



**ENHANCED LEADS AND APPOINTMENT SYSTEM
(ELAS)
PROJECT
SCREEN PACKAGE**

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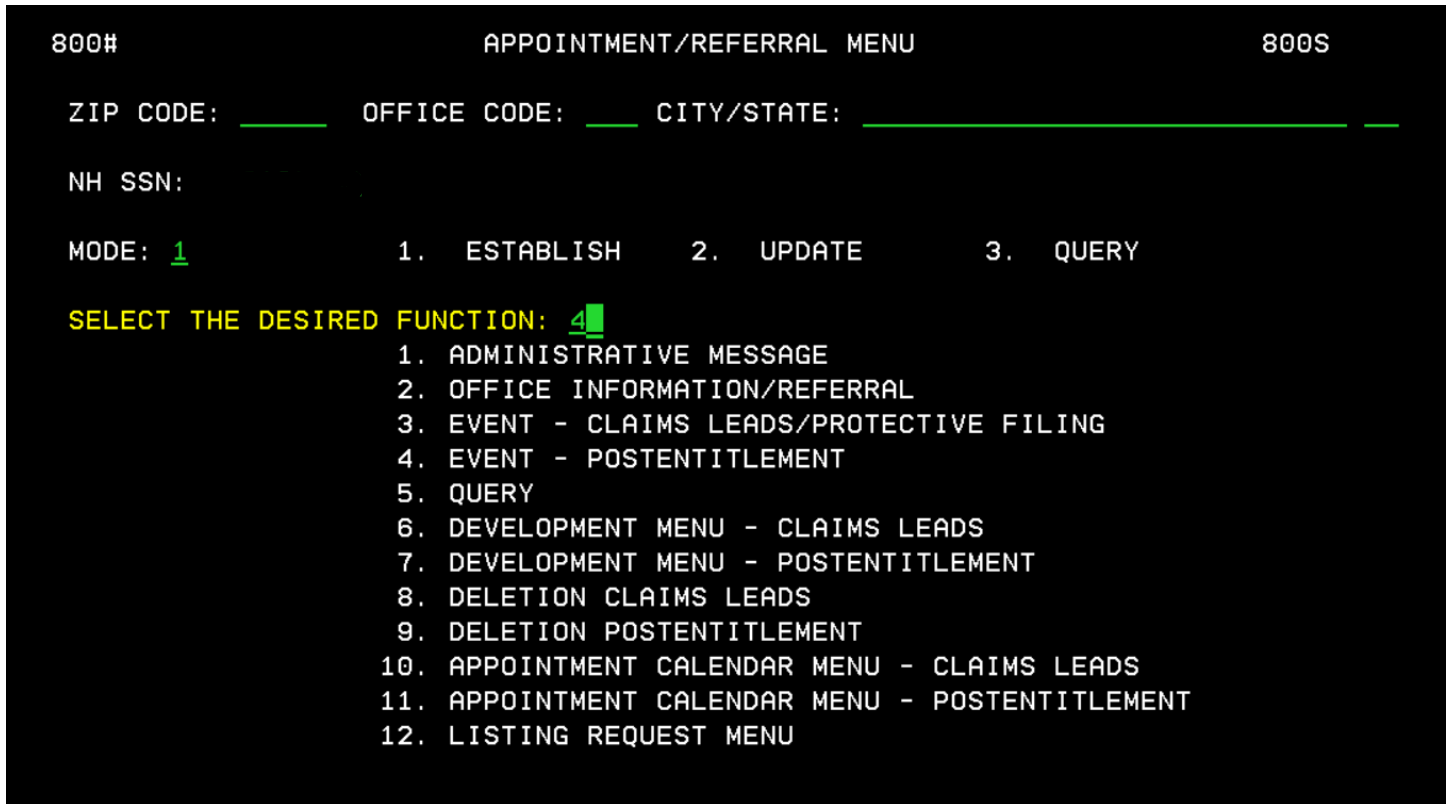
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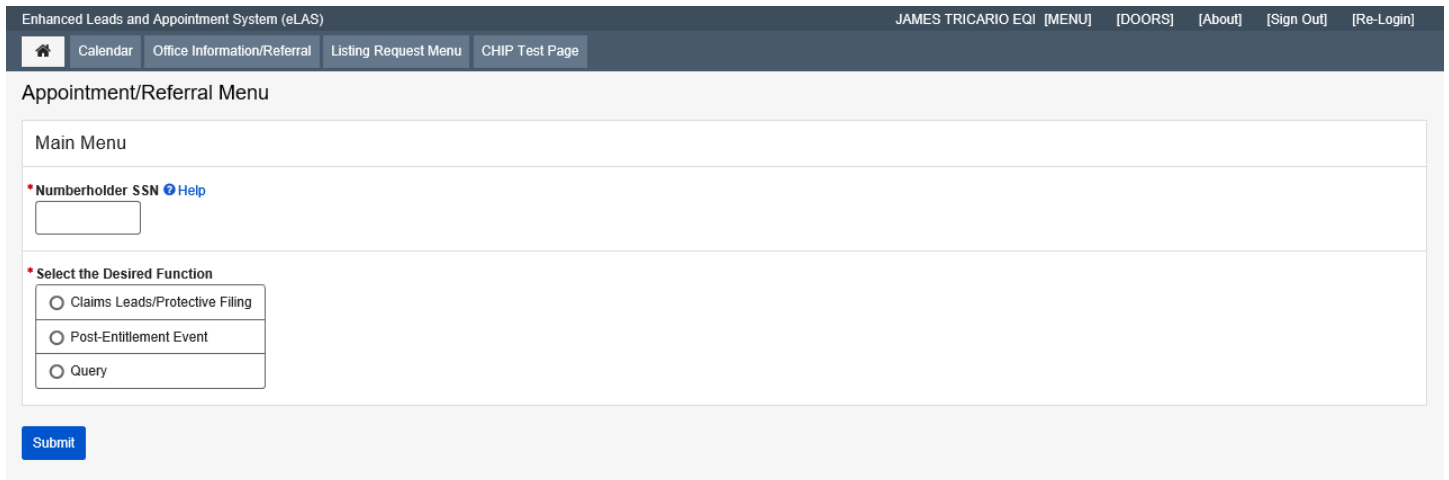
Introduction:

For your information, the screens below show the legacy system (in black background) along with the proposed web-based screens (in white background).

Appointment/Referral Menu Page



Appointment/Referral Menu Screen



Postentitlement Claimant Menu Page

POSTENTITLEMENT CLAIMANT MENU PECL

NH:
 BIRTHDATE: PROOF CODE: **B** SEX (M/F): **M** DEATH:
 NUMBERHOLDER REFERRAL (Y/N): **█**

SSN	CLAIMANT NAME
01.	_____
02.	_____
03.	_____
04.	_____
05.	_____
06.	_____
07.	_____
08.	_____
09.	_____

Postentitlement Event Profile Menu Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

🏠
Calendar
Office Information/Referral
Listing Request Menu
CHIP Test Page

Post-Entitlement Event Profile Menu

[REDACTED]				
Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Post-Entitlement Claimant Selection

Create Event For:

Numberholder

Claimant

[Create PE Event](#) [Back To Search](#)

Post-Entitlement Event

i No current Post-Entitlement event on this record.

Profile Screen

Post-Entitlement Event Profile Menu

[REDACTED]				
Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Post-Entitlement Claimant Selection

Create Event For:

- Numberholder
- Claimant

Is the Claimant Social Security Number (SSN) known?

- Yes
- No

Claimant Social Security Number (SSN)

Create PE Event

Back To Search

Post-Entitlement Event

i No current Post-Entitlement event on this record.

Claimant Unknown Screen

Claimant SSN Unknown Page

[REDACTED]				EE Name: TRICARIO,JAMES
Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	-

Claimant SSN Unknown

Identification Information

*First Name	Middle Name	*Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
*Sex	Birth Date	Add a remark if birthdate is unknown	
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>		

Contact Information

*Address

*Country

*Street 1

Street 2

Street 3

Street 4

*City/Town

*State *ZIP Code

Primary Phone Number

U.S. International

10-digit Number Ext.

Phone Information

Alternative Phone Number

10-digit Number Ext.

Phone Information

Email Address

Spoken Language Preference

Written Language Preference

Verify Person Information Screen

Verify Person Information

Search Result for SSN: [REDACTED]

Person Information on Record for [REDACTED]

Identity Information

Social Security Number: [REDACTED]
 Multiple SSN(s): None
 Name: [REDACTED]
[Hide Other Names](#)
 [REDACTED]
 Sex: Male
 Birth Date: [REDACTED]
 Birth Place: [REDACTED]
 Birth Date Proof: Convincing Proof (C)
 Birth Date Proof Type: Hospital Birth Record (H)
 Parent/Mother's Name at Her Birth: [REDACTED]

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

Official Information on Record

U.S. Citizenship: No

Citizenship Details

Citizenship Country	U.S. Citizenship Basis	U.S. Citizenship Proof	Start Date	End Date
No records found.				

Contact Information

[Edit](#)

Addresses on Record

Address	Purpose
[REDACTED]	Most Recently Provided Mailing

Primary Phone Number: [REDACTED]
 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: Arabic
 Written Language Preference: Armenian
 Special Notice Option: None

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

Military Service Information

Department of Defense (DoD) Wounded Warrior: No
 Veterans Affairs 100% Permanent and Total Disability Compensation Rating: No

[Next](#) [Cancel](#)

Post Entitlement Event Page

800# EE NAME: MALLAIY, PE IDENTIFICATION IDEN

NH:
 BIRTHDATE: _____ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): _____

UNIT: YM FO: 224 PRIOR FO:
 PE REFERRAL ESTABLISHED: _____

CL: _____
 BIRTHDATE: _____ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): _____
 ADDRESS: 123

CITY: ERGERGE STATE: MD ZIP: 21043
 COUNTRY: _____ POSTAL ZONE: _____
 PHONE: _____ EXT: _____ FOREIGN PHONE: _____
 INFORMATION: _____

CALLER (IF DIFFERENT)
 NAME: _____
 RELATIONSHIP TO CLAIMANT: _____
 PHONE: _____ EXT: _____ FOREIGN PHONE: _____
 INFORMATION: _____

Post Entitlement Event Data Page

800# PE EVENT DATA EVNT

NH:
 CL:

*SELECT EVENT: 1

1=SSI REDETERMINATIONS	6=REP PAYEE
2=SSI LIMITED ISSUES	7=OVERPAYMENT ISSUES
3=SSI LIVING ARRANGEMENT CHANGES	8=OTHER
4=WORK CDR	9=MEDICARE ISSUES
5=MEDICAL CDR.	

IF EVENT IS OTHER (SPECIFY): _____

*SELECT EVENT TITLE: 1

1=TITLE 2 2=TITLE 16 3=TITLE 2 & 16 4=OTHER 5=TITLE 18.

*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
 ARE THERE OTHER CLIENTS INVOLVED (Y/N): Y

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER
 CURRENT REP PAYEE SSN: _____ OR ORGANIZATION (Y/N): Y
 APPLICANT PAYEE SSN: █ _____ OR ORGANIZATION (Y/N): N

Post Entitlement Events Screen

Post-Entitlement Events

Role: Numberholder/Claimant

EE Name: TRICARIO,JAMES

Social Security Number (SSN) **Birth Date** **Proof Code** **Sex** **Date of Death**
[REDACTED] [REDACTED] C Male --

Post-Entitlement Event Information

***FO Code** **Prior FO Code** ***Unit**
278 -- JJT

DOORS

***Select Event** ***Select Event Title** **Post-Entitlement Referral Established**
-- -- --

*Is there any Rep Payee involvement?

- Yes, Current
- Yes, Applicant
- Yes, Both
- No

Other Clients

Are there other clients involved?

- Yes
- No

Caller Information (If Different)

Is the caller different than the claimant?

- Yes
- No

Remarks

Please enter a remark with a maximum of 2500 characters

[Text Area]

Characters remaining: 2500

[Save Event](#) [Back](#)

“Is Caller different than claimant” question by default will be “No” but if you select “Yes” then the caller container pops-up prompting information about the caller.

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI JJT [800S] [DOORS] [About] [Sign Out] [Re-Login]

[Home](#)
[Calendar](#)
[Office Information/Referral](#)
[Listing Request Menu](#)
[CHIP Test Page](#)

Post-Entitlement Events

Role: Numberholder/Claimant EE Name: TRICARIO,JAMES

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	-

Post-Entitlement Event Information

*FO Code: Prior FO Code: -- *Unit:

[DOORS](#)

*Select Event: *Select Event Title: Post-Entitlement Referral Established: --

*Is there any Rep Payee involvement?

Yes, Current
 Yes, Applicant
 Yes, Both
 No

Other Clients

Are there other clients involved?

Yes No

Caller Information (If Different)

Is the caller different than the claimant?

Yes No

*Caller First Name: Caller Middle Initial: *Caller Last Name: Suffix:

*Relationship to Claimant: Phone Number: International Phone Information:

10-digit Number: Ext.:

Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Other Clients Involved Page

800#

OTHER CLIENTS INVOLVED

OTHR

NH:

CL:

LIST ALL OTHER CLIENTS INVOLVED:

	SSN	OTHER CLIENT NAME			
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

Other Clients Involved Screen

Other Clients Involved

Role: Numberholder/Claimant

Social Security Number (SSN) Birth Date Proof Code Sex Date of Death
 [REDACTED] [REDACTED] C Male --

List All Other Clients Involved

1.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
2.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
3.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
4.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
5.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
6.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
7.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
8.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
9.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				
10.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- <input type="button" value="v"/>
	<input type="checkbox"/> SSN Unknown				

Next Back Clear

Rep Payee Identification Page

800#	REP PAYEE IDENTIFICATION	REP1
NH:		
CL:		
CURRENT PAYEE INFORMATION		
NAME:	_____	
ORGANIZATION:	_____	DEATH: _____
ADDRESS:	_____	

CITY:	STATE: _____	ZIP: _____
COUNTRY:	POSTAL ZONE: _____	
PHONE:	EXT: _____	FOREIGN PHONE: _____
INFORMATION:	_____	
RELATIONSHIP OF APPLICANT/PAYEE TO CLIENT: ___		
01. SELF		07. SPOUSE
02. NATURAL OR ADOPTIVE FATHER		08. STEPFATHER
03. NATURAL OR ADOPTIVE MOTHER		09. STEPMOTHER
04. NATURAL OR ADOPTIVE CHILD/STEPCHILD		10. GRANDPARENT
05. OTHER RELATIVE: _____		11. ESSENTIAL PERSON
06. OTHER: _____		12. INSTITUTION

Rep Payee Identification Screen – Organization(s)

Rep Payee Identification

Role: Numberholder/Claimant

Social Security Number (SSN) Birth Date Proof Code Sex Date of Death
 [REDACTED] [REDACTED] C Male --

Current Payee Information

*Is this an Organization?

Yes No

*Organization

*Address

*Country

United States

*Street 1

Street 2

Street 3

Street 4

*City/Town

*State

--

*ZIP Code

Phone Number

U.S. International

10-digit Number

Ext.

Phone Information

*Relationship of Current Payee to Client

--

Applicant Payee Information

*Is this an Organization?

Yes No

*Organization

*Address

*Country

United States

*Street 1

Street 2

Street 3

Street 4

*City/Town

*State

--

*ZIP Code

Phone Number

U.S. International

10-digit Number

Ext.

Phone Information

*Relationship of Applicant Payee to Client

--

Next

Back

Rep Payee Identification Screen – Individual(s)

Rep Payee Identification

Role: Numberholder/Claimant

Social Security Number (SSN)

Birth Date

Proof Code

Sex

Date of Death

C

Male

--

Current Payee Information

*Is this an Organization?

Yes No

*First Name

Middle Name

*Last Name

Suffix

Death

Email Address

*Social Security Number

SSN Unknown

*Address

*Country

Phone Number

U.S. International

10-digit Number [Ext.](#)

*Street 1

Street 2

Street 3

Street 4

Phone Information

*City/Town

*State

*ZIP Code

*Relationship of Current Payee to Client

Applicant Payee Information

*Is this an Organization?

Yes No

*First Name

Middle Name

*Last Name

Suffix

Death

Email Address

*Social Security Number

SSN Unknown

*Address

*Country

Phone Number

U.S. International

10-digit Number [Ext.](#)

*Street 1

Street 2

Street 3

Street 4

Phone Information

*City/Town

*State

*ZIP Code

*Relationship of Applicant Payee to Client

Next

Back

Post Entitlement Appointment Information Page

800#	PE APPOINTMENT INFORMATION	APPE
NH:		
CL:		
CURRENT APPOINTMENT	MISSED (Y/N):	
DATE: TIME:	TYPE: SOURCE:	
PRIOR APPOINTMENT	REASON APPOINTMENT CHANGED:	
DATE: TIME:	SOURCE:	
APPOINTMENT CHANGED BY CLIENT:	APPOINTMENT CHANGED BY SSA:	
APPOINTMENT: <input checked="" type="checkbox"/> 1. MAKE 2. RESCHEDULE 3. CANCEL TYPE: <input type="checkbox"/> 1. TELEPHONE 2. IN-OFFICE SOURCE: <input type="checkbox"/> 1. CALENDAR 2. FO-SCRATCHPAD APPOINTMENT CHANGE REQUESTED BY: 1. CLIENT 2. SSA		
REMARKS:		
PRINT REFERRAL (Y/N) : <u>Y</u>		MORE REMARKS (Y/N) : <u>N</u>
PRINT NOTICE (Y/N) : <u>Y</u>		ADD A NEW CLIENT (Y/N) : <u> </u>

Post Entitlement Appointment Information Screen

Enhanced Leads and Appointment System (eLAS)
JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Home | Calendar | Office Information/Referral | Listing Request Menu | CHIP Test Page

Post-Entitlement Appointment Information

Role: Numberholder/Claimant

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
<div style="background-color: black; width: 50px; height: 15px;"></div>	<div style="background-color: black; width: 50px; height: 15px;"></div>	C	Male	--

Post-Entitlement Appointment Information

Make an Appointment

Yes No

***Appointment Type**

Phone

In-Office

Appointment Source

Calendar

Scratchpad

Remarks

--

Add Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2500

Next
Back

Postentitlement Appointment Calendar Page

```

800#                PE APPOINTMENT CALENDAR FOR 224                PAGE 1 OF APPP1
                                TIME ZONE:
ADDRESS: SOCIAL SECURITY                OFFICE HOURS MON:        -
        2-Q-16 OPNS BLDG                TUES:                -
        6401 SECURITY BLVD                WED:                -
                                THURS:                -
        BALTIMORE                MD 21235                FRI:                -

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
                OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**
                WE TH FR MO TU WE TH FR MO TU WE TH FR MO TU WE TH FR MO **  NORMAL
NOV/DEC        28 29 30 03 04 05 06 07 10 11 12 13 14 17 18 19 20 21 24 25  COUNT
TITLE 16 APPOINTMENTS
A 09:15        05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 --   05
B 10:30        06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 --   06
C 11:27        07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 --   07
D 12:30        08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 --   08
E 01:30        09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 --   09
F 02:30        10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 --   10
G 03:30        20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 --   20
H 04:00        11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 --   11
APPOINTMENT DATE: █_                APPOINTMENT TIME: _                NEXT PAGE (Y): Y
    
```

Postentitlement Appointment Calendar Screen

Appointment

Role: Numberholder/Claimant

Social Security Number (SSN) [REDACTED] Birth Date [REDACTED] Proof Code C Sex Male Date of Death --

Calendar

Field Office **278 DOORS** Appointment Type **In Office**

Calendar Remarks
 POST ENTITLEMENT ONLY/NO EXR OR INITIAL CLAIMS-FM S YORK RD RIGHT ON ALLEGHENY/FM N YORK RD TO BOSLEY RIGHT ON ALLEGHENY/FREE PARK//

Calendar Description
 MEDICARE APPOINTMENTS

Calendar Page 1 of 2 [PREV] [NEXT]

Time	JAN																FEB				
	Date	F 10	M 13	T 14	W 15	Th 16	F 17	M 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
08:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09:00am	01	01	01	01	01	01	--	01	01	01	01	01	01	01	01	01	01	01	01	01	01
10:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
01:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
02:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Appointment Date -- Current Appointment Time -- Current Appointment Type --

Contact Information

! If notice is sent it will be sent to the most recently provided address of the Claimant.

Most Recently Provided Address
 [REDACTED]
 [REDACTED]
 US

Special Notice Option
 First Class Mail

Claimant phone information on record

Phone	Primary	Receive Text Message	Receive Voice Message	Remarks
[REDACTED]	Yes	No	No	--

Email Address --

Print Referral?
 Yes No

Print Notice?
 Yes No

Field Office Appointment (Scratchpad) Page

```

800#                                FO APPOINTMENT                                FOAP

NH:
CL:

CURRENT APPOINTMENT
DATE:          TIME:          TYPE:          SOURCE:
PRIOR APPOINTMENT REASON APPOINTMENT CHANGED:
DATE:          TIME:          SOURCE:
APPOINTMENT CHANGED BY CLIENT:          APPOINTMENT CHANGED BY SSA:

NEW APPOINTMENT INFORMATION
DATE (MMDDYY) : █
START TIME (HH MM) : █
TYPE: 2          1. TELEPHONE          2. IN-OFFICE

APPOINTMENT CHANGE REQUESTED BY:          1. CLIENT          2. SSA
    
```

Field Office Appointment (Scratchpad) Screen

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

[Home](#)
[Calendar](#)
[Office Information/Referral](#)
[Listing Request Menu](#)
[CHIP Test Page](#)

Field Office Appointment (Scratchpad)

Role: Numberholder/Claimant

████████████████████

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
██████████	██████	C	Male	--

Scratchpad Information

Current Appointment Date	Current Appointment Time	Current Appointment Type	Source	
--	--	--	--	
Prior Appointment Date	Prior Appointment Time	Reason for Change	Source	Change Requested By
--	--	--	--	--

New Appointment Information

Date <input type="text"/>	Start time <input type="text"/>	End Time <input type="text"/>	Appointment Type <input type="radio"/> Phone <input checked="" type="radio"/> In-Office
------------------------------	------------------------------------	----------------------------------	---

Appointment Calendar Menu Screen

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Appointment Calendar Menu

Select Appointment Calendar Type

Claims Leads/Protective Filing
 Post-Entitlement Event

Search Option

Field Office
 Zip Code

*FO Code

Postentitlement Calendar Menu Page

```

800#                PE CALENDAR MENU FOR 224                PCAL
                                TIME ZONE:
ADDRESS: SOCIAL SECURITY                OFFICE HOURS MON:      : - :
        2-Q-16 OPNS BLDG                TUES:                 : - :
        6401 SECURITY BLVD                WED:                  : - :
                                THURS:                 : - :
        BALTIMORE                MD 21235                FRI:                  : - :

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**

SELECT PE CALENDAR: 0
                1=TITLE 16 APPOINTMENTS
                2=TITLE 2, CONCURRENT AND OTHER APPOINTMENTS
                3=MEDICARE APPOINTMENTS.
    
```

Claims Leads/Protective Filing Calendar(s) Overview Screen

Post-Entitlement Events Calendar(s) Overview

Field Office Information

FO Code
642

General Calendar Remarks

[432] Characters Maximum

OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Characters remaining: 364

Save Remarks

Create PE Calendar

Medicare Appointments

Create a New Calendar

Calendars

#	Calendar Label	Actions
PE1	TITLE 16 APPOINTMENTS	View Edit
PE2	TITLE 2, CONCURRENT AND OTHER APPOINTMENTS	View Edit

Back

Manager Create New Calendar Screen – Availability

Create Calendar Availability

Calendar Information

FO Code
642

Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Maximum Appointment Count

Calendar Description
Medicare Appointments

Calendar Page 1 of 2

(PREV) (NEXT)

JAN																	FEB				
Date	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06	
09:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
10:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
11:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
12:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
01:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
02:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
03:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
04:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05

[Next](#) [Back](#)

View Calendar Screen

View Calendar

Calendar

FO Code
642

Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Calendar Description
Medicare Appointments

Calendar Page 1 of 2

(PREV) (NEXT)

JAN																	FEB				
Date	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06	
09:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
10:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
11:00am	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
12:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
01:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
02:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
03:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05
04:00pm	05	05	05	05	05	05	--	05	05	05	05	05	05	05	05	05	05	05	05	05	05

[Next](#) [Back](#)

Edit Label/Descriptions Screen

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Edit Label/Descriptions

Edit Calendar Label

Calendar Description
TITLE 16 APPOINTMENTS

Save Back Go to Edit Template Go to Edit Availability

Edit Calendar Template Screen

Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Edit Calendar Template

Calendar Template

FO Code **642** Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE LITTLE BUTCHER SHOP

Set Time and Normal Count

i Changes made to the Template only apply to Availability for future dates and may not take effect until the next business day.

Calendar Description
Title 16 Appointments

Time	Day	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>
08:00		0	0	0	0	0
09:30		0	0	0	0	0
10:30		0	0	0	0	0
11:00		1	1	1	1	1
12:00		0	0	0	0	0
01:00		0	0	0	0	0
02:00		0	0	0	0	0
03:00		0	0	0	0	0

Next Back

Edit Calendar Availability Screen

Edit Calendar Availability

Calendar Information

FO Code
642

Remarks
OFFICE LOCATED ON BROADWAY DRIVE ACROSS FROM THE
LITTLE BUTCHER SHOP

Maximum Appointment Count

Calendar Description
TITLE 16 APPOINTMENTS

Calendar Page 1 of 2

PREV NEXT

JAN																	FEB			
Date	F 10	M 13	T 14	W 15	Th 16	F 17	** 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
08:00am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
10:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11:00am	01	01	01	01	01	01	--	01	01	01	01	01	01	01	01	01	01	01	01	01
12:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
01:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
02:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Next Back

Summary Page Screen

JAMES TRICARIO EQI [8095] [DOORS] [About] [Sign Out] [Re-Login]
Calendar Office Information/Referral Listing Request Menu CHIP Test Page

Summary Page

Role: Numberholder EE Name: TRICARIO, JAMES

Social Security Number (SSN) 302-60-4103	Birth Date	Proof Code C	Sex Male	Date of Death --
---	------------	-----------------	-------------	---------------------

Role: Claimant

Social Security Number (SSN)	Birth Date	Proof Code B	Sex Female	Date of Death --
------------------------------	------------	-----------------	---------------	---------------------

Post-Entitlement Event

Role: Claimant

[Hide Appointment Information](#)

Appointment Information [Edit](#)

Current Appointment Date January 31, 2020	Current Appointment Time 09:15am	Current Appointment Type In Office 224	Current Appointment Source Calendar
Prior Appointment Date --	Prior Appointment Time --	Reason for Change --	Prior Appointment Source --

[Hide Identification Information](#)

Identification Information

To update person identity and contact information go to [Person Information](#)

Full Name	Social Security Number (SSN)	Birth Date
Sex Female	Proof Code B	

Contact Information

Primary Phone	Email Address
Language spoken Chinese Formosan	Language written Chinese-Min

[Hide Claim/Event Information](#)

Post-Entitlement Event [Edit](#)

FO Code 224	Prior FO Code --	Unit JIT
Event Type REPPYE	Post-Entitlement Referral Established Date 01/09/2020	Event Title TITLE 16
Other Clients Involved Y	Current Rep Payee Current Organization	Applicant Rep Payee Applicant Individual

Caller Information (if Different)

Caller Name Relationship to claimant
Brother

Date of Call	Caller Name	Relationship to Claimant	Phone Number	Phone Information
01/09/2020		Brother		Mobile

Remarks
REMARKS - MORE REMARKS
[Show Add Remarks](#)

[Hide Other Clients Involved](#)

Other Clients Involved [Edit](#)

#	Social Security Number (SSN)	First Name	Middle Name	Last Name	Suffix
1					
2					

[Hide Development Worksheet](#)

Worksheet Information [Edit](#)

#	Issue	REQ	Follow Up 1	Follow Up 2	Tickle	REQ	Remarks
1	PEAPPT	01/09/2020	--	--	02/01/2020	--	T16
2	REPPYE	--	--	--	--	--	--

[Hide Rep Payee Information](#)

Rep Payee Information [Edit](#)

Current Rep Payee

Organization PEPCO	Address BALTIMORE, MD 21234 US	Phone Number
Relationship of Applicant/Payee to Client Institution	Phone Information Office	

Applicant Payee

Rep Payee Name	Address	Phone Number
SSN	Death --	Phone Information Cell
Relationship of Applicant/Payee to Client Stepfather		

[Done](#) [Print Summary](#) [Print Referral](#)

Edit Post Entitlement Page

```

800#      EE NAME: MALLAIY,      PE IDENTIFICATION      IDEN

NH:
BIRTHDATE: _____ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): _____

UNIT: YM      FO: 224      PRIOR FO:
PE REFERRAL ESTABLISHED: 112718

CL:
BIRTHDATE: _____ PROOF CODE: B SEX (M/F): M DEATH (MMDDCCYY): _____
ADDRESS:      123
CITY:      ERGERGE      STATE: MD      ZIP: 21043
COUNTRY:      _____      POSTAL ZONE: _____
PHONE:      _____      EXT: _____      FOREIGN PHONE: _____
INFORMATION: _____

CALLER (IF DIFFERENT)
NAME: _____
RELATIONSHIP TO CLAIMANT: _____
PHONE:      _____      EXT: _____      FOREIGN PHONE: _____
INFORMATION: _____
APPOINTMENT DATE: 122118      TIME: 09:15
    
```

Edit Post Entitlement Event Page

```

800#      PE EVENT DATA      EVNT

NH:
CL:

*SELECT EVENT: 1      1=SSI REDETERMINATIONS      6=REP PAYEE
2=SSI LIMITED ISSUES      7=OVERPAYMENT ISSUES
3=SSI LIVING ARRANGEMENT CHANGES      8=OTHER
4=WORK CDR      9=MEDICARE ISSUES
5=MEDICAL CDR.

IF EVENT IS OTHER (SPECIFY): _____

*SELECT EVENT TITLE: 2
1=TITLE 2      2=TITLE 16      3=TITLE 2 & 16      4=OTHER      5=TITLE 18.

*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
ARE THERE OTHER CLIENTS INVOLVED (Y/N): N

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER
CURRENT REP PAYEE      SSN: _____      OR      ORGANIZATION (Y/N): Y
APPLICANT PAYEE      SSN: _____      OR      ORGANIZATION (Y/N): N
    
```

Edit Post Entitlement Events Screen

Edit Post-Entitlement Events

Role: Numberholder EE Name: TRICARIO,JAMES

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Role: Claimant

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	B	Female	--

Post-Entitlement Event Information

*FO Code	Prior FO Code	*Unit
224	--	JJT

DOORS

Select Event	* Select Event Title	Post-Entitlement Referral Established
Rep Payee	TITLE 16	01/09/2020

Is there any Rep Payee involvement?
Yes, Both

Other Clients

Are there other clients involved?
Yes

Caller Information (If Different)

Is the caller different than the claimant?
 Yes No

*Caller First Name	Caller Middle Initial	*Caller Last Name	Suffix
[REDACTED]	X	[REDACTED]	JR

*Relationship to Claimant	Phone Number	Phone Information
Brother	<input checked="" type="radio"/> U.S. <input type="radio"/> International 10-digit Number Ext. [REDACTED]	Mobile

Remarks
REMARKS - MORE REMARKS

Add Remarks
Please enter a remark with a maximum of 2500 characters

Characters remaining: 2475

Update Appointment Page

```

800#                PE APPOINTMENT INFORMATION                APPE
NH:
CL:

CURRENT APPOINTMENT          MISSED (Y/N): 
  DATE: 122118  TIME: 09:15          TYPE: OFF  SOURCE: CALENDAR
PRIOR APPOINTMENT          REASON APPOINTMENT CHANGED:
  DATE:          TIME:                SOURCE:
APPOINTMENT CHANGED BY CLIENT:          APPOINTMENT CHANGED BY SSA:

  APPOINTMENT: _  1. MAKE          2. RESCHEDULE  3. CANCEL
    TYPE: _      1. TELEPHONE     2. IN-OFFICE
    SOURCE: _    1. CALENDAR      2. FO-SCRATCHPAD
APPOINTMENT CHANGE REQUESTED BY: _  1. CLIENT  2. SSA

REMARKS:
_____
_____
PRINT REFERRAL (Y/N): Y                MORE REMARKS (Y/N): N
PRINT NOTICE (Y/N): Y                ADD A NEW CLIENT (Y/N): _____
    
```


Update Postentitlement Appointment Screen

Update Post-Entitlement Appointment

Role: Numberholder

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Role: Claimant

[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	B	Female	--

Post-Entitlement Appointment Information

Current Appointment Date January 31, 2020	Current Appointment Time 09:15am	Current Appointment Type In Office	Appointment Source Calendar	Field Office 224
Prior Appointment Date --	Prior Appointment Time --	Reason for Change --	Appointment Source --	Change Requested By --

Missed Appointment

Yes No

Edit Appointment

Make Appointment

Reschedule Appointment

Cancel Appointment

***Appointment Type**

Phone

In-Office

Remarks

REMARKS - MORE REMARKS

Add Remarks

Please enter a remark with a maximum of 2500 characters

Characters remaining: 2475

[Next](#) [Cancel](#)

Edit Other Clients Involved Screen

Edit Other Clients Involved

Role: Numberholder
[REDACTED]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	C	Male	--

Role: Claimant
GANDALF T GREY

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[REDACTED]	[REDACTED]	B	Female	--

List All Other Clients Involved

1.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	--
	<input type="checkbox"/> SSN Unknown				
2.	<input checked="" type="checkbox"/> SSN Unknown	[REDACTED]	[REDACTED]	[REDACTED]	--
3.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
4.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
5.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
6.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
7.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
8.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
9.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				
10.	Social Security Number	Other Client First Name	Other Client Middle Name	Other Client Last Name	Suffix
					--
	<input type="checkbox"/> SSN Unknown				

Edit Rep Payee Screen

Edit Rep Payee

Role: Numberholder

[Redacted]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[Redacted]	[Redacted]	C	Male	--

Role: Claimant

[Redacted]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[Redacted]	[Redacted]	B	Female	--

*Rep Payee Type

Current Rep Payee
 Applicant Payee
 Both

Current Payee Information

*Is this an Organization?

Yes No

*Organization

PEPCO

*Address

*Country: United States

*Street 1: [Redacted] Street 2: [Redacted] Street 3: [Redacted]

Street 4: [Redacted]

*City/Town: BALTIMORE *State: Maryland *ZIP Code: 21234

Phone Number

U.S. International
 10-digit Number: [Redacted] Ext.: [Redacted]

Phone Information

Office

*Relationship of Current Payee to Client

Institution

Applicant Payee Information

*Is this an Organization?

Yes No

*First Name

[Redacted]

Middle Name

[Redacted]

*Last Name

[Redacted]

Suffix

SR

Death

[Redacted]

Email Address

Fakeemail@Fake.com

*Social Security Number

[Redacted]

SSN Unknown

*Address

*Country: United States

*Street 1: [Redacted] Street 2: [Redacted] Street 3: [Redacted]

Street 4: [Redacted]

*City/Town: BALTIMORE *State: Maryland *ZIP Code: 21234

Phone Number

U.S. International
 10-digit Number: [Redacted] Ext.: [Redacted]

Phone Information

Cell

*Relationship of Applicant Payee to Client

Stepfather