SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

OMB No. 0960-0133

SYSTEMS DATA

AIPQB/SO:

Sample Month:

SSN:

SI Name:

Residence Address:

Telephone:

Mailing Address:

Telephone:

TYPE OF INTERVIEW

☐ Telephone   ☐ NONE

Reviewer Name:

Interview Date:

OTHER CASE INFORMATION

☐ Death of SI   ☐ Death of ES

Date ___   Date ___

☐ SI Payee Involvement

☐ Eligible Couple Case

☐ ES Payee Involvement

Do Support Materials Include a 1099? ___

First Day in SM Review Period: ___

Retroactive Payment Amount: ___   ☐ Retro Only

Retroactive Review Period:

From: ___   To: ___

EXIT   TOOLS   START

e8508 Main Menu

#		UTC	#		UTC
1	Proof of Identity / SSN	☐ UTC	13	Negative Property Search	☐ UTC
2	POA / US-Born Citizenship	☐ UTC	14	Vehicles	☐ UTC
3	Nat. Citizen / Alien Status	☐ UTC	15	Life Insurance	☐ UTC
4	Residency	☐ UTC	16	Other Non-Liquid Resources	☐ UTC
5	Marriage	☐ UTC	17	Burial Assets	☐ UTC
6	Living Arrangements / ISM	☐ UTC	18	Transfer of Resources	☐ UTC
7	Self-Employment	☐ UTC	19	Summaries	☐ UTC
8	Wages	☐ UTC	20	Representative Payee	☐ UTC
9	Unearned Income	☐ UTC	21	Death of Material Individual	☐ UTC
10	Financial Accounts	☐ UTC	22	Potential Entitlement	☐ UTC
11	Other Liquid Resources	☐ UTC	23	Fraud	☐ UTC
12	Non-Home Property	☐ UTC	24	Exclusions	☐ UTC

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START-UP FORM   SAVE   PRIVACY ACT

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SYSTEMS DATA	DETERMINATION	
SI Identity		QR 07020.200.A.3.c
SSN		
SI-PYE Identity		
ES Identity		QR 07020.200.A.3.c
ES SSN		
ES-PYE Identity		

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| MAIN MENU | SI/ES ID Screen | SI Payee ID Screen | ES Payee ID Screen | ADD REMARKS | ☐ COMPLETE | NEXT |

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

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| SI |
| ES |

SI VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

| MAIN MENU | DETERMINATION SCREEN | ADD REMARKS |

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

SI

ES

ES VERBAL IDENTIFICATION

	SYSTEMS DATA	MATCH	INTERVIEW
Name			
SSN			
DOB			
POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

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MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee ☐ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
Organization's Contact Name			
Organization's Contact Title			
EIN			
Org. Address			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			
Mailing Address			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

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MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	ES Payee ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR SAMPLED INDIVIDUAL

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee ☐ Organizational Payee

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
PYE DOB			
PYE POB			
PYE Mailing Address			
SI Name			
SI SSN			
SI DOB			
SI POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	ES Payee ID Screen

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PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☐ Non-Organizational Payee   ☑ Organizational Payee

ORGANIZATIONAL PAYEE

	SYSTEMS DATA	MATCH	INTERVIEW
Organization Name			
Organization's Contact Name			
Organization's Contact Title			
EIN			
Org. Address			
ES Name			
ES SSN			
ES DOB			
ES POB			
Residence Address			
Mailing Address			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	SI Payee ID Screen

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PROOF OF IDENTITY / SSN

ELEMENT 1

PAYEE INFORMATION FOR ELIGIBLE SPOUSE

SYSTEMS DATA

Type		Competency		Custody	

Type of Payee: ☑ Non-Organizational Payee   ☐ Organizational Payee

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name			
PYE SSN			
Relationship			
PYE DOB			
PYE POB			
PYE Mailing Address			
ES Name			
ES SSN			
ES DOB			
ES POB			
Residence Address			
Mailing Address			
Other Information			

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

MAIN MENU	DETERMINATION SCREEN	ADD REMARKS	SI Payee ID Screen

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PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB

FTH

POB

MTH

Citizenship Code

SYSTEMS DATA ES

DOB

FTH

POB

MTH

Citizenship Code

SI

ES

SI's Name Propagates Here		
ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	▾
	POB Evidence	▾
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination
▾

US-Born Citizenship Determination
▾

ELIGIBLE SPOUSE

DOB Determination
▾

US-Born Citizenship Determination
▾

MAIN MENU | **PREVIOUS** | **ADD REMARKS** | ☐ COMPLETE | **NEXT**

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PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI

DOB [ ] FTH [ ]

POB [ ] MTH [ ]

Citizenship Code [ ]

SYSTEMS DATA ES

DOB [ ] FTH [ ]

POB [ ] MTH [ ]

Citizenship Code [ ]

SI

ES

ES's Name Propagates Here

ALLEGED		VERIFIED
	Given Name	
	Date of Birth	
	Place Of Birth	
	Father's Name	
	Mother's Maiden Name	
	DOB Evidence	▼
	POB Evidence	▼
	Document Number	
	Date Issued/ Recorded	
	Place Issued	

SAMPLE INDIVIDUAL

DOB Determination
[▼]

US-Born Citizenship Determination
[▼]

ELIGIBLE SPOUSE

DOB Determination
[▼]

US-Born Citizenship Determination
[▼]

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

| SI | POB | | AR Code | |
| ES | POB | | AR Code | |

My SSR / MSSICS Notes

SI

ES

SI's Name Propagates Here

NATURALIZED CITIZEN

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	
Alien Number		Card Number	
Expiration Date	

| SI Determination | |
| ES Determination | |

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

NATURALIZED CITIZEN / ALIEN STATUS

SYSTEMS DATA

| SI | POB | | AR Code | |
| ES | POB | | AR Code | |

My SSR / MSSICS Notes

| SI | | |
| ES | | |

ES's Name Propagates Here

NATURALIZED CITIZEN

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	

ALIEN STATUS

Type of Evidence	
Country of Birth	
Document Number	
Date of Issue	
Alien Number	Card Number
Expiration Date	

| SI Determination | |
| ES Determination | |

| MAIN MENU | PREVIOUS | | ADD REMARKS | □ COMPLETE | NEXT |

CONTINUOUS RESIDENCY IN U.S.

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

Last date the SI was outside the U.S.?

Last date the ES was outside the U.S.?

SI / ES	ALLEGED		VERIFIED
		Destination	
		Purpose of Travel	
		Date left U.S.	
		Date Returned to U.S.	
		Type Of Evidence	
		Method of Travel	
		Method of Payment	
		Source of Funds	
		Was the Ticket a Gift?	
		Was the Ticket Refundable?	
		Unearned Income Suspected?	

SI Determination	
ES Determination	

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

CONTINUOUS RESIDENCY IN U.S.

SYSTEMS DATA

		SM	IM	BM
SI	PSY			
ES	PSY			

My SSR / MSSICS Notes

| Last date the SI was outside the U.S.? | |
| Last date the ES was outside the U.S.? | |

SI
ES

ALLEGED		VERIFIED
	Destination	
	Purpose of Travel	
	Date left U.S.	
	Date Returned to U.S.	
	Type Of Evidence	
	Method of Travel	
	Method of Payment	
	Source of Funds	
	Was the Ticket a Gift?	
	Was the Ticket Refundable?	
	Unearned Income Suspected?	

| SI Determination | |
| ES Determination | |

MAIN MENU | PREVIOUS | ADD REMARKS | | ☐ COMPLETE | NEXT

MARRIAGE

SYSTEMS DATA

	SM	IM	BM	SPOUSE NAME	SSN
MS Code					

Holding Out [▼]

My SSR / MSSICS Notes

Since mm/dd/yyyy was the SI married or living with an unrelated adult of the opposite sex? [▼]

Does the SI's allegation match the SSR? [▼]

Since mm/dd/yyyy was the spouse eligible for SSI? [▼]

	EVENT	NAME	SSN	DOB / AGE	POB	MAIDEN NAME	DATE
BM	▼					▼	
IM	▼					▼	
SM	▼					▼	

EVIDENCE TYPE	▼
ISSUING ENTITY	
PLACE ISSUED	
DOCUMENT NUMBER	
DATE ISSUED	
DATE RECORDED	
EVENT DATE	

DETERMINATION

BM	▼
IM	▼
SM	▼

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address | Same as SM? | Residence Start Date

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

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LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address   Same as prior residence address?

3 Are the SI and ES living in the same residence?

4 Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

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LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1. Record the following residence information as of mm/dd/yyyy

2. Residence Address — Same as prior residence address?

3. Are the SI and ES living in the same residence?

4. Residence Type

5. If Residence Type = 1 or 2, with whom does the SI live?

6. Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

DRAFT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1. **Record the following residence information as of mm/dd/yyyy**

2. **Residence Address** — **Same as prior residence address?**

3.

4. **Are the SI and ES living in the same residence?**

   Residence Type

5. **If Residence Type = 1 or 2, with whom does the SI live?**

6. **Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?**

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

LIVING ARRANGEMENTS (LA)

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

1 Record the following residence information as of mm/dd/yyyy

2 Residence Address — Same as prior residence address?

3

4 Are the SI and ES living in the same residence?

Residence Type

5 If Residence Type = 1 or 2, with whom does the SI live?

6 Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

DRAFT

LIVING ARRANGEMENTS (LA)

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			
J/ H Income Amount			

My SSR / MSSICS Notes

SM Residence Address	Match	Current Residence Address	ST and CO Codes

SM Mailing Address	Match	Current Mailing Address

SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

LA Navigator

- HH Composition
- Home Ownership
- Rental
- Other LA
- HH Expenses
- Institution
- Non-Institution
- Transients
- ISM
- OSS
- LA Change
- Address History
- Determination

1	Record the following residence information as of mm/dd/yyyy	
2	**Residence Address**	**Same as prior residence address?**
3		
4	Are the SI and ES living in the same residence?	
5	**Residence Type**	
	If Residence Type = 1 or 2, with whom does the SI live?	
6	Does the SI live in a state that offers Federally Administered Optional Supplementary Payments?	

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

INSTITUTION

ELEMENT 6

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3		Name of Facility	
4		Type of Facility	▾
5		Facility Contact Information	
6		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

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Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

	1	
	2	
	3	
	4	
	5	
	6	

	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %			
			Total Charge			
			SI's Payment Amount			
			3rd Party Payment Source(s)			
			3rd Party Payment Amount			
			Excluded 3rd Party Amount			
			Countable ISM			
			☐ Infrequent/ Irregular			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1			
2	ALLEGED	Date Propagates Here	VERIFIED
3		Residence Address	
4		Name of Facility	
5		Type of Facility	▾
6		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▾
		Date of Contact	
		Date of Admission	
		Date of Discharge	

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

	1
	2
	3
	4
	5
	6

					SM	IM	BM
			Type of Contact				
			Date of Contact				
			Date of Admission				
			Date of Discharge				
SM	IM	BM		SM	IM	BM	
			Medicaid Pays Over 50 %				
			Total Charge				
			SI's Payment Amount				
			3rd Party Payment Source(s)				
			3rd Party Payment Amount				
			Excluded 3rd Party Amount				
			Countable ISM				
			☐ Infrequent/ Irregular				

Main LA Screen	ADD REMARKS	NEXT

INSTITUTION

	ALLEGED	Date Propagates Here		VERIFIED	
		Residence Address			
		Name of Facility			
		Type of Facility			▼
		Facility Contact Information			
		Facility Rep. Name			
		Title of Contact			
		Type of Contact		▼	
		Date of Contact			
		Date of Admission			
		Date of Discharge			
SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

1 2 3 4 5 6

| Main LA Screen | | ADD REMARKS | | NEXT |

INSTITUTION

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
5	SM	IM	BM			SM	IM	BM
6				Medicaid Pays Over 50 %				
				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

	ALLEGED	Date Propagates Here	VERIFIED	
1		Residence Address		
2				
3		Name of Facility		
4		Type of Facility		▾
5		Facility Contact Information		
6		Facility Rep. Name		
		Title of Contact		
		Type of Contact	▾	
		Date of Contact		
		Date of Admission		
		Date of Discharge		

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

ELEMENT 6

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
5	SM	IM	BM			SM	IM	BM
6				Medicaid Pays Over 50 %				
				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

Main LA Screen	ADD REMARKS	NEXT

INSTITUTION

1	ALLEGED	Date Propagates Here	VERIFIED	
2		Residence Address		
3				
4		Name of Facility		
5		Type of Facility		▾
6		Facility Contact Information		
		Facility Rep. Name		
		Title of Contact		
		Type of Contact	▾	
		Date of Contact		
		Date of Admission		
		Date of Discharge		

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▾	▾	▾
			Total Charge			

Main LA Screen	ADD REMARKS	NEXT

INSTITUTION

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
5	SM	IM	BM		SM	IM	BM	
6				Medicaid Pays Over 50 %				
				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

1				
2	**ALLEGED**	**Date Propagates Here**	**VERIFIED**	
3		Residence Address		
4		Name of Facility		
5		Type of Facility		▼
6		Facility Contact Information		
		Facility Rep. Name		
		Title of Contact		
		Type of Contact	▼	
		Date of Contact		
		Date of Admission		
		Date of Discharge		

SM	IM	BM		SM	IM	BM
			Medicaid Pays Over 50 %	▼	▼	▼
			Total Charge			

Main LA Screen

ADD REMARKS

NEXT

INSTITUTION

ELEMENT 6

1				Type of Contact				
2				Date of Contact				
3				Date of Admission				
4				Date of Discharge				
5	SM	IM	BM			SM	IM	BM
6				Medicaid Pays Over 50 %				
				Total Charge				
				SI's Payment Amount				
				3rd Party Payment Source(s)				
				3rd Party Payment Amount				
				Excluded 3rd Party Amount				
				Countable ISM				
				☐ Infrequent/ Irregular				

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ELEMENT 6

1			
	ALLEGED	Date Propagates Here	VERIFIED
2		Residence Address	
3			
4		Name of Facility	
5		Type of Facility	
		# of Residents	
6		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

1			
	ALLEGED	**Date Propagates Here**	**VERIFIED**
2		**Residence Address**	
3		**Name of Facility**	
4			
5		**Type of Facility**	▼
6		**# of Residents**	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	▼
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

NON-INSTITUTIONAL CARE

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Name of Facility	
		Type of Facility	
		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

1 2 3 4 5 6

Main LA Screen

ADD REMARKS

NEXT

DRAFT

NON-INSTITUTIONAL CARE

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Name of Facility	
		Type of Facility	
		# of Residents	
		Facility License #	
		Expiration Date	
		Facility Contact Information	
		Facility Rep. Name	
		Title of Contact	
		Type of Contact	
		Date of Contact	
		Date of Admission	
		Date of Discharge	
		Total Charge	
		SI's Payment Amount	

1
2
3
4
5
6

Main LA Screen

ADD REMARKS

NEXT

DRAFT

NON-INSTITUTIONAL CARE

ELEMENT 6

	1	2	3	4	5	6

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Name of Facility	
	Type of Facility	
	# of Residents	
	Facility License #	
	Expiration Date	
	Facility Contact Information	
	Facility Rep. Name	
	Title of Contact	
	Type of Contact	
	Date of Contact	
	Date of Admission	
	Date of Discharge	
	Total Charge	
	SI's Payment Amount	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		**Residence Address**	
3			
4		**Acquisition Date**	
		Disposal Date	
5		**Name of Home Owner(s)**	
6		**Home Ownership Type?**	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

DRAFT

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1			
2	ALLEGED	Date Propagates Here	VERIFIED
3		Residence Address	
4		Acquisition Date	
		Disposal Date	
5		Name of Home Owner(s)	
6		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

DRAFT

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
		Residence Address	
		Acquisition Date	
		Disposal Date	
		Name of Home Owner(s)	
		Home Ownership Type?	
		Monthly Mortgage	
		Evidence	
		Home ownership established?	

Main LA Screen

ADD REMARKS

NEXT

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes

ALLEGED	Date Propagates Here	VERIFIED
	Residence Address	
	Acquisition Date	
	Disposal Date	
	Name of Home Owner(s)	
	Home Ownership Type?	
	Monthly Mortgage	
	Evidence	
	Home ownership established?	

| Main LA Screen | ADD REMARKS | NEXT |

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment
2		Landlord's Contact Information
3		
4		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?
5		
6		Who is Related to Landlord?

CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen		ADD REMARKS		NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1	ALLEGED	Date Propagates Here	VERIFIED
2		**Residence Address**	
3			
4		**Residence Begin Date**	
5		**Residence End Date**	
6		**Person(s) with Rental Liability**	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

DRAFT

Main LA Screen   **ADD REMARKS**   **NEXT**

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment
2		Landlord's Contact Information
3		
4		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?
5		
6		Who is Related to Landlord?
		CMRV
		Evidence of CMRV
		Rental Liability Established?
		Does SI Receive a Housing Subsidy?
		Source of Subsidy Contact information
		Amount of Subsidy
		Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
		Who is Related to Landlord?	
		CMRV	

DRAFT

| Main LA Screen | | ADD REMARKS | | NEXT |

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		**Evidence of Rental Payment**
2		**Landlord's Contact Information**
3		
4		**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5		
6		**Who is Related to Landlord?**
		CMRV
		Evidence of CMRV
		Rental Liability Established?
		Does SI Receive a Housing Subsidy?
		Source of Subsidy Contact information
		Amount of Subsidy
		Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

| | Who is Related to Landlord? | |
| | CMRV | |

Main LA Screen   **ADD REMARKS**   **NEXT**

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1	**Evidence of Rental Payment**	▼
2	**Landlord's Contact Information**	
3		
4	▼ **Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**	▼
5		
6	**Who is Related to Landlord?**	
	CMRV	
	Evidence of CMRV	▼
	Rental Liability Established?	▼
	▼ **Does SI Receive a Housing Subsidy?**	▼
	Source of Subsidy Contact information	
	Amount of Subsidy	
	Is Subsidy Excluded?	▼

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
		Who is Related to Landlord?	
		CMRV	

Main LA Screen	ADD REMARKS	NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 — Evidence of Rental Payment

2 — Landlord's Contact Information

3

4 — Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

5

6 — Who is Related to Landlord?

CMRV

Evidence of CMRV

Rental Liability Established?

Does SI Receive a Housing Subsidy?

Source of Subsidy Contact information

Amount of Subsidy

Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED	Date Propagates Here	VERIFIED
1			
2		Residence Address	
3			
4		Residence Begin Date	
5		Residence End Date	
6		Person(s) with Rental Liability	
		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

	Who is Related to Landlord?	
	CMRV	

| Main LA Screen | ADD REMARKS | NEXT |

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		**Evidence of Rental Payment**
2		**Landlord's Contact Information**
3		
4		**Is anyone in the household related to the landlord or the landlord's spouse as parent or child?**
5		
6		**Who is Related to Landlord?**
		CMRV
		Evidence of CMRV
		Rental Liability Established?
		Does SI Receive a Housing Subsidy?
		Source of Subsidy Contact information
		Amount of Subsidy
		Is Subsidy Excluded?

Main LA Screen

ADD REMARKS

NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

	Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?			
	Do others within the household pay for or provide the SI/Deemor with all their meals?			
	SI/Deemor contributes toward household expenses?			
	VTR applies?			
	Does any other household member have rental liability?			
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?			
	Landlord's Contact			

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1	▾	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	▾
2			
3		Landlord's Contact Information	
4			
5		Who is Related to Landlord?	
6		CMRV	
		Evidence of CMRV	▾
		Monthly Required Rent	
		Does the Household Receive a Rental Subsidy?	▾
		Amount of Rental Subsidy	
		Number of HH members	
		Amount of SI Rental Subsidy	

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1		ALLEGED	Date Propagates	VERIFIED		HH Expenses Summary
2			Residence Address			SHELTER
3						
4			Evidence			Total HH Exp
5		Amount		Amount	Evidence	
6			SI Receives SNAP/Food Stamps?			# of HH Memb

		Do others within the household pay for or provide the SI/Deemor with all their meals?		

SI/Deemor contributes toward household expenses?

VTR applies?

Does any other household member have rental liability?

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1

2

3

4

5

6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

	Landlord's Contact Information	
	Who is Related to Landlord?	
	CMRV	
	Evidence of CMRV	
Monthly Required Rent	
Does the Household Receive a Rental Subsidy?	
Amount of Rental Subsidy	
Number of HH members	
Amount of SI Rental Subsidy	

| Main LA Screen | Go To HH Expenses | ADD REMARKS | | NEXT |

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1		ALLEGED	Date Propagates	VERIFIED

ALLEGED	**Date Propagates**	**VERIFIED**

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Residence Address

Evidence

Amount		Amount	Evidence

SI Receives SNAP/Food Stamps?

Do others within the household pay for or provide the SI/Deemor with all their meals?

SI/Deemor contributes toward household expenses?

VTR applies?

Does any other household member have rental liability?

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

Is anyone in the household related to the landlord or the landlord's spouse as parent or child?

Landlord's Contact Information	
Who is Related to Landlord?	
CMRV	
Evidence of CMRV	
Monthly Required Rent	
Does the Household Receive a Rental Subsidy?	
Amount of Rental Subsidy	
Number of HH members	
Amount of SI Rental Subsidy	

| Main LA Screen | Go To HH Expenses | ADD REMARKS | | NEXT |

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
	Landlord's Contact		

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1		
2	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
3		Landlord's Contact Information
4		Who is Related to Landlord?
5		CMRV
6		Evidence of CMRV

Monthly Required Rent	
Does the Household Receive a Rental Subsidy?	
Amount of Rental Subsidy	
Number of HH members	
Amount of SI Rental Subsidy	

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1	ALLEGED	Date Propagates	VERIFIED	HH Expenses Summary

2		Residence Address		SHELTER

3		Evidence		

4				Total HH Exp

	Amount		Amount	Evidence	

| 5 | | SI Receives SNAP/Food Stamps? | | | # of HH Memb |

| 6 | | Do others within the household pay for or provide the SI/Deemor with all their meals? | | |

| | SI/Deemor contributes toward household expenses? | | |

| | VTR applies? | |

| | Does any other household member have rental liability? | |

| | Is anyone in the household related to the landlord or the landlord's spouse as parent or child? | |

| | Landlord's Contact | |

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1
2
3
4
5
6

	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	
	Landlord's Contact Information	
	Who is Related to Landlord?	
	CMRV	
	Evidence of CMRV	
Monthly Required Rent	
Does the Household Receive a Rental Subsidy?	
Amount of Rental Subsidy	
Number of HH members	
Amount of SI Rental Subsidy	

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1	2	3	4	5	6

ALLEGED	Date Propagates	VERIFIED
	Residence Address	
	Evidence	

Amount		Amount	Evidence
	SI Receives SNAP/Food Stamps?		
	Do others within the household pay for or provide the SI/Deemor with all their meals?		
	SI/Deemor contributes toward household expenses?		
	VTR applies?		
	Does any other household member have rental liability?		
	Is anyone in the household related to the landlord or the landlord's spouse as parent or child?		
	Landlord's Contact		

HH Expenses Summary

SHELTER

Total HH Exp

# of HH Memb

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

OTHER HOUSEHOLD LA SITUATIONS

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

1		Is anyone in the household related to the landlord or the landlord's spouse as parent or child?	▼
2			
3		Landlord's Contact Information	
4			
5		Who is Related to Landlord?	
6		CMRV	
		Evidence of CMRV	▼
		Monthly Required Rent	
		Does the Household Receive a Rental Subsidy?	▼
		Amount of Rental Subsidy	
		Number of HH members	
		Amount of SI Rental Subsidy	

Main LA Screen	Go To HH Expenses	ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		
		Amount		
		Countable?	▼	
		If no, Reason	▼	
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence	▼	

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		

Main LA Screen   **ADD REMARKS**   **NEXT**

TRANSIENTS

SYSTEMS DATA

CG Field Codes

1
2
3
4
5
6

	Amount
	Countable?
	If no, Reason
	If yes, CMV	☐ Infrequent or Irregular
	Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		**Additional**		**Total Number of Sources**

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	TO		FROM	TO
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
[▼]		Type of Assistance	[▼]	
		Source Contact Information		
		Amount		
		Countable? [▼]		
		If no, Reason [▼]		
		If yes, CMV [ ] ☐ Infrequent or Irregular		
		Evidence [▼]		

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
[▼]		Type of Assistance	[▼]	
		Source Contact Information		

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

| 1 | 2 | 3 | 4 | 5 | 6 |

Amount

Countable?

If no, Reason

If yes, CMV ☐ Infrequent or Irregular

Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV ☐ Infrequent or Irregular		
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen | **ADD REMARKS** | **NEXT**

DRAFT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

	1
2	

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	TO		FROM	TO
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		
		Amount		
		Countable?	▼	
		If no, Reason		▼
		If yes, CMV		☐ Infrequent or Irregular
		Evidence		▼

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		

Main LA Screen		ADD REMARKS		NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

1	**Amount**
2	**Countable?**
3	**If no, Reason**
	If yes, CMV ☐ Infrequent or Irregular
4	**Evidence**
5	

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV ☐ Infrequent or Irregular		
		Evidence		

Total Number of Sources

Additional

Total Number of Sources

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

1					

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	TO		FROM	TO
			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1 | Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

3

4

5

6

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		

DRAFT

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

	Amount	
	Countable?	
	If no, Reason	
	If yes, CMV	☐ Infrequent or Irregular
	Evidence	

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen | **ADD REMARKS** | **NEXT**

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

	ALLEGED		SOURCE 3	VERIFIED	
	FROM	**TO**		**FROM**	**TO**
1			Period		
			Type of Assistance		
			Source Contact Information		
			Amount		
			Countable?		
			If no, Reason		
			If yes, CMV	☐ Infrequent or Irregular	
			Evidence		

Total Number of Sources

Additional

Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen

ADD REMARKS

NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy?

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	**TO**		**FROM**	**TO**

3

		Period		

4

		Type of Assistance		

	Source Contact Information	

5

6

	Amount	
	Countable?	
	If no, Reason	
	If yes, CMV	☐ Infrequent or Irregular
	Evidence	

ALLEGED		SOURCE 2	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
	Source Contact Information	

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1
2
3
4
5
6

	Amount
	Countable?
	If no, Reason
	If yes, CMV	☐ Infrequent or Irregular
	Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen	ADD REMARKS	NEXT

DRAFT

TRANSIENTS

SYSTEMS DATA

CG Field Codes

	1
	2
	3
	4
	5
	6

ALLEGED		SOURCE 3	VERIFIED	
FROM	**TO**		**FROM**	**TO**
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources   **Additional**   **Total Number of Sources**

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen   **ADD REMARKS**   **NEXT**

DRAFT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1 Has anyone provided the SI with Food or Shelter since mm/dd/yyyy? [▼]

2

ALLEGED		SOURCE 1	VERIFIED	
FROM	TO		FROM	TO
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		
		Amount		
		Countable?	▼	
		If no, Reason	▼	
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence	▼	

3 **4** **5** **6**

ALLEGED		SOURCE 2	VERIFIED	
FROM	TO		FROM	TO
		Period		
	▼	Type of Assistance		▼
		Source Contact Information		

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

SYSTEMS DATA

CG Field Codes	

1

2

3

4

5

6

	Amount
	Countable?
	If no, Reason
	If yes, CMV	☐ Infrequent or Irregular
	Evidence

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Main LA Screen	ADD REMARKS	NEXT

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes	

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

ALLEGED		SOURCE 3	VERIFIED	
FROM	TO		FROM	TO
		Period		
		Type of Assistance		
		Source Contact Information		
		Amount		
		Countable?		
		If no, Reason		
		If yes, CMV	☐ Infrequent or Irregular	
		Evidence		

Total Number of Sources		Additional		Total Number of Sources

Verified Countable Assistance From Additional Sources

	SM	IM	BM
Current Market Value			

Main LA Screen		ADD REMARKS		NEXT

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

| MI-1 Name Propagated Here | MI-1 | ☐ No Material Individuals in the review period |
| MI-2 Name Propagated Here | MI-2 | |

| Main LA Screen | | | ADD REMARKS | Establish the IC | | NEXT |

HOUSEHOLD COMPOSITION

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

| MI-1 Name Propagated Here | MI-1 |
| MI-2 Name Propagated Here | MI-2 |

☐ **No Material Individuals in the review period**

| Main LA Screen | | ADD REMARKS | Establish the IC | | NEXT |

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
		▾						☐
1		▾	▾				▾	☐
2		▾	▾				▾	☐
3		▾	▾				▾	☐
4		▾	▾				▾	☐
5		▾	▾				▾	☐
6		▾	▾				▾	☐
7		▾	▾				▾	☐
8		▾	▾				▾	☐
9		▾	▾				▾	☐
10		▾	▾				▾	☐
11		▾	▾				▾	

Indicate who are the Material Individuals

Total number of Ineligible Children ☐

| MI-1 Name Propagated Here ▾ | MI-1 |
| MI-2 Name Propagated Here ▾ | MI-2 |

☐ **No Material Individuals in the review period**

| Main LA Screen | | ADD REMARKS | Establish the IC | | NEXT |

Sidebar tabs: 1 2 3 4 5 6

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
		▼						☐
1	▼	▼	▼			▼	▼	☐
2	▼	▼	▼			▼	▼	☐
3	▼	▼	▼			▼	▼	☐
4	▼	▼	▼			▼	▼	☐
5	▼	▼	▼			▼	▼	☐
6	▼	▼	▼			▼	▼	☐
7	▼	▼	▼			▼	▼	☐
8	▼	▼	▼			▼	▼	☐
9	▼		▼			▼	▼	☐
10	▼	▼	▼			▼	▼	☐
11	▼	▼	▼			▼		▼	

Indicate who are the Material Individuals

Total number of Ineligible Children

| MI-1 Name Propagated Here ▼ | **MI-1** | ☐ **No Material Individuals in the review period** |
| MI-2 Name Propagated Here ▼ | **MI-2** | |

| **Main LA Screen** | **ADD REMARKS** | **Establish the IC** | **NEXT** |

HOUSEHOLD COMPOSITION

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
3
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

4
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

5

6

	Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
								☐
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								

Indicate who are the Material Individuals

Total number of Ineligible Children ⬜

MI-1 Name Propagated Here | **MI-1** | ☐ **No Material Individuals in the review period**

MI-2 Name Propagated Here | **MI-2**

| **Main LA Screen** | | **ADD REMARKS** | **Establish the IC** | | **NEXT** |

HOUSEHOLD COMPOSITION

ELEMENT 6

Living Arrangement Basis as of mm/dd/yyyy

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING
2=THIS HOUSEHOLD MEMBER RENTS
3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING
4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING
5= CHILD LIVING WITH PARENTS WHO ARE RENTING

PA Household ☐

Name	LA Basis	Relationship To SI	DOB/AGE	SSN/ TIN	PA Income Type	PA Income Proof	+/-
							☐
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							☐

Indicate who are the Material Individuals

Total number of Ineligible Children

MI-1 Name Propagated Here | **MI-1**

MI-2 Name Propagated Here | **MI-2**

☐ **No Material Individuals in the review period**

Main LA Screen | **ADD REMARKS** | **Establish the IC** | **NEXT**

Use this screen to associate the names of the Ineligible Children/Siblings (IC/Sibling) with the corresponding IC#. These names will display on the income screens throughout the form.

Select the IC/Siblings names from the Dropdown.	Was the IC/Sibling a Student During the Review Period?
IC-1	IC-1
IC-2	IC-2
IC-3	IC-3
IC-4	IC-4
IC-5	IC-5

CLOSE

STUDENT STATUS

HOUSEHOLD EXPENSES

ELEMENT 6

	Residence Address		AVERAGING PERIOD:	FROM	TO
1					
2					

	ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
3		RENT		▼
4		MORTGAGE		▼
5		PROPERTY INSURANCE		▼
6		PROPERTY TAX		▼
		HEATING/ FUEL		▼
		GAS		▼
		ELECTRICITY		▼
		WATER		▼
		SEWER		▼
		GARBAGE REMOVAL		▼
		TOTAL	0	

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen | **ADD REMARKS** | | **NEXT**

HOUSEHOLD EXPENSES

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

	Residence Address		AVERAGING PERIOD:	FROM	TO
1					
2					

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		▼
	MORTGAGE		▼
	PROPERTY INSURANCE		▼
	PROPERTY TAX		▼
	HEATING/ FUEL		▼
	GAS		▼
	ELECTRICITY		▼
	WATER		▼
	SEWER		▼
	GARBAGE REMOVAL		▼
	TOTAL	0	

Navigation tabs: 3, 4, 5, 6

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen | **ADD REMARKS** | | **NEXT**

HOUSEHOLD EXPENSES

ELEMENT 6

1			
2	Residence Address		

	AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		▼
	MORTGAGE		▼
	PROPERTY INSURANCE		▼
	PROPERTY TAX		▼
	HEATING/ FUEL		▼
	GAS		▼
	ELECTRICITY		▼
	WATER		▼
	SEWER		▼
	GARBAGE REMOVAL		▼
	TOTAL	0	

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen   **ADD REMARKS**   **NEXT**

HOUSEHOLD EXPENSES

ELEMENT 6

1

2

3

4

5

6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE
	RENT		
	MORTGAGE		
	PROPERTY INSURANCE		
	PROPERTY TAX		
	HEATING/ FUEL		
	GAS		
	ELECTRICITY		
	WATER		
	SEWER		
	GARBAGE REMOVAL		
	TOTAL	0	

	Does the SI have a loan agreement regarding HH expenses?		
	Unstated income suspected?		

Main LA Screen

ADD REMARKS

NEXT

HOUSEHOLD EXPENSES

ELEMENT 6

1
2
3
4
5
6

Residence Address		AVERAGING PERIOD:	FROM	TO

ALLEGED	Date Propagates Here	VERIFIED	EVIDENCE	
	RENT			▼
	MORTGAGE			▼
	PROPERTY INSURANCE			▼
	PROPERTY TAX			▼
	HEATING/ FUEL			▼
	GAS			▼
	ELECTRICITY			▼
	WATER			▼
	SEWER			▼
	GARBAGE REMOVAL			▼
	TOTAL	0		

▼	Does the SI have a loan agreement regarding HH expenses?	▼	▼
	Unstated income suspected?	▼	

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

| Main LA Screen | | ADD REMARKS | | NEXT |

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2 Residence Address

3

Development of OSS Field Allegation

4 OSS development remarks

5

6

OSS code based on field review allegation [▼]

Main LA Screen		ADD REMARKS		NEXT

DRAFT

OPTIONAL STATE SUPPLEMENT

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

| Residence Address | |

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

| |

OSS code based on field review allegation ▾

| Main LA Screen | ADD REMARKS | NEXT |

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1		**Residence Address**	

| 2 |

3 **Development of OSS Field Allegation**

4 **OSS development remarks**

5

6

OSS code based on field review allegation ▼

Main LA Screen

ADD REMARKS

NEXT

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
SI-Fed- LA Codes			
SI-OSS- LA Codes			

1

2

Residence Address

3

Development of OSS Field Allegation

4

OSS development remarks

5

6

OSS code based on field review allegation ▼

| Main LA Screen | | ADD REMARKS | | NEXT |

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4

Does the SI/MI receive contributions from outside the household? ▼ □ Override

5

Does contribution benefit the SI only? ▼

6

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of ISM	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable? ▼	
	If no, reason	
	Countable ISM Amount	□ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ] ▼

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3 4 5 6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▼
2				▼
3				▼
4				▼
5				▼
6				▼
				▼

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	

☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1
2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household? ☐ Override

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward
household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only?

2

Household Member	Amount Alleged	Amount Verified	Evidence

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					▾	☐ Infrequent or Irregular
2					▾	
3					▾	
4					▾	
5					▾	# of HH members	
6					▾	Pro-Rata Share	
					▾	SI's Contribution	
					▾	Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▾	Type of contribution	▾
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

3

4

5

6

Residence Address	

OUTSIDE ISM

Does the SI/MI receive contributions from outside the household? [ ] ▼ ☐ **Override**

Does contribution benefit the SI only? [ ] ▼

ALLEGED	Date Propagates Here	VERIFIED
▼	**Type of ISM**	▼
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable? ▼	
	If no, reason	
	Countable ISM Amount	☐ **Infrequent or Irregular**

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen		ADD REMARKS		NEXT

DRAFT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ]

2

Household Member	Amount Alleged	Amount Verified	Evidence

3
4
5
6

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
[ ]	Type of contribution	[ ]
	Contributor's Name(s)	

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▾
2				▾
3				▾
4				▾
5				▾
6				▾
				▾

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▾	Type of contribution	▾
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen		ADD REMARKS		NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? ▢ ▾

2

Household Member	Amount Alleged	Amount Verified	Evidence
3			▾
4			▾
5			▾
6			▾
			▾
			▾
			▾
			▾
			▾
			▾
			▾

Total Contributions	
Household Expenses	
Excess Income	

▢ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

▢ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▾	Type of contribution	▾
	Contributor's Name(s)	

Main LA Screen   **ADD REMARKS**   **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1					☐ Infrequent or Irregular
2					
3					
4					# of HH members
5					Pro-Rata Share
6					SI's Contribution
					Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4 Does the SI/MI receive contributions from outside the household?

5 Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [▼]

2

Household Member	Amount Alleged	Amount Verified	Evidence
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼
			▼

3 **4** **5** **6**

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
[▼]	Type of contribution	[▼]
	Contributor's Name(s)	

Main LA Screen | **ADD REMARKS** | **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▼	☐ Infrequent or Irregular
2				▼	
3				▼	
4				▼	
5				▼	# of HH members
6				▼	Pro-Rata Share
				▼	SI's Contribution
				▼	Countable ISM Amount

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen

ADD REMARKS

NEXT

IN-KIND SUPPORT AND MAINTENANCE

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

2

Residence Address

3

OUTSIDE ISM

4

Does the SI/MI receive contributions from outside the household?

5

Does contribution benefit the SI only?

6

ALLEGED	Date Propagates Here	VERIFIED
	Type of ISM	
	Amount	
	Source	
	Source Contact Information	
	# of HH members	
	Is ISM Countable?	
	If no, reason	
	Countable ISM Amount	☐ Infrequent or Irregular

INSIDE ISM

Record the amount each household member contributes toward household expenses, with the exception of ISM to ONE

Main LA Screen	ADD REMARKS	NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Does contribution benefit SI only? [ ]

	Household Member	Amount Alleged	Amount Verified	Evidence
3				
4				
5				
6				

2

Total Contributions	
Household Expenses	
Excess Income	

☐ Infrequent or Irregular

# of HH members	
Pro-Rata Share	
SI's Contribution	
Countable ISM Amount	

☐ Infrequent or Irregular

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
	Type of contribution	
	Contributor's Name(s)	

Main LA Screen | **ADD REMARKS** | **NEXT**

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1				▼	☐ **Infrequent or Irregular**
2				▼	
3				▼	
4				▼	
5				▼	**# of HH members**
6				▼	**Pro-Rata Share**
				▼	**SI's Contribution**
				▼	**Countable ISM Amount**

☐ **Infrequent or Irregular**

ISM TO ONE PERSON

ALLEGED	Date Propagates Here	VERIFIED
▼	Type of contribution	▼
	Contributor's Name(s)	
	Contributor's Contact Information	
	Recipient	
	Amount	
	Countable Amount	☐ Infrequent or Irregular

Main LA Screen　　　**ADD REMARKS**　　　**NEXT**

ADDRESS HISTORY

ELEMENT 6

Residence 1 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

Residence 2 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

Residence 3 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

Residence 4 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

Residence 5 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

Residence 6 | **Change Since mm/dd/yyyy?** | **Date of change**
Type

DRAFT

Main LA Screen | **BACK**

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

DRAFT

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

ELEMENT 6

1

2

3

4

5

6

Residence Address

Residence Type

Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

If yes, date of change?

Main LA Screen

ADD REMARKS

ADDR HISTORY

NEXT

REVIEW PERIOD LA CHANGE

1

2 **Residence Address**

3

Residence Type

4

5 Has the SI's residence , household composition, or expenses, or ISM, or PA status changed since mm/dd/yyyy?

6 If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

REVIEW PERIOD LA CHANGE

1

2 **Residence Address**

3

Residence Type

4 Has the SI's residence , household composition, or expenses, or
ISM, or PA status changed since mm/dd/yyyy?

5

6 If yes, date of change?

| Main LA Screen | | ADD REMARKS | ADDR HISTORY | | NEXT |

LA/ISM DETERMINATION

ELEMENT 6

| BM |
| IM |
| SM |

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

BM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

SM FLA Determination

SM FLA ISM Determination

SM OSS Determination

SAVE

| Main LA Screen | | ADD REMARKS | | NEXT |

LA/ISM DETERMINATION

ELEMENT 6

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	▼
Transient ISM	
Institutional ISM	
Proration applies?	▼

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

BM

IM

SM

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination
▼	▼	▼

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM		
IM		
SM		

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	
IM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	
Transient ISM	
Institutional ISM	
Proration applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM
FLA	
OSS	
ISM	

IM
FLA	
OSS	
ISM	

SM
FLA	
OSS	
ISM	

BM
IM
SM

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM

IM

SM

SYSTEMS DATA

SI-Fed- LA Codes	
SI-OSS- LA Codes	
J/ H Income Amount	

SM LA path	
Residence date	
Residence address	
Basis for Federal LA	
FLA	
OSS	
Flat fee amount	
Rent amount	
Current Market Rental Value	
Shelter expenses	
Total HH expenses	
Number of HH members	
Other HH member's contribution	

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

LA/ISM DETERMINATION

ELEMENT 6

BM
IM
SM

	SHELTER
SI's contribution	
SI's Pro Rata share	
Federal Benefit Rate (BM)	
Inside ISM	
Outside ISM from all sources	
ISM to one	
Unstated income suspected?	
Transient ISM	
Institutional ISM	
Proration applies?	

Provide explanation when FLA determination differs from interview

Provide explanation when Optional State Supplement determination differs from interview

Living Arrangement codes and ISM

BM

FLA	
OSS	
ISM	

IM

FLA	
OSS	
ISM	

SM

FLA	
OSS	
ISM	

SM FLA Determination	SM FLA ISM Determination	SM OSS Determination

SAVE

Main LA Screen

ADD REMARKS

NEXT

SELF-EMPLOYMENT

SYSTEMS DATA

	SM	IM	BM	DEQY	SY
SI					
MI-1					
MI-2					

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS?	

For the previous or current tax year, have the SI/MI/IC been self-employed? ▾ ☐ Override

Does the SI/MI/IC expect to be self-employed in the sample month's taxable year? ▾ ☐ Override

Indicate who earned or expects to earn income from self-employment	☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5
☐ Override	☐ SI ☐ MI-1 ☐ MI-2 ☐ IC-1 ☐ IC -2 ☐ IC -3 ☐ IC -4 ☐ IC -5

Determination

▾

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

SI's Name Propagates Here

ALLEGED					VERIFIED		
			Type of Business				
			Gross income last year				
			Net income last year				
			Gross income this year				
			Net income this year				
SM	IM	BM		SM	IM	BM	
			Net SE Profit				
			Net SE Loss				
			Evidence				

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the SI a Student during the Review Period?

Total SEI
SI

SM	
IM	
BM	

Total SEI
MI-1

SM	
IM	
BM	

Total SEI
MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

MI-1's Name Propagates Here

ALLEGED		VERIFIED
	Type of Business	
	Gross income last year	
	Net income last year	
	Gross income this year	
	Net income this year	

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Student Earned Income		
	IRWE		
	BWE		
	Court-Ordered Pymnts		
	PASS		
	OTHER		

Was the MI1 a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

Sidebar: SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5

MI-2's Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Student Earned Income		
	IRWE		
	BWE		
	Court-Ordered Pymnts		
	PASS		
	OTHER		

Was the MI2 a Student during the Review Period?

Total SEI SI — SM / IM / BM

Total SEI MI-1 — SM / IM / BM

Total SEI MI-2 — SM / IM / BM

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

SELF-EMPLOYMENT

ELEMENT 7

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(1)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Student Earned Income			
	Court-Ordered Pymnts			
	PASS			
	OTHER			

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

| BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT |

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(2)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Student Earned Income	
	Court-Ordered Pymnts	
	PASS	
	OTHER	

Was the IC a Student during the Review Period?

Total SEI
SI

SM	
IM	
BM	

Total SEI
MI-1

SM	
IM	
BM	

Total SEI
MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED		Deductions/ Exclusions	VERIFIED		
		Student Earned Income			
		Court-Ordered Pymnts			
		PASS			
		OTHER			

Was the IC a Student during the Review Period?	

Total SEI — SI

SM	
IM	
BM	

Total SEI — MI-1

SM	
IM	
BM	

Total SEI — MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

ALLEGED				VERIFIED		
			Type of Business			
			Gross income last year			
			Net income last year			
			Gross income this year			
			Net income this year			
SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED	
	Student Earned Income		
	Court-Ordered Pymnts		
	PASS		
	OTHER		
Was the IC a Student during the Review Period?			

Total SEI
SI

SM	
IM	
BM	

Total SEI
MI-1

SM	
IM	
BM	

Total SEI
MI-2

SM	
IM	
BM	

BACK	STUDENT STATUS	ADD REMARKS	View Summary	NEXT

SELF-EMPLOYMENT

ELEMENT 7

IC(5)'s Name Propagates Here

| SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5 |

ALLEGED				VERIFIED		
		Type of Business				
		Gross income last year				
		Net income last year				
		Gross income this year				
		Net income this year				

SM	IM	BM		SM	IM	BM
			Net SE Profit			
			Net SE Loss			
			Evidence			

ALLEGED		Deductions/ Exclusions	VERIFIED	
		Student Earned Income		
		Court-Ordered Pymnts		
		PASS		
		OTHER		

Was the IC a Student during the Review Period?

Total SEI — SI
SM	
IM	
BM	

Total SEI — MI-1
SM	
IM	
BM	

Total SEI — MI-2
SM	
IM	
BM	

BACK | STUDENT STATUS | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

SYSTEMS DATA

	SM	IM	BM	SY
SI				
MI-1				
MI-2				

My SSR / MSSICS Notes

Any Earned Income Exclusions Shown in SSR/MSSICS? [▼]

Have the SI/MI/IC earned wages since mm/dd/yyyy [▼] ☐ Override

Indicate who earned wages	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
Was there Telephone Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼
Was there Monthly Wage Reporting in the SM?	▼	▼	▼	▼	▼	▼	▼	▼

Determination

[▼]

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

WAGES

SI's Name Propagates Here

Tabs
SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

Employer 1

ALLEGED		VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

Deductions/ Exclusions

ALLEGED		VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages — SI

SM	
IM	
BM	

Total Gross Wages — MI-1

SM	
IM	
BM	

Total Gross Wages — MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

| | | OTHER | | | |

ALLEGED — Employer 2 — VERIFIED

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED — Deductions/ Exclusions — VERIFIED

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

DRAFT

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

ELEMENT 8

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | NEXT |

WAGES

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

MI-1's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

DRAFT

WAGES

ELEMENT 8

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

	OTHER			

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	IRWE			
	BWE			
	Court-Ordered Payments			
	PASS			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

	SI
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers			
	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

MI-2's Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI
SM / IM / BM

Total Gross Wages MI-1
SM / IM / BM

Total Gross Wages MI-2
SM / IM / BM

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

		OTHER			

ALLEGED	Employer 2	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED
	Cafeteria Plan	
	Student Earned Income	
	IRWE	
	BWE	
	Court-Ordered Payments	
	PASS	

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

Side tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

OTHER

Was the SI a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

DRAFT

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

IC(1)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Gross Wages
SI
SM	
IM	
BM	

Total Gross Wages
MI-1
SM	
IM	
BM	

Total Gross Wages
MI-2
SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

ALLEGED	Deductions/ Exclusions	VERIFIED
▾	Cafeteria Plan		
	Student Earned Income		
▾	Court-Ordered Payments		
▾	OTHER		

Was the IC a Student during the Review Period? ▾

Total Number of Employers [ ]   **Additional**   [ ] Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI
SM	
IM	
BM	

Total Gross Wages MI-1
SM	
IM	
BM	

Total Gross Wages MI-2
SM	
IM	
BM	

| BACK | Student Status | ADD REMARKS | View Summary | | NEXT |

WAGES

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

IC(2)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? [▾]

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

ALLEGED	Deductions/ Exclusions	VERIFIED	
▼	Cafeteria Plan		
	Student Earned Income		
▼	Court-Ordered Payments		
▼	OTHER		

Was the IC a Student during the Review Period? ▼

Total Number of Employers		**Additional**		Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary		NEXT

WAGES

ELEMENT 8

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

IC(3)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

	SM	IM	BM
Gross Wages			
Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

	ALLEGED	Deductions/ Exclusions	VERIFIED	
		Cafeteria Plan		
		Student Earned Income		
		Court-Ordered Payments		
		OTHER		

Was the IC a Student during the Review Period?

Total Number of Employers   **Additional**   **Total Number of Employers**

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

Side tabs: SI | MI-1 | MI-2 | IC-1 | IC-2 | IC-3 | IC-4 | IC-5

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

ALLEGED	Employer 1	VERIFIED
	IC(4)'s Name Propagates Here	
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period?

Total Gross Wages SI

SM	
IM	
BM	

Total Gross Wages MI-1

SM	
IM	
BM	

Total Gross Wages MI-2

SM	
IM	
BM	

SI · MI-1 · MI-2 · IC-1 · IC-2 · IC-3 · IC-4 · IC-5

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

SI		ALLEGED	Deductions/ Exclusions	VERIFIED	
		▼	Cafeteria Plan		
MI-1			Student Earned Income		
MI-2		▼	Court-Ordered Payments		
IC-1		▼	OTHER		

IC-2

Was the IC a Student during the Review Period? ▼

IC-3

Total Number of Employers		Additional		Total Number of Employers

IC-4

IC-5

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK | Student Status | ADD REMARKS | View Summary | NEXT

WAGES

ELEMENT 8

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(5)'s Name Propagates Here

ALLEGED	Employer 1	VERIFIED
	Employer Name	
	Employer Contact Information	
	Date Began	
	Date Ended	
	Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Pay Date	

		SM	IM	BM
	Gross Wages			
	Evidence			

ALLEGED	Deductions/ Exclusions	VERIFIED		
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

Was the IC a Student during the Review Period? ▢

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

BACK	Student Status	ADD REMARKS	View Summary	NEXT

WAGES

ALLEGED	Deductions/ Exclusions		VERIFIED	
	Cafeteria Plan			
	Student Earned Income			
	Court-Ordered Payments			
	OTHER			

SI

Was the IC a Student during the Review Period?

Total Number of Employers

Additional

Total Number of Employers

Verified Wage Details for Additional Employers

	SM	IM	BM
Gross Wages			
Deductions/ Exclusions			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER			

Total Gross Wages
SI

SM	
IM	
BM	

Total Gross Wages
MI-1

SM	
IM	
BM	

Total Gross Wages
MI-2

SM	
IM	
BM	

Tabs: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

DRAFT

BACK	Student Status	ADD REMARKS	View Summary	NEXT

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

SI's Name Propagates Here

ALLEGED		VERIFIED		
	DOB/ Age			
	School Name			
	Contact Name			
	School Contact Information			
To	Dates of Attendance	To		
	Evidence			
	Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	MI-1's Name Propagates Here		
MI-1	ALLEGED		VERIFIED
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4			
IC-5	To	Dates of Attendance	To
		Evidence	

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI		MI-2's Name Propagates Here	
MI-1	ALLEGED		VERIFIED
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4			
IC-5	To	Dates of Attendance	To
		Evidence	

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

	IC(1)'s Name Propagates Here		
SI	**ALLEGED**		**VERIFIED**
MI-1		DOB/ Age	
MI-2		School Name	
IC-1		Contact Name	
IC-2		School Contact Information	
IC-3			
IC-4			
IC-5	To	Dates of Attendance	To
		Evidence	

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	IC(2)'s Name Propagates Here		
MI-1	**ALLEGED**		**VERIFIED**
MI-2		DOB/ Age	
IC-1		School Name	
IC-2		Contact Name	
IC-3		School Contact Information	
IC-4			
IC-5	To	Dates of Attendance	To
		Evidence	
		Student exclusion applies?	SM / IM / BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(3)'s Name Propagates Here

ALLEGED		VERIFIED
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
___ To ___ ▾	Dates of Attendance	___ To ___ ▾
	Evidence	▾
	Student exclusion applies?	SM ▾ / IM ▾ / BM ▾

DRAFT

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

	IC(4)'s Name Propagates Here	
ALLEGED		**VERIFIED**
	DOB/ Age	
	School Name	
	Contact Name	
	School Contact Information	
To	Dates of Attendance	To
	Evidence	

Buttons on left side: SI, MI-1, MI-2, IC-1, IC-2, IC-3, IC-4, IC-5

Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(5)'s Name Propagates Here

ALLEGED			VERIFIED		
	DOB/ Age				
	School Name				
	Contact Name				
	School Contact Information				
	To		Dates of Attendance		To	
	Evidence				
	Student exclusion applies?	SM	IM	BM

List of ICs by Name

BACK

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?	INTERVIEW		
	SM	**IM**	**BM**		**SM**	**IM**	**BM**
SI-TXVI				▼			
SI-TII				▼			
ES-TXVI				▼			
ES-TII				▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

	☐ NO to ALL	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
	■ **Override**	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5

Title XVI		▼	▼					
Title 2		▼	▼	▼	▼	▼	▼	▼
Unstated Income	▼							
VA Pension	▼	▼	▼	▼	▼	▼	▼	▼
VA Compensation	▼	▼	▼	▼	▼	▼	▼	▼
Railroad Retirement	▼	▼	▼	▼	▼	▼	▼	▼
Govt. Pension	▼	▼	▼	▼	▼	▼	▼	▼
Black Lung	▼	▼	▼	▼	▼	▼	▼	▼
State Disability Payments	▼	▼	▼	▼	▼	▼	▼	▼
Foster Care	▼	▼	▼	▼	▼	▼	▼	▼

Determination

▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

ELEMENT 9

	SYSTEMS DATA			MATCH?	INTERVIEW		
	SM	IM	BM		SM	IM	BM
SI-TXVI				▼			
SI-TII				▼			
ES-TXVI				▼			
ES-TII				▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

		SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
☐ NO to ALL		☐	☐	☐	☐	☐	☐	☐	☐
■ Override		☐	☐	☐	☐	☐	☐	☐	☐

	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Energy Assistance	▼	▼	▼	▼	▼	▼	▼	▼
Unemployment	▼	▼	▼	▼	▼	▼	▼	▼
Workers Compensation	▼	▼	▼	▼	▼	▼	▼	▼
Sick Pay	▼	▼	▼	▼	▼	▼	▼	▼
Educational Assistance	▼	▼	▼	▼	▼	▼	▼	▼
Dividend/ Royal	▼	▼	▼	▼	▼	▼	▼	▼
Rent Income	▼	▼	▼	▼	▼	▼	▼	▼
Interest	▼	▼	▼	▼	▼	▼	▼	▼
Gifts	▼	▼	▼	▼	▼	▼	▼	▼
Loans	▼	▼	▼	▼	▼	▼	▼	▼

Determination
▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

ELEMENT 9

SYSTEMS DATA			MATCH?	INTERVIEW		
SM	IM	BM		SM	IM	BM
SI-TXVI			▼			
SI-TII			▼			
ES-TXVI			▼			
ES-TII			▼			

My SSR / MSSICS Notes

Any unearned income exclusions shown in SSR/MSSICS? ▼

Address each type of unearned income listed below for the SI/MI/IC since mm/dd/yyyy

☐ NO to ALL	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5
☐ Override	☐ SI	☐ MI-1	☐ MI-2	☐ IC-1	☐ IC-2	☐ IC-3	☐ IC-4	☐ IC-5

	SI	MI-1	MI-2	IC-1	IC-2	IC-3	IC-4	IC-5
Dividend/ Royal	▼	▼	▼	▼	▼	▼	▼	▼
Rent Income	▼	▼	▼	▼	▼	▼	▼	▼
Interest	▼	▼	▼	▼	▼	▼	▼	▼
Gifts	▼	▼	▼	▼	▼	▼	▼	▼
Loans	▼	▼	▼	▼	▼	▼	▼	▼
Support from absent parent	▼	▼	▼	▼	▼	▼	▼	▼
Other cash support	▼	▼	▼	▼	▼	▼	▼	▼
Gambling Income	▼	▼	▼	▼	▼	▼	▼	▼
Miscellaneous	▼	▼	▼	▼	▼	▼	▼	▼
Accelerated LI Payments	▼	▼	▼	▼	▼	▼	▼	▼

Determination
▼

MAIN MENU	PREVIOUS	List of ICs by Name	ADD REMARKS	View Summary	☐ COMPLETE	NEXT

UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

SI's Name Propagates Here

ALLEGED	**Unearned Income 1**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions VERIFIED

ALLEGED	**Unearned Income 2**	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

DRAFT

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

ALLEGED	Unearned Income 3	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

			Pmt. Amount/ Frequency		Infrequent or Irregular Income involved		
SI							
MI-1			Payment Date				
MI-2				SM	IM	BM	
IC-1			Gross UM Amounts				
IC-2			Evidence			▼	

Deductions/ Exclusions		**VERIFIED**
▼		

ALLEGED	**Unearned Income 4**	**VERIFIED**
▼	Unearned Income Type	▼
	Source	
	Source Contact Information	
	Date Began	
▼	Date Ended	▼

		Pmt. Amount/ Frequency		Infrequent or Irregular Income involved		
	▼					
		Payment Date				
			SM	IM	BM	
		Gross UM Amounts				

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

IC-3
IC-4
IC-5

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

UNEARNED INCOME

ELEMENT 9

SI		Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
IC-2		Payment Date	
IC-3			SM	IM	BM
IC-4		Gross UM Amounts	
IC-5		Evidence	

Deductions/ Exclusions **VERIFIED**

Total Number of UM Sources [ ] **Additional** [ ] **Total Number of UM Sources**

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM SI
- SM
- IM
- BM

Total Gross UM MI-1
- SM
- IM
- BM

Total Gross UM MI-2
- SM
- IM
- BM

DRAFT

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UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

MI1's Name Propagates Here

ALLEGED	**Unearned Income 1**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

ALLEGED	**Unearned Income 2**	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

	Source Contact Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	
Payment Date	

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence	

Deductions/ Exclusions — VERIFIED

ALLEGED — Unearned Income 3 — VERIFIED

Unearned Income Type	
Source	
Source Contact Information	
Date Began	
Date Ended	

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

	Pmt. Amount/ Frequency		Infrequent or Irregular Income involved		
	Payment Date				
		SM	IM	BM	
	Gross UM Amounts				
	Evidence				

Deductions/ Exclusions		**VERIFIED**

ALLEGED	**Unearned Income 4**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

		SM	IM	BM
	Gross UM Amounts			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2		
IC-1		
IC-2		
IC-3		
IC-4		
IC-5		

Information	
Date Began	
Date Ended	
Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM SI

SM	
IM	
BM	

Total Gross UM MI-1

SM	
IM	
BM	

Total Gross UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

	SI
	MI-1
	MI-2
	IC-1
	IC-2
	IC-3
	IC-4
	IC-5

MI2's Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions		VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

SI	
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

☐ **Infrequent or Irregular Income involved**

	SM	IM	BM
Gross UM Amounts			

Evidence

Deductions/ Exclusions		**VERIFIED**

ALLEGED	**Unearned Income 3**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

		Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved		
SI		Payment Date			
MI-1			SM	IM	BM
MI-2		Gross UM Amounts			
IC-1		Evidence			

Deductions/ Exclusions	**VERIFIED**	

ALLEGED	**Unearned Income 4**	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			

IC-2
IC-3
IC-4
IC-5

Total Gross UM **SI**	
SM	
IM	
BM	

Total Gross UM **MI-1**	
SM	
IM	
BM	

Total Gross UM **MI-2**	
SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

UNEARNED INCOME

ELEMENT 9

SI		Information
MI-1		Date Began
MI-2		Date Ended
IC-1		Pmt. Amount/ Frequency
IC-2		Payment Date
IC-3		
IC-4		
IC-5		

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources — **Additional** — Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Gross UM
SI

SM	
IM	
BM	

Total Gross UM
MI-1

SM	
IM	
BM	

Total Gross UM
MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(1)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information		
MI-1				
MI-2		Date Began		
IC-1		Date Ended		
IC-2		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved	
IC-3		Payment Date		
IC-4			SM	IM	BM
IC-5		Gross UM Amounts		
		Evidence		

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		Additional		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

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UNEARNED INCOME

SI			
MI-1			
MI-2			
IC-1			
IC-2			
IC-3			
IC-4			
IC-5			

IC(2)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED		

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM

SI

SM	
IM	
BM	

Total Countable UM

MI-1

SM	
IM	
BM	

Total Countable UM

MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information
MI-1		
MI-2		Date Began
IC-1		Date Ended
IC-2		Pmt. Amount/ Frequency
IC-3		Payment Date
IC-4		
IC-5		Gross UM Amounts

Infrequent or Irregular Income involved

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

| SI |
| MI-1 |
| MI-2 |
| IC-1 |
| IC-2 |
| IC-3 |
| IC-4 |
| IC-5 |

IC(3)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM

SI
SM	
IM	
BM	

Total Countable UM

MI-1
SM	
IM	
BM	

Total Countable UM

MI-2
SM	
IM	
BM	

DRAFT

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UNEARNED INCOME

ELEMENT 9

SI		Source Contact Information	
MI-1			
MI-2		Date Began	
IC-1		Date Ended	
IC-2		Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
IC-3		Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions   VERIFIED

Total Number of UM Sources		**Additional**		Total Number of UM Sources

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

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UNEARNED INCOME

SI
MI-1
MI-2
IC-1
IC-2
IC-3
IC-4
IC-5

IC(4)'s Name Propagates Here

Unearned Income 1

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved
	Payment Date	

		SM	IM	BM
	Gross UM Amounts			
	Evidence			

Deductions/ Exclusions   VERIFIED

Unearned Income 2

ALLEGED		VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		**Source Contact Information**	
MI-1			
MI-2		**Date Began**	
IC-1		**Date Ended**	
IC-2		**Pmt. Amount/ Frequency**	**Infrequent or Irregular Income involved**
IC-3		**Payment Date**	

		SM	IM	BM
Gross UM Amounts				
Evidence				

Deductions/ Exclusions		**VERIFIED**

Total Number of UM Sources		**Additional**		**Total Number of UM Sources**

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM
SI

SM	
IM	
BM	

Total Countable UM
MI-1

SM	
IM	
BM	

Total Countable UM
MI-2

SM	
IM	
BM	

IC-4

IC-5

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UNEARNED INCOME

ELEMENT 9

	SI
MI-1	
MI-2	
IC-1	
IC-2	
IC-3	
IC-4	
IC-5	

IC(5)'s Name Propagates Here

ALLEGED	Unearned Income 1	VERIFIED
	Unearned Income Type	
	Source	
	Source Contact Information	
	Date Began	
	Date Ended	
	Pmt. Amount/ Frequency	Infrequent or Irregular Income involved
	Payment Date	

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions	VERIFIED

ALLEGED	Unearned Income 2	VERIFIED
	Unearned Income Type	
	Source	

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2

SM	
IM	
BM	

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UNEARNED INCOME

ELEMENT 9

SI		
MI-1		
MI-2	**Source Contact Information**	
IC-1	**Date Began**	
IC-2	**Date Ended**	
IC-3	**Pmt. Amount/ Frequency**	**Infrequent or Irregular Income involved**
IC-4	**Payment Date**	
IC-5		

	SM	IM	BM
Gross UM Amounts			
Evidence			

Deductions/ Exclusions — VERIFIED

Total Number of UM Sources		**Additional**		**Total Number of UM Sources**

Verified Additional Unearned Income Details

	SM	IM	BM
Total Additional UM Amounts			
Total Additional Deductions/ Exclusion			

Total Countable UM SI

SM	
IM	
BM	

Total Countable UM MI-1

SM	
IM	
BM	

Total Countable UM MI-2
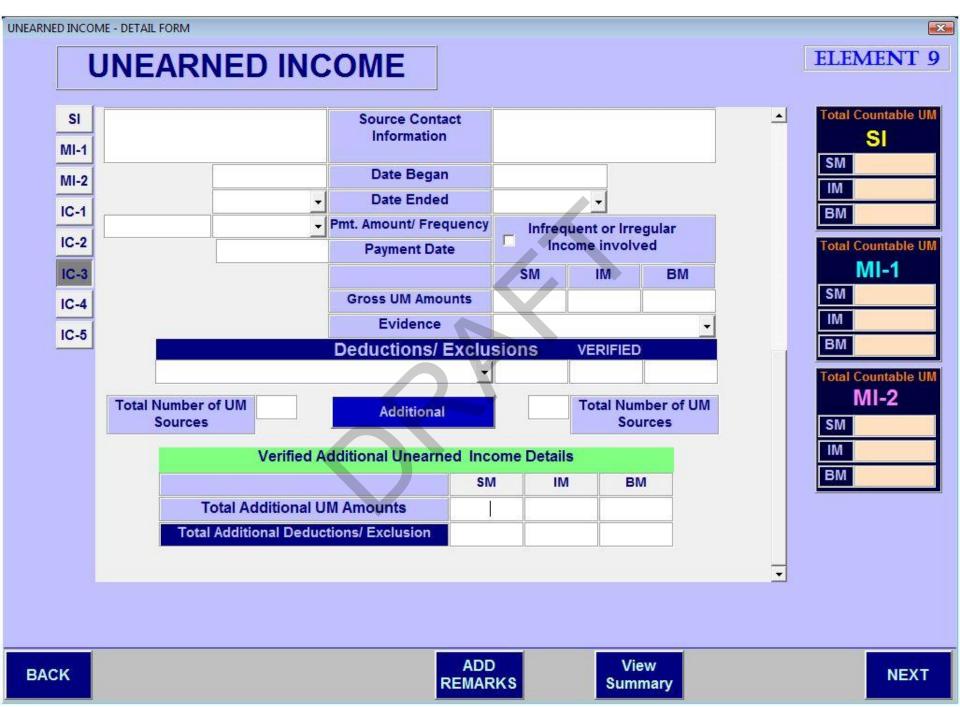
SM	
IM	
BM	

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Sampled Individual Unstated Income Development Screen

	SM	IM	BM	Unstated Income
Monthly HH Expenses				
Monthly Income				Consider all household income, savings, debts incurred, outstanding bills, etc. to determine the Actual Unstated Income amount.
Possible Unstated Income				
Actual Unstated Income Amount				

Explain why the "Actual Unstated Income" amount is different from the "Possible Unstated Income" amount.

Unstated Income Determination

BACK

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FINANCIAL INSTITUTION ACCOUNTS

SYSTEMS DATA

CG Field Codes	
RTN	ACCT #

My SSR / MSSICS Notes:

Address each of the categories listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	SI	MI-1	MI-2
	Override	SI	MI-1	MI-2
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Debit Card from a financial institution				
Safe Deposit Box				
Name appears on someone else's account				
Prior accounts in the last 24 months				
Do SI/MIs cash checks or transact other business at any financial institutions (e.g., Personal loans, Mortgages)				

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any financial institution accounts?   ☐ Override

Determination

MAIN MENU	PREVIOUS		ADD REMARKS	View Summary	☐ COMPLETE	NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI
MI-1
MI-2

SI's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 2	VERIFIED

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

DRAFT

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				
MI-1				
MI-2				

ALLEGED — Account 2 — VERIFIED

ALLEGED	Account 2	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED — Account 3 — VERIFIED

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI

MI-1

MI-2

ALLEGED	Account 3	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4	VERIFIED
MI-1		Account Type	
MI-2		Financial Institution Information	
		Account Number	
		Dedicated Account?	
		Joint Ownership?	
		Dep. by Joint Owner?	
		Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				Owner Name(s)				

MI-1	SM	IM	BM		SM	IM	BM

MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts			Additional		Total Number of Financial Accounts	

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI		
MI-1		
MI-2		

MI-1's Name Propagates Here

Account 1

ALLEGED				VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Account 2

ALLEGED		VERIFIED

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2
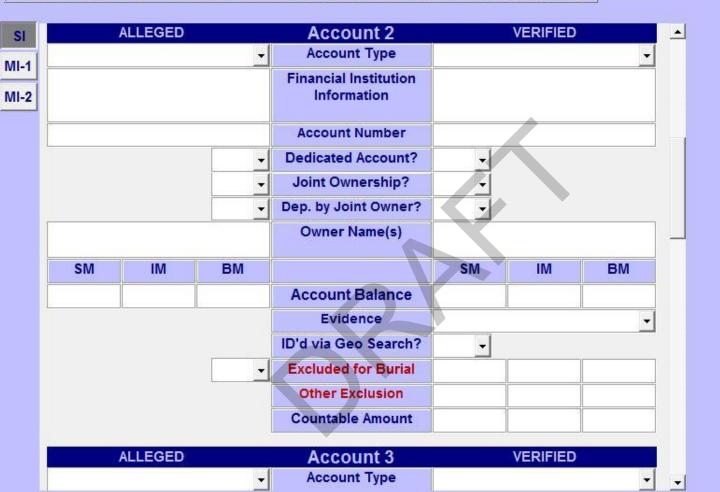
SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI			
MI-1			
MI-2			

ALLEGED — Account 2 — VERIFIED

ALLEGED			Account 2	VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED — Account 3 — VERIFIED

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts
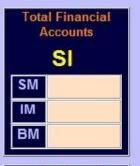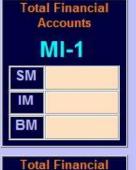
MI-2

SM	
IM	
BM	

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

ALLEGED	Account 3	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 4	VERIFIED
	Account Type	

SI
MI-1
MI-2

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 4	VERIFIED	
MI-1		Account Type		
MI-2		Financial Institution Information		
		Account Number		
		Dedicated Account?		
		Joint Ownership?		
		Dep. by Joint Owner?		
		Owner Name(s)		

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts   **Additional**   **Total Number of Financial Accounts**

Total Financial Accounts
SI
SM	
IM	
BM	

Total Financial Accounts
MI-1
SM	
IM	
BM	

Total Financial Accounts
MI-2
SM	
IM	
BM	

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI					SM	IM	BM
			Owner Name(s)				

MI-1	SM	IM	BM		SM	IM	BM
MI-2				Account Balance			
				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts			**Additional**		Total Number of Financial Accounts	

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts SI

SM	
IM	
BM	

Total Financial Accounts MI-1

SM	
IM	
BM	

Total Financial Accounts MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

| SI |
| MI-1 |
| MI-2 |

MI-2's Name Propagates Here

ALLEGED	Account 1	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| ALLEGED | Account 2 | VERIFIED |

Total Financial Accounts
SI

SM	
IM	
BM	

Total Financial Accounts
MI-1

SM	
IM	
BM	

Total Financial Accounts
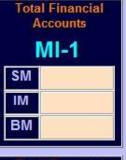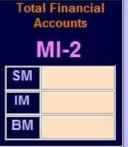**MI-2**

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				
MI-1				
MI-2				

ALLEGED			Account 2	VERIFIED		
			Account Type			
			Financial Institution Information			
			Account Number			
			Dedicated Account?			
			Joint Ownership?			
			Dep. by Joint Owner?			
			Owner Name(s)			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Account 3	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   View Summary   NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

	SI	MI-1	MI-2					

ALLEGED			Account 3	VERIFIED			
			Account Type				
			Financial Institution Information				
			Account Number				
			Dedicated Account?				
			Joint Ownership?				
			Dep. by Joint Owner?				
			Owner Name(s)				
SM	IM	BM		SM	IM	BM	
			Account Balance				
			Evidence				
			ID'd via Geo Search?				
			Excluded for Burial				
			Other Exclusion				
			Countable Amount				

ALLEGED	Account 4	VERIFIED
	Account Type	

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT
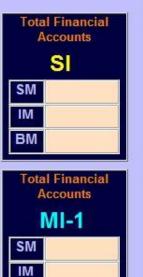
FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI				
MI-1				
MI-2				

ALLEGED	Account 4	VERIFIED
	Account Type	
	Financial Institution Information	
	Account Number	
	Dedicated Account?	
	Joint Ownership?	
	Dep. by Joint Owner?	
	Owner Name(s)	

SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			ID'd via Geo Search?			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Financial Accounts | | **Additional** | | **Total Number of Financial Accounts**

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

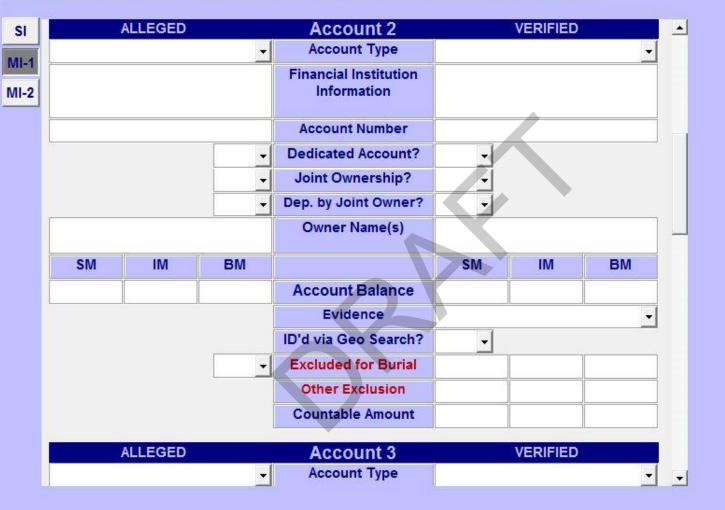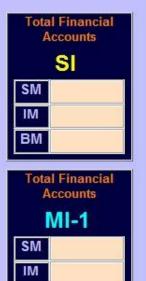| SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI					SM	IM	BM
			Owner Name(s)				

	SM	IM	BM		SM	IM	BM
MI-1				Account Balance			
MI-2				Evidence			
				ID'd via Geo Search?			
				Excluded for Burial			
				Other Exclusion			
				Countable Amount			

Total Number of Financial Accounts

Additional

Total Number of Financial Accounts

SM	IM	BM	Additional Accounts	SM	IM	BM
			# Savings Accts			
			Total Savings Acct BAL			
			# Checking Accts			
			Total Chk Acct BAL			
			ID'd via Geo Search?			

Total Financial Accounts

SI

SM	
IM	
BM	

Total Financial Accounts

MI-1

SM	
IM	
BM	

Total Financial Accounts

MI-2

SM	
IM	
BM	

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

OTHER LIQUID RESOURCES

SYSTEMS DATA

My SSR / MSSICS Notes

CG Field Codes

Address each of the liquid resources listed below for the SI/MI/IC since mm/dd/yyyy

	NO to ALL	☐ SI	☐ MI-1	☐ MI-2
	☐ Override	☐ SI	☐ MI-1	☐ MI-2

Patient Accounts	▼	▼	▼
U.S. Savings Bonds	▼	▼	▼
Promissory Notes	▼	▼	▼
Stocks	▼	▼	▼
Bonds	▼	▼	▼
Mutual Funds	▼	▼	▼
Trusts	▼	▼	▼
Retirement Funds	▼	▼	▼
LI Dividend Accumulations	▼	▼	▼
Cash on hand	▼	▼	▼

Since mm/dd/yyyy have the SI/ MI(s) transferred, disposed of or given away funds from any other liquid resources? ▼ ☐ Override

MAIN MENU	PREVIOUS		ADD REMARKS	View Summary	☐ COMPLETE	NEXT

OTHER LIQUID RESOURCES

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SI's Name Propagates Here

Account 1

ALLEGED				VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts		Additional		Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	View Summary		NEXT

DRAFT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Excluded for Burial		
	Other Exclusion		
	Countable Amount		

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Sidebar navigation:
- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

U.S. Sav. Bond 5

ALLEGED			U.S. Sav. Bond 5			VERIFIED	
			Series				
			Denomination				
			Bond Serial Number				
			Issue Date				
			Ownership				
			Type (Paper/Electronic)				
			Access to Bond				

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds [ ]   **Additional**   [ ] **Total Number of US Savings Bonds**

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2
SM	
IM	
BM	

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DRAFT

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts	
US Svg Bonds	
Promissory Notes	
Stocks	
Bonds	
Mutual Funds	
Trusts	
Ret. Funds	
LIP Div. Accum.	
Cash On Hand	

SI's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes

Additional

Total Number of Promissory Notes

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | View Summary | NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| **Stocks** |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

Stock 1

ALLEGED					VERIFIED		
			Stock Name				
			Type of Stock				
			Number of Shares				
			Purchase Date				
			Ownership				
			Brokerage Firm				
SM	IM	BM		SM	IM	BM	
			Amount				
			Evidence				
			Excluded for Burial				
			Other Exclusion				
			Countable Amount				

Stock 2

ALLEGED		VERIFIED	
	Name of Stock/Symbol		
	Type of Stock		
	Number of Shares		
	Purchase Date		
	Ownership		
	Brokerage Firm		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts		
US Svg Bonds		
Promissory Notes		
Stocks		
Bonds		
Mutual Funds		
Trusts		
Ret. Funds		
LIP Div. Accum.		
Cash On Hand		

Name of Stock Symbol

Type of Stock

Number of Shares

Purchase Date

Ownership

Brokerage Firm

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks   **Additional**   **Total Number of Stocks**

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Bond 2

ALLEGED				VERIFIED		
			Bond Name			
			Type of Bond			
			Number of Bonds			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| **Total Number of Bonds** | | **Additional** | | **Total Number of Bonds** |

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | | ADD REMARKS | View Summary | | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds		Additional		Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| **Trusts** |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Value of Trust			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust? ▼	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
▼	Date terminated	▼

		SM	IM	BM
	Value of Trust			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

Total Number of | | | Total Number of

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts							

SI's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
▼	Eligible for periodic payments?	▼
▼	Can SI withdraw lump sum?	▼

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence	▼		
▼			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ] **Additional** [ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Sidebar navigation:
- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

Total Oth. Liquid Resources SI

SM	
IM	
BM	

Total Oth. Liquid Resources MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

SI's Name Propagates Here

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

ALLEGED	Policy 1	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			

Total Oth. Liquid Resources

SI

SM
IM
BM

Total Oth. Liquid Resources

MI-1

SM
IM
BM

Total Oth. Liquid Resources

MI-2

SM
IM
BM

BACK	ADD REMARKS	View Summary	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

		SM	IM	BM
Policy Number				
Dividend Accumulations				
Excluded for Burial				
Other Exclusion				
Countable Amount				

ALLEGED	Policy 4	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Policies with Div. Accumulations		**Additional**		Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

SI's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

DRAFT

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ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts   **Additional**   **Total Number of Patient Accounts**

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

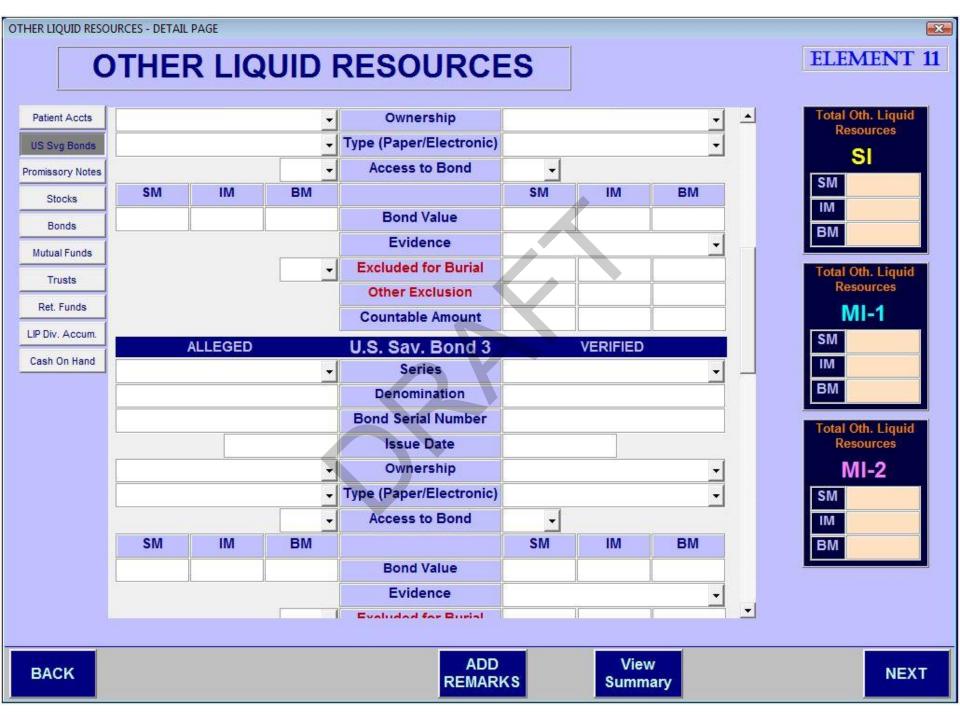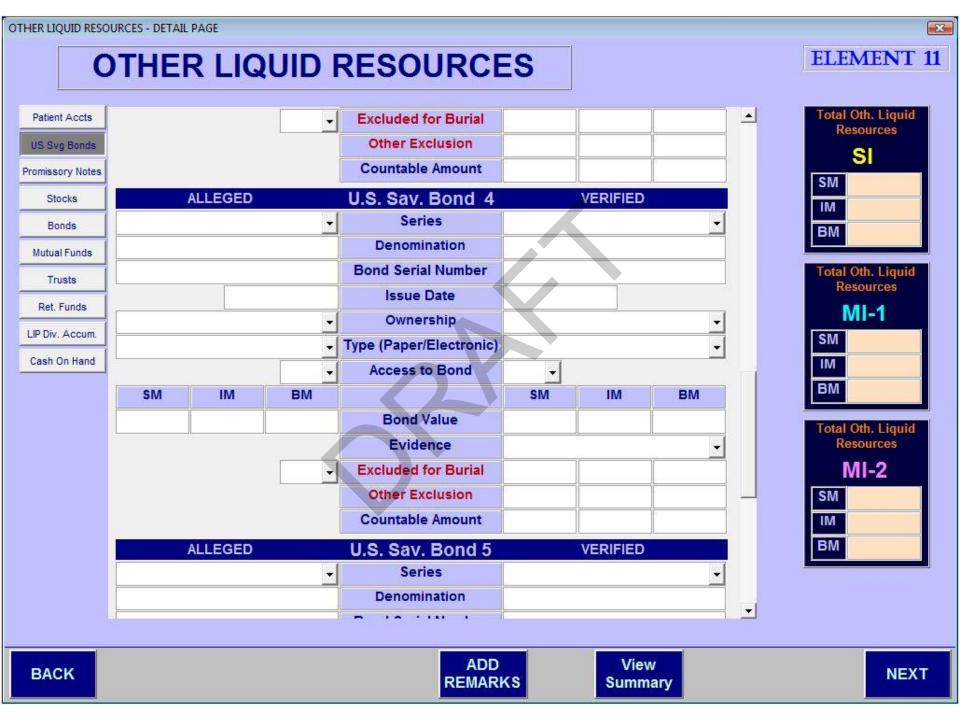| SM | |
| IM | |
| BM | |

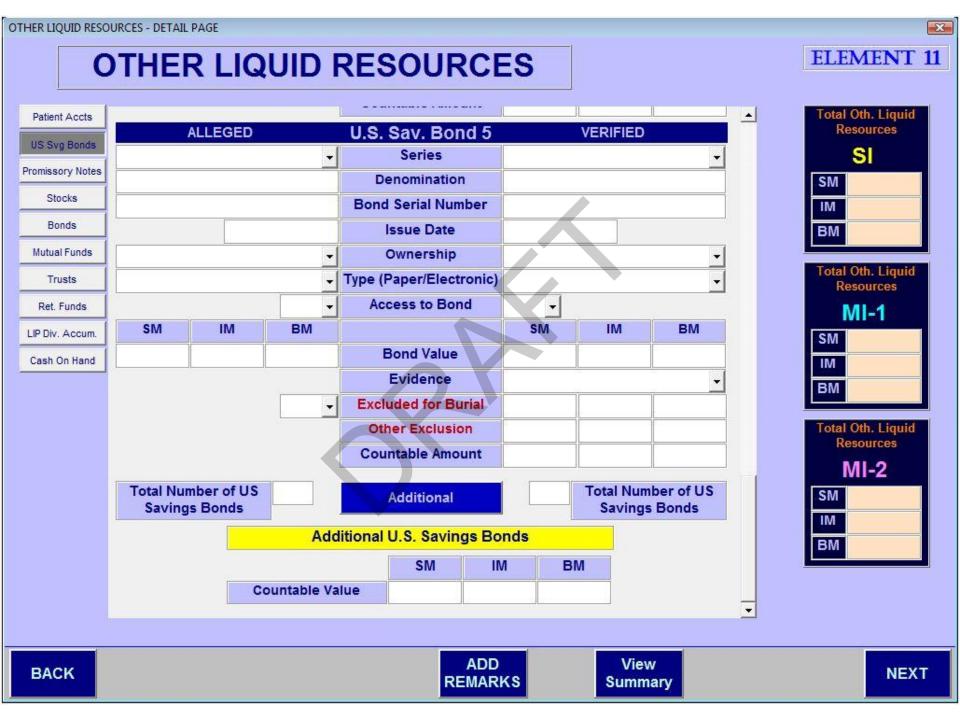**Total Oth. Liquid Resources**

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

U.S. Sav. Bond 1

ALLEGED		Field	VERIFIED	
		Series		
		Denomination		
		Bond Serial Number		
		Issue Date		
		Ownership		
		Type (Paper/Electronic)		
		Access to Bond		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

U.S. Sav. Bond 2

ALLEGED		Field	VERIFIED	
		Series		
		Denomination		
		Bond Serial Number		
		Issue Date		
		Ownership		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

Patient Accts
US Svg Bonds
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Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

			Series			
			Denomination			
			Bond Serial Number			
			Issue Date			
			Ownership			
			Type (Paper/Electronic)			
			Access to Bond			
SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

Patient Accts
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Ret. Funds
LIP Div. Accum.
Cash On Hand

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

	Patient Accts
	US Svg Bonds
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	Bonds
	Mutual Funds
	Trusts
	Ret. Funds
	LIP Div. Accum.
	Cash On Hand

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| Total Number of US Savings Bonds | | Additional | | Total Number of US Savings Bonds |

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts |
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| Bonds |
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| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

Promissory Note 1

ALLEGED				VERIFIED		
			Type of Agreement			
			Description			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence		▾
	▾		Excluded for Burial			
			Other Exclusion			
			Countable Amount			

| Total Number of Promissory Notes | | Additional | | Total Number of Promissory Notes |

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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MI-1's Name Propagates Here

Stock 1

ALLEGED		VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Stock 2

ALLEGED		VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources

SI

SM
IM
BM

Total Oth. Liquid Resources

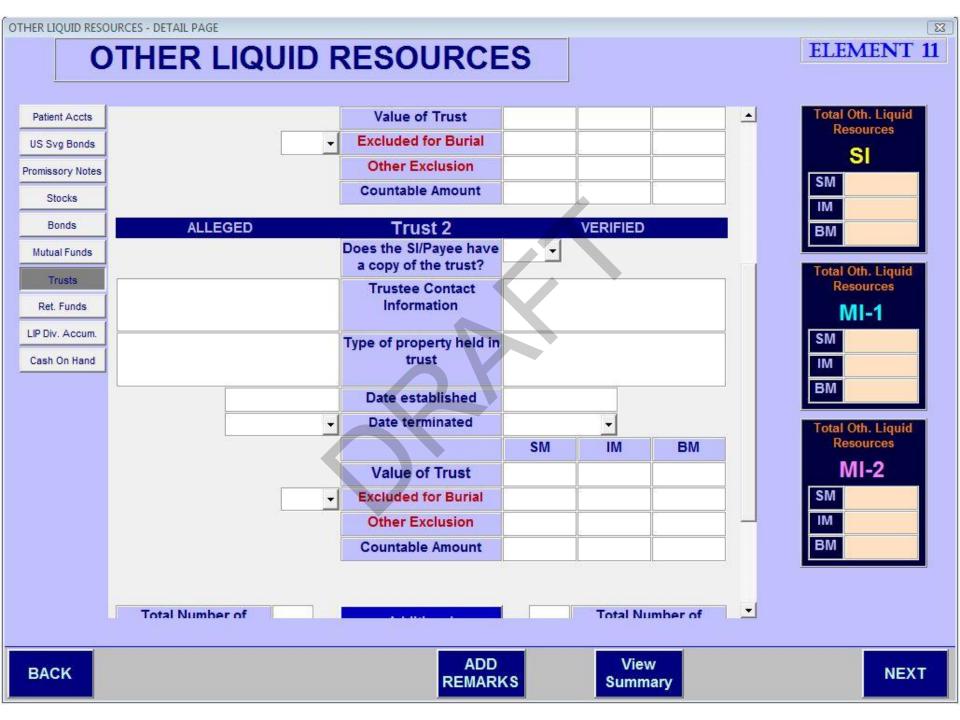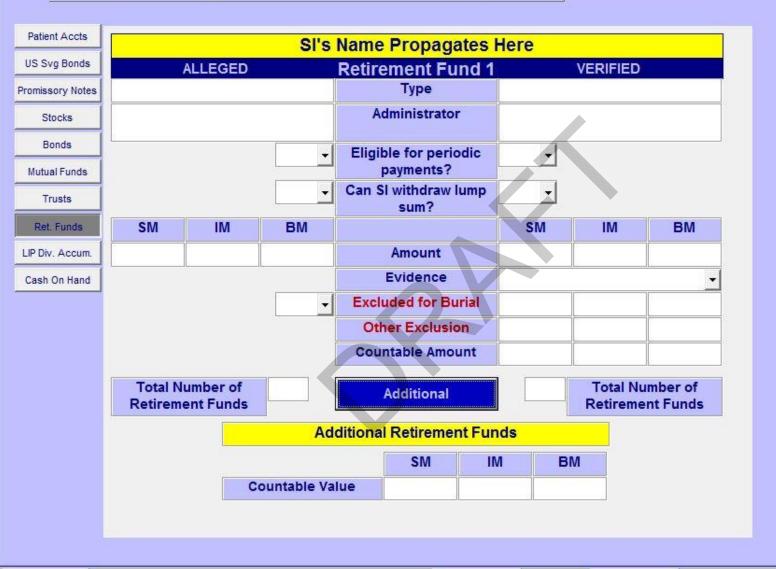**MI-1**

SM
IM
BM

Total Oth. Liquid Resources

MI-2

SM
IM
BM

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				Name of Stock Symbol			
				Type of Stock			
				Number of Shares			
				Purchase Date			
				Ownership			
				Brokerage Firm			

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks | | **Additional** | | **Total Number of Stocks**

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Stocks |
| **Bonds** |
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| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Bond 1	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Bond 2	VERIFIED
	Bond Name	
	Type of Bond	
	Number of Bonds	
	Purchase Date	
	Ownership	

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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- Patient Accts
- US Svg Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

Bond 2

ALLEGED					VERIFIED		
			Bond Name				
			Type of Bond				
			Number of Bonds				
			Purchase Date				
			Ownership				
			Brokerage Firm				

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds		Additional		Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources SI
SM	
IM	
BM	

Total Oth. Liquid Resources MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources MI-2
SM	
IM	
BM	

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Cash On Hand	

MI-1's Name Propagates Here

Mutual Fund 1

ALLEGED				VERIFIED		
			Name of Fund			
			Type of Fund			
			Number of Shares			
			Purchase Date			
			Ownership			
			Brokerage Firm			
SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds ___   **Additional**   ___ **Total Number of Mutual Funds**

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

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| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| **Trusts** |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Trust 2	VERIFIED	
	Does the SI/Payee have a copy of the trust?		
	Trustee Contact Information		
	Type of property held in trust		
	Date established		
	Date terminated		

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

Total Number of

Total Number of

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| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

Retirement Fund 1

ALLEGED				VERIFIED		
			Type			
			Administrator			
		▾	**Eligible for periodic payments?**		▾	
		▾	**Can SI withdraw lump sum?**		▾	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			▾
		▾	**Excluded for Burial**			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ]   **Additional**   [ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Policy Number				
Dividend Accumulations				
Excluded for Burial				
Other Exclusion				
Countable Amount				

ALLEGED	Policy 4	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Policies with Div. Accumulations		Additional		Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2
SM	
IM	
BM	

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| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Policy 1	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 2	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	Policy 3	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
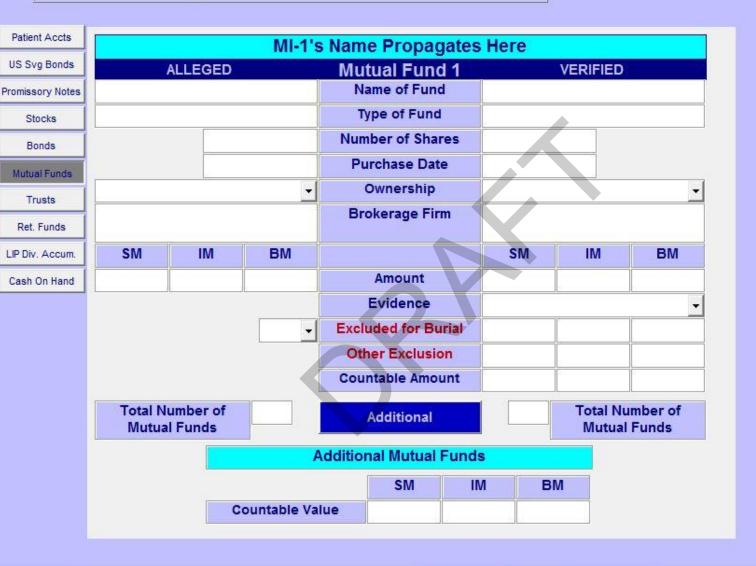
MI-2

SM	
IM	
BM	

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| Patient Accts |
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| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-1's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
▼	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

DRAFT

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ELEMENT 11

Patient Accts
US Svg Bonds
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Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED			Account 1	VERIFIED		
			Facility Information			
SM	IM	BM		SM	IM	BM
			Account Balance			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Patient Accounts

Additional

Total Number of Patient Accounts

Additional Patient Accounts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

DRAFT

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OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts.	US Svg Bonds	Promissory Notes	Stocks	Bonds	Mutual Funds	Trusts	Ret. Funds	LIP Div. Accum.	Cash On Hand

MI-2's Name Propagates Here

ALLEGED	U.S. Sav. Bond 1	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 2	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 3	VERIFIED

Series

Denomination

Bond Serial Number

Issue Date

Ownership

Type (Paper/Electronic)

Access to Bond

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

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| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

ALLEGED	U.S. Sav. Bond 4	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	U.S. Sav. Bond 5	VERIFIED
	Series	
	Denomination	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

ALLEGED		U.S. Sav. Bond 5	VERIFIED	
		Series		
		Denomination		
		Bond Serial Number		
		Issue Date		
		Ownership		
		Type (Paper/Electronic)		
		Access to Bond		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of US Savings Bonds   **Additional**   **Total Number of US Savings Bonds**

Additional U.S. Savings Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED	Promissory Note 1		VERIFIED
	Type of Agreement		
	Description		

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Promissory Notes [ ]   **Additional**   [ ] **Total Number of Promissory Notes**

Additional Promissory Notes

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources — SI

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Stock 1	VERIFIED
	Stock Name	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

ALLEGED	Stock 2	VERIFIED
	Name of Stock/Symbol	
	Type of Stock	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

Navigation	
Patient Accts	
US Svg Bonds	
Promissory Notes	
Stocks	
Bonds	
Mutual Funds	
Trusts	
Ret. Funds	
LIP Div. Accum.	
Cash On Hand	

Name of Stock Symbol

Field	Value
Type of Stock	
Number of Shares	
Purchase Date	
Ownership	
Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Stocks [ ] **Additional** [ ] **Total Number of Stocks**

Additional Stocks

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	View Summary	NEXT

OTHER LIQUID RESOURCES

Navigation
Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
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LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

Bond 1

ALLEGED		Bond 1	VERIFIED	
		Bond Name		
		Type of Bond		
		Number of Bonds		
		Purchase Date		
		Ownership		
		Brokerage Firm		

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Bond 2

ALLEGED		Bond 2	VERIFIED	
		Bond Name		
		Type of Bond		
		Number of Bonds		
		Purchase Date		
		Ownership		

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	View Summary	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

Bond 2

ALLEGED					VERIFIED		
			Bond Name				
			Type of Bond				
			Number of Bonds				
			Purchase Date				
			Ownership				
			Brokerage Firm				

SM	IM	BM		SM	IM	BM
			Bond Value			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Bonds [ ]

Additional [ ]

Total Number of Bonds

Additional Bonds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1
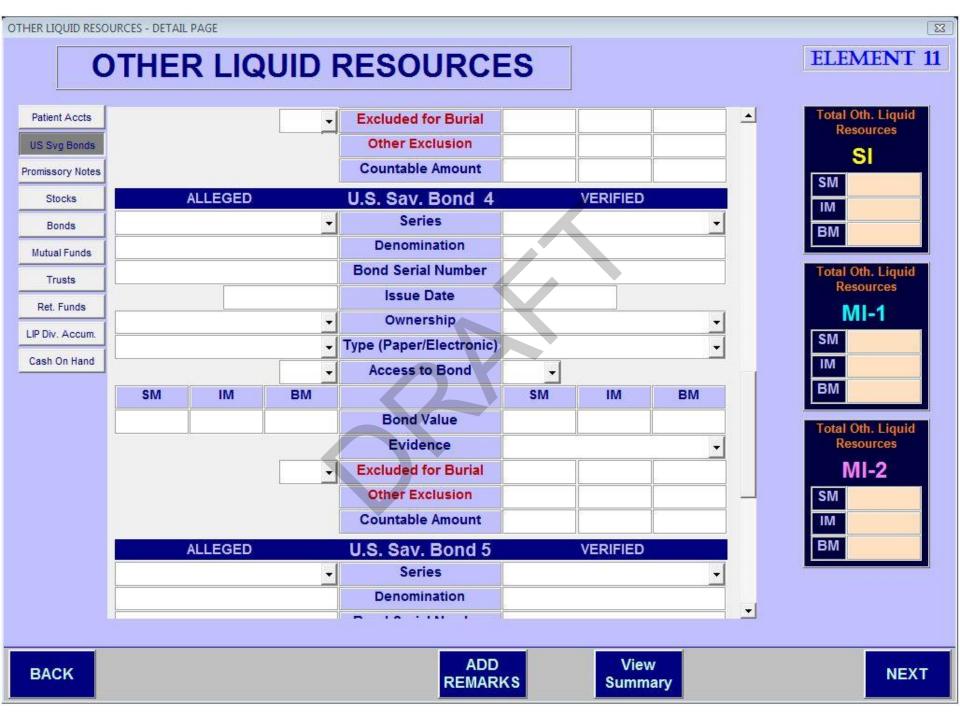
SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

MI-2's Name Propagates Here

ALLEGED	Mutual Fund 1	VERIFIED
	Name of Fund	
	Type of Fund	
	Number of Shares	
	Purchase Date	
	Ownership	
	Brokerage Firm	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Mutual Funds		**Additional**		Total Number of Mutual Funds

Additional Mutual Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources
SI

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	View Summary	NEXT

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts. |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| **Trusts** |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Trust 1	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

	SM	IM	BM
Value of Trust			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Trust 2	VERIFIED
	Does the SI/Payee have a copy of the trust?	
	Trustee Contact Information	
	Type of property held in	

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources
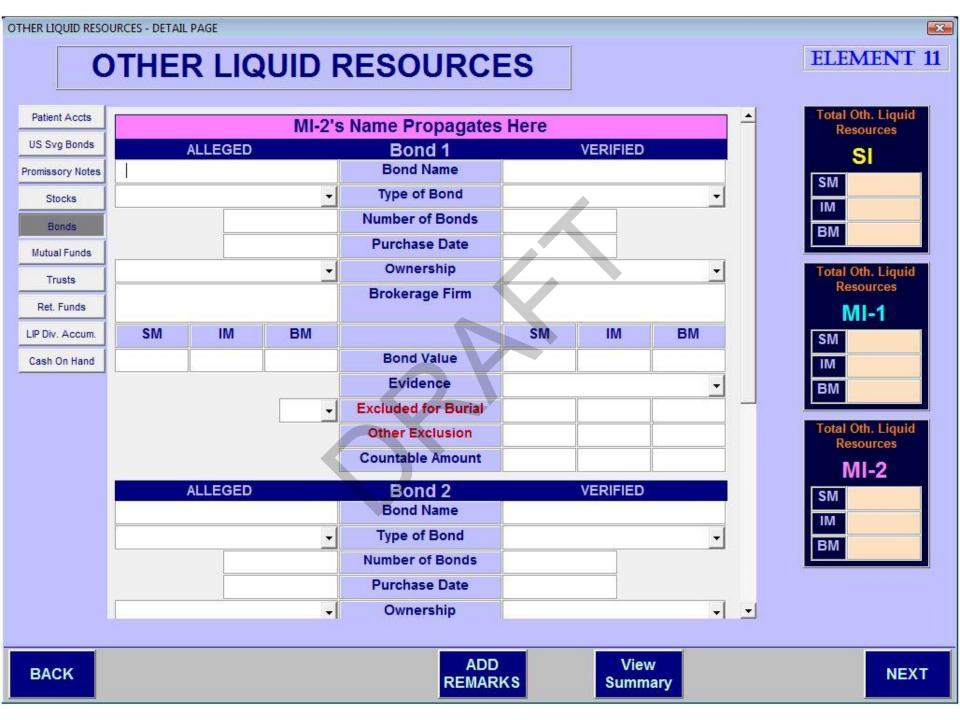
MI-2

SM	
IM	
BM	

| BACK | ADD REMARKS | View Summary | NEXT |

OTHER LIQUID RESOURCES

ELEMENT 11

Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

a copy of the trust?

	Trustee Contact Information	
	Type of property held in trust	
	Date established	
	Date terminated	

		SM	IM	BM
	Value of Trust			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Trusts | **Additional** | **Total Number of Trusts**

Additional Trusts

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **View Summary**   **NEXT**

OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED	Retirement Fund 1	VERIFIED
	Type	
	Administrator	
	Eligible for periodic payments?	
	Can SI withdraw lump sum?	

SM	IM	BM		SM	IM	BM
			Amount			
			Evidence			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Retirement Funds [ ]

Additional

[ ] **Total Number of Retirement Funds**

Additional Retirement Funds

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources — SI

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources — MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

ELEMENT 11

| Patient Accts |
| US Svg Bonds |
| Promissory Notes |
| Stocks |
| Bonds |
| Mutual Funds |
| Trusts |
| Ret. Funds |
| LIP Div. Accum. |
| Cash On Hand |

MI-2's Name Propagates Here

ALLEGED — Policy 1 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED — Policy 2 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED — Policy 3 — VERIFIED

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

BACK **ADD REMARKS** **View Summary** **NEXT**
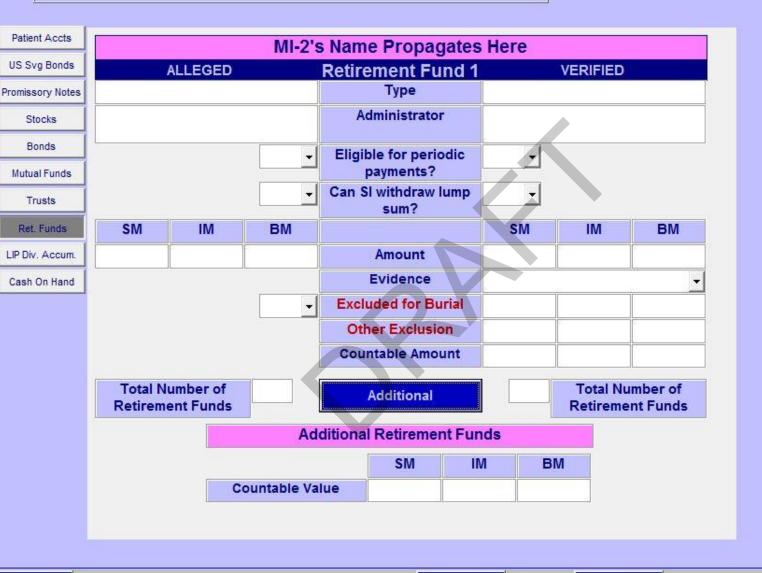
OTHER LIQUID RESOURCES

ELEMENT 11

Navigation
Patient Accts
US Svg Bonds
Promissory Notes
Stocks
Bonds
Mutual Funds
Trusts
Ret. Funds
LIP Div. Accum.
Cash On Hand

	SM	IM	BM
Policy Number			
Dividend Accumulations			
Excluded for Burial			
Other Exclusion			
Countable Amount			

ALLEGED	Policy 4	VERIFIED		
		SM	IM	BM
	Policy Number			
	Dividend Accumulations			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Policies with Div. Accumulations

Additional

Total Number of Policies with Div. Accumulations

Additional Policies with Dividend Accumulations

	SM	IM	BM
Countable Value			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

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OTHER LIQUID RESOURCES

Patient Accts

US Svg Bonds

Promissory Notes

Stocks

Bonds

Mutual Funds

Trusts

Ret. Funds

LIP Div. Accum.

Cash On Hand

MI-2's Name Propagates Here

ALLEGED	Cash on Hand	VERIFIED		
		SM	IM	BM
	Cash Amounts			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Oth. Liquid Resources

SI

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-1

SM	
IM	
BM	

Total Oth. Liquid Resources

MI-2

SM	
IM	
BM	

DRAFT

BACK | **ADD REMARKS** | **View Summary** | **NEXT**

NON-HOME PROPERTY

ELEMENT 12

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any non-home property ? ▼ □ Override

Record who owns or is buying non-home property	□ SI	□ MI-1	□ MI-2
□ Override	□ SI	□ MI-1	□ MI-2
Total number of properties	▼	▼	▼

Check to display a list of possible non-home properties. □

1. Farmland
2. Commercial (non-farm)
3. Residential property
4. Unimproved Land
5. Foreign Property
6. Mineral/Timber/Water Rights

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property? ▼ □ Override

MAIN MENU	PREVIOUS		ADD REMARKS		□ COMPLETE	NEXT

ELEMENT 12

| SI |
| MI1 |
| MI2 |

SI's Name Propagated Here

Property Location [ ]

ID'd via Negative Property Search? [▼]

ALLEGED	Non-Home Property 1	VERIFIED
[▼]	Type of Property	[▼]
[▼]	Type of Ownership	[▼]
	Evidence of Ownership	[▼]
[|]	Duration of Ownership	[ ]
[▼]	Income Producing	[▼]

SM	IM	BM		SM	IM	BM
[ ]	[ ]	[ ]	**CMV**	[ ]	[ ]	[ ]
			Evidence of CMV		[▼]	

ALLEGED	Encumbrances	VERIFIED
[▼]	Does one or more exist?	[▼]
	Evidence	[ ]

		SM	IM	BM
	Amount	[ ]	[ ]	[ ]
	Equity Value	[ ]	[ ]	[ ]
[ ]	Ownership %	[ ]	[ ]	[ ]
	Excluded?	[▼]	[▼]	[▼]

Reason for Exclusion: [▼]

| BACK | ADD REMARKS | NEXT |

ELEMENT 12

SI

MI1

MI2

| Duration of Ownership | |
| Income Producing | |

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED

| | Does one or more exist? | |
| | Evidence | |

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

| | Countable Amount | | | |

| Total Number of Non-Home Properties | | **Additional** | | Total Number of Non-Home Properties |

Additional Non-Home Properties

	SM	IM	BM
Countable Amount			

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI
MI1
MI2

MI-1's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non Home-Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

BACK

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NEXT

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ELEMENT 12

SI				Duration of Ownership				
MI1				Income Producing				
MI2	SM	IM	BM		SM	IM	BM	
				CMV				
				Evidence of CMV				

ALLEGED	Encumbrances	VERIFIED

		Does one or more exist?			
		Evidence			
			SM	IM	BM
		Amount			
		Equity Value			
		Ownership %			
		Excluded?			
Reason for Exclusion:					
		Countable Amount			

Total Number of Non-Home Properties		Additional		Total Number of Non-Home Properties

BACK

ADD REMARKS

NEXT

ELEMENT 12

SI
MI1
MI2

MI-2's Name Propagated Here

Property Location

ID'd via Negative Property Search?

ALLEGED	Non Home-Property 1	VERIFIED
	Type of Property	
	Type of Ownership	
	Evidence of Ownership	
	Duration of Ownership	
	Income Producing	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Equity Value			
	Ownership %			
	Excluded?			

Reason for Exclusion:

BACK

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NEXT

ELEMENT 12

SI			

Duration of Ownership

MI1			

Income Producing

MI2			

SM	IM	BM		SM	IM	BM
			CMV			

Evidence of CMV

ALLEGED	Encumbrances	VERIFIED

Does one or more exist?

Evidence

				SM	IM	BM
			Amount			
			Equity Value			
			Ownership %			
			Excluded?			

Reason for Exclusion:

Countable Amount

Total Number of Non-Home Properties		**Additional**		**Total Number of Non-Home Properties**

DRAFT

BACK		ADD REMARKS	NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

SI's Name Propagates Here

SSN(s) search	

Determination [▼] ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found [ ]

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI1's Name Propagates Here

SSN Search | Name Search

SSN(s) Search	

Determination [▼] ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found [ ]

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI1's Name Propagates Here

SSN Search | Name Search

Name(s) Search		
Jurisdiction Searched	**County/Parish/City**	**ST**
Alpha Listing		
Contact Method		
Name of Contact		
Title of Contact		
Date of Contact		
Contact Information		

Determination | ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI
MI-1
MI-2

MI2's Name Propagates Here

SSN Search | Name Search

SSN(s) Search	

Determination [▼] ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found [ ]

| MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT |

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI2's Name Propagates Here

SSN Search | Name Search

Name(s) Search	

Jurisdiction Searched	County/Parish/City	ST
Alpha Listing		
Contact Method		
Name of Contact		
Title of Contact		
Date of Contact		
Contact Information		

Determination ☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

VEHICLES

SYSTEMS DATA

RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes:

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any vehicles? ▢ Override

Record who owns or is buying vehicles.   ☐ SI   ☐ MI-1   ☐ MI-2

☐ Override   ☐ SI   ☐ MI-1   ☐ MI-2

Total number of vehicles

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any vehicles? ▢ Override

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

ELEMENT 14

SI's Name Propagates Here

ALLEGED	Vehicle 1	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			

Evidence of CMV	
Excluded?	
Reason for Exclusion	

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM

Tabs: SI · MI-1 · MI-2

Total Countable CMV — SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV — MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI			
MI-1			
MI-2			

	Amount			
	Countable CMV			

Total Countable CMV
SI

SM	
IM	
BM	

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

Total Countable CMV

SM	
IM	
BM	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	Transfer of Resources		NEXT

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ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

SI
MI-1
MI-2

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI	
MI-1	
MI-2	

Condition	
Mileage	
Duration of Ownership	
Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles		**Additional**		Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

DRAFT

BACK		ADD REMARKS	Transfer of Resources		NEXT

ELEMENT 14

ALLEGED	Vehicle 1	VERIFIED
	MI-1's Name Propagates Here	

SI
MI-1
MI-2

ALLEGED	Vehicle 1	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI
MI-1
MI-2

	Amount			
	Countable CMV			

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

BACK		ADD REMARKS	Transfer of Resources		NEXT

DRAFT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

ALLEGED	Vehicle 3	VERIFIED

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

SI

MI-1

MI-2

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI
MI-1
MI-2

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles		Additional		Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

ELEMENT 14

SI			
MI-1			
MI-2			

MI-2's Name Propagates Here

Vehicle 1

ALLEGED		VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	

	Evidence	

		SM	IM	BM
	CMV			
	Evidence of CMV			
	Excluded?			
	Reason for Exclusion			

Encumbrances

ALLEGED		VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	Transfer of Resources	NEXT

DRAFT

ELEMENT 14

SI
MI-1
MI-2

Amount			
Countable CMV			

Total Countable CMV SI

SM			
IM			
BM			

ALLEGED	Vehicle 2	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

Total Countable CMV

SM			
IM			
BM			

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

Total Countable CMV MI-2

SM			
IM			
BM			

BACK		ADD REMARKS	Transfer of Resources		NEXT

ELEMENT 14

	SM	IM	BM
Amount			
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

ALLEGED	Vehicle 3	VERIFIED
	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	

Total Countable CMV

SM	
IM	
BM	

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

Total Countable CMV MI-2

SM	
IM	
BM	

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	

SI

MI-1

MI-2

DRAFT

BACK **ADD REMARKS** **Transfer of Resources** **NEXT**

ELEMENT 14

	SI
	MI-1
	MI-2

Condition		
Mileage		
Duration of Ownership		
Evidence		

	SM	IM	BM
CMV			
Evidence of CMV			
Excluded?			
Reason for Exclusion			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

	SM	IM	BM
Amount			
Countable CMV			

Total Number of Vehicles		**Additional**		Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

Total Countable CMV SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | Transfer of Resources | NEXT

DRAFT

LIFE INSURANCE

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) owned or are they buying any life insurance policies? ▼ ☐ Override

Record who owns or is buying life insurance policies	☐ SI ☐ MI-1 ☐ MI-2
☐ Override	☐ SI ☐ MI-1 ☐ MI-2
Total number of life insurance policies	▼ ▼ ▼

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any life insurance policies? ▼ ☐ Override

MAIN MENU   PREVIOUS   ADD REMARKS   ☐ COMPLETE   NEXT

LIFE INSURANCE

ELEMENT 15

| SI | MI-1 | MI-2 |

SI's Policy # 1		SI's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV — **Total FV**
SI — SI
	SM	
	IM	
	BM	

Total CSV — **Total FV**
MI-1 — MI-1
	SM	
	IM	
	BM	

Total CSV — **Total FV**
MI-2 — MI-2
	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE

ELEMENT 15

SI				Other Excluded Amounts		
MI-1				Countable CSV		
MI-2			Does policy produce Dividend Accumulations?		

SI's Policy # 3		**SI's Policy # 4**
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	
SM	IM	BM		SM	IM	BM

Total CSV — **Total FV**
SI — **SI**
- SM
- IM
- BM

Total CSV — **Total FV**
MI-1 — **MI-1**
- SM
- IM
- BM

Total CSV — **Total FV**
MI-2 — **MI-2**
- SM
- IM
- BM

| BACK | ADD REMARKS | NEXT |

LIFE INSURANCE

ELEMENT 15

	SM	IM	BM		SM	IM	BM
SI				Dividend Additions:			
				Face Value			
MI-1				Cash Surrender Value			
MI-2				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

Does policy produce Dividend Accumulations?

Total Number of LI policies

Additional

Total Number of LI policies

☐ All Additional LIPs are Term

Additional Life Insurance Policies			
Face Value of All Additional Countable LIPs			
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV		Total FV
SI		SI
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		MI-1
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		MI-2
	SM	
	IM	
	BM	

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

SI			
MI-1			
MI-2			

MI-1's Policy # 1		MI-1's Policy # 2
	Insurance Company	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV		Total FV
SI		SI
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		MI-1
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		MI-2
	SM	
	IM	
	BM	

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BACK | ADD REMARKS | NEXT

LIFE INSURANCE

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

MI-1's Policy # 3			MI-1's Policy # 4
	Insurance Company Information		
	Contact Information		
	Method of Discovery		
	Policy Number		
	Issue Date		
	Disposal Date		
	Owner(s)		
	Type of Policy		
	Evidence		
	Age at Issue		
	Fully Paid-Up Policy?		
	Does policy produce Dividend Additions?		
SM	IM	BM		SM	IM	BM

Total CSV		Total FV
SI		SI
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		MI-1
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		MI-2
	SM	
	IM	
	BM	

BACK   **ADD REMARKS**   **NEXT**

LIFE INSURANCE

SI
MI-1
MI-2

Dividend Additions:

	SM	IM	BM		SM	IM	BM
				Face Value			
				Cash Surrender Value			
				Loans			
				Amount Set Aside for Burial			
				Other Excluded Amounts			
				Countable CSV			

Does policy produce Dividend Accumulations?

Total Number of LI policies

Additional

Total Number of LI policies

☐ **All Additional LIPs are Term**

Additional Life Insurance Policies		
Face Value of All Additional Countable LIPs		
	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV		Total FV
SI		**SI**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-1		**MI-1**
	SM	
	IM	
	BM	

Total CSV		Total FV
MI-2		**MI-2**
	SM	
	IM	
	BM	

BACK

ADD REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

MI-2's Policy # 1				MI-2's Policy # 2		
			Insurance Company			
			Contact Information			
			Method of Discovery			
			Policy Number			
			Issue Date			
			Disposal Date			
			Owner(s)			
			Type of Policy			
			Evidence			
			Age at Issue			
			Fully Paid-Up Policy?			
			Does policy produce Dividend Additions?			

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			

Total CSV	Total FV
SI	**SI**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-1	**MI-1**

	SM	
	IM	
	BM	

Total CSV	Total FV
MI-2	**MI-2**

	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE

ELEMENT 15

SI
MI-1
MI-2

			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?		

Total CSV **Total FV**
SI **SI**

	SM	
	IM	
	BM	

MI-2's Policy # 3		**MI-2's Policy # 4**
	Insurance Company Information	
	Contact Information	
	Method of Discovery	
	Policy Number	
	Issue Date	
	Disposal Date	
	Owner(s)	
	Type of Policy	
	Evidence	
	Age at Issue	
	Fully Paid-Up Policy?	
	Does policy produce Dividend Additions?	

| SM | IM | BM | | SM | IM | BM |

Total CSV **Total FV**
MI-1 **MI-1**

	SM	
	IM	
	BM	

Total CSV **Total FV**
MI-2 **MI-2**

	SM	
	IM	
	BM	

BACK | ADD REMARKS | NEXT

LIFE INSURANCE

ELEMENT 15

| | SI | MI-1 | MI-2 |

SM	IM	BM		SM	IM	BM
			Face Value			
			Cash Surrender Value			
			Loans			
			Amount Set Aside for Burial			
			Other Excluded Amounts			
			Countable CSV			
			Does policy produce Dividend Accumulations?			

Total Number of LI policies [ ]

Additional

[ ] **Total Number of LI policies**

☐ All Additional LIPs are Term

Additional Life Insurance Policies		
Face Value of All Additional Countable LIPs		

	SM	IM	BM
CSV			
Loan(s)			
Excl. Amounts			
Countable CSV			

Total CSV — SI / **Total FV — SI**
- SM
- IM
- BM

Total CSV — MI-1 / **Total FV — MI-1**
- SM
- IM
- BM

Total CSV — MI-2 / **Total FV — MI-2**
- SM
- IM
- BM

BACK   **ADD REMARKS**   **NEXT**

OTHER NONLIQUID RESOURCES

SYSTEMS DATA

RE Field Codes		CG Field Codes	

My SSR / MSSICS Notes:

Have the SI/ MI(s) acquired or held personal property because of value or as an investment since mm/dd/yyyy? ☐ Override

Record who owns or is buying nonliquid resources ☐ SI ☐ MI-1 ☐ MI-2

☐ Override ☐ SI ☐ MI-1 ☐ MI-2

Total number of nonliquid resources:

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any nonliquid resources? ☐ Override

Check to display a list of possible non-liquid resources. ☐

1. Antiques
2. Art work
3. Collectibles
4. Fine China
5. Furs
6. Gold items
7. Heirlooms
8. Jewelry
9. Oriental rugs
10. Silver items

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

NONLIQUID RESOURCES

ELEMENT 16

SI	
MI-1	
MI-2	

SI's Name Propagates Here

ALLEGED	Resource 1	VERIFIED

	Type of Resource ▾	▾
	Evidence of Ownership	▾
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV ▾			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED

	Does one or more exist? ▾	▾
	Evidence	

		SM	IM	BM
	Amount			
▾	**Excluded for Burial**			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources [ ]   **Additional** [ ]   **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

Total NonLiquid Resources SI

SM	
IM	
BM	

Total NonLiquid Resources MI-1

SM	
IM	
BM	

Total NonLiquid Resources MI-2

SM	
IM	
BM	

BACK   ADD REMARKS   NEXT

NONLIQUID RESOURCES

ELEMENT 16

SI		
MI-1		
MI-2		

MI-1's Name Propagates Here

ALLEGED	Resource 1	VERIFIED
	Type of Resource	
	Evidence of Ownership	
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
		Evidence of CMV				
		Ownership %				

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

				SM	IM	BM
			Amount			
			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources

Additional

Total Number of Nonliquid Resources

Total NonLiquid Resources
SI

SM	
IM	
BM	

Total NonLiquid Resources
MI-1

SM	
IM	
BM	

Total NonLiquid Resources
MI-2

SM	
IM	
BM	

BACK   **ADD REMARKS**   **NEXT**

NONLIQUID RESOURCES

SI
MI-1
MI-2

MI-1's Name Propagates Here

ALLEGED	Resource 1	VERIFIED
	Type of Resource	
	Evidence of Ownership	
	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			
			Ownership %			

ALLEGED	Encumbrances	VERIFIED
	Does one or more exist?	
	Evidence	

		SM	IM	BM
	Amount			
	Excluded for Burial			
	Other Exclusion			
	Countable Amount			

Total Number of Nonliquid Resources | **Additional** | **Total Number of Nonliquid Resources**

Additional Nonliquid Resources

Total NonLiquid Resources
SI
SM	
IM	
BM	

Total NonLiquid Resources
MI-1
SM	
IM	
BM	

Total NonLiquid Resources
MI-2
SM	
IM	
BM	

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NONLIQUID RESOURCES

ELEMENT 16

SI				Duration of Ownership				
MI-1	SM	IM	BM			SM	IM	BM
MI-2				CMV				
				Evidence of CMV				
				Ownership %				

ALLEGED	Encumbrances	VERIFIED

		Does one or more exist?				
		Evidence				
			SM	IM	BM	
		Amount				
		Excluded for Burial				
		Other Exclusion				
		Countable Amount				

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	NEXT

NONLIQUID RESOURCES

ELEMENT 16

SI	MI-1	MI-2

MI-2's Name Propagates Here

ALLEGED	Resource 1	VERIFIED
▼	Type of Resource	▼
	Evidence of Ownership	▼
│	Duration of Ownership	

SM	IM	BM		SM	IM	BM
			CMV			
			Evidence of CMV			▼
			Ownership %			

ALLEGED	Encumbrances	VERIFIED
▼	Does one or more exist?	▼
	Evidence	

				SM	IM	BM
			Amount			
▼			Excluded for Burial			
			Other Exclusion			
			Countable Amount			

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

Total NonLiquid Resources
SI

SM	
IM	
BM	

Total NonLiquid Resources
MI-1

SM	
IM	
BM	

Total NonLiquid Resources
MI-2

SM	
IM	
BM	

BACK	ADD REMARKS	NEXT

NONLIQUID RESOURCES

ELEMENT 16

SI				Duration of Ownership			

MI-1	SM	IM	BM		SM	IM	BM
MI-2				CMV			
				Evidence of CMV			
				Ownership %			

ALLEGED		Encumbrances		VERIFIED	
		Does one or more exist?			
		Evidence			
			SM	IM	BM
		Amount			
		Excluded for Burial			
		Other Exclusion			
		Countable Amount			

Total Number of Nonliquid Resources		Additional		Total Number of Nonliquid Resources

Additional Nonliquid Resources

	SM	IM	BM
Countable Amount			

Total NonLiquid Resources

SI

SM	
IM	
BM	

Total NonLiquid Resources

MI-1

SM	
IM	
BM	

Total NonLiquid Resources

MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS

SYSTEMS DATA				My SSR / MSSICS Notes
RE Field Codes		CG Field Codes		

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial? ☐ Override

Check to display a list of possible burial assets. ☐

Record who owns or is buying burial assets.	☐ SI ☐ MI-1 ☐ MI-2
Override ☐	☐ SI ☐ MI-1 ☐ MI-2
Total number of burial assets	

1. Burial Contracts
2. Burial Trusts
3. Cemetery Lot
4. Crypt
5. Casket
6. Urn
7. Headstone
8. Marker

Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any assets previously set aside for burial? ☐ Override

| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

BURIAL ASSETS

SI	MI1	MI2

SI's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

ELEMENT 17

| SI |
| MI1 |
| MI2 |

	Source Information	
Asset Location	
Identifier	
Owner Name	
Designee	
Date Asset Designated for Burial	

| Irrevocable | | ▼ | |

	SM	IM	BM
Total Value			
Exclusion Applies	▼	▼	▼
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

SI			
MI1			
MI2			

MI-1's Name Propagates Here

Asset 1

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	

	Irrevocable			
		SM	IM	BM
	Total Value			
	Exclusion Applies			
	Countable Value			

Asset 2

ALLEGED		VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

BACK | ADD REMARKS | NEXT

BURIAL ASSETS

	SI	MI1	MI2

Source Information

	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

| Total Number of Burial Assets | | **Additional** | | Total Number of Burial Assets |

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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BURIAL ASSETS

SI
MI1
MI2

MI-2's Name Propagates Here

ALLEGED	Asset 1	VERIFIED
	Type of Burial Asset	
	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

ALLEGED	Asset 2	VERIFIED
	Type of Burial Asset	
	Source Information	

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

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BURIAL ASSETS

SI

MI1

MI2

	Source Information	
	Asset Location	
	Identifier	
	Owner Name	
	Designee	
	Date Asset Designated for Burial	
	Irrevocable	

	SM	IM	BM
Total Value			
Exclusion Applies			
Countable Value			

Total Number of Burial Assets

Additional

Total Number of Burial Assets

Additional Burial Assets

	SM	IM	BM
Countable Value			

Total Burial Assets

SI

SM	
IM	
BM	

Total Burial Assets

MI-1

SM	
IM	
BM	

Total Burial Assets

MI-2

SM	
IM	
BM	

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ADD REMARKS

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI		SI's Name Propagates Here		
MI-1	**ALLEGED**	**Transfer 1**	**VERIFIED**	
MI-2		Type of Resource		
		Description		
		Owner(s) Name		
		Date of Transfer		
		Receiver's Contact Information		
		Type of Transfer		
		Compensation Received		
		FMV		
		Evidence		

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Total Number of Transfers		**Additional**		Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: From: To:

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

TRANSFER OF RESOURCES

SI

MI-1

MI-2

ALLEGED	Transfer 1	VERIFIED
	MI-1's Name Propagates Here	
▾	Type of Resource	▾
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
▾	Type of Transfer	▾
	Compensation Received	
	FMV	
	Evidence	▾

Explanation of Transfer

Determination ▾

Did the uncompensated value cause ineligibility? ▾

Uncompensated Value

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU	PREVIOUS		ADD REMARKS		☐ COMPLETE	NEXT

TRANSFER OF RESOURCES

SI

MI-1

MI-2

	Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Total Number of Transfers

Additional

Total Number of Transfers

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Transfers Indicated

☑ Financial Accounts (10)

☑ Other Liquid Resources (11)

☑ Non-Home Property (12)

☑ Vehicles (14)

☑ Life Insurance (15)

☑ Other Nonliquid Resources (16)

☑ Burial Assets (17)

MAIN MENU | **PREVIOUS** | **ADD REMARKS** | ☐ **COMPLETE** | **NEXT**

TRANSFER OF RESOURCES

ELEMENT 18

| SI |
| MI-1 |
| MI-2 |

MI-1's Name Propagates Here

ALLEGED	Transfer 1	VERIFIED
	Type of Resource	
	Description	
	Owner(s) Name	
	Date of Transfer	
	Receiver's Contact Information	
	Type of Transfer	
	Compensation Received	
	FMV	
	Evidence	

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

TRANSFER OF RESOURCES

SI

MI-1

MI-2

Received

FMV

Evidence

Explanation of Transfer

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Total Number of Transfers   **Additional**   **Total Number of Transfers**

Additional Transfers

Type of Resource

Determination

Did the uncompensated value cause ineligibility?

Uncompensated Value

Period of Ineligibility: **From:** **To:**

Transfers Indicated

☑ Financial Accounts (10)
☑ Other Liquid Resources (11)
☑ Non-Home Property (12)
☑ Vehicles (14)
☑ Life Insurance (15)
☑ Other Nonliquid Resources (16)
☑ Burial Assets (17)

DRAFT

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

ELEMENT 19

RESOURCES | SI/MI INCOME | IC INCOME

TOTAL LIQUID RESOURCES			TOTAL NON-LIQUID RESOURCES			TOTAL RESOURCES		
SM	IM	BM	SM	IM	BM	SM	IM	BM
SI								
MI-1								
MI-2								

	SM	IM	BM	Number
US SAVINGS BONDS				
SI				
MI-1				
MI-2				
PROMISSORY NOTES				
SI				
MI-1				
MI-2				
STOCKS				
SI				
MI-1				
MI-2				

	SM	IM	BM	Number
CHECKING				
SI				
MI-1				
MI-2				
SAVINGS				
	SM	IM	BM	Number
FINANCIAL INSTITUTION				
SI				
MI-1				
MI-2				
PATIENT ACCOUNTS				
SI				

MAIN MENU | BACK | ADD REMARKS | ☐ COMPLETE | NEXT

SUMMARIES

ELEMENT 19

| RESOURCES | SI/MI INCOME | IC INCOME |

MI-1			
MI-2			

BONDS			
SI			
MI-1			
MI-2			

MUTUAL FUNDS			
SI			
MI-1			
MI-2			

TRUSTS			
SI			
MI-1			
MI-2			

RETIREMENT FUNDS			
SI			
MI-1			
MI-2			

LI DIVIDEND ACCUMULATIONS			
SI			

PATIENT ACCOUNTS			
SI			
MI-1			
MI-2			

| **TOTAL SAVINGS** | | | |
FINANCIAL + PATIENT ACCOUNTS			
SI			
MI-1			
MI-2			

VEHICLES			
SI			
MI-1			
MI-2			

LIFE INSURANCE			
SI			
MI-1			
MI-2			

BURIAL ASSETS			
SI			

MAIN MENU BACK ADD REMARKS ☐ COMPLETE NEXT

SUMMARIES

RESOURCES | SI/MI INCOME | IC INCOME

TRUSTS

SI				
MI-1				
MI-2				

RETIREMENT FUNDS

SI				
MI-1				
MI-2				

LI DIVIDEND ACCUMULATIONS

SI				
MI-1				
MI-2				

CASH ON HAND

SI				
MI-1				
MI-2				

VEHICLES

SI				
MI-1				
MI-2				

LIFE INSURANCE

SI				
MI-1				
MI-2				

BURIAL ASSETS

SI				
MI-1				
MI-2				

NON HOME PROPERTY

SI				
MI-1				
MI-2				

Determination

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL EARNED INCOME		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
SI												
MI-1												
MI-2												

Total Deductions/ Exclusion Amounts Unearned Income				Total Deductions/ Exclusion Amounts Earned Income			
	SI				SI		
	SM	IM	BM		SM	IM	BM
Caption from UM Exclusions/Deductions				Cafeteria Plan			
Caption from UM Exclusions/Deductions				Student Earned Income			
Caption from UM Exclusions/Deductions				IRWE			
Caption from UM Exclusions/Deductions				BWE			
Additional UM Exclusions/Deductions				Court-Ordered Payments			
	MI-1			PASS-Earned			
Caption from UM Exclusions/Deductions				OTHER-Earned			
Caption from UM Exclusions/Deductions					MI-1		
Caption from UM Exclusions/Deductions				Cafeteria Plan			
Caption from UM Exclusions/Deductions				Student Earned Income			

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

SUMMARIES

| RESOURCES | SI/MI INCOME | IC INCOME |

				IRWE			
Additional UM Exclusions/Deductions				IRWE			
	MI-2			BWE			
Caption from UM Exclusions/Deductions				Court-Ordered Payments			
Caption from UM Exclusions/Deductions				PASS-Earned			
Caption from UM Exclusions/Deductions				OTHER-Earned			
Caption from UM Exclusions/Deductions					**MI-2**		
Additional UM Exclusions/Deductions				Cafeteria Plan			
				Student Earned Income			
				IRWE			
				BWE			
				Court-Ordered Payments			
				PASS-Earned			
				OTHER-Earned			

Earned Income Determination

	▼

| MAIN MENU | BACK | | ADD REMARKS | | ☐ COMPLETE | NEXT |

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

	TOTAL GROSS UNEARNED INCOME			TOTAL GROSS WAGES			TOTAL SELF EMPLOYMENT NET EARNINGS/ LOSS			TOTAL COUNTABLE INCOME (ICs)		
	SM	IM	BM	SM	IM	BM	SM	IM	BM	SM	IM	BM
IC-1												
IC-2												
IC-3												
IC-4												
IC-5												

Total Deductions/ Exclusion Amounts Unearned Income

	IC-1		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-2		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
	IC-3		

Total Deductions/ Exclusion Amounts Earned Income

	IC-1		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
	IC-2		
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

SUMMARIES

RESOURCES	SI/MI INCOME	IC INCOME

					Student Earned Income			
Additional UM Exclusions/Deductions					Court-Ordered Payments			
					OTHER Earned			
IC-3								
Caption from UM Exclusions/Deductions					**IC-3**			
Caption from UM Exclusions/Deductions					Cafeteria Plan			
Additional UM Exclusions/Deductions					Student Earned Income			
IC-4					Court-Ordered Payments			
Caption from UM Exclusions/Deductions					OTHER Earned			
Caption from UM Exclusions/Deductions					**IC-4**			
Additional UM Exclusions/Deductions					Cafeteria Plan			
IC-5					Student Earned Income			
Caption from UM Exclusions/Deductions					Court-Ordered Payments			
Caption from UM Exclusions/Deductions					OTHER Earned			
Additional UM Excl/Dedct					**IC-5**			
					Cafeteria Plan			
					Student Earned Income			
					Court-Ordered Payments			
					OTHER Earned			

MAIN MENU	BACK		ADD REMARKS		☐ COMPLETE	NEXT

REPRESENTATIVE PAYEE

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

SAMPLED INDIVIDUAL

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

REPRESENTATIVE PAYEE

SYSTEMS DATA

Name

Selection Date

Payee Type

Competency Code

Custody Code

ELIGIBLE SPOUSE

My SSR / MSSICS Notes

Is there an alleged or observed need for payee development?

If yes, indicate the need

BACK

ADD REMARKS

NEXT

DEATH OF MATERIAL INDIVIDUAL

My SSR / MSSICS Notes:

Were there any MI (s) during the review period?

Did any MI (spouse, essential person, parent, spouse of parent, sponsor of alien, ineligible child, eligible child) die during the review period?

Did the deceased MI (s) affect payment/eligibility during the sample period?

Name	
SSN	
Relationship	
Date of Death	
Evidence	

Name	
SSN	
Relationship	
Date of Death	
Evidence	

Determination

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

POTENTIAL ENTITLEMENT

My SSR / MSSICS Notes

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) ever:	
Served in the Military?	
Belonged to a Labor Union?	
Worked for the Federal Government?	
Worked for the State/ Local Government?	
Worked in the Railroad Industry?	
Worked under a Social Security or pension plan of a Country other than the U.S.	
Worked for a private employer who offered a pension plan?	

Title II Potential Entitlement

MAIN MENU	PREVIOUS	ADD REMARKS	☐ COMPLETE	NEXT

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Person with Military service [▾] **SSN** [ ] **Relationship to SI** [| ▾]

Was the employee age 24 or younger during all periods of employment? [▾] **Claim or ID number** [ ]

Status of claim for Military service benefits [▾]

Branch of Service	Service number	Period or length of service
[▾]	[ ]	[ ]
[▾]	[ ]	[ ]
[▾]	[ ]	[ ]

Referral to FO [▾] **Reason** [ ]

Person with Military service [▾] **SSN** [ ] **Relationship to SI** [▾]

Was the employee age 24 or younger during all periods of employment? [▾] **Claim or ID number** [ ]

Status of claim for Military service benefits [▾]

Reason for Denial [ ]

Branch of Service	Service number	Period or length of service
[▾]	[ ]	[ ]
[▾]	[ ]	[ ]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Status of claim for Military service benefits [▼]

Branch of Service	Service number	Period or length of service
▼		
▼		
▼		

Referral to FO [▼]   **Reason** [   ]

Person with Military service [▼]   **SSN** [   ]   **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼]   **Claim or ID number** [   ]

Status of claim for Military service benefits [▼]

Reason for Denial [   ]

Branch of Service	Service number	Period or length of service
▼		
▼		
▼		

Referral to FO [▼]

| BACK | | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Union Member [▼] **SSN** [ ] **Relationship to SI** [| ▼]

Status of claim for Union benefits [▼] **Claim or ID number** [ ]

Union name [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Union Member [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Union benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Union name [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [   ]

Union Member [▼] **SSN** [   ] **Relationship to SI** [▼]

Status of claim for Union benefits [▼] **Claim or ID number** [   ]

Reason for Denial [   ]

Union name [   ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Federal Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Federal Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]　**Reason**

Federal Employee [▼]　**SSN**　**Relationship to SI** [▼]

Status of claim for Federal employment benefits [▼]　**Claim or ID number**

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

State/Local Employee [▾] **SSN** [ ] **Relationship to SI** [▾]

Status of claim for State/Local benefits [▾] **Claim or ID number** [ ]

Employer(s)	Period or length of employment

Referral to FO [▾] **Reason** [ ]

State/Local Employee [▾] **SSN** [ ] **Relationship to SI** [▾]

Status of claim for State/Local benefits [▾] **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [ ]

State/Local Employee [▼]   **SSN** [ ]   **Relationship to SI** [▼]

Status of claim for State/Local benefits [▼]   **Claim or ID number** [ ]

Reason for Denial [ ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Railroad Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Railroad employment benefits [▼]

RR Claim number [ ]

Employer(s)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Railroad Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Railroad employment benefits [▼]

Reason for Denial [ ]

RR Claim number [ ]

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [ ]

Railroad Employee [▼]   **SSN** [ ]   **Relationship to SI** [▼]

Status of claim for Railroad employment benefits [▼]

Reason for Denial [ ]

RR Claim number [ ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Foreign Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Foreign employment benefits [▼] **Claim or ID number** [ ]

Country(ies)	Period or length of employment

Referral to FO [▼] **Reason** [ ]

Foreign Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Status of claim for Foreign employment benefits [▼] **Claim or ID number** [ ]

Reason for Denial [ ]

Country(ies)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [ ] **Reason** [ ]

Foreign Employee [ ] **SSN** [ ] **Relationship to SI** [ ]

Status of claim for Foreign employment benefits [ ] **Claim or ID number** [ ]

Reason for Denial [ ]

Country(ies)	Period or length of employment

Referral to FO [|]

| BACK | | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Employee [▾] **SSN** [ ] **Relationship to SI** [| ▾]

Was the employee age 24 or younger during all periods of employment? [▾] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▾]

Employer(s)	Period or length of employment

Referral to FO [▾] **Reason** [ ]

Employee [▾] **SSN** [ ] **Relationship to SI** [▾]

Was the employee age 24 or younger during all periods of employment? [▾] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▾]

Reason for Denial	

Employer(s)	Period or length of employment

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - OTHER BENEFITS

ELEMENT 22

| MIL | UNION | FED | STATE/ LOCAL | RAILROAD | OTH COUNTRY | PRIVATE PENSION |

Referral to FO [▼]   **Reason** [ ]

Employee [▼] **SSN** [ ] **Relationship to SI** [▼]

Was the employee age 24 or younger during all periods of employment? [▼] **Claim or ID number** [ ]

Status of claim for Private Sector employment benefits [▼]

Reason for Denial [ ]

Employer(s)	Period or length of employment

Referral to FO [▼]

| BACK | ADD REMARKS | Go to T II | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the SI ever applied for retirement benefits on his/her own record?

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the SI within 4 months of age 62 or older?

Is the SI insured per PEBES or other queries?

Referral to FO   **Reason**

DRAFT

BACK

ADD REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth _____ **ES Date of Birth** _____

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Has the SI ever applied for disability benefits on his/her own record? [▼]

Is the SI insured per DISCO or other queries? [▼]

Referral to FO [▼] **Reason** [_____]

BACK

ADD
REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record?

Was the SI disabled prior to age 22?

If disabled prior to age 22, does the SI have a Parent/Grandparent who is receiving T2 benefits?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | **Reason**

Child Benefits

BACK

ADD REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [ ] **ES Date of Birth** [ ]

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record? [▾]

Is the SI under age 18? [▾]

If not under 18, is the SI a student attending primary or secondary school under age 19 ? [▾]

Father's Name		SSN	
Mother's Name		SSN	
Grandparent's Name		SSN	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[ ]

Referral to FO [▾] **Reason** [ ]

Spouse Benefits

Was the SI ever married? [▾]

BACK		ADD REMARKS		NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth		ES Date of Birth	

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Spouse Benefits

Was the SI ever married? [▾]

Has the SI ever applied for benefits from current or prior Spouse? [▾]

Did the SI have any marriages that lasted at least 10 years [▾]

Does the SI have a child in-care under age 16 or disabled and receiving benefits? [▾]

Spouse's Name		SSN	
Spouse's Name		SSN	

If Spouse's SSN is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▾] Reason

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth

ES Date of Birth

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the SI ever applied for DAC benefits on the Parents'/Grandparents' record? ⌄

Was the SI disabled prior to age 22? | ⌄

If disabled prior to age 22, does the SI have a Parent/Grandparent who is deceased? ⌄

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO ⌄   **Reason**

Child Benefits

| BACK | | ADD REMARKS | | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Child Benefits

Has the SI ever applied for child benefits on the Parents'/Grandparents' record?

Is the SI under age 18?

If not under 18, is the SI a student attending primary or secondary school under age 19 ?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | **Reason**

Widow(er) benefits

BACK | **ADD REMARKS** | **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Widow(er) benefits

Was the SI ever married? ▾

Has the SI ever applied for benefits from deceased Spouse? ▾   Is the SI disabled? ▾

Did the SI have any marriages that lasted at least 10 years? ▾

Did the SI have a marriage that lasted 9 months that did not end in divorce? ▾

Does the SI have a child in-care under age 16 or disabled and receiving benefits? ▾

Spouse's Name   **SSN**

Spouse's Name   **SSN**

If SSN for any Spouse is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO ▾   **Reason**

BACK	ADD REMARKS	NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [ ]   **ES Date of Birth** [ ]

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Referral to FO [▾]   **Reason** [ ]

Parent's benefits

Was the SI the Parent of a deceased worker? [▾]

Worker's Name [ ]   **SSN** [ ]

Worker's Name [ ]   **SSN** [ ]

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[ ]

Referral to FO [▾]   **Reason** [ ]

BACK		ADD REMARKS		NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

SI-RET- Own Record	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own Record	ES-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR

Has the ES ever applied for retirement benefits on his/her own record? [▼]

An application can be taken up to 4 months before the person reaches the required age.
Consider all prior periods of SSI entitlements as well as the current period.

Is the ES within 4 months of age 62 or older? [| ▼]

Is the ES insured per PEBES or other queries? [▼]

Referral to FO [▼]   **Reason**

DRAFT

BACK	ADD REMARKS	NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Has the ES ever applied for disability benefits on his/her own record? [▾]

Is the ES insured per DISCO or other queries? [▾]

Referral to FO [| ▾]   **Reason** [ ]

BACK   ADD REMARKS   NEXT

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [ ]   **ES Date of Birth** [ ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for DAC benefits on the Parents'/Grandparents' record? [▼]

Was the ES disabled prior to age 22? [▼]

If disabled prior to age 22, does the ES have a Parent/Grandparent who is receiving T2 benefits? [▼]

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

[ ]

Referral to FO [▼]   **Reason** [ ]

Spouse's Benefits

BACK   **ADD REMARKS**   **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth [   ]   **ES Date of Birth** [   ]

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason** [   ]

Spouse's Benefits

Is the SI entitled to RIB/DIB benefits? [▼]

Has the ES ever applied for benefits on the SI's record ? [▼]   Is the ES 62 years of age or older? [▼]

Have the SI and ES been married for at least one year? [▼]

Does the ES have a child in-care under age 16 or disabled and receiving benefits? [▼]

Referral to FO [▼]   **Reason** [   ]

| BACK | ADD REMARKS | NEXT |

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth | **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | **ES-SURVIVOR** |

Disabled Adult Child (DAC) Benefits

Has the ES ever applied for benefits on the Parents'/Grandparents' record?

Was the ES disabled prior to age 22?

If disabled prior to age 22, does the ES have a Parent/Grandparent who is deceased?

Father's Name		**SSN**	
Mother's Name		**SSN**	
Grandparent's Name		**SSN**	

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO | **Reason**

Widow(er)'s Benefits

BACK | **ADD REMARKS** | **NEXT**

POTENTIAL ENTITLEMENT - TITLE II

SI Date of Birth   **ES Date of Birth**

| SI-RET- Own Record | SI-DIB- Own Record | SI-AUXILIARY | SI-SURVIVOR | ES-RET- Own Record | ES-DIB- Own Record | ES-AUXILIARY | ES-SURVIVOR |

If SSN for any individual is unknown, provide DOB/POB/Mother's Maiden name.

Referral to FO [▼]   **Reason**

Widow(er)'s Benefits

Did the ES have any prior marriages? [▼]

Has the ES ever applied for widow(er) benefits from a prior marriage? [▼]

Did the ES marry the SI after attaining 60 years of age? [▼]

If no, was the ES disabled and married the SI after attaining 50 years of age? [▼]

Referral to FO [▼]   **Reason**

| BACK | ADD REMARKS | NEXT |

FRAUD

My SSR / MSSICS Notes

Is fraud suspected? [ ] ▾

Reason

[| ▾]

MAIN MENU | PREVIOUS | ADD REMARKS | ☐ COMPLETE | NEXT

EXCLUSIONS

Is this case excluded? [▾]

Reason for exclusion

[▾]

Link to QR section

DRAFT

| MAIN MENU | PREVIOUS | | ADD REMARKS | | ☐ COMPLETE | NEXT |

Privacy Act

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 1611(c)(1), and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed. We will use the information to make a determination on eligibility for benefits. We may also share this information for the purposes, called routine uses:

• To specified Federal and State agencies to prepare information for verification of benefit eligibility under section 1631(e) of the Social Security Act; and

• To a contractor for the purpose of collating, evaluating, analyzing, aggregating or otherwise refining records in this system when Social Security Administration contracts with a private firm.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0040, entitled Quality Review System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45606, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

CLOSE