods, and whether or not the resource is co-owned and/or is set aside for burial. This information is used, in conjunction with other resource screens, to determine the claimant's countable resources.

SSI Claims

Go To | General Identification | Living Arrangements | **Resources** | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Other Resource

Name | Social Security Number (SSN) | Role  
Claimant

**Resources**

- Resource Selection
- Trusts
- Vehicles
- Real Property
- Business Equipment
- ABLE Accounts
- Financial Accounts
- Cash
- Stocks and Bonds
- Notes and Loans
- Value or Investment Items
- Life Insurance
- Burial Spaces
- Other
- Transfers

\* Indicates required information

\* Type  
-

\* Description

\* Co-Owned  
 Yes  No  Unknown

Earns interest

**Values**  
 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
						<input type="checkbox"/>		Delete

Resource disposal agreement

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

Add Another | Clear Page | Delete

Next | Previous | Save & Exit

### Dropdown list:

Type

- ABLE prepaid debit card
- Life estate other than residence
- Life insurance dividend accumulations
- Mineral rights
- Prepaid debit card
- Retirement/pension fund
- Unprobated estate other than residence
- Other
- Unknown



## 16. Property / Cash Given or Sold

The Property / Cash Given or Sold page is used to collect whether the claimant or claimant's eligible spouse disposed of any resources in the 36 months prior to the effective filing month or in the post-entitlement period of review. This data group serves two purposes. The first purpose is to collect information regarding the validity of an alleged transfer of resource ownership for SSI resource determinations. The second purpose of this data group is to collect information about resources that have been given away or sold at less than fair market value for State Medicaid agency notification.

SSI Claims

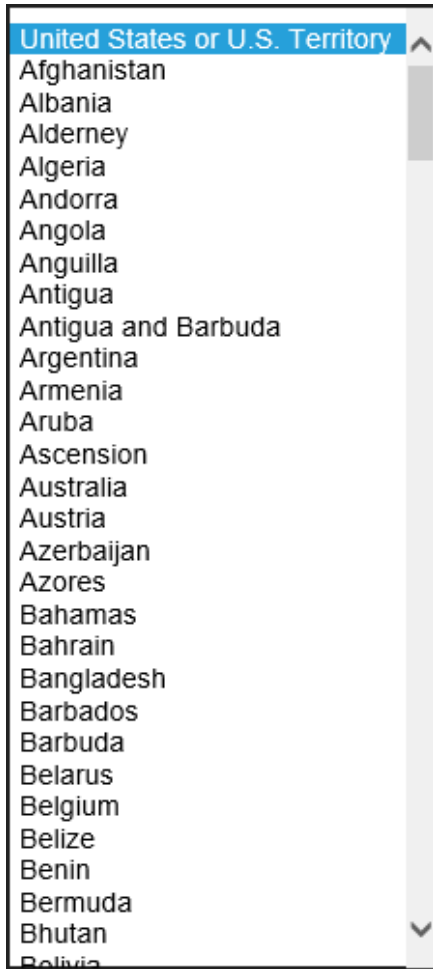
[Home](#)
[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
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Property / Cash Given or Sold

Name	Social Security Number (SSN)	Role Claimant
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resource Selection</li> <li><input checked="" type="checkbox"/> Trusts</li> <li><input checked="" type="checkbox"/> Vehicles</li> <li><input checked="" type="checkbox"/> Real Property</li> <li><input checked="" type="checkbox"/> Business Equipment</li> <li><input checked="" type="checkbox"/> ABLE Accounts</li> <li><input checked="" type="checkbox"/> Financial Accounts</li> <li><input checked="" type="checkbox"/> Cash</li> <li><input checked="" type="checkbox"/> Stocks and Bonds</li> <li><input checked="" type="checkbox"/> Notes and Loans</li> <li><input checked="" type="checkbox"/> Value or Investment Items</li> <li><input checked="" type="checkbox"/> Life Insurance</li> <li><input checked="" type="checkbox"/> Burial Spaces</li> <li><input checked="" type="checkbox"/> Other</li> <li><input type="checkbox"/> Transfers</li> </ul> </div> <div style="width: 80%;"> <p><b>* Indicates required information</b></p> <p><b>* Description</b>  <input style="width: 100%;" type="text"/></p> <p><b>* Still own part of property</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><b>* Market value or amount of cash gift</b>            Record the market value of the portion of the property that the individual transferred            \$ <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown</p> <p><b>* Receiver's name</b>  <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown</p> <p><b>Receiver's address</b>            Country  <input type="text" value="United States or U.S. Territory"/>             Street 1 <input style="width: 100px;" type="text"/>           Street 2 <input style="width: 100px;" type="text"/>           Street 3 <input style="width: 100px;" type="text"/>           Street 4 <input style="width: 100px;" type="text"/>             City/Town <input style="width: 100px;" type="text"/>           State/Territory <input style="width: 100px;" type="text"/>           ZIP Code <input style="width: 100px;" type="text"/></p> <p><b>* Receiver relationship</b>  <input type="text" value="--"/></p> <p><b>* Transfer date</b>  <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown  <small>mm/dd/yyyy</small></p> <p><b>* Method of transfer</b>  <input type="text" value="--"/></p> <p><b>* Additional considerations or proceeds expected</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><b>Show person remarks</b>            No remarks</p> <p><b>Show file documentation notes</b>            No notes</p> <p style="text-align: center;"> <input type="button" value="Add Another"/> <input type="button" value="Clear Page"/> <input type="button" value="Delete"/> </p> </div> </div>		

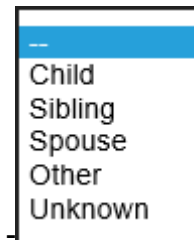
**Dropdown list:**

Receiver's address – Country



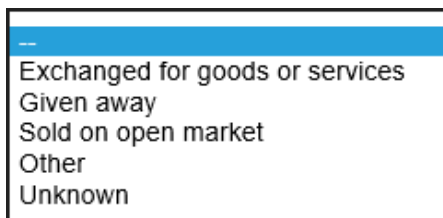
A dropdown menu showing a list of countries and territories. The top item, "United States or U.S. Territory", is highlighted in blue. The list includes: Afghanistan, Albania, Alderney, Algeria, Andorra, Angola, Anguilla, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ascension, Australia, Austria, Azerbaijan, Azores, Bahamas, Bahrain, Bangladesh, Barbados, Barbuda, Belarus, Belgium, Belize, Benin, Bermuda, Bhutan, and Bolivia. A vertical scrollbar is visible on the right side of the list.

Receiver relationship



A dropdown menu showing a list of relationships. The top item, "--", is highlighted in blue. The list includes: Child, Sibling, Spouse, Other, and Unknown.

Method of transfer



A dropdown menu showing a list of transfer methods. The top item, "--", is highlighted in blue. The list includes: Exchanged for goods or services, Given away, Sold on open market, Other, and Unknown.

## E. Income

### 1. Income Selection

The Income Selection page collects and displays information about the type of income being received by the claimant or deemor. The Income types that are selected trigger the source of income type into the SSI Claim path. When a source of a particular income type already exists in the SSI Claim path, this page displays information about the existing sources.

This page also provides an option for the user to add another source of an existing income type.

SSI Claims

Go To General Identification Living Arrangements Resources **Income** Benefit Leads Summary Claim Edits and Alerts

### Income Selection

Name	Social Security Number (SSN)	Role
		Claimant

**Income**

- Income Selection
- Office of Child Support Enforcement Data

\* Indicates required information

#### Income

Since the first moment of 01/01/2020, have you received, or do you expect to receive in the next 14 months, income from any of these sources?

**Temporary Assistance for Needy Families**

Yes  No  Unknown

**Refugee Cash Assistance**

Yes  No  Unknown

**Bureau of Indian Affairs**

Yes  No  Unknown

**Disaster Assistance**

Yes  No  Unknown

**Adoption, Foster Care, or Kinship Guardianship Assistance**

Yes  No  Unknown

**Other State, Local, or Tribal Assistance**  
Based on need and not based on need

Yes  No  Unknown

**Other Federal Income Based on Need**  
Federally funded private assistance and other Federal assistance

Yes  No  Unknown

**Alimony or Spousal Support**  
Alimony, spousal impoverishment, and other spousal support

Yes  No  Unknown

**Child Support**  
Court ordered or voluntary, parent in or outside of household, arrearages, and TANF pass-through

Yes  No  Unknown

**Wages**  
Includes earned royalties and honoraria

Yes  No  Unknown

**Self-Employment**  
All taxable years covered by the review period. Includes earned royalties and honoraria

Yes  No  Unknown

**Sick Pay (Earned)**  
Received within first full six months after stopping work and not based on employee's contribution

Yes  No  Unknown

**Sick Pay (Unearned)**  
Received within first full six months after stopping work and based on employee's contribution, or received more than first full six months after stopping work

Yes  No  Unknown

**Workers' Compensation**

Yes  No  Unknown

**Unemployment Compensation**

Yes  No  Unknown

**Social Security**

Yes  No  Unknown

**\*Black Lung**  
 Yes  No  Unknown

---

**\*Office of Personnel Management**  
 Yes  No  Unknown

---

**\*Railroad Board**  
 Yes  No  Unknown

---

**\*Department of Veterans Affairs**  
 Yes  No  Unknown

---

**\*Pension, Annuity, Retirement, or Disability**  
Includes disability insurance, state annuities for certain veterans, and state disability insurance  
 Yes  No  Unknown

---

**\*Interest**  
 Yes  No  Unknown

---

**\*Dividends**  
 Yes  No  Unknown

---

**\*Royalties or Honoraria (Unearned)**  
If earned, record on Wages or Self-Employment  
 Yes  No  Unknown

---

**\*Rental or Lease Income**  
Includes income from subletting and renting out a room. If received from trade or business (e.g. someone in the business of renting properties), record on Self-Employment  
 Yes  No  Unknown

---

**\*Other Income**  
Includes cash, gambling winnings, prizes, gifts, settlements, insurance proceeds, and other income or support not mentioned previously  
 Yes  No  Unknown

---

**Income Related Items**

Blind Countable Income

---

Plan to Achieve Self-Support

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

## 2. Temporary Assistance for Needy Families

This page collects and/or displays information regarding Temporary Assistance for Needy Families being alleged or received and the amount.

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

Temporary Assistance for Needy Families

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Office of Child Support Enforcement Data

\* Indicates required information  
Select from favorites or type source information  
[Show favorites](#)

\* Source ID

Unknown

---

\* Address

Street 1

Street 2

Street 3

Street 4

City/Town

State/Territory

ZIP Code

--

v

Unknown

---

Contact



---

Phone



---

* Date From (mm/yyyy)	* Date To (mm/yyyy)	* Family Grant Amount (\$)	* Amount Without Individual (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Verified	Unknown	Countable Amount (\$)	Actions
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<a href="#">Delete</a>

---

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

**Dropdown list:**

State/Territory

- 
- - Alabama
  - Alaska
  - American Samoa
  - Arizona
  - Arkansas
  - California
  - Colorado
  - Connecticut
  - Delaware
  - District of Columbia
  - Federated States of Micronesia
  - Florida
  - Georgia
  - Guam
  - Hawaii
  - Idaho
  - Illinois
  - Indiana
  - Iowa
  - Kansas
  - Kentucky
  - Louisiana
  - Maine
  - Marshall Islands
  - Maryland
  - Massachusetts
  - Michigan
  - Minnesota
  - Mississippi

### 3. Refugee Cash Assistance

This page collects and/or displays information regarding the type of refugee cash assistance being alleged or received and the amount.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

Refugee Cash Assistance

Name | Social Security Number (SSN) | Role Claimant

Income

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance**
- Office of Child Support Enforcement Data

\* Indicates required information

\* Type  
--

Select from favorites or type source information  
[Show favorites](#)

\* Source  
[Text Field]  Unknown ID [Text Field]

Address

Country  
United States or U.S. Territory

\* Street 1 [Text Field] Street 2 [Text Field] Street 3 [Text Field] Street 4 [Text Field]

City/Town [Text Field] State/Territory [Dropdown] ZIP Code [Text Field]

Unknown

Contact  
[Text Field]

Phone  
 U.S.  International  
10-digit Number [Text Field]

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

#### Dropdown list:

Type

--

- Federally funded - based on need
- State, local, or tribal - based on need
- Other
- Unknown

Country – United States or U.S. Territory (Default)



- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin
- Benin, West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 4. Bureau of Indian Affairs Assistance

This page collects and/or displays information regarding the Bureau of Indian Affairs Assistance being alleged or received and the amount.

The screenshot shows the 'SSI Claims' application interface. At the top, there is a navigation bar with tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Income' tab is selected. Below the navigation bar, the page title is 'Bureau of Indian Affairs Assistance'. A header section contains fields for 'Name', 'Social Security Number (SSN)', and 'Role' (Claimant). On the left side, there is a sidebar menu under 'Income' with options: 'Income Selection', 'Temporary Assistance for Needy Families', 'Refugee Cash Assistance', 'Bureau of Indian Affairs Assistance' (selected), and 'Office of Child Support Enforcement Data'. The main content area is a form with several sections: 'Type' (a dropdown menu), 'Source' (a text field with an 'Unknown' checkbox and an 'ID' field), 'Address' (fields for Street 1, Street 2, Street 3, Street 4, City/Town, State/Territory, and ZIP Code, with an 'Unknown' checkbox), 'Contact' (a text field), and 'Phone' (a text field). At the bottom of the form, there are sections for 'Show person remarks' (No remarks) and 'Show file documentation notes' (No notes). At the very bottom of the page, there are buttons for 'Next', 'Previous', 'Save & Exit', 'Add Another', 'Clear Page', and 'Delete'.

### **Dropdown list:**

Type

The dropdown list for the 'Type' field contains the following options:

- 
- Adult custodial care - non-institutional
- Child welfare assistance - non-institutional
- General assistance
- Unknown

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 5. Disaster Assistance

This page collects and/or displays information regarding the type of Disaster Assistance being alleged or received and the amount.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Disaster Assistance

Name	Social Security Number (SSN)	Role
		Claimant

#### Income

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need
- Alimony and Spousal Support
- Child Support
- Wages
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

--

Select from favorites or type source information

[Show favorites](#)

**Source**

Unknown  ID

**Address**

Country

United States or U.S. Territory

**Street 1**  **Street 2**  **Street 3**  **Street 4**

**City/Town**  **State/Territory**  **ZIP Code**

Unknown

**Contact**

**Phone**

U.S.  International

10-digit Number

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

**Dropdown list:**

Type

—

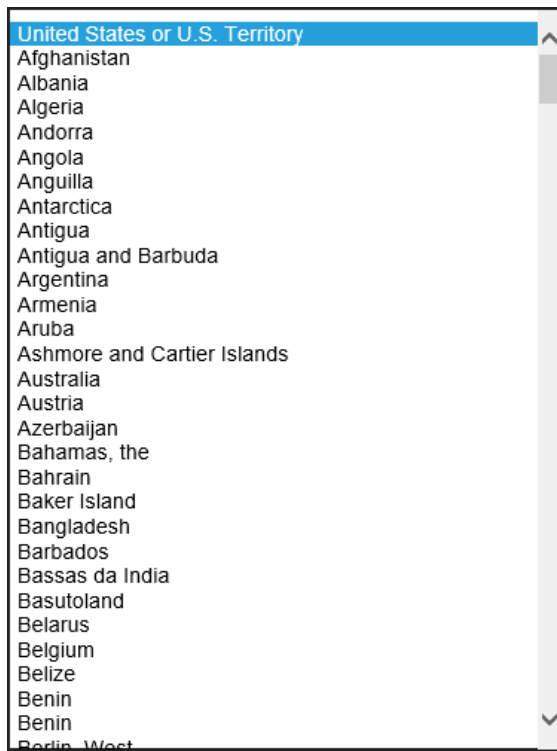
- Presidentially declared
- State, local, or tribal - based on need
- Other
- Unknown

State/Territory

—

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". Below the header, a list of countries and territories is displayed in a standard black font. The list includes: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, and Benin. The text "Benin" appears twice in the list. A vertical scrollbar is visible on the right side of the list, and a small upward-pointing arrow is at the top right corner of the dropdown box.

United States or U.S. Territory
Afghanistan
Albania
Algeria
Andorra
Angola
Anguilla
Antarctica
Antigua
Antigua and Barbuda
Argentina
Armenia
Aruba
Ashmore and Cartier Islands
Australia
Austria
Azerbaijan
Bahamas, the
Bahrain
Baker Island
Bangladesh
Barbados
Bassas da India
Basutoland
Belarus
Belgium
Belize
Benin
Benin
Benin, West

## 6. Adoption, Foster Care, or Kinship Guardianship Assistance

This page collects and/or displays information regarding adoption, foster care, or kinship guardianship assistance being alleged or received, and the amount.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Adoption, Foster Care, or Kinship Guardianship Assistance

Name	Social Security Number (SSN)	Role
		Claimant

#### Income

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
  - Other State, Local, and Tribal Assistance
  - Other Federal Income Based on Need
  - Alimony and Spousal Support
  - Child Support
  - Wages
  - Self-Employment Income
  - Sick Pay (Earned)
  - Sick Pay (Unearned)
  - Workers' Compensation
  - Unemployment Compensation
  - Social Security Benefits
  - Black Lung Benefits
  - Office of Personnel Management Benefits
  - Railroad Board Benefits
  - Veterans Affairs Payments
  - Pensions, Annuities, Retirement, and Disability Payments
  - Interest
  - Dividends
  - Royalties and Honoraria (Unearned)
  - Rental and Lease Income
  - Other Income
  - Blind Countable Income
  - Plan to Achieve Self-Support
  - School Data
  - Office of Child Support Enforcement Data

**\* Indicates required information**

**\* Income and funding type**

--

Select from favorites or type source information

[Show favorites](#)

**\* Source**

Unknown  ID

**Address**

Country

United States or U.S. Territory

**\* Street 1**  **Street 2**  **Street 3**  **Street 4**

City/Town  State/Territory  ZIP Code

Unknown

**Contact**

**Phone**

U.S.  International

10-digit Number

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

**Dropdown list:**

**Income and Funding Type**

- Adoption assistance: Other
- Adoption assistance: State, local, or tribal - based on need
- Adoption assistance: Title IV-B or title XX
- Adoption assistance: Title IV-E - based on need
- Adoption assistance: Title IV-E - not based on need
- Adoption assistance: Unknown
- Foster care payment: Other
- Foster care payment: Section 477 of title IV-E - independent living initiatives
- Foster care payment: State, local, or tribal - based on need
- Foster care payment: Title IV-B or title XX
- Foster care payment: Title IV-E - based on need
- Foster care payment: Unknown
- Kinship guardianship assistance: Title IV-E - based on need
- Kinship guardianship assistance: Title IV-E - not based on need
- Kinship guardianship assistance: Unknown
- Unknown

**Country – United States or U.S. Territory (Default)**

- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin
- Berlin, West



State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 7. Other State, Local, or Tribal Assistance

This page collects and/or displays information regarding the type of other state, local, or tribal assistance being alleged or received and the amount.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Other State, Local, or Tribal Assistance

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance**
- Other Federal Income Based on Need
- Alimony and Spousal Support
- Child Support
- Wages
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

Select from favorites or type source information  
[Show favorites](#)

\* Source   Unknown ID

Description

\* Type

**Address**

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

**Contact**

**Phone**

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#)
[Clear Page](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

Type

—  
Federally funded private - based on need  
Other Federal assistance - based on need  
Unknown

State/Territory

—  
Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Federated States of Micronesia  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Marshall Islands  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi

## 8. Other Federal Income Based on Need

This page collects and/or displays information regarding the type of Federal Income based on need being alleged or received, and the amount.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Other Federal Income Based On Need

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need**
- Alimony and Spousal Support
- Child Support
- Wages
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

Select from favorites or type source information  
[Show favorites](#)

**Source**  
  Unknown ID

**Address**

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

**Contact**

**Phone**

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)  
 No remarks

[Show file documentation notes](#)  
 No notes

[Add Another](#)
[Undo Changes](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

Type

--  
Federally funded private - based on need  
Other Federal assistance - based on need  
Unknown

State/Territory

--  
Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Federated States of Micronesia  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Marshall Islands  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi

## 9. Alimony or Spousal Support

This page collects and or displays information regarding Alimony or Spousal Support being alleged or received and the amount.

SSI Claims
Go To

[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Alimony or Spousal Support

<b>Name</b>	<b>Social Security Number (SSN)</b>	<b>Role</b> Claimant
-------------	-------------------------------------	-------------------------

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need
- Alimony and Spousal Support**
- Child Support
- Wages
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**  
--

Select from favorites or type source information  
[Show favorites](#)

**Source**   Unknown **ID**

**Address**  
Country: United States or U.S. Territory

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

**Contact**

**Phone**  
 U.S.  International  
10-digit Number

**Monthly Values**  
Alleged Amount or Verified Amount is required

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

**Dropdown list:**

Type

—
Court ordered alimony or support
Spousal impoverishment
Voluntary alimony or support
Unknown

Country – United States or U.S. Territory (Default)

United States or U.S. Territory	▲
Afghanistan	
Albania	
Algeria	
Andorra	
Angola	
Anguilla	
Antarctica	
Antigua	
Antigua and Barbuda	
Argentina	
Armenia	
Aruba	
Ashmore and Cartier Islands	
Australia	
Austria	
Azerbaijan	
Bahamas, the	
Bahrain	
Baker Island	
Bangladesh	
Barbados	
Bassas da India	
Basutoland	
Belarus	
Belgium	
Belize	
Benin	
Benin	
Benin, West	▼

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi



## 10. Child Support

This page collects and/or displays information regarding Child Support being alleged or received and the amount of income being garnished for Child Support for the period.

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

### Child Support

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need
- Alimony and Spousal Support
- Child Support
- Wages
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

--

Select from favorites or type source information

v Show favorites

**Source**

Unknown

**Address**

Country

United States or U.S. Territory

**Street 1**  **Street 2**  **Street 3**  **Street 4**

**City/Town**  **State/Territory**  **ZIP Code**

Unknown

**Contact**

**Phone**

U.S.  International

10-digit Number

**Monthly Values**

Alleged Amount or Verified Amount is required

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

v Show person remarks

No remarks

v Show file documentation notes

No notes

Next
Previous
Save & Exit

**Dropdown list:**

Type

- 
- Arrearages for adult retained by parent or other person
- Court ordered - absent parent
- Court ordered - parent in household
- TANF pass-through
- Voluntary - absent parent
- Unknown

Country – United States or U.S. Territory (Default)

- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin
- Berlin, West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

# 11. Wages

This page collects and/or displays information regarding the verification of wages the person receives, the date the person receives the wages, and the amount of the wages along with any deductions. This page is updated by the user and other external applications (e.g. SSI Telephone Wage Reporting and SSI Monthly Wage Verification).

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

### Wages

<b>Name</b>	<b>Social Security Number (SSN)</b>	<b>Role</b> Claimant
-------------	-------------------------------------	-------------------------

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need
- Alimony and Spousal Support
- Child Support
- Wages**
- Self-Employment Income
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

Select from favorites or type employer information

[Show favorites](#)

\* **Employer name**   Unknown EIN

---

**Address**

Country

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.  International

10-digit Number

---

**Monthly Values** [More Info](#)

Alleged Amount, Reported Amount or Verified Amount is required

Date From (mm/yyyy)	Date To (mm/yyyy)	Alleged Amount (\$)	Reported Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

---

[Show person remarks](#)

No remarks

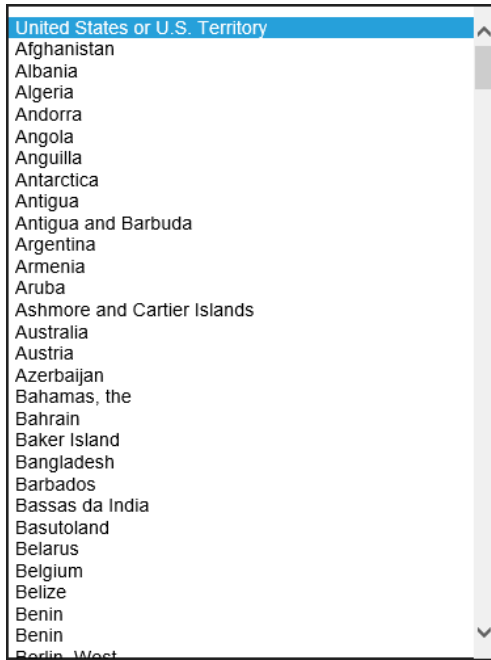
[Show file documentation notes](#)

No notes

Next
Previous
Save & Exit

**Dropdown list:**

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". Below the header, a list of countries and territories is displayed in a standard black font. The list includes: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, Benin, and Berlin, West. A vertical scrollbar is visible on the right side of the list, and a small upward-pointing arrow is at the top right corner of the menu.

State/Territory



A dropdown menu with a blue header bar containing a small blue square followed by a horizontal line. Below the header, a list of U.S. states and territories is displayed in a standard black font. The list includes: Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Marshall Islands, Maryland, Massachusetts, Michigan, Minnesota, and Mississippi. A vertical scrollbar is visible on the right side of the list, and a small downward-pointing arrow is at the bottom right corner of the menu.

## 12. Quarterly Wages Summary

This page displays information about wages in a quarterly format.

The employee compares this wage information with information on the alert produced by the State Wage Record Match. The alert is disposed of or developed based on the result of the employee comparison.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

Quarterly Wages Summary

Name	Social Security Number (SSN)	Role Claimant												
<div style="display: flex;"> <div style="width: 25%; border: 1px solid #ccc; padding: 5px;"> <p>Income</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Income Selection</li> <li><input checked="" type="checkbox"/> Wages</li> <li><input checked="" type="checkbox"/> <b>Quarterly Wages Summary</b></li> <li><input checked="" type="checkbox"/> Substantial Gainful Activity</li> <li><input checked="" type="checkbox"/> Work Expenses</li> <li><input type="checkbox"/> Office of Child Support Enforcement Data</li> </ul> </div> <div style="width: 75%; padding-left: 10px;"> <p>Quarterly Wages Summary</p> <p><b>Year 2021</b> <a href="#">Expand all</a></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Expand</th> <th style="width: 10%;">Quarter</th> <th style="width: 55%;">Employers</th> <th style="width: 10%;">Quarterly Countable Amount (\$)</th> <th style="width: 10%;">Quarterly Deduction Amount (\$)</th> <th style="width: 10%;">Quarterly Gross Wages Amount (\$)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">First</td> <td>1 Employer No employer(s) present No employer(s) present No employer(s) present</td> <td style="text-align: right;">1,500.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">1,500.00</td> </tr> </tbody> </table> <p><b>Year 2020</b> No wages are present.</p> <p><b>Year 2019</b> No wages are present.</p> </div> </div>			Expand	Quarter	Employers	Quarterly Countable Amount (\$)	Quarterly Deduction Amount (\$)	Quarterly Gross Wages Amount (\$)	+	First	1 Employer No employer(s) present No employer(s) present No employer(s) present	1,500.00	0.00	1,500.00
Expand	Quarter	Employers	Quarterly Countable Amount (\$)	Quarterly Deduction Amount (\$)	Quarterly Gross Wages Amount (\$)									
+	First	1 Employer No employer(s) present No employer(s) present No employer(s) present	1,500.00	0.00	1,500.00									

Next
Previous
Save & Exit

## 13. Self-Employment Income

This page collects and/or displays information regarding self-employment income.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

---

**Self-Employment Income**

**Income**

- [Income Selection](#)
- [Wages](#)
- [Quarterly Wages Summary](#)
- [Self-Employment Income](#)
- [Substantial Gainful Activity](#)
- [Work Expenses](#)
- [Work Expenses Summary](#)
- [Office of Child Support Enforcement Data](#)

**Name** \_\_\_\_\_ **Social Security Number (SSN)** \_\_\_\_\_ **Role** Claimant

---

**Income**

**Business name**   Unknown **EIN**

---

**Address**

Country

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Yearly Values**

Alleged Amount or Verified Amount is required

IRS Tax Year Type	Tax Year From Date (mm/yyyy)	Tax Year To Date (mm/yyyy)	Short Tax Year Reason	Gross Income Amount (\$)	Profit or Loss	Alleged (Profit or Loss) Net Amount (\$)	Verified (Profit or Loss) Net Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Monthly Countable (Profit or Loss) Amount (\$)	Actions
--	<input type="text"/>	<input type="text"/>		<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<a href="#">Delete</a>

---

**Self-employment is continuing or is expected to continue**

Yes  No  Unknown

---

**Show person remarks**

No remarks

**Show file documentation notes**

No notes

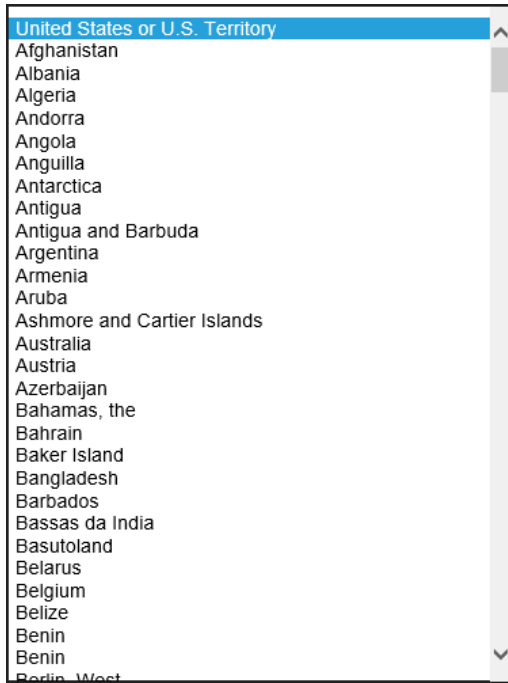
---

[Add Another](#)
[Clear Page](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

Country – United States or U.S. Territory (Default)



A dropdown menu with a light blue header containing the text "United States or U.S. Territory". Below the header is a scrollable list of countries and territories. The list includes: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, and Benin. The list is partially obscured at the bottom by the text "Benin West".

State/Territory



A dropdown menu with a light blue header containing a dash symbol "--". Below the header is a scrollable list of U.S. states and territories. The list includes: Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Marshall Islands, Maryland, Massachusetts, Michigan, Minnesota, and Mississippi.



IRS Tax Year Type

Calendar
Fiscal
Short

Profit or Loss

Loss
Profit

## 14. Substantial Gainful Activity

The Substantial Gainful Activity (SGA) page collects information regarding the Claim Specialist's determination of the claimant's involvement in SGA.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | **Income** | Benefit Leads | Summary | Claim Edits and Alerts

### Substantial Gainful Activity (SGA)

Name	Social Security Number (SSN)	Role
		Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity**
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Blind Countable Income
- Plan to Achieve Self-Support
- Office of Child Support Enforcement Data

\* Indicates required information

\* **Is SGA involved?**

Yes  No  Unknown

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

Undo Changes

Next Previous Save & Exit

## 15. Work Expenses

This page collects and/or displays information regarding work expenses incurred by claimants that have alleged disability or blindness on the Disability page. The system places this page in the path when an individual has alleged disability or blindness or low vision, and has reported Wages or Self-Employment income.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Work Expenses

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Income

- [Income Selection](#)
- [Wages](#)
- [Quarterly Wages Summary](#)
- [Substantial Gainful Activity](#)
- [Work Expenses](#)**
- [Office of Child Support Enforcement Data](#)

**Indicates required information**

**Impairment Related Work Expenses**

**\* Select from the following options**

Select all the expenses that apply and provide appropriate details

- Attendant care services
- Drugs and medical services essential to work
- Durable medical devices
- Expendable medical supplies
- Impairment related equipment or services - Other
- Non-medical appliances and equipment
- Physical therapy
- Prosthesis
- Residential modifications - necessary to work
- Service animal
- Training on use of impairment related equipment - necessary for work
- Transportation costs
- Vehicle modification
- Other

There are no expenses to record

Unknown

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Undo Changes](#)

[Next](#) [Previous](#) [Save & Exit](#)

## 16. Work Expenses Summary

The Work Expenses Summary page displays information regarding blind or impairment related work expenses reported on the claim. Reported expenses are grouped by period. A period is a month or series of months with the same expenses in the same amounts. Periods are first displayed in collapsed format, and can be expanded to present each expense and the associated monthly expense amount.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Work Expenses Summary

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

#### Income

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary**
- Office of Child Support Enforcement Data

#### Impairment Related Work Expenses

[Expand all](#)

Expand	Period	Expense Type	Monthly Countable Total (\$)
<a href="#">+</a>	01/2021 - 03/2021		25.00

[Next](#) [Previous](#) [Save & Exit](#)

## 17. Sick Pay (Earned)

This page collects and/or displays information regarding earned sick pay being alleged or received and the amount.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

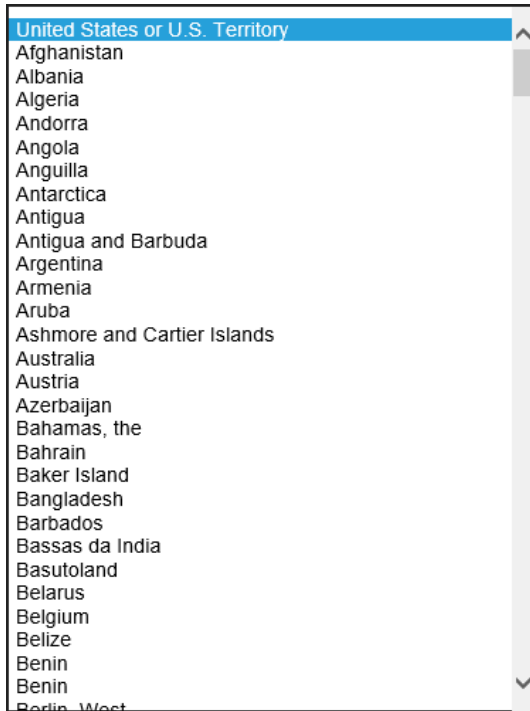
### Sick Pay (Earned)

Name	Social Security Number (SSN)	Role Claimant																		
<div style="display: flex;"> <div style="width: 25%; border: 1px solid #ccc; padding: 5px;"> <p><b>Income</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Income Selection</li> <li><input checked="" type="checkbox"/> Temporary Assistance for Needy Families</li> <li><input checked="" type="checkbox"/> Refugee Cash Assistance</li> <li><input checked="" type="checkbox"/> Bureau of Indian Affairs Assistance</li> <li><input checked="" type="checkbox"/> Disaster Assistance</li> <li><input checked="" type="checkbox"/> Adoption, Foster Care, and Kinship Guardianship Assistance</li> <li><input checked="" type="checkbox"/> Other State, Local, and Tribal Assistance</li> <li><input checked="" type="checkbox"/> Other Federal Income Based on Need</li> <li><input checked="" type="checkbox"/> Alimony and Spousal Support</li> <li><input checked="" type="checkbox"/> Child Support</li> <li><input checked="" type="checkbox"/> Wages</li> <li><input checked="" type="checkbox"/> Quarterly Wages Summary</li> <li><input checked="" type="checkbox"/> Self-Employment Income</li> <li><input checked="" type="checkbox"/> Substantial Gainful Activity</li> <li><input checked="" type="checkbox"/> Work Expenses</li> <li><input checked="" type="checkbox"/> <b>Sick Pay (Earned)</b></li> <li><input type="checkbox"/> Sick Pay (Unearned)</li> <li><input type="checkbox"/> Workers' Compensation</li> <li><input type="checkbox"/> Unemployment Compensation</li> <li><input type="checkbox"/> Social Security Benefits</li> <li><input type="checkbox"/> Black Lung Benefits</li> <li><input type="checkbox"/> Office of Personnel Management Benefits</li> <li><input type="checkbox"/> Railroad Board Benefits</li> <li><input type="checkbox"/> Veterans Affairs Payments</li> <li><input type="checkbox"/> Pensions, Annuities, Retirement, and Disability Payments</li> <li><input type="checkbox"/> Interest</li> <li><input type="checkbox"/> Dividends</li> <li><input type="checkbox"/> Royalties and Honoraria (Unearned)</li> <li><input type="checkbox"/> Rental and Lease Income</li> <li><input type="checkbox"/> Other Income</li> <li><input type="checkbox"/> Blind Countable Income</li> <li><input type="checkbox"/> Plan to Achieve Self-Support</li> <li><input type="checkbox"/> School Data</li> <li><input checked="" type="checkbox"/> Office of Child Support Enforcement Data</li> </ul> </div> <div style="width: 75%; padding-left: 10px;"> <p><small>* Indicates required information</small></p> <p>Select from favorites or type source information <a href="#">Show favorites</a></p> <p><b>Source</b></p> <p><input type="text"/> <input type="checkbox"/> Unknown <input style="width: 50px;" type="text"/> EIN</p> <hr/> <p><b>Address</b></p> <p>Country <input type="text" value="United States or U.S. Territory"/></p> <p>Street 1 <input type="text"/> Street 2 <input type="text"/> Street 3 <input type="text"/> Street 4 <input type="text"/></p> <p>City/Town <input type="text"/> State/Territory <input type="text"/> ZIP Code <input type="text"/></p> <p><input type="checkbox"/> Unknown</p> <hr/> <p><b>Contact</b></p> <p><input type="text"/></p> <hr/> <p><b>Phone</b></p> <p><input checked="" type="radio"/> U.S. <input type="radio"/> International</p> <p>10-digit Number <input type="text"/></p> <hr/> <p><b>Monthly Values</b></p> <p><small>Alleged Amount or Verified Amount is required</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>* Date From (mm/yyyy)</th> <th>* Date To (mm/yyyy)</th> <th>Alleged Amount (\$)</th> <th>Verified Amount (\$)</th> <th>Court Ordered or IV-D Support Amount (\$)</th> <th>Other Deduction Amount (\$)</th> <th>Unknown</th> <th>Countable Amount (\$)</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><a href="#">Delete</a></td> </tr> </tbody> </table> <hr/> <p><a href="#">Show person remarks</a> No remarks</p> <p><a href="#">Show file documentation notes</a> No notes</p> <p style="text-align: right;"><a href="#">Add Another</a> <a href="#">Clear Page</a> <a href="#">Delete</a></p> </div> </div>			* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>												

[Next](#)
[Previous](#)
[Save & Exit](#)

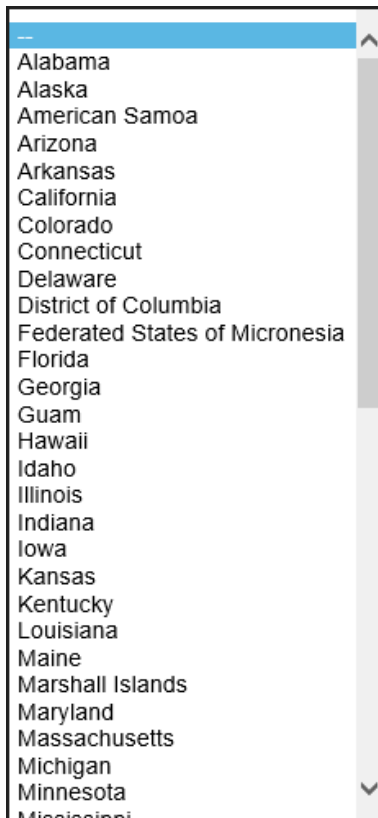
**Dropdown list:**

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". Below the header, a list of countries and territories is displayed in a light gray background. The list includes: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, and Benin. A vertical scrollbar is on the right side of the list, and a small upward-pointing arrow is at the top right and a downward-pointing arrow is at the bottom right of the dropdown box.

State/Territory



A dropdown menu with a blue header bar containing a small blue dash. Below the header, a list of U.S. states and territories is displayed in a light gray background. The list includes: Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Marshall Islands, Maryland, Massachusetts, Michigan, Minnesota, and Mississippi. A vertical scrollbar is on the right side of the list, and a small upward-pointing arrow is at the top right and a downward-pointing arrow is at the bottom right of the dropdown box.

## 18. Sick Pay (Unearned)

This page collects and/or displays information regarding unearned sick pay being alleged or received and the amount.

SSI Claims
Go To

 General Identification
  Living Arrangements
  Resources
  Income
  Benefit Leads
  Summary
  Claim Edits and Alerts

### Sick Pay (Unearned)

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Temporary Assistance for Needy Families
- Refugee Cash Assistance
- Bureau of Indian Affairs Assistance
- Disaster Assistance
- Adoption, Foster Care, and Kinship Guardianship Assistance
- Other State, Local, and Tribal Assistance
- Other Federal Income Based on Need
- Alimony and Spousal Support
- Child Support
- Wages
- Quarterly Wages Summary
- Self-Employment Income
- Substantial Gainful Activity
- Work Expenses
- Sick Pay (Earned)
- Sick Pay (Unearned)
- Workers' Compensation
- Unemployment Compensation
- Social Security Benefits
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information  
Select from favorites or type source information  
[Show favorites](#)

**Source**

Unknown ID

---

**Address**

Country

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.  International

10-digit Number

---

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

---

[Show person remarks](#)  
No remarks

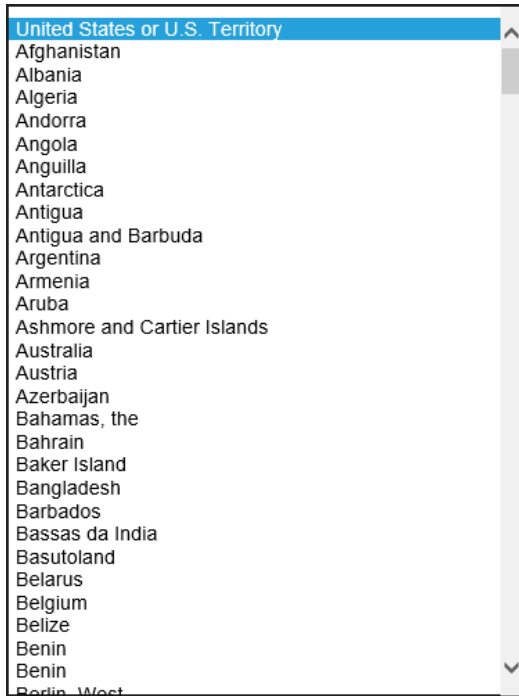
[Show file documentation notes](#)  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

Next
Previous
Save & Exit

**Dropdown list:**

Country – United States or U.S. Territory (Default)



State/Territory





## 19. Workers' Compensation

This page collects and displays information about Workers' Compensation benefits being alleged or received.

SSI Claims
Go To ▾

● General Identification
 ● Living Arrangements
 ● Resources
 ○ Income
 ● Benefit Leads
 ○ Summary
 ○ Claim Edits and Alerts

### Workers' Compensation

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- **Workers' Compensation**
- Unemployment Compensation
- Blind Countable Income
- Plan to Achieve Self-Support
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

Select from favorites or type source information  
[▼ Show favorites](#)

**Source**  
  Unknown ID

**Address**  
 Country

**Street 1**  **Street 2**  **Street 3**  **Street 4**

**City/Town**  **State/Territory**  **ZIP Code**

Unknown

**Contact**

**Phone**  
 U.S.  International  
 10-digit Number

**Monthly Values**  
 Alleged Amount or Verified Amount is required

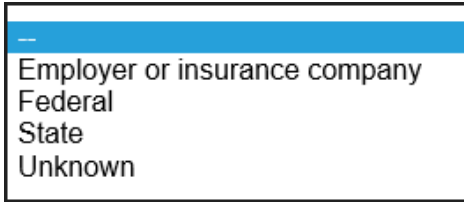
* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

[▼ Show person remarks](#)  
 No remarks

[▼ Show file documentation notes](#)  
 No notes

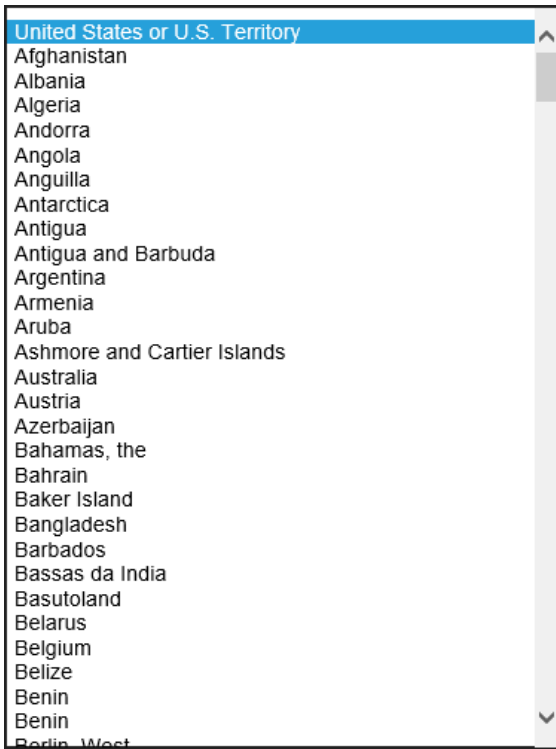
**Dropdown list:**

Type



A dropdown menu with a blue header bar containing a minus sign. The menu is open, showing the following options: Employer or insurance company, Federal, State, and Unknown.

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". The menu is open, showing a scrollable list of countries and territories. The visible items are: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, and Benin, West.

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 20. Unemployment Compensation

This page collects and/or displays information regarding the type of unemployment being alleged or received and the amount.

SSI Claims
Go To ▾

● General Identification
 ● Living Arrangements
 ● Resources
 ○ Income
 ● Benefit Leads
 ○ Summary
 ○ Claim Edits and Alerts

### Unemployment Compensation

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Self-Employment Income
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- **Unemployment Compensation**
- Office of Child Support Enforcement Data

\* Indicates required information

Select from favorites or type source information  
[▼ Show favorites](#)

\* Source   Unknown ID

---

**Address**

Country

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.  International

10-digit Number

---

**Monthly Values**  
 Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

---

[▼ Show person remarks](#)  
No remarks

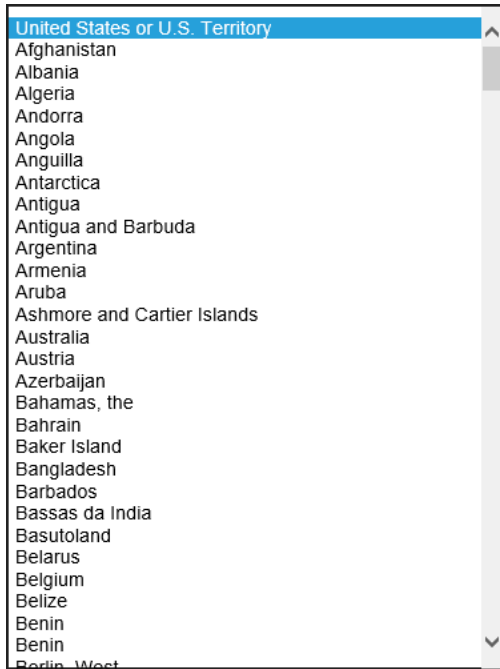
[▼ Show file documentation notes](#)  
No notes

Add Another Clear Page Delete

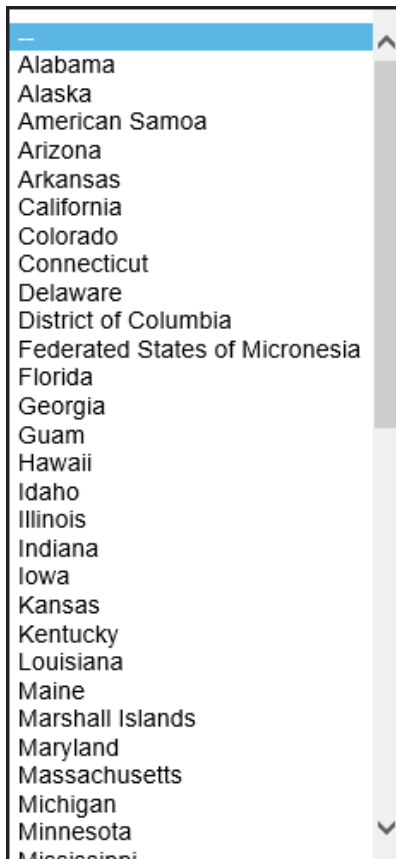
Next
Previous
Save & Exit

**Dropdown list:**

Country – United States or U.S. Territory (Default)



State/Territory



## 21. Social Security Benefit

This page collects and/or displays information regarding the type of Social Security being alleged or received and the amount. It is updated by the user, iClaim and the Master Beneficiary Record (MBR) interface with SSI systems.

The screenshot shows the 'Social Security Benefit' form within the 'SSI Claims' application. The top navigation bar includes tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Income' tab is currently selected.

The form header displays 'Social Security Benefit' and includes fields for 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. Below this is a sidebar menu with various income categories, including 'Income Selection', 'Wages', 'Quarterly Wages Summary', 'Self-Employment Income', 'Substantial Gainful Activity', 'Work Expenses', 'Work Expenses Summary', 'Unemployment Compensation', and 'Social Security Benefits'. The 'Social Security Benefits' section is expanded, showing options like 'Black Lung Benefits', 'Office of Personnel Management Benefits', 'Veterans Affairs Payments', 'Pensions, Annuities, Retirement, and Disability Payments', 'Interest', 'Dividends', 'Royalties and Honoraria (Unearned)', 'Rental and Lease Income', 'Other Income', 'Blind Countable Income', 'Plan to Achieve Self-Support', 'School Data', and 'Office of Child Support Enforcement Data'. The 'Office of Child Support Enforcement Data' option is selected.

The main content area contains a form with the following fields and sections:

- ID**: A text input field with a red asterisk indicating required information.
- Pending Claim**: Radio buttons for 'Yes' and 'No'.
- Show person remarks**: A section with the text 'No remarks'.
- Show file documentation notes**: A section with the text 'No notes'.

At the bottom of the form are three buttons: 'Add Another', 'Clear Page', and 'Delete'. At the very bottom of the page are three navigation buttons: 'Next', 'Previous', and 'Save & Exit'.

## 22. Black Lung Benefit

This page collects and/or displays information regarding the type of Black Lung Benefit being alleged or received and the amount.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Black Lung Benefit

Name Social Security Number (SSN) Role  
Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits**
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

**Indicates required information**

**Type**  
--

**ID**  More Info  Unknown

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

### Dropdown list:

Type

--

Part B  
Part C  
Unknown

## 23. Office of Personnel Management Benefit

This page collects and/or displays information regarding Office of Personnel Management Benefit being alleged or received and the amount. OPM makes U.S. Civil Service and Federal Employee Retirement System (FERS) payments for disability, retirement, or death. When this information is updated to the SSR via the OPM interface, the system will also update the data on the Centrally Stored Information (CSI). Open a standalone post entitlement event via MSSICS to send the updated data to the SSR. Cost of living allocations (COLAs) are only updated for those individuals on the SSR.

SSI Claims
▼

Go To

● General Identification
 ● Living Arrangements
 ● Resources
 ○ Income
 ● Benefit Leads
 ○ Summary
 ○ Claim Edits and Alerts

Office of Personnel Management Benefit

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- **Office of Personnel Management Benefits**
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

\* ID  Get ID  Unknown

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<span style="border: 1px solid #ccc; padding: 2px 5px;">Delete</span>

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

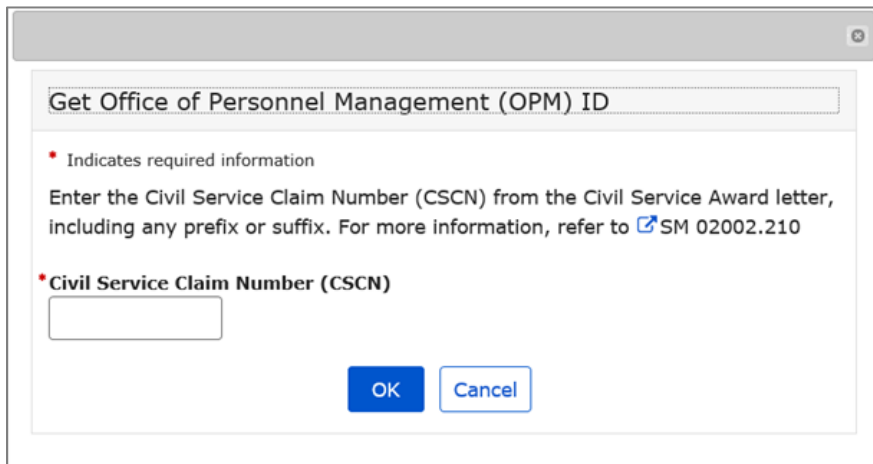
Add Another
Clear Page
Delete

Next
Previous
Save & Exit



**Modal Window:**

Get ID



Get Office of Personnel Management (OPM) ID

- Indicates required information

Enter the Civil Service Claim Number (CSCN) from the Civil Service Award letter, including any prefix or suffix. For more information, refer to [SM 02002.210](#)

- **Civil Service Claim Number (CSCN)**

## 24. Railroad Board Benefits

This page collects and/or displays information regarding the type of Railroad Board Benefit being alleged or received, and the amount.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | Benefit Leads | Summary | Claim Edits and Alerts

### Railroad Board Benefits

Name | Social Security Number (SSN) | Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits**
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

**\* Indicates required information**

**\* Type**

**\* ID**  
   Unknown

**Monthly Values**  
 Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

**▼ Show person remarks**  
No remarks

**▼ Show file documentation notes**  
No notes

Next | Previous | Save & Exit

### Dropdown list:

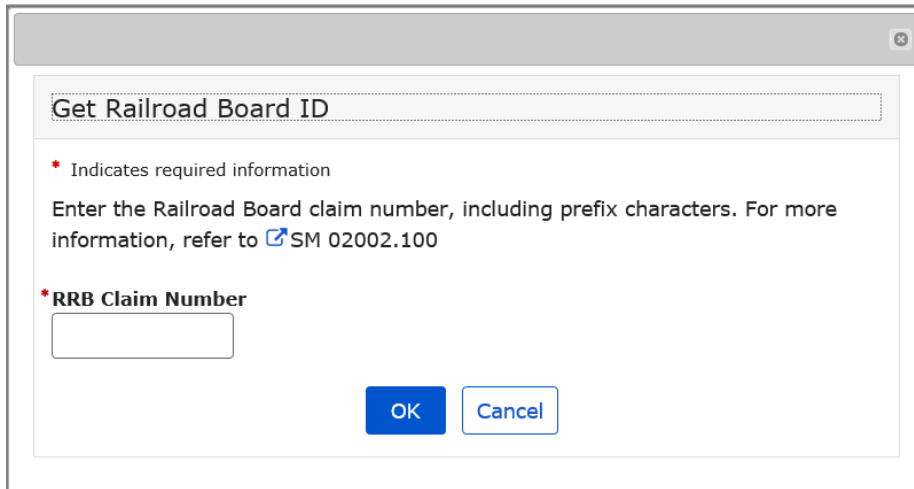
Type

--

- Annuity
- Sickness
- Strike benefits
- Unemployment
- Unknown

**Modal Window:**

Get ID



Get Railroad Board ID

\* Indicates required information

Enter the Railroad Board claim number, including prefix characters. For more information, refer to [SM 02002.100](#)

\*RRB Claim Number

## 25. Veterans Affairs Payment

This page collects and/or displays information regarding the type of Veterans Affairs Payments income being alleged or received, and the amount.

SSI Claims

Go To General Identification Living Arrangements Resources **Income** Benefit Leads Summary Claim Edits and Alerts

### Veterans Affairs Payment

Name	Social Security Number (SSN)	Role
		Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments**
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type** [More Info](#)

---

**Name of Beneficiary**

First  M.I.  Last   Unknown

**ID**    Unknown

Show person remarks  
No remarks

Show file documentation notes  
No notes

**Dropdown list:**

Type

—
Compensation - not based on need
Disability insurance payment - rider
Educational benefits
Life insurance payment
Other VA payment - based on need
Other VA payment - not based on need
Parents' dependency and indemnity compensation
Pension - based on need
Pension - Medal of Honor
Pension - special act of Congress
VA caregivers payment
Unknown

**Modal Window:**

Get ID

Get VA ID Information

\* Indicates required information

Please provide the following information for system to automatically construct the VA ID information. For more information refer to [SM 02002.010](#)

\*VA claim number

\*VA payee

\*VA beneficiary receiving portion of augmented benefits

OK Cancel

Get ID – Dropdown list:

VA Payee

- 
- 00 - Veteran
- 10 - Spouse, Widow(er)
- 11 Child (Direct Payment)
- 12 Child (Direct Payment)
- 13 Child (Direct Payment)
- 14 Child (Direct Payment)
- 15 Child (Direct Payment)
- 16 Child (Direct Payment)
- 17 Child (Direct Payment)
- 18 Child (Direct Payment)
- 19 Child (Direct Payment)
- 50 - Father
- 60 - Mother
- 70 - Widow(er), child, parent (death service award)
- 71 - Widow(er), child, parent (death service award)
- 72 - Widow(er), child, parent (death service award)
- 73 - Widow(er), child, parent (death service award)
- 74 - Widow(er), child, parent (death service award)
- 75 - Widow(er), child, parent (death service award)
- 76 - Widow(er), child, parent (death service award)
- 77 - Widow(er), child, parent (death service award)
- 78 - Widow(er), child, parent (death service award)
- 99 - Veteran (Institutional award)

VA beneficiary receiving portion of augmented benefits

- 
- Dependent (Spouse or child) receiving dependent's portion
- Other
- Veteran or Widow(er) receiving primary portion

## 26. Pension, Annuity, Retirement, or Disability Payment

This page collects and/or displays information regarding the type of pension, annuity, retirement, disability payment, or similar income being alleged or received and the amount.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Pension, Annuity, Retirement, or Disability Payment

Name	Social Security Number (SSN)	Role
		Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

**Type**

Select from favorites or type source information  
[Show favorites](#)

**Source**   Unknown **ID**    Unknown

**Address**

Country

**Street 1**  **Street 2**  **Street 3**  **Street 4**

**City/Town**  **State/Territory**  **ZIP Code**

Unknown

**Contact**

**Phone**  U.S.  International

10-digit Number

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes





State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## **Modal Window:**

### Get ID

Get Pension ID

\* Indicates required information

Please provide the following information for system to automatically construct the ID information. For more information refer to [SM 02002.360](#)

\* Claim Number

\* Branch of Service  
--

\* Beneficiary type  
--

OK Cancel

### Branch of Service

--

Air Force  
Army  
Coast Guard  
Marines  
Navy

### Beneficiary Type

--

Alottee  
Retired Serviceman's Family Protection Plan with eligibility date 09/01/1974 or later  
Retired Serviceman's Family Protection Plan with eligibility date before 09/01/1974  
Retiree  
Survivor Benefit Plan type 1, 2, 3, 4, or 5  
Survivor Benefit Plan type 6

## 27. Interest

This page collects and/or displays information regarding the type of interest being alleged or received and the amount.

SSI Claims

[Home](#)
[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Interest

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest**
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

Select from favorites or type source information  
[Show favorites](#)

**Source**  
  Unknown

**Address**  
Country:   
Street 1:  Street 2:  Street 3:  Street 4:   
City/Town:  State/Territory:  ZIP Code:   
 Unknown

**Contact**

**Phone**  
 U.S.  International  
10-digit Number:   
 Excluded

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#)
[Clear Page](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

Type

- 
- Bonds - other
- Bonds - U.S. savings
- Burial funds
- Checking
- Credit union
- Holiday club
- Individual Indian Money account
- Life insurance
- Mutual fund
- Promissory notes or loans
- Savings
- Stock
- Time deposits
- Trust
- Other
- Unknown

Country – United States or U.S. Territory (Default)

- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin
- Benin, West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 28. Dividend

This page collects and/or displays information regarding the type of Dividend being alleged or received and the amount.

SSI Claims
Go To
General Identification Living Arrangements Resources **Income** Benefit Leads Summary Claim Edits and Alerts

---

**Dividend**
Name
Social Security Number (SSN)
Role  
Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, retirement, and Disability Payments
- Interest
- Dividends**
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Type**

▼

---

Select from favorites or type source information

▼ Show favorites

**Source**

Unknown  ID

---

**Address**

Country

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.  International

10-digit Number

Excluded

---

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

---

▼ Show person remarks  
No remarks

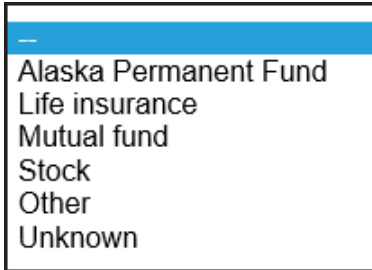
▼ Show file documentation notes  
No notes

[Add Another](#)
[Clear Page](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list:**

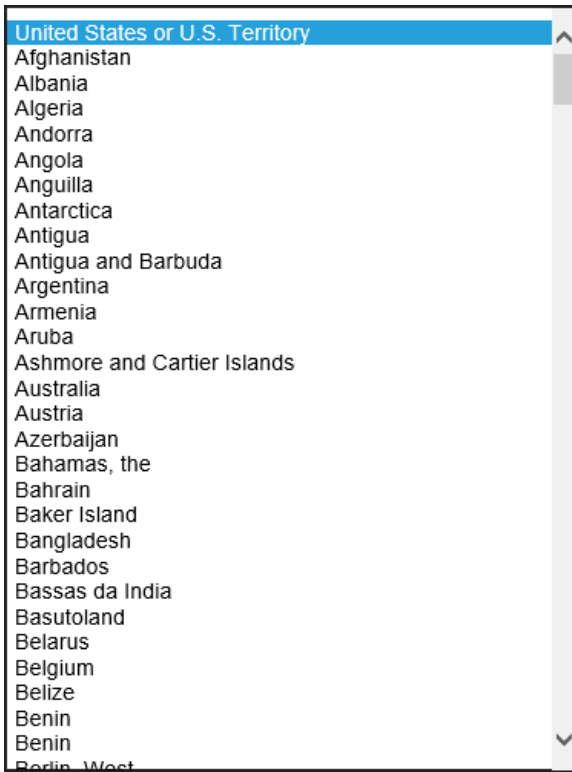
Type



A dropdown menu with a blue header bar containing a minus sign. The list items are: Alaska Permanent Fund, Life insurance, Mutual fund, Stock, Other, and Unknown.

- 
- Alaska Permanent Fund
- Life insurance
- Mutual fund
- Stock
- Other
- Unknown

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". The list items are: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, and Benin West.

- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi



## 29. Royalties or Honorarium (Unearned)

This page collects and/or displays information about the type of royalties and/or honorarium (unearned) being alleged or received and the amount. It is counted as unearned income. If the royalties or honoraria (unearned) are determined to be earned, then enter as wages on the Wages page.

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

Royalties or Honorarium (Unearned)

<b>Name</b>	<b>Social Security Number (SSN)</b>	<b>Role</b> Claimant
-------------	-------------------------------------	-------------------------

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)**
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

Select from favorites or type source information

[Show favorites](#)

\* **Source**   Unknown

---

**Address**

Country

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.  International

10-digit Number

---

**Monthly Values**  
Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

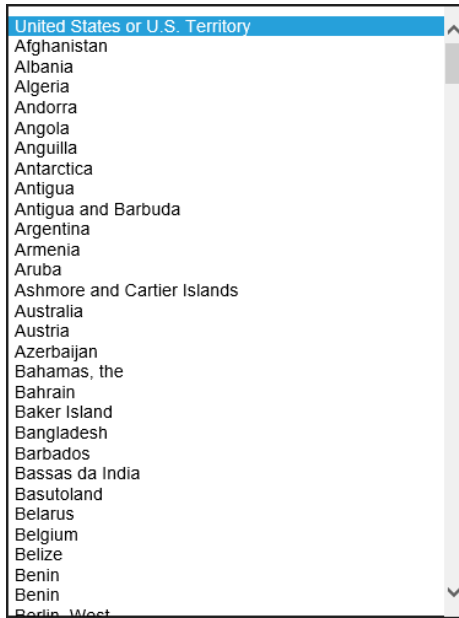
---

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

**Dropdown list:**

Country – United States or U.S. Territory (Default)



A dropdown menu with a blue header bar containing the text "United States or U.S. Territory". Below the header, a list of countries and territories is displayed in a standard black font. The list includes: Afghanistan, Albania, Algeria, Andorra, Angola, Anguilla, Antarctica, Antigua, Antigua and Barbuda, Argentina, Armenia, Aruba, Ashmore and Cartier Islands, Australia, Austria, Azerbaijan, Bahamas, the, Bahrain, Baker Island, Bangladesh, Barbados, Bassas da India, Basutoland, Belarus, Belgium, Belize, Benin, Benin, and Berlin, West. A vertical scrollbar is visible on the right side of the list.

State/Territory



A dropdown menu with a blue header bar containing a single hyphen "-" character. Below the header, a list of U.S. states and territories is displayed in a standard black font. The list includes: Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Marshall Islands, Maryland, Massachusetts, Michigan, Minnesota, and Mississippi. A vertical scrollbar is visible on the right side of the list.

## 30. Rental or Lease Income

This page collects and/or displays information regarding the type of Rental or Lease Income being alleged or received and the amount.

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

### Rental Or Lease Income

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income**
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

\* **Type** [More Info](#)

--
v

Select from favorites or type source information

[v Show favorites](#)

\* **Description**

Unknown

\* **Source**

Unknown

**Address**

Country

United States or U.S. Territory
v

Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

Unknown

**ID**

**Contact**

**Phone**

U.S.  International

10-digit Number

**Monthly Values**

Alleged Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required [Net Rental Income Program \(NRIP\)](#)

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Gross Amount (\$)	Verified Gross Amount (\$)	Alleged Expenses Amount (\$)	Verified Expenses Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<a href="#">Delete</a>

[v Show person remarks](#)

No remarks

[v Show file documentation notes](#)

No notes

Add Another
Clear Page
Delete

Next
Previous
Save & Exit



## 31. Other Income

This page collects and/or displays information regarding the type of “other income” being alleged or received and the amount. “Other Income” is any type of income that cannot be collected on any of the other income pages.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Other Income

Name	Social Security Number (SSN)	Role
		Claimant

Income

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

\* Type

Select from favorites or type source information  
[Show favorites](#)

\* Source   Unknown ID

Address

Country

\* Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

Contact

Phone

U.S.  International

10-digit Number

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

**Dropdown list:**

Type

- 
- Alaska Longevity Bonus - countable
- Alaska Longevity Bonus - excludable
- Alaska Native Claims distribution over \$2,000 per year
- Austrian social insurance - certain payments not based on wage credits
- Cash
- Community service block grants assistance
- Death benefits - unspent
- Emergency assistance payments - not income or assistance based on need
- Gambling winnings or prizes
- Gifts
- Grants, fellowships, or scholarships not used for educational benefits
- Indian fishing rights income
- Indian tribal funds distributed to individuals
- Indian trust or restricted lands - derived from individual interest in excess of \$2,000 a year
- Inheritance - cash
- Inheritance - in-kind
- Insurance proceeds
- Job Corps dependents allowance
- Job Training Partnership Act
- Jury duty
- Money paid to residents of a public institution where no employer/employee relationship exists
- Remuneration from work - in-kind
- Settlements or awards
- Stipends
- Tips under \$20 monthly
- Trade Readjustment Act payments
- Uniformed Services special pay and allowances
- Unstated income
- Victims' compensation - State established fund exclusion

Country – United States or U.S. Territory (Default)

- United States or U.S. Territory
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Ashmore and Cartier Islands
- Australia
- Austria
- Azerbaijan
- Bahamas, the
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Bassas da India
- Basutoland
- Belarus
- Belgium
- Belize
- Benin
- Benin
- Berlin, West

State/Territory

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi

## 32. Blind Countable Income

This page collects and/or displays information regarding the type of Blind Countable Income being alleged or received, and the amount.

SSI Claims
Go To ▾

 General Identification
  Living Arrangements
  Resources
  **Income**
 Benefit Leads
  Summary
  Claim Edits and Alerts

**Blind Countable Income**

<b>Name</b>	<b>Social Security Number (SSN)</b>	<b>Role</b> Claimant
-------------	-------------------------------------	-------------------------

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income**
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Monthly Values**  
Alleged Amount or Verified Amount is required

<small>* Date From (mm/yyyy)</small>	<small>* Date To (mm/yyyy)</small>	Alleged Amount (\$)	Verified Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="button" value="Delete"/>

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes



### 33. Plan to Achieve Self-Support

This page collects and/or displays information regarding a Plan for Achieving Self-Support (PASS). The PASS is a disabled or blind person's work goal to achieve self-support. Approved expense items used for a PASS program are deducted from earned income.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Plan to Achieve Self-Support

Name Social Security Number (SSN) Role  
Claimant

Income

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (Unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data
- Office of Child Support Enforcement Data

\* Indicates required information

**Work goal**  
(250 characters maximum)

Characters remaining: 250

**Start month (mm/yyyy)**  
mm/yyyy

**Anticipated ending month and year (mm/yyyy)**  
mm/yyyy

**PASS approved**  
 Yes  No

**Notice date (mm/dd/yyyy)**  
mm/dd/yyyy

Show person remarks  
No remarks

Show file documentation notes  
No notes

## 34. School Data

This page collects information regarding school attendance and student status for individuals (both eligible and ineligible) who are under age 22 and attending school regularly. This information is used to determine whether a student qualifies for the Student Earned Income Exclusion. This information is also used to determine if a child who is a student, between 18 and 22, not married, not eligible for SSI and living in the household of the claimant, is an ineligible child for inclusion in the deeming process.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### School Data

Name	Social Security Number (SSN)	Role
		Claimant

**Income**

- Income Selection
- Wages
  - Quarterly Wages Summary
  - Substantial Gainful Activity
  - Work Expenses
    - Work Expenses Summary
  - Unemployment Compensation
  - Black Lung Benefits
  - Office of Personnel Management Benefits
  - Railroad Board Benefits
  - Veterans Affairs Payments
  - Pensions, Annuities, Retirement, and Disability Payments
  - Interest
  - Dividends
  - Royalties and Honoraria (Unearned)
  - Rental and Lease Income
  - Other Income
  - Blind Countable Income
  - Plan to Achieve Self-Support
- School Data**
  - Office of Child Support Enforcement Data

\* Indicates required information

**Collect school data** [More Info](#)

Yes  No  Decide later

**Show person remarks**  
No remarks

**Show file documentation notes**  
No notes

# Screenshot – Collect School Data - Yes

SSI Claims
Go To
General Identification
Living Arrangements
Resources
Income
Benefit Leads
Summary
Claim Edits and Alerts

## School Data

Name	Social Security Number (SSN)	Role Claimant

**Income**

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Black Lung Benefits
- Office of Personnel Management Benefits
- Railroad Board Benefits
- Veterans Affairs Payments
- Pensions, Annuities, Retirement, and Disability Payments
- Interest
- Dividends
- Royalties and Honoraria (unearned)
- Rental and Lease Income
- Other Income
- Blind Countable Income
- Plan to Achieve Self-Support
- School Data**
- Office of Child Support Enforcement Data

\* Indicates required information

**Collect school data** [More Info](#)

Yes    No    Decide later

Select from favorites or type school information

[Show favorites](#)

**School name**

Unknown

Name of school, home school curriculum name, etc.

---

**Address**

Country  
United States or U.S. Territory

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Unknown

---

**Contact**

---

**Phone**

U.S.    International

10-digit Number

---

**Dates of Attendance**

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>

---

**Course of study**

Unknown

---

**Hours per week**

Unknown

---

**Student Status Determination**

* Date From (mm/yyyy)	* Date To (mm/yyyy)	* Child is a Student	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>

---

**Student enrollment verified**

Yes    No

[Show person remarks](#)

No remarks

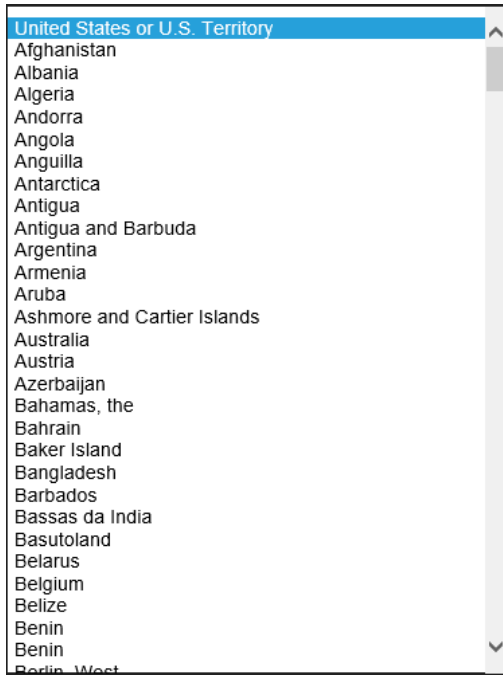
[Show file documentation notes](#)

No notes

---

**Dropdown list:**

Country – United States or U.S. Territory (Default)



State/Territory



## 35. Child Support Enforcement Data

Child Support Enforcement is a mini-path function in SSI Claims system. Upon accessing the Child Support Enforcement function, the user is directed to query page containing data from the Office of Child Support Enforcement (OCSE). The ICSE function links to the OCSE Query pages, which house data from the National Directory of New Hires (NDNH). OCSE controls and maintains the data in NDNH.

The Child Support Enforcement function is automatically placed in the SSI Claims system path when required by current Policy in Initial Claims events and is available to the user in other SSI Claims system events upon request. The Child Support Enforcement page allows the user to retrieve and view New Hire, Wage, and Unemployment data directly from NDNH without having to exit the SSI Claims system.

SSI Claims

Go To

General Identification Living Arrangements Resources **Income** Benefit Leads Summary Claim Edits and Alerts

Child Support Enforcement Data

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

Income

- Income Selection
- Wages
- Quarterly Wages Summary
- Substantial Gainful Activity
- Work Expenses
- Work Expenses Summary
- Unemployment Compensation
- Blind Countable Income
- Plan to Achieve Self-Support
- Office of Child Support Enforcement Data

Office of Child Support Enforcement (OCSE) Data

Jump to report section: [ - ] Go

New Hire  
No data to display  
[Back to Top](#)

Wages  
No data to display  
[Back to Top](#)

Unemployment  
No data to display

Next Previous Save & Exit

### **Dropdown list:**

Jump to report section

Wages  
Unemployment

## F. Benefit Leads

### 1. Potential Eligibility for Other Benefits Selection

This page collects the claimant and claimant spouse's allegation regarding their prior involvement with military service, work for railroad, federal, state, or local government, work under a union or private pension plan, and potential eligibility under a foreign government's social security system or pension plan. It also collects the claimant and claimant spouse's allegations as to their spouse, former spouse, or parent's prior involvement with military service, work for railroad, federal, state, or local government, work under a union or private pension plan and potential eligibility under a foreign government's social security system or pension plan. It also inquires about their eligibility for Supplemental Nutrition Assistance Program (SNAP), Medicaid, health expenses and third party liability coverage.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Potential Eligibility for Other Benefits Selection

Name	Social Security Number (SSN)	Role
		Claimant

**Benefit Leads**

Benefit Lead Selection

Title II Disability

**\* Indicates required information**

**Benefit Leads**

**\* Supplemental Nutrition Assistance Program (SNAP)**  
Select yes to collect information from the claimant about SNAP, formerly the Food Stamp program  
 Yes  No

**\* Health Expenses**  
Select yes to collect information from the claimant and claimant spouse about any health expenses, third party insurance or unpaid medical expenses  
 Yes  No

**Did you, your spouse, a former spouse, child or parent (if you are filing as a child) ever:**

**\* Serve in the military** [Check DRAMS/VBAQ](#)  
 Yes  No  Unknown

**\* Work in the railroad industry**  
 Yes  No  Unknown

**\* Work for the federal government**  
 Yes  No  Unknown

**\* Work for a state or local government**  
 Yes  No  Unknown

**\* Belong to a union with a pension plan**  
 Yes  No  Unknown

**\* Work for a private employer with a pension plan**  
Include work for a private employer with a pension plan or other benefit plan  
 Yes  No  Unknown

**\* Have coverage or become eligible under a social security or pension plan of a country other than the U.S.**  
Include potential eligibility for foreign benefits based on citizenship, residency or work covered under a foreign country with a social security program  
 Yes  No  Unknown

[Clear Page](#)

[Next](#) [Previous](#) [Save & Exit](#)

## 2. Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) page exists in the Supplemental Security Income (SSI) application, and allows the user to collect data used to determine whether or not:

- A claimant wants to file for SNAP
- SSA can take the claimant's SNAP application
- A claimant wants to file their SNAP application at the SSA Field Office

SNAP data is collected for the eligible individual. SNAP eligibility is determined based on the household as the entity and not an individual, so this page only appears once, even if a couple is filing.

When a claimant does not wish to file for assistance at the SSA office, an explanation is recorded for policy documentation, and does not appear on their application.

The screenshot shows the 'Supplemental Nutrition Assistance Program (SNAP)' form within the 'SSI Claims' system. The navigation bar at the top includes 'Go To' and several menu items: 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The main heading is 'Supplemental Nutrition Assistance Program (SNAP)' with a sub-heading 'Record eligibility information about SNAP (formerly known as the food stamp program)'. Below this is a table with columns for 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. A 'Benefit Leads' sidebar on the left lists various categories with radio button selections: 'Benefit Lead Selection' (selected), 'Supplemental Nutritional Assist. Prog.', 'Health Expenses/Liability', 'Social Security', 'Title II Retirement (2)', 'Retirement and Disability (5)', and 'Title II from Spouse (6)'. The main form area contains several sections with radio button options: 'SNAP status' (Currently receiving SNAP benefits, Filed within the past 60 days, Never filed or file date more than 60 days in the past, Unknown), 'Recertification notice received within past 30 days' (Yes, No, Unknown), 'All household members applying for or receiving SSI' (Yes, No, Pre-release, Unknown), and 'May I take your SNAP application today?' (Yes, No, Unknown). A yellow warning box states 'Most recent application date must be entered'. Below this is a date field for 'Last SNAP application or recertification date' (mm/dd/yyyy). Further down are sections for 'Combined Application Project (CAP) data' (Shelter cost at or above state standard, Cap does not apply), 'Subsidized housing with heat included in rent' (Not a resident of NY), 'Show person remarks' (No remarks), and 'Show file documentation notes' (No notes). At the bottom, there are 'Undo Changes' and 'Delete' buttons, and a navigation bar with 'Next', 'Previous', and 'Save & Print' buttons.

## **More Info link:**

### **Combined Application Project (CAP): More Information** ✕

The Combined Application Project (CAP) is an agreement between some states, SSA, and the Food and Nutrition Service (FNS) to test streamlined procedures for applying for SNAP through SSA. Complete this question if the state of residence is in one of the CAP states. CAP States are: Arizona, Kentucky, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Pennsylvania, South Carolina, New York, South Dakota, Texas, Virginia, Florida, Massachusetts, and Washington.

Close

### **Shelter Cost: More Information** ✕

Only for CAP States

Close

### **Subsidized Housing: More Information** ✕

Only for Residents of New York State: Enter whether the claimant is living in subsidized housing with heat included in the rent if the claimant is eligible for CAP.

Close



### 3. Health Expenses and Third Party Liability

The Health Expenses and Third Party Liability page allows the user to collect data pertaining to:

- A client's eligibility for Medicaid coverage
- A client's third party insurance coverage and who is the owner of the policy.
- Information pertaining to an insurance claim or legal action that the claimant may have filed or has pending

The screenshot shows the 'Health Expenses and Third Party Liability' form within the SSI Claims application. The top navigation bar includes 'Go To', 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The form title is 'Health Expenses and Third Party Liability'. It features a header with fields for 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. On the left, a 'Benefit Leads' sidebar lists 'Benefit Lead Selection' (checked), 'Supplemental Nutritional Assist. Prog.' (checked), and 'Health Expenses/Liability' (selected). The main form area contains two required questions: 'Any unpaid medical expenses from 01/2021 through 03/2021' with 'Yes' and 'No' radio buttons, and 'Agree to assign rights to payments for medical support and medical care to the state Medicaid agency' with 'Yes', 'No', 'Automatic Assignment', and 'Unknown' radio buttons. Below these are expandable sections for 'Show person remarks' (No remarks) and 'Show file documentation notes' (No notes). At the bottom, there are 'Clear Page' and 'Delete' buttons, and a footer with 'Next', 'Previous', and 'Save & Exit' buttons.

## 4. Social Security Lead

The Social Security Lead page collects information about the claimant or his/her spouse's, former spouse's or parent's social security coverage. The information collected on this page is used to decide if the user should refer the claimant to file and pursue Title II benefits.

This screen is a read-only screen.

The screenshot shows a web application interface for 'SSI Claims'. At the top, there is a navigation bar with tabs: 'Go To', 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads' (selected), 'Summary', and 'Claim Edits and Alerts'. Below the navigation bar, the page title is 'Social Security Lead'. There are three input fields: 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. The main content area is divided into two columns. The left column is titled 'Benefit Leads' and contains a list of options with radio buttons: 'Benefit Lead Selection' (selected), 'Supplemental Nutritional Assist. Prog.', 'Health Expenses/Liability', 'Social Security', 'Title II Retirement (2)', 'Retirement and Disability (5)', and 'Title II from Spouse (6)'. The right column contains several sections: 'Relationship to claimant' (Self), 'Person with Social Security coverage', 'Potential entitlement to Social Security' (No), 'Reason', 'Lead status' (No entry), 'Show person remarks' (No remarks), and 'Show file documentation notes' (No notes). At the bottom left, there are three buttons: 'Next', 'Previous', and 'Save & Exit'.

## 5. Disability Entitlement

The Disability Entitlement page exists in the SSI Claims System to explore potential entitlement to Disability benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits.

SSI Claims

Go To

General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Disability Entitlement

Name Social Security Number (SSN) Role Claimant

Benefit Leads

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

Next Previous Save & Exit

Indicates required information

Potential entitlement on

Already entitled to maximum benefits at the earliest month or entitled to higher benefits on another record at the earliest month

Yes No

Show person remarks

No remarks

Show file documentation notes

No notes

Clear Page

### Dropdown list:

Reason not entitled

Never worked

No work since prior denial

Refused to file

None apply



## 6. Child's Entitlement from Parents

The Child's Entitlement from Parents page exists in SSI Claims system to explore the claimant's potential entitlement to auxiliary or survivor benefits from the claimant's parents. All previous MSSICS screens of Child's Entitlement from Father and Child's Entitlement from Mother will be converted to Child's Entitlement from Parents.

SSI Claims

Go To | General Identification | Living Arrangements | Resources | Income | **Benefit Leads** | Summary | Claim Edits and Alerts

Child's Entitlement from Parents

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Title II from Parents**
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

\* Indicates required information

**Potential entitlement on**

\*Already entitled to maximum benefits at the earliest month or entitled to higher benefits on another record at the earliest month

Yes  No

\*Reason not entitled

--

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

Clear Page

Next Previous Save & Exit

### Dropdown list:

--

Claimant married to a non RSDI beneficiary

Parent neither deceased nor entitled

Refused to file

None apply

## 7. Retirement Entitlement

The Retirement Entitlement page exists in the Supplemental Security Income (SSI) application to explore potential entitlement to Retirement benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits.

The screenshot shows the 'Retirement Entitlement' page within the 'SSI Claims' application. The top navigation bar includes 'Go To' and several menu items: 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Benefit Leads' section is active, showing a list of options: 'Benefit Lead Selection' (selected), 'Supplemental Nutritional Assist. Prog.', 'Health Expenses/Liability', 'Social Security', 'Title II Retirement (2)', 'Retirement and Disability (5)', and 'Title II from Spouse (6)'. The main content area is titled 'Retirement Entitlement' and contains a table with columns for 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. Below the table, there are sections for 'Benefit Leads' and 'Potential entitlement on'. The 'Potential entitlement on' section includes a question: '\*Already entitled to maximum benefits at the earliest month or entitled to higher benefits on another record at the earliest month' with radio buttons for 'Yes' and 'No'. Below this is a section for '\*Reason not entitled' with a dropdown menu. There are also sections for 'Show person remarks' and 'Show file documentation notes', both of which are currently empty. At the bottom of the page, there are buttons for 'Next', 'Previous', 'Save & Exit', and 'Clear Page'.

### Dropdown list:

The screenshot shows a dropdown list with the following options: 'Never worked', 'No work since prior denial', 'Refused to file', and 'None apply'.

## 8. Retirement and Disability Entitlement

The Retirement and Disability Entitlement page exists in the SSI Claims System to explore potential entitlement to Retirement and Disability benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant and claimant spouse has pursued potential entitlement to these benefits. When a new event occurs (initial claim or redetermination) the user will be presented with Retirement entitlement and/or Disability entitlement pages in the path.

The screenshot shows the 'Retirement and Disability Entitlement' page in the SSI Claims System. The page has a navigation bar at the top with tabs for 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Benefit Leads' tab is active. Below the navigation bar, there is a header section with 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. The main content area is divided into two columns. The left column is titled 'Benefit Leads' and contains a list of options: 'Benefit Lead Selection' (selected), 'Supplemental Nutritional Assist. Prog.', 'Health Expenses/Liability', 'Retirement and Disability' (selected), 'Military', 'Railroad', 'Federal Government', 'State/Local Government', 'Union', 'Private Employment', and 'Foreign Country'. The right column contains a form with the following sections: 'Potential entitlement on' with a radio button for 'No' selected; 'Already entitled to maximum benefits at the earliest month or entitled to higher benefits on another record at the earliest month' with a radio button for 'No' selected; 'Reason not entitled' with a dropdown menu; 'Show person remarks' with 'No remarks'; and 'Show file documentation notes' with 'No notes'. At the bottom of the form is an 'Undo Changes' button. At the bottom of the page are 'Next', 'Previous', and 'Save & Exit' buttons.

### Dropdown list:

The screenshot shows a dropdown list with the following options: 'Never worked', 'No work since prior denial', 'Refused to file', and 'None apply'.

## 9. Spouse or Surviving Spouse Entitlement

The Spouse or Surviving Spouse Entitlement page exists in the SSI Claims System to explore potential entitlement to spouse, widow, or widower's benefits. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits. The information displayed on this page is derived from the data added to the claims file through the Marriage Information section of the Marriage page when certain criteria is met.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Spouse or Surviving Spouse Entitlement

Name	Social Security Number (SSN)	Role Claimant
------	------------------------------	------------------

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Social Security
- Title II Retirement (2)
- Retirement and Disability (5)
- Title II from Spouse (6)

**Potential entitlement on**

\* Indicates required information

\* Already entitled to maximum benefits at the earliest month or entitled to higher benefits on another record at the earliest month

Yes  No

\* Reason not entitled

--

▼ Show person remarks  
No remarks

▼ Show file documentation notes  
No notes

Clear Page

Next Previous Save & Exit

### Dropdown list:

--

- Age requirement for claimant not met and no child of number holder in care
- Duration of marriage not met
- Spouse or divorced spouse not insured
- Spouse insured but not entitled
- Remarried prior to age 60 and not disabled
- Not disabled within 7 years (84 months) of spouse's death
- Not disabled within 7 years (84 months) of loss of parent's benefit
- Not disabled within 7 years (84 months) of disability cessation for Disabled Widow's Benefit
- Not eligible for independently divorced spouse benefits
- Refused to file
- None apply



## 10. Military Service

The Military Service page exists in the SSI Claims System to collect data on the military service of the claimant, spouse, former spouse or parent. The information is used to determine the claimant's potential eligibility for a military pension or Veterans Affairs (VA) benefits by generating a referral letter directing the claimant to pursue such potential entitlements.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Military Service

Name Social Security Number (SSN) Role  
Claimant

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

\* Indicates required information

**Person with the military service** [Check DRAMS/VBAQ](#)

Select a person from the person list to populate information OR type in form fields below.

[Hide person list](#)

Name	SSN	Relationship	Actions
		Self	<a href="#">Select</a>

**\*Name**

First  Middle  Last  Suffix   Unknown

SSN

**\*Relationship**

--

Service number

**Claim status for military service benefits**

--

**\*Lead status**

--

Diary Type  Diary date   
mm/dd/yyyy

**VA or Dept. of Defense contact information**

Select from favorites or type contact information

[Show favorites](#)

Contact

Address

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

Phone

Web address

**Military Service**

Branch of Service	Period or Length of Service	Actions
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

**Dropdown list:**

Relationship

---
Self
Spouse
Former Spouse
Parent
Child
Unknown

Claim status for military service benefits

---
Never filed
Pending
Approved
Denied

Lead status

---
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

Diary Type

---
FC - VA Compensation
FE - VA Pension
FL - Department of Defense

## 11. Railroad Employment

The Railroad Employment page exists in the SSI Claims system to explore potential entitlement to Railroad benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

### Railroad Employment

Name Social Security Number (SSN) Role  
Claimant

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
  - Federal Government
  - State/Local Government
  - Union
  - Private Employment
  - Foreign Country

**Railroad employee**  
Select a person from the person list to populate information OR type in form fields below.

[Hide person list](#)

Name	SSN	Relationship	Actions
		Self	<a href="#">Select</a>

**\* Name**

\* First  Middle  \* Last  Suffix   Unknown

SSN

\* Relationship

Employment was less than 5 years

**Claim status for railroad employment benefits**

\* Lead status

Diary date   
mm/dd/yyyy

**Railroad contact information**  
Select from favorites or type contact information

[Show favorites](#)

**Contact**  
Railroad Retirement Board

**Address**

Street 1  Street 2  Street 3  Street 4

City/Town  State/Territory  ZIP Code

**Phone**

**Web address**

**Employer**

Name of Employer	Period of Employment	Actions
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

**Dropdown list**

Relationship

—
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for military service benefits

—
Never filed
Pending
Approved
Denied

Lead status

—
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

## 12. Federal Employment

The Federal Employment page exists in the SSI Claims System to collect data about the claimant's or someone else's (i.e., spouse, former spouse or parent's) work for the federal government. The information is used to assess the claimant's potential eligibility for other benefits by generating a referral letter directing the claimant to pursue potential entitlement to federal employment benefits.

SSI Claims

[Go To](#)
[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Federal Employment

Name	Social Security Number (SSN)	Role	Claimant														
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p><b>Benefit Leads</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Benefit Lead Selection</li> <li><input checked="" type="checkbox"/> Supplemental Nutritional Assist. Prog.</li> <li><input checked="" type="checkbox"/> Health Expenses/Liability</li> <li><input checked="" type="checkbox"/> Title II Disability</li> <li><input checked="" type="checkbox"/> Military</li> <li><input checked="" type="checkbox"/> Railroad</li> <li><input type="checkbox"/> Federal Government</li> <li><input type="checkbox"/> State/Local Government</li> <li><input type="checkbox"/> Union</li> <li><input type="checkbox"/> Private Employment</li> <li><input type="checkbox"/> Foreign Country</li> </ul> </div> <div style="width: 75%;"> <p><b>Indicates required information</b></p> <p><b>Federal employee</b> Select a person from the person list to populate information OR type in form fields below.</p> <p><a href="#">Hide person list</a></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 15%;">SSN</th> <th style="width: 15%;">Relationship</th> <th style="width: 20%;">Actions</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Self</td> <td style="text-align: center;"><a href="#">Select</a></td> </tr> </tbody> </table> <p><b>Name</b></p> <p>*First <input type="text"/> Middle <input type="text"/> *Last <input type="text"/> Suffix <input type="text"/> <span style="float: right;"><input type="checkbox"/> Unknown</span></p> <p>SSN <input type="text"/></p> <p><b>Relationship</b></p> <p>-- <input type="text"/></p> <p><input type="checkbox"/> Employment was less than 5 years</p> <p><input type="checkbox"/> Withdrew contribution from pension plan and not entitled to annuity</p> <p><b>Claim status for federal employment benefits</b></p> <p>-- <input type="text"/></p> <p><b>Lead status</b></p> <p>-- <input type="text"/></p> <p><b>Diary date</b></p> <p><input type="text"/></p> <p>mm/dd/yyyy</p> <p><b>Federal government contact information</b> Select from favorites or type contact information</p> <p><a href="#">Show favorites</a></p> <p><b>Contact</b> Office of Personnel Management</p> <p><b>Address</b></p> <p>Street 1 <input type="text"/> Street 2 <input type="text"/> Street 3 <input type="text"/> Street 4 <input type="text"/></p> <p>City/Town <input type="text"/> State/Territory <input type="text"/> ZIP Code <input type="text"/></p> <p><b>Phone</b></p> <p><input type="text"/></p> <p><b>Web address</b></p> <p><input type="text"/></p> <p><b>Employer</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name of Employer</th> <th style="width: 30%;">Period of Employment</th> <th style="width: 20%;">Actions</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><a href="#">Delete</a></td> </tr> </tbody> </table> <p><a href="#">Show person remarks</a> No remarks</p> <p><a href="#">Show file documentation notes</a> No notes</p> <p style="text-align: center;"> <a href="#">Add Another</a> <a href="#">Clear Page</a> <a href="#">Delete</a> </p> </div> </div>				Name	SSN	Relationship	Actions			Self	<a href="#">Select</a>	Name of Employer	Period of Employment	Actions	<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>
Name	SSN	Relationship	Actions														
		Self	<a href="#">Select</a>														
Name of Employer	Period of Employment	Actions															
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>															

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list**

Relationship

—
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for military service benefits

—
Never filed
Pending
Approved
Denied

Lead status

—
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

## 13. State or Local Government

The State or Local Employment page exists in the SSI Claims System to explore potential entitlement to State or Local benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

State or Local Government

Name Social Security Number (SSN) Role Claimant

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

**State or local government employee**  
Select a person from the person list to populate information OR type in form fields below.

[Hide person list](#)

Name	SSN	Relationship	Actions
		Self	Select

**Name**

\* First Middle \* Last Suffix  Unknown

SSN

**Relationship**

--

**Claim status for state or local government benefits**

--

**Lead status**

--

**Diary date**

mm/dd/yyyy

**State or local government contact information**  
Select from favorites or type contact information

[Show favorites](#)

**Contact**

**Address**

Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

**Phone**

**Web address**

**Employer**

Name of Employer	Period of Employment	Actions
		Delete

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

Add Another Clear Page Delete

Next Previous Save & Exit

**Dropdown list**

Relationship

---
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for state or local government benefits

---
Never filed
Pending
Approved
Denied

Lead status

---
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown



## 14. Union Membership

The Union Membership page exists in the SSI Claims System to explore potential entitlement to Union Membership benefits for the claimant and claimant spouse. The information collected on this page is used to determine what, if any, action needs to be taken in order to ensure that the claimant has pursued potential entitlement to these benefits.

SSI Claims

[Go To](#)

[General Identification](#)
[Living Arrangements](#)
[Resources](#)
[Income](#)
[Benefit Leads](#)
[Summary](#)
[Claim Edits and Alerts](#)

### Union Membership

Name	Social Security Number (SSN)	Role	Claimant

#### Benefit Leads

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

\* Indicates required information

**Union member**  
Select a person from the person list to populate information OR type in form fields below.

[^ Hide person list](#)

Name	SSN	Relationship	Actions
		Self	<a href="#">Select</a>

**\* Name**

First
  Middle
  Last
  Suffix
  Unknown

**SSN**

**\* Relationship**

**Claim status for union benefits**

**\* Lead status**

**Diary date**  
  
mm/dd/yyyy

**Union contact information**  
Select from favorites or type contact information  
[^ Show favorites](#)

**Contact**

**Address**

Street 1
  Street 2
  Street 3
  Street 4

City/Town
  State/Territory
  ZIP Code

**Phone**

**Web address**

**Employer**

Name of Employer	Period of Employment	Actions
		<a href="#">Delete</a>

[^ Show person remarks](#)  
No remarks

[^ Show file documentation notes](#)  
No notes

[Add Another](#)
[Clear Page](#)
[Delete](#)

[Next](#)
[Previous](#)
[Save & Exit](#)

**Dropdown list**

Relationship

—
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for union benefits

—
Never filed
Pending
Approved
Denied

Lead status

—
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

## 15. Private Employment

The Private Employment page exists in the SSI Claims System to collect data about the work history of the claimant, spouse, former spouse or parent. The information is used to determine eligibility for a pension plan from private employment by generating a referral letter directing the claimant to pursue potential entitlements.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Private Employment

Name Social Security Number (SSN) Role Claimant

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

**Employee**

Select a person from the person list to populate information OR type in form fields below.

[Hide person list](#)

Name	SSN	Relationship	Actions
		Self	<a href="#">Select</a>

**\*Name**

First Middle Last Suffix

Unknown

**SSN**

**\*Relationship**

--

Age 24 or younger during all periods of employment

**Claim status for private employment benefits**

--

**\*Lead status**

--

**Diary date**

mm/dd/yyyy

**Employer contact information**

Select from favorites or type contact information

[Show favorites](#)

**Contact**

**Address**

Country

United States or U.S. Territory

Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

--

**Phone**

U.S.  International

10-digit Number

**Web address**

**Employer**

Name of Employer	Period of Employment	Actions
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Dropdown list

Relationship

---
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for private employment benefits

---
Never filed
Pending
Approved
Denied

Lead status

---
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

## 16. Foreign Benefits

The Foreign Employment page exists in the SSI Claims system. This page collects data about the claimant's or someone else's (i.e., spouse, former spouse or parent's) work under a foreign government social security or pension plan. This information is used to assess the claimant's potential eligibility for other benefits by generating a referral letter directing the claimant to pursue potential entitlement to foreign employment benefits.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Foreign Benefits

Name Social Security Number (SSN) Role Claimant

**Benefit Leads**

- Benefit Lead Selection
- Supplemental Nutritional Assist. Prog.
- Health Expenses/Liability
- Title II Disability
- Military
- Railroad
- Federal Government
- State/Local Government
- Union
- Private Employment
- Foreign Country

Include potential eligibility for foreign benefits based on citizenship, residency or work covered under a foreign country with a social security program

\* Indicates required information

**Person name**  
Select a person from the person list to populate information OR type in form fields below.

[Hide person list](#)

Name	SSN	Relationship	Actions
		Self	<a href="#">Select</a>

\* Name

First Middle Last Suffix  Unknown

SSN

\* Relationship

--

**Claim status for foreign benefits**

--

\* Lead status

--

Diary date

mm/dd/yyyy

**Foreign benefit contact information**  
Select from favorites or type contact information

[Show favorites](#)

Contact

Address

Country

United States or U.S. Territory

Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

Phone

U.S.  International

10-digit Number

Web address

**Period of Employment, residency or citizenship**

Period	Country	Actions
		<a href="#">Delete</a>

[Show person remarks](#)  
No remarks

[Show file documentation notes](#)  
No notes

[Add Another](#) [Clear Page](#) [Delete](#)

[Next](#) [Previous](#) [Save & Exit](#)

### Dropdown list

Relationship

---
Self
Spouse
Former Spouse
Parent
Unknown

Claim status for foreign benefits

---
Never filed
Pending
Approved
Denied

Lead status

---
Referral at Interview
Referral by Mail
No Potential Eligibility
Unknown

# G. Summary

## 1. Living Arrangements Summary

Living Arrangements Summary is an optional page that provides a summary of the Living Arrangements data that have been collected in the detailed Living Arrangements pages for a Supplemental Security Income claimant and claimant spouse, if applicable.

All fields on the Living Arrangements Summary page are display only.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

Living Arrangements Summary

Name	Social Security Number (SSN)	Role Claimant
Summary		
<input checked="" type="radio"/> Living Arrangements Summary		
<input type="radio"/> Resources Summary		
<input type="radio"/> Income 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

Save & Exit

## 2. Resources Summary

Resources Summary is an optional page that provides a condensed display of the resource data that has been collected in the detailed resource data groups for a Supplemental Security Income (SSI) claimant or deemor. In addition, the person's countable resources are totaled in Resources Summary to aid Claims Representative's in their review of the claim or in performing manual resource deeming computations. Resources Summary is entirely propagated or derived and no data can be changed on this data group.

All fields on the Resources Summary page are display only.

The screenshot shows the 'Resources Summary' page within the 'SSI Claims' application. The top navigation bar includes 'Go To' and several menu items: 'General Identification', 'Living Arrangements', 'Resources', 'Income', 'Benefit Leads', 'Summary', and 'Claim Edits and Alerts'. The 'Summary' menu item is currently selected.

The main content area is titled 'Resources Summary' and contains a form with the following fields: 'Name', 'Social Security Number (SSN)', and 'Role Claimant'. Below these fields is a 'Summary' section with three radio buttons: 'Living Arrangements Summary', 'Resources Summary' (which is selected), and 'Income Summary'. A 'Save & Exit' button is located at the bottom left of this section.

To the right of the 'Resources Summary' section is an 'Expand all' link and a table with the following columns: 'Expand', 'Period', 'Page Name', 'Description', and 'Monthly Countable Total (\$)'. The table currently contains one row with a red circle icon in the 'Expand' column.



### 3. Income Summary

Income Summary (ISUM) is an optional, display-only page. It displays limited information about a person's countable income for the past 26 months, the current month, and the future 14 months. The information displayed is from the person's detailed income records.

All fields on the Income Summary page are display only.

SSI Claims

Go To General Identification Living Arrangements Resources Income Benefit Leads Summary Claim Edits and Alerts

#### Income Summary

Name	Social Security Number (SSN)	Role Claimant
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Summary

- Living Arrangements Summary
- Resources Summary
- Income Summary

Save & Exit

Other Income

Cash

Start Date	End Date	Countable Amount (\$)
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