

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

- 1

Proof of Identity / SSN

☐ UTC
- 2

POA / US-Born Citizenship

☐ UTC
- 3

Nat. Citizen / Alien Status

☐ UTC
- 4

Residency

☐ UTC
- 5

Marriage

☐ UTC
- 6

Living Arrangements / ISM

☐ UTC
- 7

Self-Employment

☐ UTC
- 8

Wages

☐ UTC
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☐ UTC
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☐ UTC
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☐ UTC
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☐ UTC
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☐ UTC
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☐ UTC
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Fraud

☐ UTC
- 24

Exclusions

☐ UTC

PROOF OF IDENTITY / SSN

ELEMENT 1

My SSR / MSSICS Notes

	SYSTEMS DATA	DETERMINATION
SI Identity		
SSN		
SI-PYE Identity		
ES Identity		
ES SSN		
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

ELEMENT 1

My SSR / MSSICS Notes

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

MAIN MENU

DETERMINATION SCREEN

ADD REMARKS

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type		Competency		Custody	
------	--	------------	--	---------	--

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

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

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

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type

Competency

Custody

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

PAYEE
INFORMATION
FOR
SAMPLED
INDIVIDUAL

	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

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MENU

DETERMINATION
SCREEN

ADD
REMARKS

ES Payee
ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type		Competency		Custody	
------	--	------------	--	---------	--

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

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

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

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DETERMINATION
SCREEN

ADD
REMARKS

SI Payee
ID Screen

PROOF OF IDENTITY / SSN

ELEMENT 1

SYSTEMS DATA

Type

Competency

Custody

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

PAYEE
INFORMATION
FOR
ELIGIBLE
SPOUSE

	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

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DETERMINATION
SCREEN

ADD
REMARKS

SI Payee
ID Screen

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI			SYSTEMS DATA ES		
DOB		FTH		DOB	
POB		MTH		POB	
Citizenship Code			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	ELIGIBLE SPOUSE
DOB Determination	DOB Determination
US-Born Citizenship Determination	US-Born Citizenship Determination

PROOF OF AGE - US-BORN CITIZENSHIP

ELEMENT 2

SYSTEMS DATA SI			SYSTEMS DATA ES		
DOB		FTH		DOB	
POB		MTH		POB	
Citizenship Code			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

ELIGIBLE SPOUSE

DOB Determination

US-Born Citizenship Determination

DOB Determination

US-Born Citizenship Determination

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PREVIOUS

ADD
REMARKS

☐ COMPLETE

NEXT

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

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

NATURALIZED CITIZEN / ALIEN STATUS

ELEMENT 3

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

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PREVIOUS

ADD
REMARKS

☐ COMPLETE

NEXT

CONTINUOUS RESIDENCY IN U.S.

ELEMENT 4

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	ALLEGED		VERIFIED	
ES		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.

ELEMENT 4

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	ALLEGED		VERIFIED	
ES		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

ELEMENT 5

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)

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

3 Same as SM?

4 Residence Start Date

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

6 Residence Type

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

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

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

3 Same as prior residence address?

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

5 Residence Type

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

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

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?

5

Residence Type

6

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

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LA Navigator

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

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?

1

3

4

Are the SI and ES living in the same residence?

5

Residence Type

6

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

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LA Navigator

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

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
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SM Telephone Number	Match	Current Telephone Number?	Alternate Telephone Number

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Home Ownership

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Other LA

HH Expenses

Institution

Non-Institution

Transients

ISM

OSS

LA Change

Address History

Determination

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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

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

2Residence AddressSame as prior residence address?

3

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

5Residence Type

6If Residence Type = 1 or 2, with whom does the SI live?

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

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

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			

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

ELEMENT 6

	Date of Admission		
	Date of Discharge		
M		SM	IM
	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		

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

ELEMENT 6

Date of Admission		
Date of Discharge		
	SM	IM
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		

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

INSTITUTION

ELEMENT 6

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			

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

ELEMENT 6

Downloaded from <http://ajph.org/> on November 10, 2014

NEXT

INSTITUTION

ELEMENT 6

1

2

3

4

5

6

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
	Medicaid Pays Over 50 %	
	Total Charge	

ELEMENT 6

Date of Admission		
Date of Discharge		
	SM	IM
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		

NON-INSTITUTIONAL CARE

ELEMENT 6

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

NON-INSTITUTIONAL CARE

ELEMENT 6

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

HOME OWNERSHIP

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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	

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?	

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	

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?	
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		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			
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5		Residence End Date	
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		Amount of Rental Payment	
		Evidence of Rental Payment	
		Landlord's Contact Information	
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		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?	
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		Evidence of CMRV	
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		Source of Subsidy Contact information	
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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		

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?	
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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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Main LA Screen

ADD REMARKS

NEXT

RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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RENTAL LIABILITY

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Evidence of Rental Payment	
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		Evidence of CMRV	
		Rental Liability Established?	
		Does SI Receive a Housing Subsidy?	
		Source of Subsidy Contact information	
		Amount of Subsidy	
		Is Subsidy Excluded?	

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

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

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

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	
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HH Expenses Summary

SHELTER

Total HH Exp

of HH Memb

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

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		
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HH Expenses Summary

SHELTER

Total HH Exp

of HH Memb

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

OTHER HOUSEHOLD LA SITUATIONS

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			
CG Field Codes			

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4

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HH Expenses Summary

SHELTER

Total HH Exp

of HH Memb

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

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

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	
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HH Expenses Summary

SHELTER

Total HH Exp

of HH Memb

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

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

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	
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HH Expenses Summary

SHELTER

Total HH Exp

of HH Memb

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

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

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

3

FROM

TO

FROM

TO

4

Period

5

Type of Assistance

6

Source Contact Information

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

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

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

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					

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

3

FROM

TO

FROM

TO

4

Period

5

Type of Assistance

6

Source Contact Information

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

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Amount																																														
2		Countable?																																														
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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					

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

3

FROM

TO

Period

Type of Assistance

Source Contact Information

Amount

Countable?

If no, Reason

If yes, CMV

Evidence

4

5

6

FROM

TO

Period

Type of Assistance

Source Contact Information

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

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					

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

3

FROM

TO

Period

FROM

TO

4

Type of Assistance

5

Source Contact Information

6

Amount

Countable?

If no, Reason

If yes, CMV

Evidence

☐ Infrequent or Irregular

ALLEGED

SOURCE 2

VERIFIED

FROM

TO

Period

FROM

TO

Type of Assistance

Source Contact Information

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Amount																																									
2		Countable?																																									
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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					



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

3

FROM

TO

FROM

TO

4

Period

5

Type of Assistance

6

Source Contact Information

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

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1

Amount

2

Countable?

3

If no, Reason

4

If yes, CMV

☐ Infrequent or Irregular

5

Evidence

6

ALLEGED

SOURCE 3

VERIFIED

FROM

TO

Period

FROM

TO

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

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					

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

3

FROM

TO

FROM

TO

4

Period

5

Type of Assistance

6

Source Contact Information

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

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1		Amount	
2		Countable?	
3		If no, Reason	
4		If yes, CMV	☐ Infrequent or Irregular
5		Evidence	
6	ALLEGED SOURCE 3 VERIFIED		
	FROM	TO	FROM
		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

TRANSIENTS

ELEMENT 6

SYSTEMS DATA

CG Field Codes

1	SOURCE 3					
2	ALLEGED		VERIFIED			
3	FROM	TO	Period	FROM	TO	
4			Type of Assistance			
5			Source Contact Information			
6			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			

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

1

Living Arrangement Basis as of mm/dd/yyyy

2

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

3

PA Household

☐

4

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

- 1
- 2
- 3
- 4
- 5
- 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

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

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

4

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

☐

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

1

Living Arrangement Basis as of mm/dd/yyyy

2

1=THIS HOUSEHOLD MEMBER OWNS OR IS BUYING

3

2=THIS HOUSEHOLD MEMBER RENTS

4

3=THIS HOUSEHOLD MEMBER DOES NOT OWN, IS NOT BUYING OR RENTING

5

4= CHILD LIVING WITH PARENTS WHO OWN OR ARE BUYING

6

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

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

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?

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?

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?			

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?			

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?			

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?			

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

- 1
- 2
- 3
- 4
- 5
- 6

Residence
Address

Development of OSS Field Allegation

OSS development remarks

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
- 3
- 4
- 5
- 6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation



OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

- 1
- 2
- 3
- 4
- 5
- 6

Residence
Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

2

3

4

5

6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

2

3

4

5

6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

OPTIONAL STATE SUPPLEMENT

ELEMENT 6

SYSTEMS DATA

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

1

2

3

4

5

6

Residence Address

Development of OSS Field Allegation

OSS development remarks

OSS code based on field review allegation

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Residence Address

2

3

4

5

6

OUTSIDE ISM

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

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

ELEMENT 6

	SM	IM	BM
J/H Income			

[illegible]

NEXT



IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

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

ELEMENT 6

	SM	IM	BM
J/H Income			

[illegible]

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1 Residence Address

2

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

ELEMENT 6

	SM	IM	BM
J/H Income			

[illegible]

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

3

4

5

6

Residence Address

OUTSIDE ISM

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

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

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)

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1

Residence
Address

2

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 ONEMain LA
ScreenADD
REMARKS

NEXT

ELEMENT 6

	SM	IM	BM
J/H Income			

[illegible]

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

3

4

5

6

Residence Address

OUTSIDE ISM

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

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

ELEMENT 6

BM

J/H Income

1	Does contribution benefit SI only?	
---	------------------------------------	--

[illegible]

Total Contributions	
Household Expenses	
Excess Income	
☐ Infrequent or Irregular	

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

☐ Infrequent or Irregular

VERIFIED

	Type of contribution	
	Contributor's Name(s)	

NEXT

IN-KIND SUPPORT AND MAINTENANCE

ELEMENT 6

SYSTEMS DATA

	SM	IM	BM
J/H Income			

1						☐ Infrequent or Irregular
2						
3						
4						
5						
6						

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

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					

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?

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?

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?

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?

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?

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?

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

LA/ISM DETERMINATION

ELEMENT 6

BM		SHELTER
IM	SI's contribution	
SM	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

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

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

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

LA/ISM DETERMINATION

ELEMENT 6

BM		SHELTER
IM	SI's contribution	
SM	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

SELF-EMPLOYMENT

ELEMENT 7

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

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

ELEMENT 7

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			VERIFIED		
		Deductions/ Exclusions			
		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

SELF-EMPLOYMENT

ELEMENT 7

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

SMIMBM

SMIMBM

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

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

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

SELF-EMPLOYMENT

ELEMENT 7

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

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

SMIMBM

SMIMBM

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

SELF-EMPLOYMENT

ELEMENT 7

SI

MI-1

MI-2

IC-1

IC-2

IC-3

IC-4

IC-5

IC(5)'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

SMIMBM

SMIMBM

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

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

ELEMENT 8

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

SI'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	☐
		SMIMBM
	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

WAGES

ELEMENT 8

SI		OTHER			
MI-1	ALLEGED Employer 2 VERIFIED				
MI-2		Employer Name			
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	☐ Infrequent or Irregular Income involved		
IC-5		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

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

WAGES

ELEMENT 8

- 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	☐
		SMIMBM
	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

WAGES

ELEMENT 8

SI		OTHER			
MI-1	Employer 2				
MI-2	ALLEGED	Employer Name	VERIFIED		
IC-1		Employer Contact Information			
IC-2		Date Began			
IC-3		Date Ended			
IC-4		Pay Amount/ Frequency	Infrequent or Irregular Income involved		
IC-5		Pay Date			
			SM	IM	BM
		Gross Wages			
		Evidence			
	Deductions/ Exclusions				
		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

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

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	☐
		SMIMBM
	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

WAGES

ELEMENT 8

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

WAGES

ELEMENT 8

SI

OTHER

MI-1

Was the SI a Student during the Review Period?

MI-2

Total Number of Employers

Additional

Total Number of Employers

IC-1

IC-2

Verified Wage Details for Additional Employers

IC-3

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

IC-4

IC-5

Total Gross Wages

SI

SM

IM

BM

Total Gross Wages

MI-1

SM

IM

BM

Total Gross Wages

MI-2

SM

IM

BM

WAGES

ELEMENT 8

- 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	☐
		SMIMBM
	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

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

WAGES

ELEMENT 8

- 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	
		SMIMBM
	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

WAGES

ELEMENT 8

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

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(4)'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	
	SMIMBM
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	ALLEGED	Deductions/ Exclusions	VERIFIED
MI-1		Cafeteria Plan	
MI-2		Student Earned Income	
IC-1		Court-Ordered Payments	
IC-2		OTHER	
IC-3	Was the IC a Student during the Review Period?		
IC-4	Total Number of Employers	Additional	Total Number of Employers
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	
		SMIMBM
	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

WAGES

ELEMENT 8

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



STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

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						Dates of Attendance				
IC-5						Evidence				
						Student exclusion applies?				
						SM		IM		BM

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		To			To	
IC-5				Evidence		
				Student exclusion applies?		
				SM	IM	BM



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	

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	IC(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			To			Dates of Attendance				To					
IC-5						Evidence									
						Student exclusion applies?		SM		IM		BM			



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		

STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	IC(3)'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		To			To	
IC-5			Evidence			
			Student exclusion applies?	SM	IM	BM



STUDENT INFORMATION

SYSTEMS DATA

	SY
SI	
MI1	

My SSR / MSSICS Notes

SI	IC(4)'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		To			To	
IC-5				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(5)'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		To			To	
IC-5				Evidence		
				Student exclusion applies?		
				SM	IM	BM

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

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

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
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☐ 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

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

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UNEARNED INCOME

ELEMENT 9

SI	SI's Name Propagates Here					
MI-1	ALLEGED		Unearned Income 1		VERIFIED	
MI-2			Unearned Income Type			
IC-1			Source			
IC-2			Source Contact Information			
IC-3			Date Began			
IC-4			Date Ended			
IC-5			Pmt. Amount/ Frequency			
			Payment Date			
			Infrequent or Irregular Income involved			
			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

UNEARNED INCOME

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

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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			SMIMBM
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

UNEARNED INCOME

ELEMENT 9

SI	MI1's Name Propagates Here					
MI-1	ALLEGED		Unearned Income 1		VERIFIED	
MI-2			Unearned Income Type			
IC-1			Source			
IC-2			Source Contact Information			
IC-3			Date Began			
IC-4			Date Ended			
IC-5			Pmt. Amount/ Frequency			
			Payment Date			
			Infrequent or Irregular Income involved		☐	
					SMIMBM	
			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

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UNEARNED INCOME

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

UNEARNED INCOME

ELEMENT 9

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

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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

UNEARNED INCOME

ELEMENT 9

SI	MI2's Name Propagates Here					
MI-1	ALLEGED		Unearned Income 1		VERIFIED	
MI-2			Unearned Income Type			
IC-1			Source			
IC-2			Source Contact Information			
IC-3			Date Began			
IC-4			Date Ended			
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 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

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UNEARNED INCOME

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			
Unearned Income 3			
ALLEGED		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			Pmt. Amount/ Frequency	☐ Infrequent or Irregular Income involved		
MI-1			Payment Date			
MI-2				SM	IM	BM
IC-1			Gross UM Amounts			
IC-2			Evidence			
IC-3	Deductions/ Exclusions VERIFIED					
IC-4						
IC-5	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	

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			SMIMBM
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

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UNEARNED INCOME

SI

MI-1

MI-2

IC-1

IC-2

IC-3

IC-4

IC-5

IC(1)'s Name Propagates Here

ALLEGED

Unearned Income 1

VERIFIED

Unearned Income Type

Source

Source Contact Information

Date Began

Date Ended

Pmt. Amount/ Frequency

Payment Date

Gross UM Amounts

Evidence

Infrequent or Irregular Income involved

SM

IM

BM

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		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	☐ Infrequent or Irregular Income involved
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 Countable UM

SI

SM

IM

BM

Total Countable UM

MI-1

SM

IM

BM

Total Countable UM

MI-2

SM

IM

BM

UNEARNED INCOME

SI	IC(2)'s Name Propagates Here					
MI-1	ALLEGED		Unearned Income 1		VERIFIED	
MI-2		▼	Unearned Income Type			▼
IC-1			Source			
IC-2			Source Contact Information			
IC-3			Date Began			
IC-4			Date Ended			▼
IC-5			▼		Pmt. Amount/ Frequency	
			Payment Date		☐ Infrequent or Irregular Income involved	
					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

UNEARNED INCOME

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	☐ Infrequent or Irregular Income involved
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 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	IC(3)'s Name Propagates Here				
MI-1	ALLEGED		Unearned Income 1		VERIFIED
MI-2			Unearned Income Type		
IC-1			Source		
IC-2			Source Contact Information		
IC-3			Date Began		
IC-4			Date Ended		
IC-5			Pmt. Amount/ Frequency	Infrequent or Irregular Income involved	
			Payment Date		
				SM	IM
			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

BACK

ADD
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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	☐ 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 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	IC(4)'s Name Propagates Here					
MI-1	ALLEGED		Unearned Income 1		VERIFIED	
MI-2		Unearned Income Type				
IC-1		Source				
IC-2		Source Contact Information				
IC-3		Date Began				
IC-4		Date Ended				
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 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

SI		Source Contact Information	
MI-1		Date Began	
MI-2		Date Ended	
IC-1		Pmt. Amount/ Frequency	
IC-2		Payment Date	☐ Infrequent or Irregular Income involved
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 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	IC(5)'s Name Propagates Here				
MI-1	ALLEGED		Unearned Income 1		VERIFIED
MI-2		Unearned Income Type			
IC-1		Source			
IC-2		Source Contact Information			
IC-3		Date Began			
IC-4		Date Ended			
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 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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Summary

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UNEARNED INCOME

ELEMENT 9

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

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

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

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI

MI-1

MI-2

ALLEGED

Account 1

VERIFIED

Account Type

Financial Institution Information

Account Number

Dedicated Account?

Joint Ownership?

Dep. by Joint Owner?

Owner Name(s)

SMIMBM

Account Balance

SMIMBM

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

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Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED			Account 2			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													
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

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Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED	Account 3	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
		Account Balance	
		Evidence	
		ID'd via Geo Search?	
		Excluded for Burial	
		Other Exclusion	
		Countable Amount	
	ALLEGED	Account 4	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

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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	

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Summary

NEXT

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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Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI

MI-1

MI-2

MI-1'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	

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ADD
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Summary

NEXT

FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED			Account 2			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								
				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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ADD
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Summary

NEXT

ELEMENT 10

Total Financial Accounts

MI-2

SM	
IM	
BM	

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			
			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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ADD
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NEXT

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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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)

SMIMBM

SMIMBM

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

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ADD
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Summary

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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED			Account 2			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					
	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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ADD
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FINANCIAL INSTITUTION ACCOUNTS

ELEMENT 10

SI	ALLEGED			Account 3			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													
			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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ADD
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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		
				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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OTHER LIQUID RESOURCES

ELEMENT 11

SYSTEMS DATA

CG Field Codes

My SSR / MSSICS Notes

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

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			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	

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	

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	



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

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	

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			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	

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

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			Total Number of Stocks		
Additional Stocks					
Countable Value			SM	IM	BM

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	

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

ALLEGED			Bond 2	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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- 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	

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
InformationType 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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- Promissory Notes
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- Bonds
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- 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 Number of			Total Number of	

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 Svc Bonds
- Promissory Notes
- Stocks
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds**
- LIP Div. Accum.
- Cash On Hand

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			

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	

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	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	

OTHER LIQUID RESOURCES

ELEMENT 11

- Patient Accts
- US Svc Bonds
- Promissory Notes
- Stocks
- 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	

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	

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-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	

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-1'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		Ownership	
US Svg Bonds		Type (Paper/Electronic)	
Promissory Notes		Access to Bond	
Stocks	SMIMBM		SMIMBM
Bonds		Bond Value	
Mutual Funds		Evidence	
Trusts		Excluded for Burial	
Ret. Funds		Other Exclusion	
LIP Div. Accum.		Countable Amount	
Cash On Hand			

ALLEGED	U.S. Sav. Bond 3	VERIFIED
	Series	
	Denomination	
	Bond Serial Number	
	Issue Date	
	Ownership	
	Type (Paper/Electronic)	
	Access to Bond	
SMIMBM		SMIMBM
	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
- 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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- 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			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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- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- LIP Div. Accum.
- Cash On Hand

MI-1'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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ELEMENT 11

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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			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	

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- Stocks**
- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
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- Cash On Hand

Name of Stock Owner			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			Countable Value		
Total Number of Stocks		Additional		Total Number of Stocks	
Additional Stocks					
Countable Value		SM		IM	
Countable Value		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
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- 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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- Bonds
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ALLEGED			Bond 2	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	

OTHER LIQUID RESOURCES

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

MI-1'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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- 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
	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		

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

	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	
		SMIMBM
	Value of Trust	
	Excluded for Burial	
	Other Exclusion	
	Countable Amount	

Total Number of		Total Number of
-----------------	--	-----------------

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	

OTHER LIQUID RESOURCES

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

MI-1'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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- US Svg Bonds
- Promissory Notes
- Stocks
- 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	

OTHER LIQUID RESOURCES

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- Bonds
- Mutual Funds
- Trusts
- Ret. Funds
- 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	

OTHER LIQUID RESOURCES

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- 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	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	

OTHER LIQUID RESOURCES

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- 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			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

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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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

			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	

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

- 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			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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ADD REMARKS

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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			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	

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	

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REMARKS

View
Summary

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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					
Countable Value		SM	IM	BM	

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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ADD
REMARKS

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Summary

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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			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	

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

ALLEGED			Bond 2	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	

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	
		SMIMBM
	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	

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	

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

Value of Trust

Excluded for Burial

Other Exclusion

Countable Amount

SM

IM

BM

Total Number of Trusts

Additional

Total Number of Trusts

Additional Trusts

Countable Value

SM

IM

BM

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	

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	

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	

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

	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	

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	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	

NON-HOME PROPERTY

ELEMENT 12

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 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

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

MAIN
MENU

PREVIOUS

ADD
REMARKS☐ COMPLETE

NEXT

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

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
-------------------------------------	--	------------	--	-------------------------------------

Additional Non-Home Properties			
	SM	IM	BM
Countable Amount			

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					
			Amount			SM	IM	BM
			Equity Value					
			Ownership %					
			Excluded?					

Reason for Exclusion:

BACK

ADD
REMARKS

NEXT

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
-------------------------------------	--	------------	--	-------------------------------------

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:

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

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	

DRAFT

Determination

☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN
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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

NEGATIVE PROPERTY SEARCH

ELEMENT 13

SI

MI-1

MI-2

MI2's Name Propagates Here

SSN Search | Name Search |

SSN(s) Search	

DRAFT

Determination

☐ SI ☐ MI-1 ☐ MI-2

Record the number of properties found

MAIN
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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
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PREVIOUS

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☐ COMPLETE

NEXT

VEHICLES

ELEMENT 14

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
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PREVIOUS

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REMARKS

☐ COMPLETE

NEXT

SI

MI-1

MI-2

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

ELEMENT 14

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

SI	Amount				
MI-1	Countable CMV				
MI-2	ALLEGED Vehicle 2 VERIFIED				
		Type of Vehicle			
		Year			
		Make			
		Model			
		VIN			
		Tag Number			
		Use			
		Condition			
		Mileage			
		Duration of Ownership			
		Evidence			
		CMV	SM	IM	BM
		Evidence of CMV			
		Excluded?			
		Reason for Exclusion			
	ALLEGED Encumbrances VERIFIED				
		Does one or more exist?			
		Evidence			

ELEMENT 14

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

SI

MI-1

MI-2

		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	
		SMIMBM
	CMV	
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

ALLEGED

Encumbrances

VERIFIED

	Does one or more exist?	
--	-------------------------	--

ELEMENT 14

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV
MI-2

SM	
IM	
BM	

SI		Condition	
MI-1		Mileage	
MI-2		Duration of Ownership	
		Evidence	
		SM	IM
		CMV	
		Evidence of CMV	
		Excluded?	
		Reason for Exclusion	

ALLEGED **Encumbrances** VERIFIED

	Does one or more exist?	
	Evidence	
	SM	IM
	Amount	
	Countable CMV	

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

ELEMENT 14

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

ELEMENT 14

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

MI-1'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

SI

MI-1

MI-2

Amount			
Countable CMV			

ELEMENT 14

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

ALLEGED Vehicle 2 VERIFIED

	Type of Vehicle	
	Year	
	Make	
	Model	
	VIN	
	Tag Number	
	Use	
	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	
	CMV	SM IM BM
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

ALLEGED Encumbrances VERIFIED

	Does one or more exist?	
	Evidence	

BACK

ADD REMARKS

Transfer of Resources

NEXT

SI

MI-1

MI-2

	SM	IM	BM
Amount			
Countable CMV			

ELEMENT 14

Total Countable CMV
SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

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?	
----------------------	-------------------------	----------------------

BACK

ADD REMARKS

Transfer of Resources

NEXT

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

ELEMENT 14

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

SI

MI-1

MI-2

MI-2'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

ELEMENT 14

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

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

ELEMENT 14

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

SI

MI-1

MI-2

	SM	IM	BM
Amount			
Countable CMV			

ELEMENT 14

Total Countable
CMV
SI

SM	
IM	
BM	

Total Countable
CMV

SM	
IM	
BM	

Total Countable
CMV
MI-2

SM	
IM	
BM	

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?	
----------------------	-------------------------	----------------------

BACK

ADD
REMARKS

Transfer of
Resources

NEXT

SI

MI-1

MI-2

	Condition	
	Mileage	
	Duration of Ownership	
	Evidence	
	SM	IM
	CMV	BM
	Evidence of CMV	
	Excluded?	
	Reason for Exclusion	

ALLEGED

Encumbrances

VERIFIED

	Does one or more exist?	
	Evidence	
	SM	IM
	Amount	BM
	Countable CMV	

Total Number of Vehicles

Additional

Total Number of Vehicles

Additional Vehicles

	SM	IM	BM
Countable CMV			

ELEMENT 14

Total Countable CMV

SI

SM	
IM	
BM	

Total Countable CMV

SM	
IM	
BM	

Total Countable CMV

MI-2

SM	
IM	
BM	

LIFE INSURANCE

ELEMENT 15

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

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

	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?	

SMIMBM

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?	

SMIMBM

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	SM	IM	BM	Dividend Accumulations:	SM	IM	BM
MI-1				Face Value			
MI-2				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

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

BACK

ADD
REMARKS

NEXT

LIFE INSURANCE

ELEMENT 15

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

MI-1's Policy # 3

	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?	

SMIMBM

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?	

SMIMBM

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	DIVIDEND ACCUMULATIONS:					
	SM	IM	BM	SM	IM	BM
MI-1				Face Value		
MI-2				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-2's Policy # 1			MI-2's Policy # 2		
MI-1	Insurance Company					
MI-2	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?			

MI-2's Policy # 3

	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?

SMIMBM

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?

SMIMBM

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	SM	IM	BM	Dividend Accumulations:	SM	IM	BM
MI-1				Face Value			
MI-2				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

OTHER NONLIQUID RESOURCES

ELEMENT 16

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:

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

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

Override

NONLIQUID RESOURCES

SI

MI-1

MI-2

SI's Name Propagates Here

ALLEGEDResource 1VERIFIED

Type of Resource

Evidence of Ownership

Duration of Ownership

SMIMBM

SMIMBM

CMV

Evidence of CMV

Ownership %

ALLEGEDEncumbrancesVERIFIED

Does one or more exist?

Evidence

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

NONLIQUID RESOURCES

SI

MI-1's Name Propagates Here

MI-1	ALLEGED	Resource 1	VERIFIED			
MI-2		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				
		Amount	SM	IM	BM	
		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	

NONLIQUID RESOURCES

SI

MI-1

MI-2

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

NONLIQUID RESOURCES

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	

NONLIQUID RESOURCES

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

NONLIQUID RESOURCES

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	

BURIAL ASSETS

ELEMENT 17

SYSTEMS DATA

RE Field Codes

CG Field Codes

My SSR / MSSICS Notes

Since mm/dd/yyyy have the SI/ MI(s) designated any assets for burial?

☐ Override

Record who owns or is buying burial assets.

☐ SI

☐ MI-1

☐ MI-2

☐ Override

☐ SI

☐ MI-1

☐ MI-2

Total number of burial assets

Check to display a list of possible 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

ELEMENT 17

- SI
- MI1
- MI2

SI'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	
		SMIMBM
	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	

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

SI		Source Information			
MI1		Asset Location			
MI2		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	

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

- SI
- MI1
- MI2

MI-1'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	
		SMIMBM
	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	

BURIAL ASSETS

ELEMENT 17

SI

MI1

MI2

	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	

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

- 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	
	SMIMBM	
	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	

BACK

ADD
REMARKS

NEXT

BURIAL ASSETS

ELEMENT 17

SI			
MI1		Asset Location	
MI2		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

SMIMBM

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	

BACK

ADD
REMARKS

NEXT

TRANSFER OF RESOURCES

ELEMENT 18

SI

MI-1

MI-2

SI'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)

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)

TRANSFER OF RESOURCES

SI

MI-1'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

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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)

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TRANSFER OF RESOURCES

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)

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)

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				

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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				

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SUMMARIES

ELEMENT 19

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

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ADD
REMARKS

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SUMMARIES

ELEMENT 19

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

	SI		
	SM	IM	BM
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
MI-1			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			

Total Deductions/ Exclusion Amounts Earned Income

	SI		
	SM	IM	BM
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
MI-1			
Cafeteria Plan			
Student Earned Income			

SUMMARIES

ELEMENT 19

RESOURCES SI/MI INCOME IC INCOME

Additional UM Exclusions/Deductions			
	MI-2		
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			

IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
	MI-2		
Cafeteria Plan			
Student Earned Income			
IRWE			
BWE			
Court-Ordered Payments			
PASS-Earned			
OTHER-Earned			
Earned Income Determination			

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SUMMARIES

ELEMENT 19

RESOURCES S/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			

SUMMARIES

ELEMENT 19

RESOURCES SI/MI INCOME IC INCOME

Additional UM Exclusions/Deductions			
IC-3			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-4			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Exclusions/Deductions			
IC-5			
Caption from UM Exclusions/Deductions			
Caption from UM Exclusions/Deductions			
Additional UM Excl/Dedct			

Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-3			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-4			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			
IC-5			
Cafeteria Plan			
Student Earned Income			
Court-Ordered Payments			
OTHER Earned			

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REMARKS

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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

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ADD
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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
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NEXT

DEATH OF MATERIAL INDIVIDUAL

ELEMENT 21

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

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REMARKS

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NEXT

POTENTIAL ENTITLEMENT

ELEMENT 22

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

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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
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Go to T II

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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	

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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

POTENTIAL ENTITLEMENT - OTHER BENEFITS

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
-------------	--------------------------------

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POTENTIAL ENTITLEMENT - OTHER BENEFITS

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?
Status of claim for Private Sector employment benefits

Reason for Denial

Employer(s)	Period or length of employment

Referral to FO

BACK

ADD
REMARKS

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NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

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POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

DRAFT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

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ADD
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NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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?

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REMARKS

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POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

DRAFT

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REMARKS

NEXT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

ELEMENT 22

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

ELEMENT 22

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

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REMARKS

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POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

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REMARKS

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POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

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POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

DRAFT

POTENTIAL ENTITLEMENT - TITLE II

ELEMENT 22

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

ELEMENT 22

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

ELEMENT 22

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

ELEMENT 22

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**ELEMENT 23****My SSR / MSSICS Notes**Is fraud suspected?

Reason

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

EXCLUSIONS

ELEMENT 24

Is this case excluded?

Reason for exclusion

[Link to QR section](#)

DRAFT

MAIN
MENU

PREVIOUS

ADD
REMARKS

☐ COMPLETE

NEXT

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.