

**SSI CLAIM SYSTEM PAGE PRINTS FOR**

**OMB # 0960-0174**

**SSA-8006-F4**

The following are screen prints from the SSI claim system that collect information that is equivalent to the paper form SSA-8006-F4. Like the SSA-8006-F4, these SSI claim system pages collect information that we need to establish whether the SSI recipient lives in his or her own household or lives in another person's household. Like the SSA-8006-F4, these pages also collect information that we need to determine if the SSI recipient receives in-kind support and maintenance from inside the household, from outside the household, or does not receive any in-kind support and maintenance.

# 1. Residence Address and Jurisdiction Page

 **SSI Claim** PolicyNet

Name:      SSN:      Role: Claimant

Living Arrangements    **Summary**

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

Periods

04/01/2012 - Continuing

Residence Address/Jurisdiction

## Residence Address and Jurisdiction

\* Indicates required information

### \* Residence address

Country:

Street 1:

Street 2:  [+ Add Line](#)

City/Town:       State/Territory:       ZIP Code:

County:

Unknown

### \* Jurisdictional residence address same as above

Yes     No     Unknown

Override state and county code

### \* 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

Intended first of month residence

Show person remarks

No remarks

Show file documentation notes

No notes


Clear Page

Next

Previous

Save & Return to Mainframe

## 2. Household Composition Page

PolicyNet

Name:  SSN  Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition**

### Household Composition

\* Indicates required information

\* Household Members


Status	Name	Relationship Type	SSN	Birthdate or Age	Sex	Disabled	Blind	Student	Married	Actions
✓		Claimant			Male	Yes	No	No	Yes	<input type="button" value="Edit"/>

No remarks

No notes

**Next** Previous Save & Return to Mainframe

### 3. Home Ownership and Rental Liability Page

PolicyNet

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

[Periods](#)

- 04/01/2012 - Continuing
  - Residence Address/Jurisdiction
  - Household Composition
  - Home Ownership/ Rental Liability**

#### Home Ownership and Rental Liability

\* Indicates required information

\* **Ownership or rental liability**

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

[Previous](#)Save & Return to Mainframe

## 4. Home Ownership and Rental Liability Page (Own or is buying)

 **SSI Claim** PolicyNet

Name:  SSN:  Role: **Claimant**

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/ Rental Liability**

### Home Ownership and Rental Liability

\* Indicates required information

\* **Ownership or rental liability**

\* **Indicate which household members (at least one) own, or are buying**

Household Member	Owns or Buying	Unknown
Claimant	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

\* **Mortgage payment** \$   Unknown

\* **Payment frequency**

[Show person remarks](#)

No remarks

[Show file documentation notes](#)

No notes

## 5. Home Ownership and Rental Liability Page (Rents - Related to landlord - Yes )

SSI Claim
PolicyNet

Name:  SSN:  Role: **Claimant**

Living Arrangements Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

**04/01/2012 - Continuing**

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability**

### Home Ownership and Rental Liability

\* Indicates required information

\* **Ownership or rental liability**

\* Indicate which household members (at least one) rent

Household Member	Rents	Unknown
<input type="text"/> , Claimant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Non-relative	<input type="checkbox"/>	<input type="checkbox"/>

\* **Rental payment** \$   Unknown

\* **Payment frequency**

\* **Any household member related to landlord or landlord's spouse as parent or child**

Yes  No  Unknown

#### Household members related to landlord

At least one household member must be related to the landlord

Household Member	Relationship to Landlord
<input type="text"/> Spouse	- <input type="text" value=""/>
<input type="text"/> Non-relative	- <input type="text" value=""/>

\* Rental liability verified

Yes  No  Decide later

\* Verification method  ▾

Other

\* Current market rental value \$   Unknown

\* Market rental value verified

Yes  No  Decide later

\* Verification method  ▾

Rental subsidy \$ 0.00

\* Landlord name   Unknown

\* Landlord address

Country  ▾

Street 1

Street 2  [+ Add Line](#)

City/Town

State/Territory  ▾

ZIP Code

Unknown

Landlord phone

U.S.  International

10-digit Number

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes



Clear Page

**Next**

Previous

Save & Return to Mainframe

## 6. Household Expenses and Contributions Page (All public assistance)



SSI Claim

PolicyNet

Name:

SSN:

Role: Claimant

Living Arrangements

Summary

Period Effective Dates: 04/01/2012 - Continuing

Living Arrangements

Periods

04/01/2012 - Continuing

Residence  
Address/Jurisdiction

Household Composition

Home Ownership/Rental  
Liability

Expenses and  
Contributions

### Household Expenses and Contributions

\* Indicates required information

\* All public assistance household

Yes  No  Unknown

#### Public Assistance for Household Members

At least one assistance type must be selected for each household member

- - - Claimant

- \* Assistance type
- Temporary Assistance for Needy Families (TANF)
  - Temporary Assistance for Needy Families (TANF) with payment cap
  - Receives SSI
  - Refugee Cash Assistance – Federally funded - based on need
  - Refugee Cash Assistance – State, local or tribal – based on need
  - Bureau of Indian Affairs - General Assistance
  - Disaster Assistance – Presidentially declared
  - Disaster Assistance – State, local or tribal - based on need
  - Other State or Local or Tribal Assistance - based on need
  - Veteran's Affairs Payment – Pension - based on need
  - Veteran's Affairs Payment - Other VA Payment - based on need
  - Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
  - Adoption Assistance - State, local, or tribal - based on need
  - Foster Care Payment - State, local, or tribal - based on need
  - Filing for Supplemental Security Income
  - Other

\* Explain

Unknown

**\* Public assistance verified**

Yes  No

**- Spouse**

**\* Assistance type**

- Temporary Assistance for Needy Families (TANF)
- Temporary Assistance for Needy Families (TANF) with payment cap
- Receives SSI
- Refugee Cash Assistance – Federally funded - based on need
- Refugee Cash Assistance – State, local or tribal – based on need
- Bureau of Indian Affairs - General Assistance
- Disaster Assistance – Presidentially declared
- Disaster Assistance – State, local or tribal - based on need
- Other State or Local or Tribal Assistance - based on need
- Veteran's Affairs Payment – Pension - based on need
- Veteran's Affairs Payment - Other VA Payment - based on need
- Veteran's Affairs Payment - Parent's Dependency and Indemnity Compensation
- Adoption Assistance - State, local, or tribal - based on need
- Foster Care Payment - State, local, or tribal - based on need
- Filing for Supplemental Security Income
- Other

**\* Explain**

Unknown

**\* Public assistance verified**

Yes  No

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes

Clear Page

[Next](#)

[Previous](#)

[Save & Return to Mainframe](#)

## 7. Household Expenses and Contributions Page

 PolicyNet

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Role: **Claimant**

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

Periods

**04/01/2012 - Continuing**

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability

**Expenses and Contributions**

### Household Expenses and Contributions

\* Indicates required information

\* **All public assistance household**

Yes  No  Unknown

\* **Public assistance with Temporary Assistance for Needy Families payment cap household**

Yes  No  Unknown

**Loan agreement regarding household expenses**

Yes  No  Unknown

Develop inside in-kind support and maintenance or unstated income

\* **Do others contribute to household expenses**

Yes  No  Unknown

\* **Eats all meals out**

Yes  No  Unknown

\* **Buys food separate from household**

Yes  No  Unknown

**Contribution average period**

\* Date from   Unknown \* Date to   Unknown  
mm/yyyy mm/yyyy

\* Amount others contribute   Unknown \* Claimant's contribution   Unknown

**Expense average period**

\* Date from   Unknown \* Date to   Unknown  
mm/yyyy mm/yyyy

**Monthly expenses**

For the period above, collect the following expenses

* Food	* Mortgage or Rent	* Property Insurance	* Property Taxes	* Heating Fuel	* Electricity	* Gas	* Garbage Removal	* Water	* Sewer	Unknown
<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="text"/>	<input type="text"/>	<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for - Claimant \$ 0.00

**Deemor Contribution**

Deemor	* Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	Unknown
- Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total contribution for - Claimant \$ 0.00

Claimant's excess contribution \$ 0.00

Inside ISM to Claimant \$ 0.00

Cash to claimant from within the household \$ 0.00

**\* Contribution verification received**

Yes  No  Decide later

Show person remarks

No remarks

Show file documentation notes

No notes

Clear Page

Next

Previous

Save & Return to Mainframe

## 8. Household of Another Page (Food and shelter earmarked)

 **SSI Claim** PolicyNet

Name:  SSN:  Role: Claimant

Living Arrangements **Summary**

Period Effective Dates: 04/01/2012 - Continuing

**Living Arrangements**

Periods

**04/01/2012 - Continuing**

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions

**Household of Another**

### Household of Another

\* Indicates required information

\* Eats all meals out

Yes  No  Unknown

\* Buys food separate from household

Yes  No  Unknown

\* Claimant or deemor contributes toward household expenses

Yes  No  Unknown

\* Claimant makes token contribution

Yes  No

\* Deemor makes token contribution

Yes  No  Unknown

Contribution average period

\* Date from   Unknown \* Date to   Unknown  
mm/yyyy mm/yyyy

\* Claimant's contribution \$   Unknown

Expense average period

\* Date from   Unknown \* Date to   Unknown  
mm/yyyy mm/yyyy

Monthly Expenses

For the period above, collect the following expenses

* Food	* Mortgage or Rent	* Property Insurance	* Property Taxes	* Heating Fuel	* Electricity	* Gas	* Garbage Removal	* Water	* Sewer	Unknown
										<input type="checkbox"/>

Total monthly expenses \$ 0.00

Pro rata share for - Claimant \$ 0.00

Deemor Contribution

Deemor	* Deemor Contribution Amount	Deemor Excess Contribution	Claimant's Share of Excess	* Earmarked For	Unknown
Claimant Spouse				--	<input type="checkbox"/>

Total contribution for claimant \$ 0.00

\* Contribution and expense verification received

Yes  No

Contact person

Contact phone   
10-digit Number

\* Claimant's contribution earmarked for

\* Food amount \$

\* Shelter amount \$



Pro rata food share for	- Claimant	\$ 0.00
Pro rata shelter share for	- Claimant	\$ 0.00
Total ISM from household for	- Claimant	\$ 0.00

\* Earmarked contribution verified

Yes  No

[+ Show person remarks](#)

No remarks

[+ Show file documentation notes](#)

No notes


Clear Page

[Next](#)

[Previous](#)

[Save & Return to Mainframe](#)

## 9. In-kind Support and Maintenance Page (Default)

PolicyNet

Period Effective Dates: 04/01/2012 - Continuing

### Living Arrangements

Periods

04/01/2012 - Continuing

- Residence  
Address/Jurisdiction
- Household Composition
- Home Ownership/Rental  
Liability
- Expenses and  
Contributions
- Household of Another
- In-Kind Support and  
Maintenance**

### In-Kind Support and Maintenance

\* 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

Yes    No    Unknown

No remarks

No notes

# 10.In-Kind Support and Maintenance Page (ISM – yes)

Name:                      SSN:                      Role: Claimant

Living Arrangements      **Summary**

Period Effective Dates: 04/01/2012 - Continuing

## Living Arrangements

### Periods

04/01/2012 - Continuing

- Residence Address/Jurisdiction
- Household Composition
- Home Ownership/Rental Liability
- Expenses and Contributions
- Household of Another

### In-Kind Support and Maintenance

## In-Kind Support and Maintenance

\* 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

Yes     No     Unknown

### In-Kind Support and Maintenance (ISM) Sources

Status	Source	ISM Countable	ISM Type	Monthly Value	Claimant's Share	Actions
<input checked="" type="checkbox"/>	Social Services	Yes	Shelter	100.00	100.00	Select    Delete

Add ISM Source

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

Clear Page

Next

Previous

Save & Return to Mainframe

## 11.In-Kind Support and Maintenance (Add ISM Pop-up – Default)

### In-Kind Support and Maintenance Source ✕

\* Indicates required information

\* Source name   Unknown

\* Address

Country  ▼

Street 1

Street 2  [+ Add Line](#)

City/Town  State/Territory  ▼ ZIP Code

Unknown

\* In-Kind support and maintenance countable

Yes  No  Decide later

OK

Cancel

## 12.In-kind Support and Maintenance Page (Add ISM Pop-up – Food)

### In-Kind Support and Maintenance Source ✕

\* Indicates required information

\* Source name   Unknown

\* Address

Country

Street 1

Street 2  [+ Add Line](#)

City/Town  State/Territory  ZIP Code

Unknown

\* In-Kind support and maintenance countable

Yes  No  Decide later

\* ISM type

\* Number of people who share food   Unknown \* Monthly value   Unknown

\* Payment from absent parent

Yes  No  Unknown

ISM share for Jordan Williams - 997-45-6890 - Claimant \$ 0.00

OK

Cancel

### 13. In-kind Support and Maintenance Page (Add ISM Pop-up – Shelter)

#### In-Kind Support and Maintenance Source ✕

\* Indicates required information

\* Source name   Unknown

\* Address

Country

Street 1

Street 2  [+ Add Line](#)

City/Town  State/Territory  ZIP Code

Unknown

\* In-Kind support and maintenance countable

Yes  No  Decide later

\* ISM type

\* Shelter expense type

This is the value of the shelter item(s) furnished to the claimant's household. At least one shelter expense is required.

Rent free housing   Unknown      Property taxes   Unknown

Mortgage or rent   Unknown      Electricity   Unknown

Heating fuel   Unknown      Garbage removal   Unknown

Water   Unknown      Sewer   Unknown

Gas   Unknown      Rental subsidy   Unknown

Property insurance   Unknown

Multiple shelter items   Unknown

Total expenses \$ 0.00

\* Payment from absent parent

Yes  No  Unknown

ISM share for Jordan Williams - 997-45-6890 - Claimant \$ 0.00

OK

Cancel

## 14. In-kind Support and Maintenance (Pop-up – ISM not countable)

### In-Kind Support and Maintenance Source ✕

\* Indicates required information

\* Source name   Unknown

---

\* Address

Country

Street 1

Street 2  [+ Add Line](#)

City/Town  State/Territory  ZIP Code

Unknown

---

\* In-Kind support and maintenance countable

Yes  No  Decide later

\* Reason  Other reason

### Reason Dropdown

▼

- 
- Federally tax exempt organization - 501(c)(3)
- Assistance based on need
- Presidentially declared disaster
- Social service or medical exclusion
- Other



## 15. In-Kind Support and Maintenance (Add ISM Pop-Up – Transient)

### In-Kind Support and Maintenance Source ×

\* Indicates required information

\* Does in-kind support and maintenance have value

Yes  No  Decide later

\* Wish to rebut presumed maximum value (PMV)

Yes  No  Unknown

\* Source name

Unknown

\* Address

Country

Street 1

Street 2  [+ Add Line](#)

City/Town  State/Territory  ZIP Code

Unknown

\* In-Kind support and maintenance countable

Yes  No  Decide later

OK

Cancel