

SSI Claims Home

SSI Claims Val - Version: 1.7.0.377, Group: 1 Robert Ciereszko ▾

SSI Claims Home


▪ Indicates required information

▪ **Field Office Code**

▪ **Social Security Number (SSN)**

Person Multiple Claim Summary

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Person Multiple Claim Summary

Name Requested Social Security Number (SSN)

▪ Indicates required information

Take Action on Existing Claim

▪ Select one of the following

	Primary SSN	Name	Relationship	Claim File Begin Date	Status	Open Event Type
<input type="checkbox"/>	<input type="text"/>	MARIE ELISE MONTYRE	Claimant	02/15/2006	Active	Stand-Alone Post Eligibility Event

Post Eligibility Menu



Post Eligibility Menu

Claimant Name

Social Security Number (SSN)

* Indicates required information

Open Event

Stand-Alone Post Eligibility Event

*Select one of the following events

 Redetermination Continue with Stand-Alone Post Eligibility Event

*Select a contact method

Phone

Redetermination begin date

03/2017

*Preferred field office

024

Next

Previous

Save & Exit

Person Information

Person Information on Record for

^Identity Information

[Edit](#)

Social Security Number:

Name: |

Other Names: **None**

Sex: **Female**

Birth Date:

Birth Place:

Birth Date Proof: **Preferred Proof (Public or religious record of age established before age 5) (B)**

Birth Date Proof Type: **Hospital Birth Record (H)**

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

No death information exists for this person. Go to [Death Information Processing System \(DIPS\)](#) to record death information

^Citizenship Information

[Edit](#)

Citizenship Details

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date
		Birth/Baptismal Record		

^Contact Information

[Edit](#)

Addresses on Record

Address	Purpose
	Most Recently Provided Mailing
	Title XVI Mailing

Primary Phone Number: |

Receive Text Message: **No**

Receive Voice Message: **No**

Primary Phone Number Remarks: **Not Answered**

Alternate Phone Number: **Not Answered**

Receive Text Message: **No**

Receive Voice Message: **No**

Alternate Phone Number Remarks: **Not Answered**

Email: **Not Answered**

Spoken Language Preference: **English**

Written Language Preference: **English**

^Military Service Information

Department of Defense (DoD) Wounded Warrior: **No**

Veterans Affairs 100% Permanent and Total Disability Compensation Rating: **No**

^Accommodation Information

[Edit](#)

* Add or update notice option due to visual impairment?

SNO question is required

 Yes No

Active Accommodations

Active Accommodations

Request Date

Multiple SSNs

* Indicates required information

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

Yes No Unknown

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Undo Changes](#)

Financial Institutions Permission History

* Indicates required information

* Financial Institutions Permission History

Use the Add New Permission button to add a new permission response. Use the Edit button to correct an existing permission response.

Status	Permission Status	Collected Date (mm/dd/yyyy)	Ineligibility Notice Date (mm/dd/yyyy)	Actions
✓	Yes	03/27/2019		Edit

[Add New Permission](#)

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Clear Page](#)

Personal Information Authorization

* Indicates required information

* Person available to provide response [More Info](#)

Yes No

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Undo Changes](#)

Wage and Employment Information

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

[OK](#)

[Cancel](#)

[Clear Page](#)

Felony Warrant

Felony Warrant

• 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

• **State/Territory**

--

• **Since 09/30/2017, 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
--------	----------------------------------	-------------------	-------------------------------------	------------	---------

▼ [Show person remarks](#)

No remarks

▼ [Show file documentation notes](#)

No notes

Child's Parents

Child's Parents

• Indicates required information

• **Living with deemor parent(s) since 09/30/2017**

Yes No

• **Deemor parents** [More Info](#)

At least one SSN is required

Deemor Parent SSN

Non Deemor parents

Non Deemor Parent SSN

▼ [Show person remarks](#)

No remarks

▼ [Show file documentation notes](#)

No notes

Marriage

Marriage

* Indicates required information

* Married as of or anytime since 09/30/2017

Yes No Unknown

Terminated marriage(s) prior to 09/30/2017

Yes No Unknown

* Marriages

At least one row is required [More Info](#)

Status	Spouse Name	Spouse SSN	Living Together Since 09/30/2017	Marriage Begin Date (mm/dd/yyyy)	Marriage End Date (mm/dd/yyyy)	Reason Marriage Ended	Spouse Deceased	Blind/Disabled/Over 65 Years	Action
Add Marriage									

[Show person remarks](#)
 No remarks

[Show file documentation notes](#)
 No notes

[Clear Page](#)

Holding Out

Holding Out

* Indicates required information

Develop possible holding out relationship(s) as of, or any time since 09/30/2017 [More Info](#)

-- ▾

[Show person remarks](#)
 No remarks

[Show file documentation notes](#)
 No notes

[Clear Page](#)

Living Arrangement Recap

! Reverification of expenses may be required.

* Indicates required information

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

Yes No Unknown

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

Yes No Unknown

Residence Address and Jurisdiction:

Residence address

Residence type	Institution
Residence start date	10/01/2005

Institution Residence:

Institution Name	
Medicaid, Medicare Part A with state buy-in pays more than 50%	Yes
Admission date	

Admission date
 Institution Type Public
 Confinement reason Medical or psychiatric care
 Eligible for and chooses 2 months of benefit continuation No
 Eligible for and chooses 3 months of temporary institutionalization benefits No

Household Composition:

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

In-Kind support and maintenance from household:
 Outside In-Kind support and maintenance received No

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

*** Select period to copy living arrangement data**

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

Do not copy

10/02/2005 - Continuing (Most recent living arrangement period)

Residence Address	Residence Type	In-Kind Support and Maintenance
	Institution	No

* Indicates required information

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

Yes No Unknown

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

Yes No Unknown

Residence Address and Jurisdiction:

Residence address

Residence type Institution
 Residence start date 10/01/2005

Admission date 03/01/2002
 Institution Type Public
 Confinement reason Medical or psychiatric care
 Eligible for and chooses 2 months of benefit continuation No
 Eligible for and chooses 3 months of temporary institutionalization benefits No

Household Composition:

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

In-Kind support and maintenance from household:
 Outside In-Kind support and maintenance received No

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

***Select period to copy living arrangement data**

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

Do not copy

10/02/2005 - Continuing (Most recent living arrangement period)

Residence Address	Residence Type	In-Kind Support and Maintenance
	Institution	No

02/01/2004 - 10/01/2005

Residence Address	Residence Type	In-Kind Support and Maintenance
	Institution	No

[Undo Changes](#)

Periods List

Living Arrangement (LA) Periods List

[Action Button Descriptions](#)

Status	Change Date	Effective	Residence Address	Residence Type	In-Kind Support and Maintenance	Action
<input checked="" type="radio"/>	----	02/01/2004 - 10/01/2005		Institution	No	Select Insert LA Period Modify Change Date Remove LA Period
<input checked="" type="radio"/>	10/01/2005	10/02/2005 - Continuing		Institution	No	Select Insert LA Period Modify Change Date Remove LA Period

[Add New LA Period](#)

Resource Selection

Resource Selection

* Indicates required information

Resources

Since the first moment of 05/01/2013, do you own or does your name appear, either alone or with other people, on any of the following?

* **Trusts**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Vehicles**

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Real Property Other than Home**

Land, houses, buildings, property in foreign countries

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Business Equipment**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Financial Institution Accounts**

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Cash**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

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

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Life Insurance**

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Burial Funds**

Contracts and trusts

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Burial Spaces and Related Items**

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

* **Other Resources**

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

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

Transfers

* Since 05/01/2010 has or a co-owner sold, transferred title, disposed of any money or other property, including property or money in foreign countries?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
---------------------------	--------------------------	-------------------------------

[Clear Page](#)

Trusts

Trust

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

* Indicates required information

* Title of trust

Planned Lifetime Assistance Network of California (PLAN) Master Pooled Trust. Jane Doe Special Needs Trust etc
(500 characters maximum)

special Needs Trust

Unknown

Characters remaining: 469

* Funding type

Self-funded

* Revocability

Irrevocable

* Established date

02/25/2012

mm/dd/yyyy

Unknown

* Trustee type

Organization

* Organizational name

Unknown

* Income from additions or earnings

Yes No Unknown

* Disbursements from trust

Yes No Unknown

Earns interest

Set aside for burial

* Name for whom held

*First Middle *Last Suffix Unknown

* Meets exclusion relationship

For children: self or parent. For adults: self or spouse.

Yes No Decide later

* Date asset set aside

04/25/2012

mm/dd/yyyy

Unknown

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"/>		Delete

Meets special needs or pooled trust exception

Ninety day amendment period applies

* Amendment period begin date

mm/dd/yyyy

* Amendment period end date

mm/dd/yyyy

Assets contained in trust

Asset Type	Details	Actions
Financial Institution Account	Rock Financial - Other - Trust - 012345_W	Edit Delete

[Add Asset to Trust](#)

Resource disposal agreement

Proof of disposal

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Undo Changes](#)

[Delete](#)

Vehicles

Vehicle

* Indicates required information

*** Type**

*** Year**

 Unknown

*** Make**

 Unknown

*** Model**

 Unknown

*** Co-Owned**
 Yes No Unknown

*** Other type**

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
Add Co-Owner			

Use before 04/01/2005

Use 04/01/2005 or later

*** Other use**

*** Other use**

Values
Alleged Value or Verified Value is required [NADA e-Valuator™](#)

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Loan Amount (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
<input type="text" value="01/2017"/>	<input type="text" value="Continuing X"/>	<input type="text" value="100.00"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="25.00"/>	<input type="checkbox"/>	<input type="text" value="75.00"/>	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		Delete

*** Exclusion reason**

Resource disposal agreement

*** Other reason**

Proof of disposal

[Show person remarks](#)
 No remarks

[Show file documentation notes](#)
 No notes

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

Real Property

Real Property

* Indicates required information

* Description

* Address

* Country

* Street 1 Street 2 Street 3 Street 4

* City/Town * State/Territory * ZIP Code

Unknown

* Used to produce income
 Yes No Unknown

* Nonbusiness property used for self-support
 Yes No Unknown

* Co-Owned
 Yes No Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
<input type="button" value="Add Co-Owner"/>			

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" value="01/2001"/>	<input type="text" value="12/2016"/>	<input type="text" value="12.00"/>	<input type="text" value="54.00"/>	<input type="text" value="50,000.00"/>	<input type="text" value="250.00"/>	<input type="checkbox"/>	<input type="text" value="0.00"/>	<input type="button" value="Delete"/>
<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"/>

* Exclusion reason * Other reason

Resource disposal agreement Proof of disposal

▼ Show person remarks
No remarks

▼ Show file documentation notes
No notes

Business Equipment

Business Equipment

* Indicates required information

Description

computer

Co-Owned

Yes No Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
Claimant	02/2015	Unknown	Edit Delete

[Add Co-Owner](#)

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
01/203	Continuing <input checked="" type="checkbox"/>	2,000.00			25.00	<input type="checkbox"/>	1,975.00	Delete
						<input type="checkbox"/>		Delete

Exclusion reason

Other

Other reason

Resource disposal agreement

Proof of disposal

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Pending Account Referrals

Pending Account Referral for A B D Fcu

! Develop Co-ownership. Update Financial Institution Accounts data.

* Indicates required information

Referral Account Information

Account type

Checking

Account number

123

Date account opened

10/2012

Current account balance

\$5.00

Co-Owned

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)
JAMES KIRK TIBERIOUS - Other	10/2012	Continuing

* Select from the following options

- Accept - Add a new financial institution account
- Reject - Remove the referral account information
- Decide Later

Pending Account Response

Pending Account Response for Abacus Federal Savings Bank

! Develop co-ownership. Update Financial Institution Accounts.

* Indicates required information

Account Response Details

Account type

Christmas Club

Account number

75682

Account title

Test2

* Select from the following options

Update Checking (75682)

Show account details

- Add a new account
- Reject this response
- Decide Later

Financial Institution Account

Financial Institution Account

* Indicates required information

* Financial Institution Information

Use Search Financial Institutions or Select from Favorites to add or change the Financial Institution

Name	--
Address	--

OR

Account Information

* Account type

Account number

Dedicated account

Collective account or master sub-account [?](#)

Account title

(500 characters maximum)

Characters remaining: 500

* Co-Owned

Yes No Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
----------	---------------------	-------------------	---------

Earns interest

If interest not already recorded, add associated interest page

Set aside for burial

* Name for whom held

* First Middle * Last Suffix Unknown

* Meets exclusion relationship

For children: self or parent. For adults: self or spouse.

Yes No Decide later

* Date asset set aside

Unknown

mm/dd/yyyy

* Interest remains in fund

Yes No Unknown

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
<input type="text"/>	<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

Cash

Cash

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

* Indicates required information

Set aside for burial

Values

[Currency Converter](#)

* Date From (mm/yyyy)	* Date To (mm/yyyy)	* Alleged Value (\$)	Excluded Amount (\$)	Unknown	Countable Amount (\$)	Actions
01/2017		250.00	25.00	<input type="checkbox"/>	225.00	Delete
				<input type="checkbox"/>		Delete

* Exclusion reason

Other



* Other reason

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Clear Page](#)

[Delete](#)

Stock, Bond, or Mutual Fund

Stock, Bond, or Mutual Fund

Use a separate page to record each item.

* Indicates required information

* Type

Mutual fund

* Description

* Co-Owned

Yes No Unknown

Earns dividends

If dividends not already recorded, add associated Dividend page

Earns interest

If interest not already recorded, add associated Interest page

Set aside for burial

* Name for whom held

* First

Middle

* Last

Suffix

Unknown

* Meets exclusion relationship

For children: self or parent. For adults: self or spouse.

Yes No Decide later

* Date asset set aside

Unknown

mm/dd/yyyy

* Interest remains in fund

Yes No Unknown

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		Delete

^ Hide person remarks

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

^ Hide file documentation notes

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Promissory Note, Loan, or Property Agreement

Promissory Note, Loan, or Property Agreement

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

* Indicates required information

Type

Promissory note/commercial loan

Borrower's name

Unknown

Borrower's phone number

Address

Country

United States or U.S. Territory

Street 1

Street 2

Street 3

Street 4

City/Town

State/Territory

--

ZIP Code

Co-Owned

Yes No Unknown

Earns interest

If interest not already recorded, add associated Interest page

Set aside for burial

Name for whom held

* First

Middle

* Last

Suffix

Unknown

Meets exclusion relationship

For children: self or parent. For adults: self or spouse.

Yes No Decide later

Date asset set aside

Unknown

mm/dd/yyyy

Interest remains in fund

Yes No Unknown

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	200.00	<input type="checkbox"/>	0.00	Delete

Exclusion reason

Other

* Other reason

Resource disposal agreement

Proof of disposal

Hide person remarks

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

Hide file documentation notes

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Item Held for Potential Value or Investment

Item Held for Potential Value or Investment

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

* 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"/>		Delete

 Resource disposal agreement Proof of disposal

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Life Insurance

Life Insurance

* 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

Proof of disposal

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

Add Another

Undo Changes

Delete

Burial Fund

Burial Fund

* Indicates required information

*** Type**

*** Description**

*** Name for whom held**

*** First**

Middle

*** Last**

Unknown

Suffix

*** Meets exclusion relationship**

For children: self or parent. For adults: self or spouse.

Yes

No

Decide later

*** Date asset set aside**

mm/dd/yyyy

Unknown

Original amount set aside

Earns interest

If interest not already recorded, add associated Interest page

*** Interest remains in fund**

Yes

No

Unknown

*** Co-Owned**

Yes

No

Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
----------	---------------------	-------------------	---------

[Add Co-Owner](#)

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
							100.00	<input type="checkbox"/>	0.00	Delete

*** Exclusion reason**

*** Other reason**

Resource disposal agreement

Proof of disposal

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Burial Space or Related Item

Burial Space or Related Item

* Indicates required information

* Type Other type

* Relationship of person for whom held

* Name for whom held

* First Middle * Last Unknown

Suffix

* Co-Owned Yes No Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
Add Co-Owner			

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"/>	10.00	<input type="checkbox"/>	0.00	Delete

* Exclusion reason * Other reason

Resource disposal agreement Proof of disposal

[^ Hide person remarks](#)

Person remarks (Printed):
(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:
(1000 characters maximum)

Characters remaining: 1000

No notes

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

Other Resource

Other Resource

* Indicates required information

* Type

Retirement/pension fund

* Income from property

Yes No Unknown

* Description

* Co-Owned

Yes No Unknown

Co-Owner	Date From (mm/yyyy)	Date To (mm/yyyy)	Actions
----------	---------------------	-------------------	---------

Add Co-Owner

Earns interest If interest not already recorded, add associated Interest page

Set aside for burial

* Name for whom held

First Middle Last Suffix Unknown

* Meets exclusion relationship

For children: self or parent. For adults: self or spouse.

Yes No Decide later

* Date asset set aside

Unknown
mm/dd/yyyy

* Interest remains in fund

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

Proof of disposal

Hide person remarks

Person remarks (Printed):
(1000 characters maximum)

Characters remaining: 1000

No remarks

Hide file documentation notes

File documentation notes:
(1000 characters maximum)

Characters remaining: 1000

No notes

Add Another Clear Page Delete

Property/Cash Given or Sold

Property / Cash Given or Sold

* Indicates required information

* Description

* Still own part of property

Yes No Unknown

* Market value or amount of cash gift

Record the market value of the portion of the property that the individual transferred

\$

Unknown

* Receiver's name

Unknown

Receiver's address

Country

United States or U.S. Territory

Street 1

Street 2

Street 3

Street 4

City/Town

State/Territory

--

ZIP Code

* Receiver relationship

--

* Transfer date

mm/dd/yyyy

Unknown

* Method of transfer

--

* Additional considerations or proceeds expected

Yes No Unknown

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Undo Changes](#)

[Delete](#)

Pending Real Property

Pending Real Properties

* Indicates required information

Result Details for Non Home Real Property

SSA Request ID

22

Property address

County

Parcel ID

Assessed total value

\$200,000

Owner's name

Seller's name

W...

Sale date

10/01/2017

* Select from the following options [More Info](#)

Update existing property -

Add new property

Reject property

Decide later

Achieving a Better Life Experience (ABLE) Account Page

Resources

✔ Selection

ABLE Accounts

Achieving a Better Life Experience (ABLE) Account

* Indicates required information

*** Program state**
 Unknown

*** Account number**
 Unknown

*** Account opened date**

mm/dd/yyyy Unknown

Account closed date

mm/dd/yyyy

Signature authority name

First Middle Last Suffix

Values
Alleged Value or Verified Value is required [More Info](#)

* Date From <small>(mm/yyyy)</small>	* Date To (mm/yyyy)	Alleged Value (\$)	Verified Value (\$)	Excluded Amount <small>(\$)</small>	Unknown	Countable Amount (\$)	Actions
<input type="text"/>	<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

Pending Achieving a Better Life Experience (ABLE) Account Page

* Indicates required information

ABLE Account Report

! ABLE account report received from state. Develop ABLE account ownership.

Account owner name

Account owner SSN

Account owner birth date

Program state

MD

Account number

Account opened date

11/14/2017

Account closed date

Signature authority name

Show account values

* Select from the following options

- | |
|----------------------------------------------------------------------------------------------------|
| <input type="radio"/> Update to existing ABLE account (Program state: MD , Account number: 246810) |
| <input type="radio"/> Add this ABLE account |
| <input type="radio"/> Reject this ABLE account |
| <input type="radio"/> Decide Later |

Temporary Assistance for Needy Families

Temporary Assistance for Needy Families

* Indicates required information

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

10-digit Number

Monthly Values

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

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Refugee Cash Assistance

Refugee Cash Assistance

* 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

[Add Another](#)

[Clear Page](#)

[Delete](#)

Bureau of Indian Affairs Assistance

Bureau of Indian Affairs Assistance

* 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

10-digit Number

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Disaster Assistance

Disaster Assistance

* 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

[Add Another](#)

[Clear Page](#)

[Delete](#)

Adoption, Foster Care, or Kinship Guardianship Assistance Payment

Adoption, Foster Care, or Kinship Guardianship Assistance

* Indicates required information

* Income and funding 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

[Add Another](#)

[Clear Page](#)

[Delete](#)

Other State, Local, or Tribal Assistance

Other State, Local, or Tribal Assistance

* 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

10-digit Number

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Other Federal Income Based on Need

Other Federal Income Based On Need

* 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

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"/>		Delete

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Alimony or Spousal Support

Alimony or Spousal Support

* 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 (\$)	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"/>		Delete

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Child Support

Child Support

* 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 (\$)	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"/>	Delete

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Wages

Wages

* 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

Alleged Amount, Reported Amount or Verified Amount is required

[More Info](#)

* 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"/>	50.00	<input type="checkbox"/>	0.00	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		Delete

* Other deduction amount reason [More Info](#)

* Other

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

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[Delete](#)

Quarterly Wages Summary

Quarterly Wages Summary

Year 2017

[+ Expand all](#)

Expand	Quarter	Employers	Quarterly Countable Amount (\$)	Quarterly Deduction Amount (\$)	Quarterly Gross Wages Amount (\$)
+	First	1 Employer	1,650.00	0.00	1,650.00
+	Second	1 Employer	1,650.00	0.00	1,650.00
+	Third	1 Employer	1,650.00	0.00	1,650.00
+	Fourth	1 Employer	550.00	0.00	550.00

Year 2016

[+ Expand all](#)

Expand	Quarter	Employers	Quarterly Countable Amount (\$)	Quarterly Deduction Amount (\$)	Quarterly Gross Wages Amount (\$)
+	First	1 Employer	1,500.00	0.00	1,500.00
+	Second	1 Employer	1,500.00	0.00	1,500.00
+	Third	1 Employer	1,500.00	0.00	1,500.00
+	Fourth	1 Employer	500.00	0.00	500.00

Year 2015

No wages are present.

Self-Employment Income

Self-Employment Income

* Indicates required information

*** 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) Amount (\$)	Verified (Profit or Loss) 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"/>		Delete

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

Yes No Unknown

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

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

Sick Pay

Sick Pay (Earned)

* Indicates required information

Select from favorites or type source information

[▼ Show favorites](#)

* Source

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

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"/>		Delete

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Sick Pay (Unearned)

Sick Pay (Unearned)

* 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"/>		Delete

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Workers Compensation

Workers' Compensation

* 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"/>		Delete

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Unemployment Compensation

Unemployment Compensation

* Indicates required information

Select from favorites or type source information

[▼ Show favorites](#)

* **Source** **ID**

Address

Country

* Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

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="button" value="Delete"/>

[▼ Show person remarks](#)

No remarks

[▼ Show file documentation notes](#)

No notes

Social Security Benefit

Social Security Benefit

* Indicates required information

* ID

* Pending Claim Yes No

* Date claim filed

mm/dd/yyyy

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

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

Black Lung Benefits

Black Lung Benefit

* 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" value="200.00"/>	<input type="checkbox"/>	<input type="text" value="0.00"/>	Delete

* Other deduction amount reason

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Office of Personnel Management (OPM)

Office of Personnel Management Benefit

* 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"/>	100.00	<input type="checkbox"/>	0.00	Delete
<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"/>		Delete

*Other deduction amount reason

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Railroad Board Benefits

Railroad Board Benefits

* Indicates required information

* Type

* 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"/>	Delete

* Other deduction amount reason

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Veteran Affairs Payment

Veterans Affairs Payment

* Indicates required information

* Type [More Info](#)

* Name of Beneficiary

* First

M.I.

* Last

Unknown

* ID

Get ID

Unknown

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Pension, Annuity, Retirement, or Disability Payment

Pension, Annuity, Retirement, or Disability Payment

* Indicates required information

* **Type**

--

Select from favorites or type source information

▼ Show favorites

* **Source**

Unknown **ID** 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

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

Interest

Interest

* 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"/>		Delete

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Dividend

Dividend

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

Other deduction amount reason

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Royalties or Honoraria (Unearned)

Royalties or Honorarium (Unearned)

* Indicates required information

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"/>		Delete

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Rental and Lease Income

Rental Or Lease Income

* Indicates required information

* Type [More Info](#)

Land - not PESS

Select from favorites or type source information

[Show favorites](#)

* Description

Unknown

* 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 Gross or Verified Gross is required. Alleged Expenses or Verified Expenses is required

[Net Rental Income Program](#)

* 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" value="0.00"/>	<input type="checkbox"/>	0.00	Delete
<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"/>		Delete

* Other deduction amount reason

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Other Income

Other Income

* Indicates required information

* Type

Select from favorites or type source information

[v 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

[v Show person remarks](#)

No remarks

[v Show file documentation notes](#)

No notes

Add Another

Clear Page

Delete

Blind Countable Income

Blind Countable Income

* Indicates required information

Monthly Values
Alleged Amount or Verified Amount is required

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

[Show person remarks](#)
No remarks

[Show file documentation notes](#)
No notes

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

Plan to Achieve Self-Support

Plan to Achieve Self-Support

* Indicates required information

Work goal
(250 characters maximum)

Characters remaining: 250

Start month (mm/yyyy) **Anticipated ending month and year (mm/yyyy)**

mm/yyyy mm/yyyy

PASS approved

Yes No

Notice date (mm/dd/yyyy)

mm/dd/yyyy

Expenses

Expense Item	Estimated Cost Amount (\$)	Approved Cost Amount (\$)	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete
Total Cost	0.00	0.00		

Monthly Excluded Income Amounts

* Date From (mm/yyyy)	* Date To (mm/yyyy)	* Amount (\$)	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete
Total Amount		0.00		

[Show person remarks](#)
No remarks

[Show file documentation notes](#)
No notes

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

School Data

<p>Income</p> <p>✔ Selection</p> <p>School Data</p> <p>⊙ Office of Child Support Enforcement Data</p>	<p>School Data</p> <p>• Indicates required information</p> <p>• Collect school data More Info</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decide later</p> <hr/> <p>▼ Show person remarks</p> <p>No remarks</p> <p>▼ Show file documentation notes</p> <p>No notes</p>
<p>Next Previous</p>	<p>Add Another Clear Page Delete</p> <p>Save & Return to Mainframe</p>

Potential Eligibility for Other Benefit Leads Selection

Potential Eligibility for Other Benefits Selection

* Indicates required information

* **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.** [Social security programs throughout the world](#)
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](#)

Supplemental Nutrition Assistance Program (SNAP)

Supplemental Nutrition Assistance Program (SNAP)

Record eligibility information about SNAP (formerly known as the food stamp program)

* Indicates required information

* SNAP status

<input checked="" type="radio"/> Currently receiving SNAP benefits
<input type="radio"/> Filed within the past 60 days
<input type="radio"/> Never filed or file date more than 60 days in the past
<input type="radio"/> Unknown

* Recertification notice received within past 30 days

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
--------------------------------------	--------------------------	-------------------------------

* All household members applying for or receiving SSI

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Pre-release	<input type="radio"/> Unknown
--------------------------------------	--------------------------	-----------------------------------	-------------------------------

* May I take your SNAP application today?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
--------------------------------------	--------------------------	-------------------------------

! Most recent application date must be entered

* Last SNAP application or recertification date

mm/dd/yyyy

Combined Application Project (CAP) data [More Info](#)

Shelter cost at or above state standard [More Info](#)

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Cap does not apply
--------------------------------------	--------------------------	------------------------------------------

Subsidized housing with heat included in rent [More Info](#)

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not a resident of NY
--------------------------------------	--------------------------	--------------------------------------------

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

[Undo Changes](#)

[Delete](#)

Health Expenses & Third Party

Health Expenses and Third Party Liability

* Indicates required information

Any unpaid medical expenses from 07/2017 through 09/2017

Yes No

* **Agree to assign rights to payments for medical support and medical care to the state Medicaid agency**

Yes No Automatic Assignment Unknown

* **Explain**

Unknown

* **Agree to provide information regarding third party responsible for health expenses**

Yes No Unknown

* **Explain**

Unknown

* **Insurance or third-party responsible other than Medicare or Medicaid**

Yes No Unknown

Third Party Liability

Status	Policy Holder Name	SSN	Relationship	Policy Number	Company	Actions
--------	--------------------	-----	--------------	---------------	---------	---------

[Add Policy](#)

Claim or legal action pending or planned due to illness or injury

Yes No

Status	Nature of Claim	Injury or Illness Begin Date	Attorney Name	Actions
--------	-----------------	------------------------------	---------------	---------

[Add Claim](#)

▼ [Show person remarks](#)

No remarks

▼ [Show file documentation notes](#)

No notes

[Clear Page](#)

[Delete](#)

Military Service

Military Service

* 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	Select
		Spouse	Select
		Child	Select

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

 Unknown

Address

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

Phone

Web address

Military Service

* Branch of Service	* Period or Length of Service	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Railroad Employment

Railroad Employment

* Indicates required information

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	Select
		Spouse	Select

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
[Hide favorites](#)

Railroad Favorites [Refresh](#) [Manage office level favorites](#)

Contact	Address	Phone	Actions

Contact
Railroad Retirement Board

Address

* Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

Unknown

Phone

Web address

Employer

* Name of Employer	* Period of Employment	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete

[Show person remarks](#)
No remarks

[Show file documentation notes](#)
No notes

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

Federal Employment

Federal Employment

* Indicates required information

Federal 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	<input type="button" value="Select"/>
		Spouse	<input type="button" value="Select"/>

* Name

* First Middle * Last Suffix Unknown

SSN

* Relationship

 Employment was less than 5 years Withdrew contribution from pension plan and not entitled to annuity

Claim status for federal employment benefits

* Lead status

Diary date

mm/dd/yyyy

Federal government contact information

Select from favorites or type contact information

[Show favorites](#)

Contact

Office of Personnel Management

Address

* Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

 Unknown

Phone

Web address

Employer

* Name of Employer	* Period of Employment	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

State or Local Government

State or Local Government

* Indicates required information

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
		Spouse	Select

* Name

* First Middle * Last Suffix Unknown

SSN

* Relationship

Claim status for state or local government benefits

* Lead status

State or local government contact information

Select from favorites or type contact information

[^ Hide favorites](#)

State or Local Government Favorites

[Refresh](#)[Manage office level favorites](#)

Contact	Address	Phone	Actions
---------	---------	-------	---------

* Contact

 Unknown

Address

* Street 1 Street 2 Street 3 Street 4

City/Town State/Territory ZIP Code

 Unknown

Phone

Web address

Employer

* Name of Employer	* Period of Employment	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete

[^ Show person remarks](#)

No remarks

[^ Show file documentation notes](#)

No notes

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

Union Membership

Union Membership

* 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	Select
		Spouse	Select

* Name

* First Middle * Last Suffix Unknown

SSN

* Relationship

Claim status for union benefits

Claim or ID number

* Filing date

mm/dd/yyyy

Diary date

mm/dd/yyyy

Union contact information

Select from favorites or type contact information

[^ Show favorites](#)

* Contact

 Unknown

Address

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

Phone

Web address

Employer

* Name of Employer	* Period of Employment	Unknown	Actions
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete

[^ Show person remarks](#)

No remarks

[^ Show file documentation notes](#)

No notes

[Add Another](#)

[Clear Page](#)

[Delete](#)

Private Employment

Private Employment

* Indicates required information

Employee
Select a person from the person list to populate information OR type in form fields below
[Hide person list](#)

Name	SSN	Relationship	Actions
			Select

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
[Hide favorites](#)

Private Employment Favorites [Refresh](#) [Manage office level favorites](#)

Contact	Address	Phone	Actions

Contact

Address

Country

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
		Details

[Hide person remarks](#)

Person remarks (Printed):
(1000 characters maximum)

Characters remaining: 1000

No remarks

[Hide file documentation notes](#)

File documentation notes:
(1000 characters maximum)

Characters remaining: 1000

No notes

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

Foreign Benefits

Foreign Benefits

Include potential eligibility for foreign benefits based on citizenship, residency or work covered under a foreign country with a social security program
[Social security programs throughout the world](#)

* 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	Select
		Spouse	Select

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

[Hide favorites](#)

Foreign Country Favorites

[Manage office level favorites](#)

Contact	Address	Phone	Actions
---------	---------	-------	---------

Contact

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

Web address

Period of Employment, residency or citizenship

Period	Country	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

Disability Entitlement

* Indicates required information

Potential entitlement on

* **Already entitled to maximum benefits at the earliest month**

Yes No

* **Reason not entitled**

None apply

* **Lead status**

Handed

[v Show person remarks](#)

No remarks

[v Show file documentation notes](#)

No notes

Living Arrangements Summary

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

PMCS NHRP Request



Person Multiple Claim Summary

Name: [Redacted] Requested Social Security Number (SSN): [Redacted]

* Indicates required information

Take Action on Existing Claim

* Select one of the following

Primary SSN	Name	Relationship	Claim File Begin Date	Status	Open Event Type
<input checked="" type="checkbox"/>	[Redacted]	Claimant	02/15/2006	Active	Redetermination

* Select

Update
 Query

* Update options

Existing Claim
 Financial Account Verification
 Non-Home Real Property
 Foreign Travel Data

NHRP

Name: [Redacted] SSN: [Redacted] Role: Claimant

Non-Home Real Property Requests

Requests

Select one or more of the following people listed below to send a NHRP request.

Name	SSN	Relationship to Claimant	Date Last Request Sent	Person Who Last Requested	Request Required
<input type="checkbox"/>	[Redacted]	Claimant	03/27/2019	[Redacted]	No

[Send Requests](#)

Request Results

[Redacted] - Claimant

Request Status	Action Required	Request ID
Successful	No action required	4614

[Exit](#)

MSSI

FIELD OFFICE: 024

SSN:

SELECT: 2

1=ESTABLISH

2=UPDATE

3=QUERY

SELECT THE DESIRED FUNCTION: 5

- | | |
|------------------------|----------------------------|
| 1. ARCHIVAL RETRIEVAL | 11. DELETE INELIGIBLES |
| 2. TICKLE LIST REQUEST | 12. MANUAL PROCESSES |
| 5. CLAIM DEVELOPMENT | 14. DECISION INPUT |
| 6. CLAIMS CLEARANCE | 15. AUTOMATED COMPUTATIONS |
| 7. CASE MOVEMENT | 19. DIRECT SSR UPDATE |
| 8. WMS QUERY REQUEST | |
| 9. APPEALS | |
| 10. SSN CORRECTION | |

DWME

MSSICS

CDW SSI MENU

DWME

TRANSFER TO: _____

SELECT
(Y) :

SCREEN NAME

Y

PRINT OPTIONS
DEVELOPMENT WORKSHEET
ATTESTATION
BLANK PERSON STATEMENT
BLANK REPORT OF CONTACT
BLANK DEVELOPMENT DOCUMENTATION
RECORD OF CHANGE

DPRN

SELECT (Y) : OUTPUT TYPE LAST ACTION

y REDETERMINATION DOCUMENT

 INCLUDE WITNESS STATEMENT
 COVER NOTICE
 EVIDENCE REQUEST COVER NOTICE

 PRINT WITHOUT ATTEST
 RENTAL SUBSIDY FORM

REFERRAL FOR OTHER BENEFITS

 ALL
 BDIB BFED BFOR BMIL BPRP BRIB
 BRRE BSCP BSRD BSSA BSSW BSTL BUNP

DUPLICATE COPY (Y) :

DPRN

MSSICS

PRINT OPTIONS

PAGE 2 OF DPRN

TRANSFER TO: _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____ EXTENSION: _____

DW01

TRANSFER TO: _____

UNIT: rc

FO: 024

CLAIMANT NAME: _____

SSN: _____

ADDRESS: _____
CITY: _____
PHONE: _____

STATE: ZIP: _____

INFO: _____

MISC: _____

ISSUE:	SCREEN:	REQUEST:	F/UP:	F/UP:	TICKLE:	RECEIVED:	REMARKS:
<u>REDET</u>	<u>PMEN</u>	<u>032719</u>	_____	_____	<u>041119</u>	<u>032719</u>	_____
<u>ATTEST</u>	_____	<u>032719</u>	_____	_____	<u>041119</u>	<u>032719</u>	_____
<u> </u>	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

MORE ISSUES: _____
REMARKS (Y): _____

FIELD OFFICE: 024

SSN: SELECT: 2

1=ESTABLISH

2=UPDATE

3=QUERY

SELECT THE DESIRED FUNCTION: 14

- | | |
|------------------------|----------------------------|
| 1. ARCHIVAL RETRIEVAL | 11. DELETE INELIGIBLES |
| 2. TICKLE LIST REQUEST | 12. MANUAL PROCESSES |
| 5. CLAIM DEVELOPMENT | 14. DECISION INPUT |
| 6. CLAIMS CLEARANCE | 15. AUTOMATED COMPUTATIONS |
| 7. CASE MOVEMENT | 19. DIRECT SSR UPDATE |
| 8. WMS QUERY REQUEST | |
| 9. APPEALS | |
| 10. SSN CORRECTION | |

FORMATTING FOR PRINT

DSSR

MSSICS

BUILD SSR

DSSR

UNIT: RC

CLOSE EVENT (Y/N): y

DIRECT SSR UPDATE (Y): █

COMPARE UPDATES (Y) Y

HOLD BACK UPDATES (Y): -

SELECT SIMULATED SSR TYPE: 1

1=STANDARD DISPLAY

2=HISTORY DISPLAY

SERVICING FIELD OFFICE 531

PREFERRED FIELD OFFICE: 024

DADJ

MSSICS

ADJUDICATIVE DECISION

DADJ

CLOSE REDETERMINATION

(Y/N) : Y

INITIAL CLAIM DECISION: 1 1=ALLOWANCE 2=DENIAL DENIAL CODE:

MANUAL PROCESSING REQUIRED (Y) :
REASON:

CPRM

██████████ ████████████████████

SELECT:
(Y)

DC
Y

—

—

- SELECT ALL
- CASE DATA
- PERSON ID
- PERSON CLAIM
- MAILING/PAYMENT ADDRESS
- RESIDENCE ADDRESS
- DIARIES
- EARNED INCOME
- UNEARNED INCOME
- INSTITUTIONALIZATION
- COMPUTATION HISTORY
- MISCELLANEOUS PAYMENT
- DISABILITY
- RESOURCES
- REMARKS
- WINDFALL OFFSET/STATE DATA
- AUTHORIZED REPRESENTATIVE
- APPEAL DATA

CPAD

[REDACTED]

[REDACTED]

PAYEE LEGEND BEFORE:

[REDACTED]

PAYEE LEGEND AFTER:

PAYEE MAILING ADDRESS BEFORE:

[REDACTED]

PAYEE MAILING ADDRESS AFTER:

REP PAYEE PHONE BEFORE:

AFTER:

[REDACTED]

[REDACTED]

REP PAYEE TYPE/COMPETENCY/CUSTODY CODES

BEFORE: MTH B SLO

AFTER:

REP PAYEE SELECTION DATE

BEFORE: 02/15/06

AFTER:

REP PAYEE SSN

BEFORE:

[REDACTED]

AFTER:

MSSICS

WINDFALL OFFSET/STATE DATA COMPARISON

CPWS

██████████

██████████

FOOD STAMP DATA BEFORE:
 AFTER:

THIRD PARTY INSURANCE BEFORE:
 AFTER:

UNPAID MEDICAL EXPENSES BEFORE: Y
 AFTER: N

WINDFALL FEDERAL OFFSET TOTAL BEFORE:
 AFTER:

WINDFALL STATE OFFSET TOTAL BEFORE:
 AFTER:

WINDFALL NON COUNTABLE INCOME BEFORE:
 AFTER:

Simulated SSR

[REDACTED] DTE:03/27/19 SSIM SIMULATED SSR UN: PG: 001
[REDACTED] SN: [REDACTED] PSY:C01 TMR:DB ID:DC TDA:03/27/19
CMSC HUN:[REDACTED] RIC:G VER:3 CPD:03/27/19-P CPF:03/27/19
MSI:2-1-04/08/02
RMKS 1:TEST CASE FOR WASH DC CHILD IN DG LIVING ARRANGEMENT
CRZD RZ: S RZP T RZD RZI RZC RTD EE
N C-J9 B 03/27/19 03/19 03/19
K U 07/06/02
PRSN AP:[REDACTED] DF:[REDACTED] DB:[REDACTED] SX: AR:A- - -
LPS:ENGLISH LPW:ENGLISH DOE:03/02 MEF:04/01/2002 IRS:1
RCRD EST:04/08/02 XDO:001 IDD:05/24/02 SNV:3 CNV:4 PT:N-02/06 UE:N FSD:04/
FS1:N FS2:N
ADDR [REDACTED] CTY:[REDACTED] STN:[REDACTED] TL:[REDACTED]
DIS:531 ST:09000D ACD:03/22/06
RADR [REDACTED] CTY:[REDACTED] STN:DC [REDACTED]
DIAR MR-05/24/09
DISB DPC:F SAC:S22 DSA:04/08/02 DDO:03/26/02 SPD:04/02 EPD:06/02 CIT:X-00/
MDR:7 DIG:7580-6490 DPM:P
NOTC C/O:Y 05/27/06 -8100 CTE001 2002 WKS001 2016 1905 1012 1479 2525 190
INC026 1908 PAY096 PAY098 PAY105 PAY150 PAY151 RVW001 1926 2750 --
03/22/06 -8151 CTE001 2002 WKS001 2016 1904 2310 1905 2509 1479 2520
2524 1907 LAR100 LAR101 LAR102 1315 2970 LAR005 LAR104 -- 02/15/06 -

██████████ DTE:03/27/19 SSIM SIMULATED SSR UN: PG: 00

8151 CTE001 2002 WKS001 2016 1904 2311 1905 1012 1479 1907 LAR100
LAR101 LAR102 1315 2970 LAR005 LAR104 LAR105 LAR106 -- 05/24/02 -802
1026 1027 1004 1034 1901 1011 1919 1290 1905 1012 1479 1370 1907 162
1010 1315 1240 1373 1915 -- 04/26/02 -8165 1026 1027 1420 1901 1011
1919 1290 1905 1012 1479 1418 1431 1907 1010 1315 1240 1908 1497 191

TRAN UN:RC OL-03/27/19-024, RT-10/06/18, OL-03/22/06-057, OL-02/15/06-057
RQ-07/06/02, DO-05/24/02-S22, OL-04/26/02-001, PR-04/13/02-L25,
DO-04/11/02-S22, IF-04/11/02

INST MOC MLG 123 MOR INST MOC MLG 123 MOR INST MOC MLG 123 MOR
01 0302 0000 Q 0302

CMPH+FAM SAM SUP UMC ENC PCI PS BELGPF FO HSWADCMICT
0106 DMC: I

0106 30.00 40.00 09000 .00 .00 .00 C01 2EEN DG NN YW44
PMTH+ 1 2 3 5 CKA FMA SMA U D S F PI

04/01/08 1 N 70.00 30.00 40.00
05/01/19 1 N 70.00 30.00 40.00

OPSQ C OPB OPE OPA AX TS SQD NTD SQR SBL BAL
01 0000 0000 .00 D 021506 .00 .0

██████████ SN: ██████████ TMR:DB ID:XF

PRSN DB: ██████████ SX:M IRS:1

RCRD EST:04/08/02 SNV:3 CNV:4

[REDACTED] DTE:03/27/19 SSIM

SIMULATED SSR

UN:

PG: 00

[REDACTED] M SN: [REDACTED] TMR:DB ID:XM

PRSN DB:[REDACTED] SX:F AK:[REDACTED] IRS:1

RCRD EST:04/08/02 SNV:3 CNV:4

BTCE

MSSICS

BTS CONFIRMATION

BTCF

SELECT: 1

1=SEND DATA TO SSR

2=GO TO COMPARE MENU

3=GO TO HOLD BACK SCREEN

4=GO TO SSR DISPLAY