START-UP FORM

SUPPLEMENTAL SECURITY INCOME STEWARDSHIP - QUALITY REVIEW CASE ANALYSIS

OMB No. 0960-0133

S	YSTEMS DATA	T	YPE OF INTE	ERVIEW	
AIPQB/SO:		□ Teleph	none 🗆	NONE	
Sample Month:		Reviewer Name:			
SSN:		Interview Date:			
SI Name:			D CASE INE	ORMATION	
		☐ Death of SI	R CASE INF		
Residence Address:		Date		Death of ES Date	
				1	
		☐ SI Payee Involve	ement		
		☐ Eligible Couple	Case		
Telephone:		□ ES Payee Involv	/ement		
· I					
M-22 Add		Do Support Materi	ials include a 1	099?	▼
Mailing Address:		First Day in SM Re	eview Period:		
		5.4 5			
		Retroactive Payme	ent Amount:		Retro Only
7 -1		Retroactive Review	w Period:		
Telephone:		From:	То:		

EXIT

TOOLS

START

MAIN MENU

e8508 Main Menu

SAVE



13	Negative Property Search	□ UTC
14	Vehicles	□ итс
15	Life Insurance	□ итс
16	Other Non-Liquid Resources	□ итс
17	Burial Assets	□ итс
18	Transfer of Resources	□ итс
19	Summaries	□ итс
20	Representative Payee	□ итс
21	Death of Material Individual	□ итс
22	Potential Entitlement	□ итс
23	Fraud	□ итс
24	Exclusions	□ итс

 \times

SI Identity

SSN

ELEMENT

PROOF OF IDENTITY / SSN

SYSTEMS DATA

DETERMINATION

My SSR / MSSICS Notes

SI-PYE Identity

ES-PYE Identity

QR 07020.200.A.3.c

QR 07020.200.A.3.c

MAIN MENU

SI/ES ID Screen SI Payee ID Screen

ES Payee ID Screen ADD REMARKS

□ COMPLETE

NEXT

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

SI	SI VERBAL IDENTIFICATION								
ES		SYSTEMS DATA	MATCH	INTERVIEW					
	Name		T						
	SSN		-						
	DOB		-						
	POB		-						
	Residence Address		-						
	Mailing Address		<u> </u>						
	Other Information		_						

GN: Proof of Identity Link

QR: Proof of SSN Link

GN: Additional Information Used to Verify Identity Link

PROOF OF IDENTITY / SSN

My SSR / MSSICS Notes

SI	ES VERBAL IDENTIFICATION							
ES		SYSTEMS DATA	MATCH	INTERVIEW				
	Name		-					
	SSN		-					
	DOB		-					
	РОВ		-					
	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

SYSTE	MS DA	TA		
Туре		Competency	Custody	

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

	ORGANIZATIONAL PAYEE					
	SYSTEMS DATA	MATCH	INTERVIEW			
Organization Name		_				
	Organization's Co	ntact Name				
	Organization's 0	ontact Title				
EIN						
Org. Address		<u> </u>				
SI Name		▼				
SI SSN		<u> </u>				
SI DOB						
SI POB		<u> </u>				
Residence Address		V				
Mailing Address		•				

ELEMENT

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

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

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		<u> </u>	
PYE Mailing Address		V	
SI Name			
SI SSN		▼	
SI DOB		-	
SI POB		_	
Residence Address		•	
Mailing Address		•	
Other Information		_	

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

ELEMENT

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

SYSTE	MS DA	TA		
Туре		Competency	Custody	

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

	ORGANIZATIONAL PAYEE				
	SYSTEMS DATA	MATCH	INTERVIEW		
Organization Name		_			
	Organization's Co	ntact Name			
	Organization's C	ontact Title			
EIN					
Org. Address		<u> </u>			
ES Name		_			
ES SSN		_			
ES DOB		_			
ES POB		<u> </u>			
Residence Address		T			
Mailing Address		•			

ELEMENT

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

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

SYSTEMS DATA Type | Competency | Custody

Type of Payee:

Non-Organizational Payee ☐ Organizational Payee

	SYSTEMS DATA	MATCH	INTERVIEW
PYE Name		-	
PYE SSN		Ī	
Relationship		T	
PYE DOB		<u> </u>	
PYE POB		-	
PYE Mailing Address		v	
ES Name		-	
ES SSN		<u> </u>	
ES DOB		T	
ES POB		-	
Residence Address		V	
Mailing Address		•	
Other Information		_	

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

ELEMENT

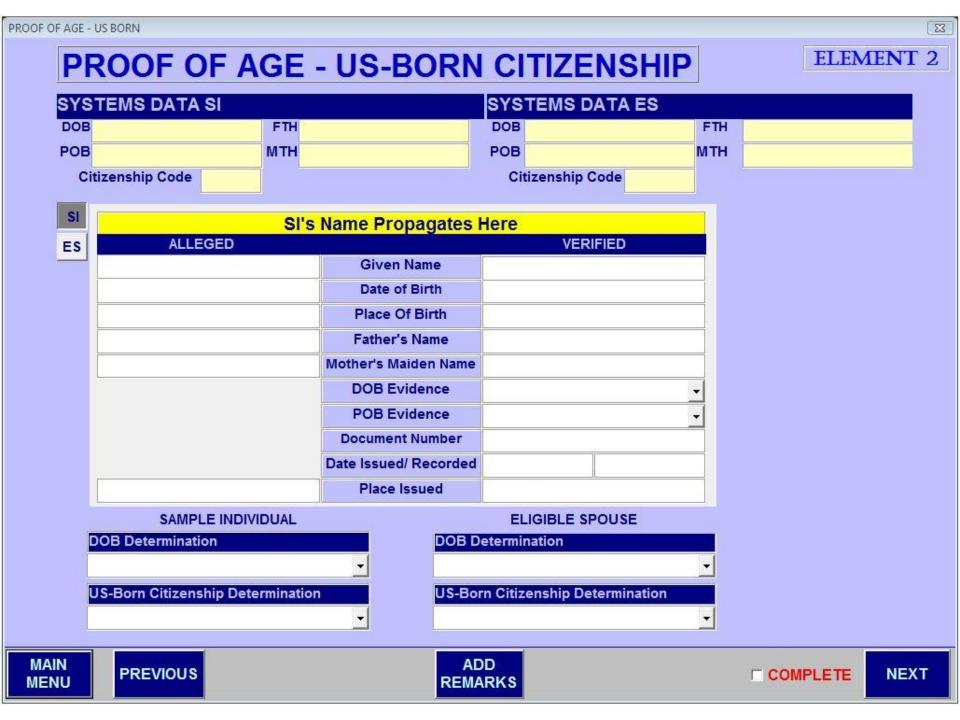
GN: Proof of Identity Link

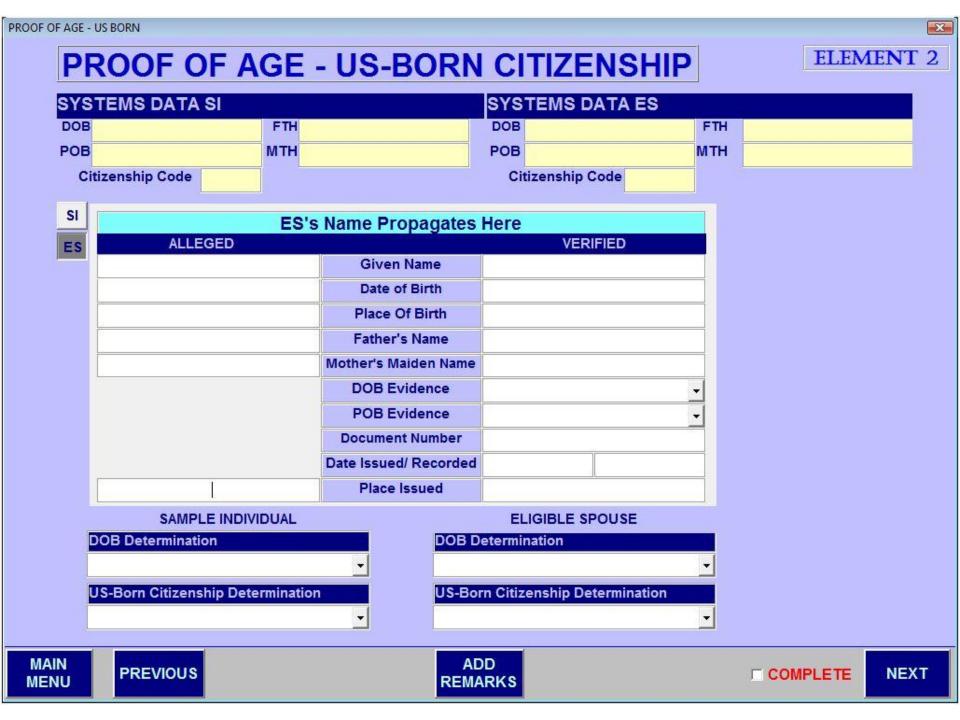
QR: Proof of SSN Link

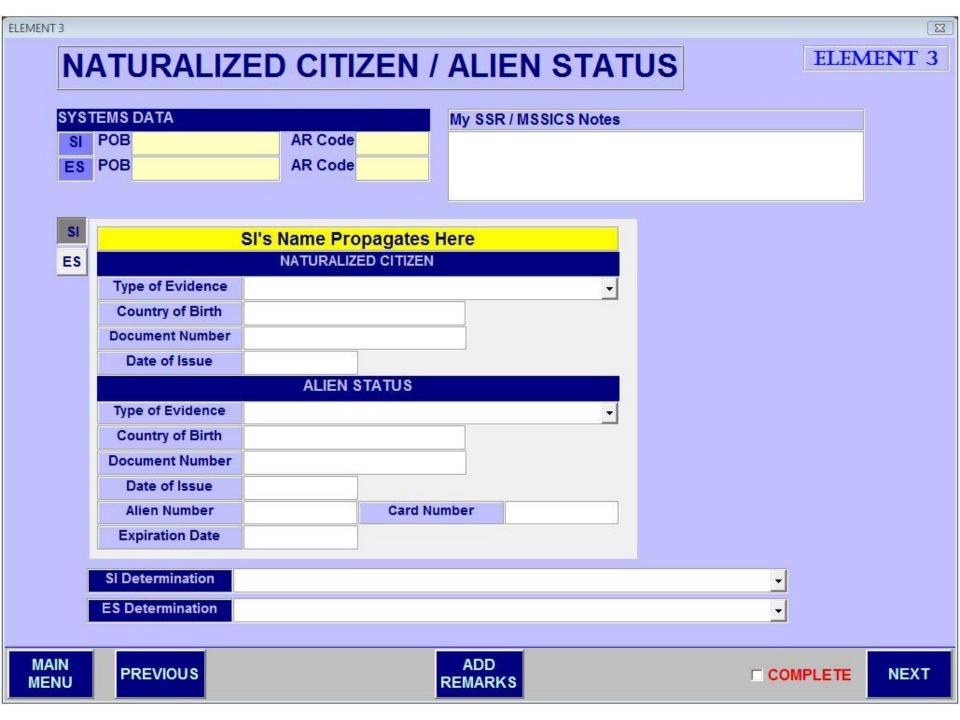
GN: Additional Information Used to Verify Identity Link

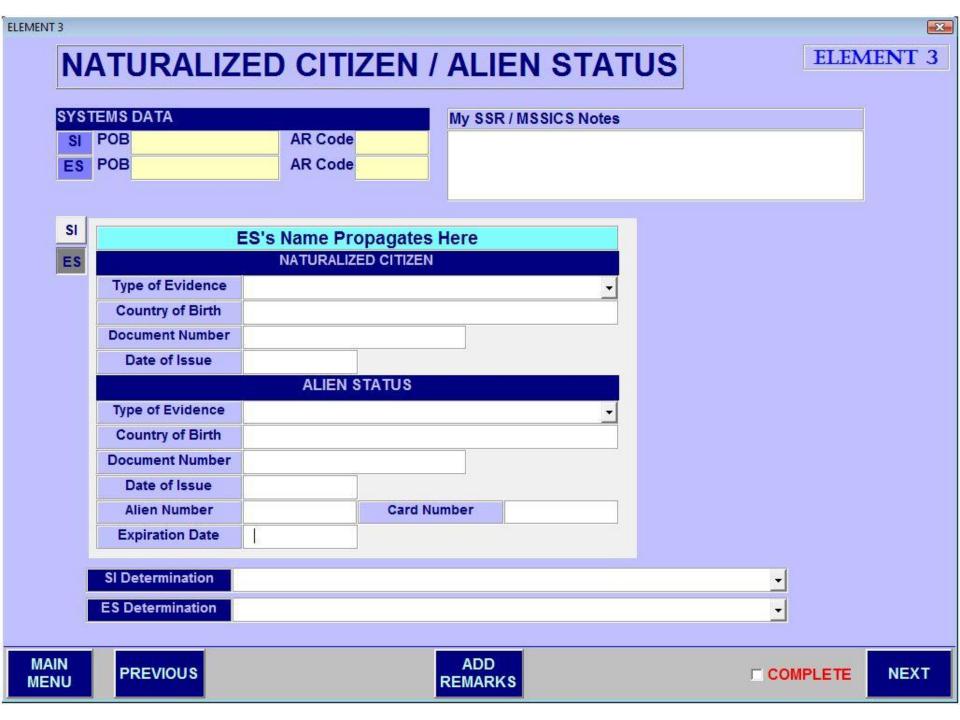
MAIN MENU DETERMINATION SCREEN

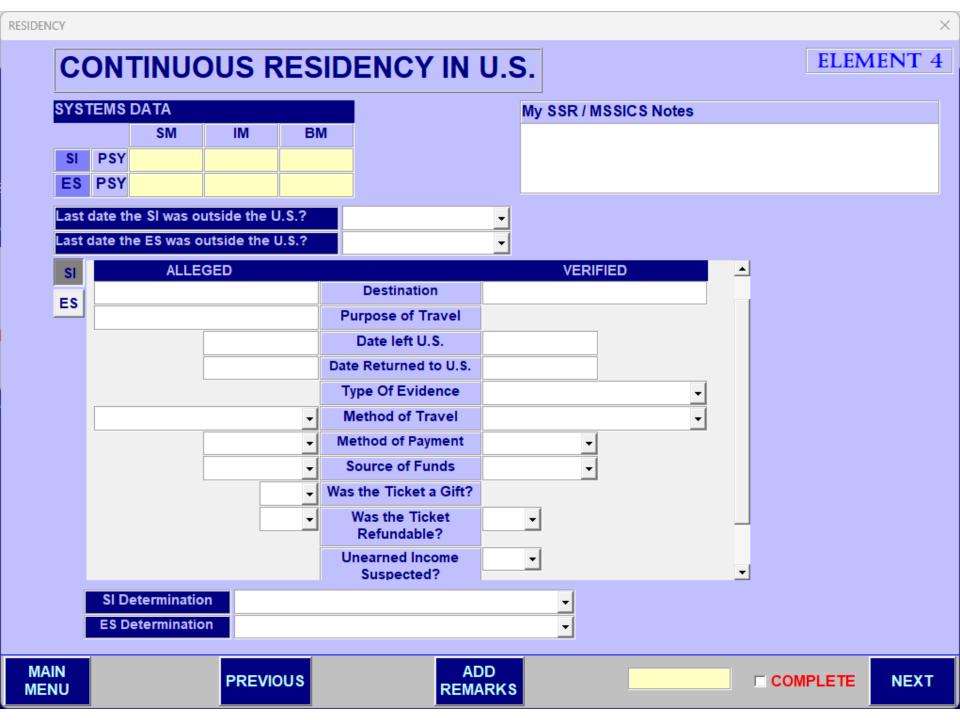
ADD REMARKS SI Payee ID Screen

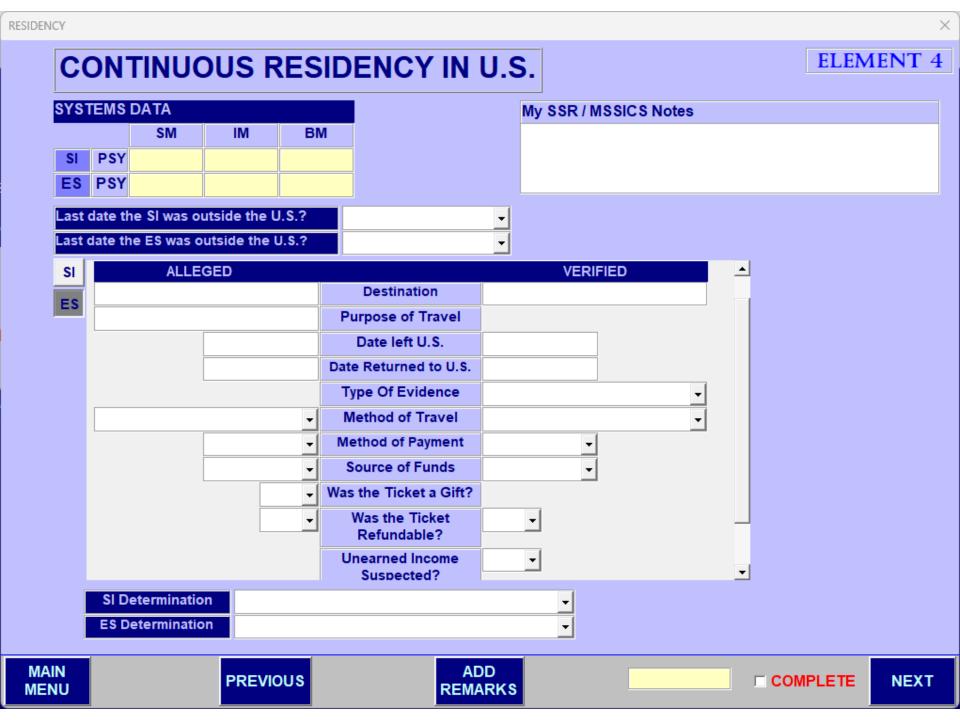


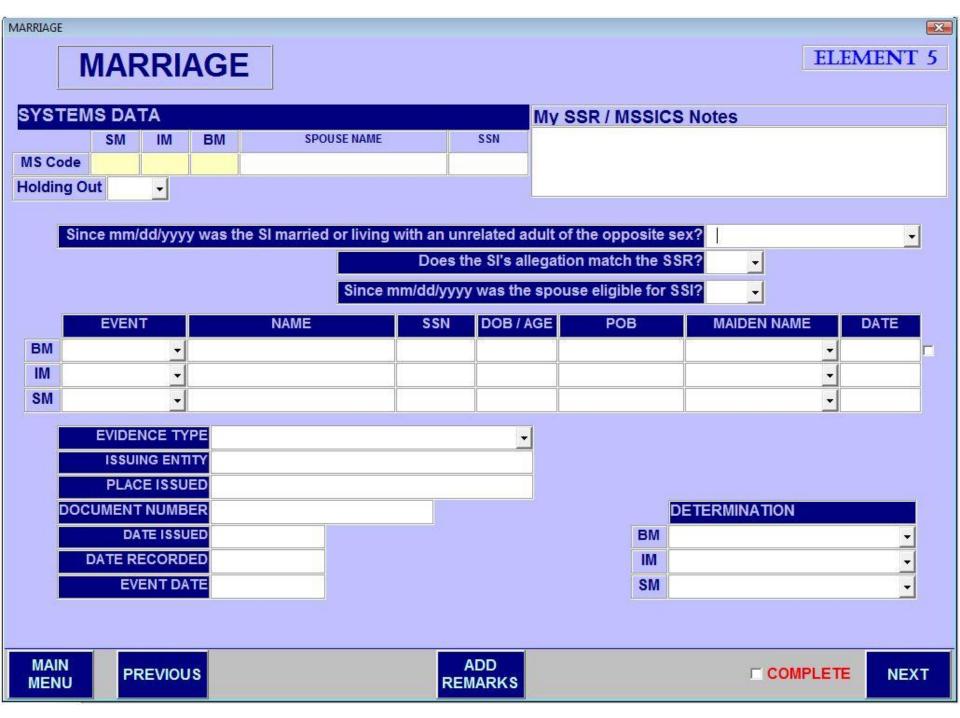


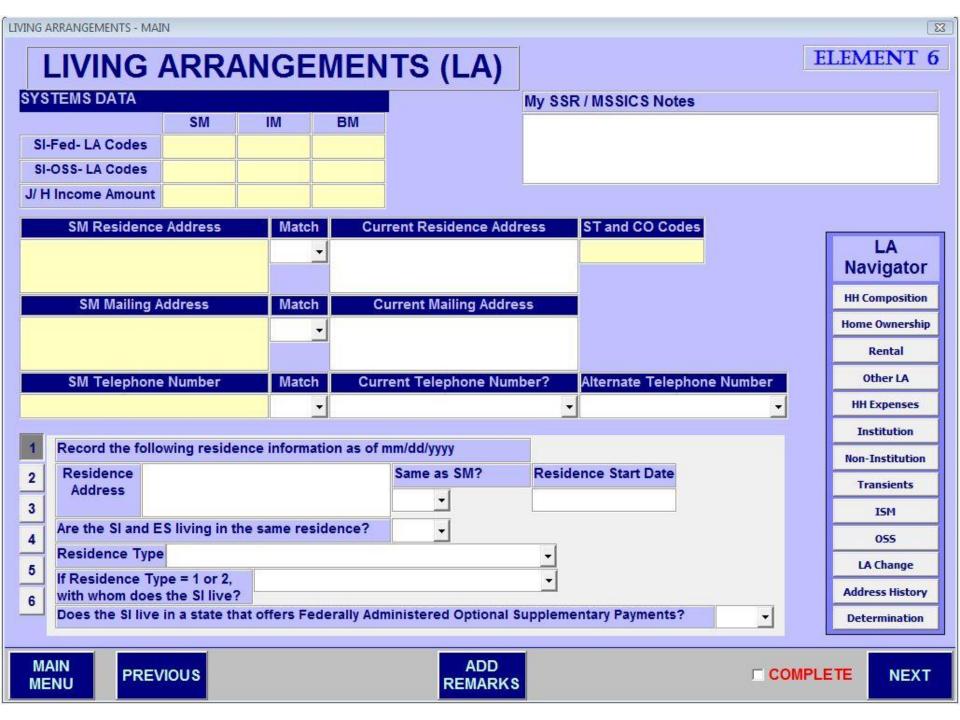


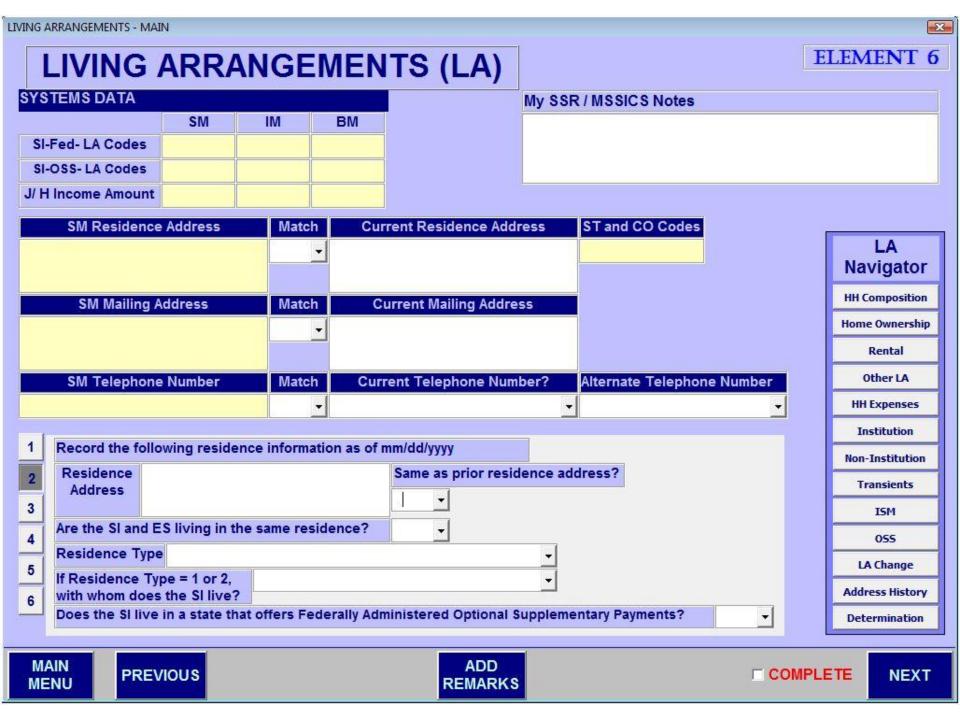


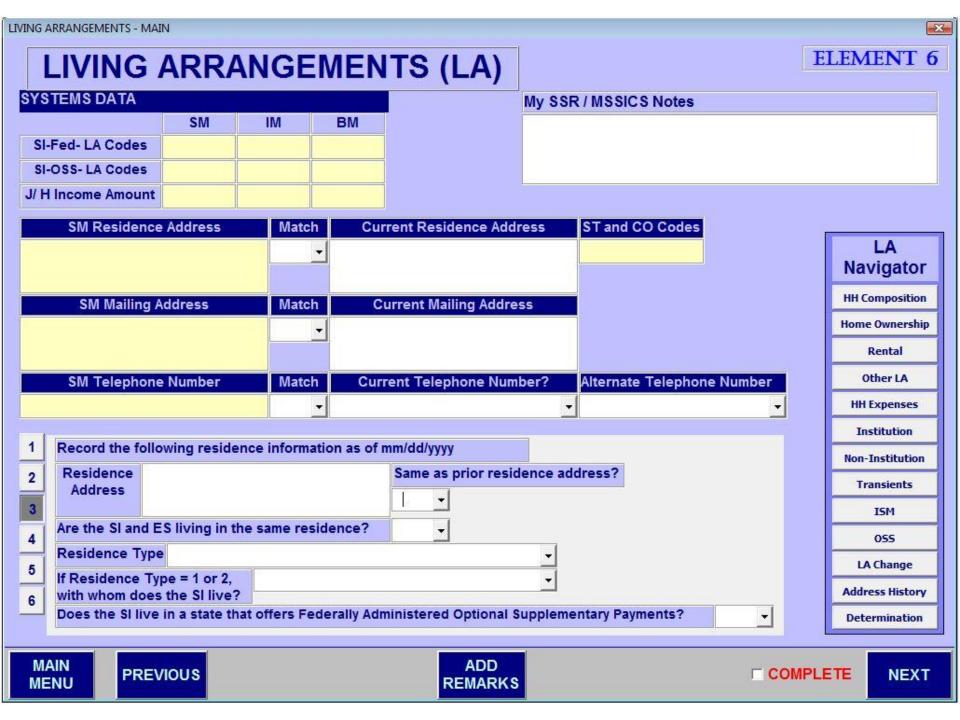


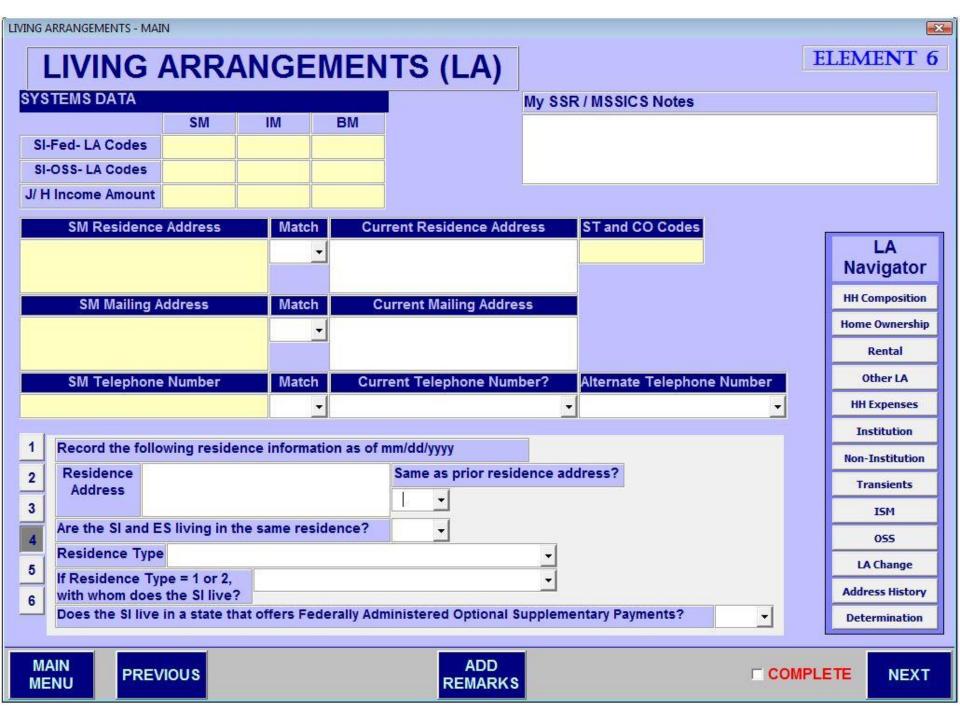


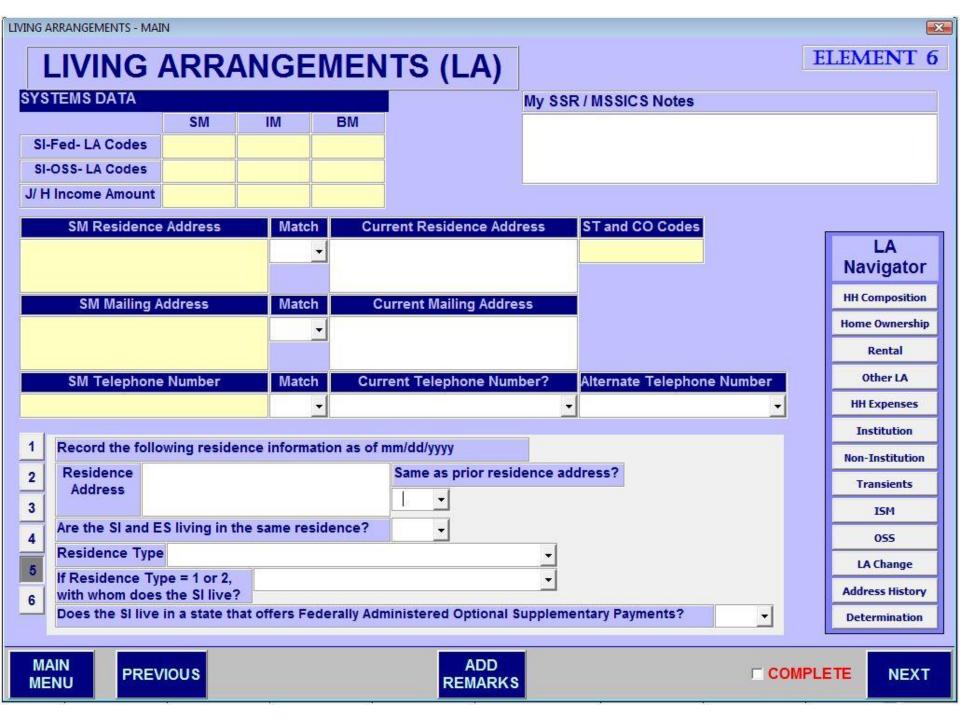


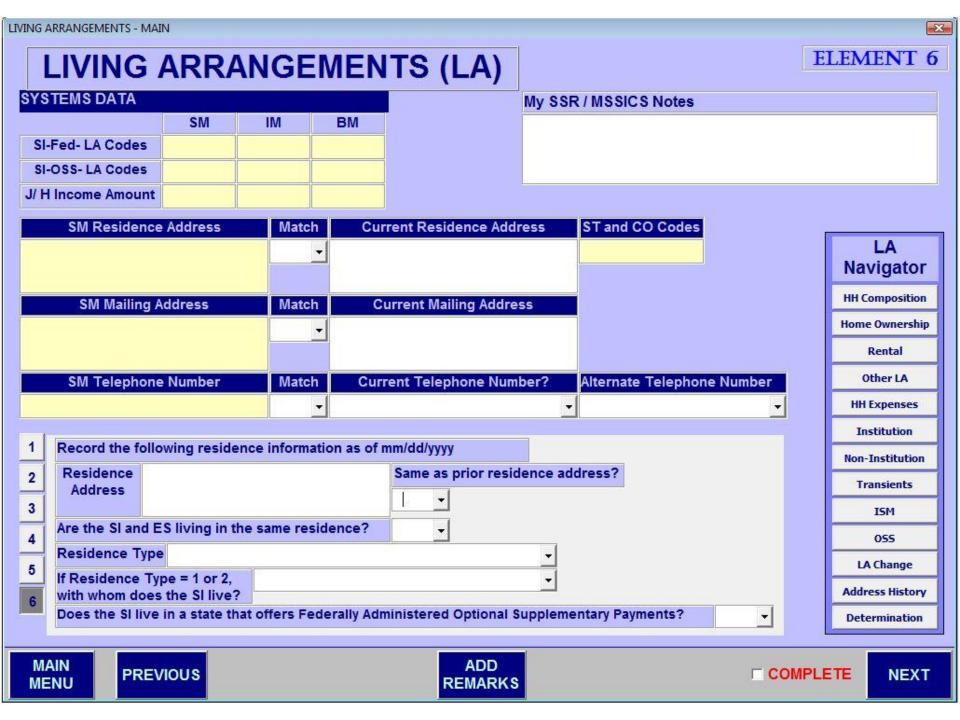








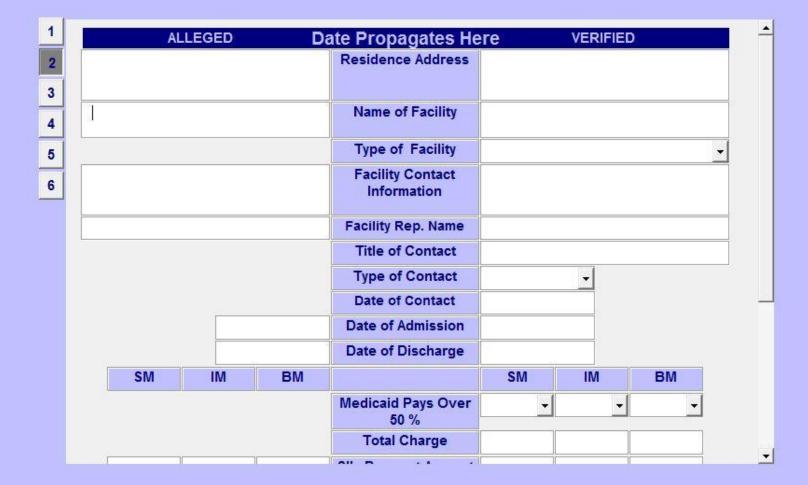




ELEMENT 6

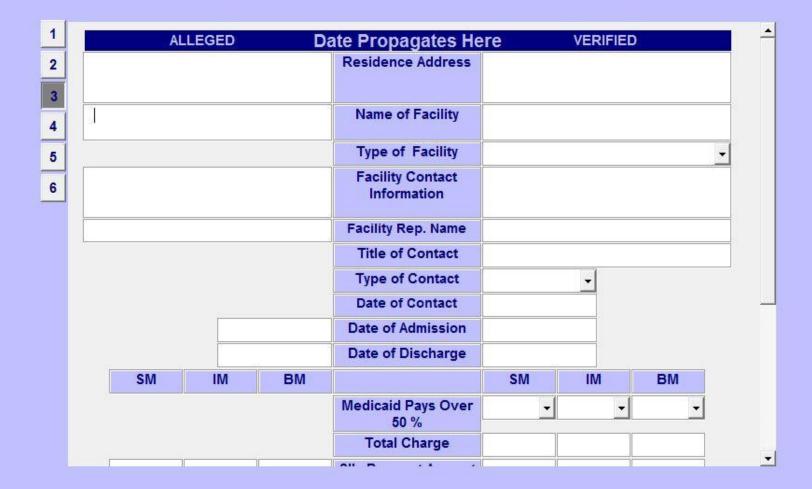
, AL	LEGED		ate Propagates Her	re e	VERIFIED)	
			Residence Address				
			Name of Facility				
			Type of Facility				-
			Facility Contact Information				
			Facility Rep. Name				
			Title of Contact				
			Type of Contact		-		
			Date of Contact				
			Date of Admission				
		1.02	Date of Discharge	4.0			
SM	IM	BM		SM	IM	BM	
			Medicaid Pays Over 50 %	_	_	•	
			Total Charge				

INSTITUTION



REMARKS

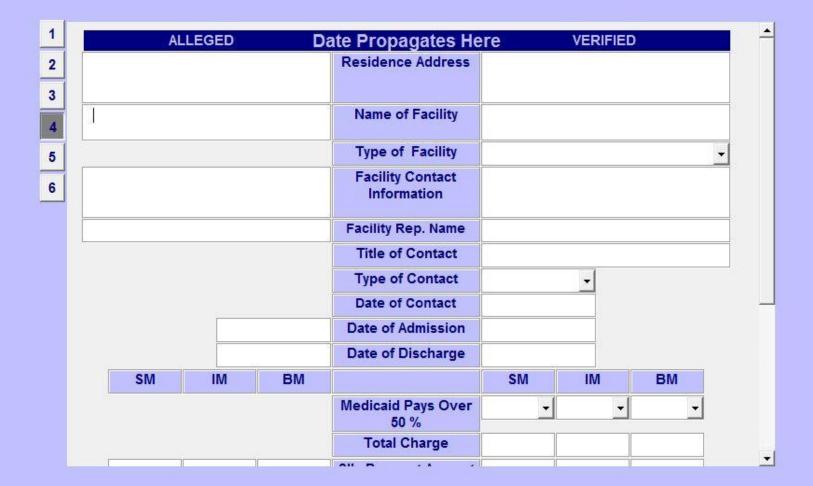
Screen



REMARKS

Screen

INSTITUTION



1 ALLEGED **VERIFIED Date Propagates Here** Residence Address 2 3 Name of Facility 4 5 Type of Facility **Facility Contact** 6 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**

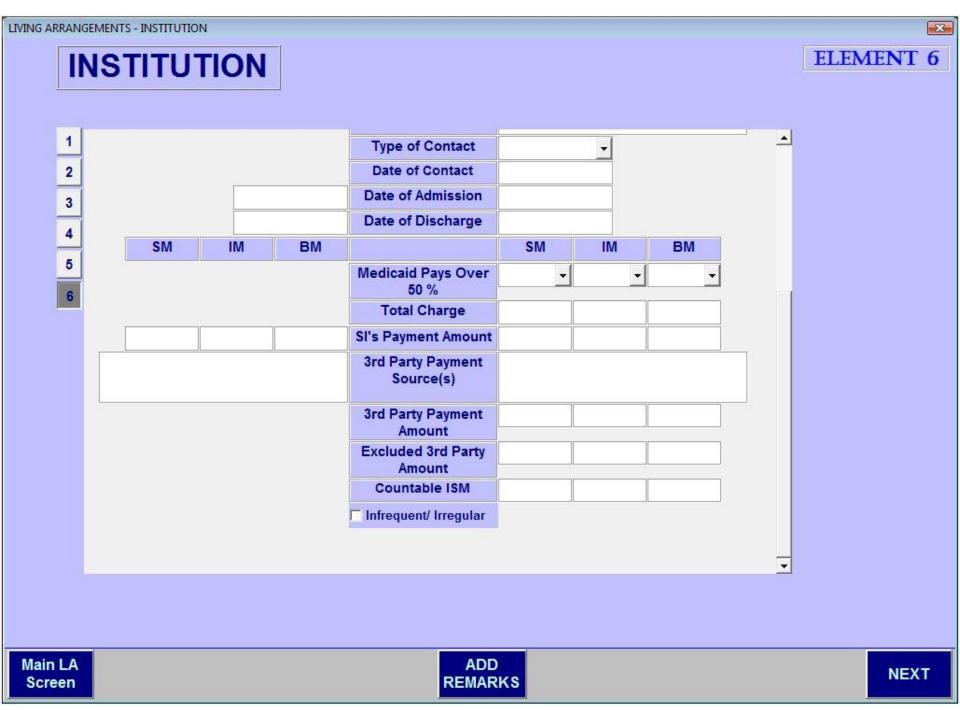
Main LA Screen

REMARKS

Screen

1 ALLEGED **Date Propagates Here VERIFIED** Residence Address 2 3 Name of Facility 4 Type of Facility 5 **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



NON-INSTITUTIONAL CARE

ELEMENT 6

	ALLEG	ED	Date Propagates Here	VERIFIED
			Residence Address	
			Name of Facility	
	: 		Type of Facility	
1			# of Residents	
			Facility License #	
			Expiration Date	
			Facility Contact Information	
			Facility Rep. Name	
			Title of Contact	
			Type of Contact	10
			Date of Contact	
			Date of Admission	
		==	Date of Discharge	
			Total Charge	
			SI's Payment Amount	

Main LA Screen

Main LA Screen ADD REMARKS

NEXT

REMARKS

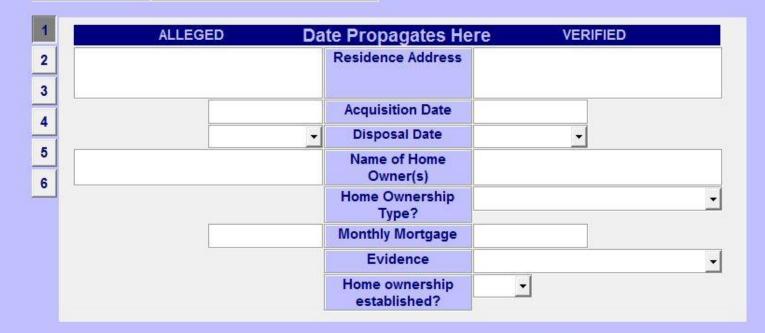
Screen

Screen

HOME OWNERSHIP

SYSTEMS DATA

CG Field Codes



Main LA Screen ADD REMARKS **ELEMENT 6**

ADD REMARKS

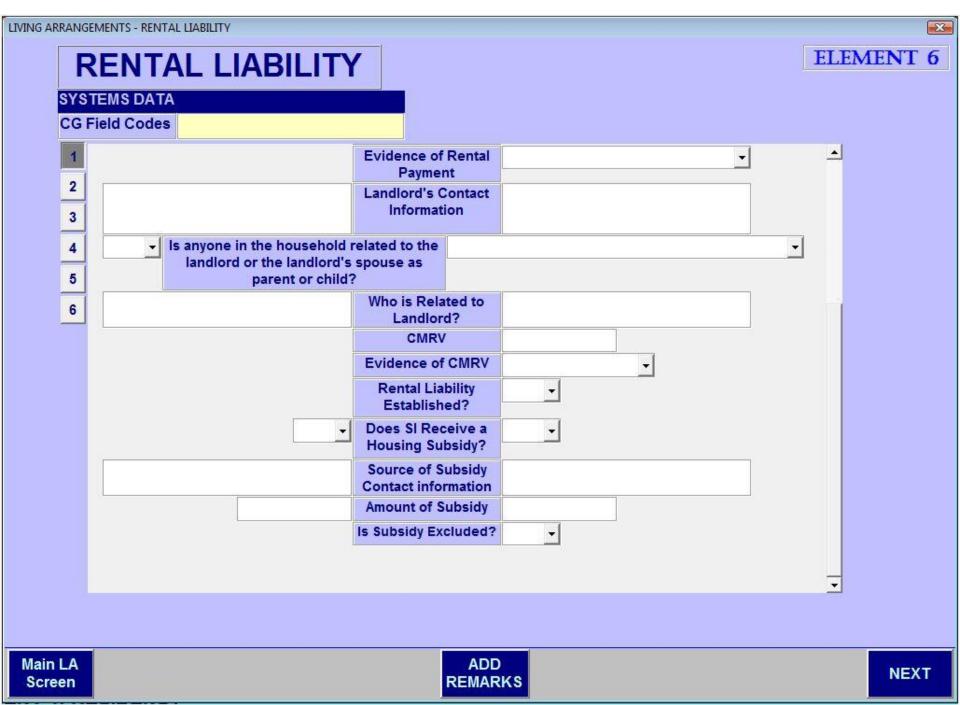
ADD

REMARKS

NEXT

Main LA

Screen

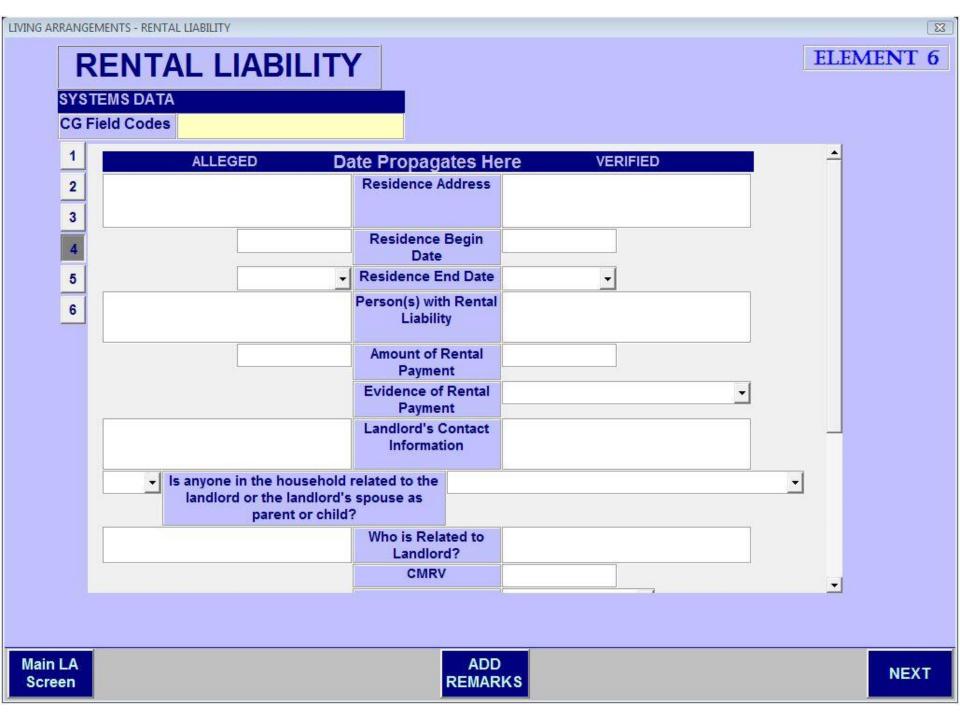




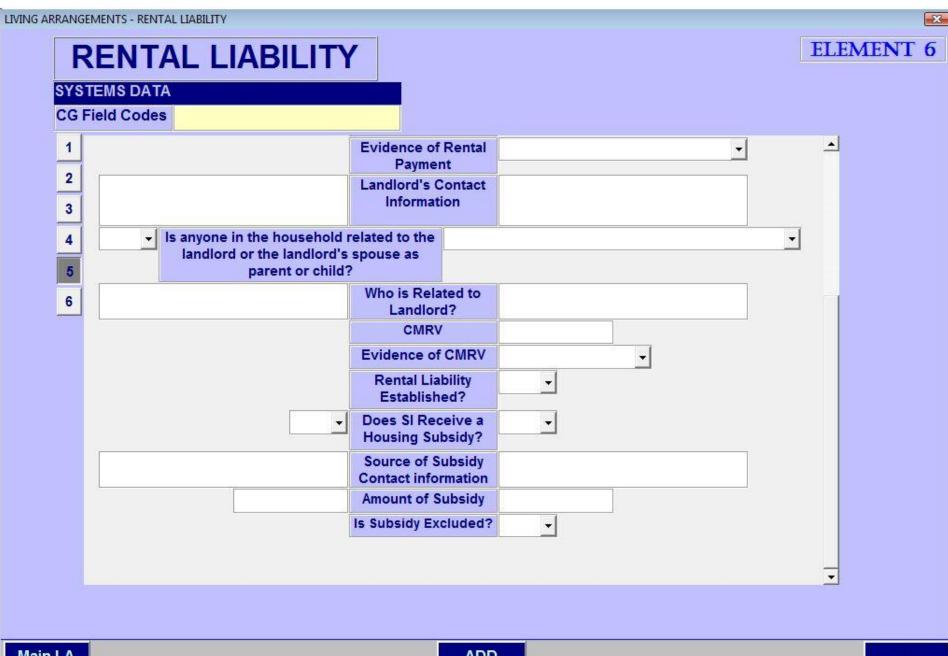












ADD REMARKS





ADD REMARKS

ADD

REMARKS

NEXT

Main LA

Screen

Go To HH

Expenses

Go To HH Expenses ADD REMARKS



Go To HH

Expenses

SYSTEMS DATA

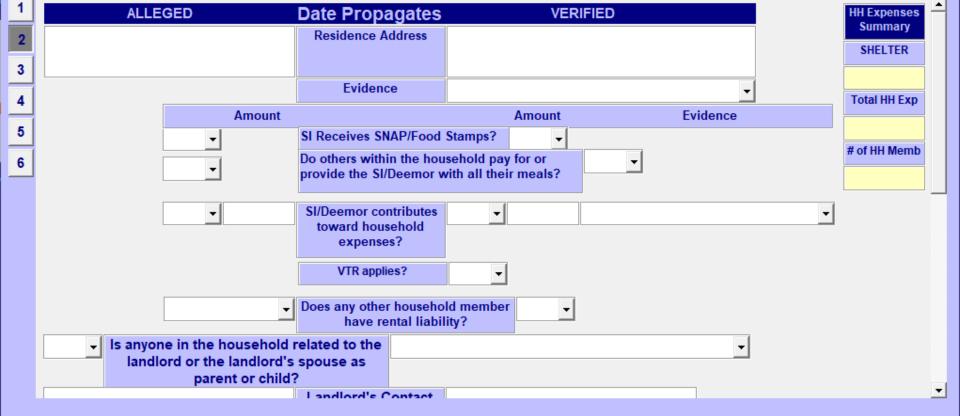
SM IM BM

J/H Income

CG Field Codes

Main LA

Screen



ADD

REMARKS

ELEMENT 6

SYSTEMS DATA

SM IM BM

J/H Income

CG Field Codes

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

Landlord's Contact Information

5 Who is Related to Landlord?

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

6

Go To HH Expenses ADD REMARKS **ELEMENT 6**

Go To HH

Expenses

SYSTEMS DATA

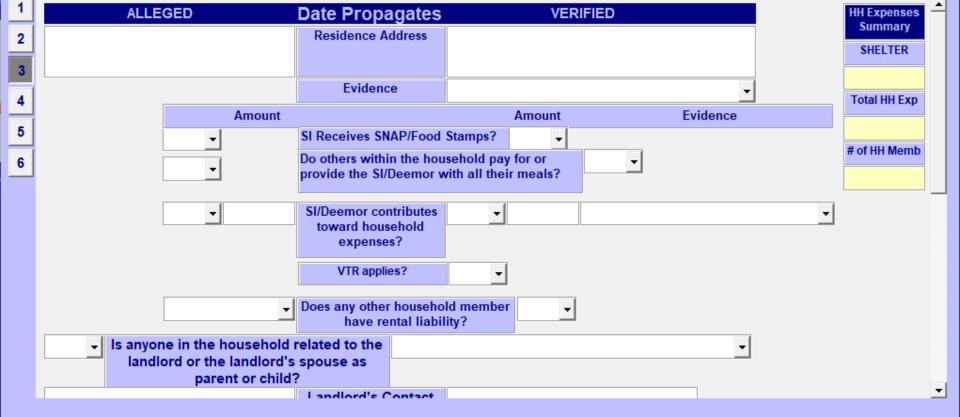
SM IM BM

J/H Income

CG Field Codes

Main LA

Screen



ADD

REMARKS

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

2 parent or child?

Information

4 Who is Related to 5 Landlord? **CMRV** 6

Evidence of CMRV

Monthly Required Rent Does the Household Receive a

Rental Subsidy? **Amount of Rental Subsidy**

Number of HH members

Landlord's Contact

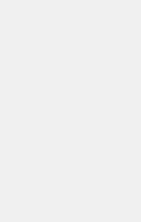
Amount of SI Rental Subsidy

Main LA Screen

Go To HH **Expenses**

ADD **REMARKS**





Go To HH

Expenses

SYSTEMS DATA

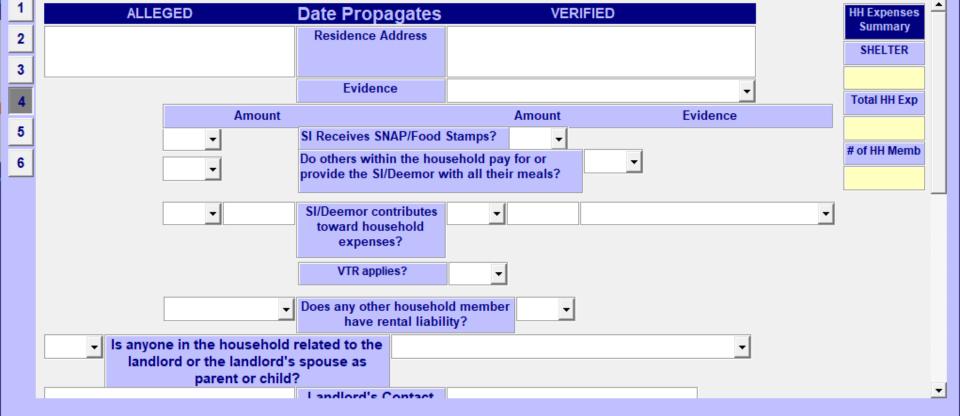
SM IM BM

J/H Income

CG Field Codes

Main LA

Screen

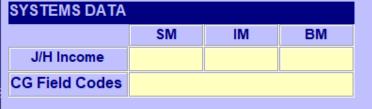


ADD

REMARKS

ELEMENT 6

ELEMENT 6



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

Landlord's Contact Information

5 Who is Related to Landlord?
CMRV

Monthly Required Rent

Rental Subsidy?

Amount of Rental Subsidy

Does the Household Receive a

Evidence of CMRV

Number of HH members

Amount of SI Rental Subsidy

Go To HH

Expenses

SYSTEMS DATA

SM IM BM

J/H Income

CG Field Codes

Main LA

Screen



ADD

REMARKS

ELEMENT 6









Go To HH

Expenses

SYSTEMS DATA

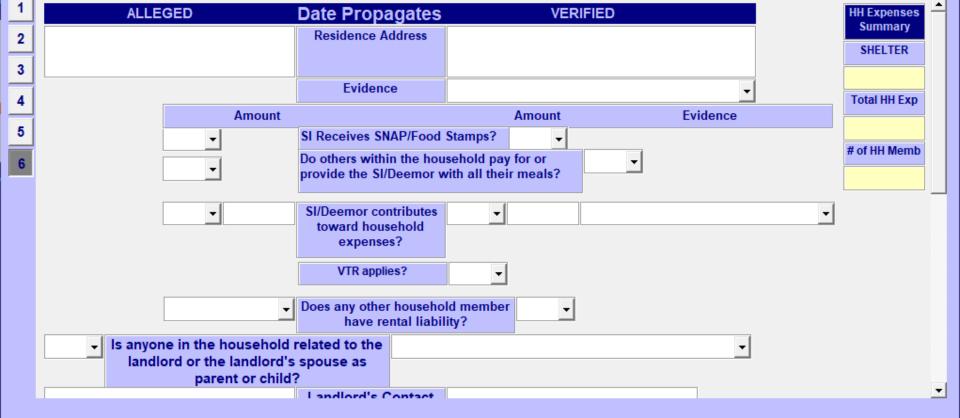
SM IM BM

J/H Income

CG Field Codes

Main LA

Screen



ADD

REMARKS

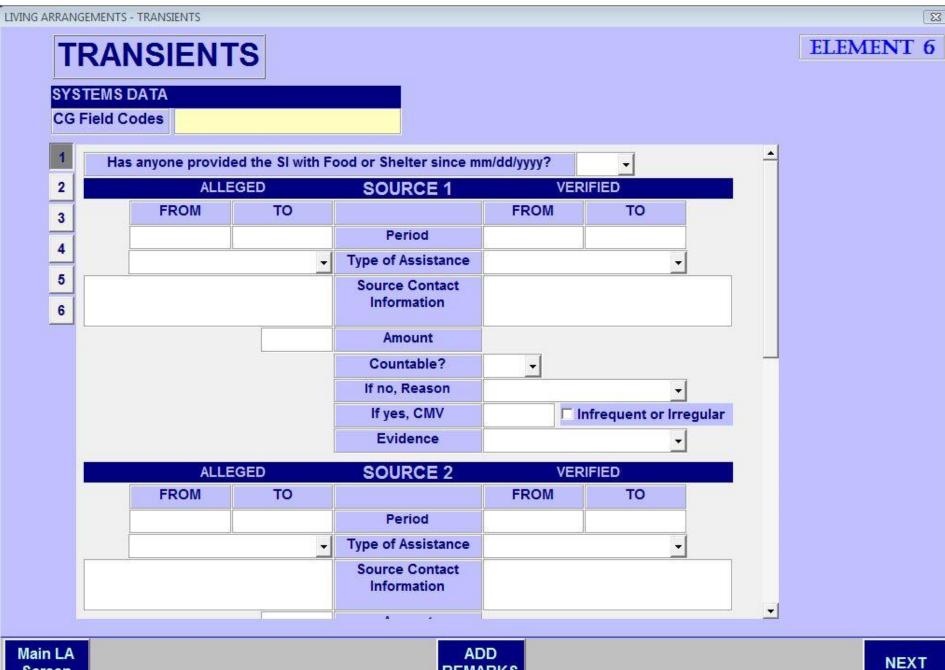
ELEMENT 6





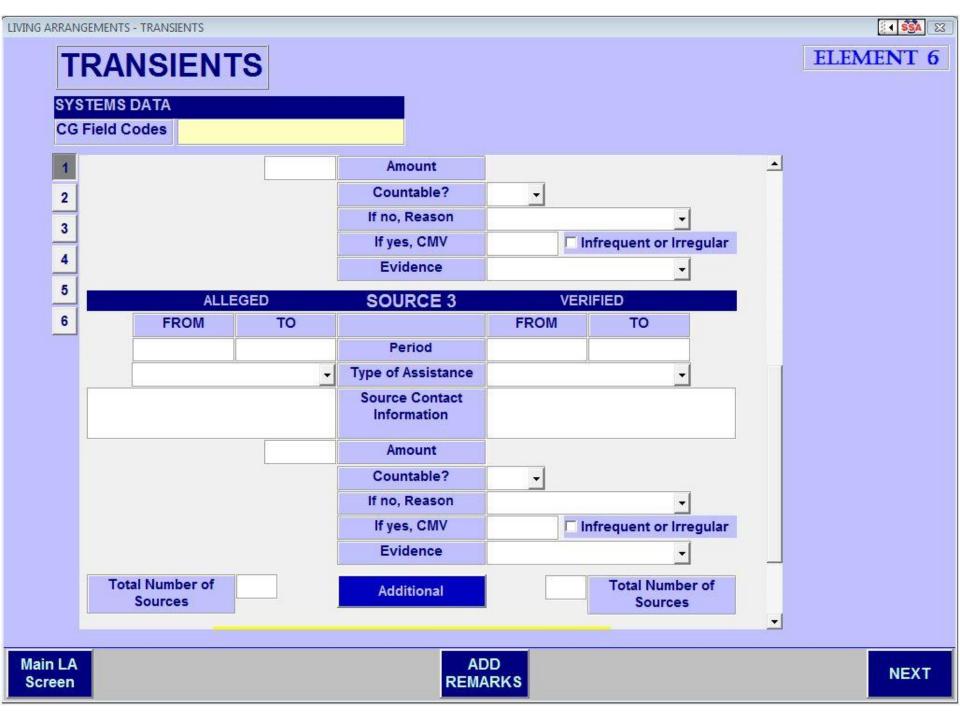


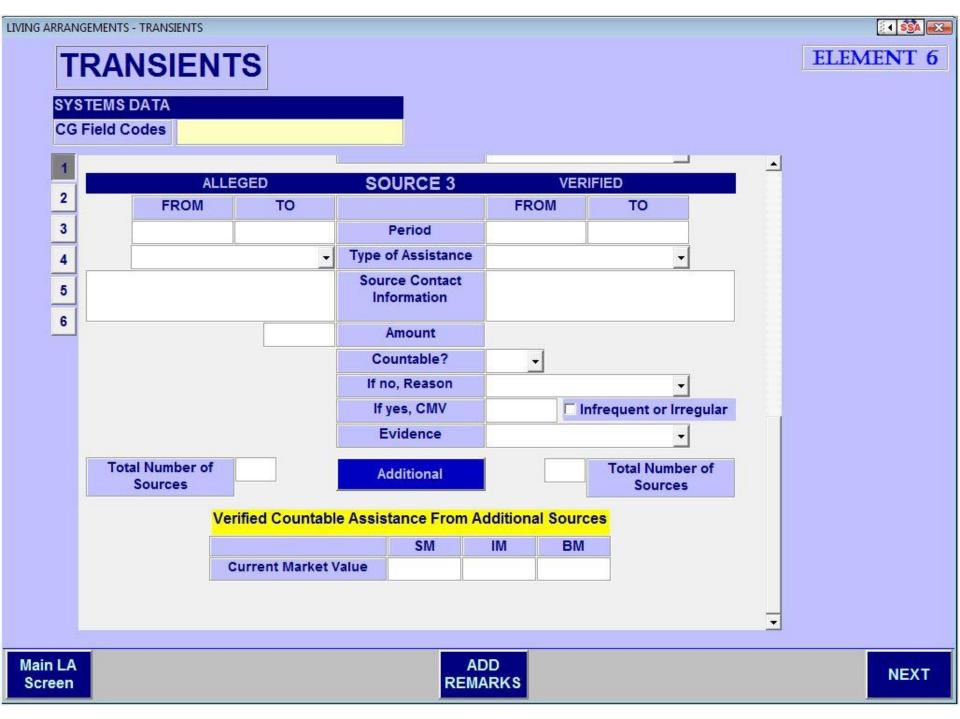


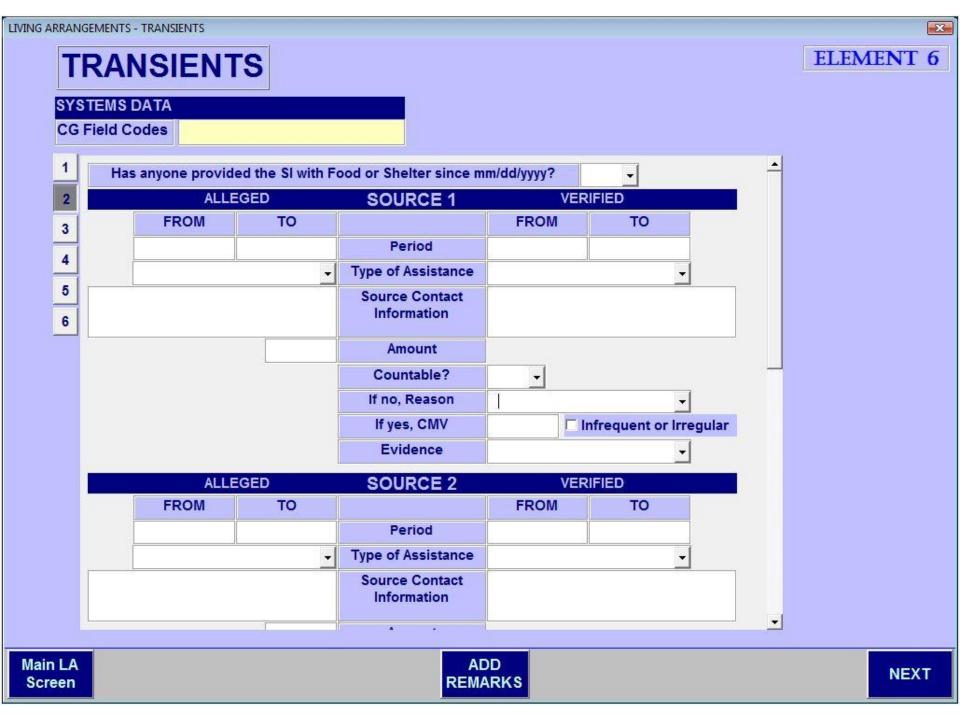


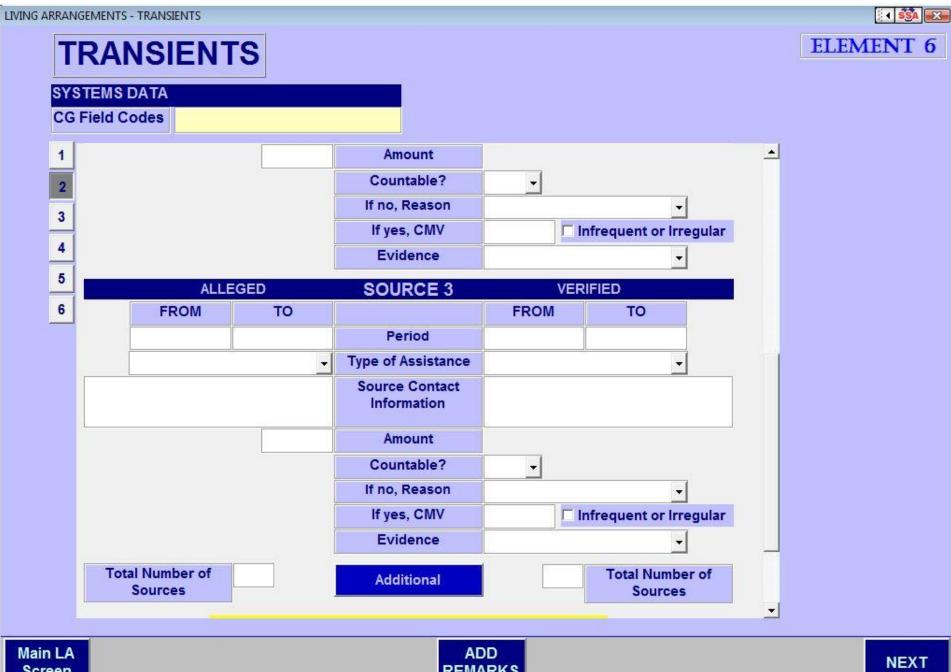
Screen

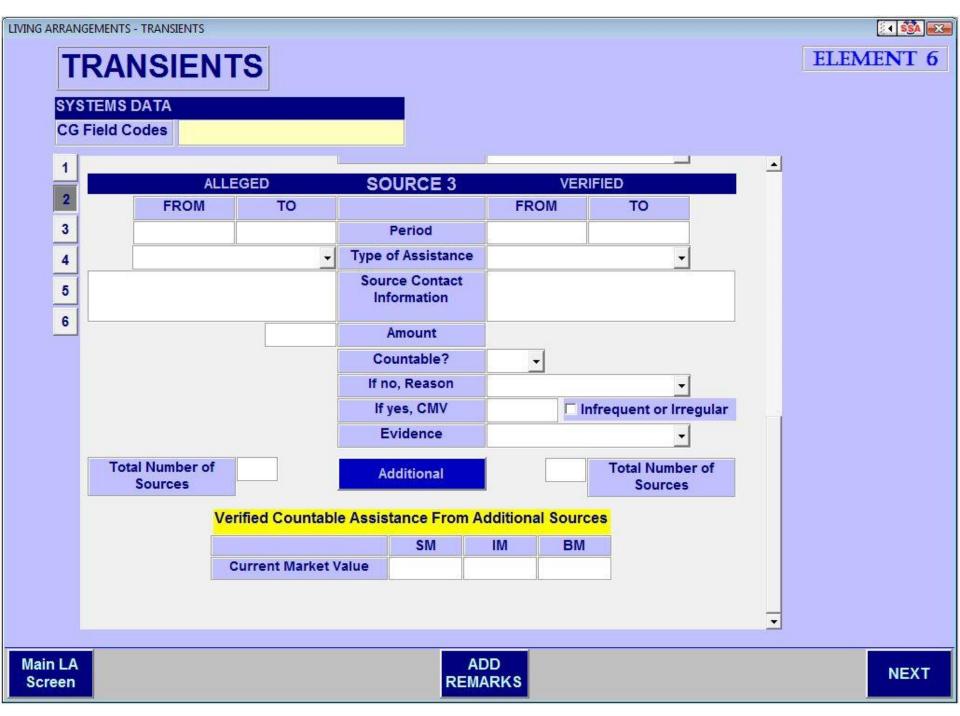
REMARKS

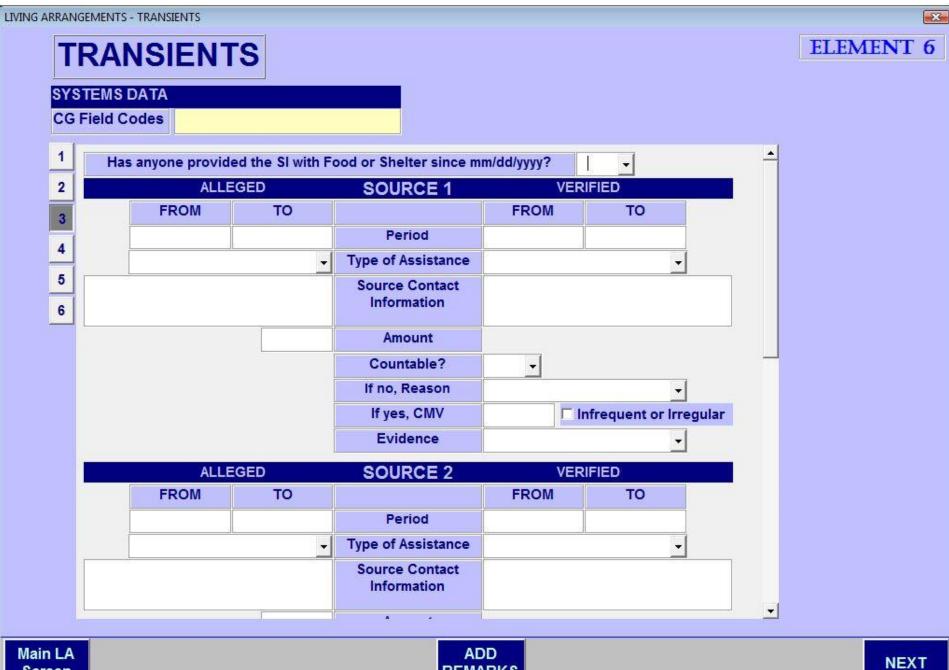


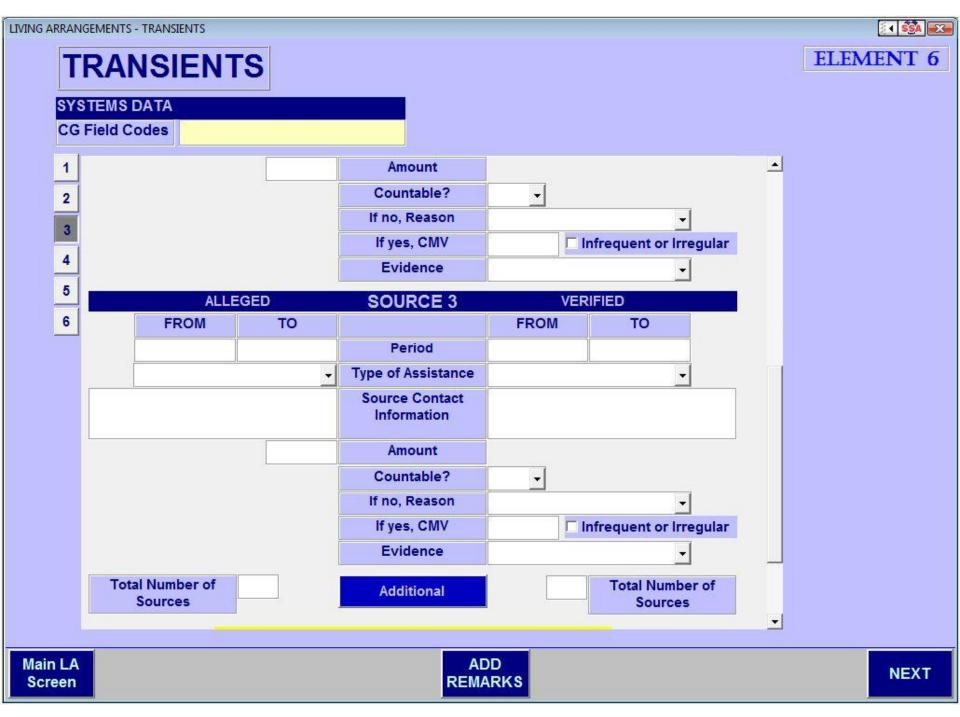


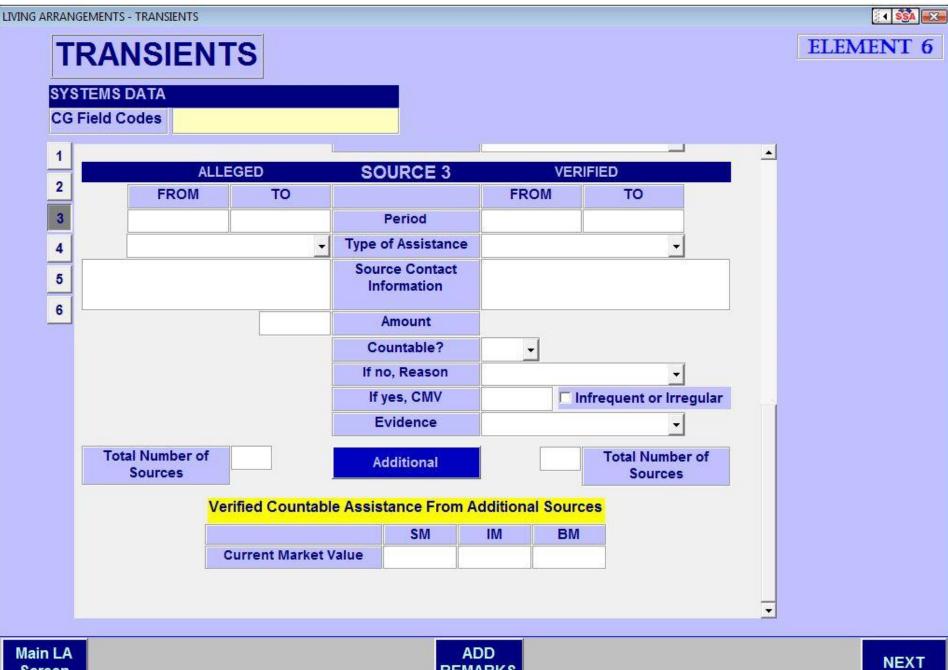


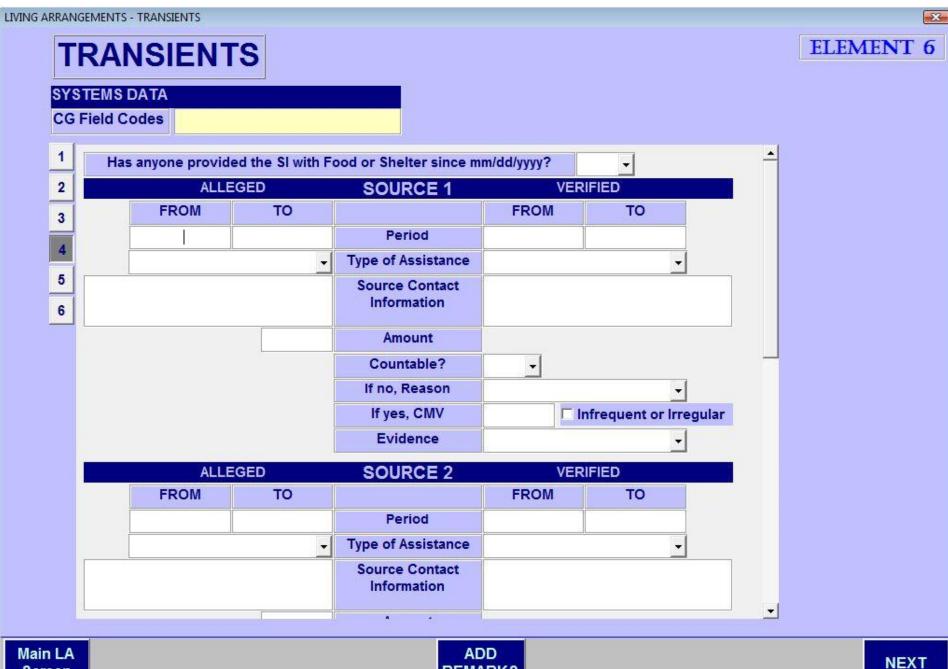


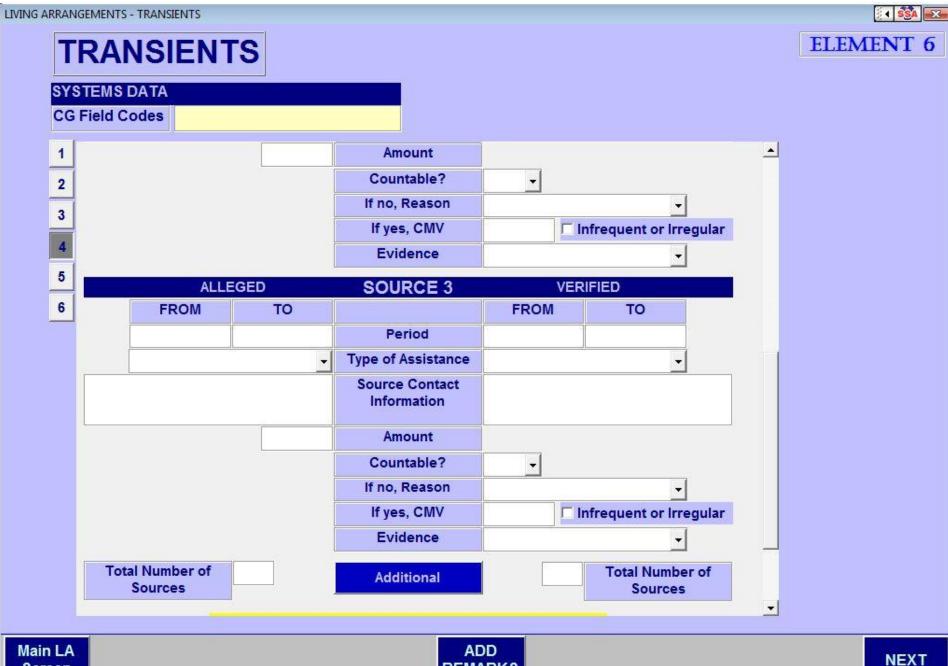


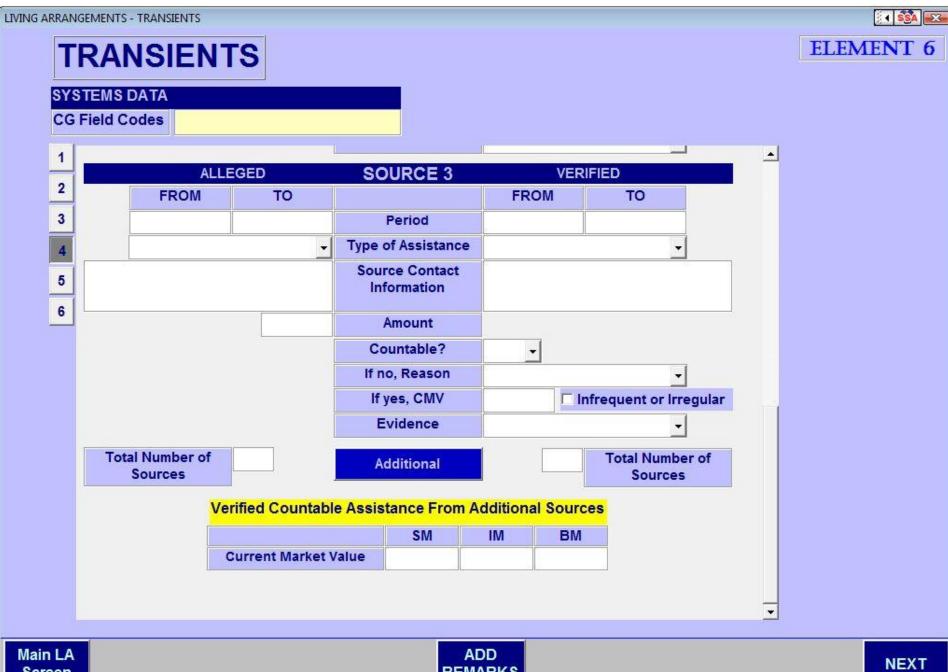


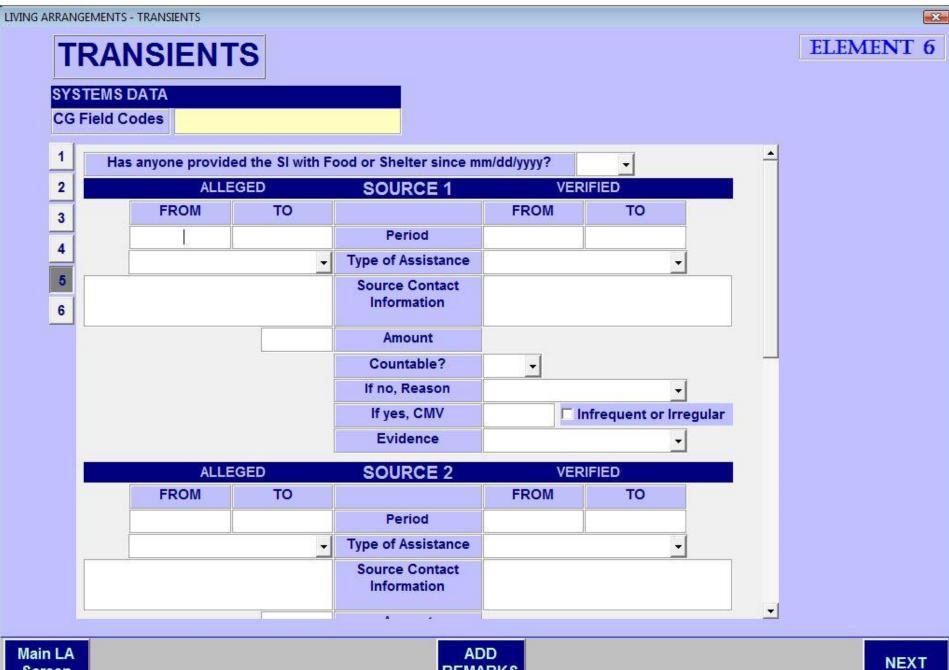


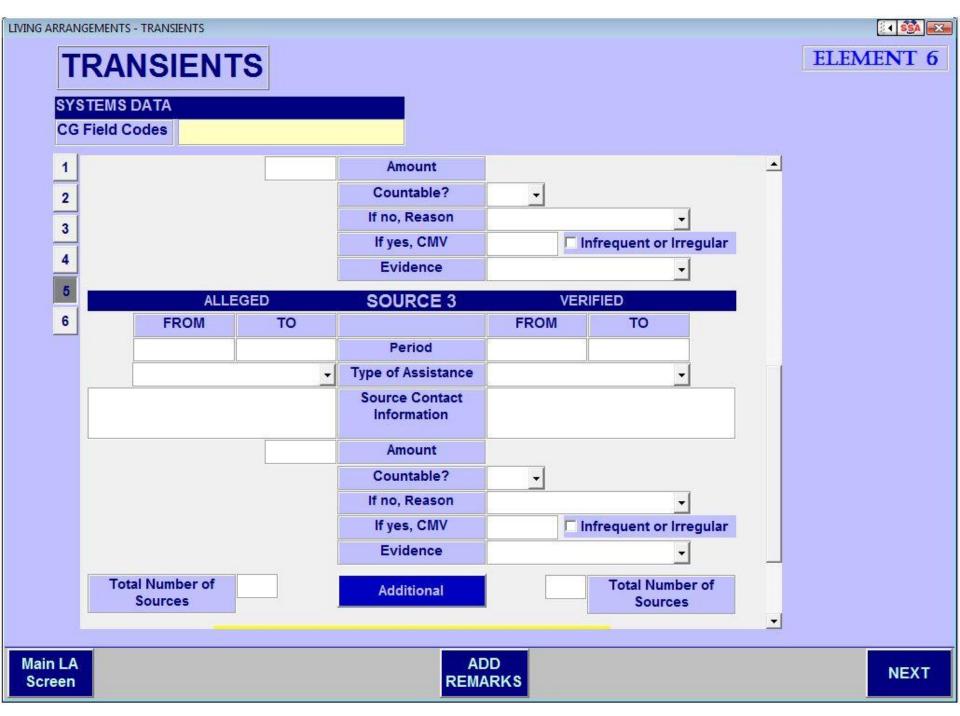


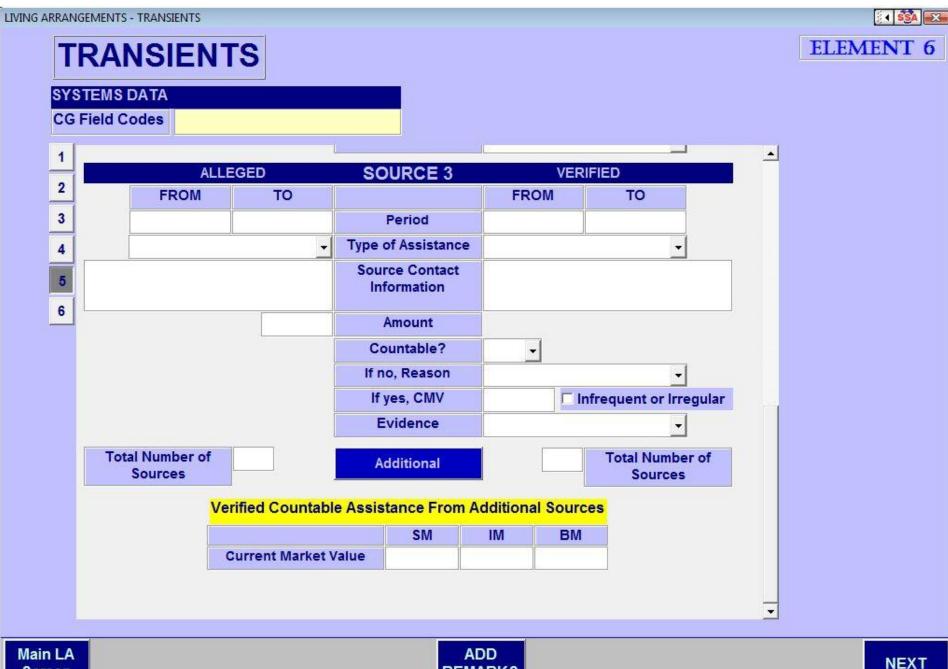






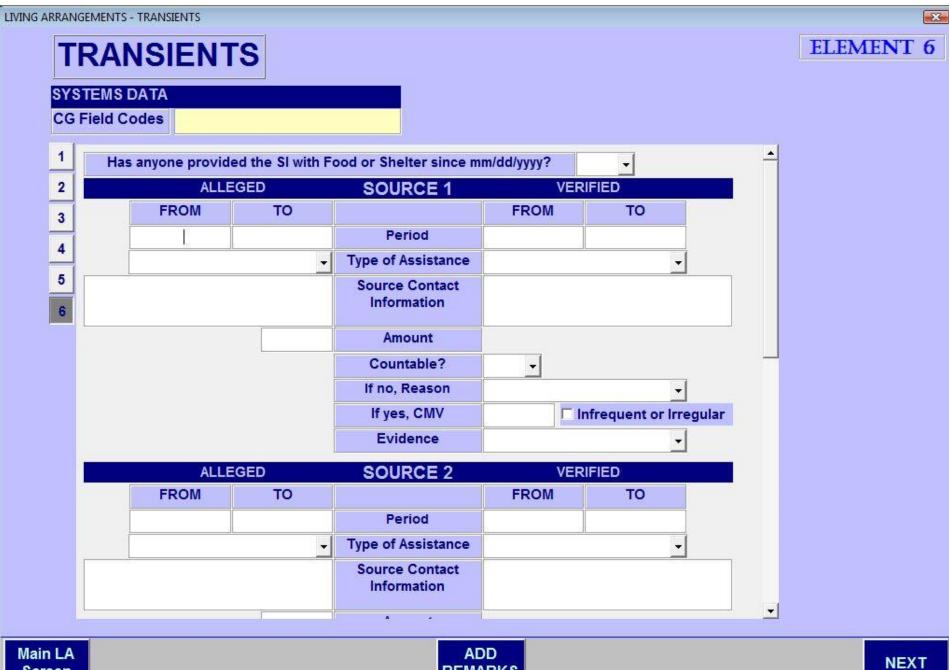


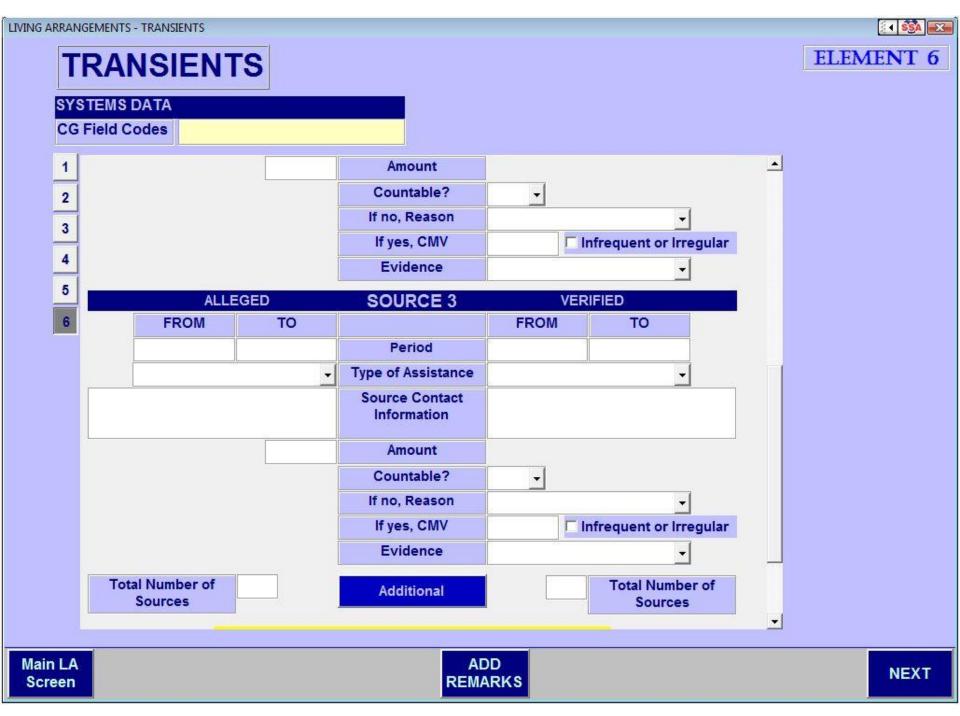


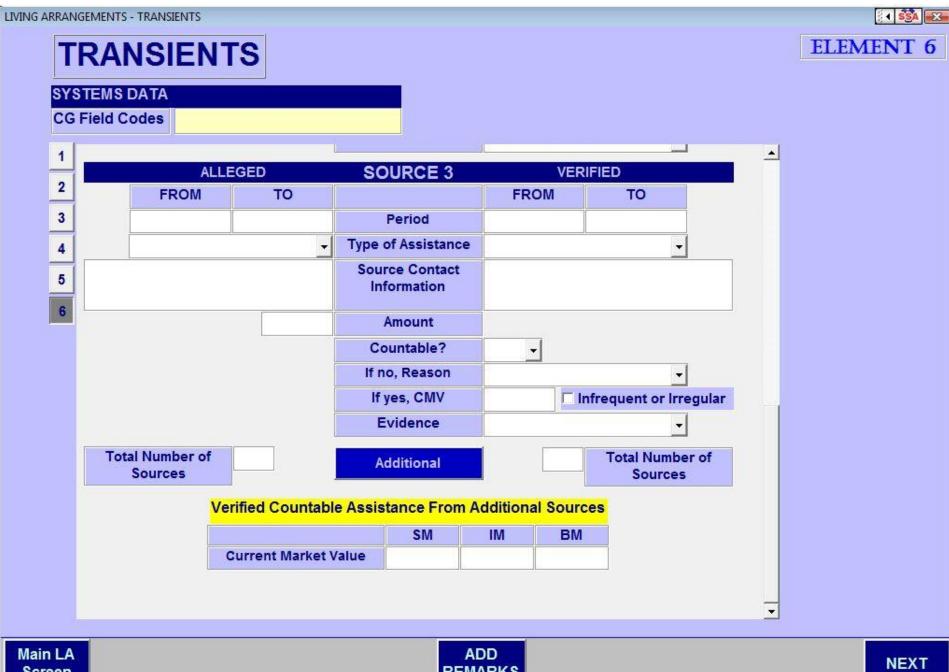


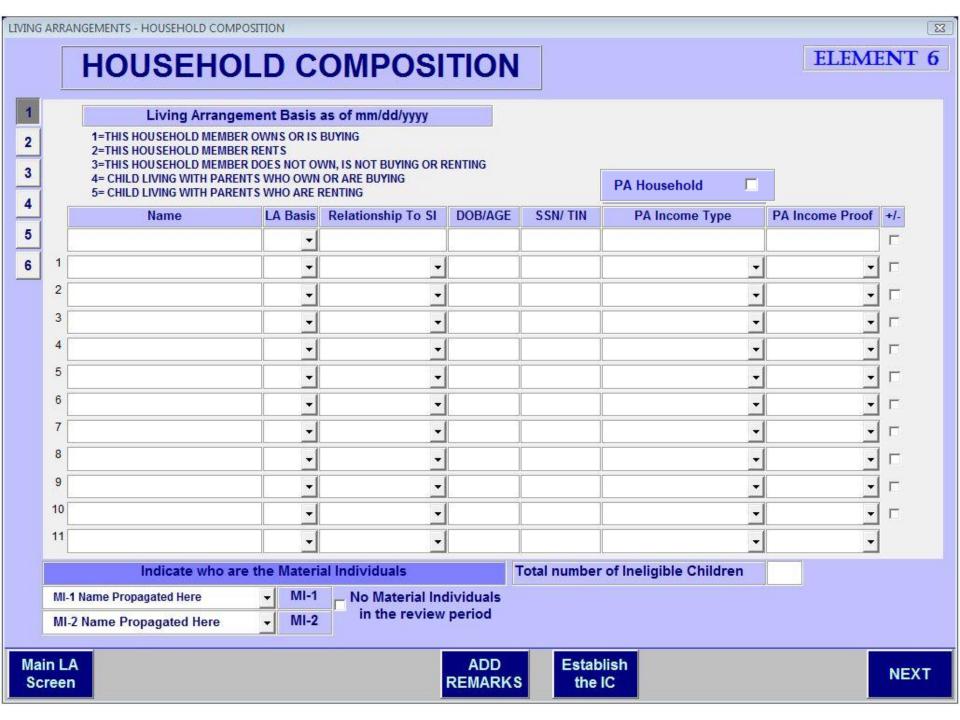
REMARKS

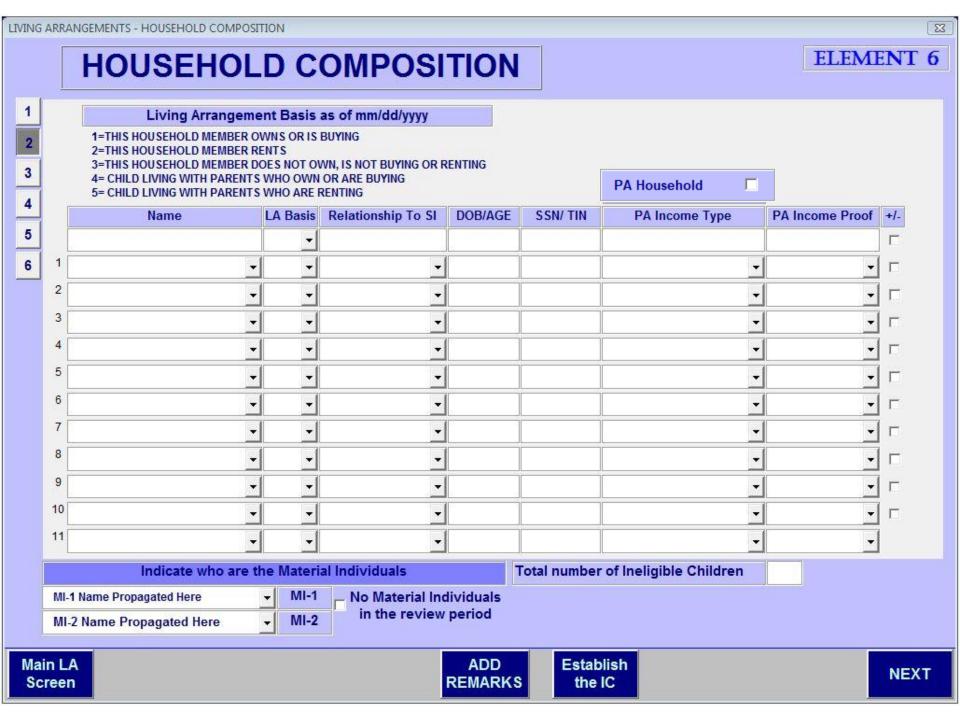
NEXT

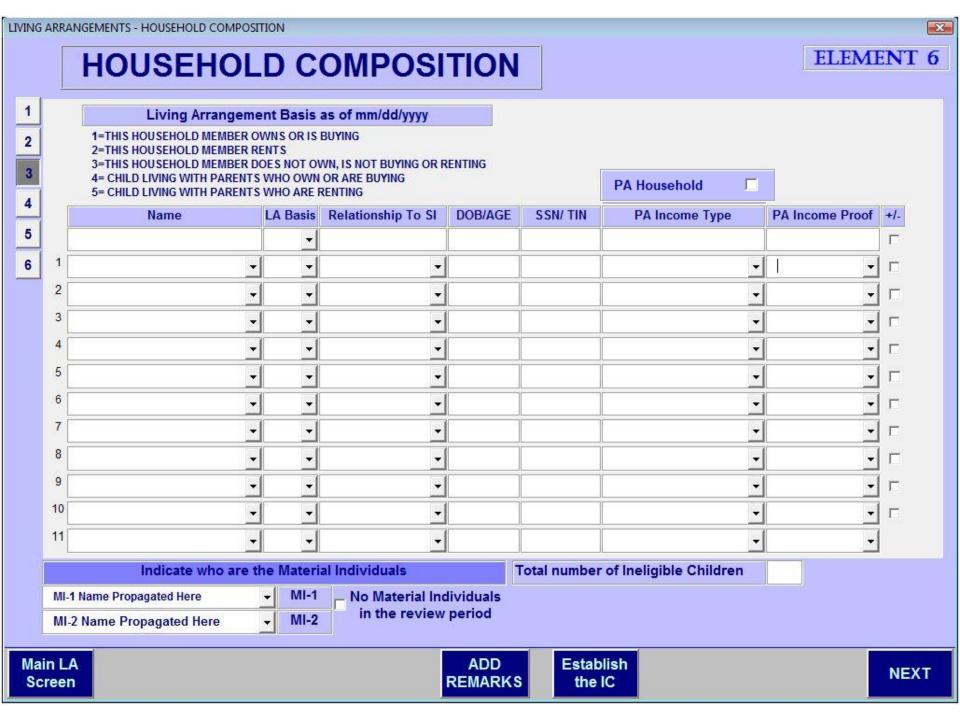


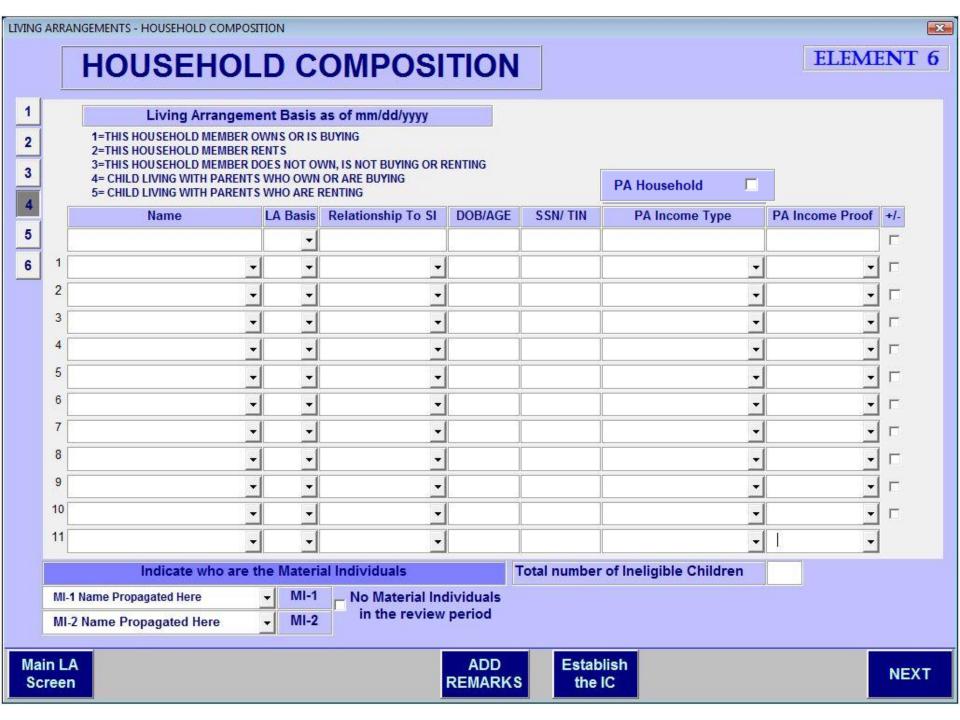


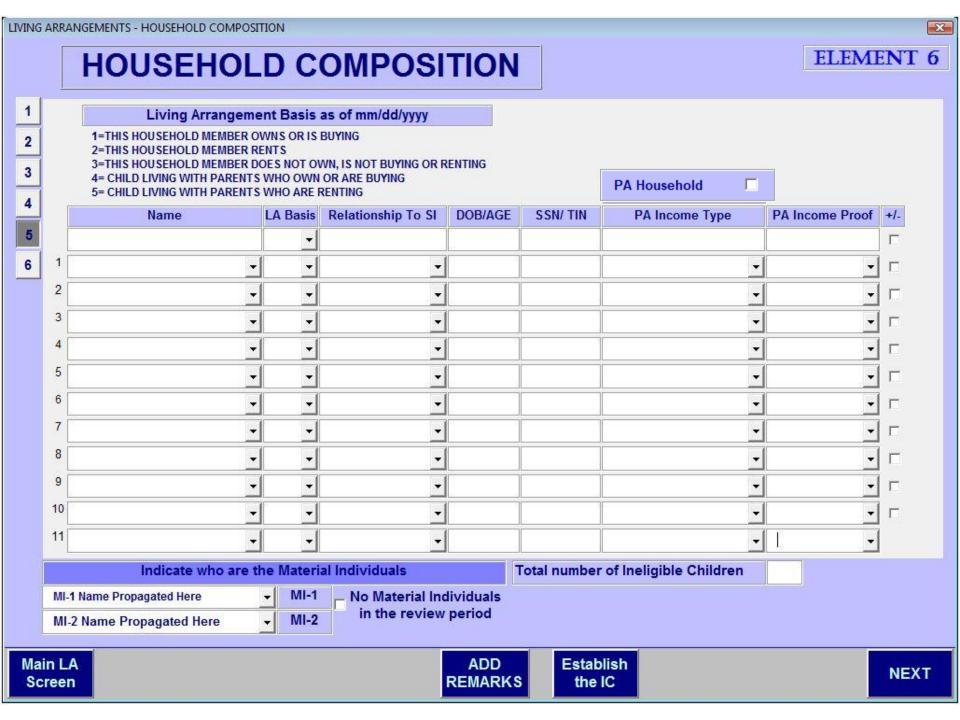


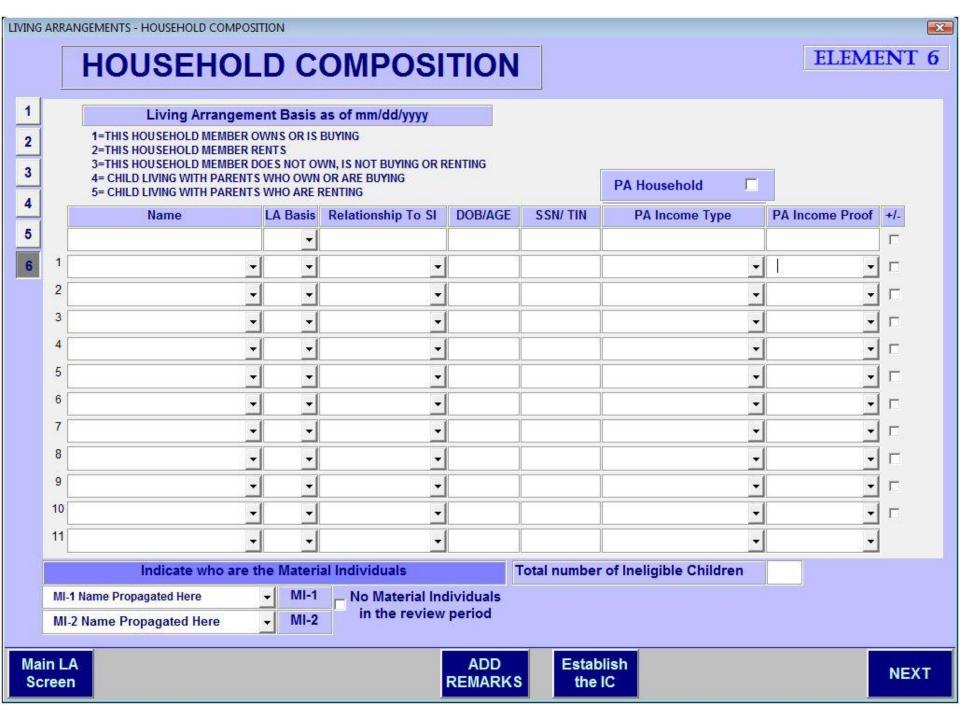


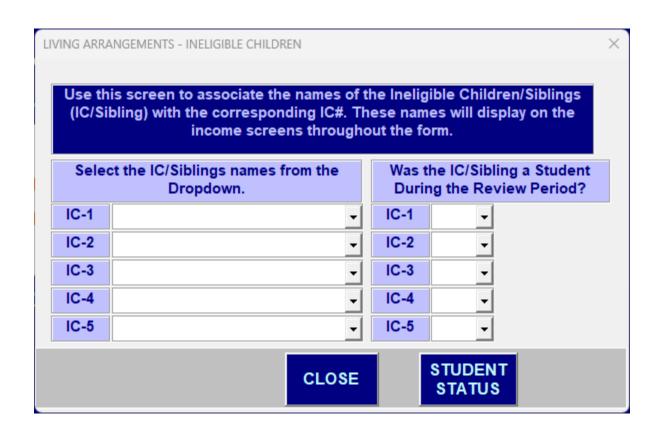












2

3

4

5

6

ELEMENT 6

HOUSEHOLD EXPENSES

suspected?

Residence AVERAGING **FROM** TO Address PERIOD: **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** •

Main LA Screen

3

4

5

6

ELEMENT 6

HOUSEHOLD EXPENSES

Residence AVERAGING **FROM** TO Address PERIOD: **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

1

2

4

5

6

ELEMENT 6

HOUSEHOLD EXPENSES

Residence AVERAGING **FROM** TO Address PERIOD: **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?

Residence

ELEMENT 6

HOUSEHOLD EXPENSES

2

3

4

5 6 Address PERIOD: **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?

AVERAGING

FROM

TO

HOUSEHOLD EXPENSES

2

3

4

5

Residence AVERAGING **FROM** TO Address PERIOD: **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?

HOUSEHOLD EXPENSES

2

3

4

5

Residence Address			AVERAGING PERIOD:	FROM	ТО
ALLEGED	Date Propagates Here	VERIFIED		EVIDENCE	
	RENT				-
	MORTGAGE				-
	PROPERTY INSURANCE				<u>-</u>
	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?		-		

OPTIONAL STATE SUPPLEMENT

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

Residence Address
Development of OSS Field Allegation
OSS development remarks
OSS code based on field review allegation

Main LA Screen

OPTIONAL STATE SUPPLEMENT

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

Residence Address	
D	Development of OSS Field Allegation
OSS development remar	rks
1	
	SK 20

Main LA Screen

Main LA Screen ADD REMARKS

NEXT

×

ELEMENT 6

Main LA Screen

OSS code based on field review allegation

ADD REMARKS

NEXT

X

ELEMENT 6

OPTIONAL STATE SUPPLEMENT

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

1	Residence	
2	Address	
3	Develop	oment of OSS Field Allegation
4	OSS development remarks	
5	1	
6		
	OSS code based on field review	allegation 🔻

Main LA Screen

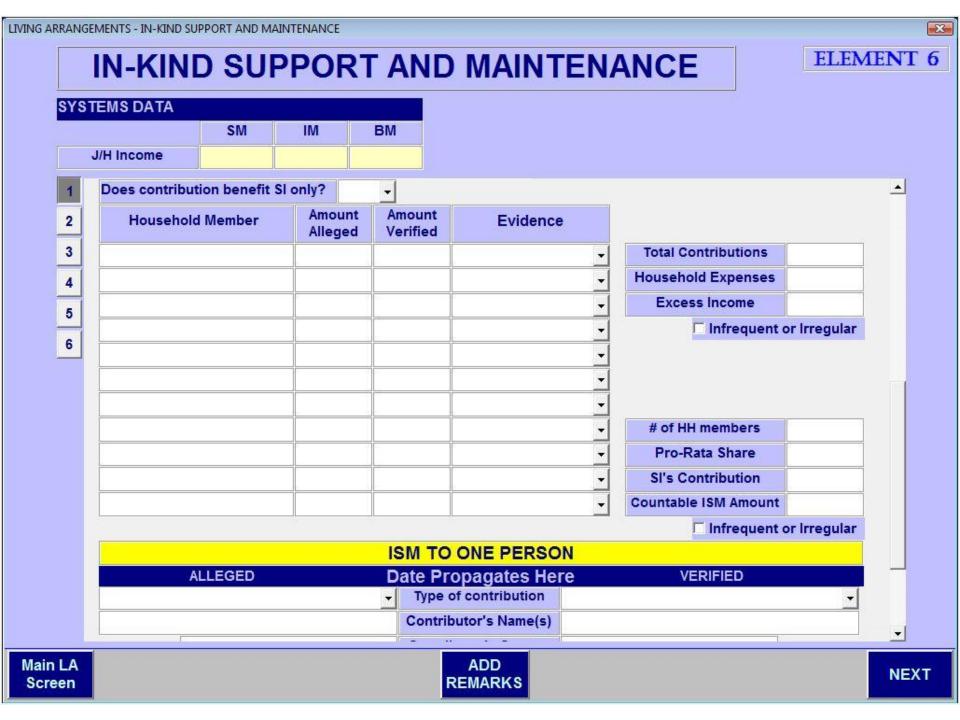
Main LA Screen ADD REMARKS

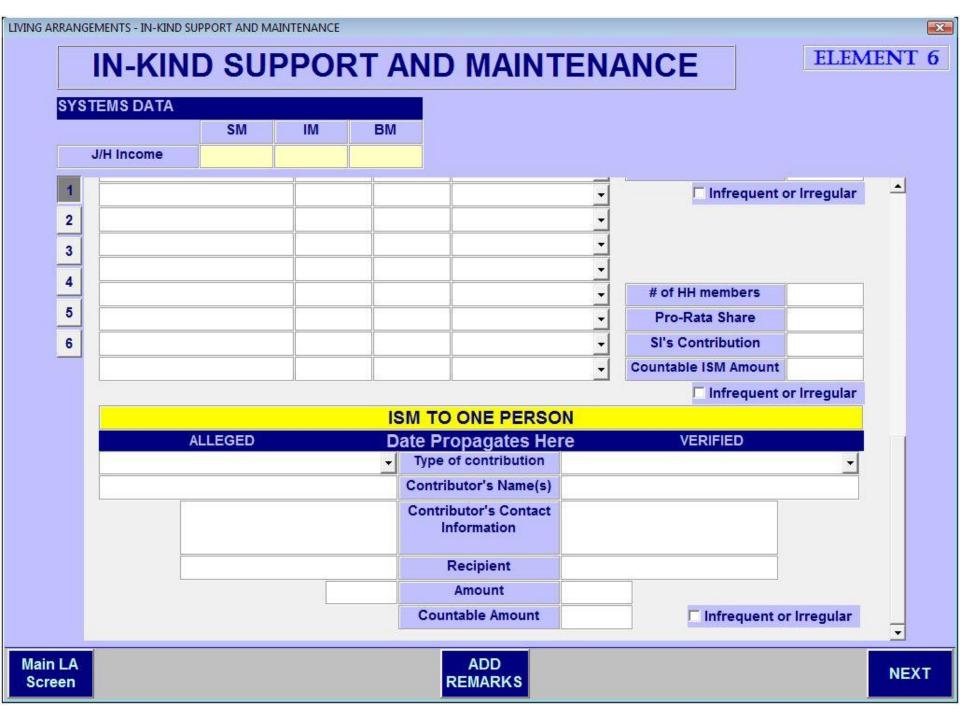
NEXT

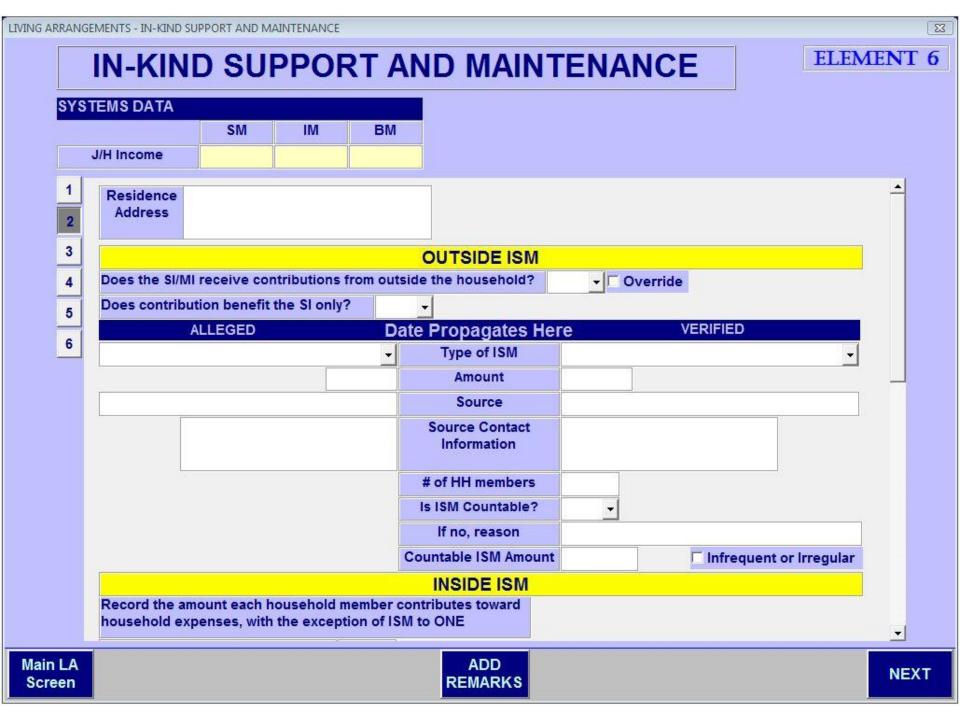
×

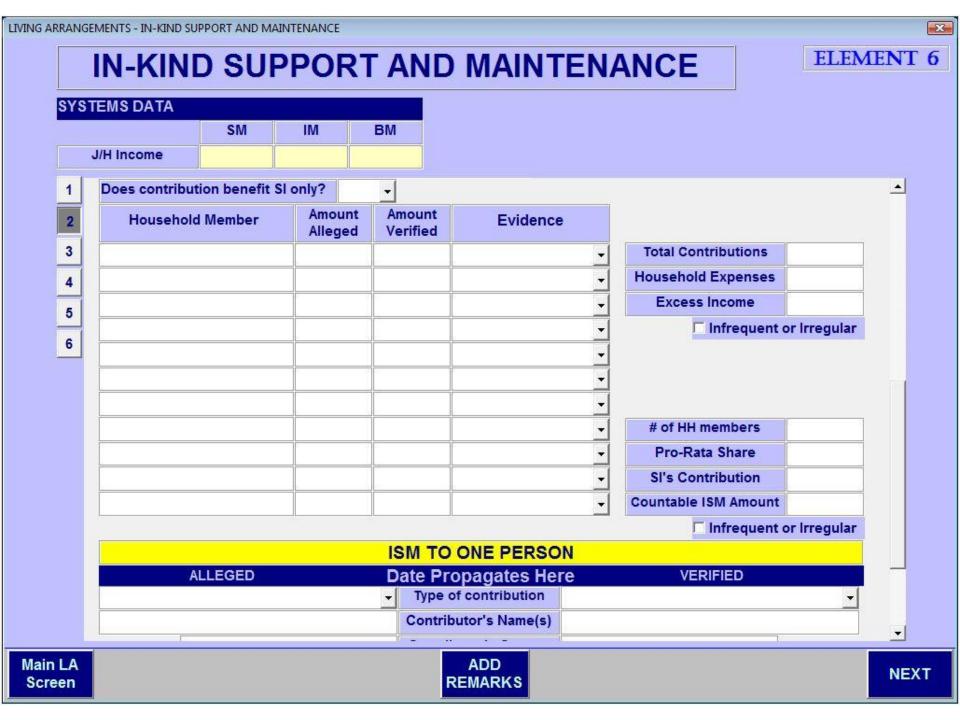
ELEMENT 6

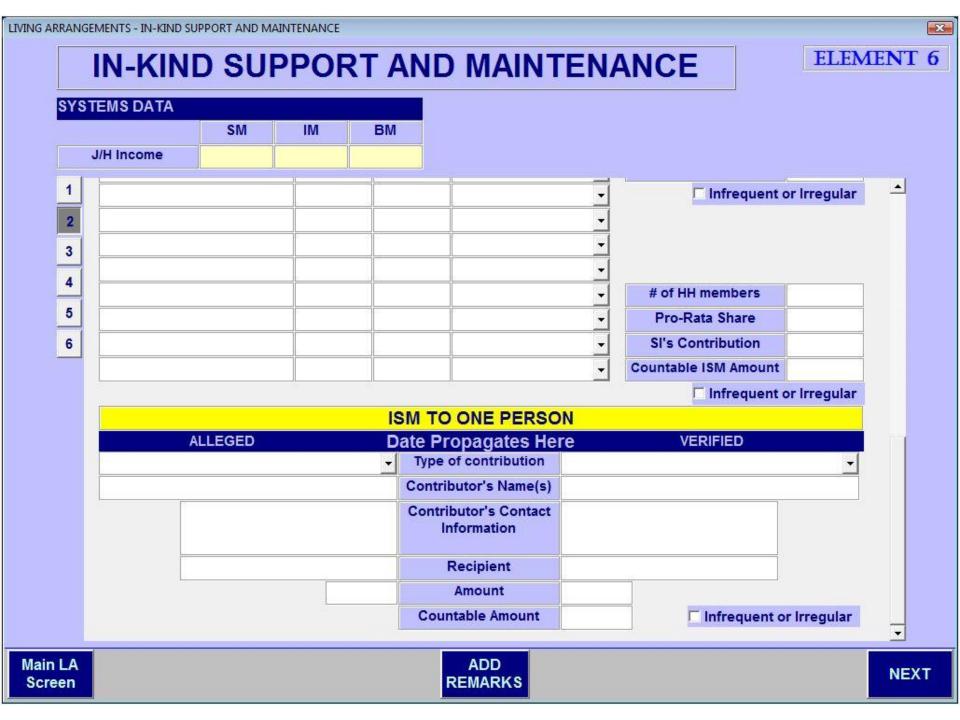


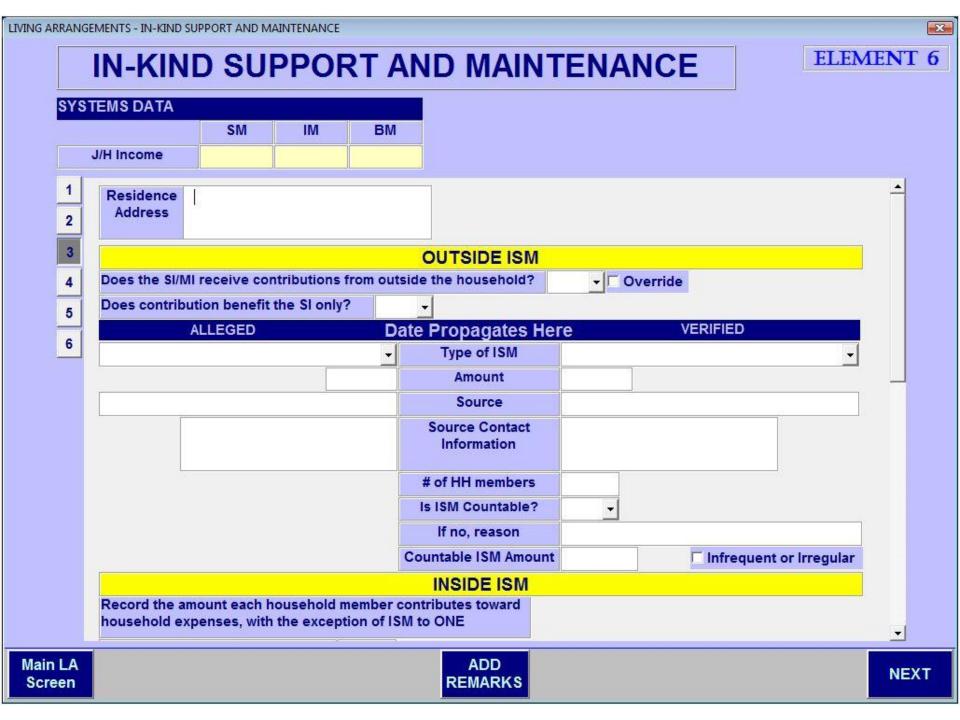


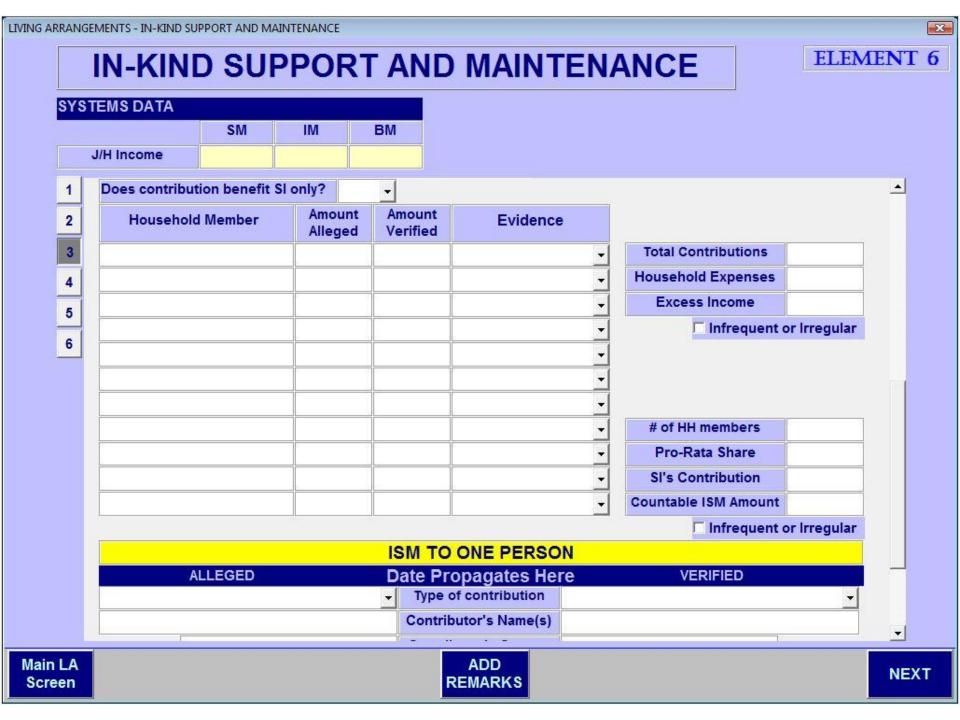






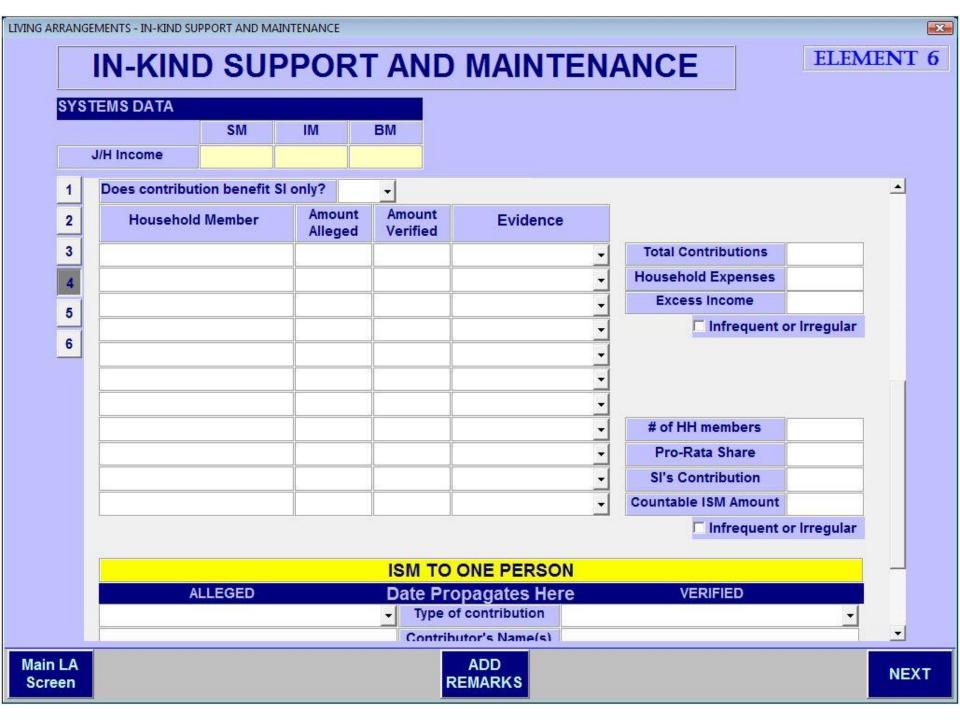


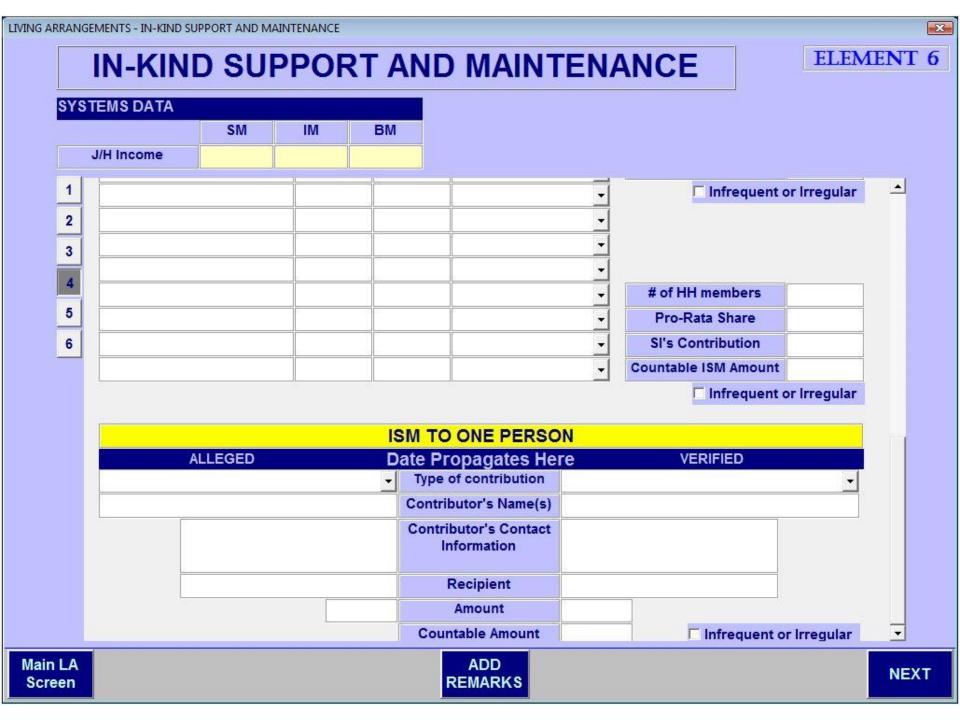


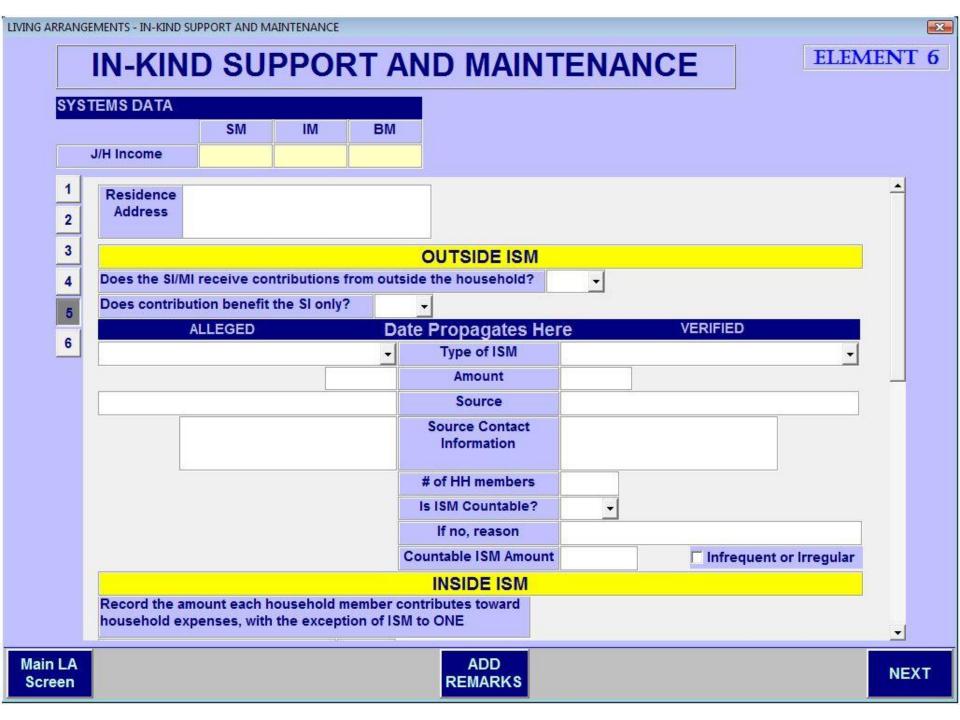


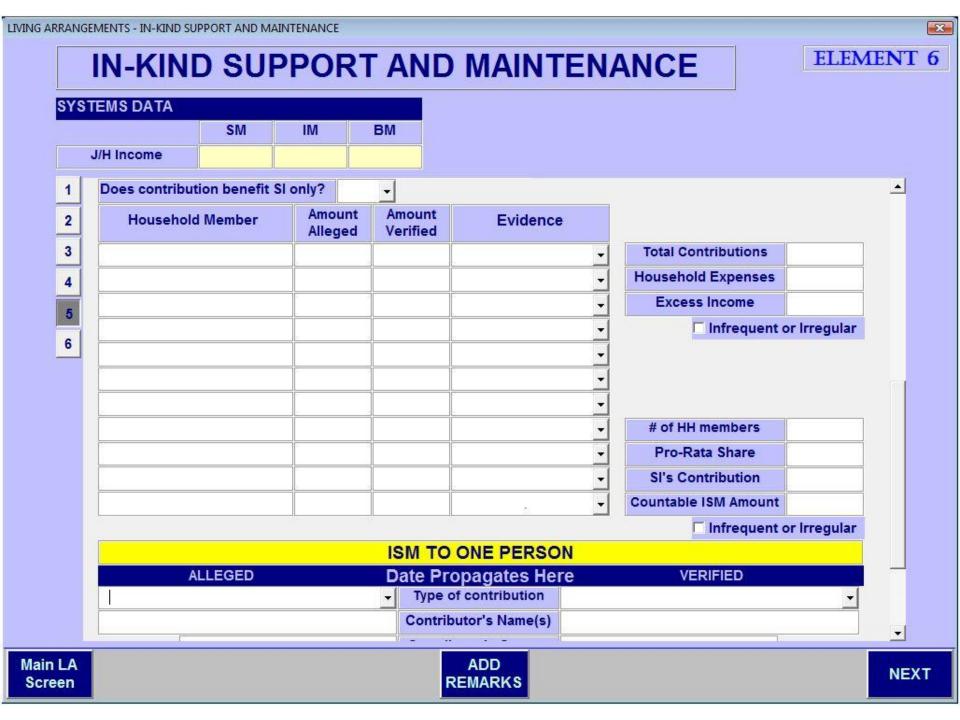
SYSTEMS DA	TA						
V	SM	IM	ВМ				
J/H Income	e						
1				<u> </u>	==	☐ Infrequent or Irregu	lar 🔺
2		15		45	Ţ		
3		-			Ī		
4					_		
					_	# of HH members	
5						Pro-Rata Share	
6				15		SI's Contribution	_
						Countable ISM Amount	
			14	OM TO ONE DEDOO	VI.	☐ Infrequent or Irregu	lar
	ALLEGED			<mark>SM TO ONE PERSO</mark> Date Propagates Her		VERIFIED	
	ALLEGED		-	Type of contribution	C	VERNILD	-1
				Contributor's Name(s)			
				Contributor's Contact Information		Á.	
				Recipient		*	
				Amount		17/	
				Countable Amount		☐ Infrequent or Irregul	ar

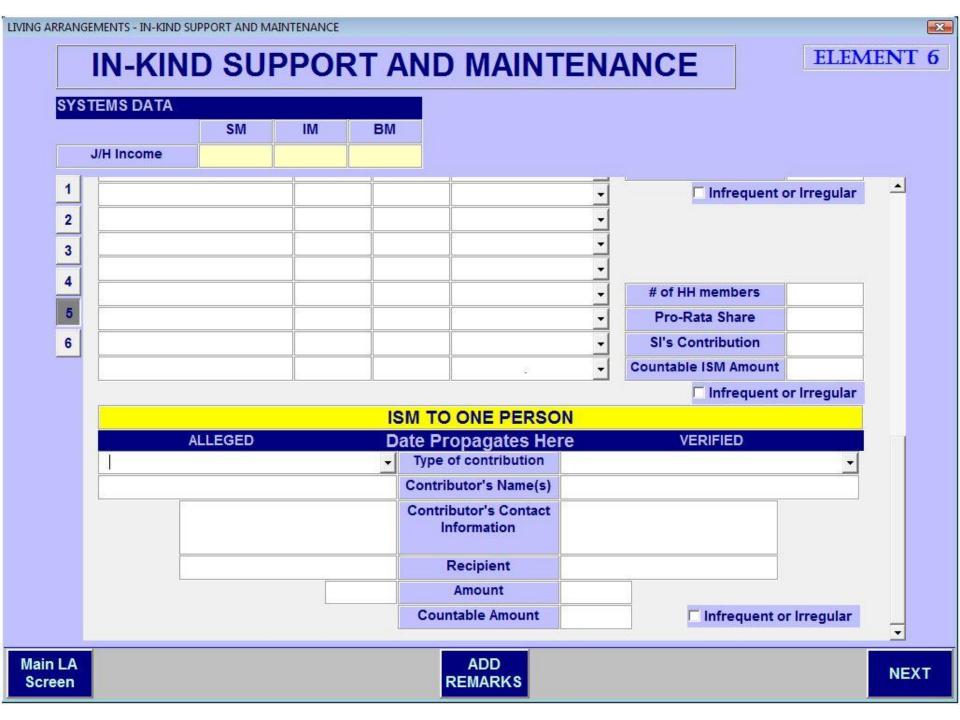


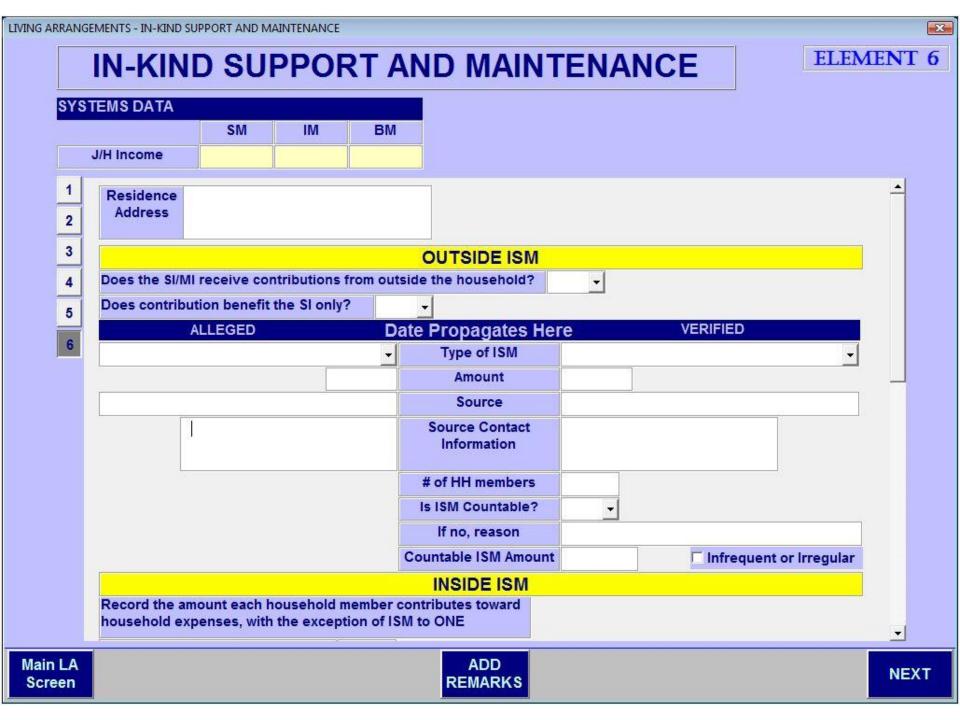


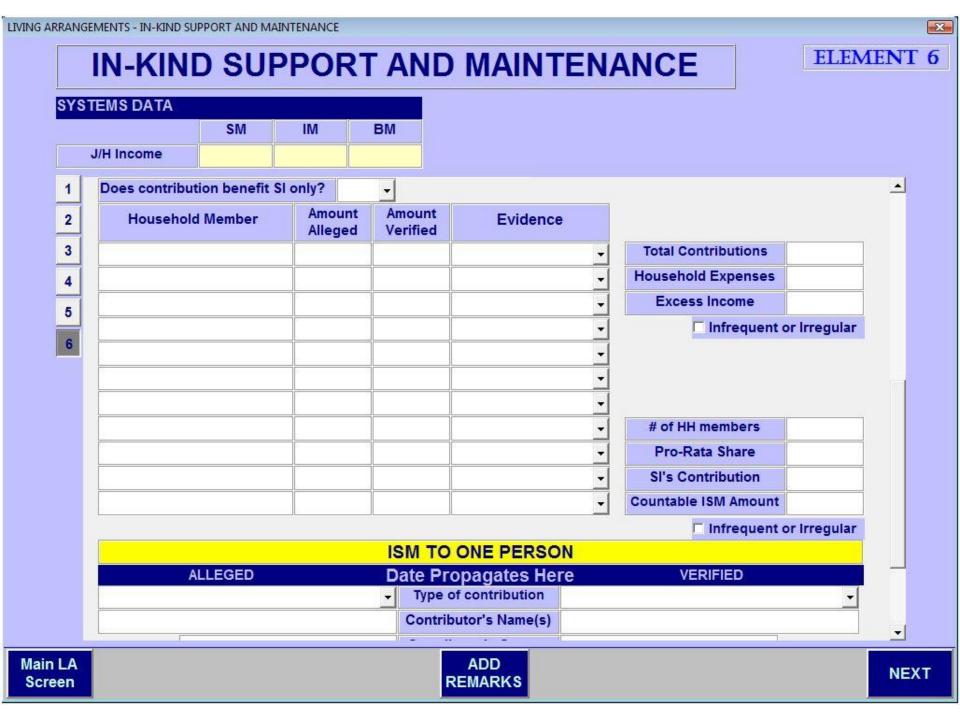


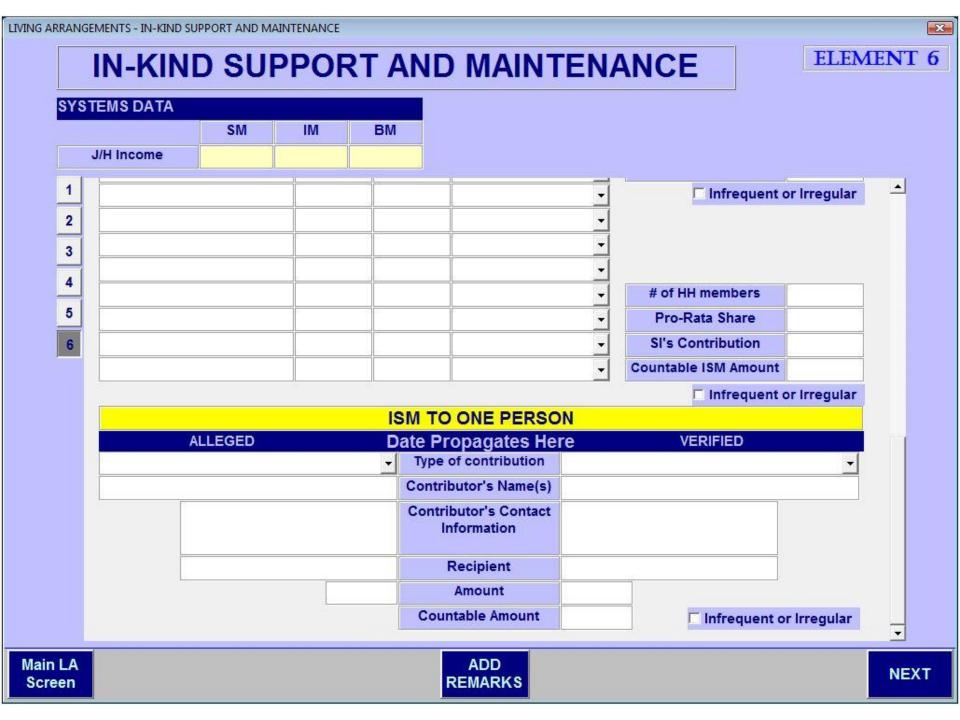












ADDRESS HISTOR	Y	ELEME
Residence 1	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 2	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 3	Change Since mm/dd/yyyy?	Date of change
Туре		
Residence 4	Change Since mm/dd/yyyy?	Date of change
Туре		

Change Since mm/dd/yyyy?

Date of change

Main LA Screen

BACK

Туре

Туре

Residence 6

2.5

REVIEW PERIOD LA CHANGE

ELEMENT 6

Residence
Address

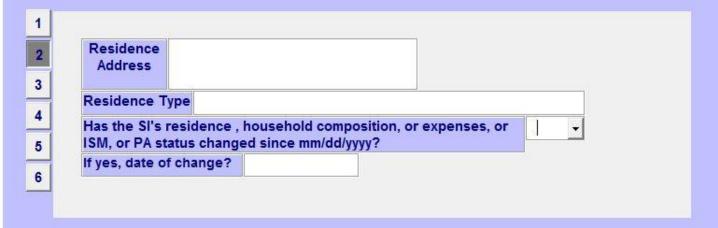
Residence Type

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

REVIEW PERIOD LA CHANGE



×

Main LA Screen ADD REMARKS ADDR HISTORY

Main LA Screen

ADD REMARKS ADDR HISTORY ×

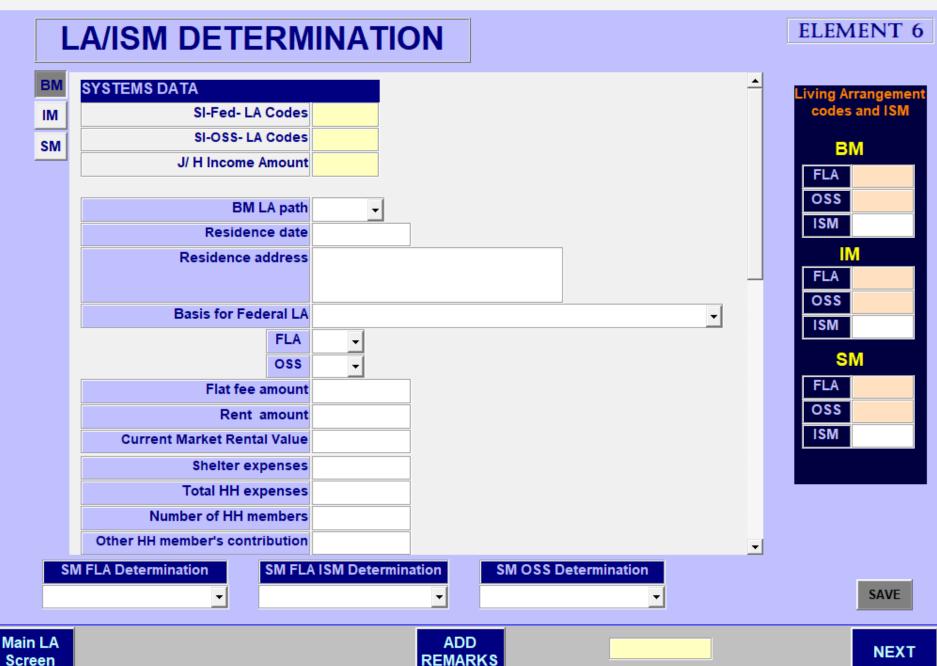
ELEMENT 6

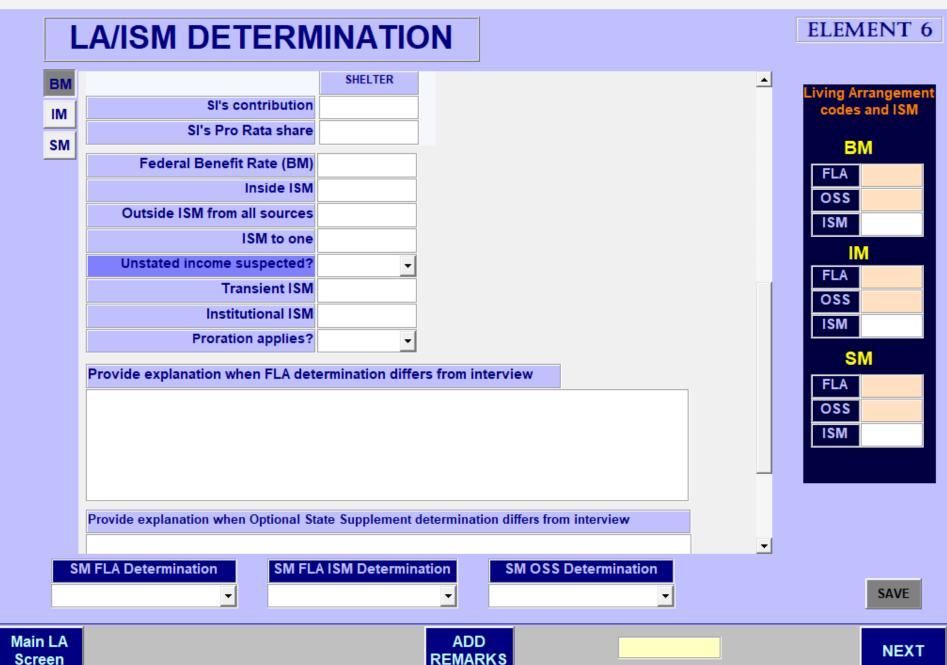
×

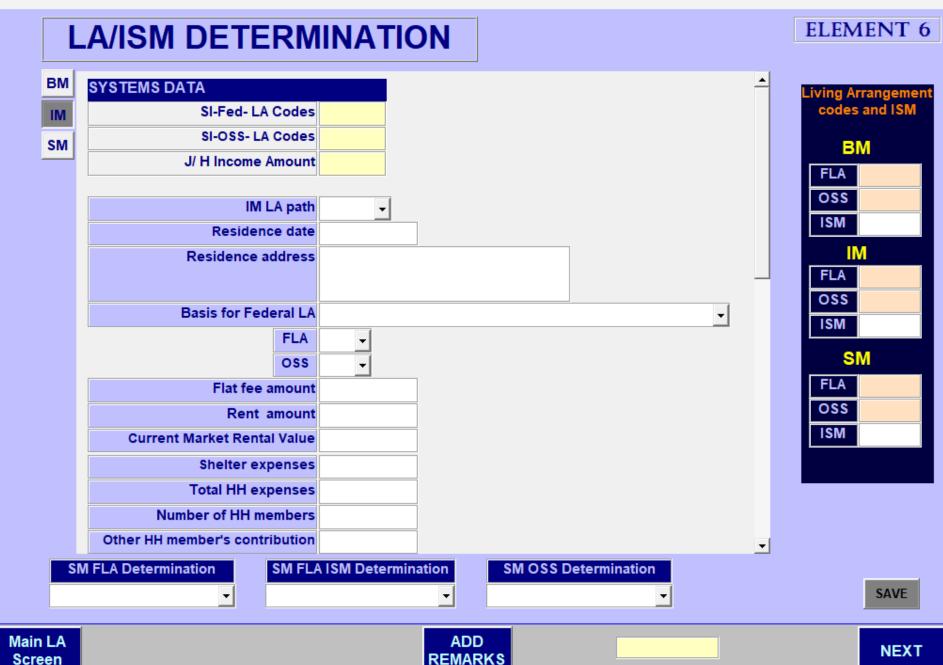
Main LA Screen

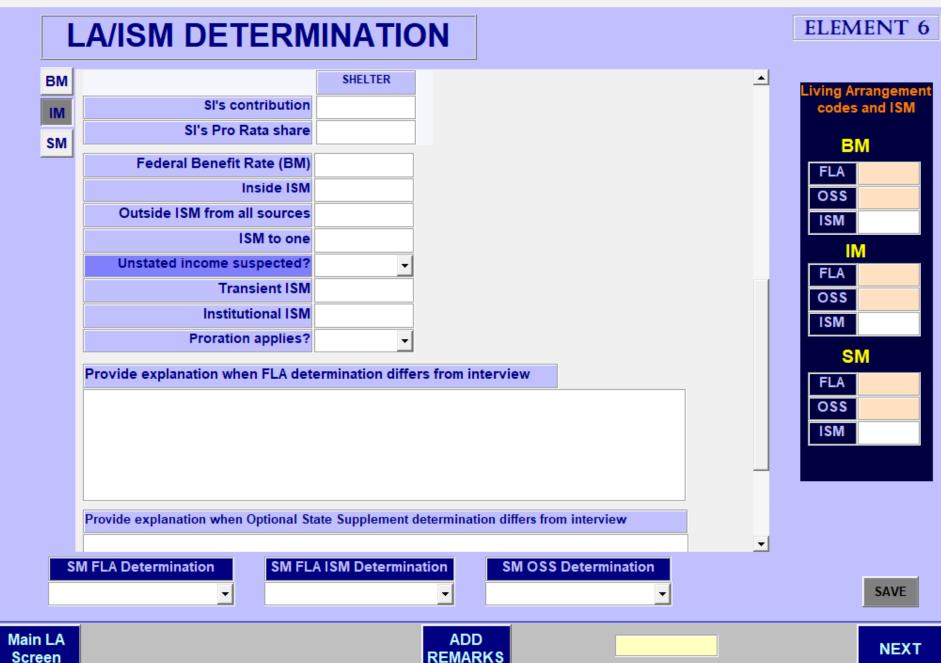
ADD REMARKS ADDR HISTORY ×

ELEMENT 6

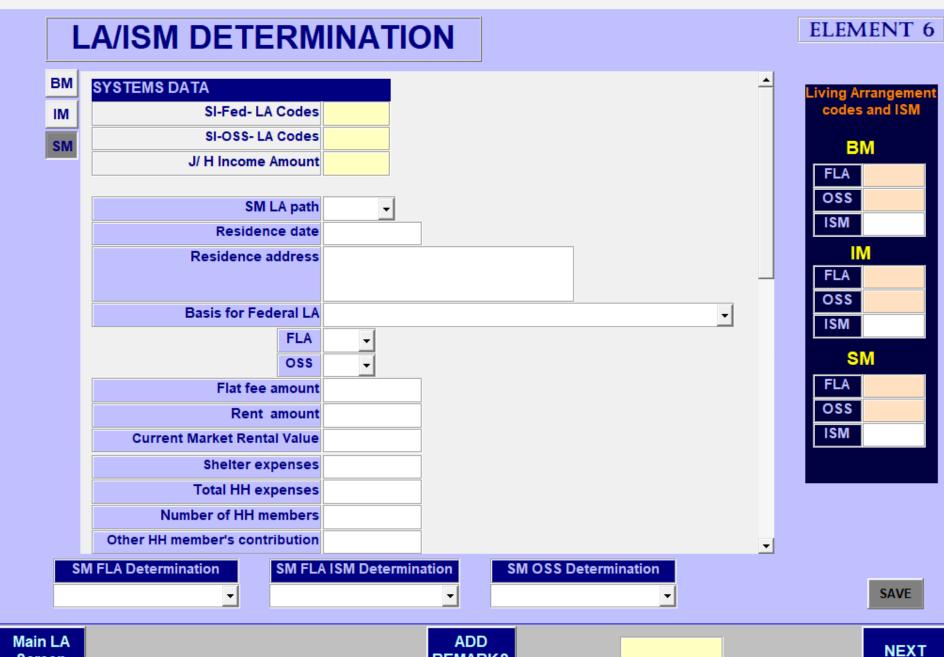




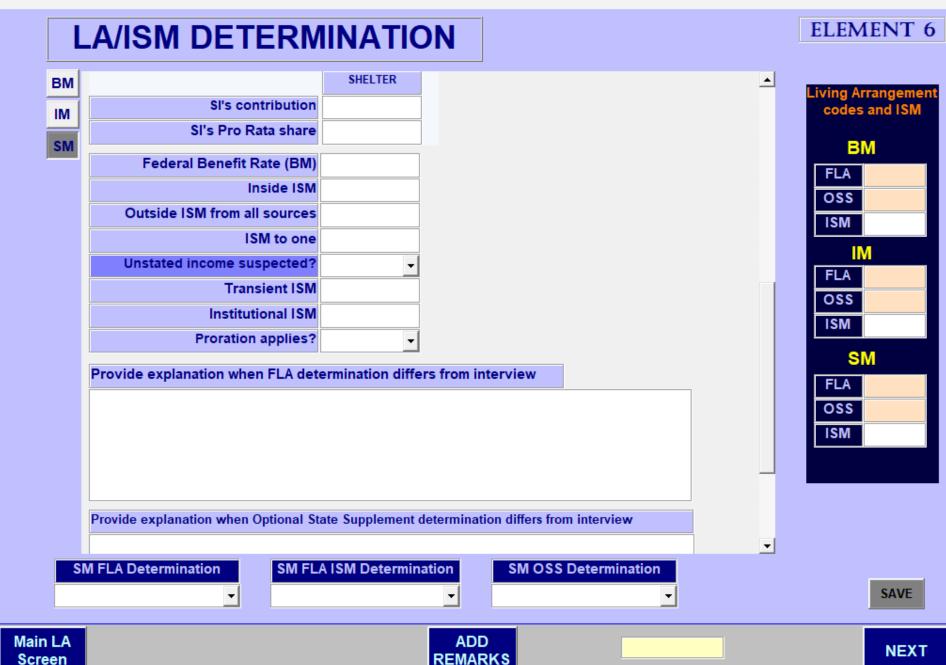




Screen



REMARKS



REMARKS

Summary

NEXT

COMPLETE

PREVIOUS

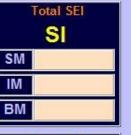
by Name

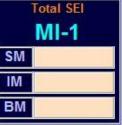
MENU

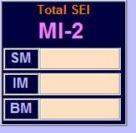
SELF-EMPLOYMENT

SI SI's Name Propagates Here ALLEGED **MI-1 VERIFIED** Type of Business MI-2 Gross income last year IC-1 Net income last year IC-2 Gross income this year Net income this year IC-3 BM SM IM BM SM IM IC-4 **Net SE Profit** IC-5 **Net SE Loss** Evidence Deductions/ Exclusions ALLEGED **VERIFIED** Student Earned Income **IRWE** BWE **Court-Ordered Pymnts** PASS OTHER Was the SI a Student during the Review Period?

ELEMENT 7





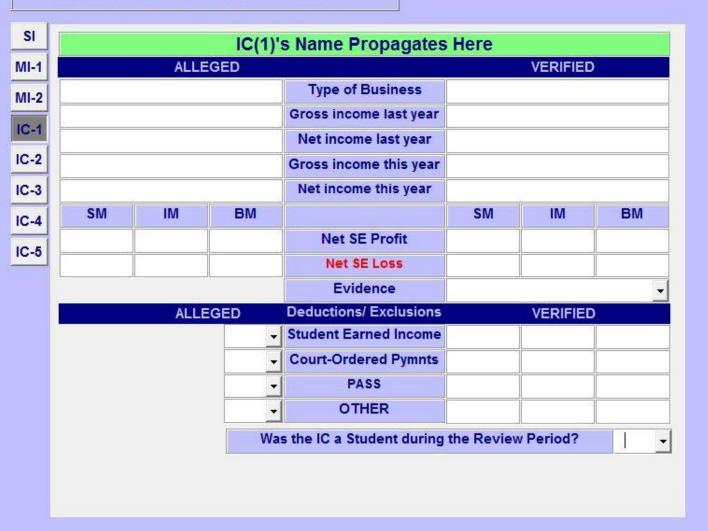




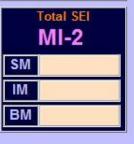


×

SELF-EMPLOYMENT



Total SEI
SM
IM
BM
Total SEI
MI-1
SM



BM

REMARKS

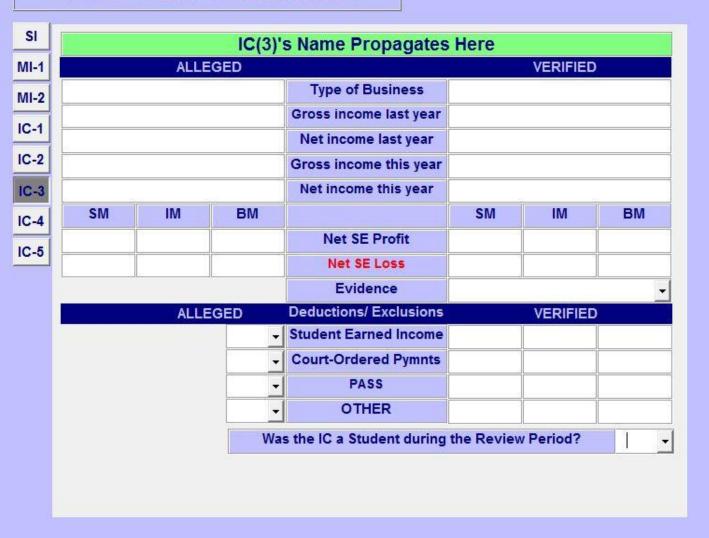
Summary

STATUS

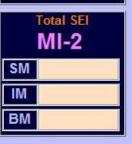
ELEMENT 7

×

SELF-EMPLOYMENT



Total SEI
SI
SM
IM
BM
Total SEI
MI-1
SM



BM

REMARKS

Summary

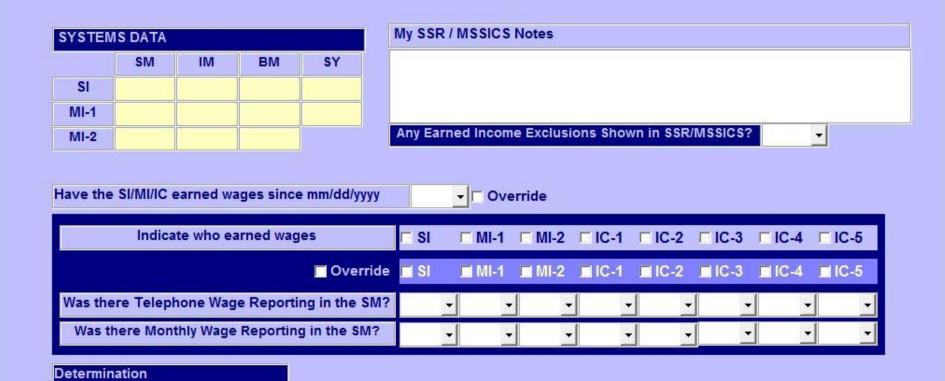
STATUS

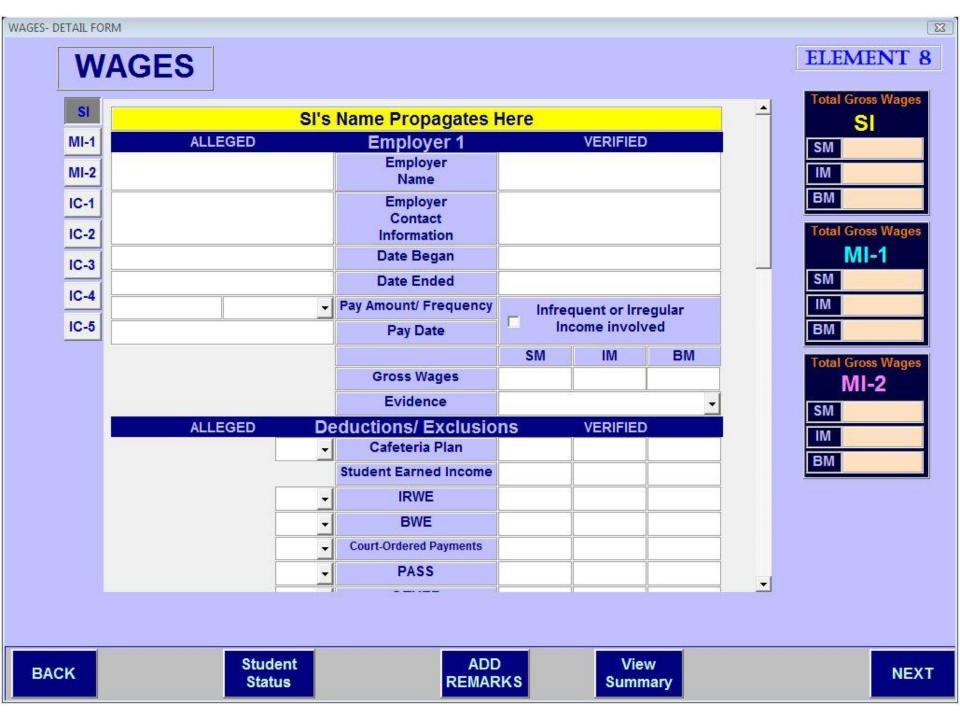
REMARKS

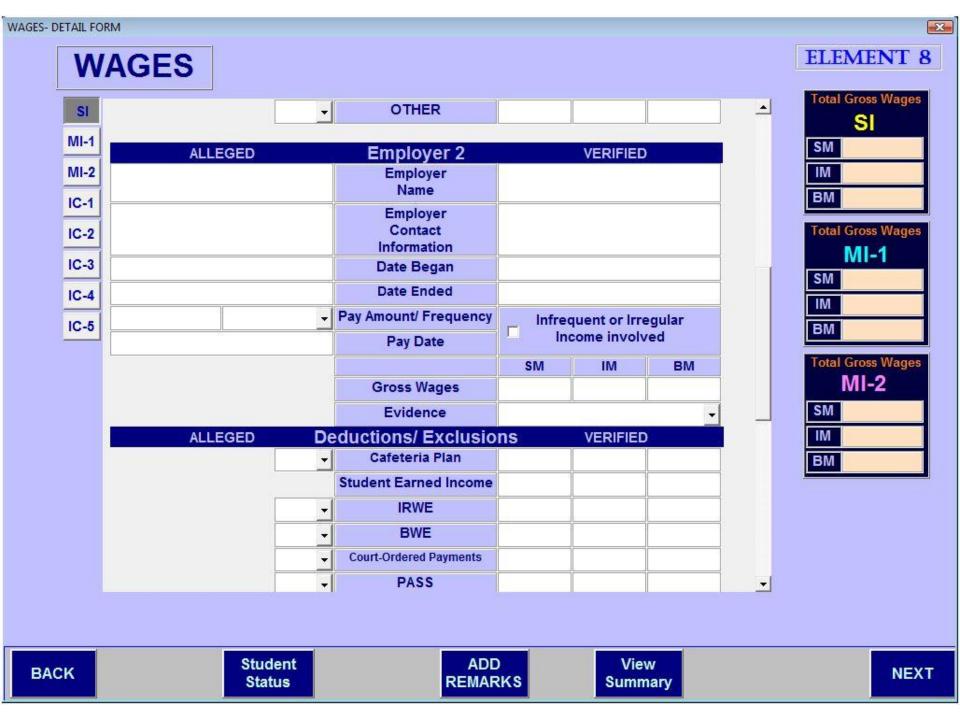
Summary

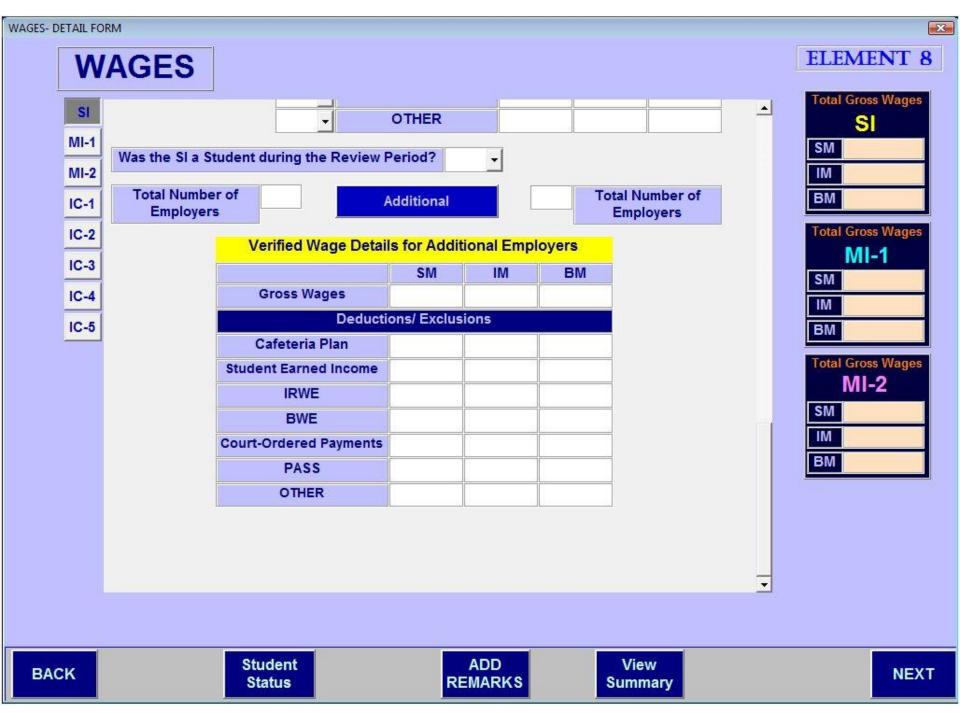
STATUS

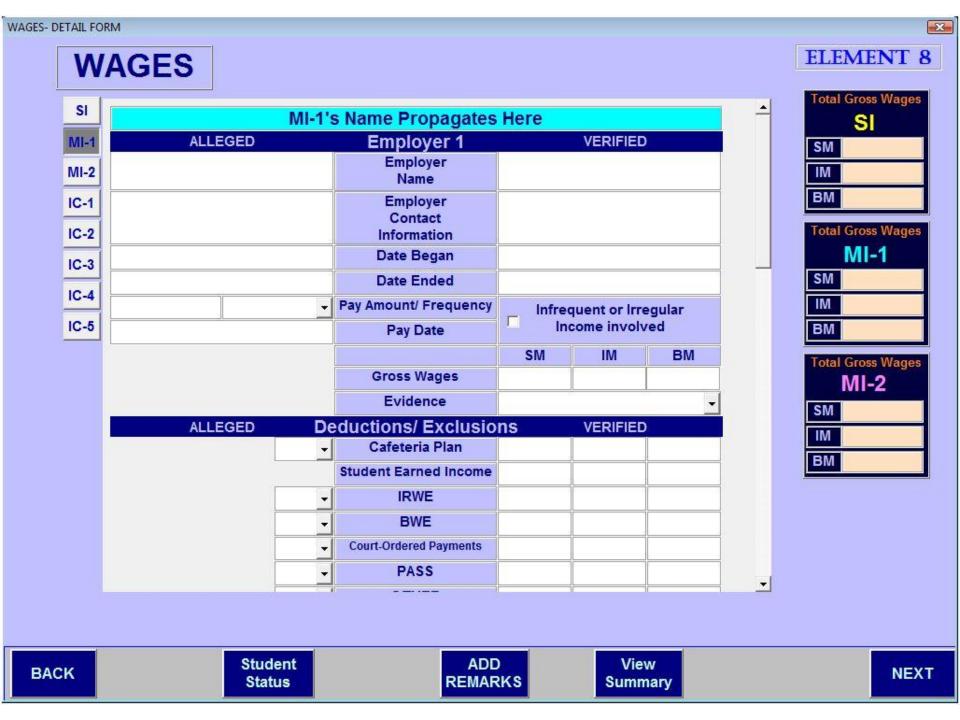
NEXT

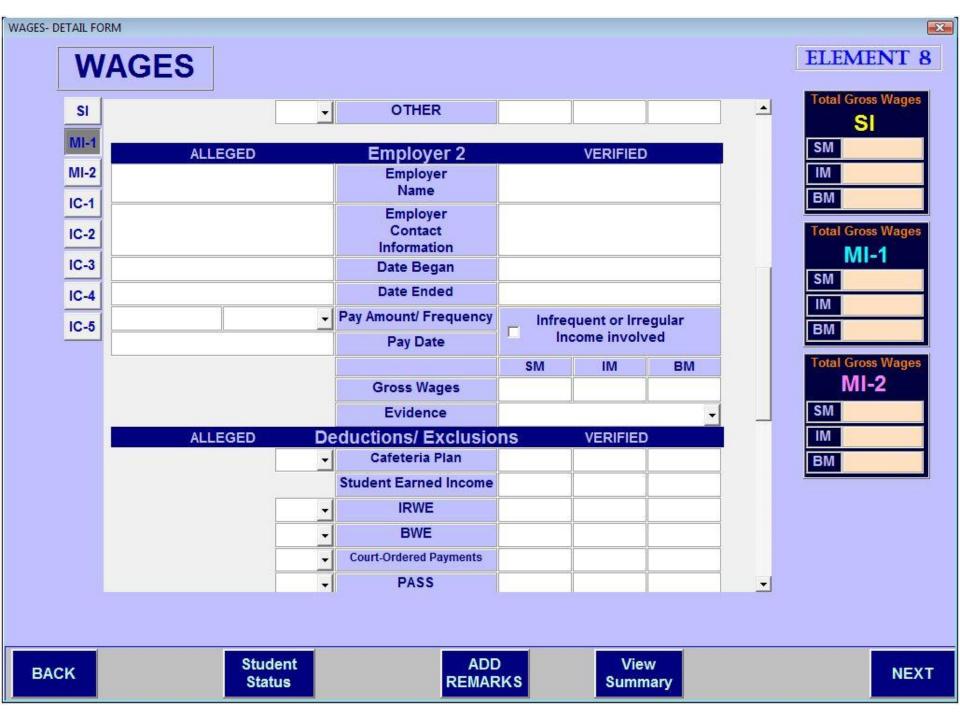


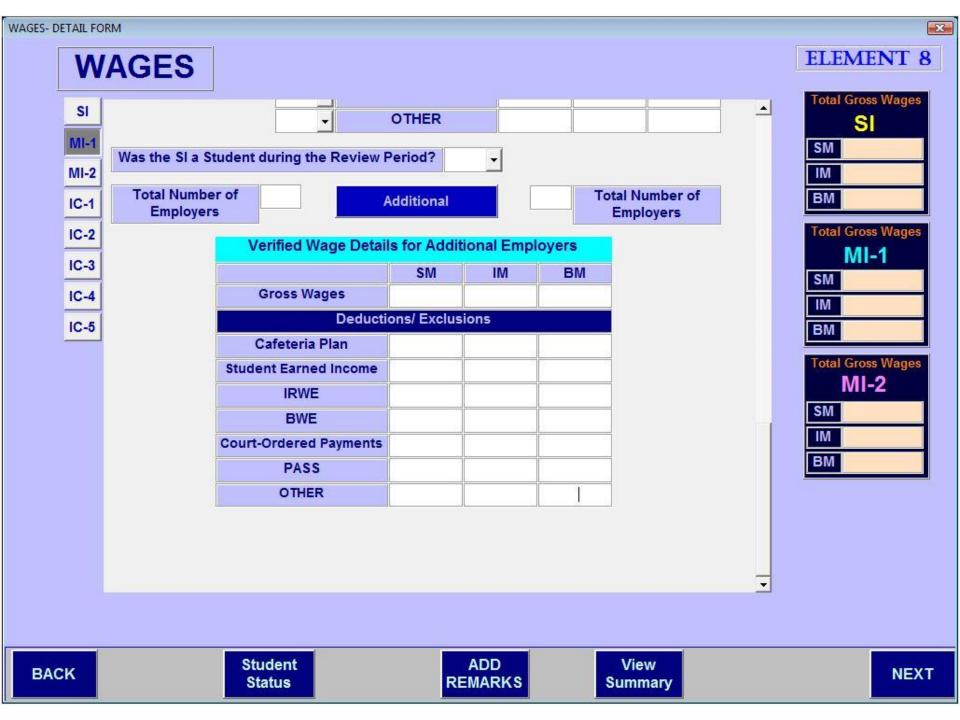


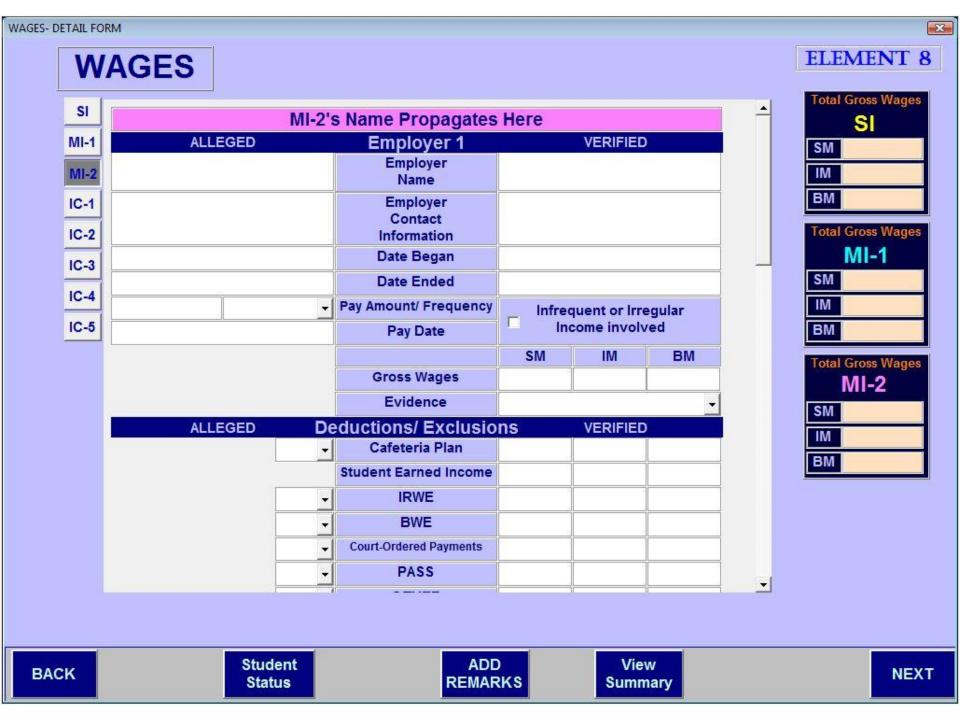


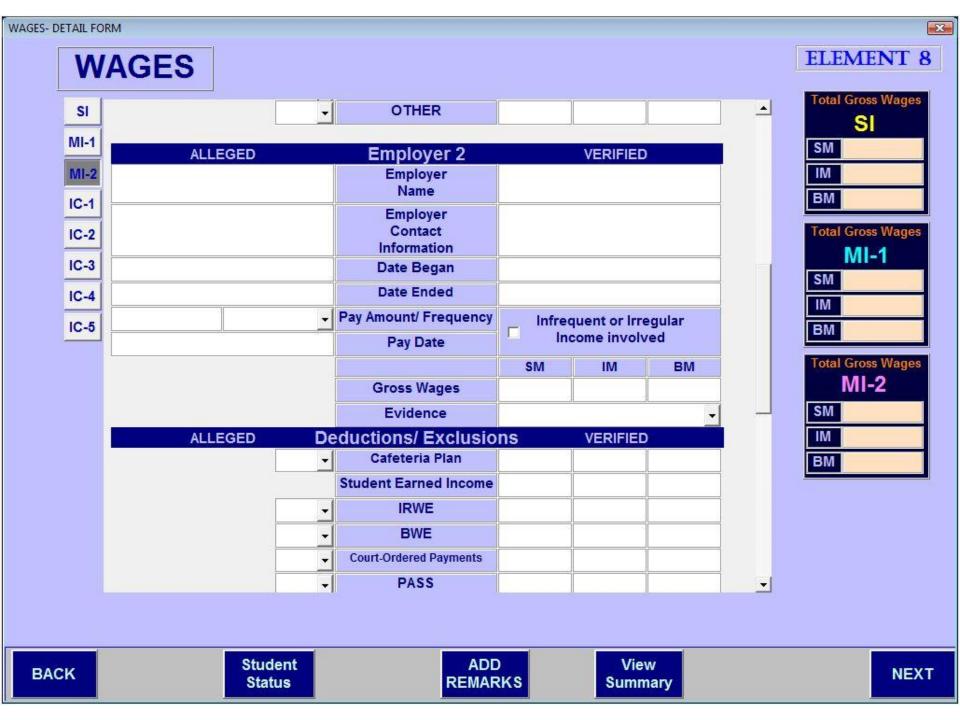


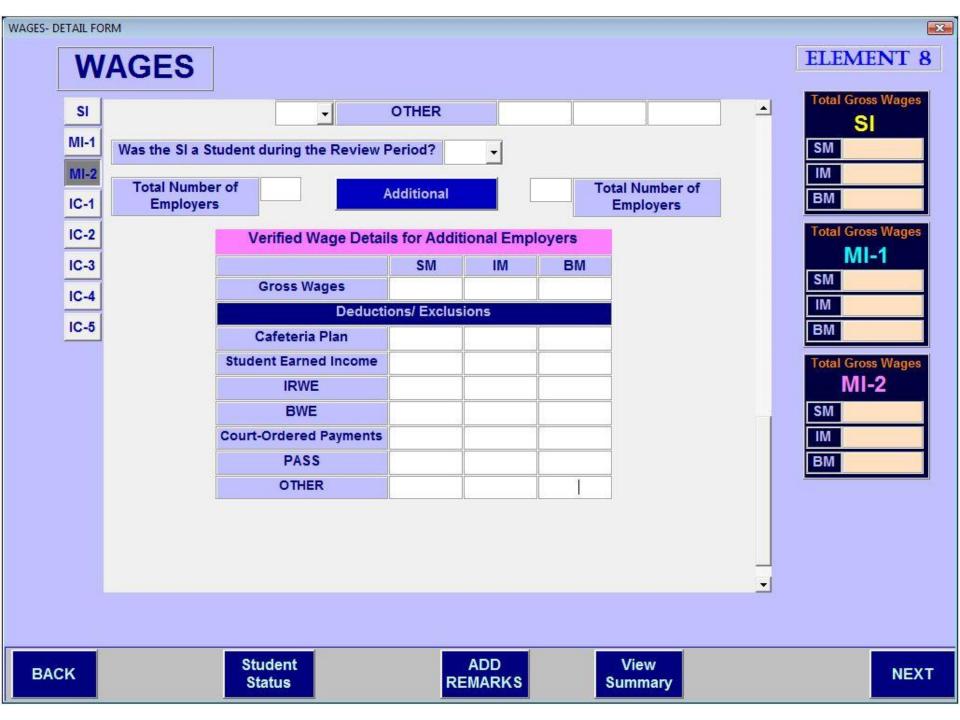


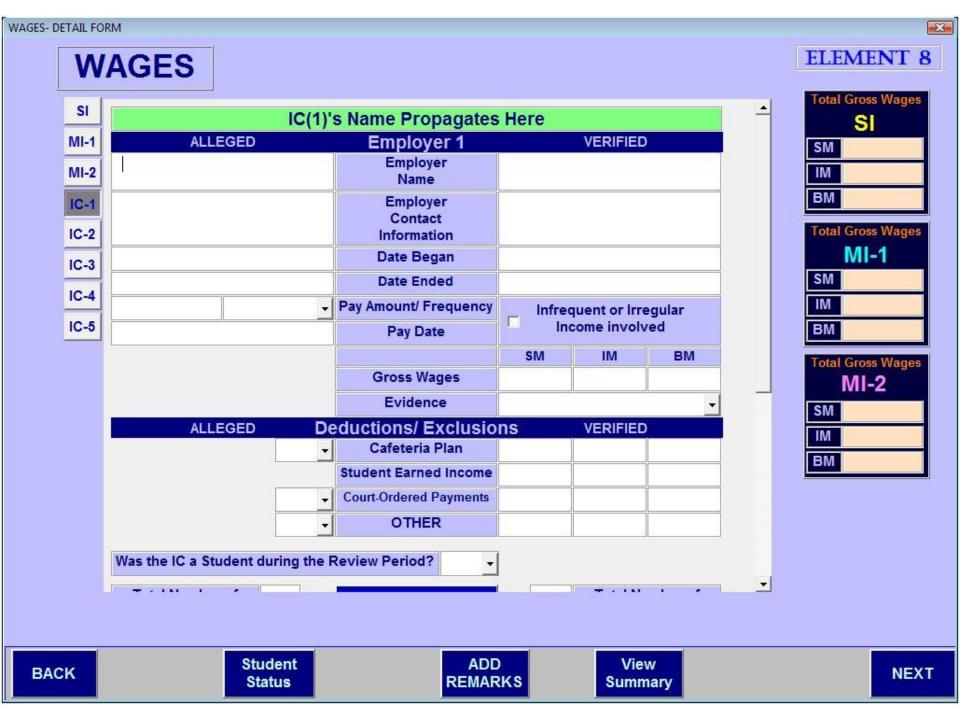


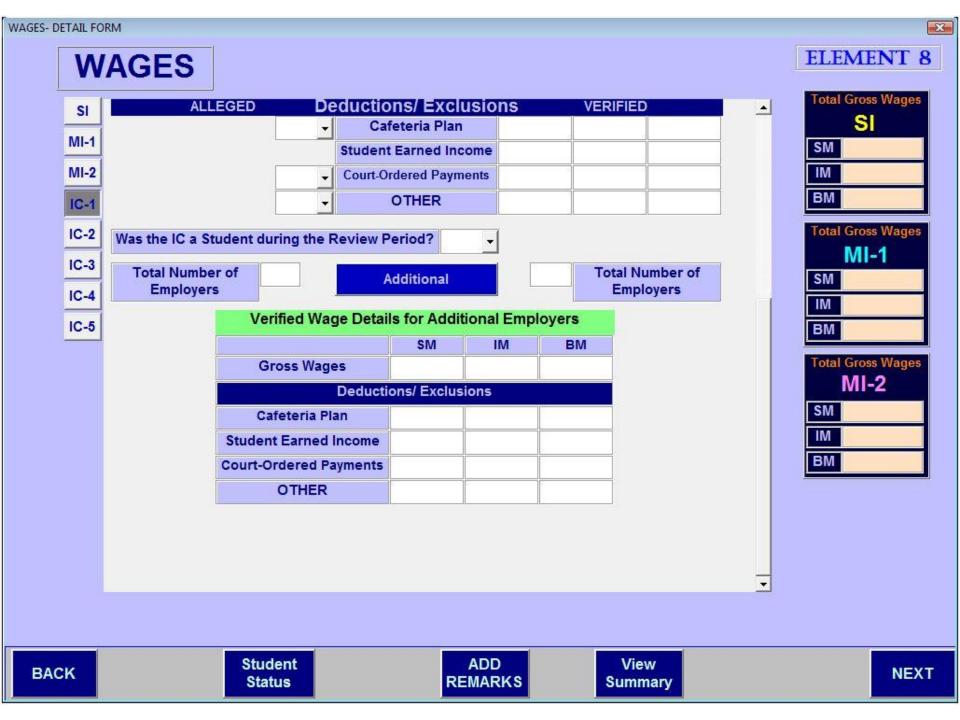


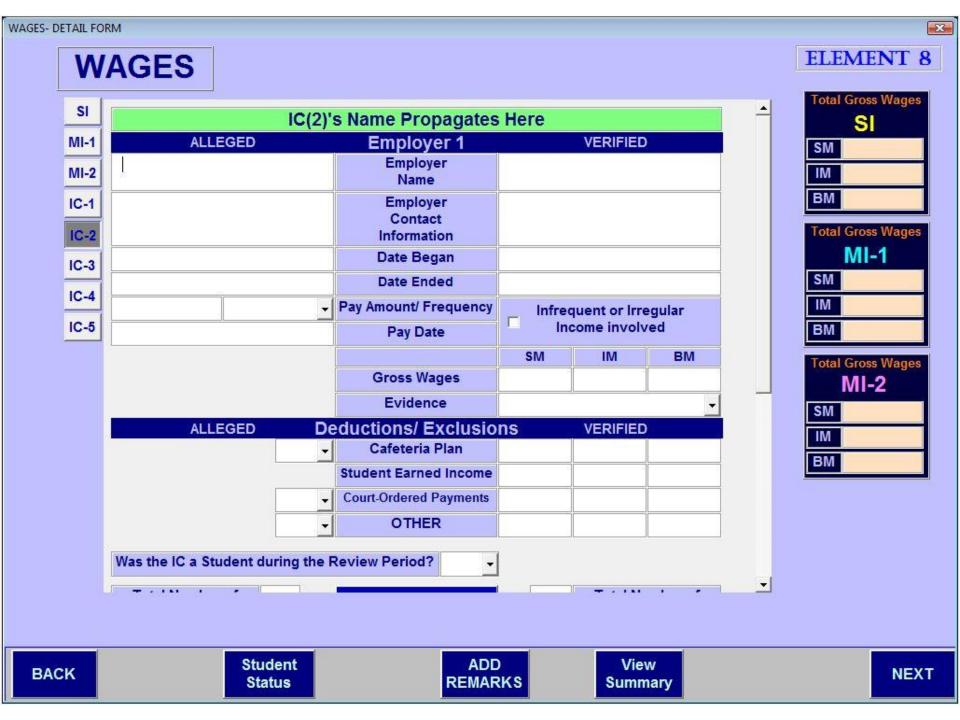


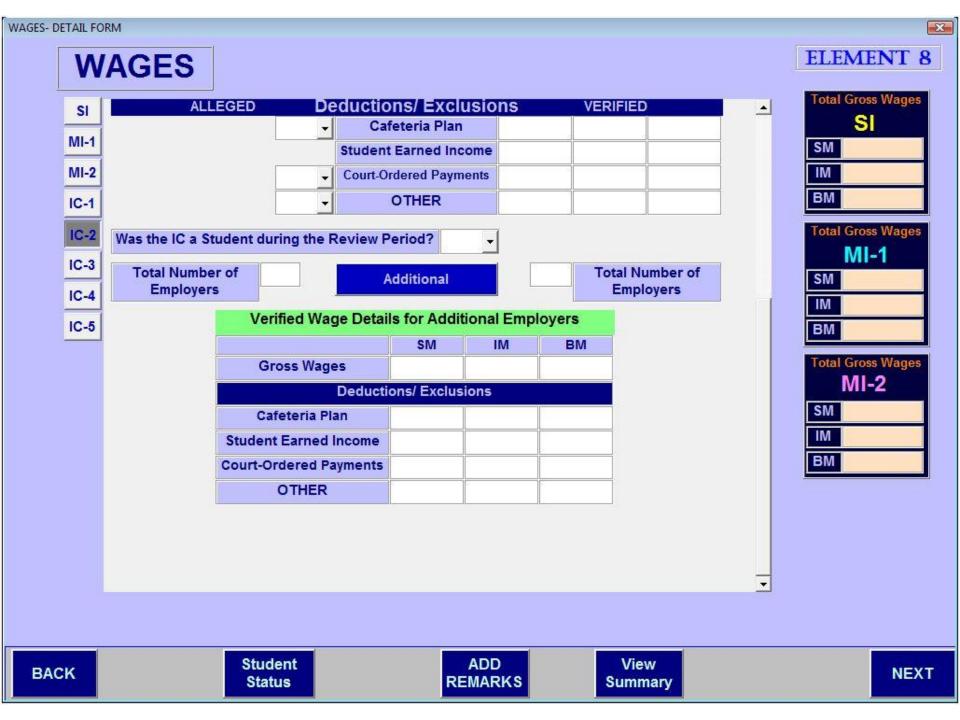


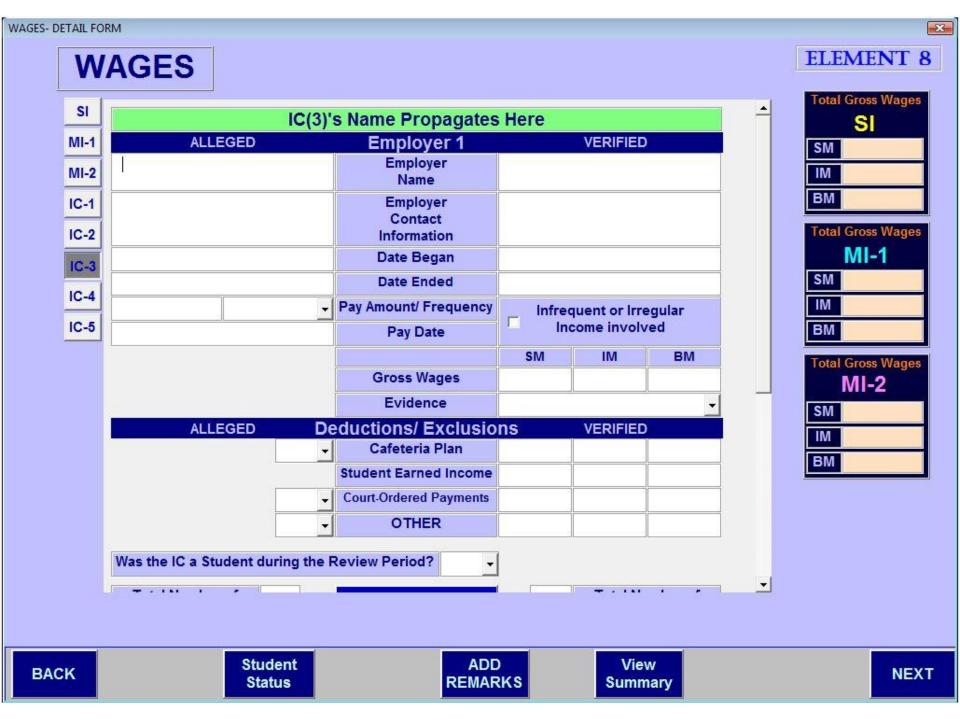


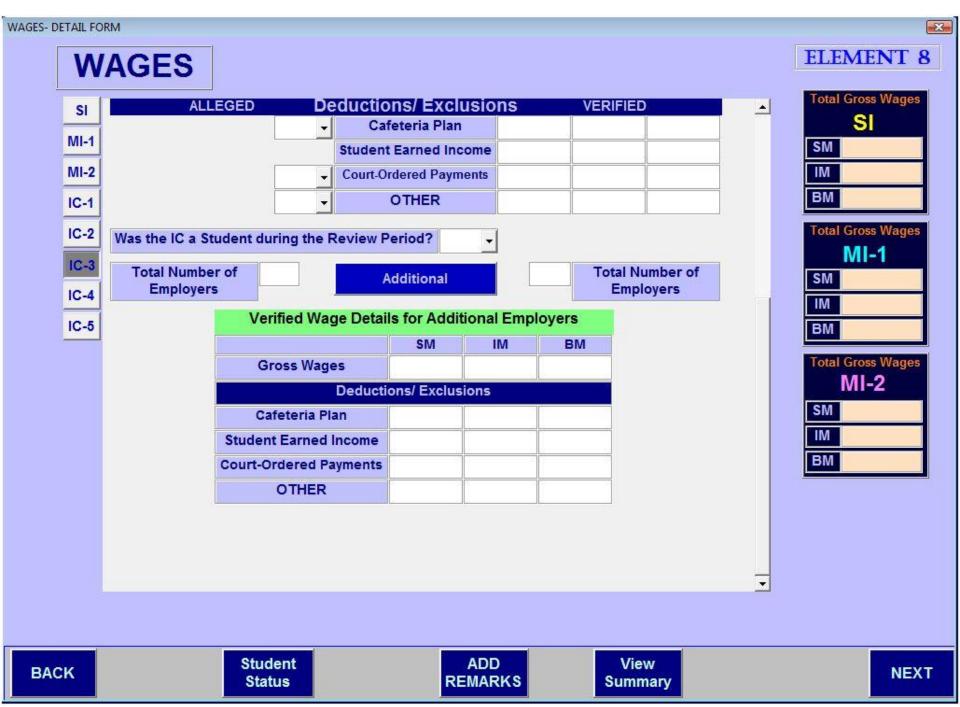


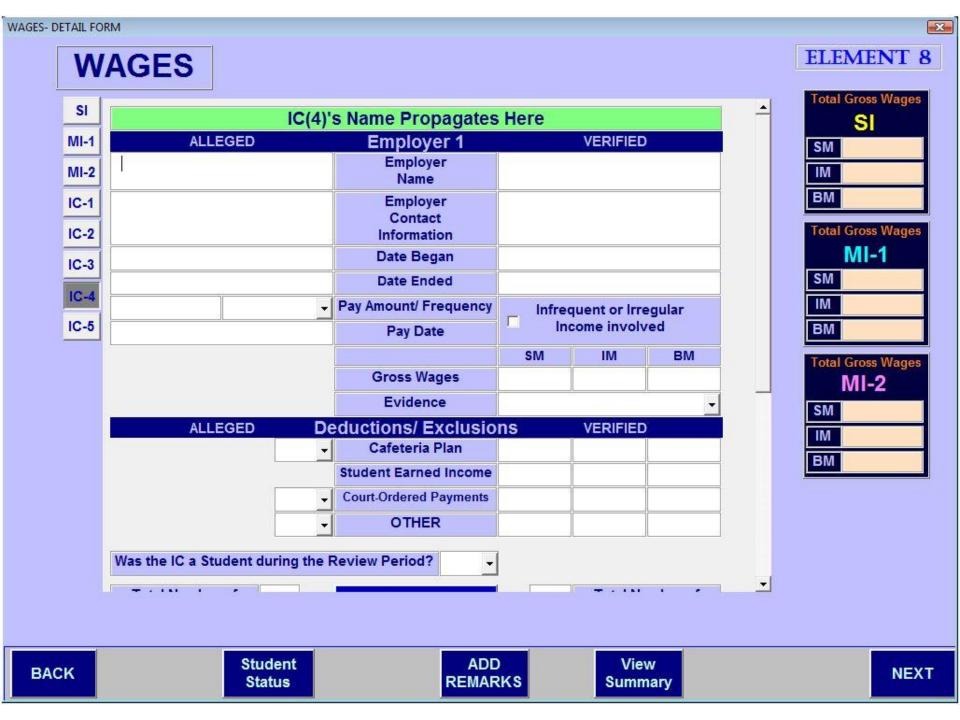


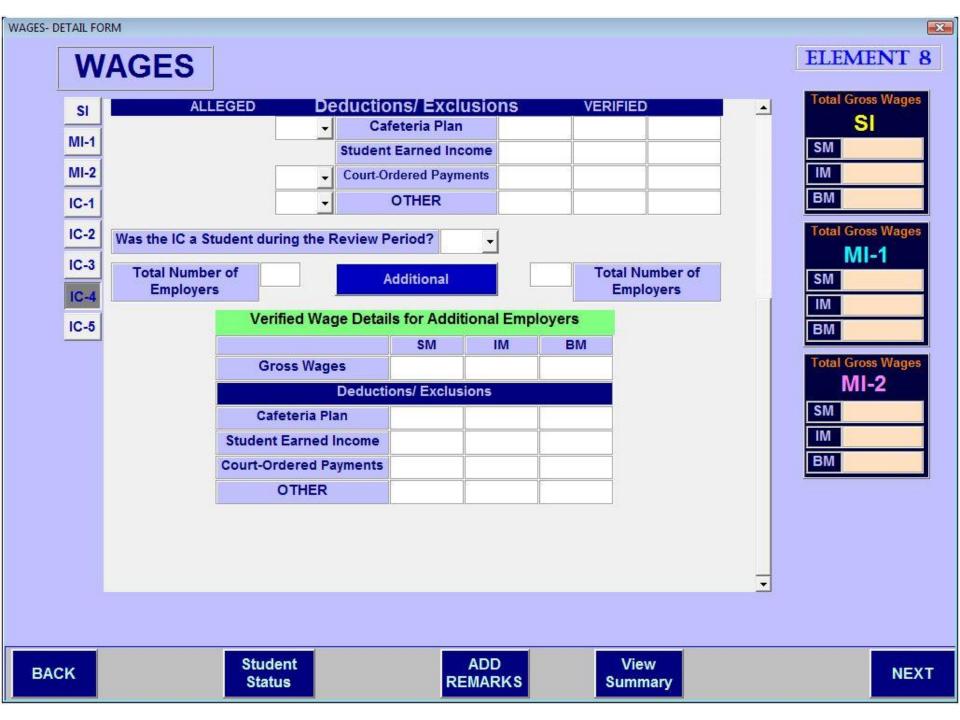


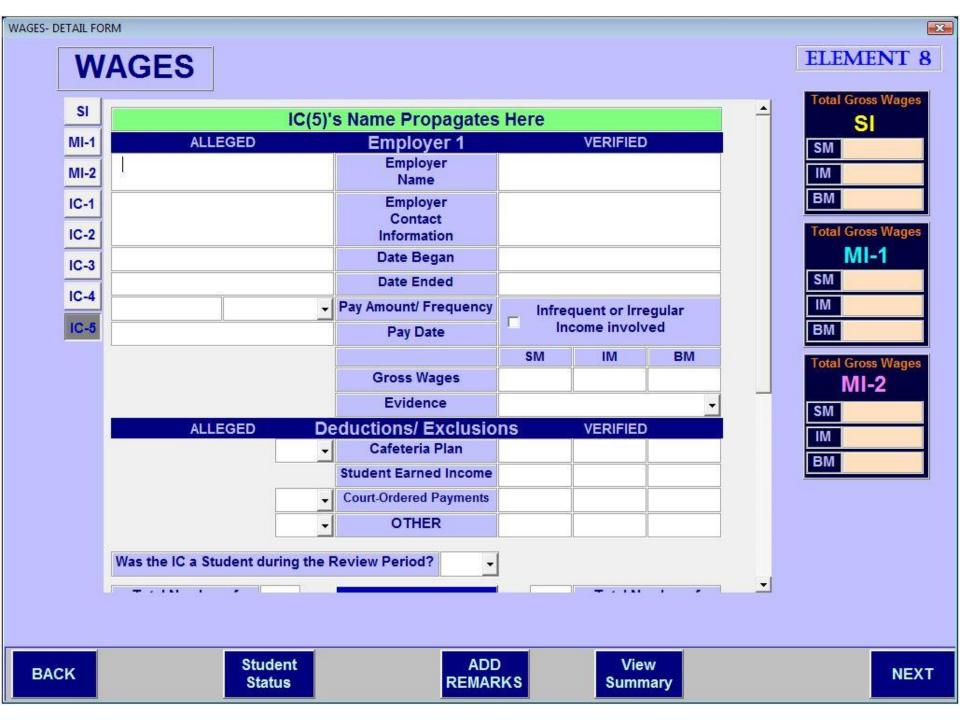


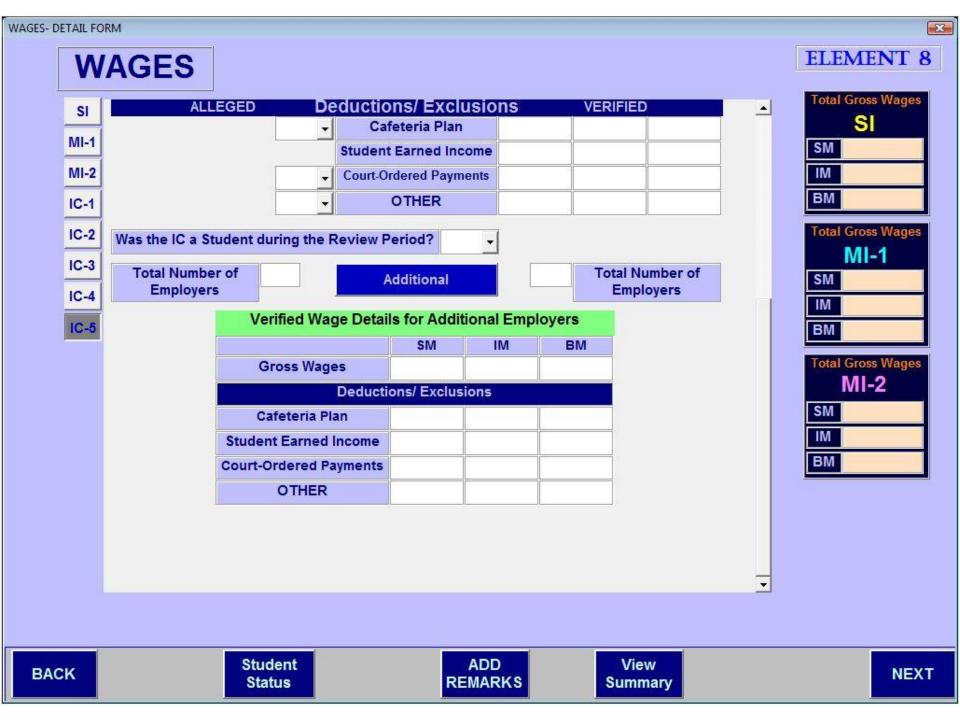












SYSTEMS DATA			
	SY		
SI			
MI1			



SI	SI'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	То	→ Dates of Attendance		То	Į.	
IC-5	<u> </u>	Evidence			-	
		Student exclusion	SM	IM	вм	
		applies?	¥	-	•	

SYSTEMS	DATA
	SY
SI	
MI1	



SI	MI-2's	Name Propagates	Here		
MI-1	ALLEGED		V	ERIFIE)
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact Information			
IC-4	To	Dates of Attendance		То	~
IC-5		Evidence			-
		Student exclusion	SM	IM	ВМ
		applies?	Ţ		

SYSTEMS DATA		
	SY	
SI		
MI1		



SI	IC(1)'s	Name Propagates	Here		
MI-1	ALLEGED		1	/ERIFIED)
MI-2		DOB/ Age			
IC-1		School Name			
IC-2		Contact Name			
IC-3		School Contact Information			
IC-4				<u> </u>	
IC-5	То	Dates of Attendance		То	-
10-0		Evidence			-
	i	Student exclusion	SM	IM	вм
		applies?	-		- -

SYSTEMS DATA		
	SY	
SI		
MI1		



SI	IC(2)'s Name Propagates Here					
MI-1	ALLEGED		١	ERIFIED)	
MI-2		DOB/ Age				
IC-1		School Name				
IC-2		Contact Name				
IC-3		School Contact Information				
IC-4						
IC-5	То	Dates of Attendance		То		¥
10-0		Evidence				-
		Student exclusion	SM	IM	ВМ	
		applies?	-		-	-
		,				

ADD

REMARKS

View

Summary

COMPLETE

NEXT



List of ICs

by Name

MAIN

MENU

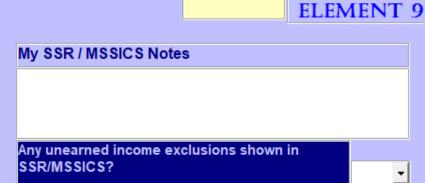
PREVIOUS

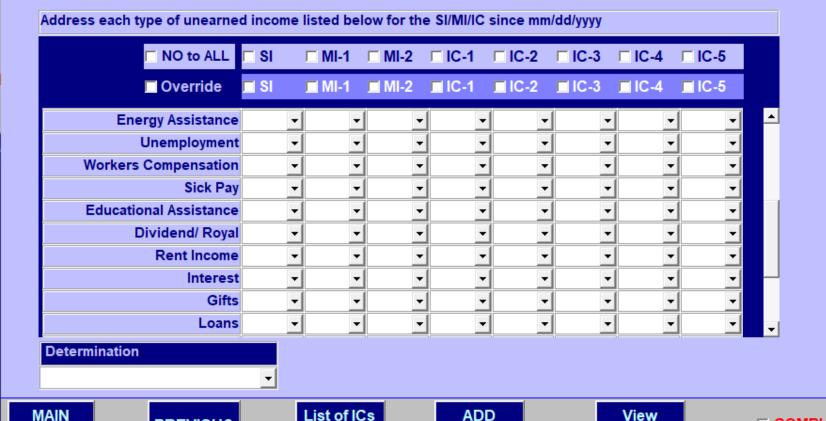
UNEARNED INCOME SYSTEMS DATA MATCH? INTERVIEW SM IM BM SM IM BM SI-TXVI SI-TII **ES-TXVI** ES-TII

MAIN

MENU

PREVIOUS





by Name

ADD

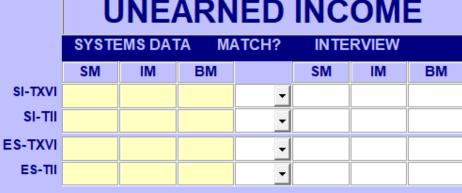
REMARKS

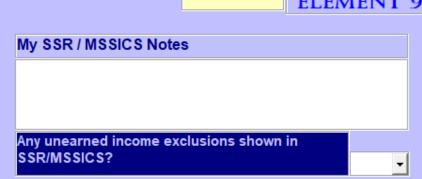
View

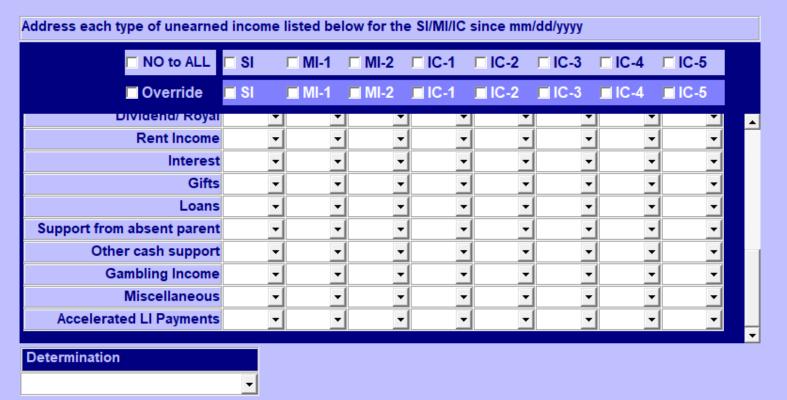
Summary

☐ COMPLETE

NEXT







MAIN MENU

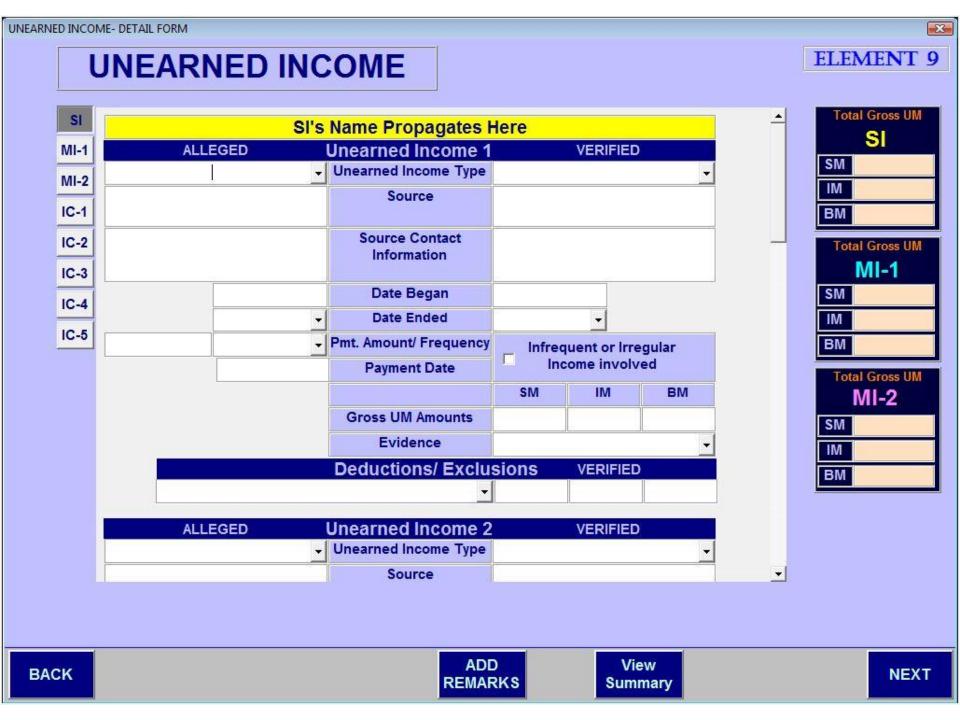
PREVIOUS

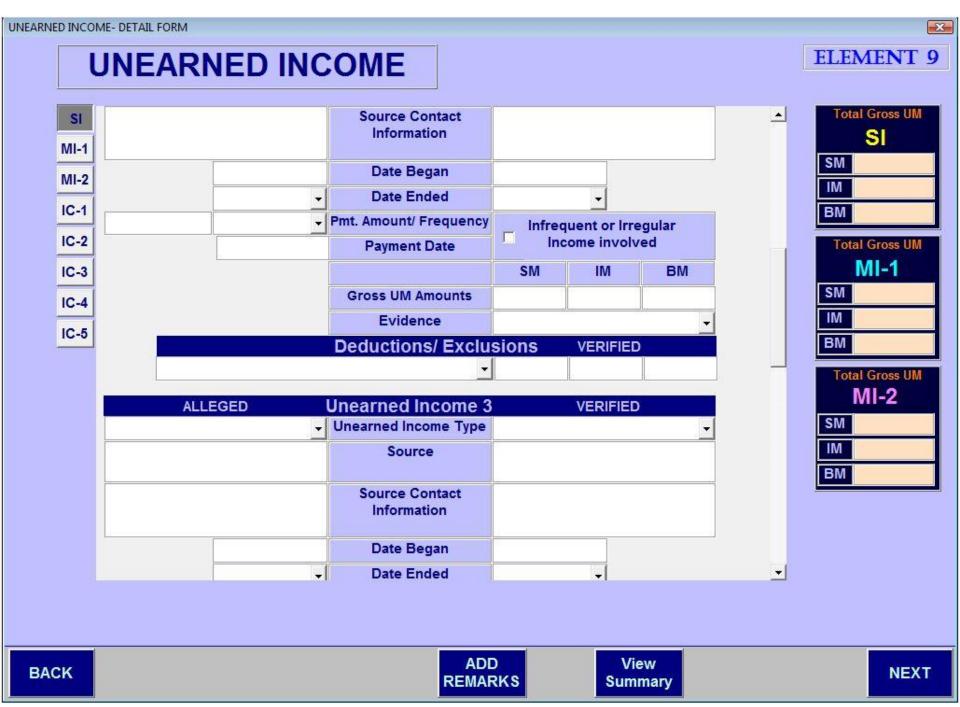
List of ICs by Name

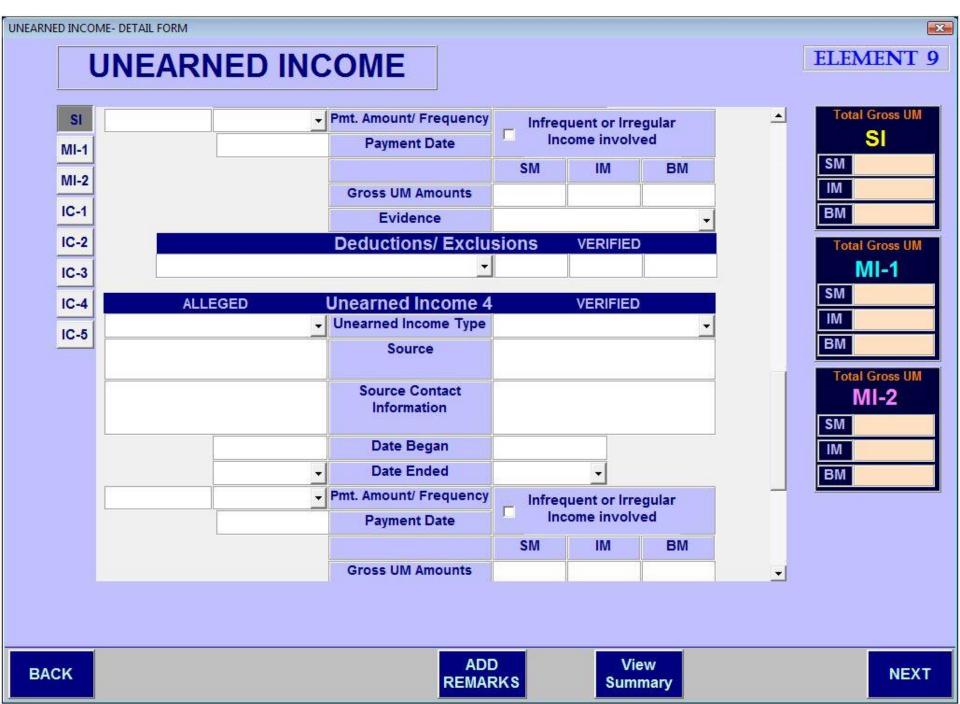
ADD REMARKS View Summary

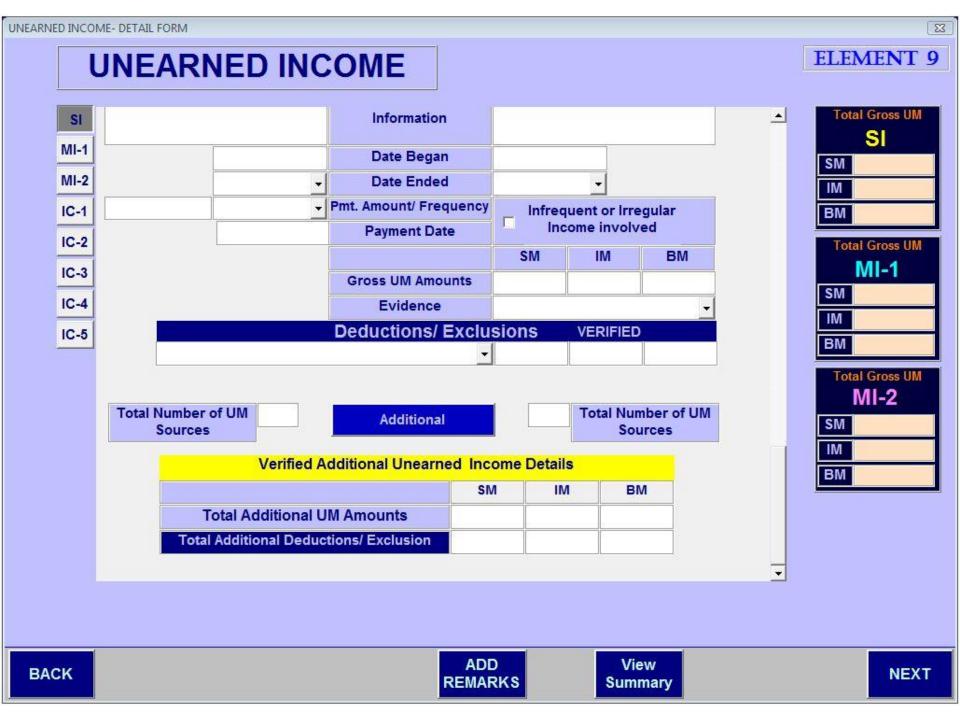
□ COMPLETE

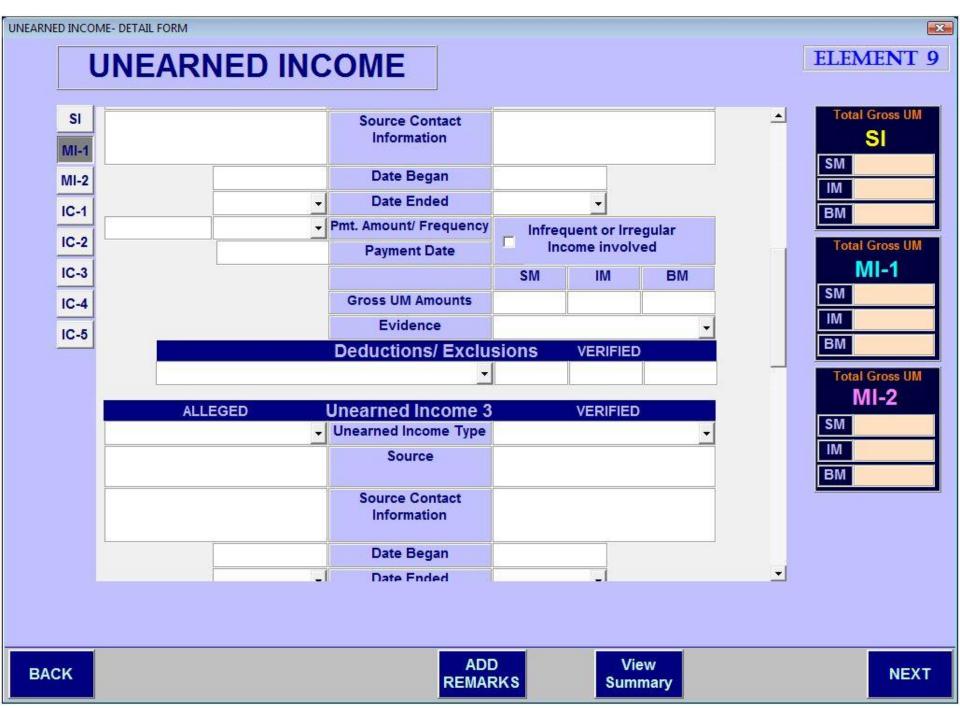
NEXT

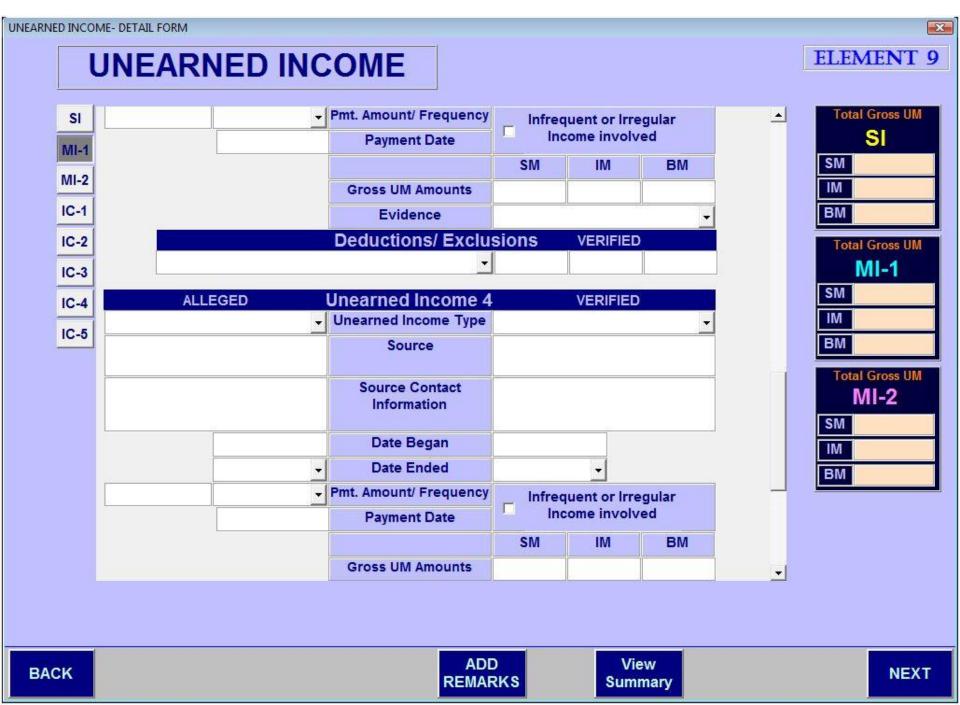


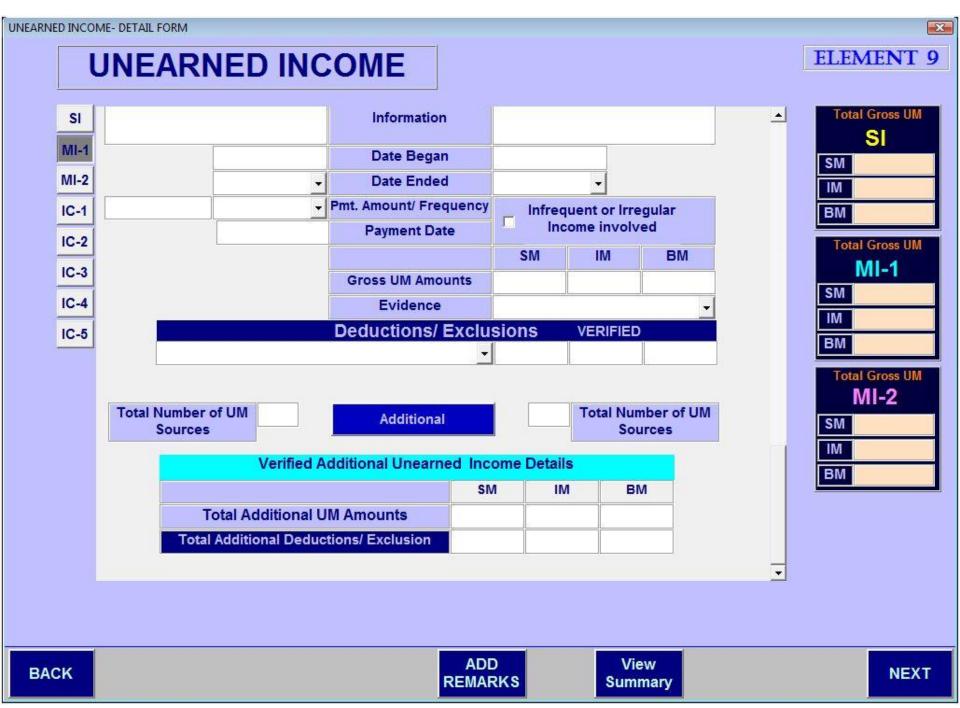


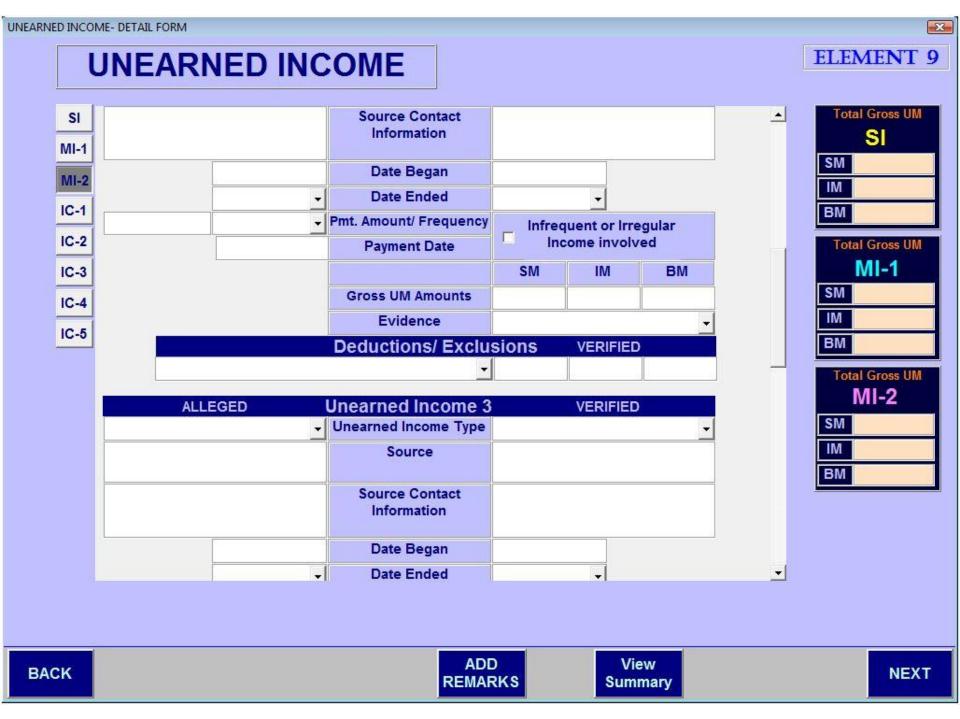


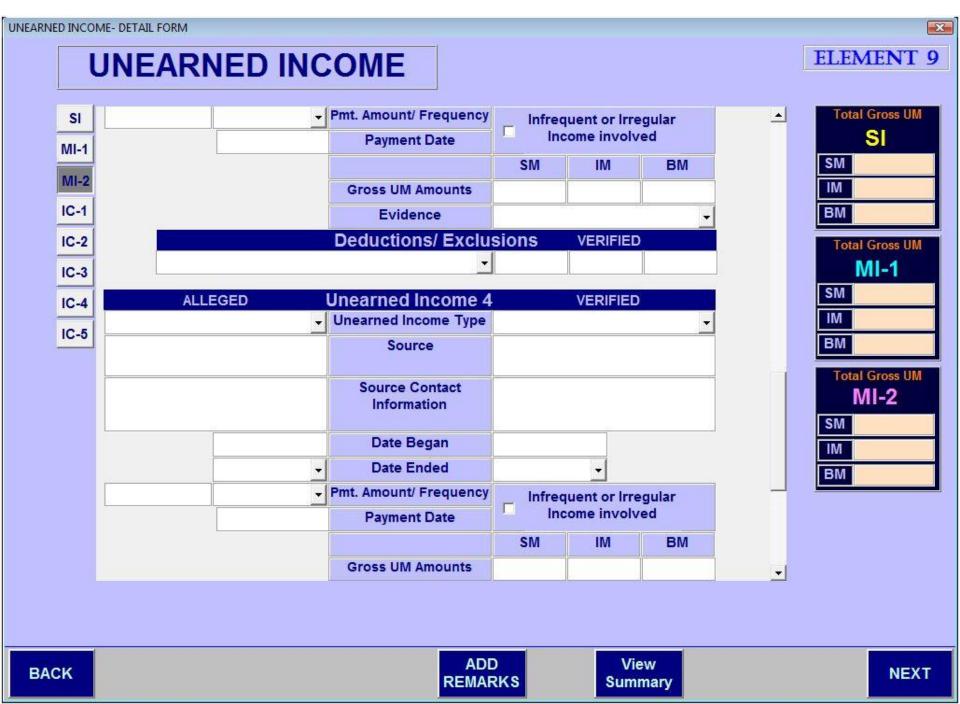


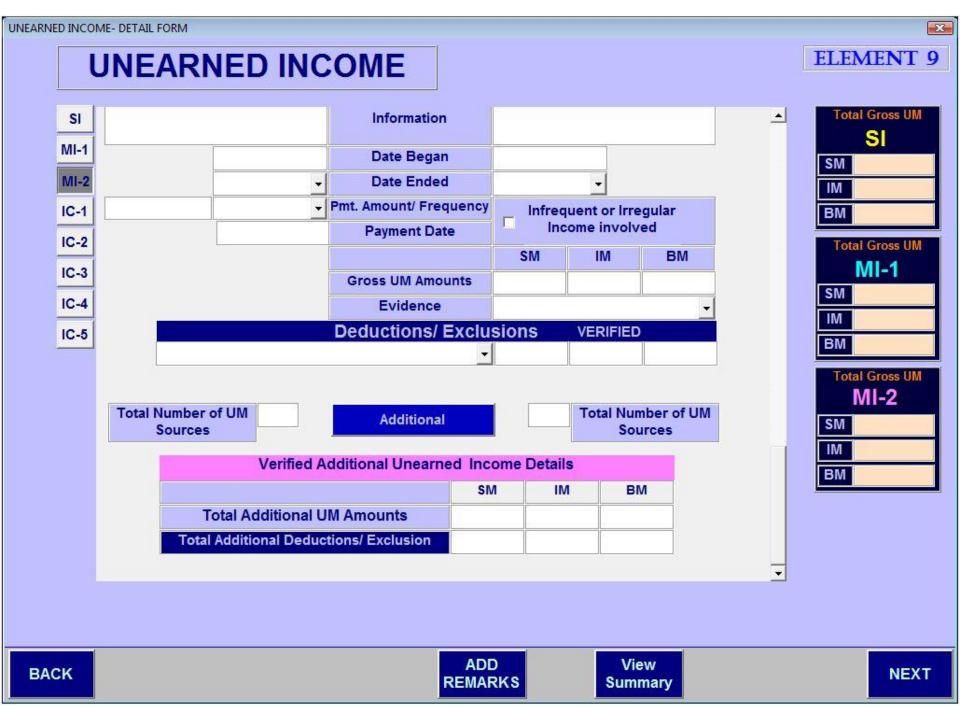


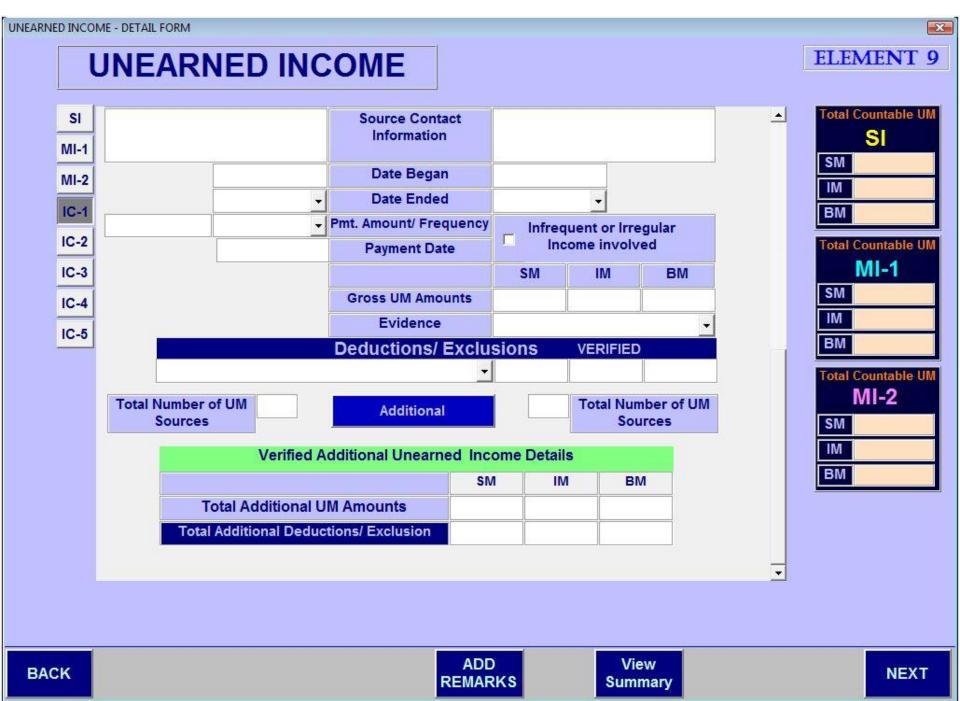


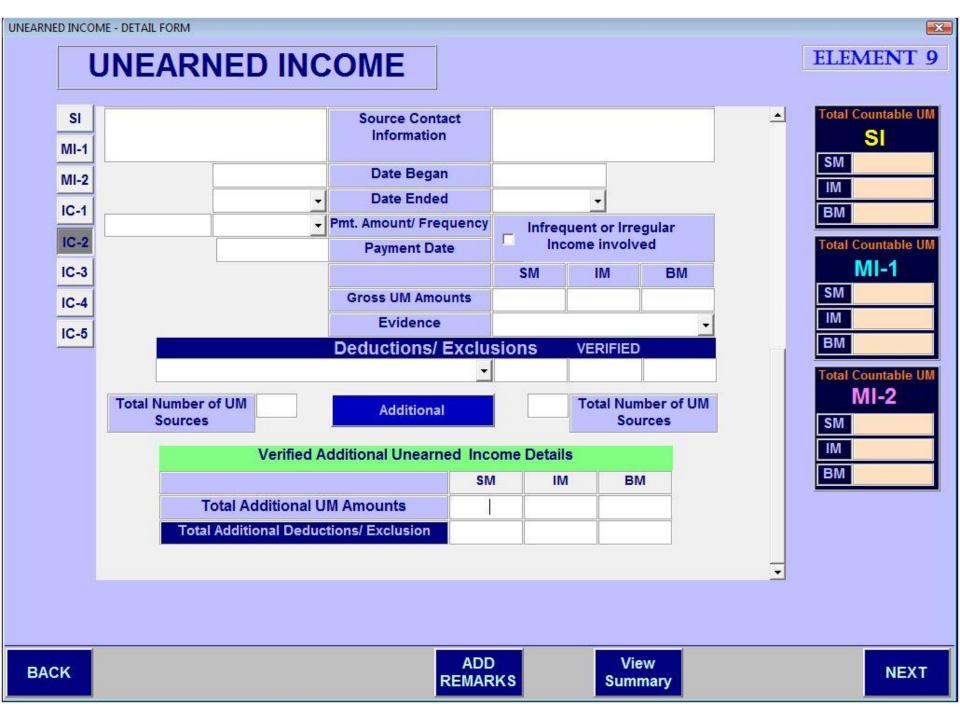


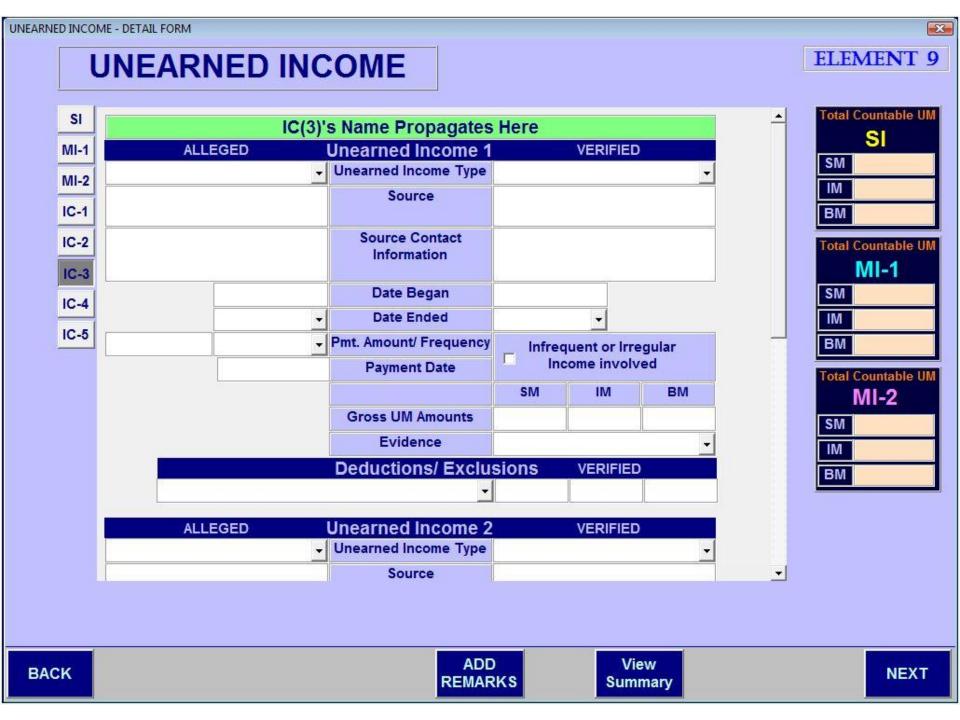












BACK

ADD REMARKS View Summary

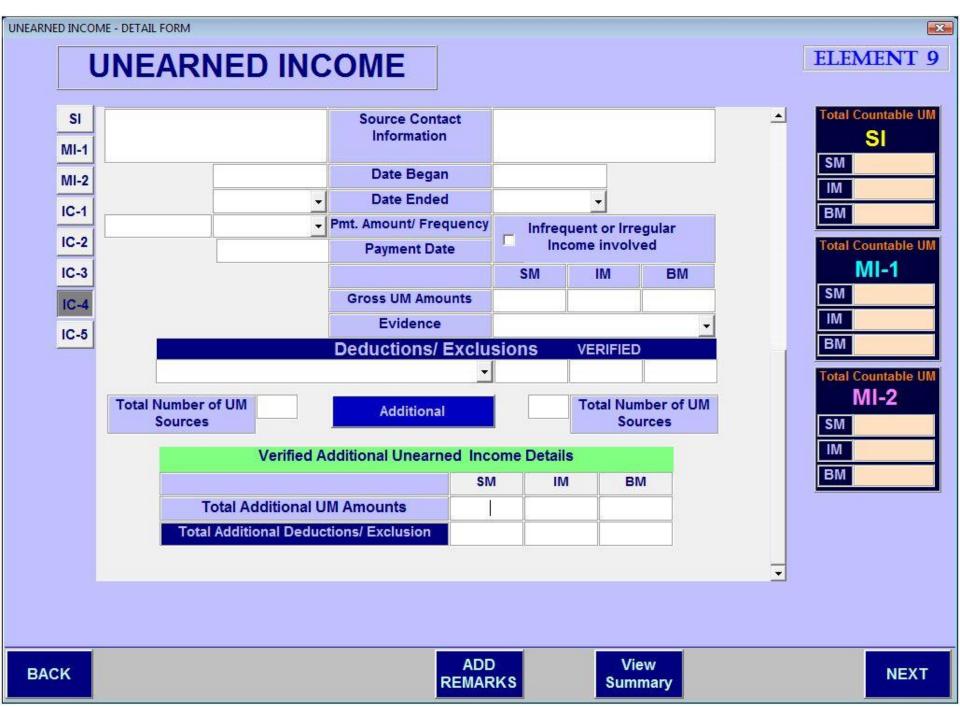
NEXT

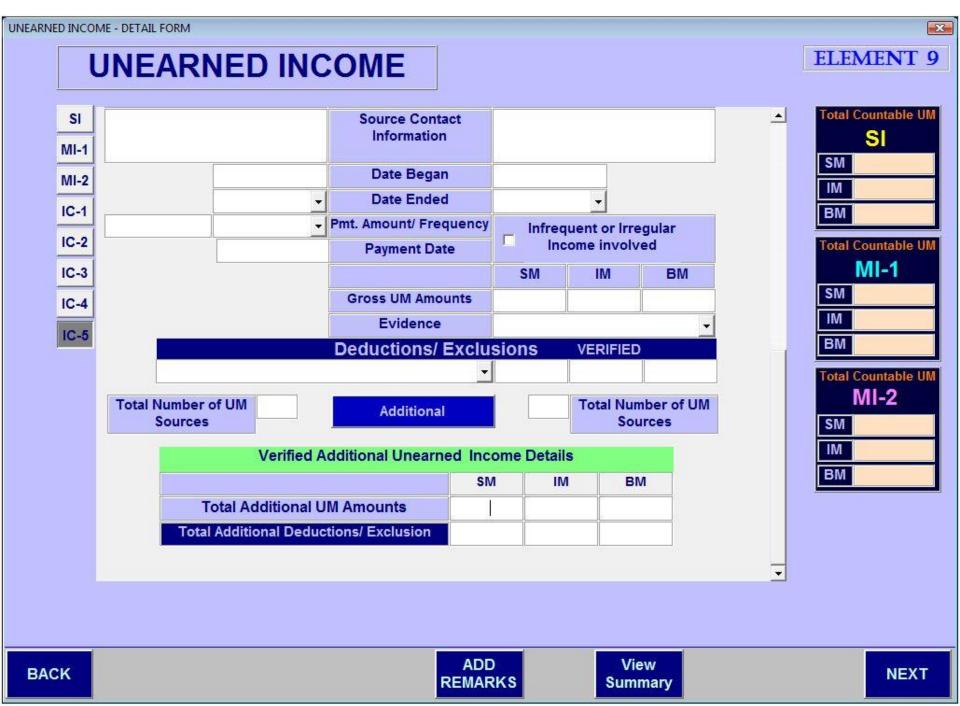
REMARKS

Summary

NEXT

BACK





Sampled Individual Unstated Income Development Screen

	SM	IM	ВМ
Monthly HH Expenses			
Monthly Income			
Possible Unstated Income			
Actual Unstated Income Amount			

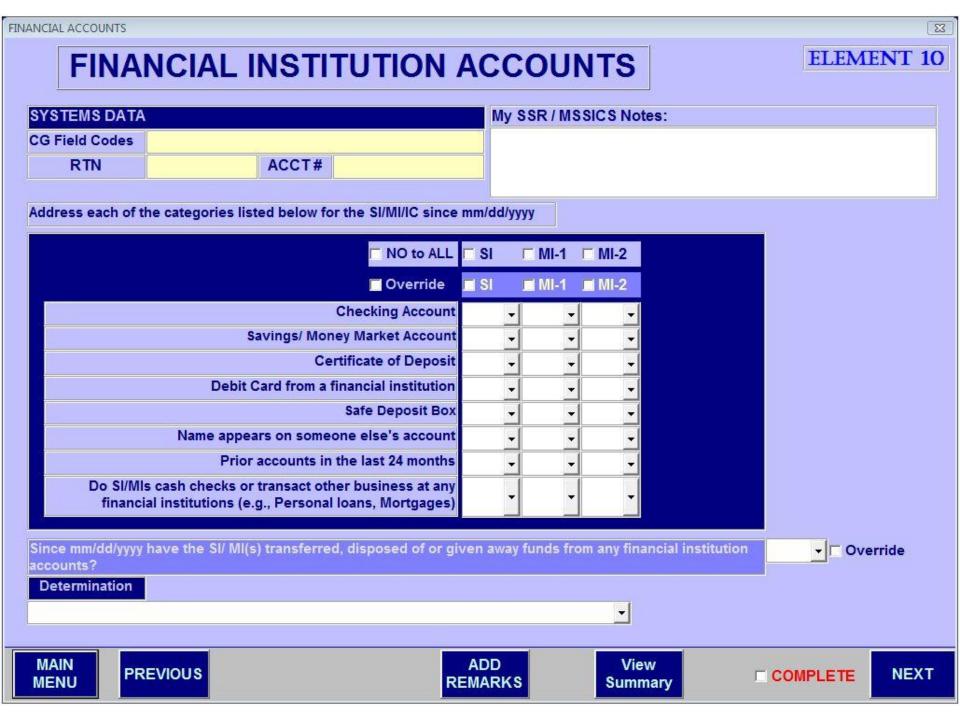
Unstated Income

Consider all household income, savings, debts incurred, outstanding bills, etc. to determine the Actual Unstated Income amount.

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

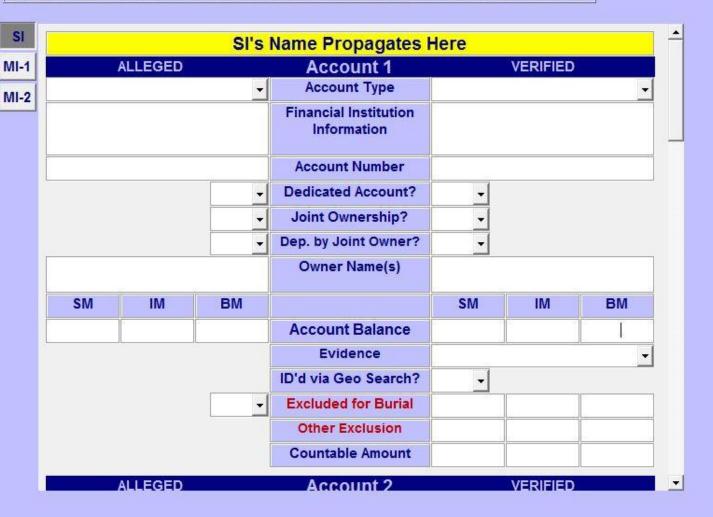
Unstated Income Determination

ADD REMARKS



×

FINANCIAL INSTITUTION ACCOUNTS

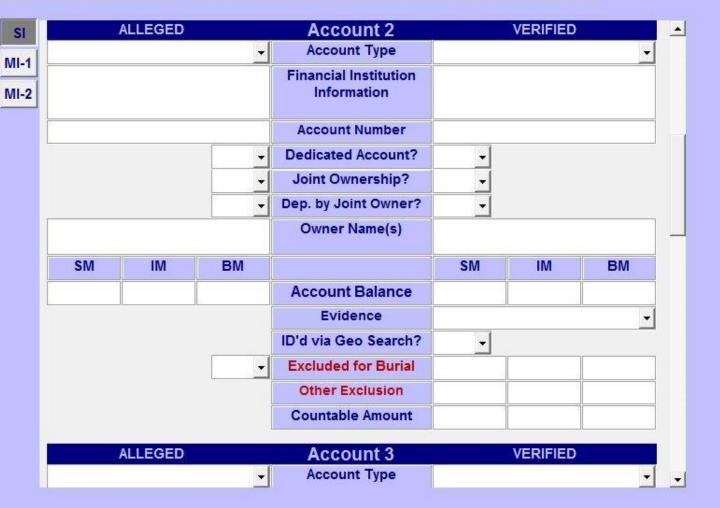






×

FINANCIAL INSTITUTION ACCOUNTS



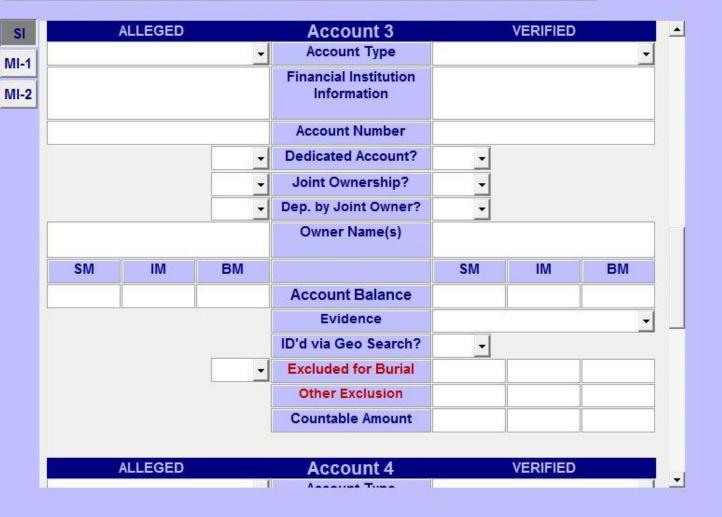


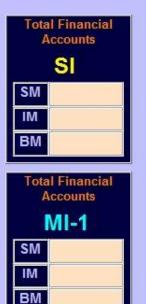
ELEMENT 10



X

FINANCIAL INSTITUTION ACCOUNTS

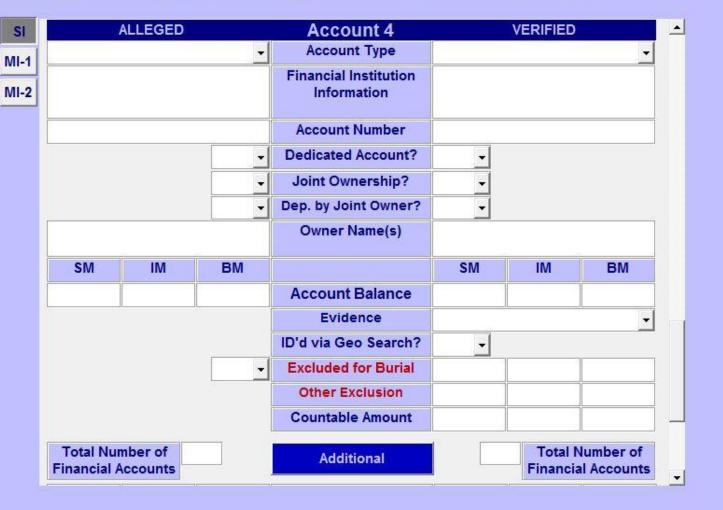


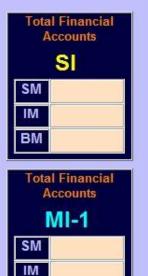




×

FINANCIAL INSTITUTION ACCOUNTS





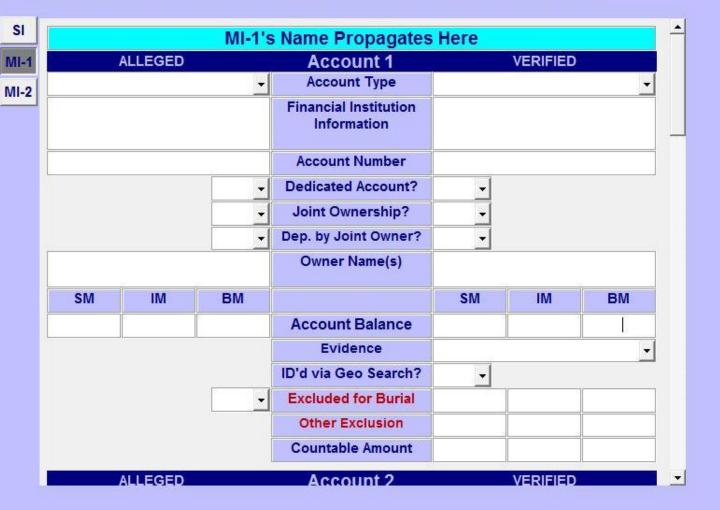


MI-2 SM IM BM

•

ID'd via Geo Search?

FINANCIAL INSTITUTION ACCOUNTS



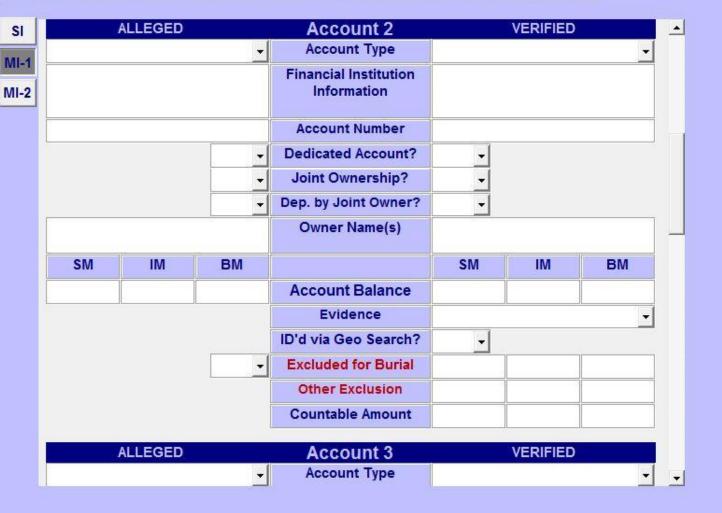




×

FINANCIAL INSTITUTION ACCOUNTS

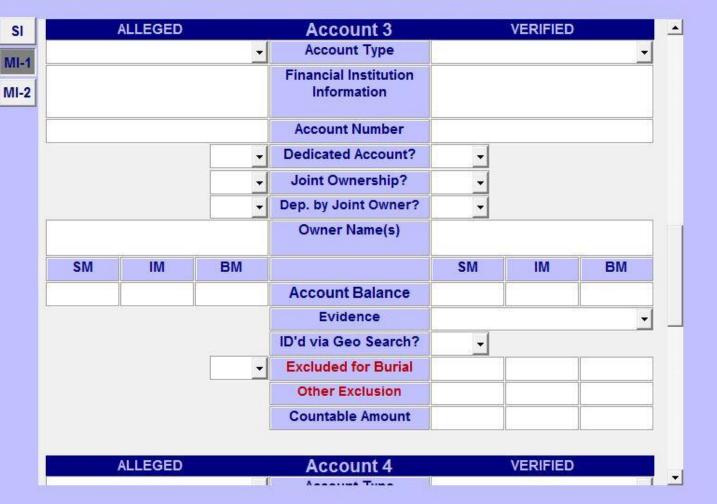
ELEMENT 10

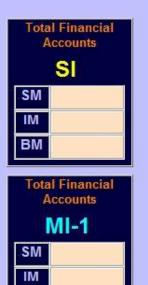


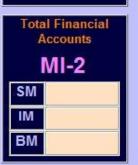
2.0	l Financial ccounts	
SI		
SM		
IM		
ВМ		
Total Financial Accounts		
MI-1		
SM		
IM		
ВМ		
Total Financial Accounts MI-2		
SM		
IM		
ВМ		

×

FINANCIAL INSTITUTION ACCOUNTS



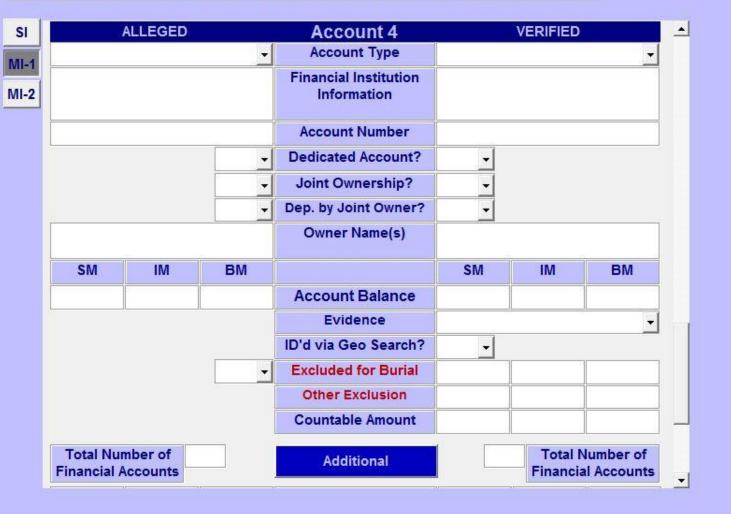


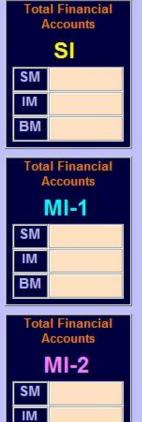


×

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

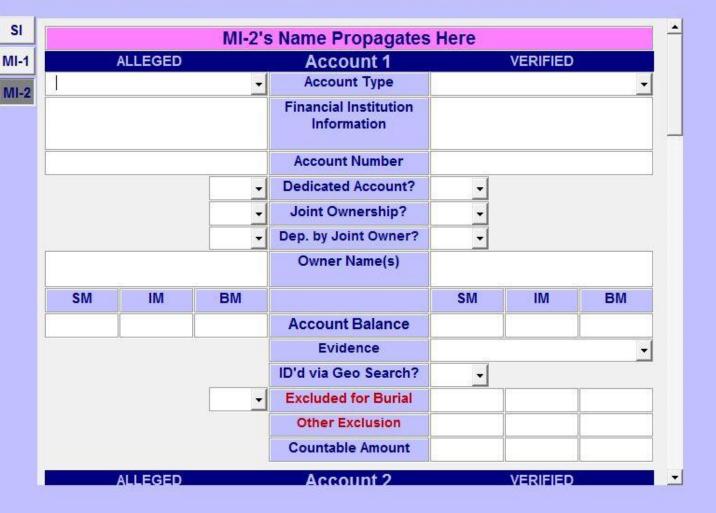


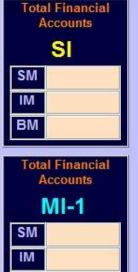


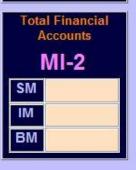
ВМ

×

FINANCIAL INSTITUTION ACCOUNTS



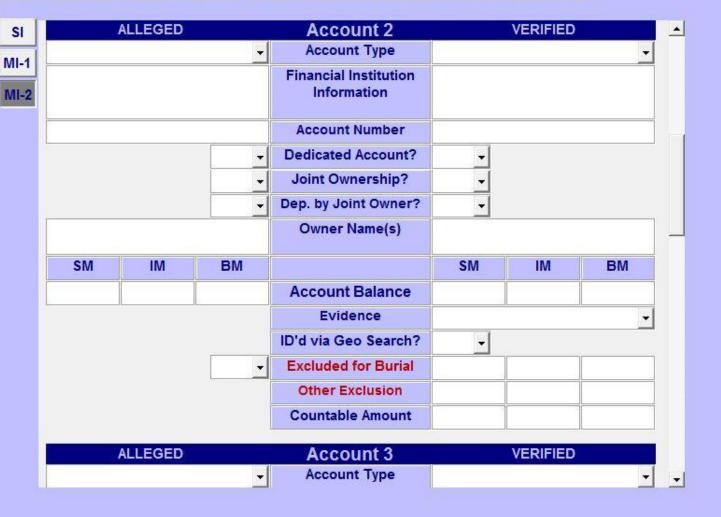


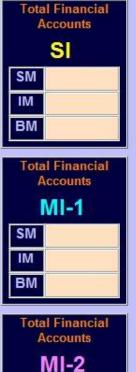


X

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10





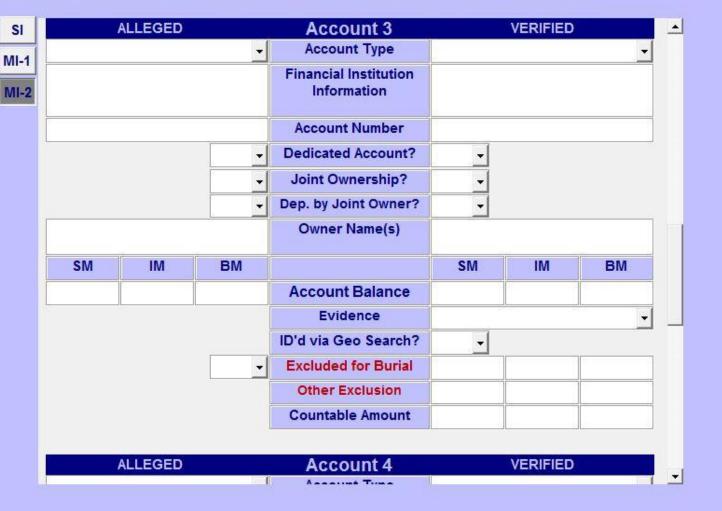
SM

IM

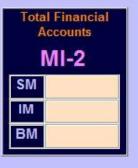
ВМ

×

FINANCIAL INSTITUTION ACCOUNTS

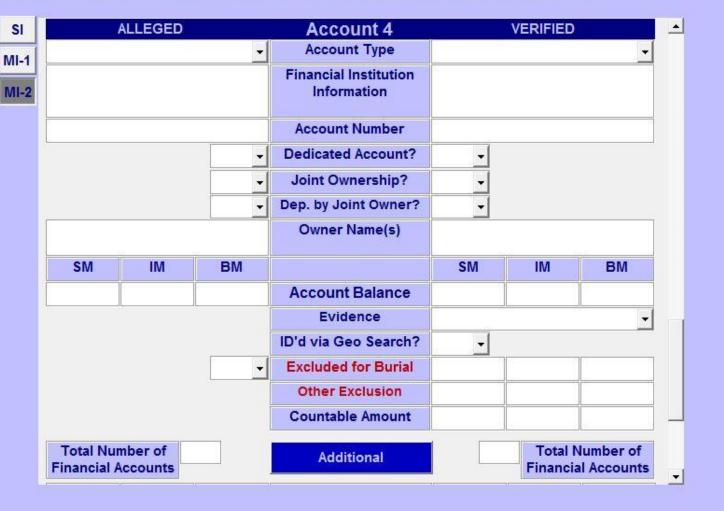


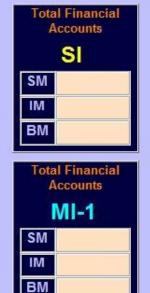


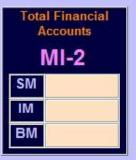


×

FINANCIAL INSTITUTION ACCOUNTS



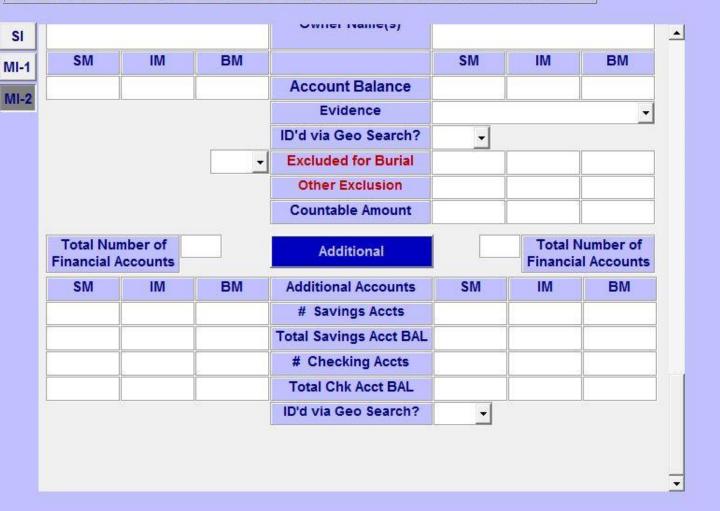




X

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10



Total Financial Accounts		
SI		
SM		
IM		
ВМ		
Total Financial Accounts		
SM		



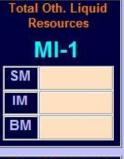
IM

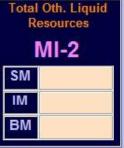
BM

OTHER LIQUID RESOURCES



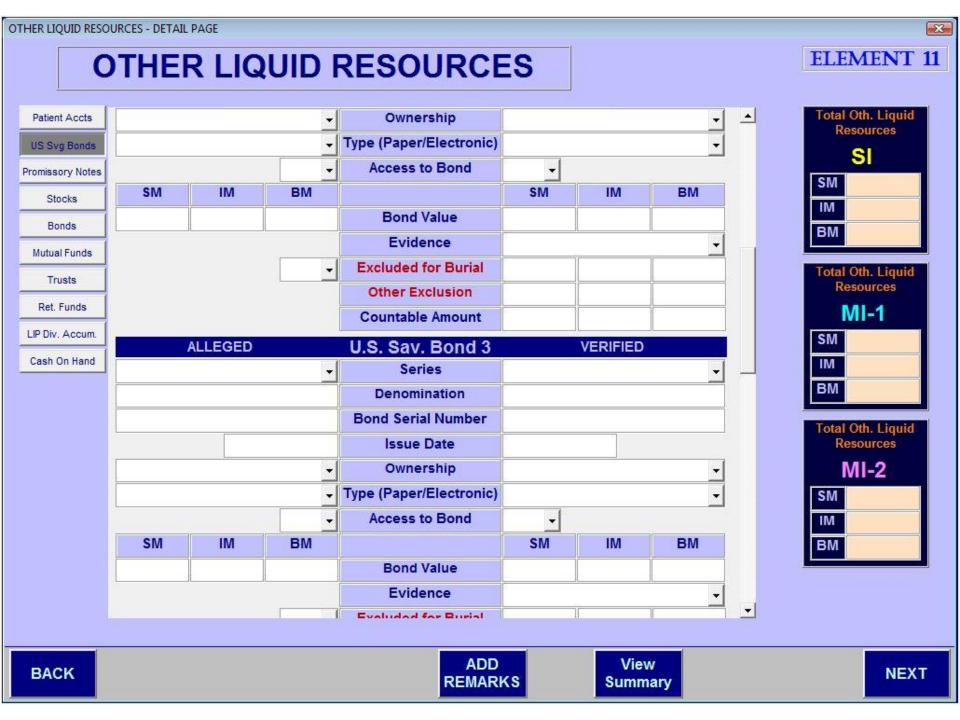


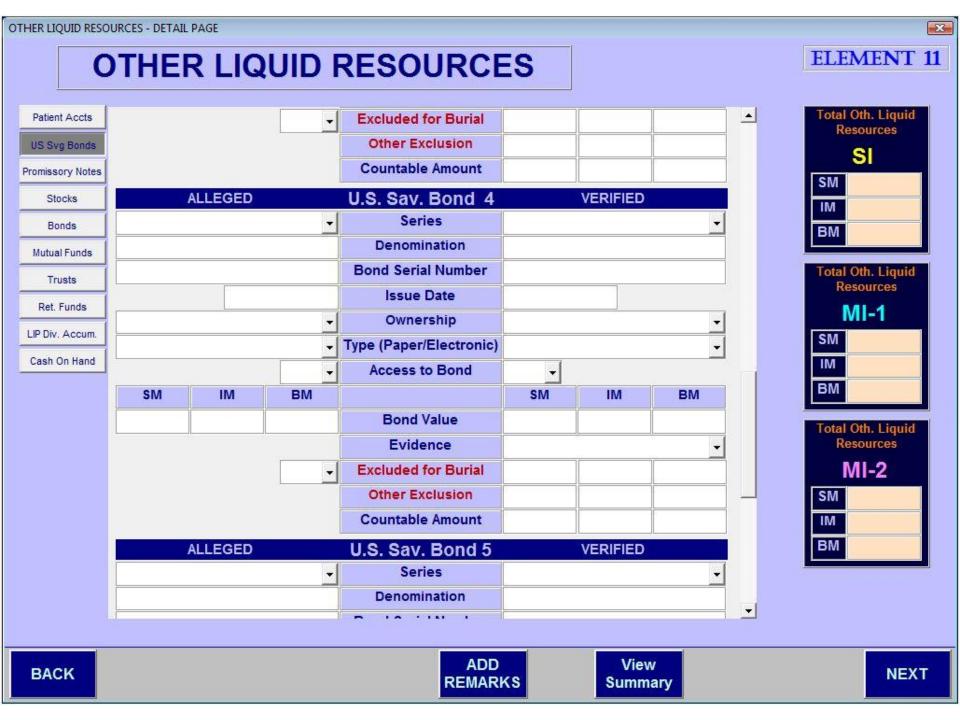


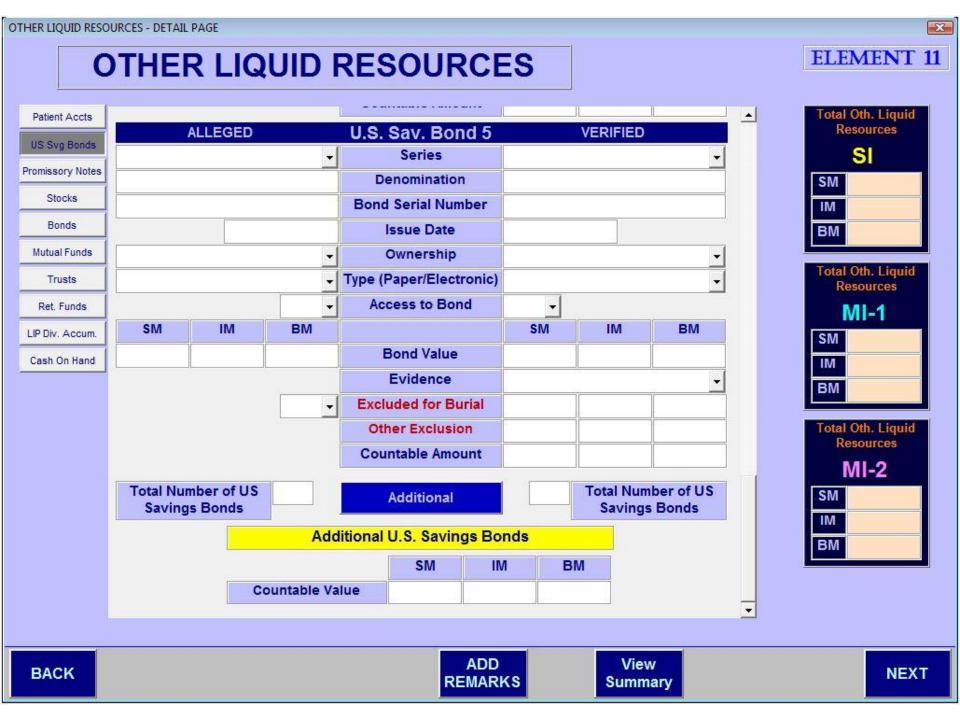


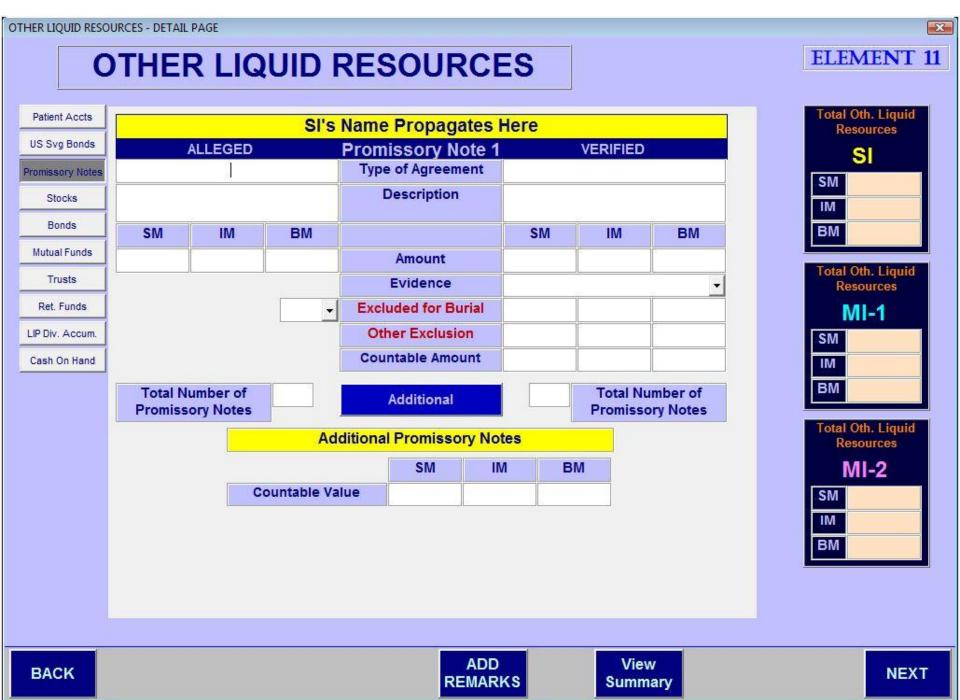
REMARKS

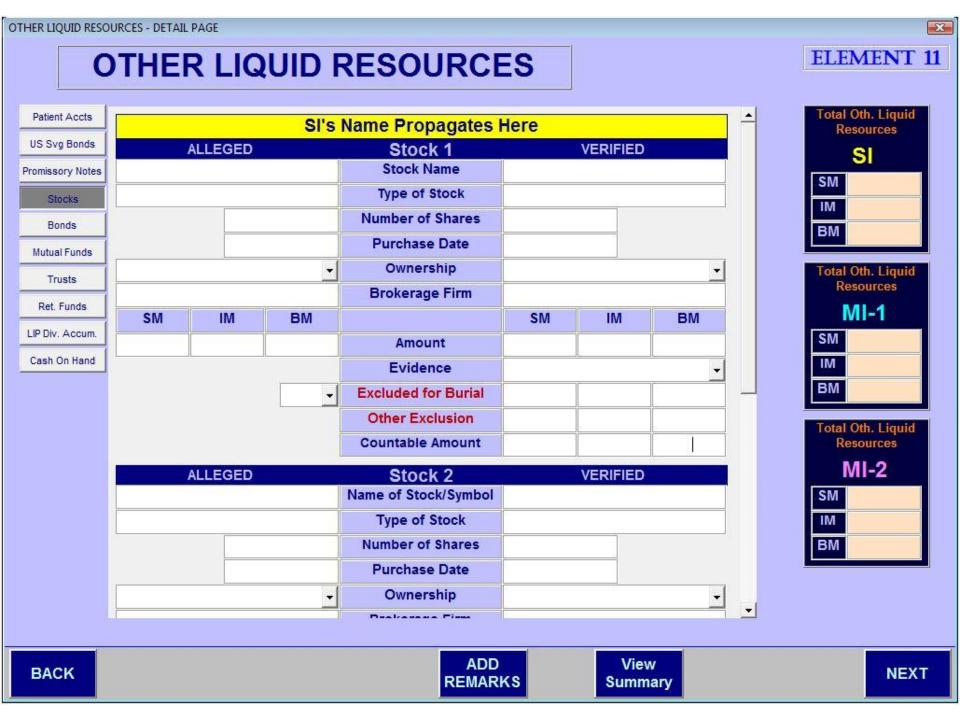
Summary

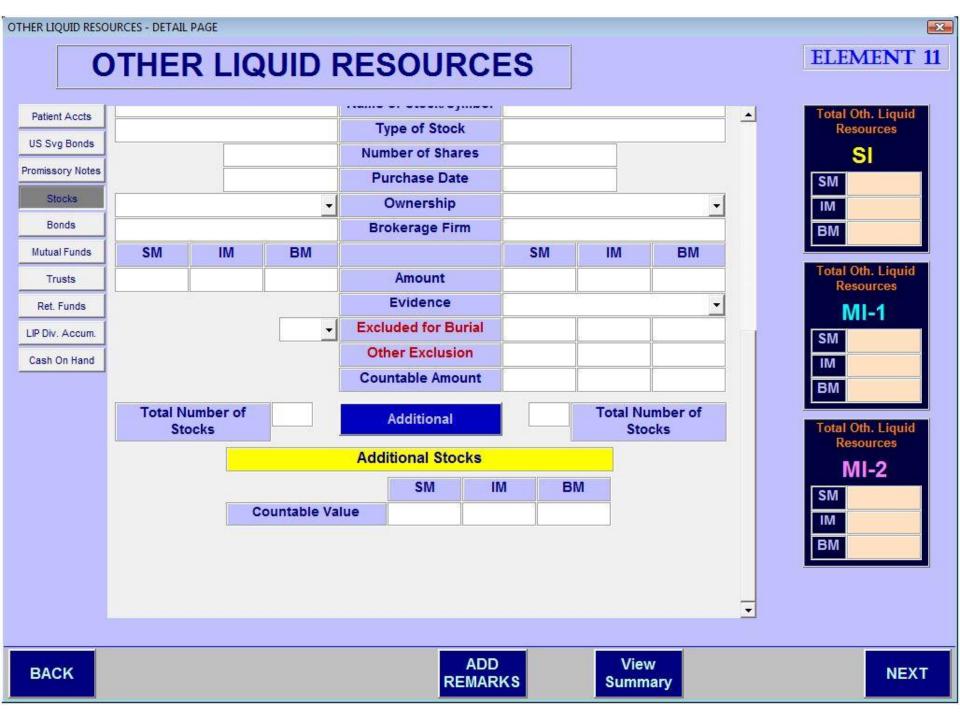


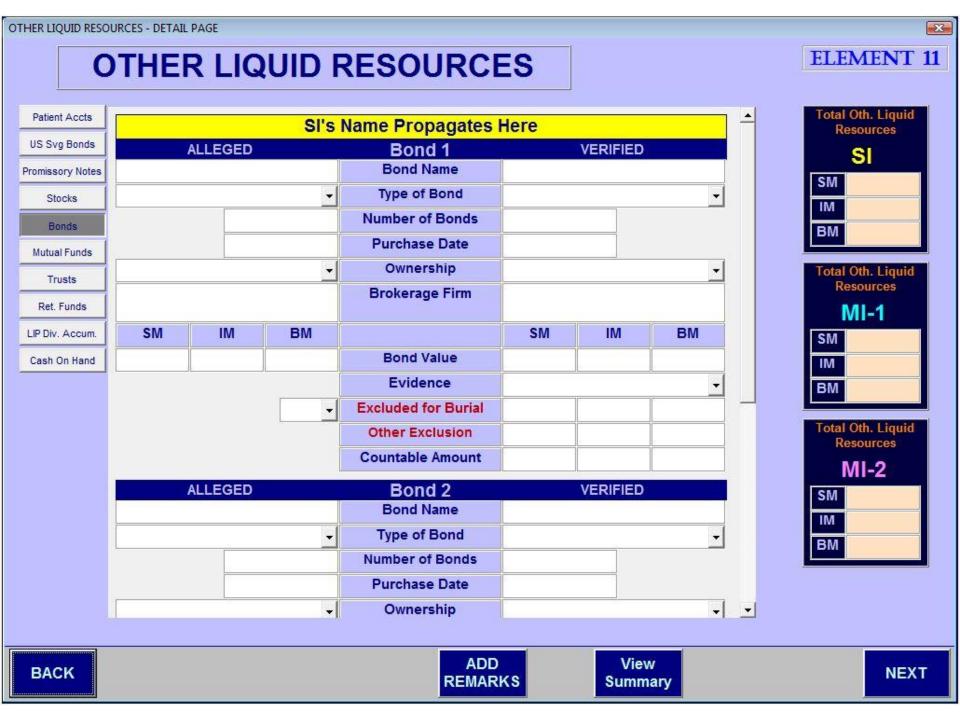












ADD

REMARKS

BACK

View

Summary

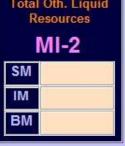
OTHER LIQUID RESOURCES

ELEMENT 11



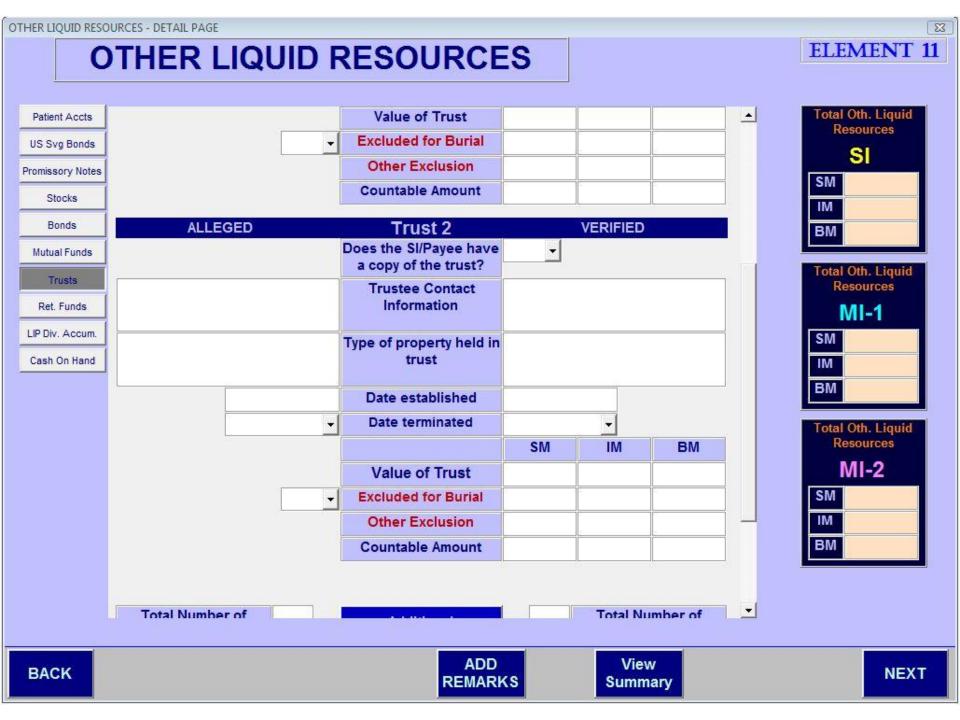
Total Oth. Liquid Resources		
	SI	
SM		
IM		
ВМ		

Total Oth. Liquid Resources		
IM		
ВМ		



BACK

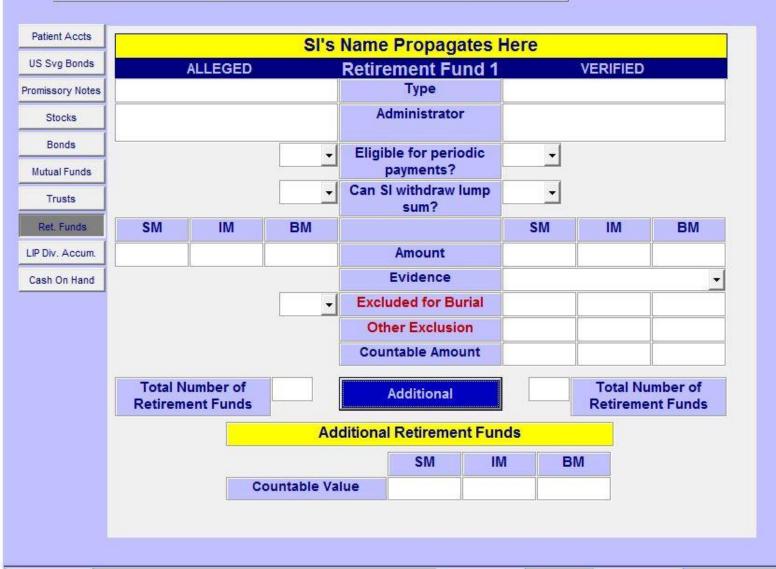
ADD REMARKS View Summary



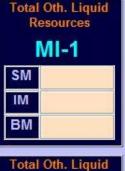
ELEMENT 11

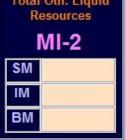
23

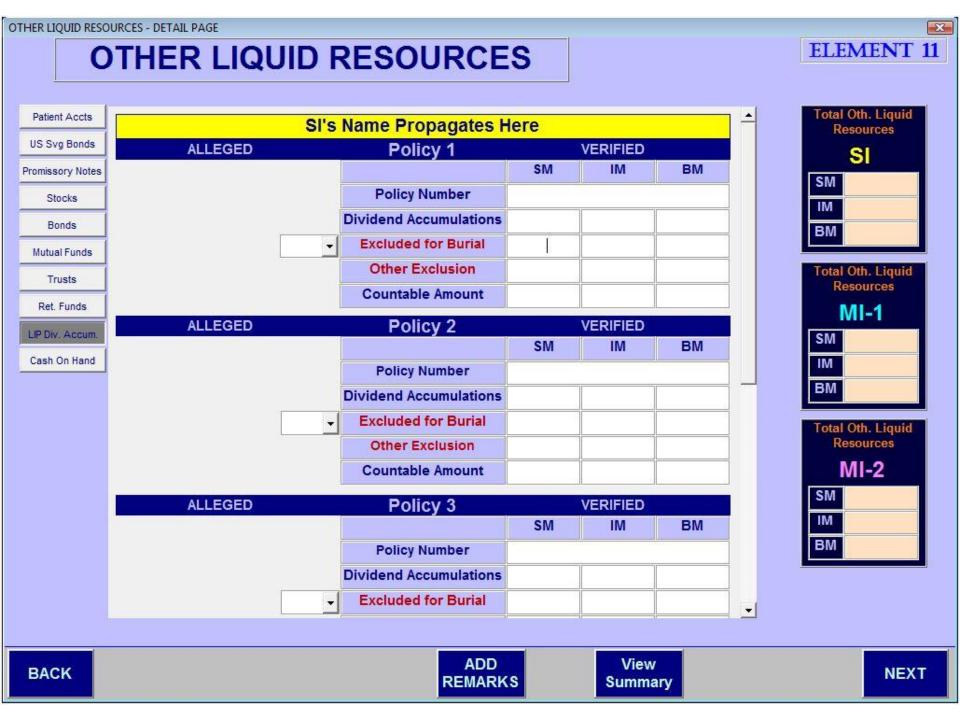
OTHER LIQUID RESOURCES

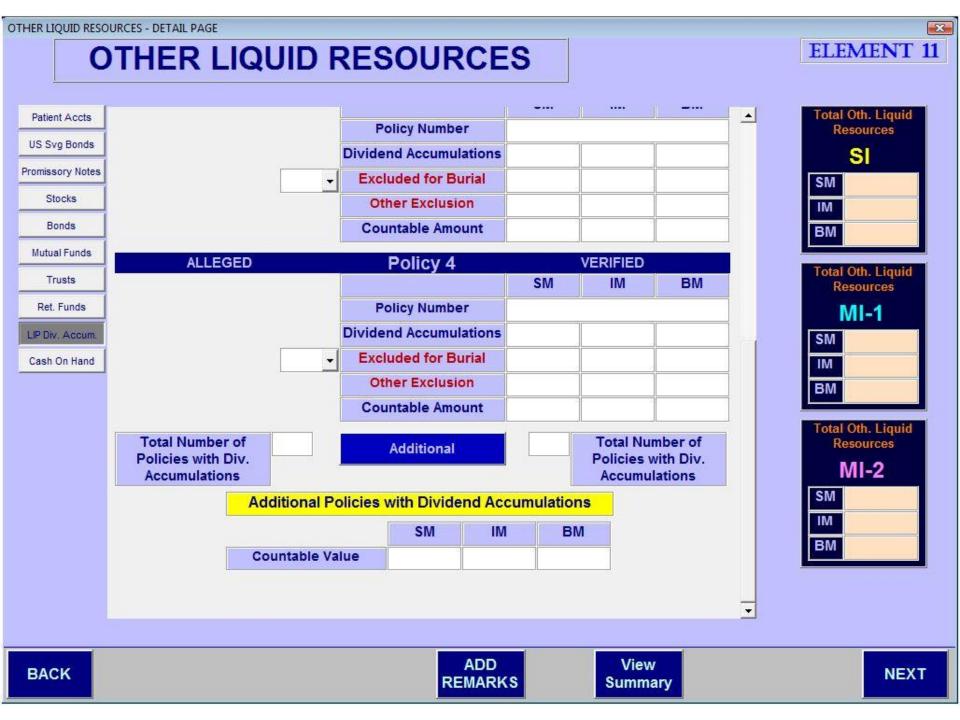


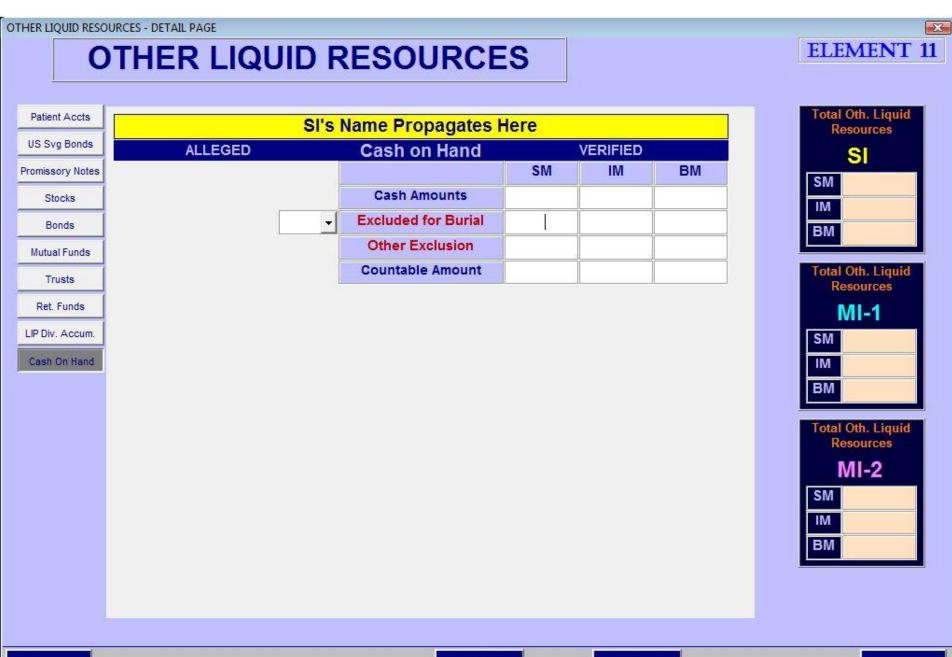












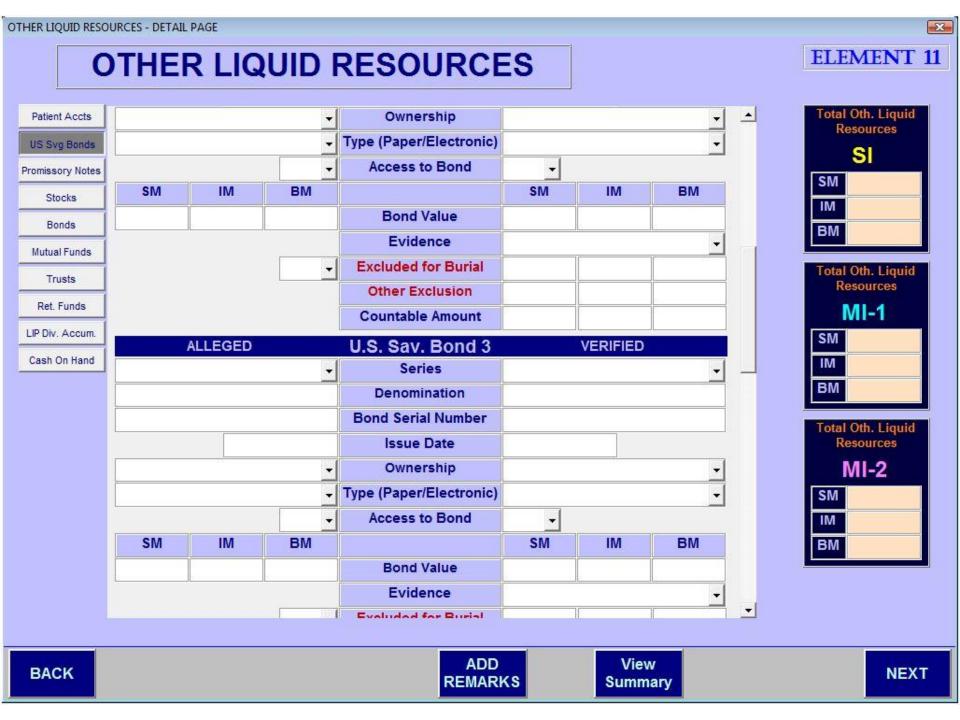
BACK

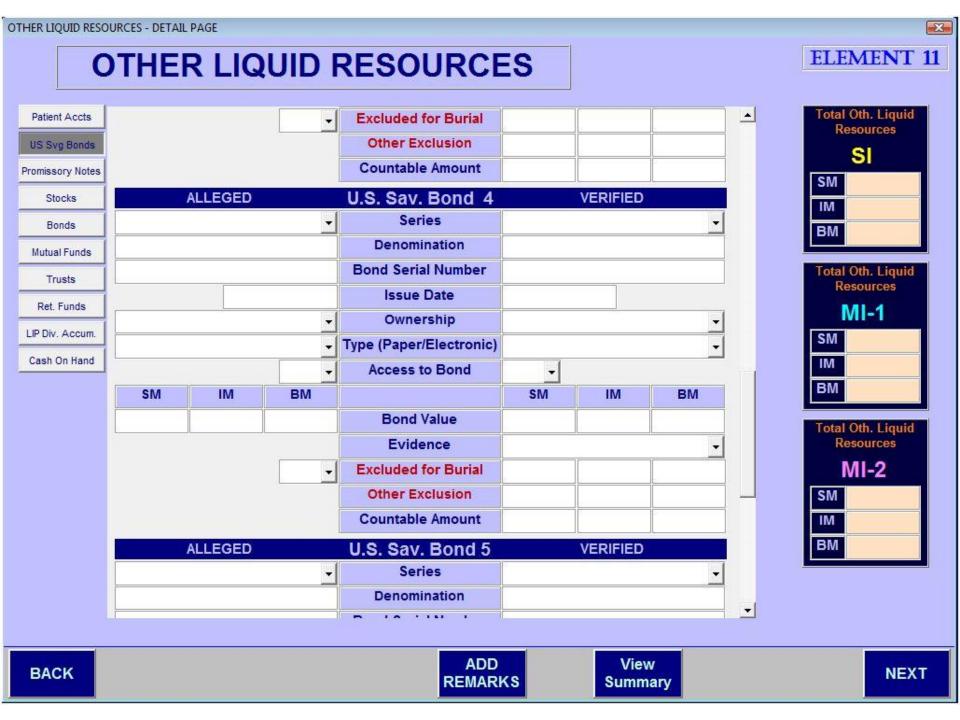
ADD REMARKS View Summary

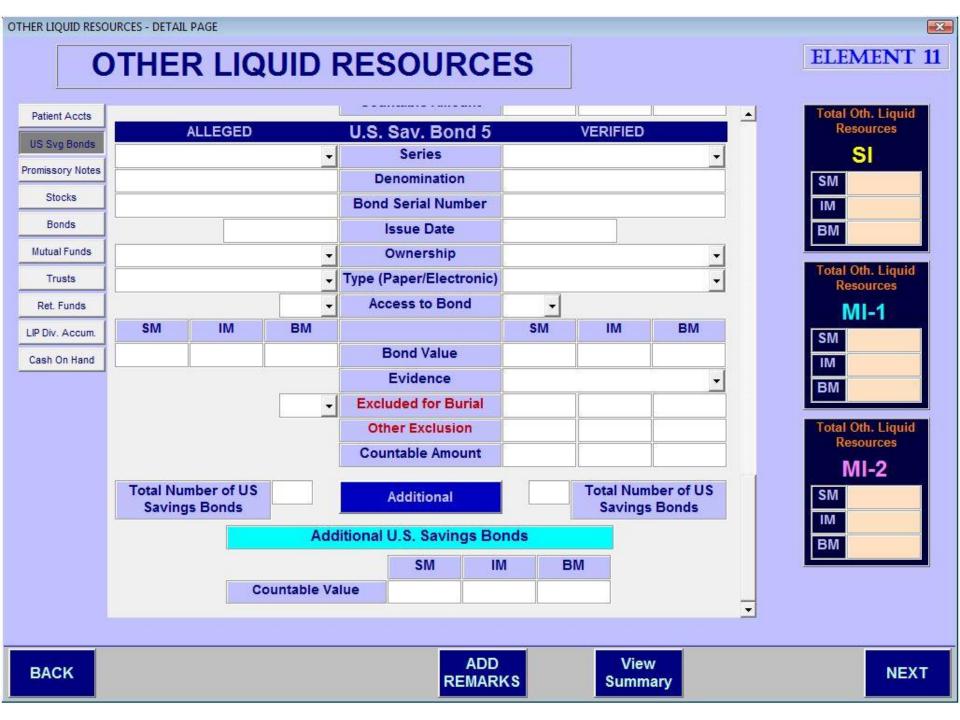
REMARKS

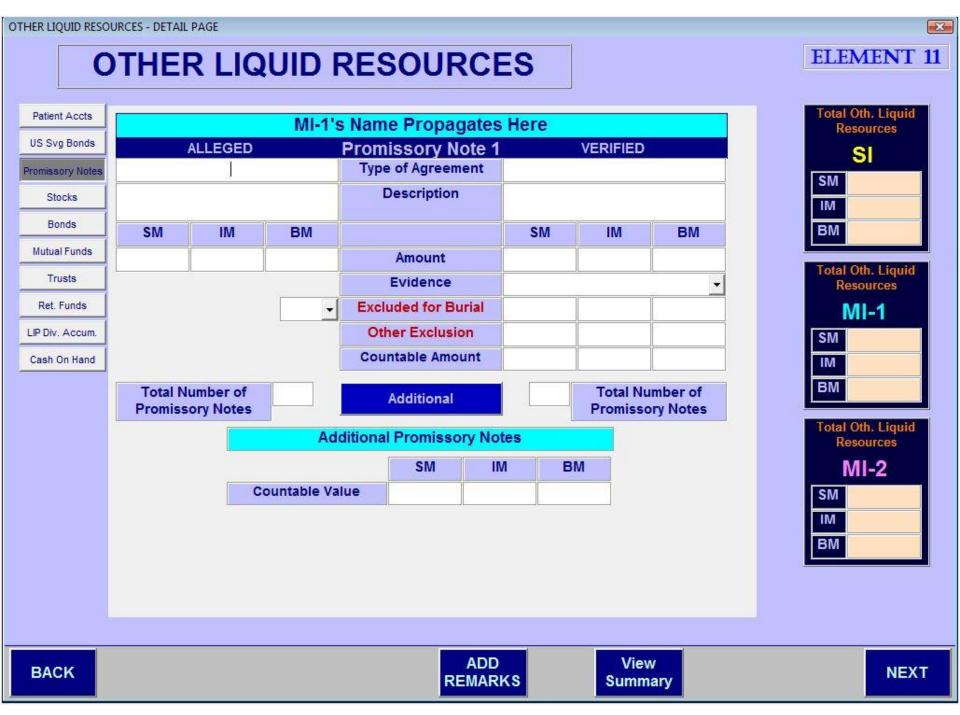
Summary

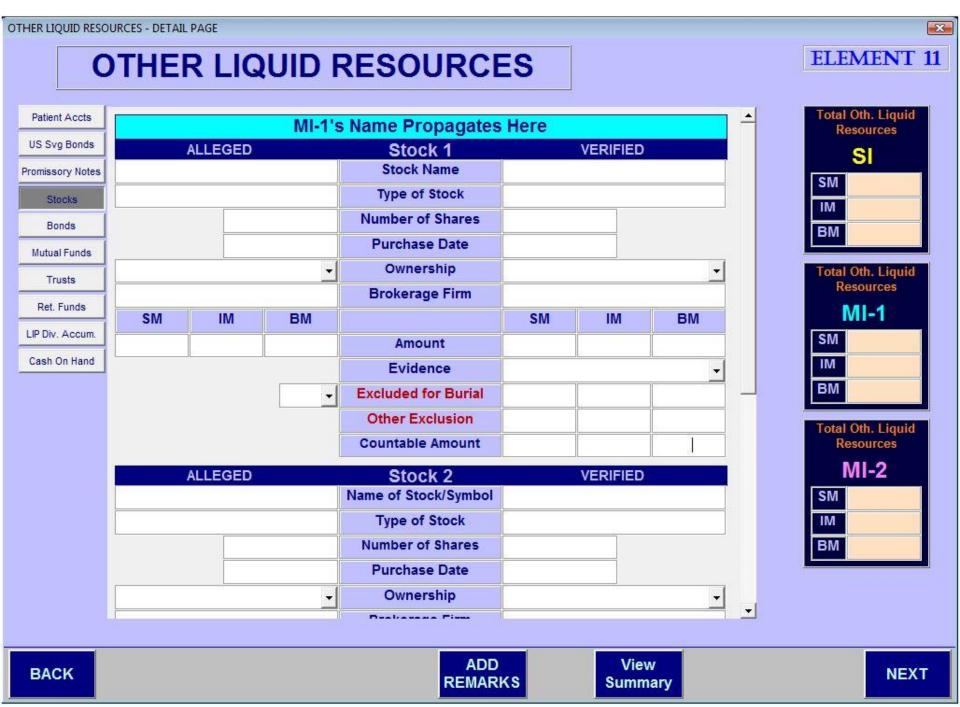
BACK

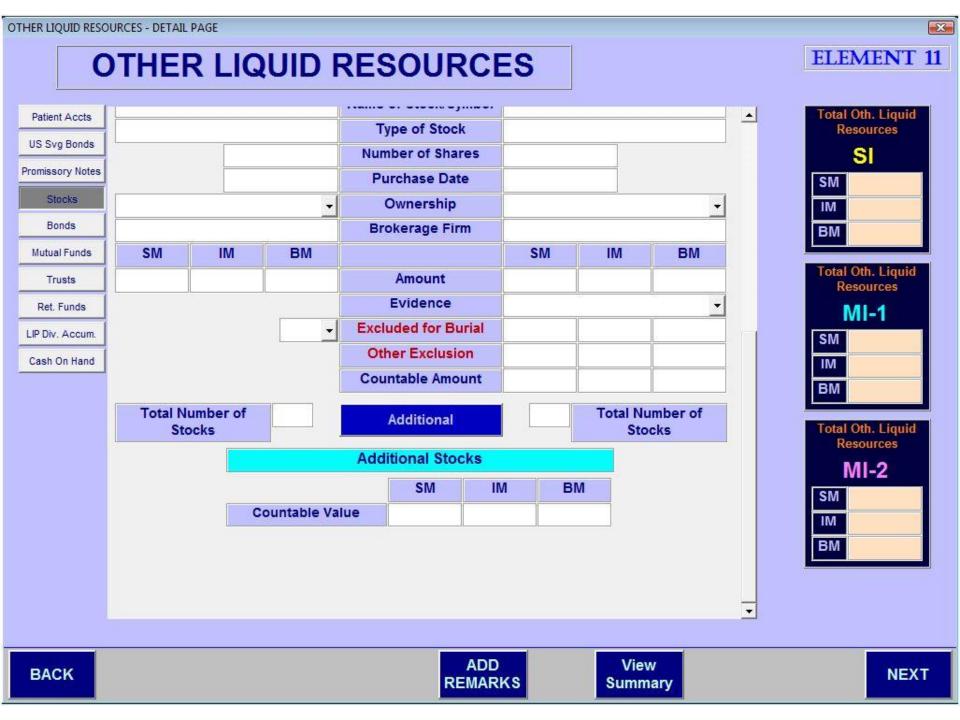


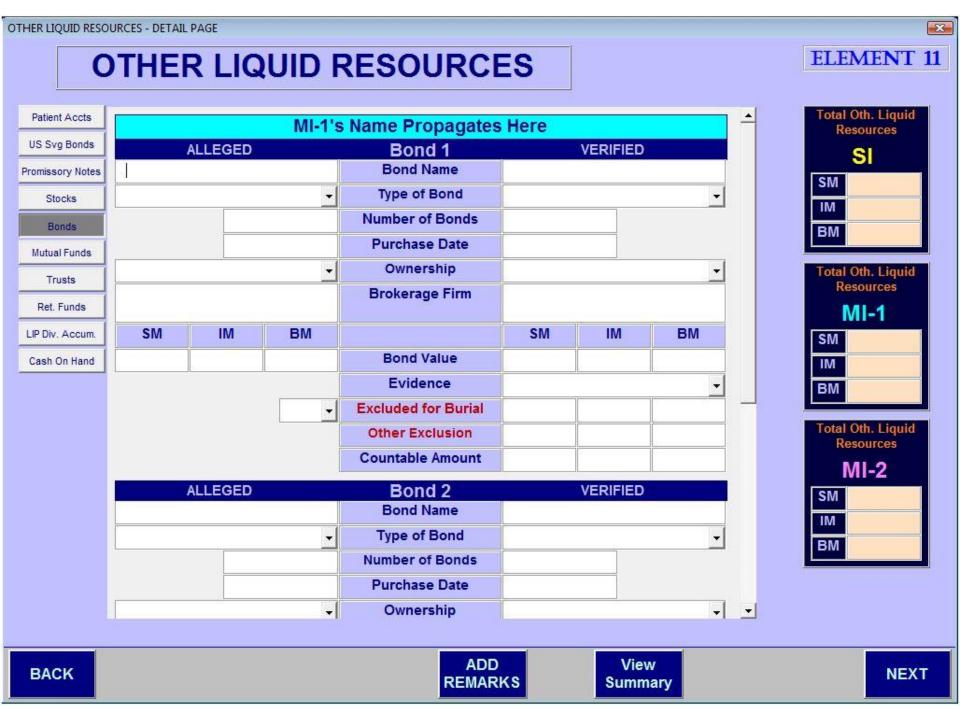


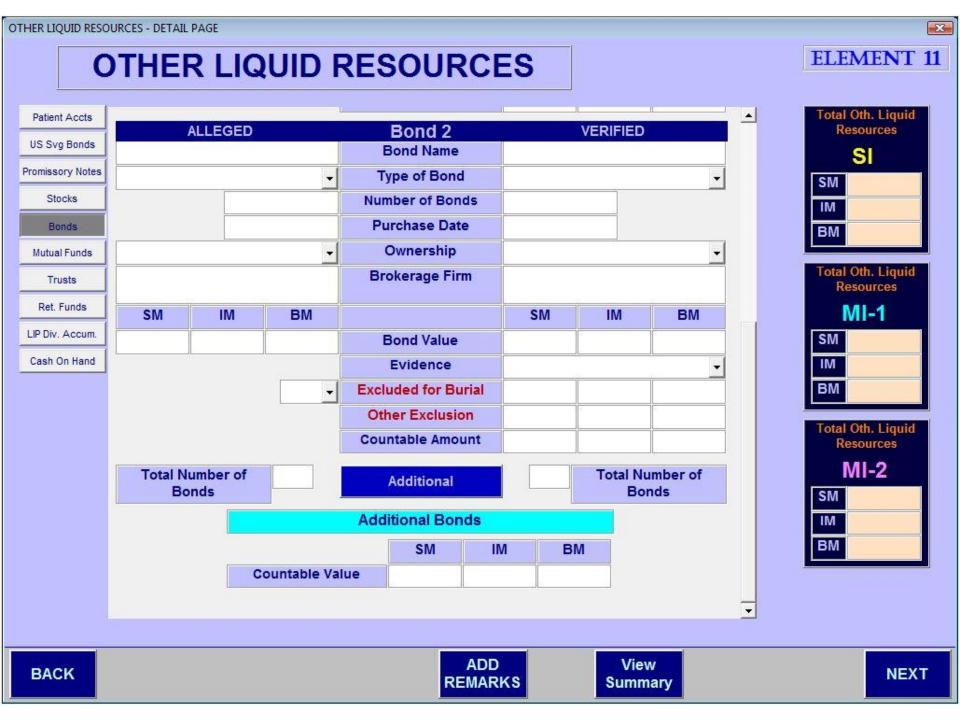








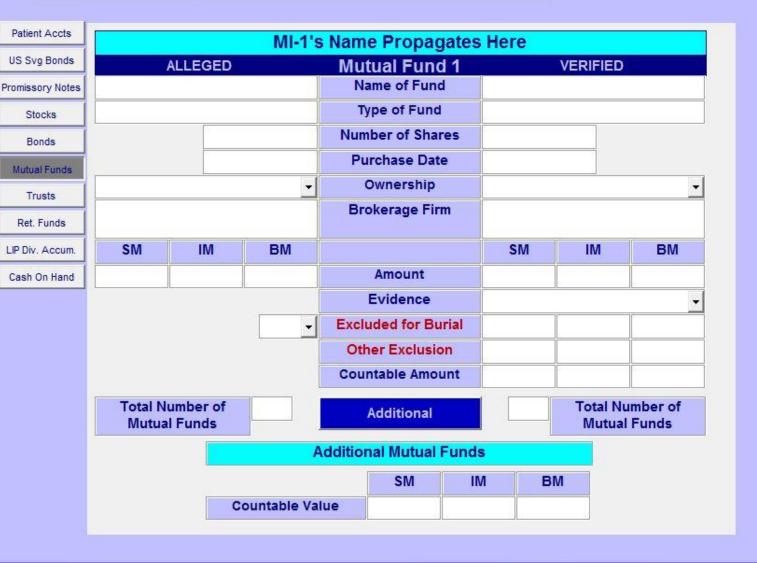




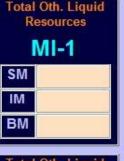
23

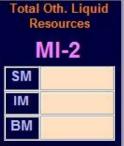
OTHER LIQUID RESOURCES

ELEMENT 11



Total Oth. Liquid Resources		
	SI	
SM		
IM		
ВМ		





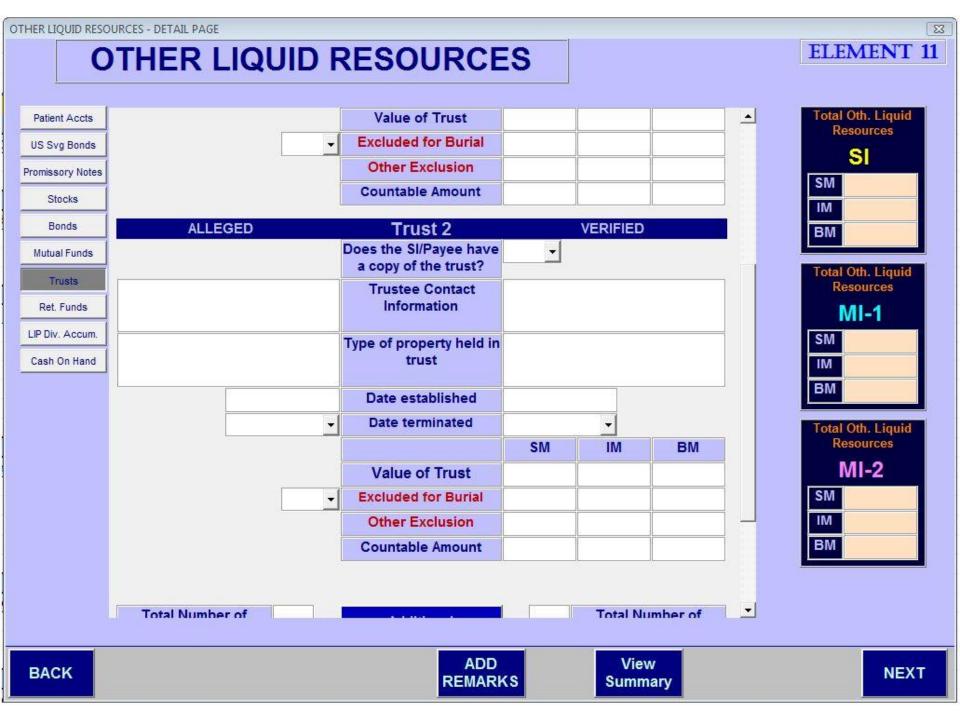
ADD

REMARKS

BACK

View

Summary



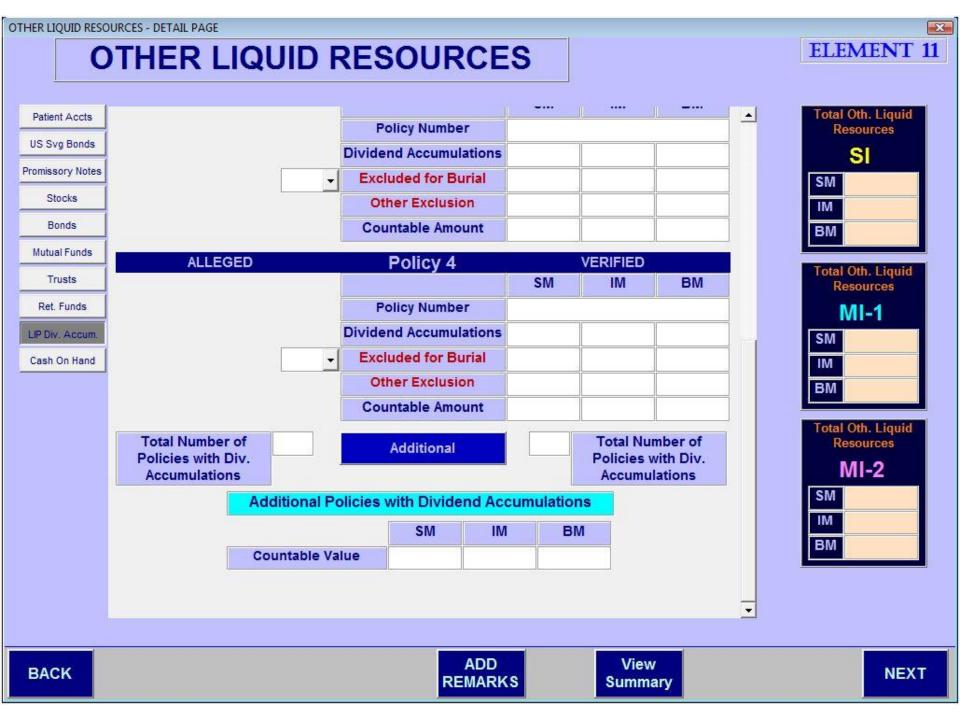
ADD

REMARKS

BACK

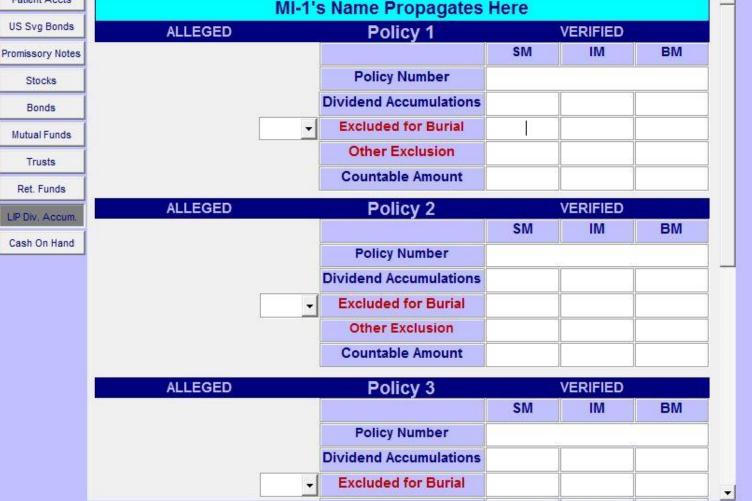
View

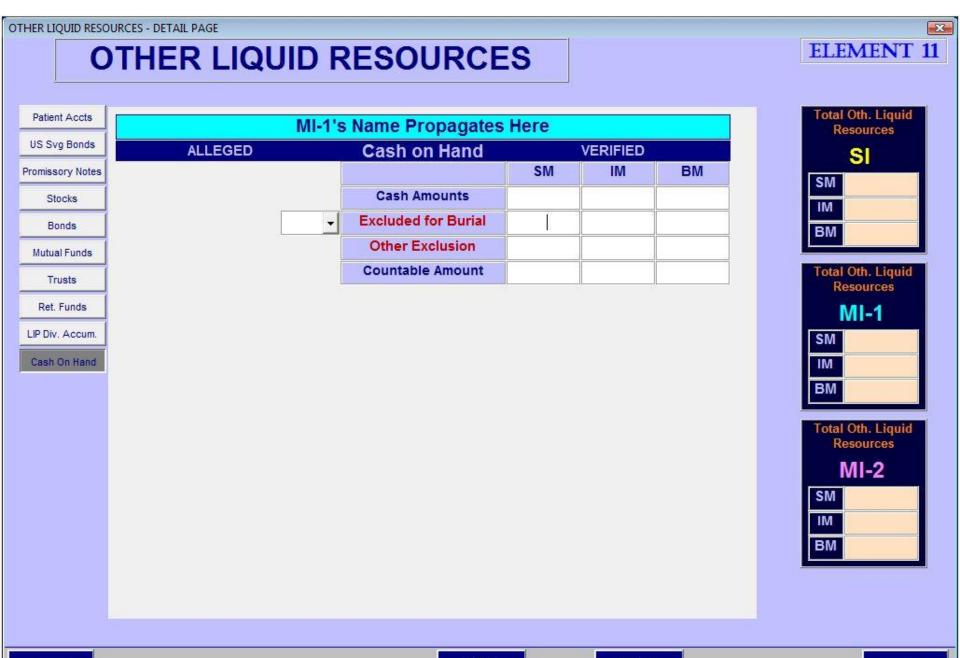
Summary





X

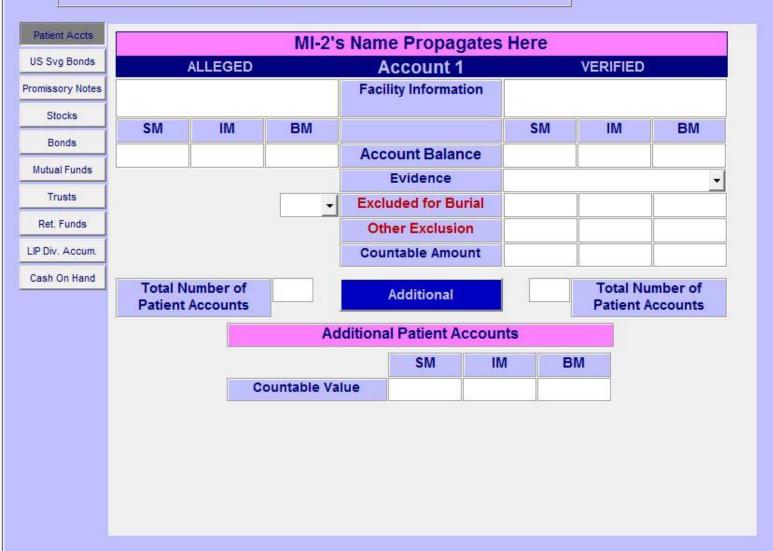




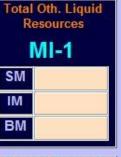
BACK

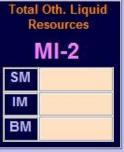
ADD REMARKS View Summary

OTHER LIQUID RESOURCES









ADD

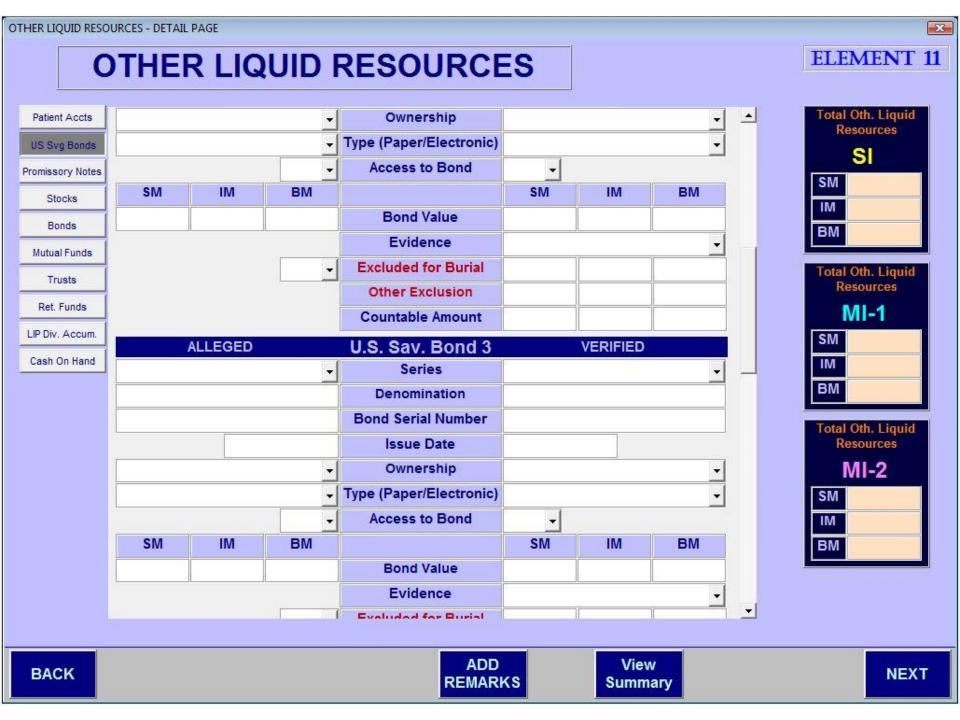
REMARKS

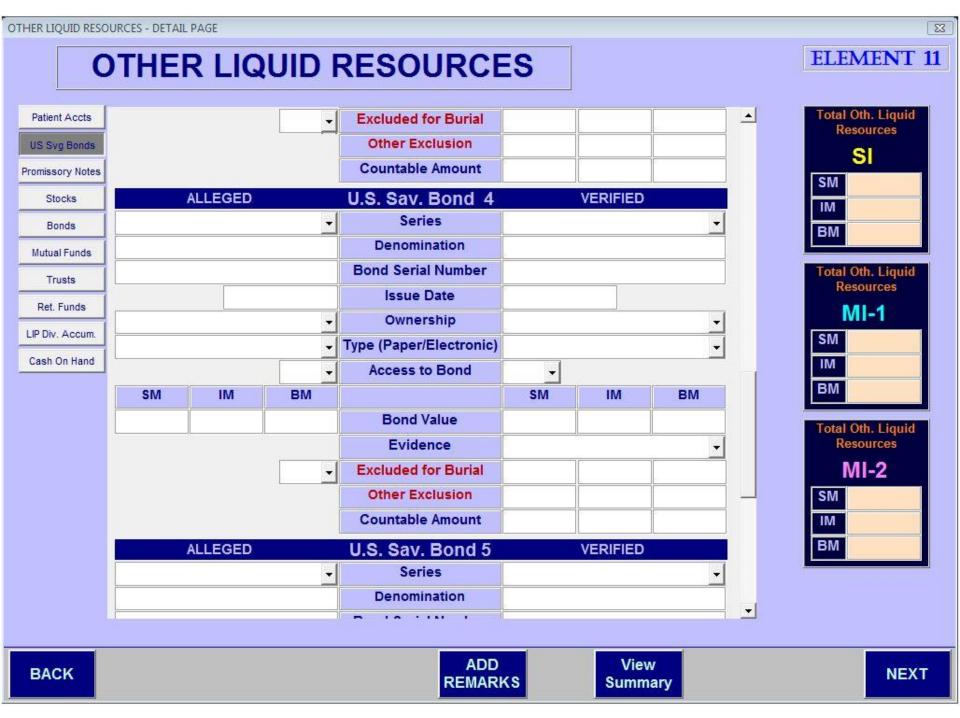
BACK

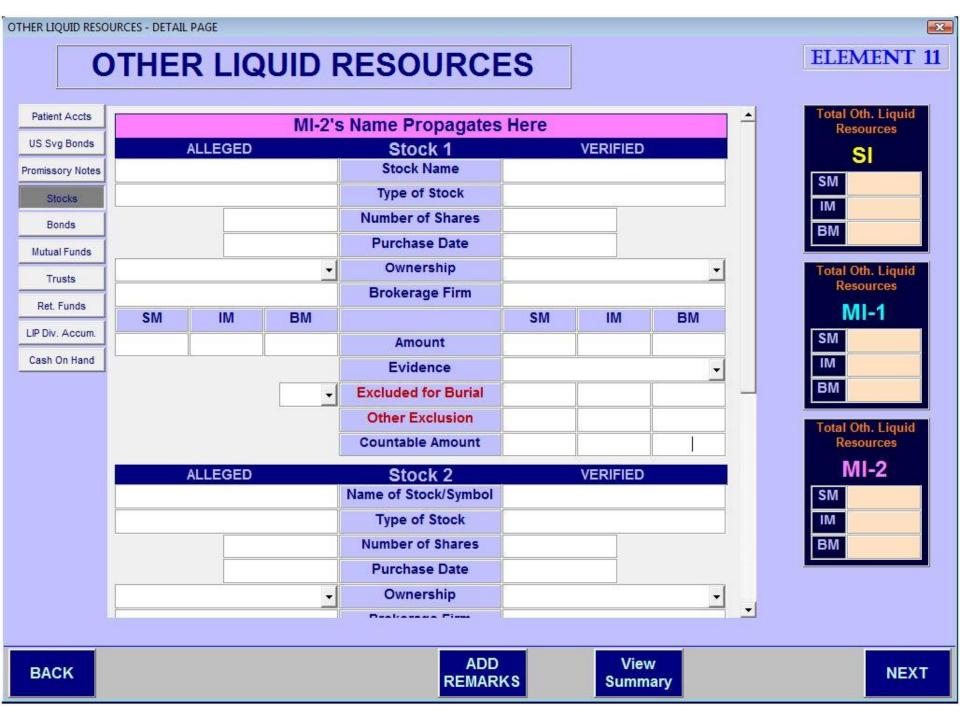
View

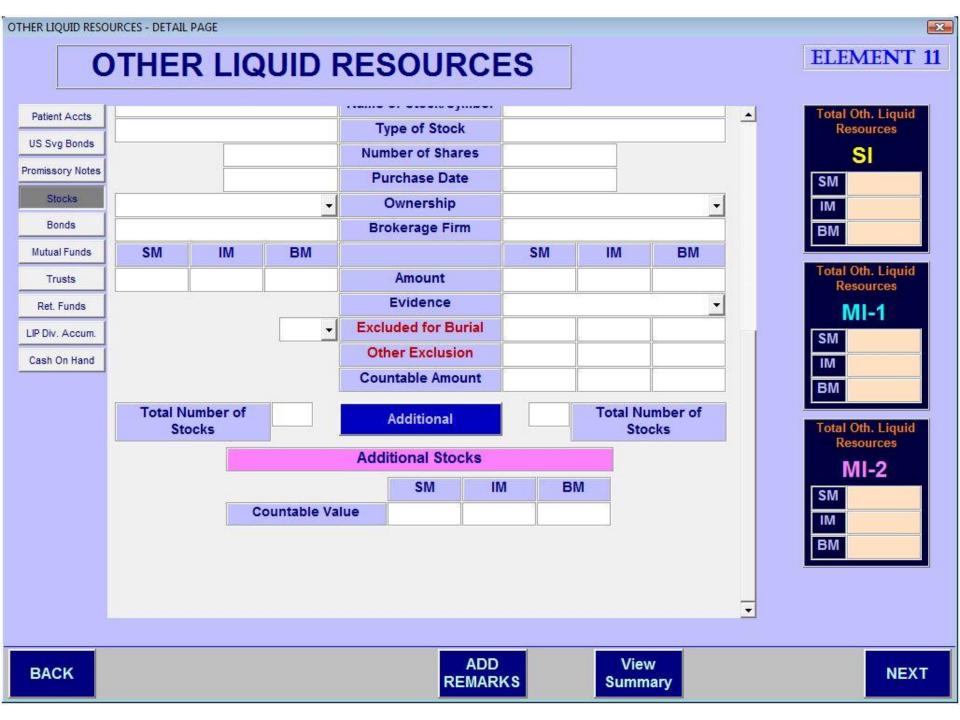
Summary

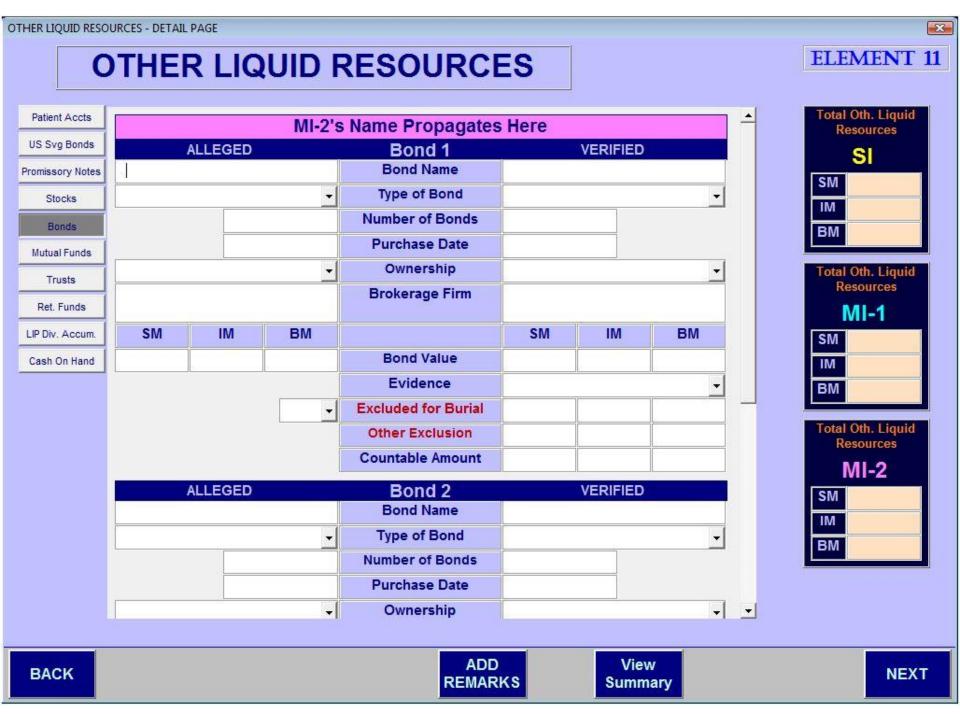
NEXT

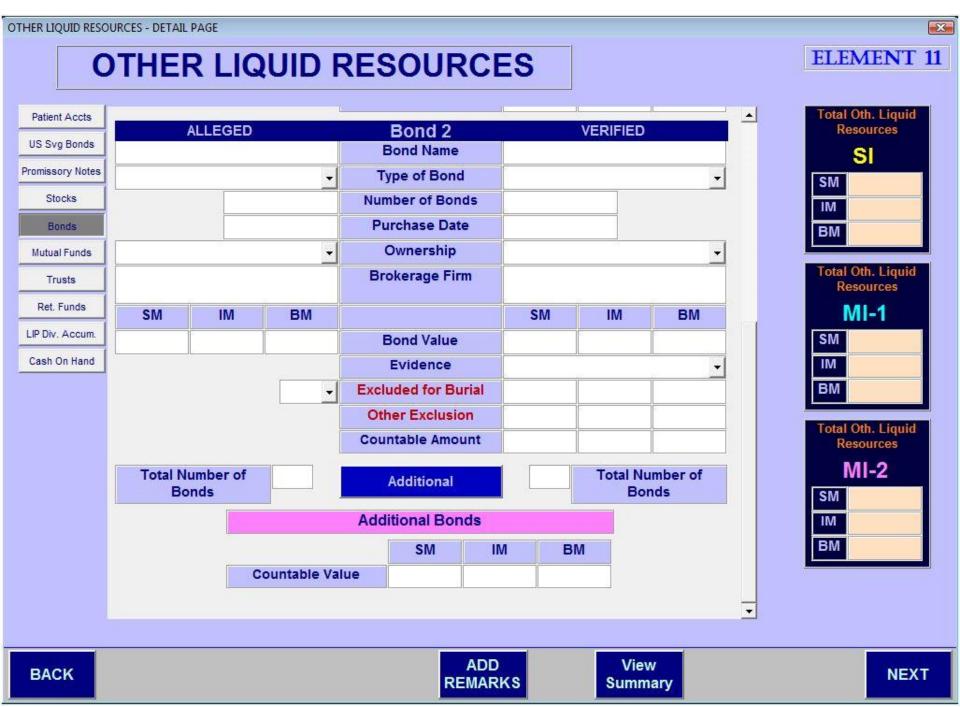






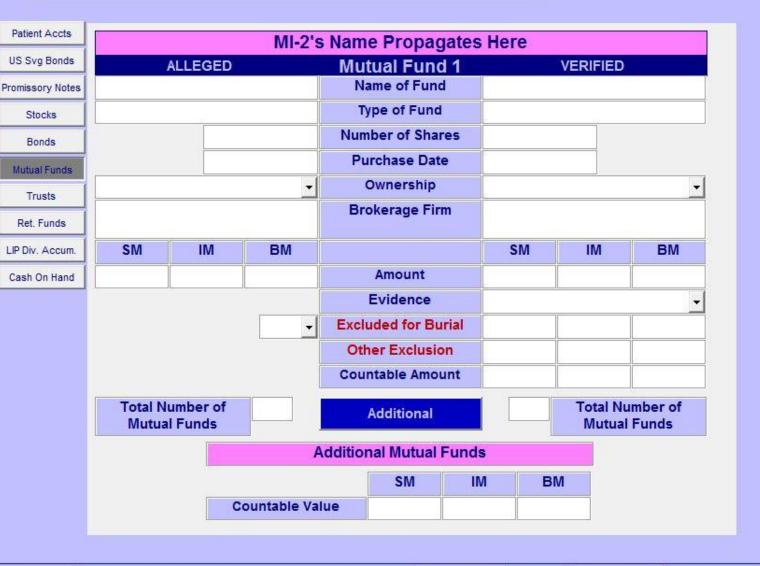






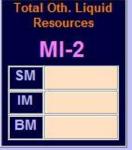
OTHER LIQUID RESOURCES

ELEMENT 11



Total Oth. Liquid Resources				
	SI			
SM				
IM				
ВМ				

	esources				
MI-1					
SM					
IM					
BM					

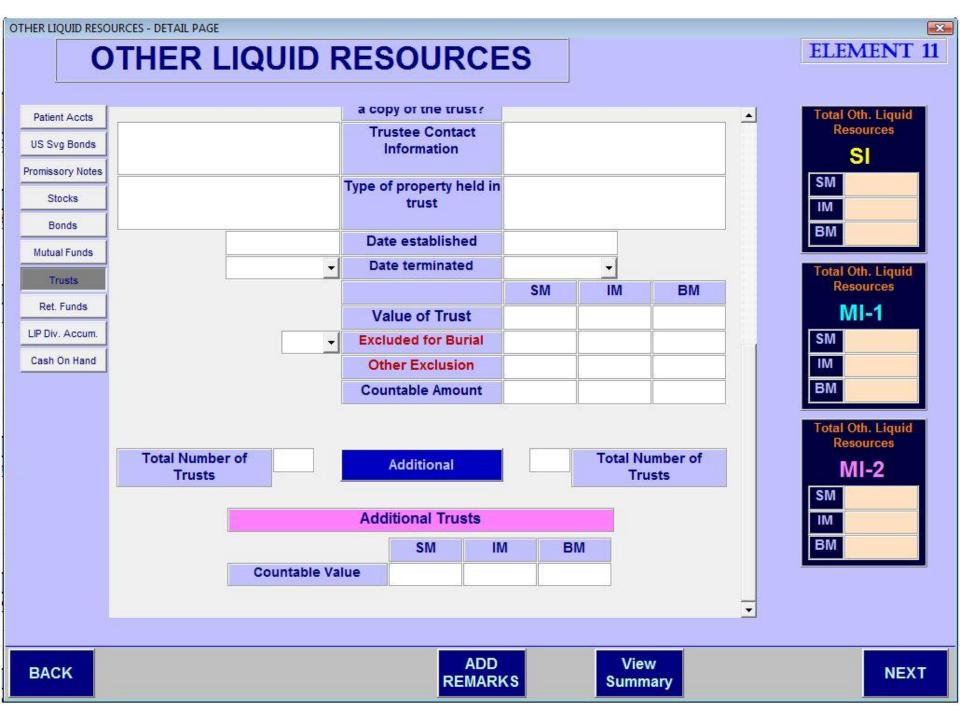


REMARKS

Summary

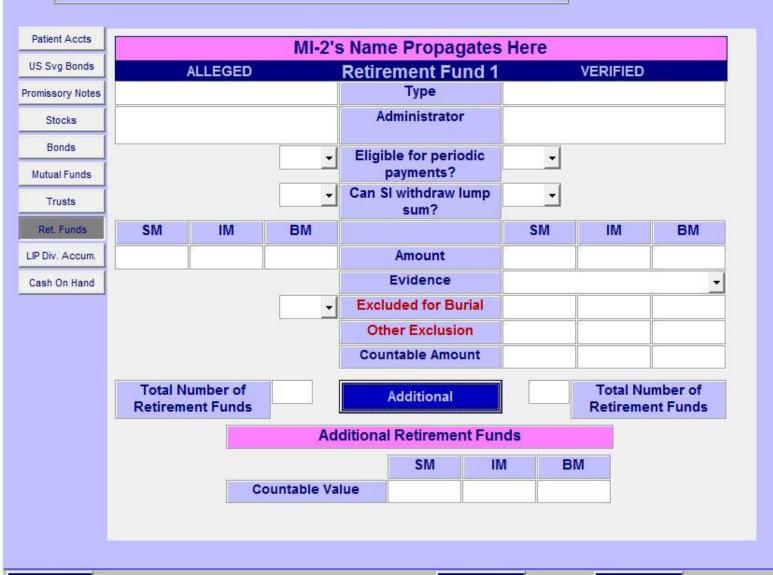
NEXT

BACK

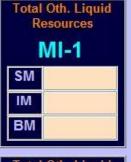


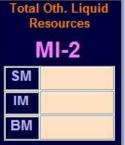
×

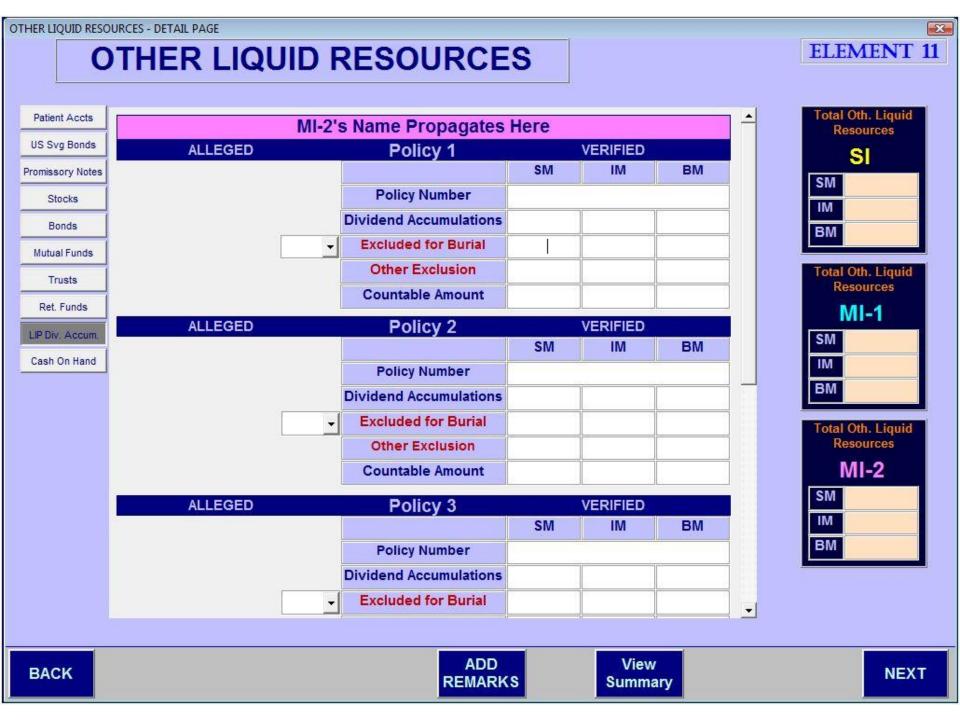
OTHER LIQUID RESOURCES

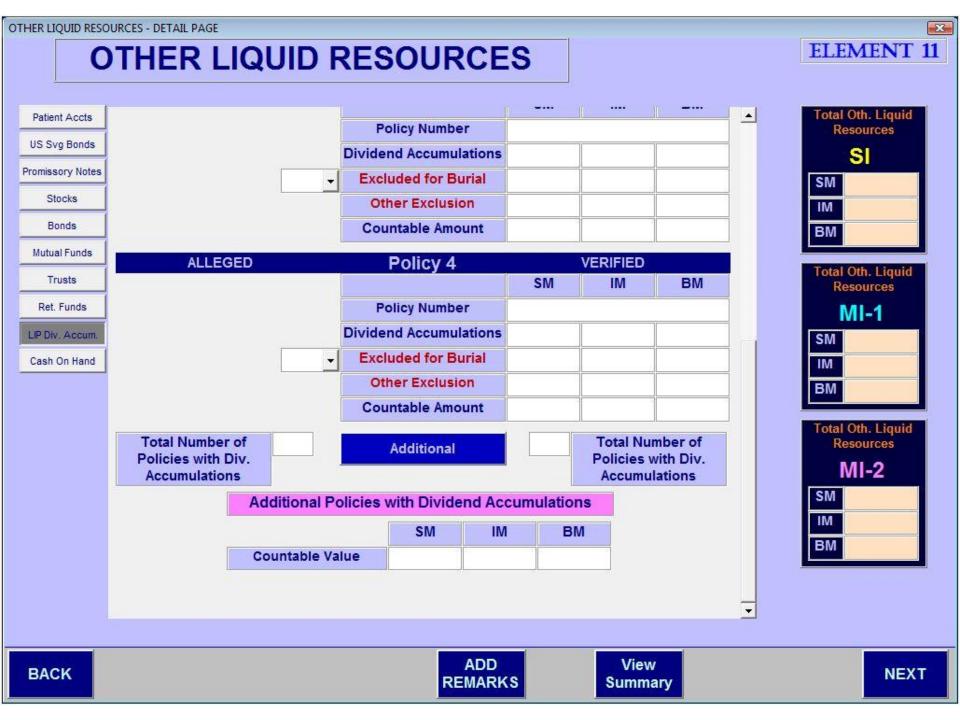








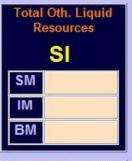


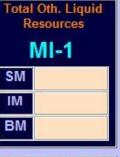


×

OTHER LIQUID RESOURCES









ELEMENT 12

NON-HOME PROPERTY

RE Field Codes CG Field Codes My SSR / MSSICS Notes

Record who owns or is buying non-home property SI MI-1 MI-2

Override SI MI-1 MI-2

Total number of properties

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

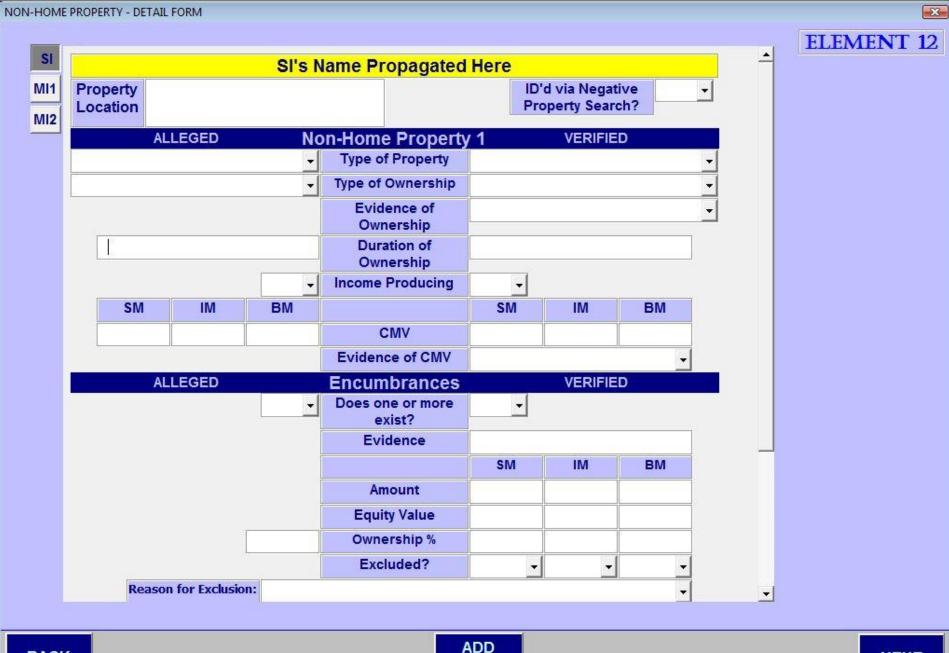
Since mm/dd/yyyy have the SI/ MI(s) transferred, sold, disposed of or given away any non-home property? □ Override

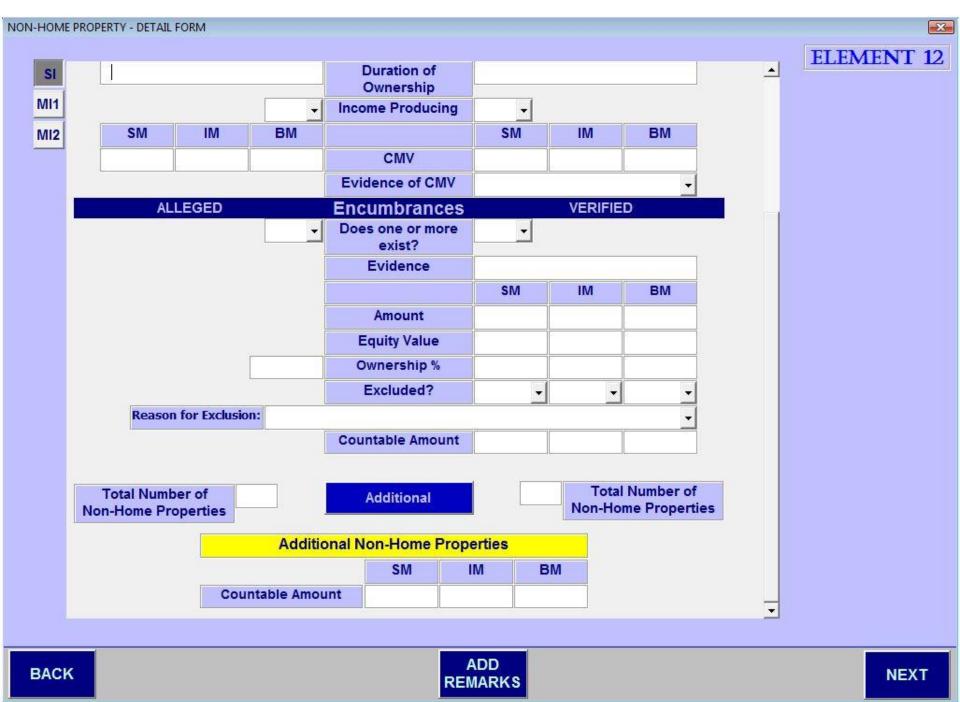
Check to display a list of possible non-home properties.

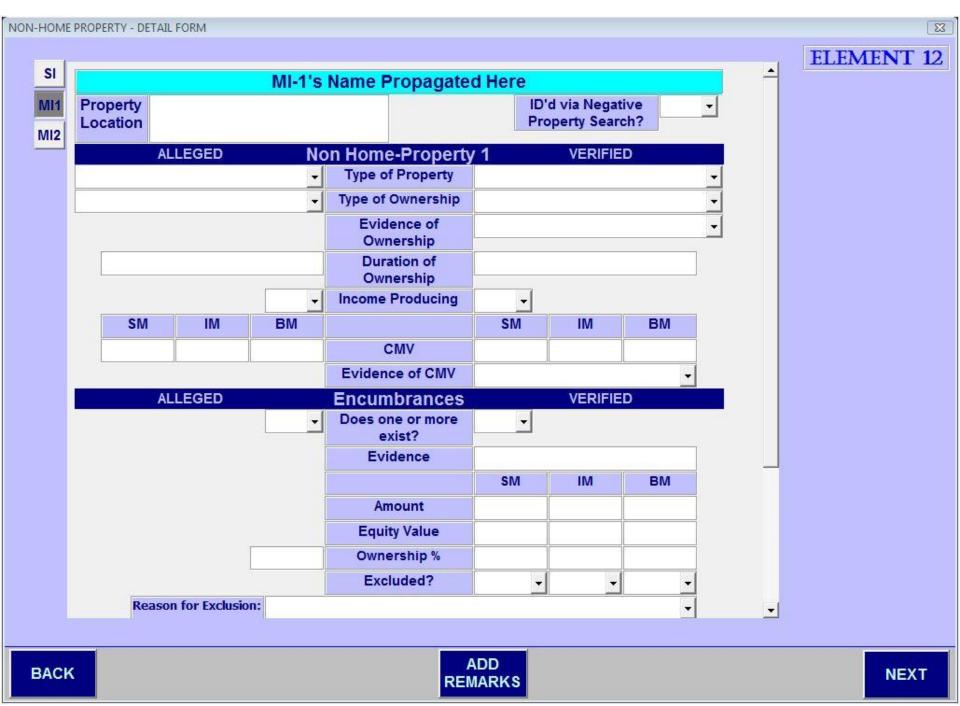
1. Farmland

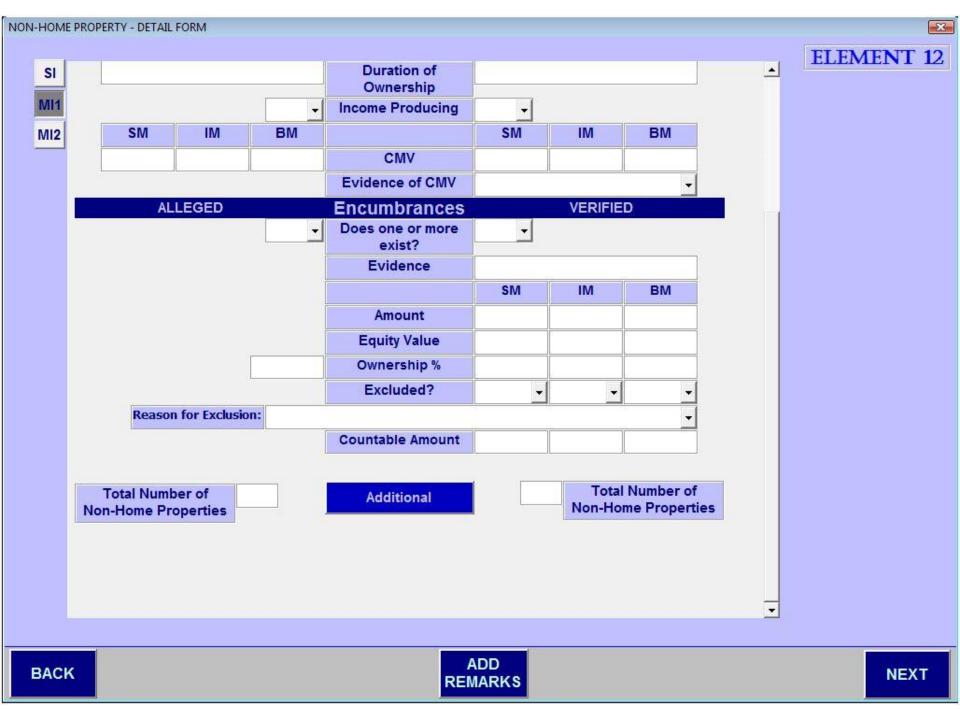
▼ □ Override

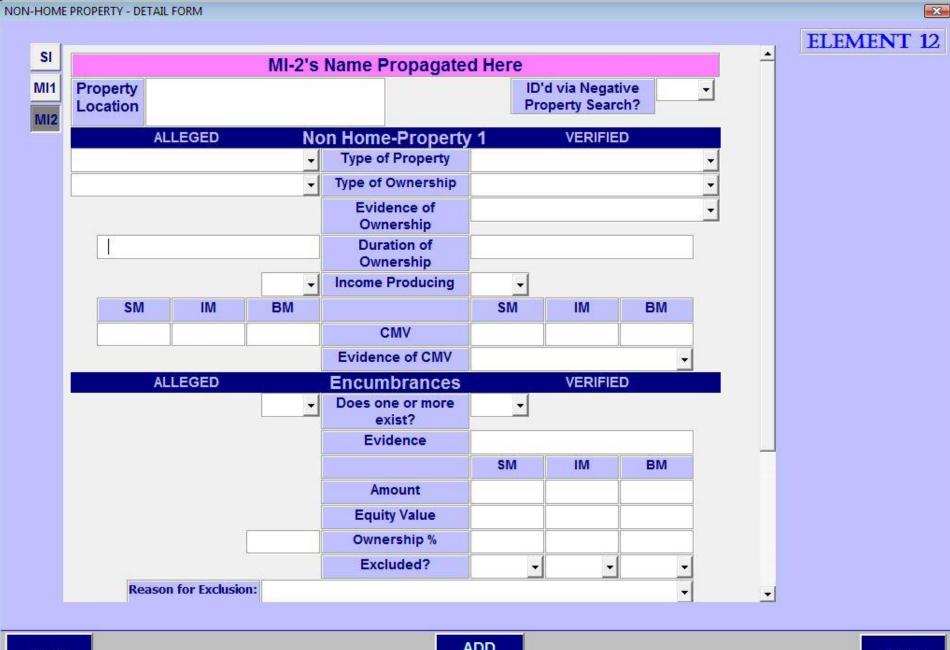
- 2. Commercial (non-farm)
- 3. Residential property
- 4. Unimproved Land
- 5. Foreign Property
- 6. Mineral/Timber/Water Rights

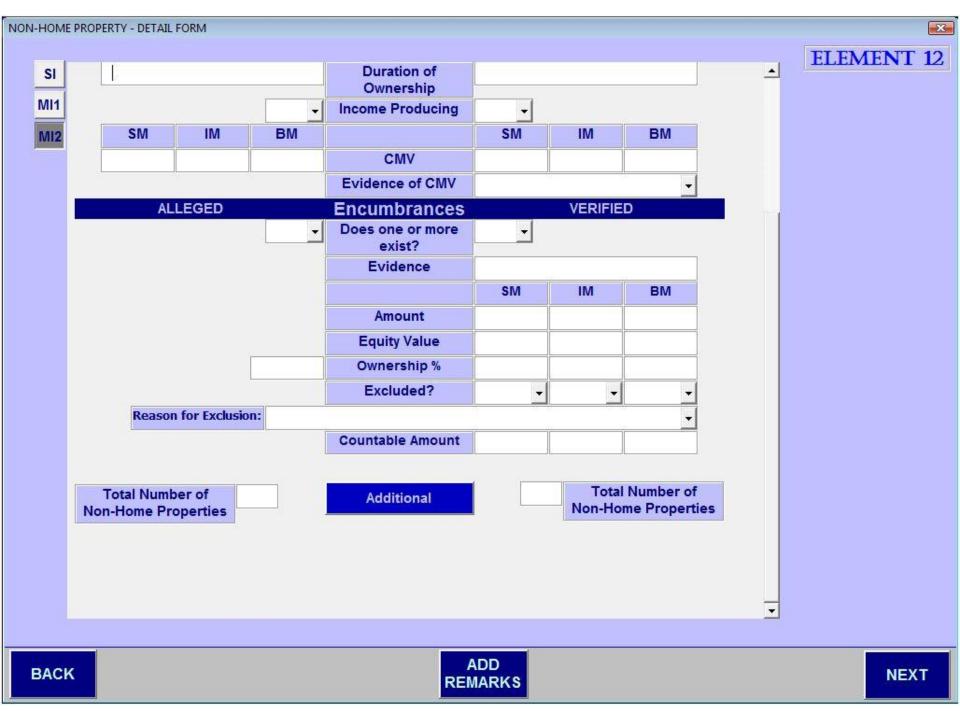












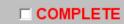
NEGATIVE PROPERTY SEARCH

SI SI's Name Propagates Here MI-1 MI-2 SSN(s) search Determination ▼ SI □ MI-1 □ MI-2 Record the number of properties found



PREVIOUS





NEGATIVE PROPERTY SEARCH



MAIN MENU

PREVIOUS

ADD REMARKS



NEXT

MAIN

MENU

ELEMENT 13

NEXT

☐ COMPLETE

NEGATIVE PROPERTY SEARCH

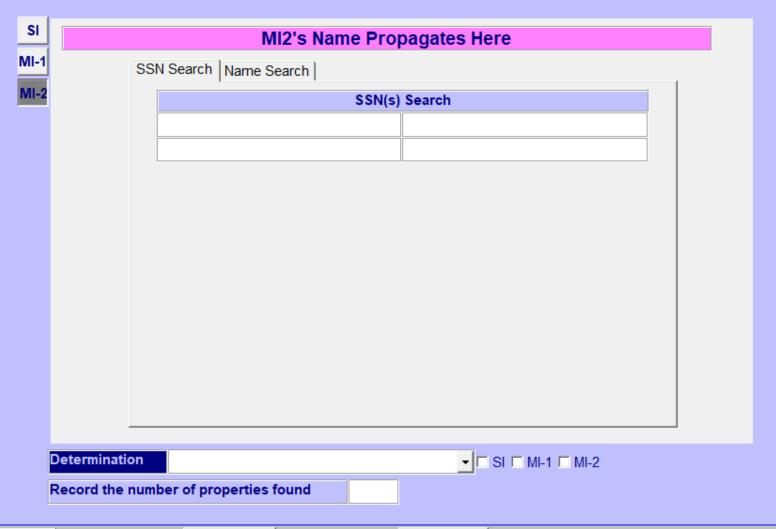
PREVIOUS

		MI1's Name Prop	oagates Here			
	SSI	N Search Name Search				
2		Name(s) Search				
		Jurisdiction Searched	County/Parish/City	ST		
				-		
		Alpha Listing	_			
		Contact Method	_			
		Name of Contact				
		Title of Contact				
		Date of Contact				
		Contact Information				
Determinati	ion		▼ □ SI □ MI-1 □ M	11-2		
		ber of properties found		<u>-</u>		
record the	Hum	oci oi properties round				

ADD

REMARKS

NEGATIVE PROPERTY SEARCH





MAIN

MENU

ELEMENT 13

NEXT

☐ COMPLETE

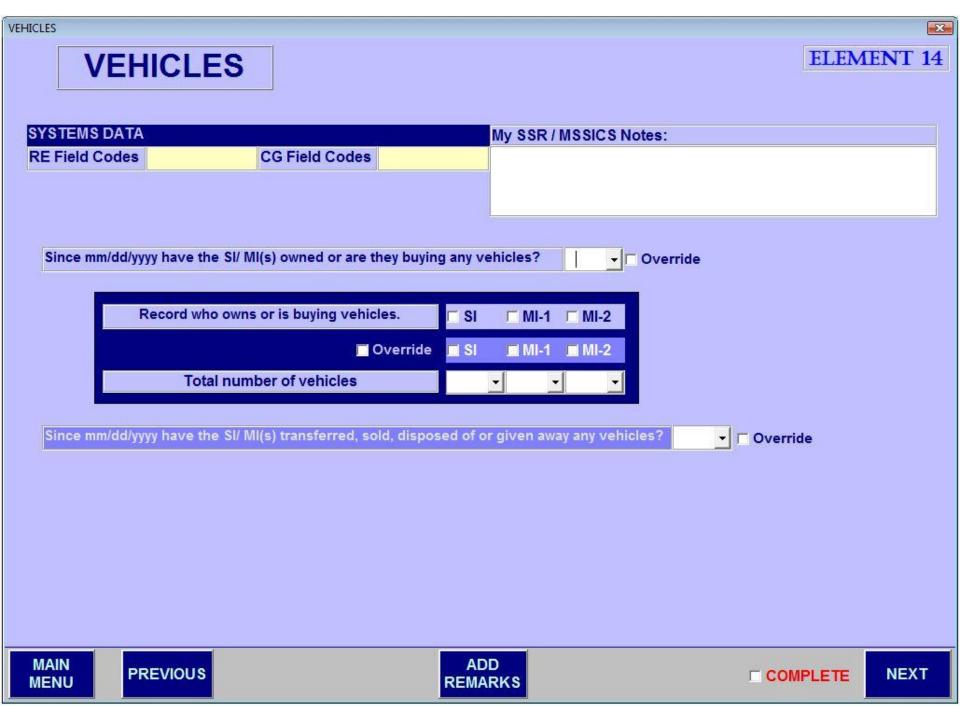
NEGATIVE PROPERTY SEARCH

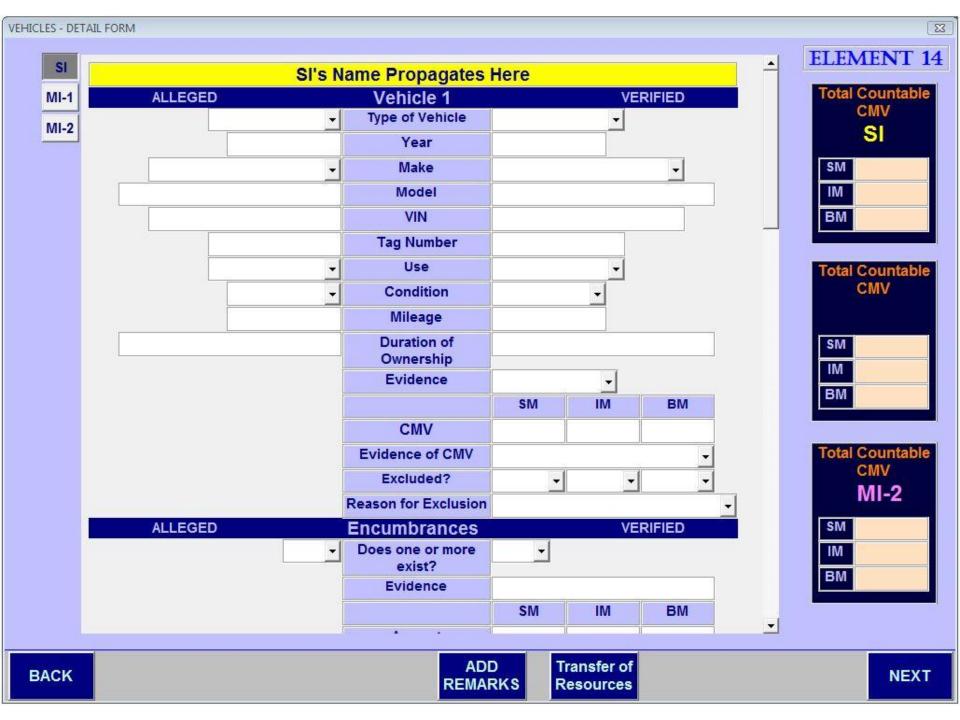
PREVIOUS

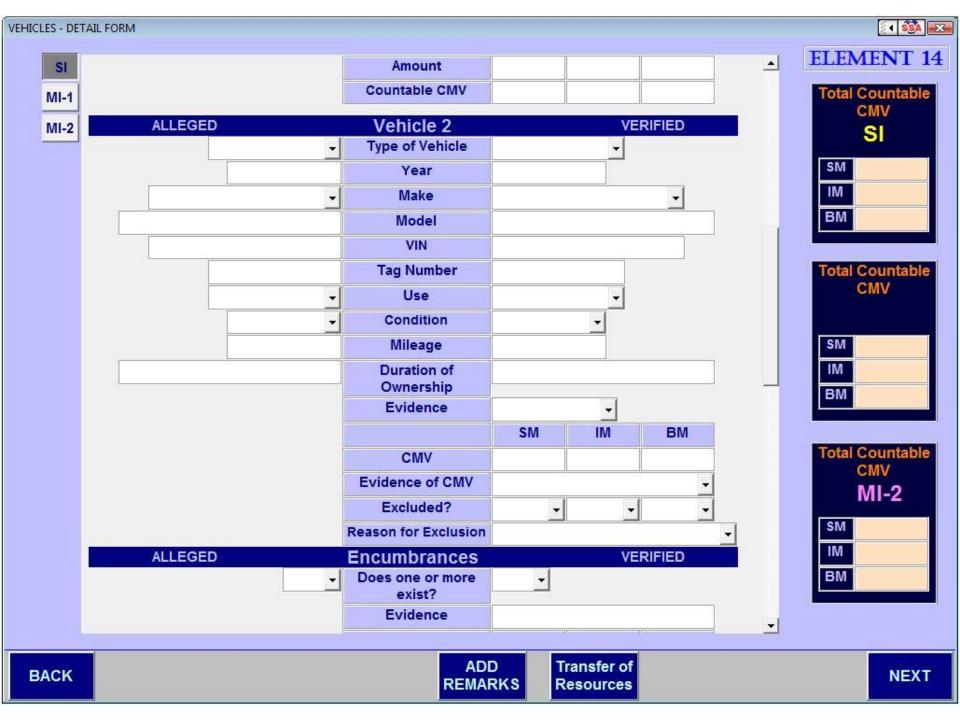
	MI2's Name Prop	pagates Here					
	SSN Search Name Search						
	Name(s	Name(s) Search					
	Jurisdiction Searched	County/Parish/City ST					
	ourisalouori Scaroneu	- County/Farisit/Oity 51					
	Alpha Listing						
	Contact Method						
	Name of Contact						
	Title of Contact						
	Date of Contact						
	Contact Information						
Determination	n	▼ SI □ MI-1 □ MI-2					
Record the n	umber of properties found						

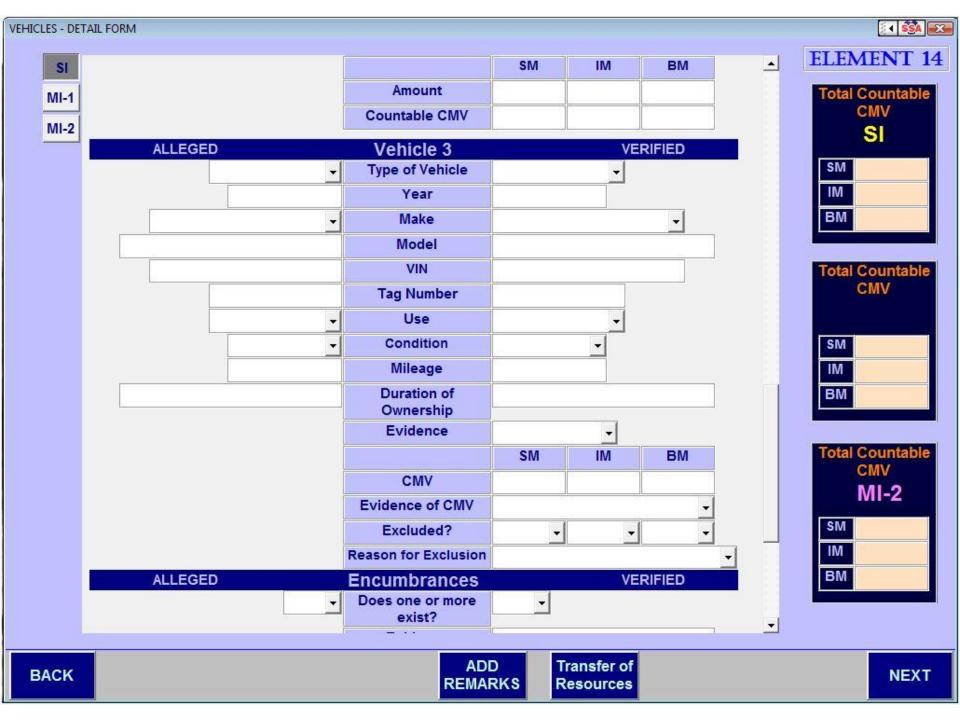
ADD

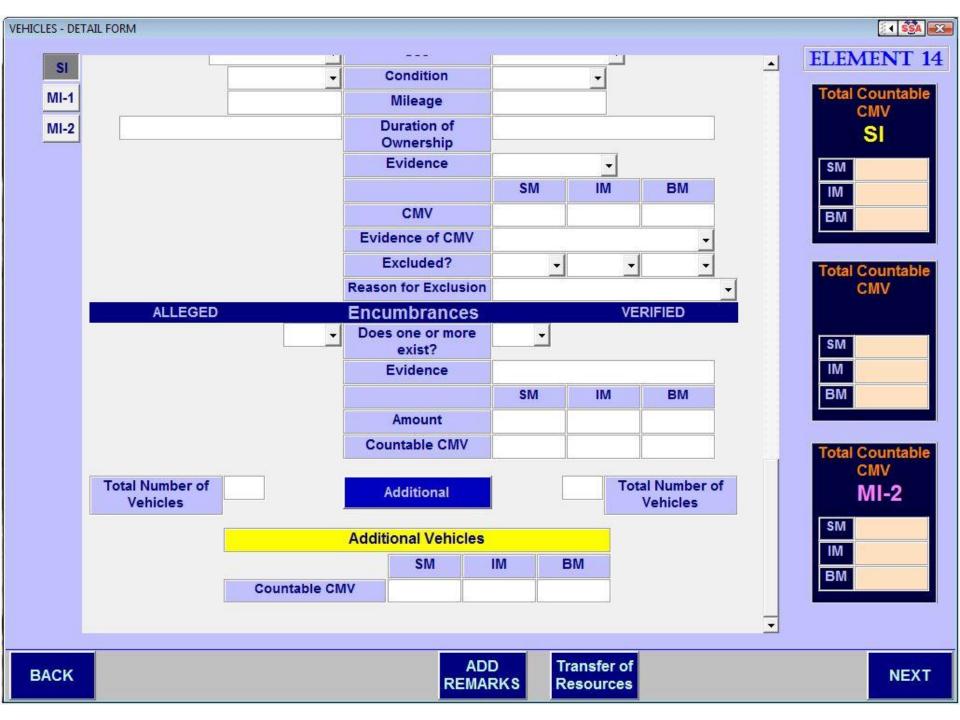
REMARKS

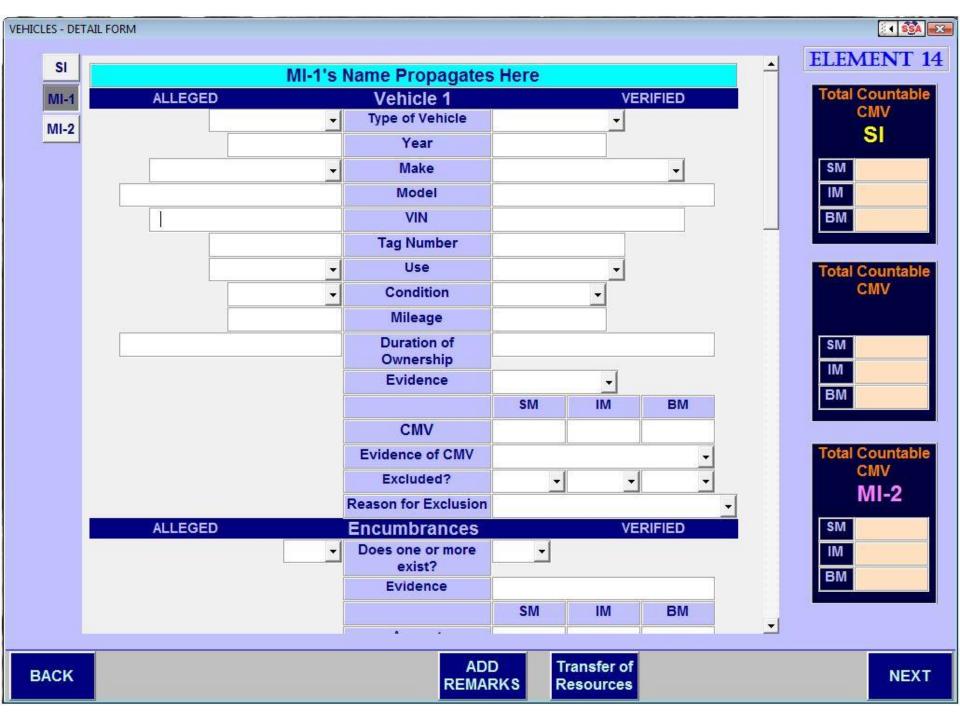


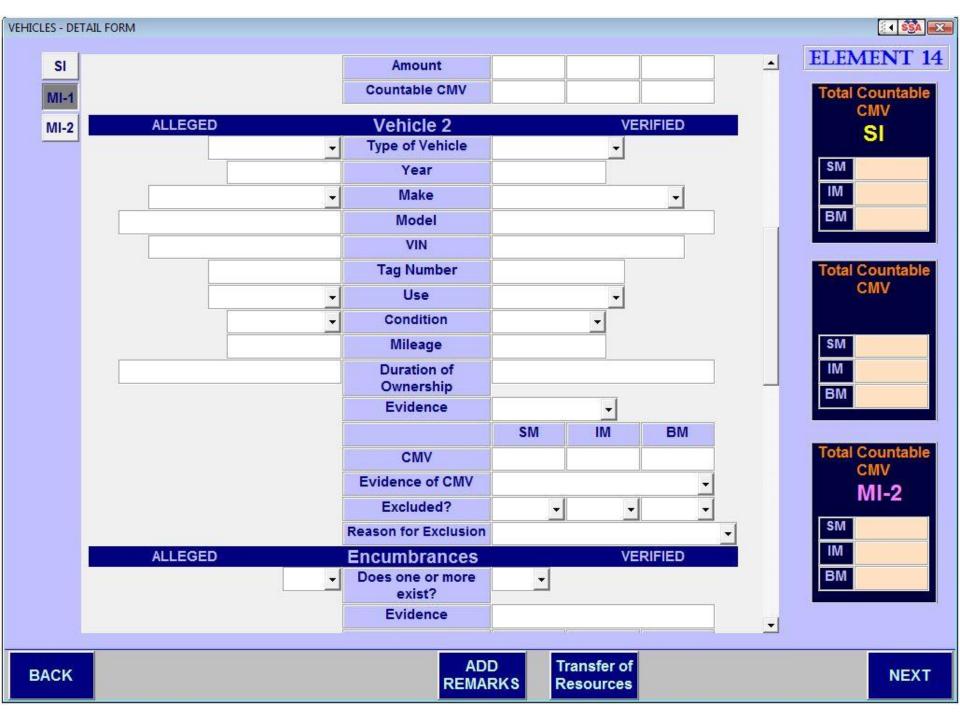


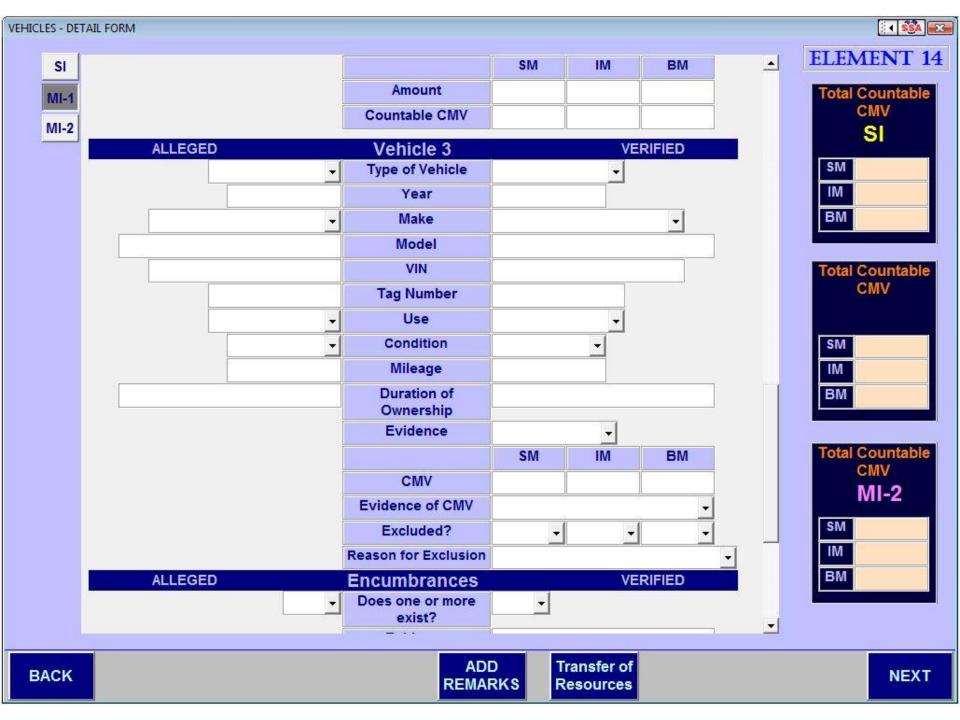


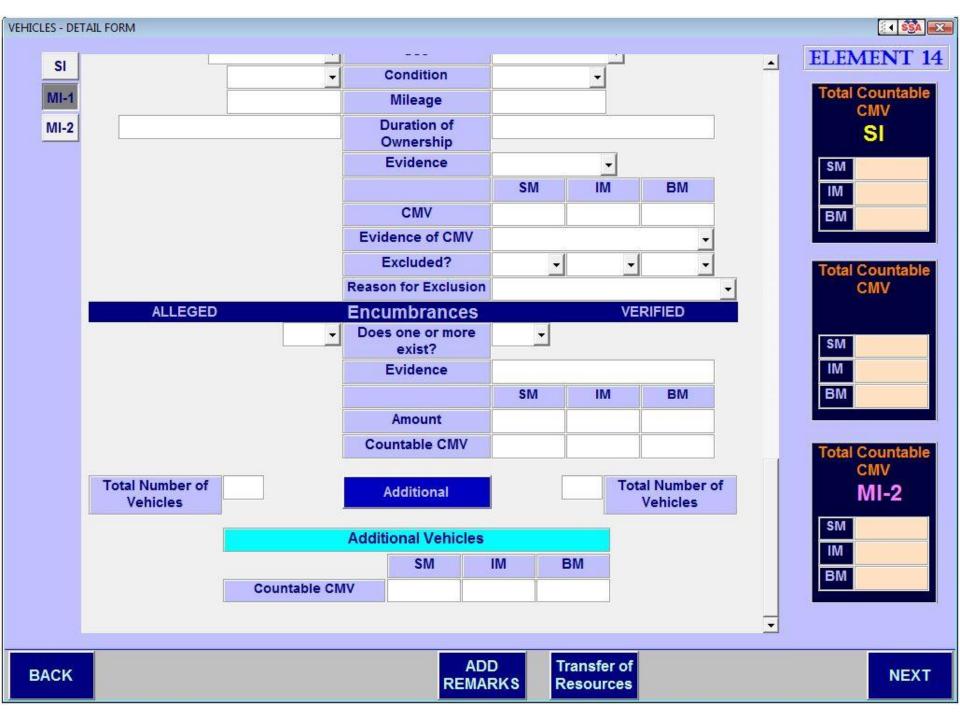


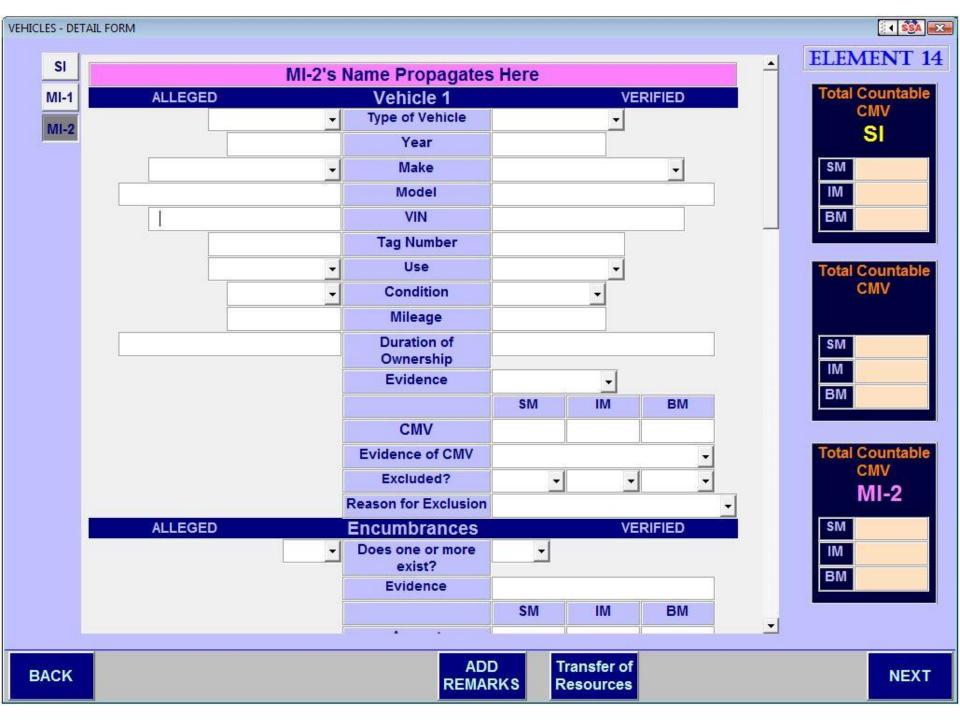


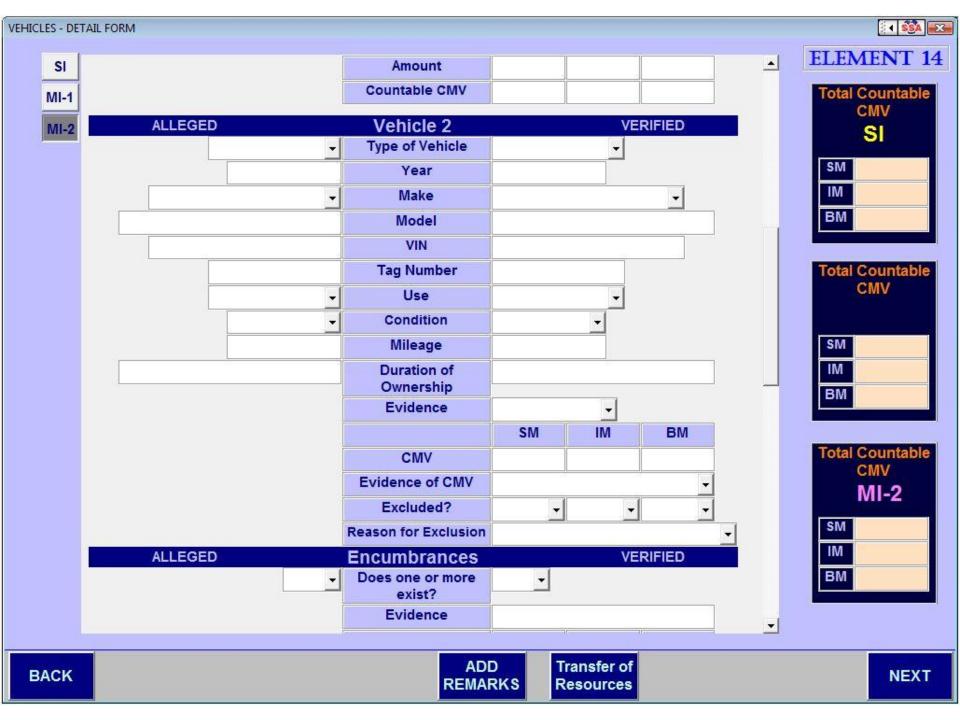


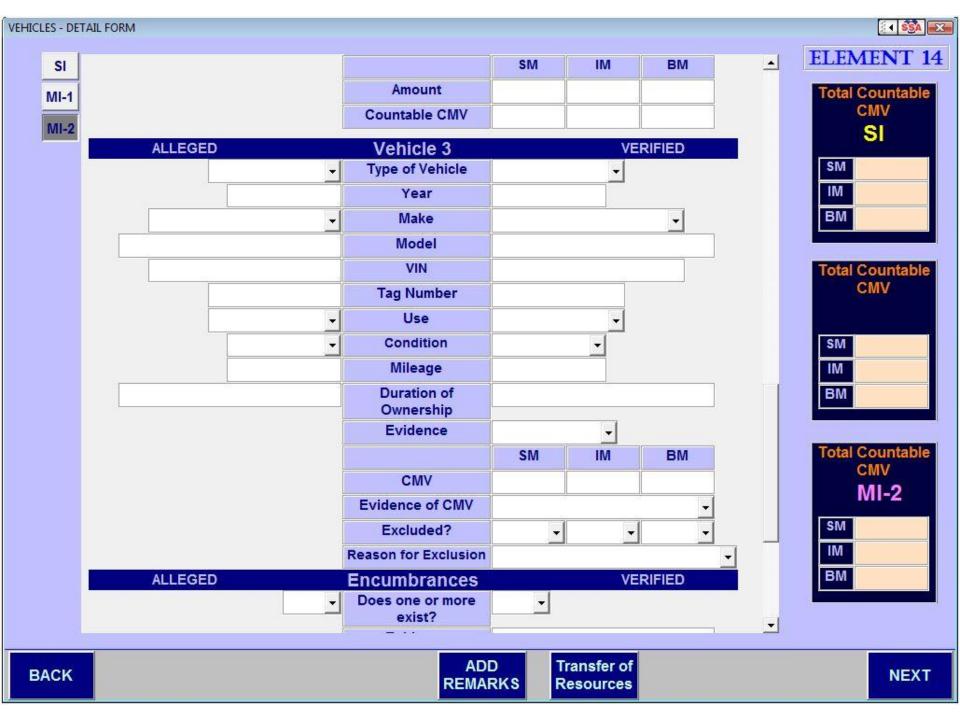


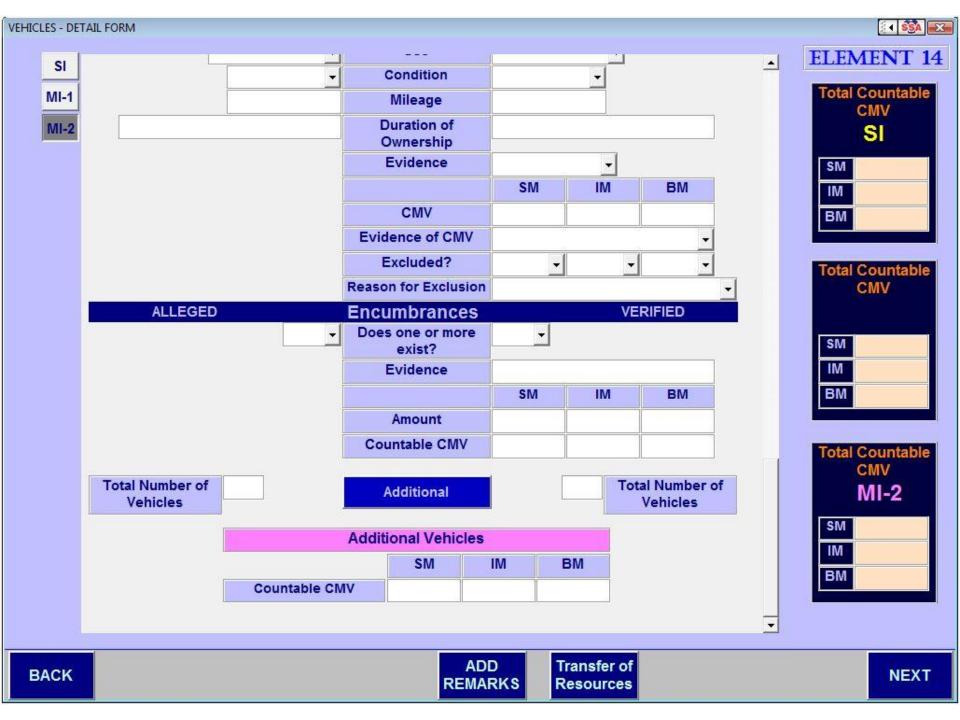


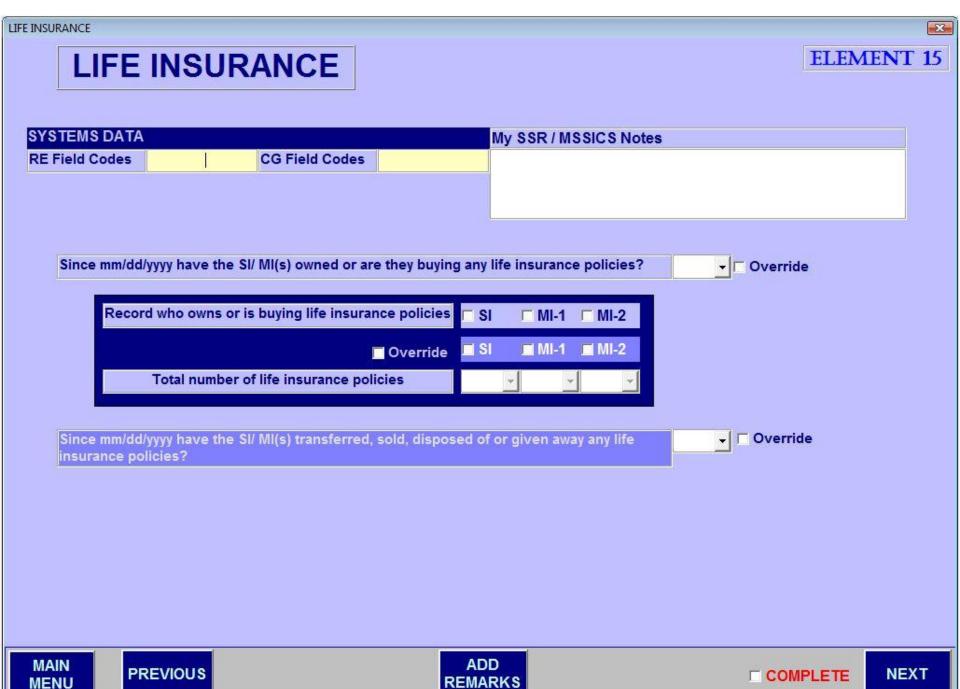


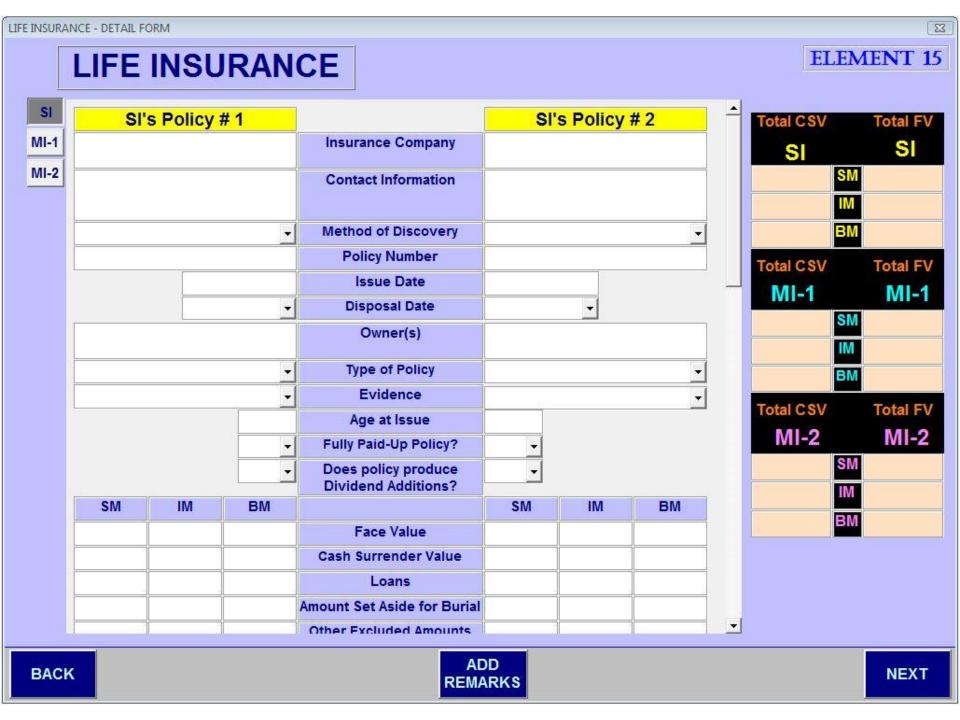


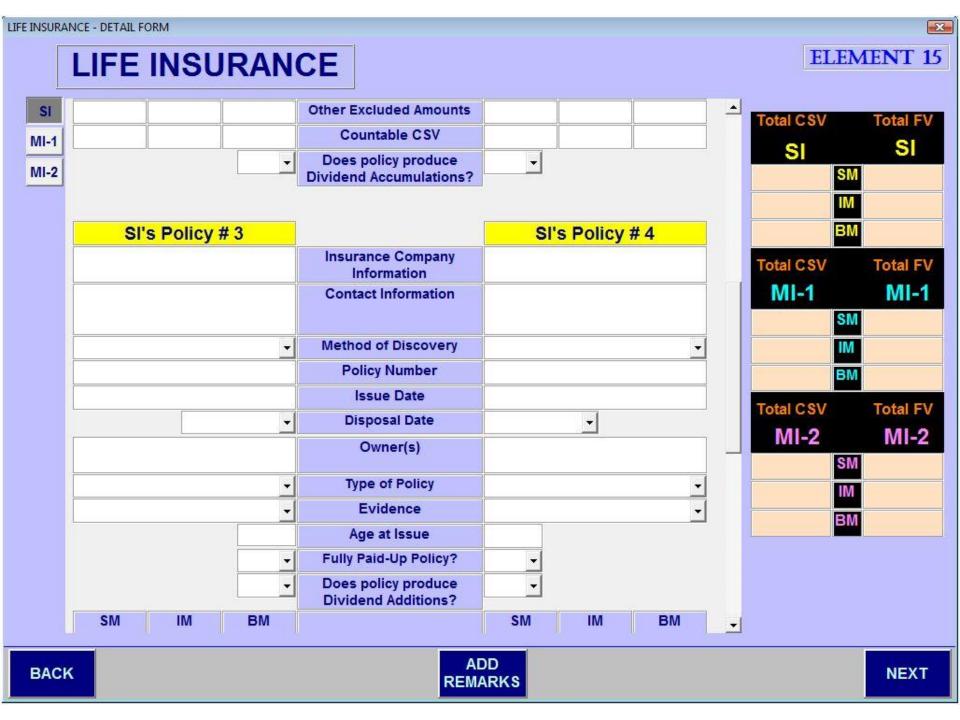


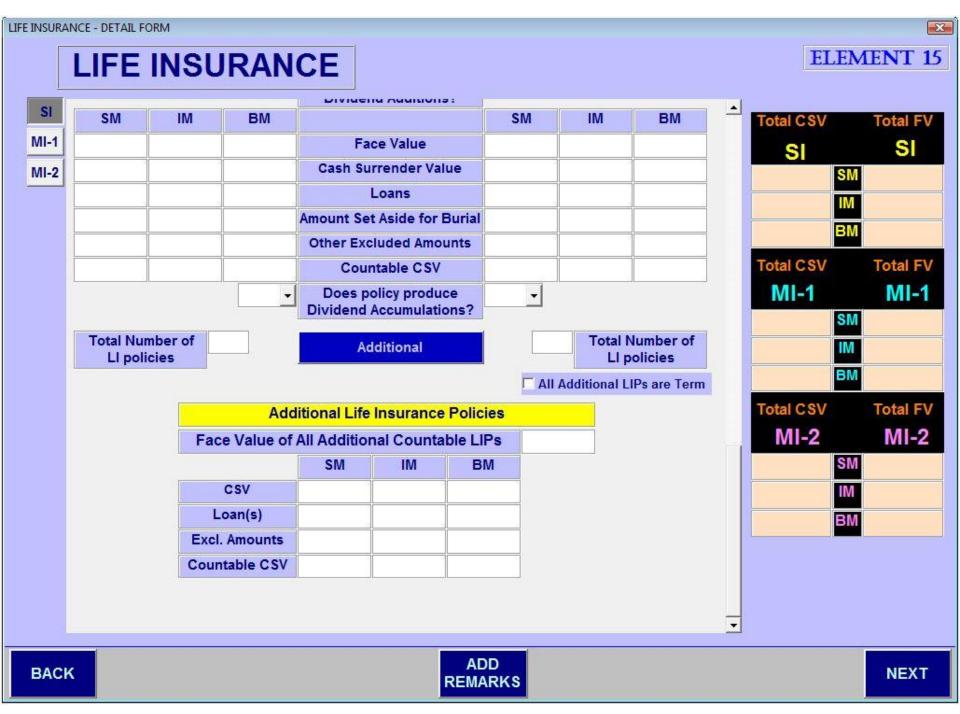


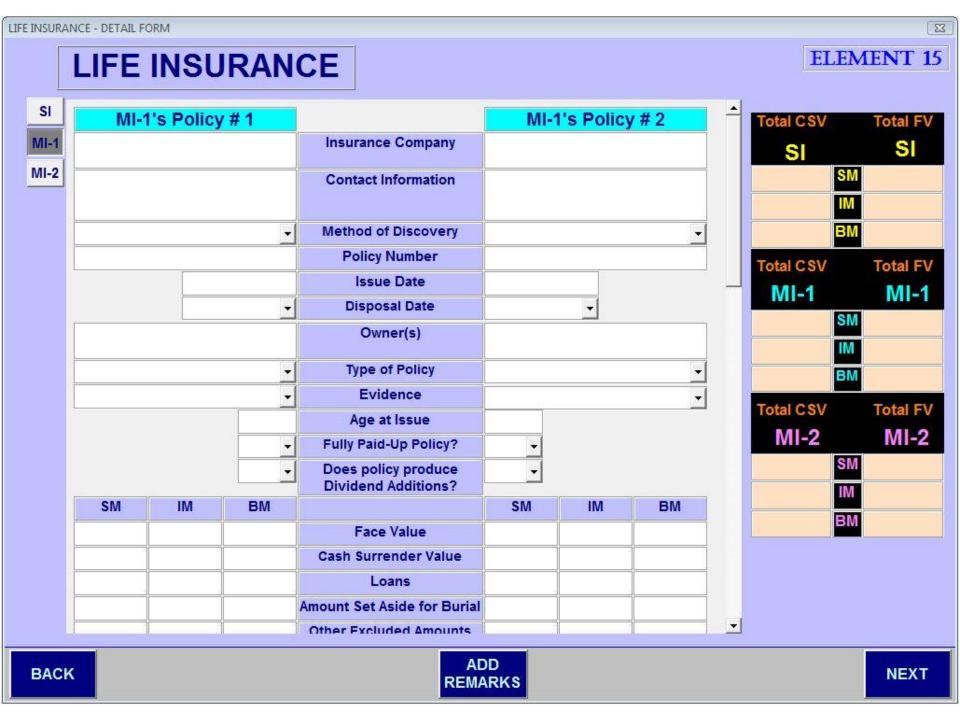


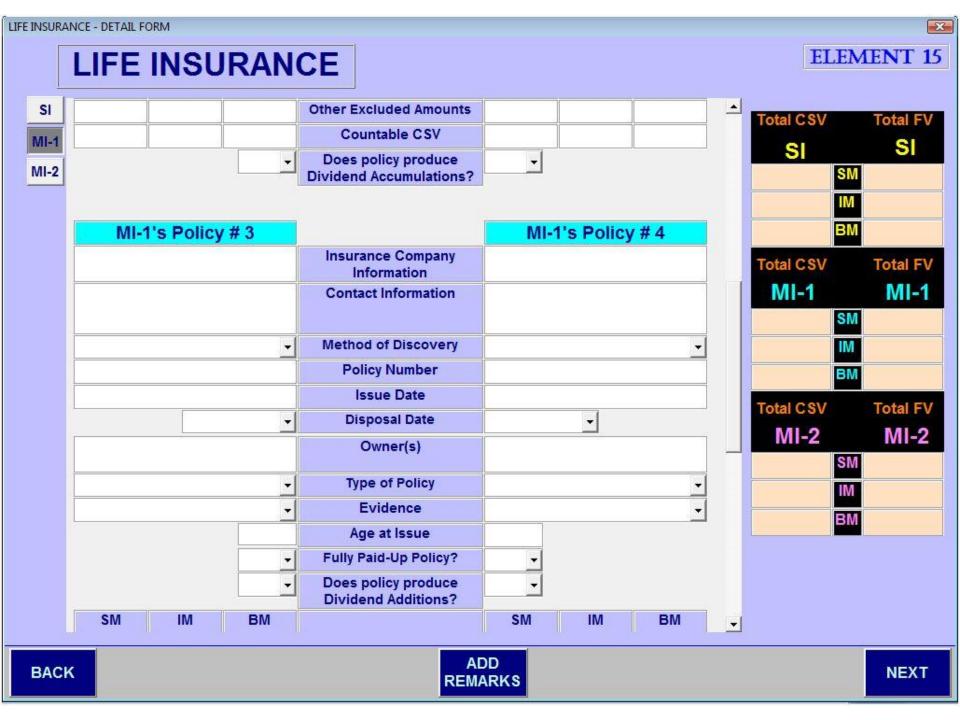


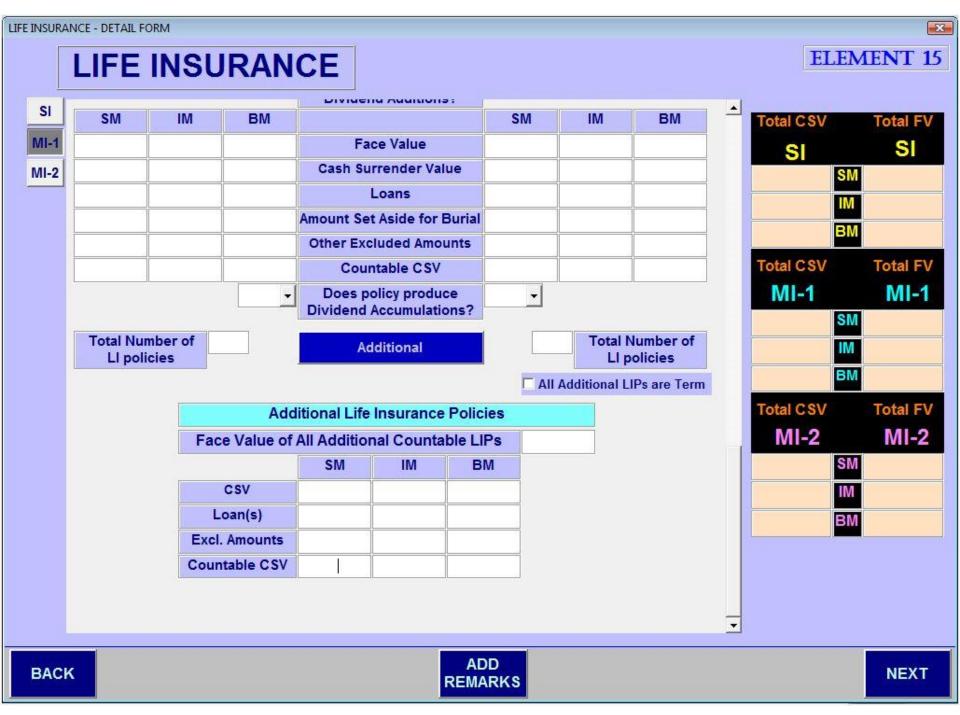


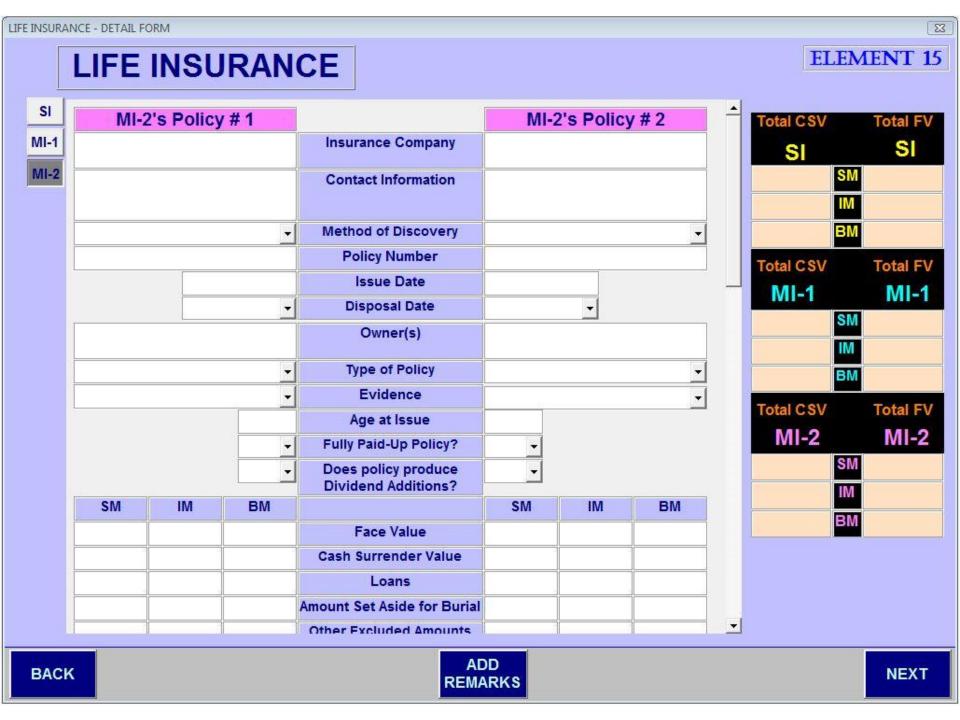


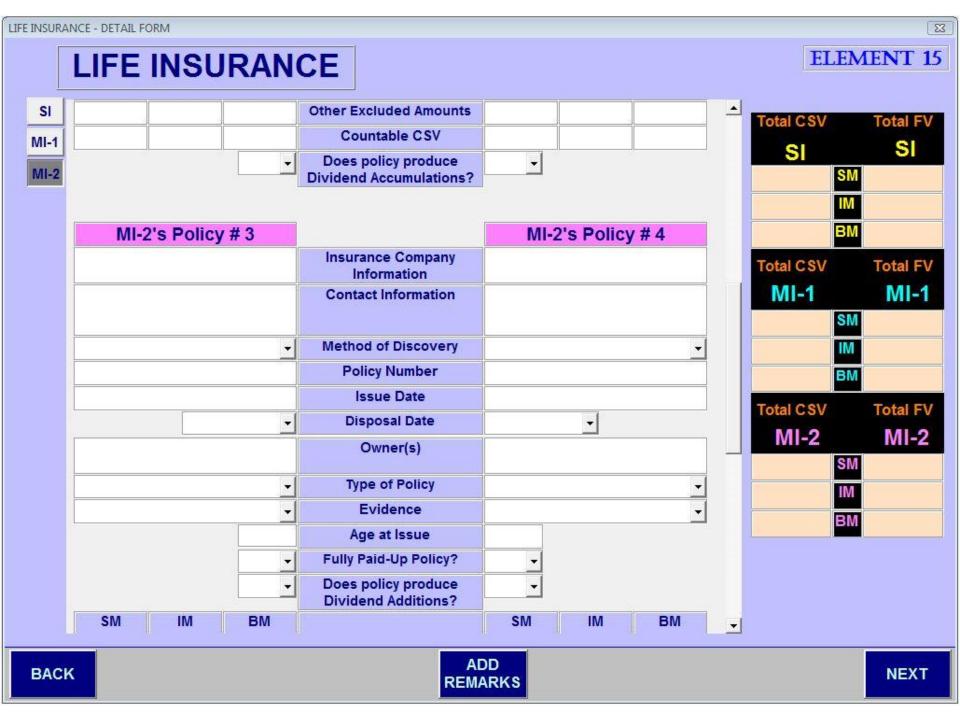


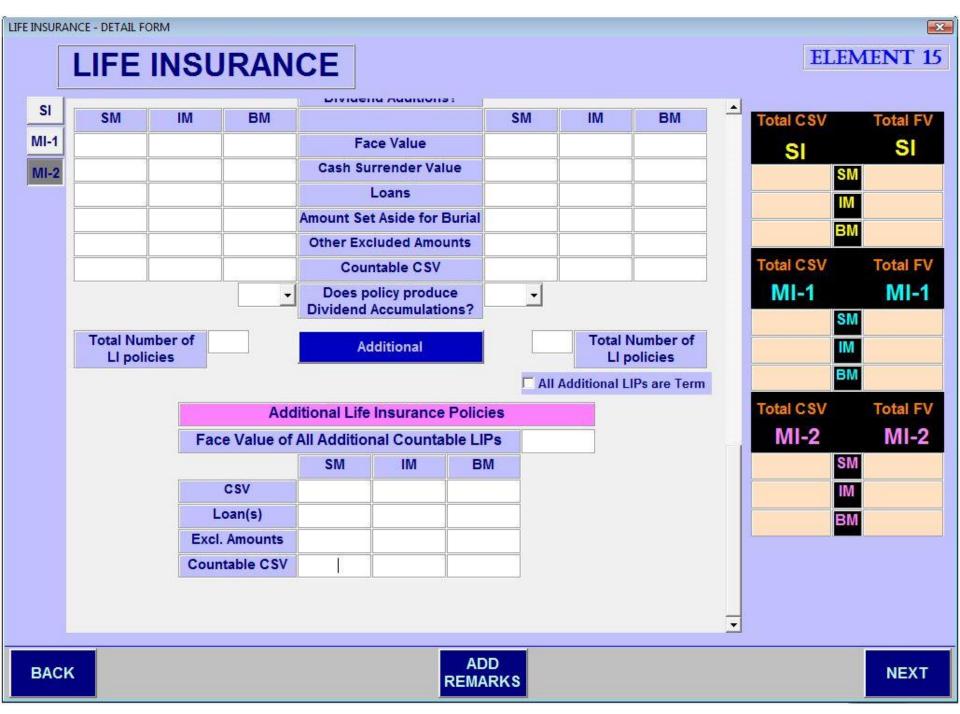












MAIN MENU

PREVIOUS

ADD REMARKS

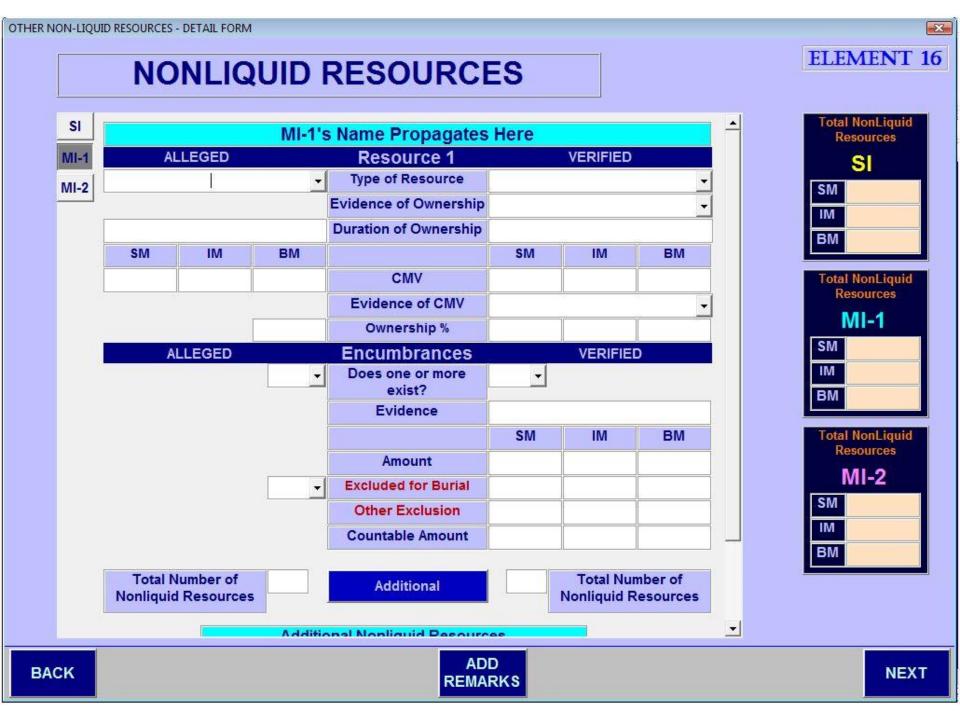


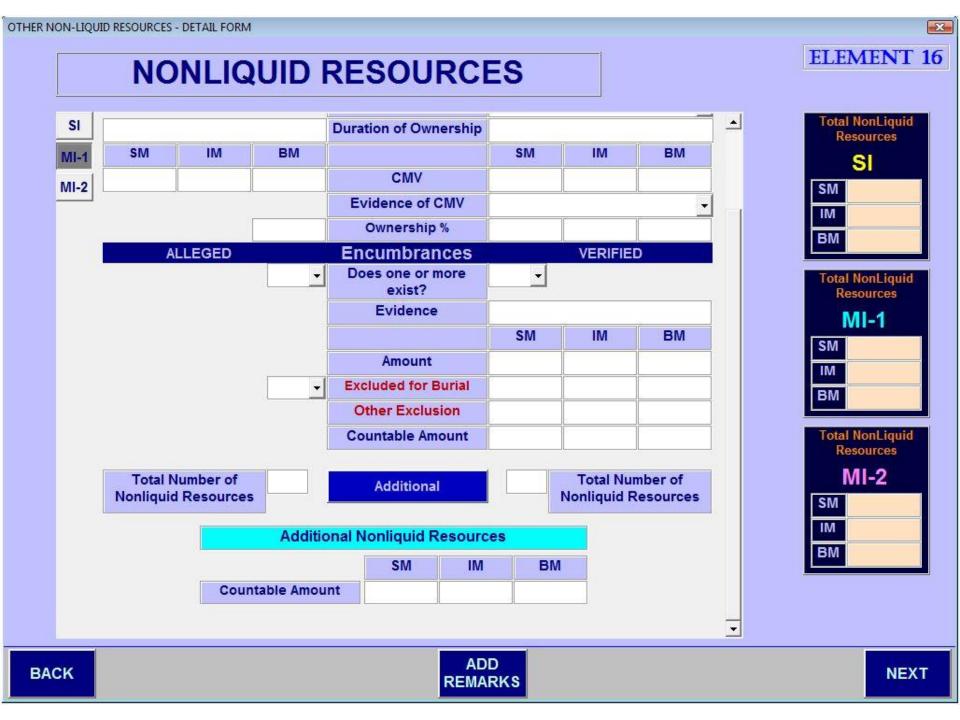
9. Oriental rugs 10. Silver items

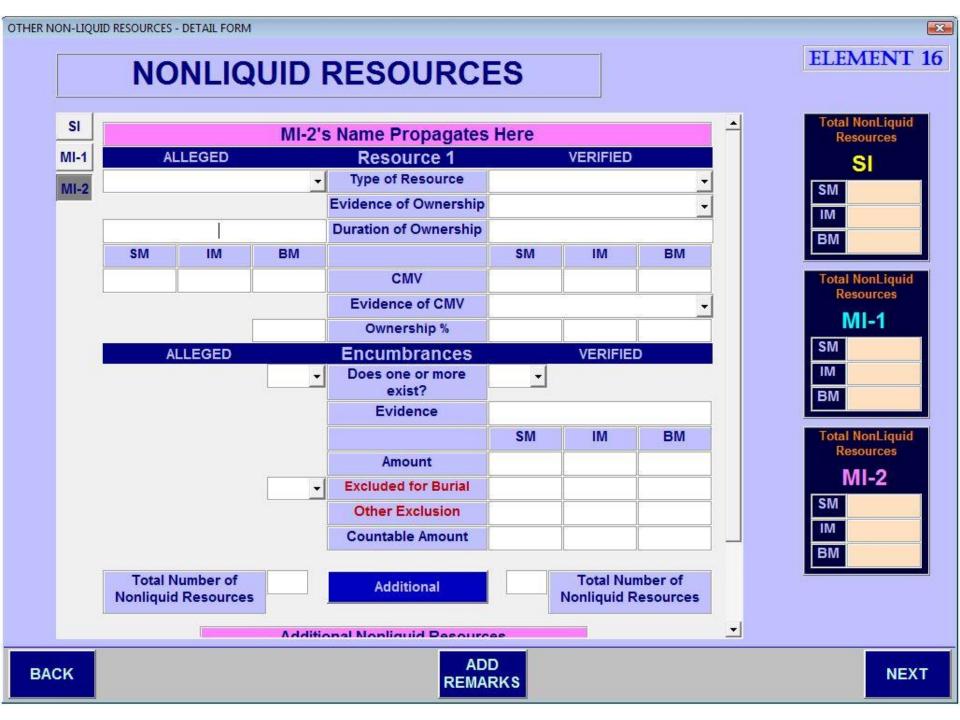
NEXT

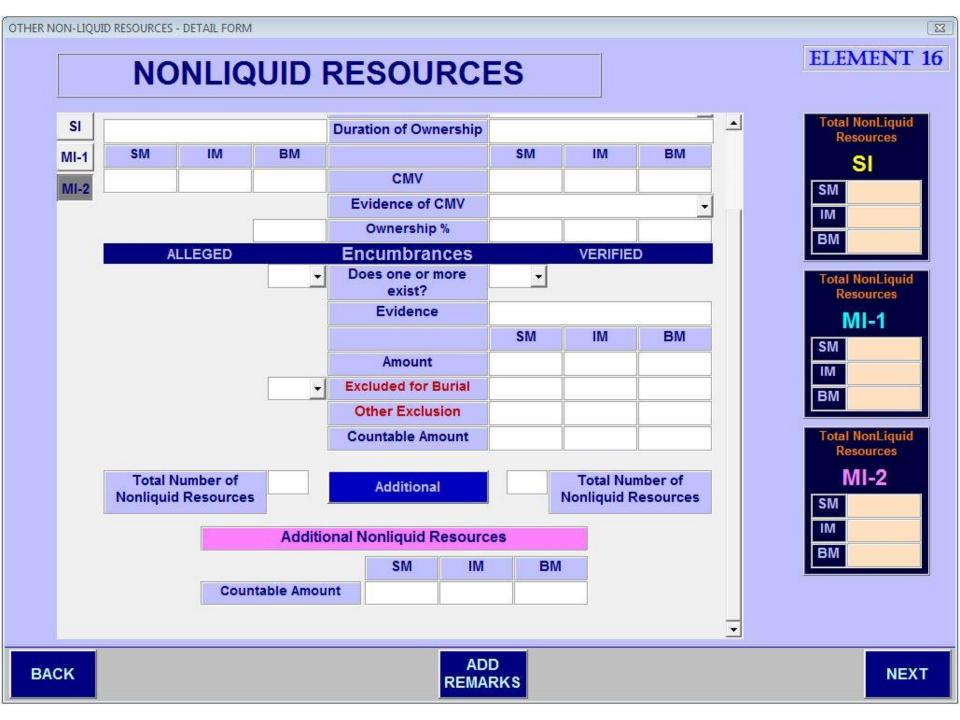
ADD REMARKS

NEXT









ELEMENT 17

×

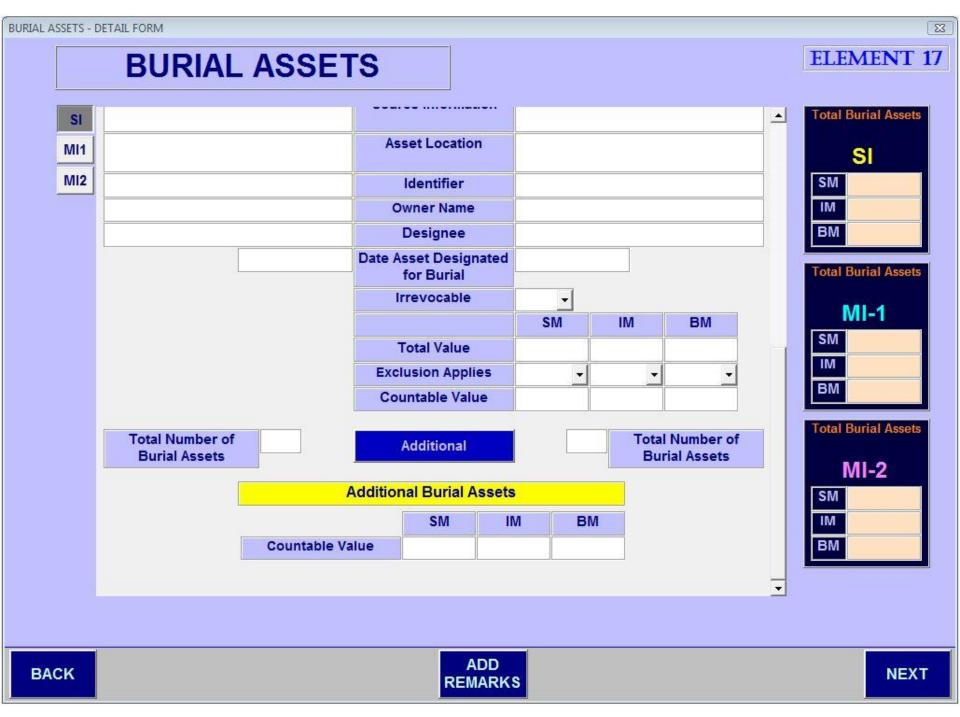
BURIAL ASSETS

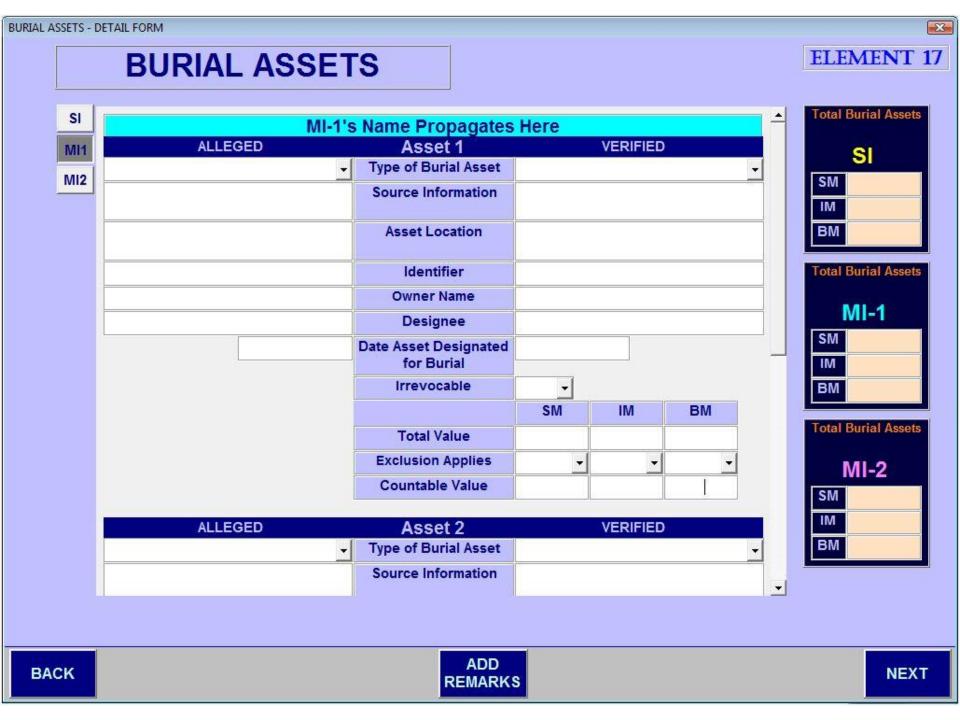


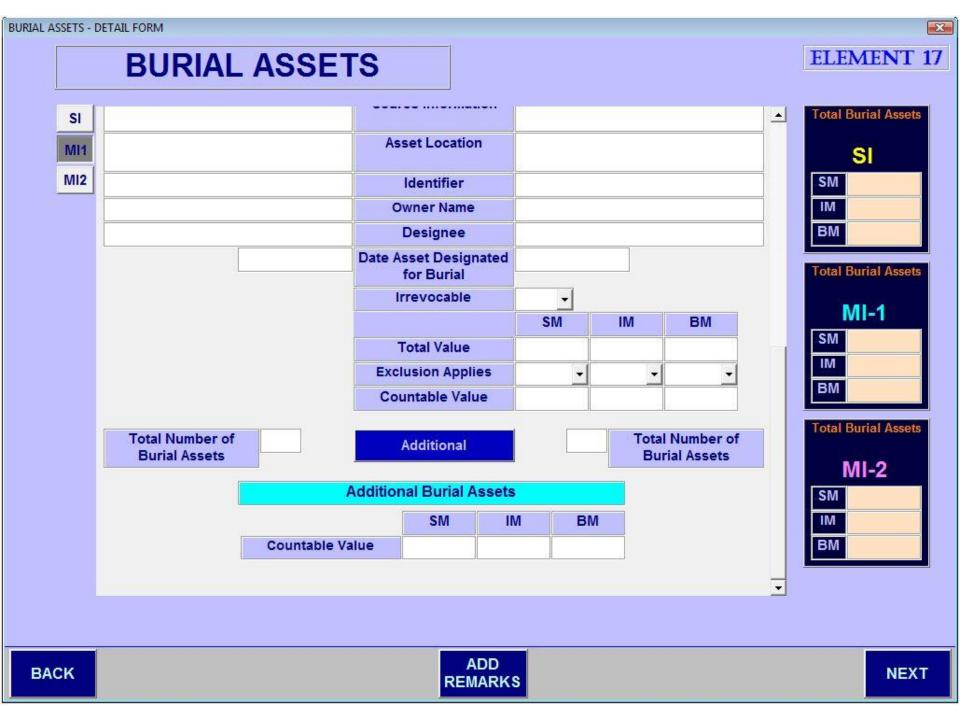
BACK

ADD REMARKS

NEXT







Date Asset Designated for Burial

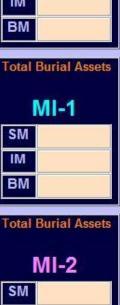
Irrevocable

SM IM BM

Total Value

Exclusion Applies

Countable Value



IM

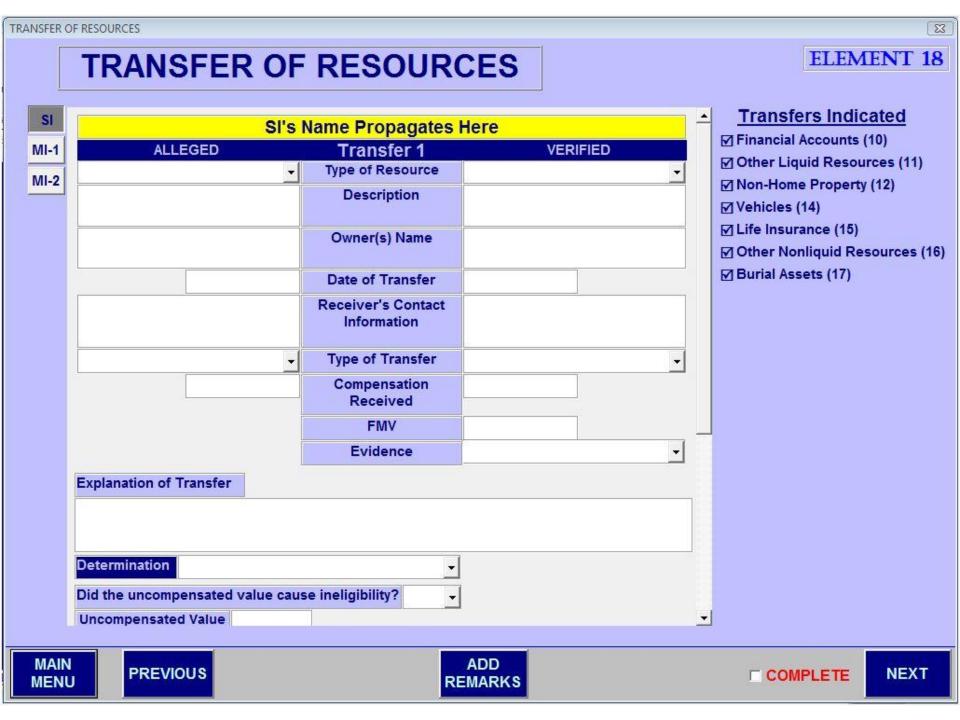
ВМ

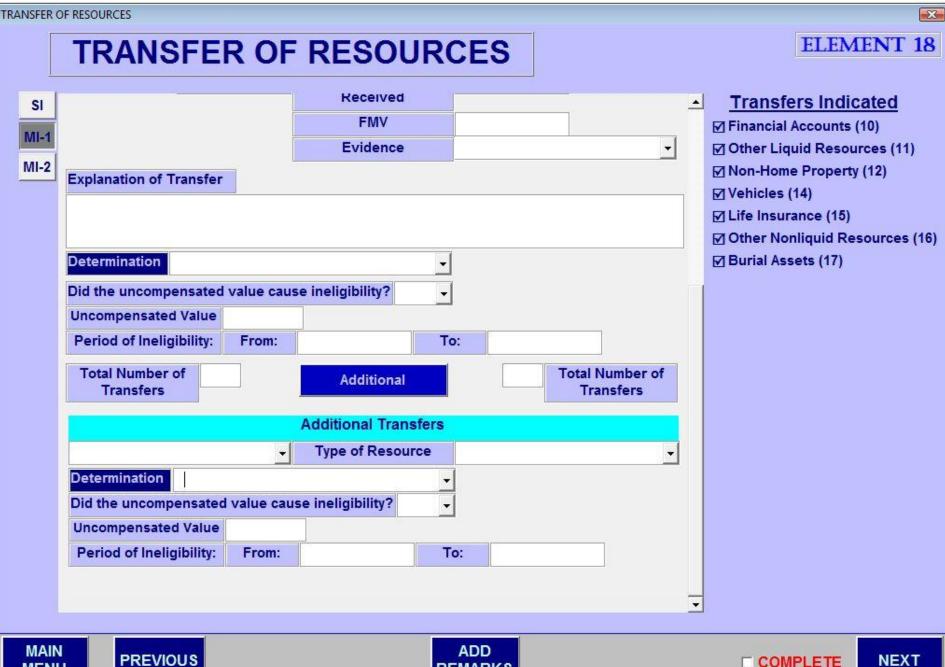
ALLEGED

Asset 2

Type of Burial Asset Source Information

REMARKS

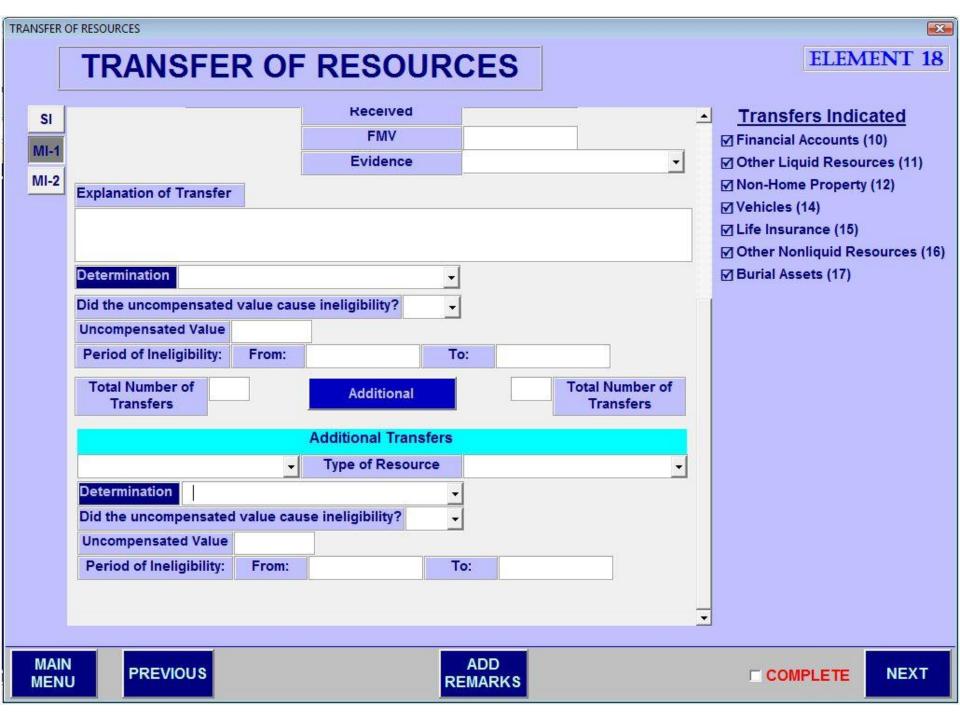


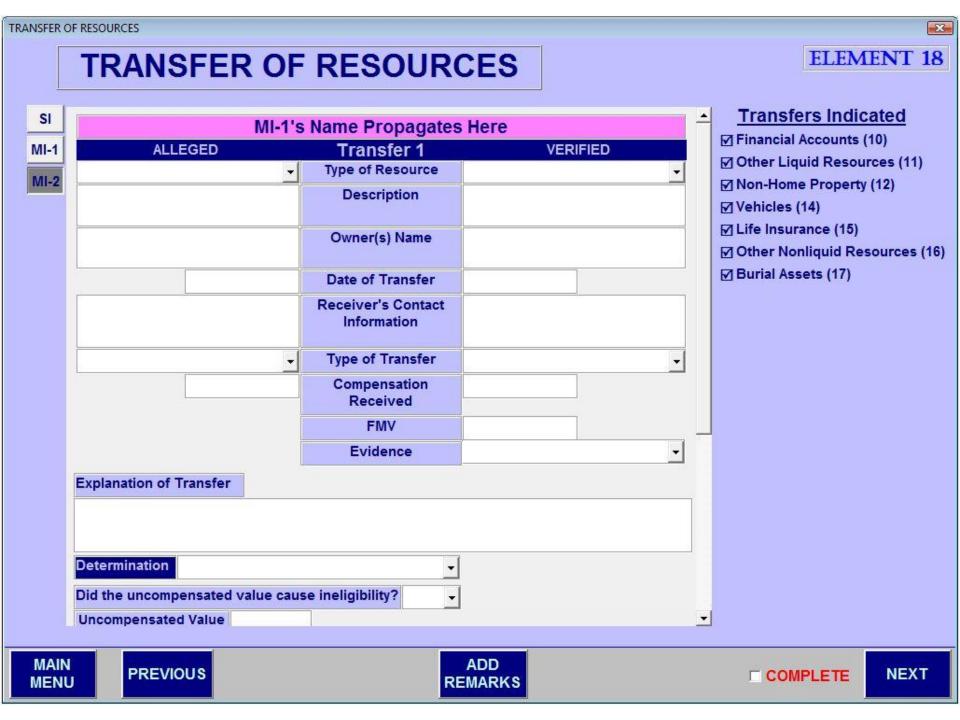


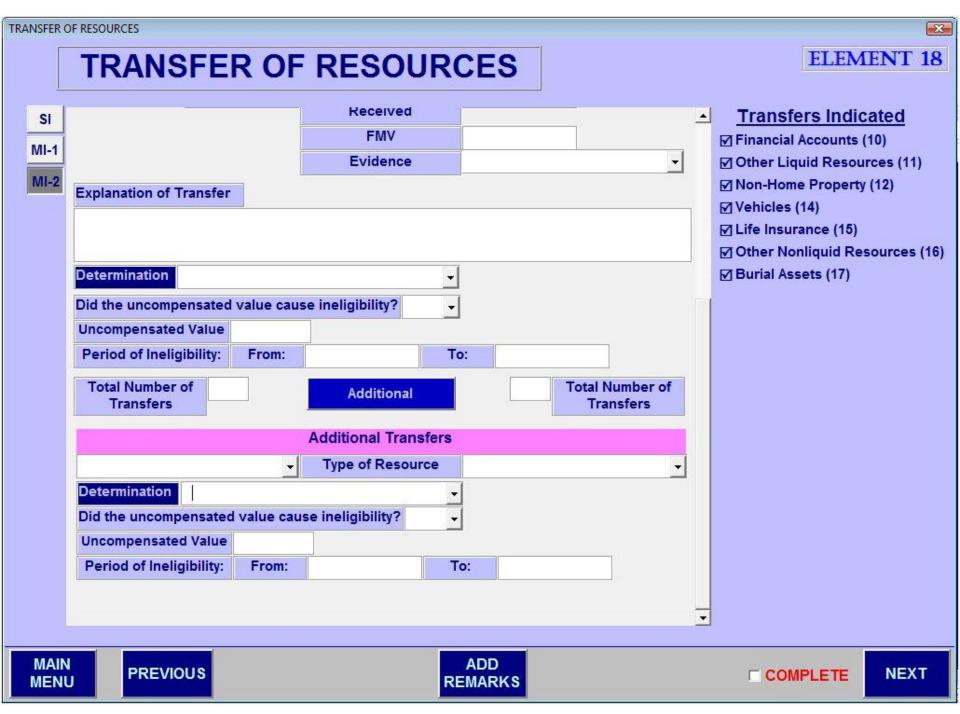
MENU

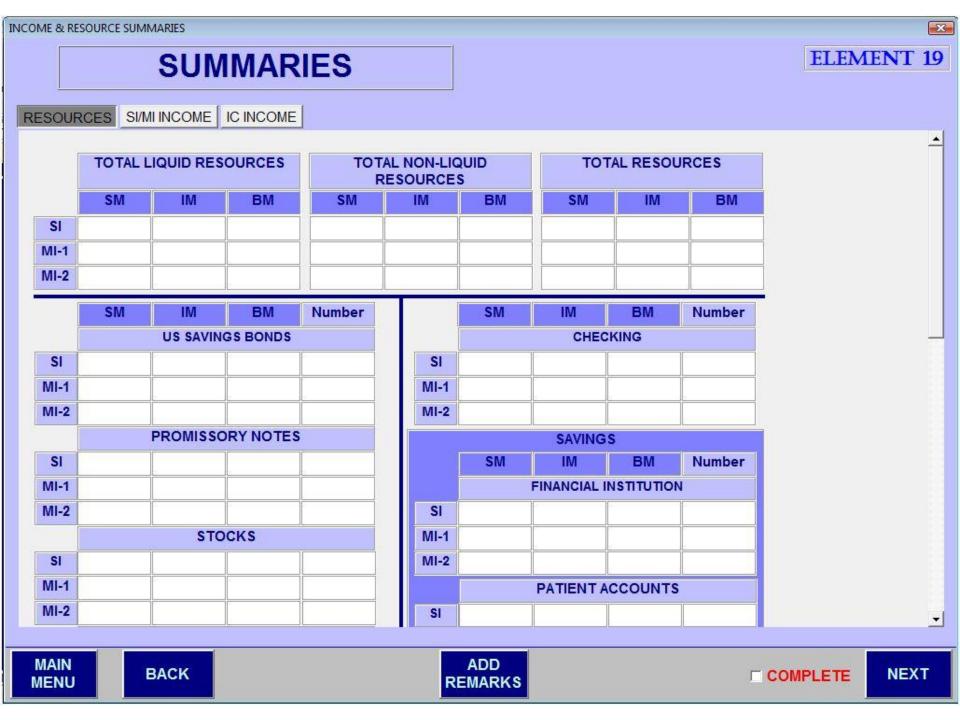
REMARKS

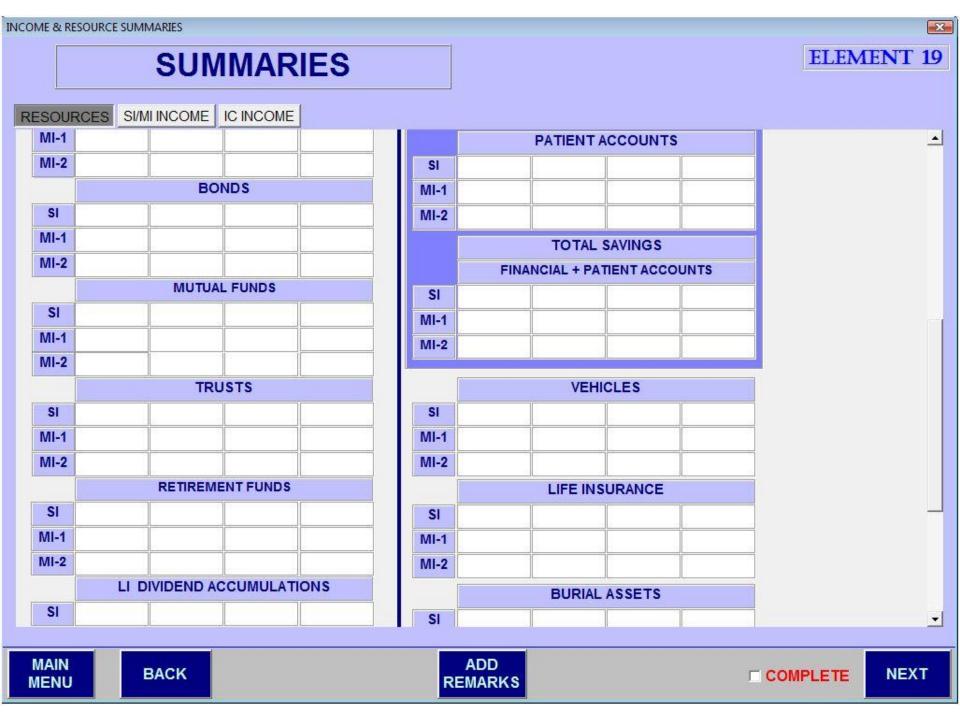


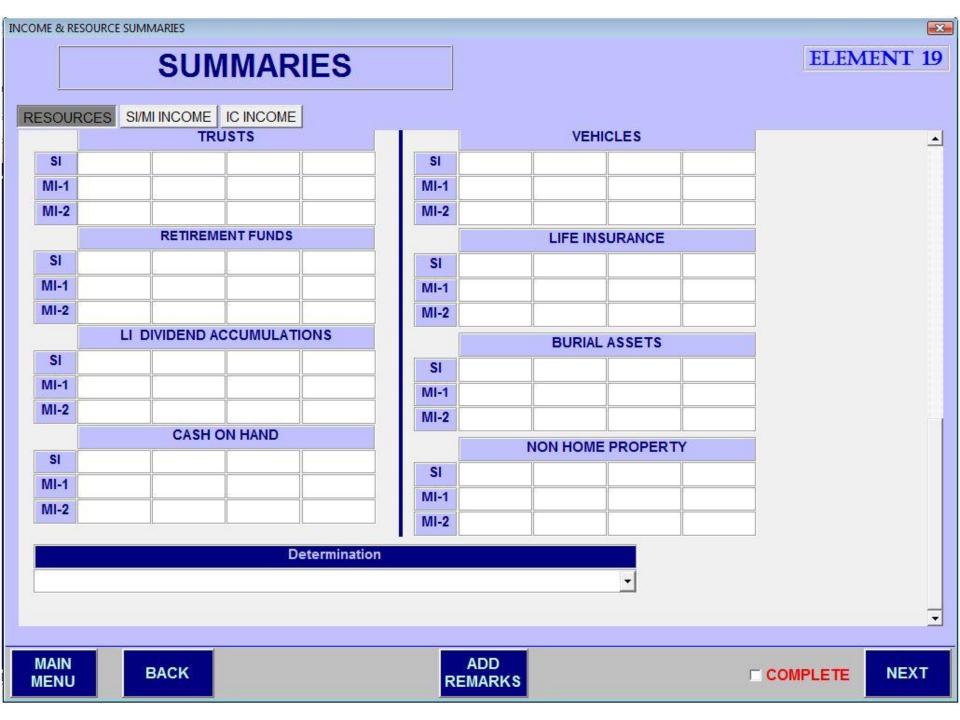


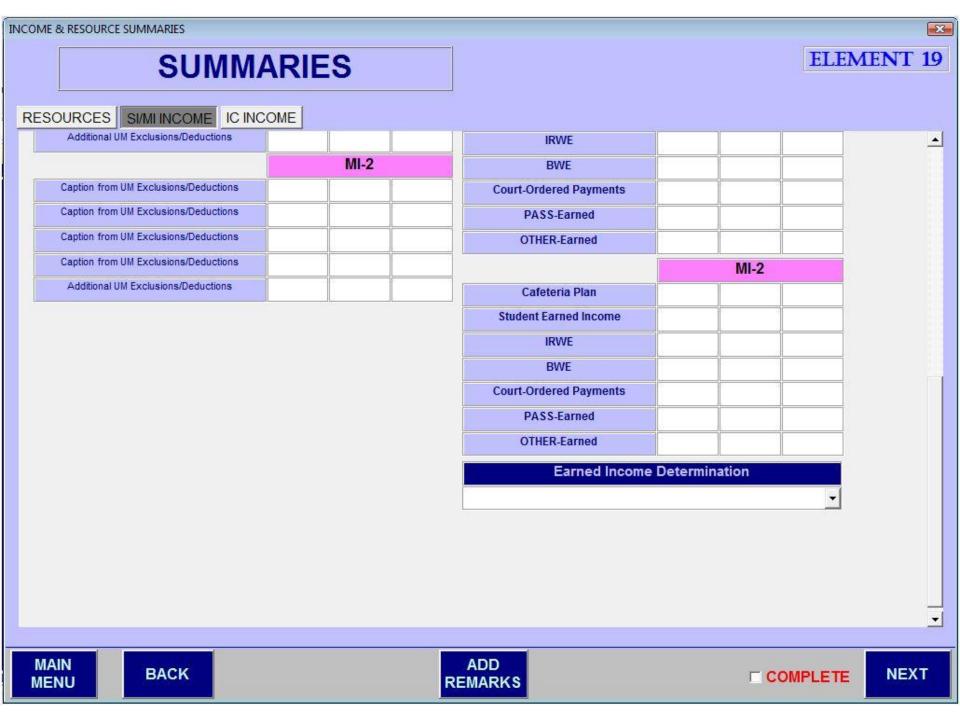






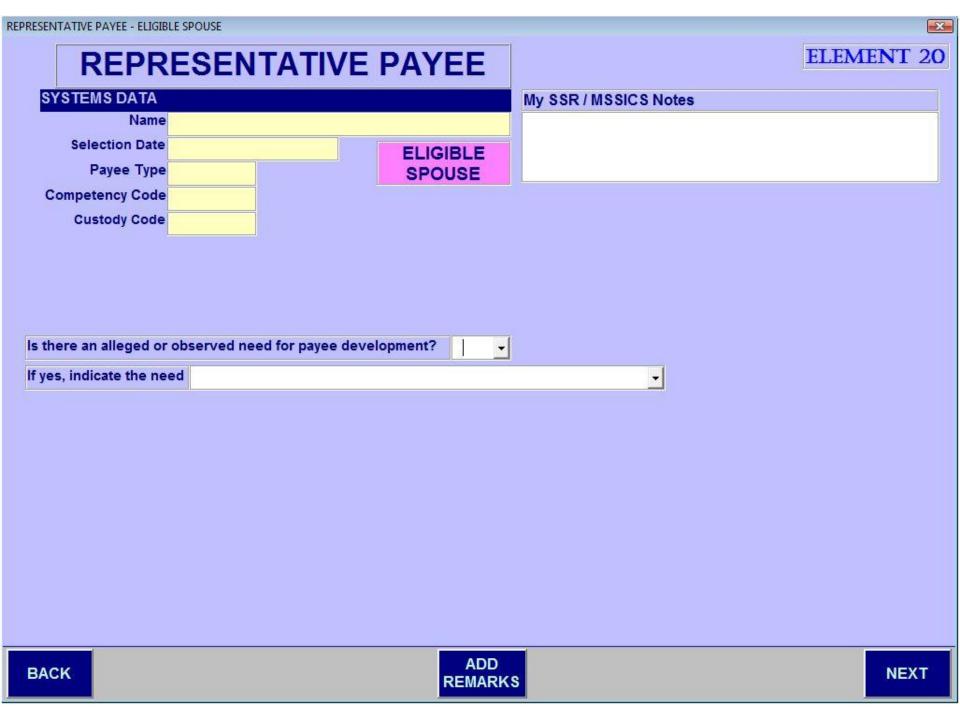






SUMMAF	RIES			ELEME
JRCES SI/MI INCOME IC INCOM	E			
Additional UM Exclusions/Deductions		Student Earned Income		
	IC-3	Court-Ordered Payments		
	10-5	OTHER Earned		
aption from UM Exclusions/Deductions	9 10 2		IC-3	
aption from UM Exclusions/Deductions			10-3	
Additional UM Exclusions/Deductions		Cafeteria Plan		
	IC-4	Student Earned Income		
aption from UM Exclusions/Deductions		Court-Ordered Payments		
aption from UM Exclusions/Deductions		OTHER Earned		
Additional UM Exclusions/Deductions			IC-4	
	IC-5	Cafeteria Plan		
aption from UM Exclusions/Deductions		Student Earned Income		
aption from UM Exclusions/Deductions		Court-Ordered Payments		
Additional UM Excl/Dedct		OTHER Earned		
			IC-5	
		Cafeteria Plan		
		Student Earned Income		2.
		Court-Ordered Payments		
		OTHER Earned		





MAIN MENU

PREVIOUS

ADD REMARKS

COMPLETE

NEXT

ELEMENT 22

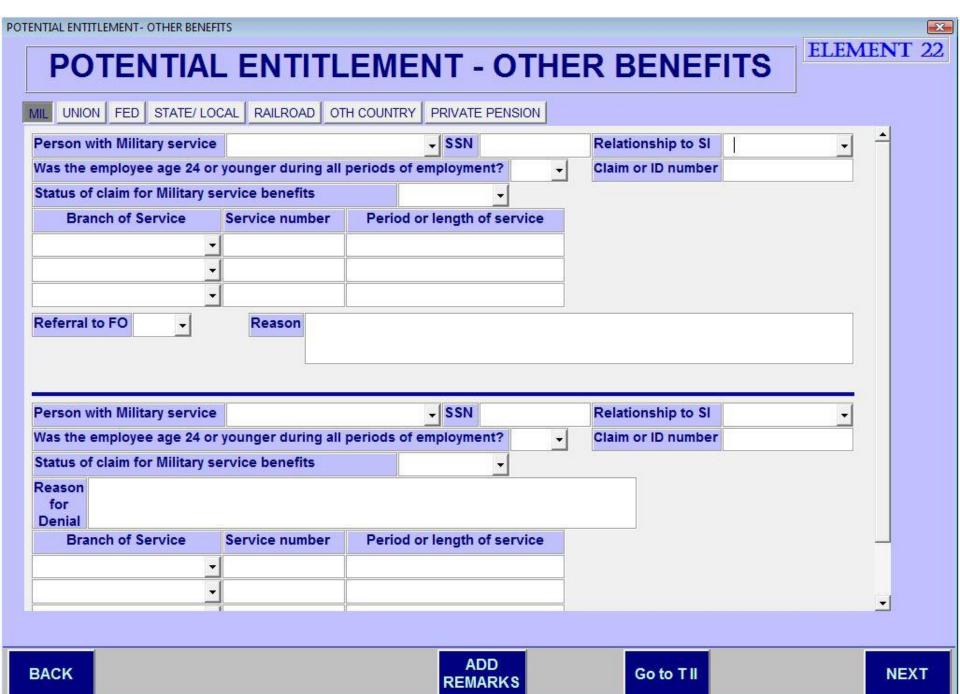
X

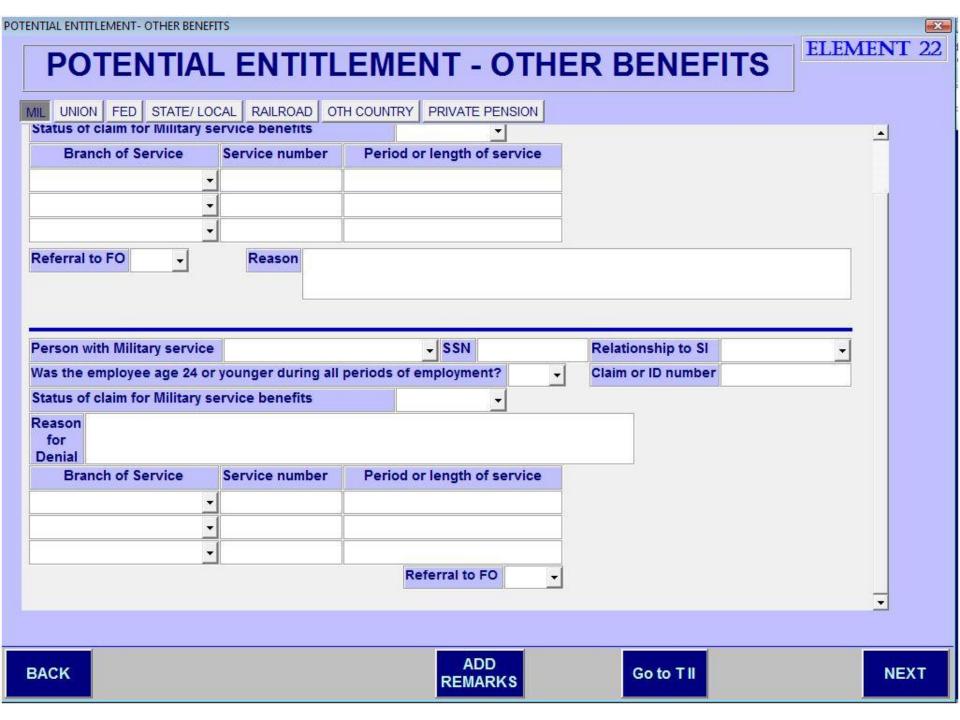
POTENTIAL ENTITLEMENT

SSR/MSSICS	Notes	

Has the SI/ Spouse/ Former Spouse or Parent (if SI is filing as a Child) e					
Served in the Military?	•				
Belonged to a Labor Union?	·				
Worked for the Federal Government?	Ţ				
Worked for the State/ Local Government?	Ţ				
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?	-				

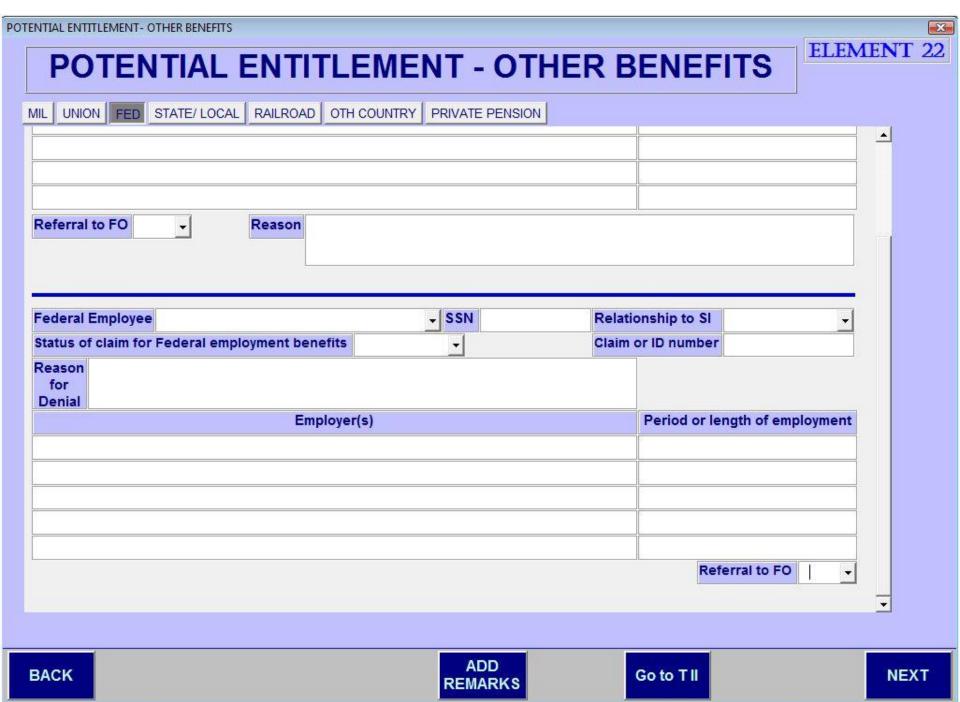
Title II Potential Entitlement





DTENTIAL ENTITLEMENT- OTHER BENEFITS	<u> </u>
POTENTIAL ENTITLEMENT - OTHER B	BENEFITS ELEMENT 22
MIL UNION FED STATE/LOCAL RAILROAD OTH COUNTRY PRIVATE PENSION	
Referral to FO + Reason	
	ionship to SI
Reason for Denial	
Union name Employer(s)	Period or length of employment
	Referral to FO
BACK ADD REMARKS	Go to T II NEXT

REMARKS



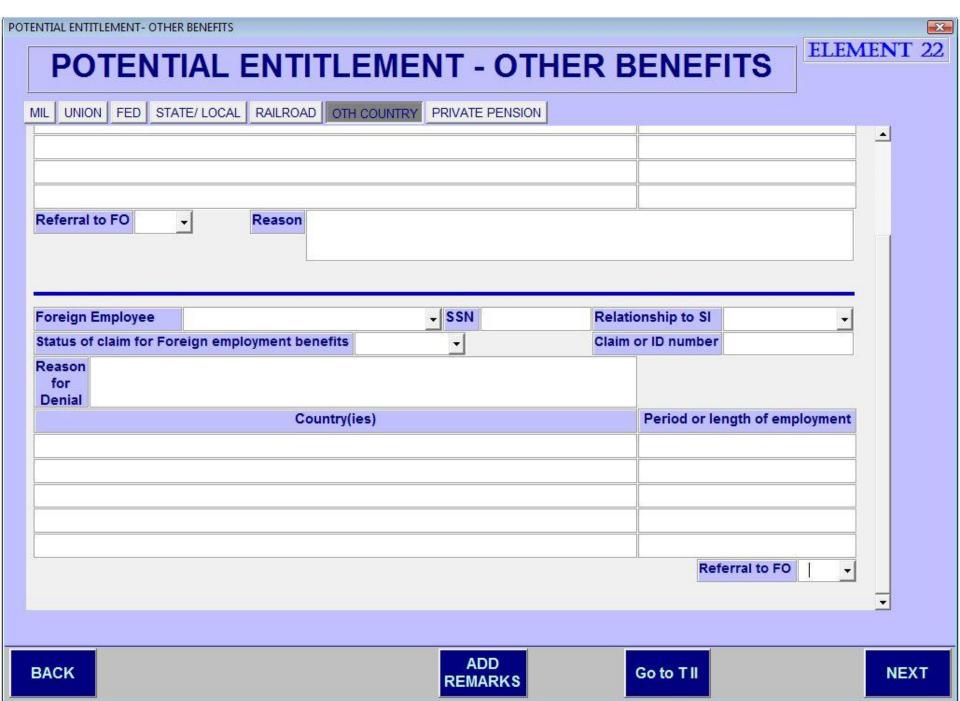


. UNION FED STATE/LOCAL RAILROAD	OTH COUNTRY PRIVATE PENSIO		LIVELLIO	
ONION I LO GIALLI LOCAL IVILLIONO	OH COOKING TRIVALET ENGIO	<u> </u>		
eferral to FO 🗼 Reason				
ate/Local Employee	- SSN	Relatio	onship to SI	
atus of claim for State/Local benefits		(1)	or ID number	
eason		12	f	
for				
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)		Period or length of	employment
for enial	loyer(s)			
for Denial	loyer(s)		Period or length of	

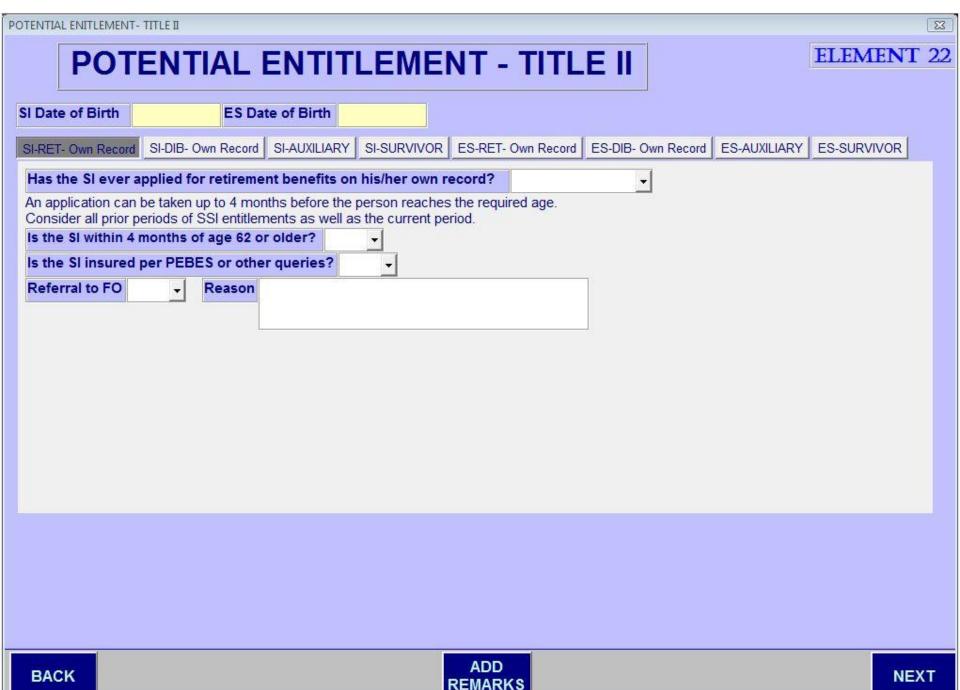
REMARKS

tailroad Employee	→ SSN	Relationship to SI	
tatus of claim for Railroad employme	ent benefits -		
	Employer(s)	Period or length of er	mployment
		-3	
eferral to FO 🔻 Reas	son		
eferral to FO Peas	son		
		Relationship to SI	
ailroad Employee	SSN	Relationship to SI	
ailroad Employee tatus of claim for Railroad employme eason for	SSN	Relationship to SI	
ailroad Employee tatus of claim for Railroad employme	SSN	Relationship to SI	

ENTIAL ENTITLEMENT- OTHER BENEFITS			ET EN CENTE OF
POTENTIAL ENTITI	LEMENT - OT	HER BENEFITS	S ELEMENT 2
MIL UNION FED STATE/LOCAL RAILROAD C	OTH COUNTRY PRIVATE PENSIO	N	
Referral to FO - Reason		- 15	
Railroad Employee	→ SSN	Relationship to SI	<u> </u>
Status of claim for Railroad employment benefi	its		_
For Denial			
RR Claim number			
Emplo	yer(s)	Period or length o	of employment
		Referral	to FO
			-
BACK	ADD REMARKS	Go to TII	NEXT



ENTIAL ENTITLEMENT- OTHER BENEFT	rs				
POTENTIAL	ENTITLEMENT - OTHE	RB	ENEFITS	ELEM	IENT 2
MIL UNION FED STATE/LOC	CAL RAILROAD OTH COUNTRY PRIVATE PENSION		#	 -	
			<u> </u>		_
Referral to FO	Reason				
Referral to FO	Reason				
-	**				
Employee	→ SSN		onship to SI	<u>•</u>	
Was the employee age 24 or Status of claim for Private Se	younger during all periods of employment?	Claim	or ID number		
Reason for Denial	ector employment benefits				
	Employer(s)		Period or length of e	mployment	
			<u> </u>		
			Referral to F	·O +	
			Ü:		-
BACK	ADD REMARKS		Go to T II		NEXT



ADD

REMARKS

NEXT



BACK

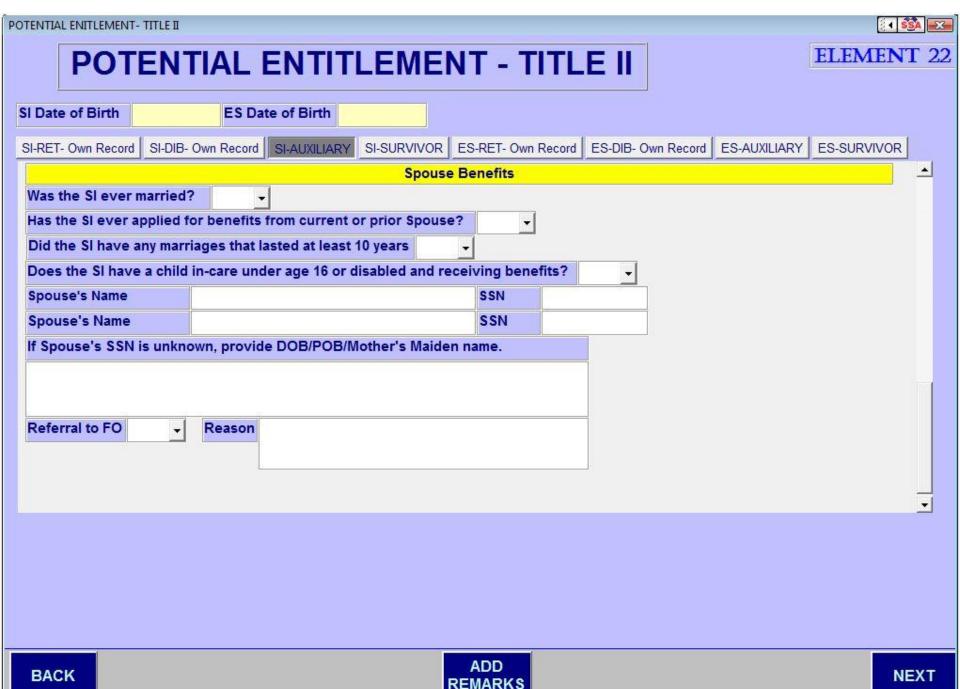
ADD REMARKS

NEXT

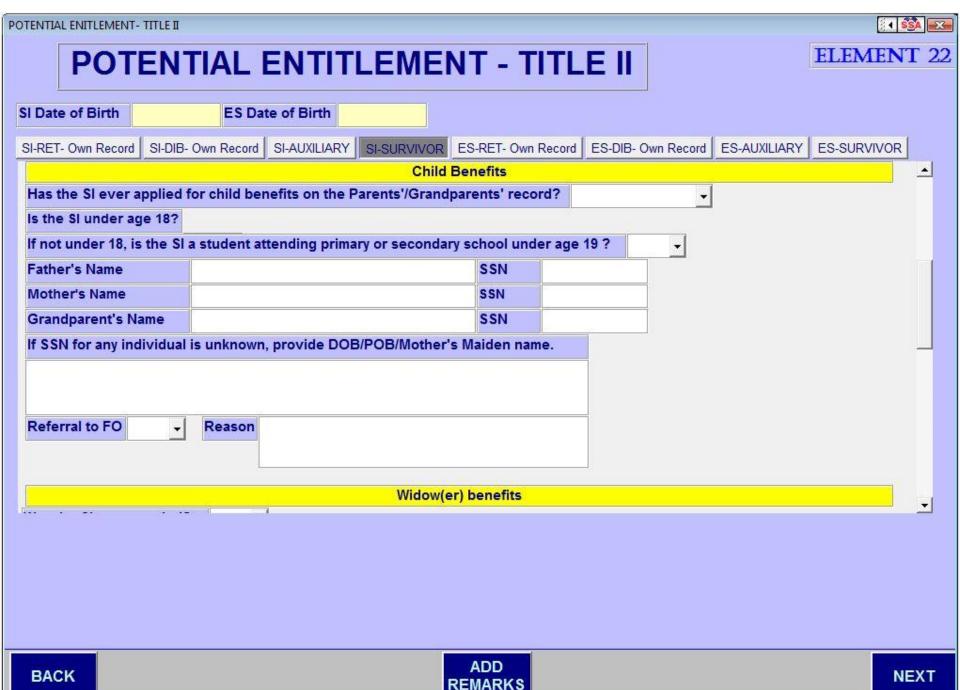
OTENTIAL ENITLEMENT- TIT	TLE II							§∢ SS	<u>Α</u> Σ3
POTE	NTIAL I	ENTIT	LEME	NT - T	ITLE			ELEMENT	Γ 2
SI Date of Birth	ES Dat	e of Birth							
SI-RET- Own Record S	SI-DIB- Own Record	SI-AUXILIARY	SI-SURVIVOR	ES-RET- Own	Record E	S-DIB- Own Record	ES-AUXILIARY	ES-SURVIVOR	
			Child	Benefits					_
Has the SI ever app	lied for child ber	efits on the F	arents'/Grand	lparents' reco	rd?		·		
Is the SI under age	18?								
If not under 18, is th	ne SI a student at	tending prima	ry or seconda	ry school und	er age 19	?			
Father's Name				SSN					
Mother's Name				SSN					
Grandparent's Nam	e			SSN					
If SSN for any indivi	idual is unknown	provide DOE	3/POB/Mother	's Maiden nan	ne.				
Referral to FO	Reason								
			Spous	e Benefits					
Was the SI ever mai	rried?		- 17						¥

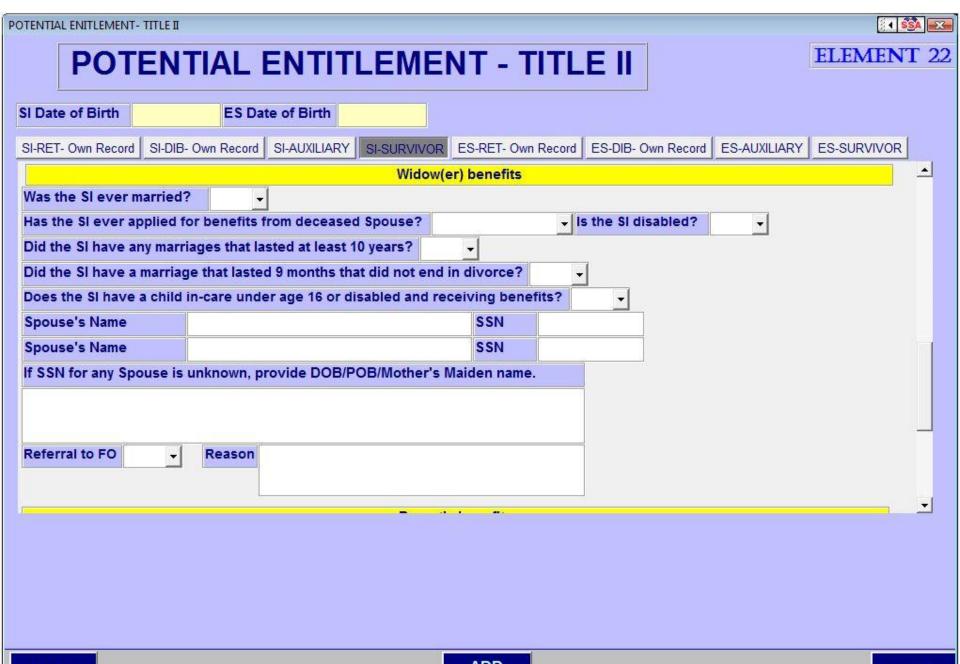
ADD REMARKS

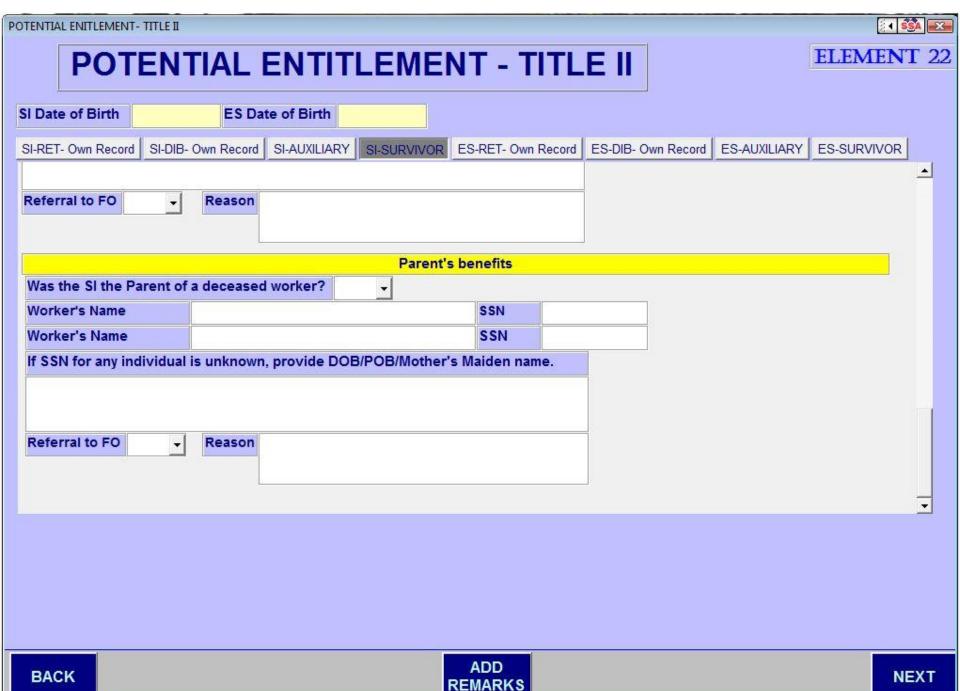
NEXT







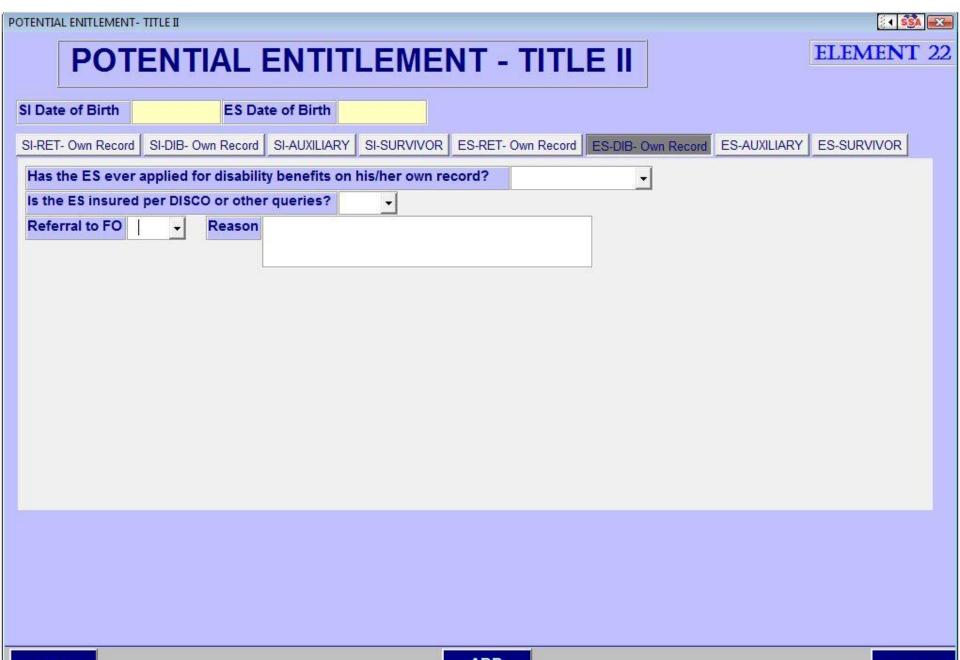




ADD

REMARKS

NEXT

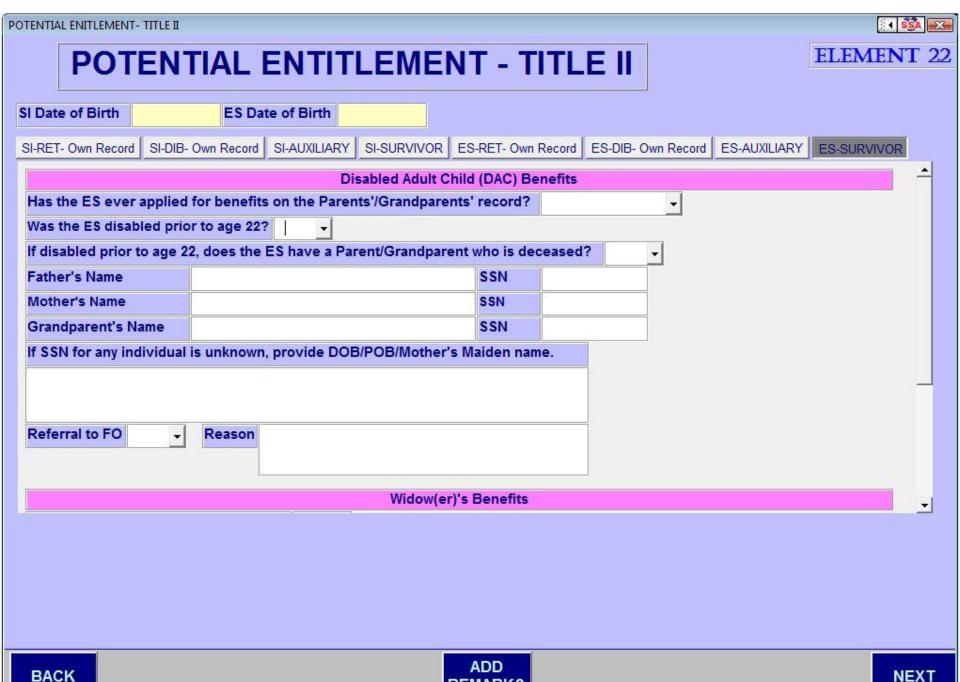


ADD

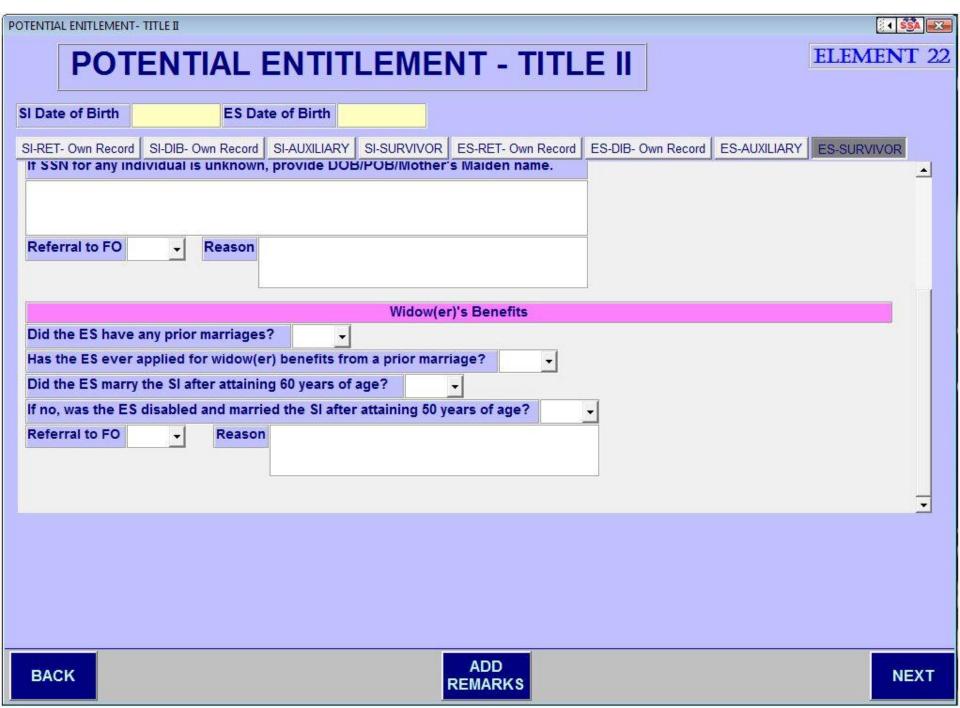
REMARKS

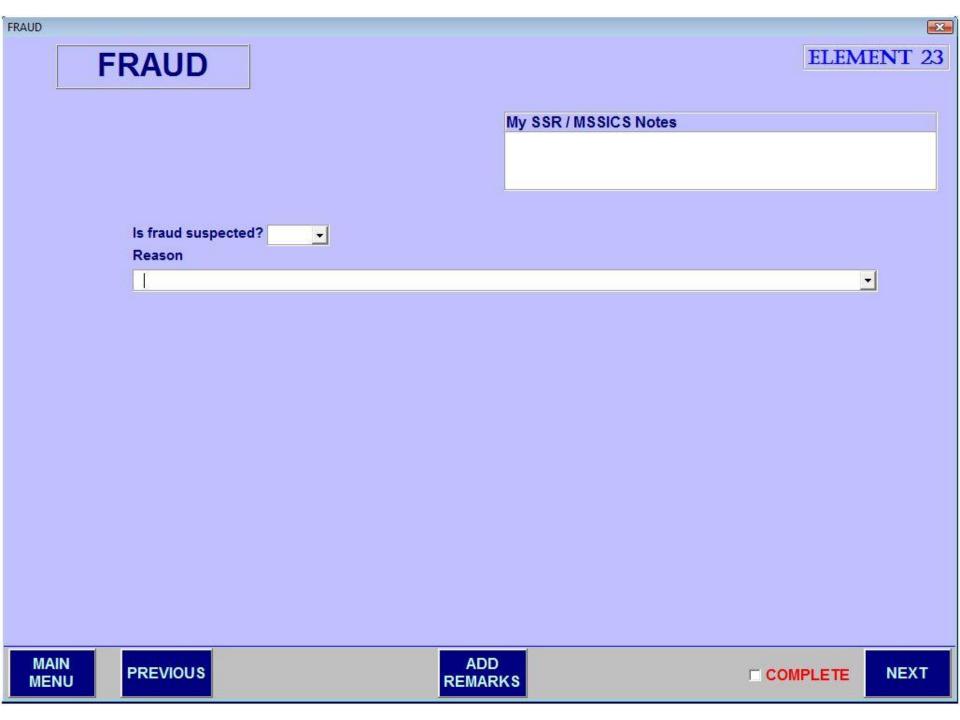
NEXT





REMARKS





23

EXCLUSIONS

Is this case excluded?

Reason for exclusion

Link to QR section

X

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.