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## MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS

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1. QA Office Code: \_\_\_\_\_ Sample Cycle: \_\_\_\_\_ Study ID: \_\_\_\_\_  
Subsidy: \_\_\_\_\_% Interview date: \_\_\_\_\_
  
2. Beneficiary's (BN) SSN: \_\_\_\_\_  
Living-with Spouse's (LWS) SSN (If applicable): \_\_\_\_\_  
Date Application Received: \_\_\_\_\_
  
3. Exclusion code, if applicable: \_\_\_\_\_

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<p>Name of BN: _____</p> <p>Address: _____</p> <p>Residence Address (if difference from Address): _____</p> <p>Phone: ( _____ ) _____</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS name: _____</p> <p>LWS contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>	<p>Other Contact (if applicable):</p> <p>Representative Payee Name: _____ Address: _____ Phone: ( _____ ) _____</p> <p>Third Party Name: _____ Address: _____ Phone: ( _____ ) _____</p> <p>Remarks: _____</p>
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**SSA Records**

**Interview**

<p><b>1. Identity</b></p> <p>SSN: _____</p> <p>BN: _____</p> <p>LWS: _____</p> <p>Date of Birth: _____</p> <p>BN: _____</p> <p>LWS: _____</p> <p>Remarks: _____</p>	<p><b>BN</b></p> <p>SSN: _____</p> <p>Name on Record: _____</p> <p>Date of Birth: _____</p> <p>Birthplace: _____</p> <p>Parents: _____</p> <p>_____</p> <p><b>LWS</b></p> <p>SSN: _____</p> <p>Name on Record: _____</p> <p>Date of Birth: _____</p> <p>Birthplace: _____</p> <p>Parents: _____</p> <p>_____</p> <p>Remarks: _____</p>
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<p><b>Verification</b></p>	<p><b>Conclusion</b></p>
<p><b>1. Identity</b></p> <p>SSN agrees with systems queries.</p> <p><b>BN:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>LWS:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>	<p>Proper BN and/or LWS interviewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>

**SSA Records**

**Interview**

<p><b>2. Marital Status</b></p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Remarks: _____</p>	<p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <p><input type="checkbox"/> Divorce                      <input type="checkbox"/> Separation from Spouse</p> <p><input type="checkbox"/> Annulment                      <input type="checkbox"/> Death of your Spouse</p> <p><input type="checkbox"/> Marriage                      <input type="checkbox"/> Resumption of cohabitation after separation</p> <p>Date of change: _____</p> <p>Remarks: _____</p>
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**Verification**

**Conclusion**

<p><b>2. Marital Status</b> (Verification not required)</p> <p>Remarks: _____</p>	<p>LWS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deficiency</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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**SSA Records**

**Interview**

<p><b>3. Family Size (FS)</b></p> <p>Number of relatives living with the BN and/or LWS for whom they allege providing at least 1/2 financial support: _____</p> <p>Alleged FS: _____ (Include BN/LWS)</p> <p>Remarks: _____</p>	<p style="text-align: center;"><b>Household (HH) Composition</b></p> <p>If BN or BN and LWS live alone, check the appropriate box and proceed to the verification column.</p> <p><input type="checkbox"/> BN lives alone.</p> <p><input type="checkbox"/> BN and LWS live alone.</p> <p>If BN and LWS live with others complete the following: Check all applicable boxes:</p> <p><input type="checkbox"/> BN</p> <p><input type="checkbox"/> LWS</p> <p><input type="checkbox"/> Deemed children. Number: _____</p> <p><input type="checkbox"/> Other related individuals. Number: _____</p> <p><input type="checkbox"/> Unrelated people in the HH. Number: _____</p> <p><b>Total number in HH from boxes checked above: _____</b></p> <p>In the chart below, show the name, relationship, income and whether or not 1/2 support is alleged for each relative in the HH of the BN or LWS. <i>(If none, proceed to the verification column)</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Relationship</th> <th style="width: 25%;">Monthly Income</th> <th style="width: 25%;">1/2 Support Alleged</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed</td> </tr> </tbody> </table> <p style="text-align: center;"><b><u>Average Monthly HH Expenses</u></b> (Complete only when non deemed relative(s) live with BN/LWS)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b><u>Type</u></b></td> <td style="width: 25%;"><b><u>Amount</u></b></td> <td style="width: 25%;"><b><u>Type</u></b></td> <td style="width: 25%;"><b><u>Amount</u></b></td> </tr> <tr> <td>Food</td> <td>\$ _____</td> <td>Gas</td> <td>\$ _____</td> </tr> <tr> <td>Rent</td> <td>\$ _____</td> <td>Electricity</td> <td>\$ _____</td> </tr> <tr> <td>Property</td> <td></td> <td>Property</td> <td></td> </tr> <tr> <td>Tax</td> <td>\$ _____</td> <td>Insurance</td> <td>\$ _____</td> </tr> <tr> <td>Water</td> <td>\$ _____</td> <td>Sewer</td> <td>\$ _____</td> </tr> <tr> <td>Mortgage</td> <td>\$ _____</td> <td>Heating/Fuel</td> <td>\$ _____</td> </tr> <tr> <td>Garbage Removal</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>Total Average Monthly Household Expenses</b></td> <td colspan="2"><b>\$ _____</b></td> </tr> </table> <p>Remarks: _____</p>	Name	Relationship	Monthly Income	1/2 Support Alleged				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deemed	<b><u>Type</u></b>	<b><u>Amount</u></b>	<b><u>Type</u></b>	<b><u>Amount</u></b>	Food	\$ _____	Gas	\$ _____	Rent	\$ _____	Electricity	\$ _____	Property		Property		Tax	\$ _____	Insurance	\$ _____	Water	\$ _____	Sewer	\$ _____	Mortgage	\$ _____	Heating/Fuel	\$ _____	Garbage Removal	\$ _____			<b>Total Average Monthly Household Expenses</b>		<b>\$ _____</b>	
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**Verification**

**Conclusion**

3. Family Size	
<p>If BN or BN and LWS live alone, check the appropriate box and proceed to conclusion column.</p> <p><input type="checkbox"/> BN lives alone.</p> <p><input type="checkbox"/> BN and LWS live alone.</p> <p>If BN or BN and LWS live with others complete the following:</p> <p>Number of people in HH _____ (including the BN and LWS)</p> <p>Pro rata share (total monthly expenses divided by number of people in HH) _____</p> <p>½ support not met for the following individuals: _____</p> <p>½ support met for the following individuals: _____</p> <p>½ support deemed for the following individuals: _____</p> <p>Remarks: _____</p>	<p>Total FS: _____</p> <p>Difference <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>

**SSA Records**

**Interview**

<b>4. Liquid Resources (LR)</b>	Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.	
<input type="checkbox"/> No Liquid Resources		
Bank Accounts: \$ _____	<b><u>BN</u></b> <input type="checkbox"/> No LR	<b><u>LWS</u></b> <input type="checkbox"/> No LR
Stocks, bonds, savings bonds, mutual funds, IRA or similar investments: \$ _____	Cash \$ _____	\$ _____
Cash: \$ _____	Checking Account \$ _____	\$ _____
Other: _____	Savings Account \$ _____	\$ _____
\$ _____	Certificate of Deposit \$ _____	\$ _____
Computer Match: _____	Mutual Funds \$ _____	\$ _____
<b><u>BN</u></b>	Credit Union Accts. \$ _____	\$ _____
Source: _____	Other Bank Account (Christmas Club, etc.) \$ _____	\$ _____
Amount: \$ _____	Patient Accounts \$ _____	\$ _____
Source: _____	Savings Bonds \$ _____	\$ _____
Amount: \$ _____	Stocks/Bonds \$ _____	\$ _____
Source: _____	Promissory Notes \$ _____	\$ _____
Amount: \$ _____	401K Plans/Keogh Accts \$ _____	\$ _____
Source: _____	Trusts \$ _____	\$ _____
Amount: \$ _____	Other (Explain) _____	\$ _____
Source: _____	Account type _____ Account ID _____	
Amount: \$ _____	Name of Source: _____	
Source: _____	Address: _____	
Amount: \$ _____	Owner(s): _____	
<b><u>LWS</u></b>	Balance: \$ _____	
Source: _____	Account type _____ Account ID _____	
Amount: \$ _____	Name of Source: _____	
Source: _____	Address: _____	
Amount: \$ _____	Owner(s): _____	
Source: _____	Balance: \$ _____	
Amount: \$ _____	Remarks: _____	
Source: _____		
Amount: \$ _____		
Remarks: _____		

**Verification**

**Conclusion**

4. Liquid Resources	
<p>Evidence provided by BN:</p> <p>Source document: _____  Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p> <p>Source document: _____  Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p> <p>Source document: _____  Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p>	<p><input type="checkbox"/> No LR</p> <p>Bank Accounts: \$ _____  (Checking, Savings, CD)</p> <p>Stocks, bonds, savings bonds,  mutual funds, IRA or similar  investments: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: \$ _____</p> <p><b>Total:</b> \$ _____</p>
<p>Evidence provided by collateral contact:</p> <p>Name of Source: _____  Address: _____  _____</p> <p>Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p> <p>Name of Source: _____  Address: _____  _____</p> <p>Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p> <p>Name of Source: _____  Address: _____  _____</p> <p>Account type _____ Account ID _____  Owner(s): _____  Balance: \$ _____</p>	<p>Difference:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Remarks: _____</p>	<p>Remarks: _____</p>

SSA Records

Interview

<p><b>5. Non-Home Real Property (NHRP)</b></p> <p>Ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CMV: \$ _____</p> <p>Accurant NHRP lead for BN:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accurant NHRP lead for LWS:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>	<p>Allegation of NHRP ownership by BN/LWS:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sole Ownership:  <input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p>Joint ownership:  Joint owner's Name: _____  Address: _____  Phone: (____)_____  Property Address: _____  CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____  Lien Holder: _____  Name/Source: _____  Address: _____  Phone: (____)_____  Encumbrances: \$ _____</p> <p>Ownership  <input type="checkbox"/> BN <input type="checkbox"/> LWS  <input type="checkbox"/> Joint ownership  Joint owner's Name: _____  Address: _____  Phone: (____)_____  Property Address: _____  CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____  Lien Holder:  Name/Source: _____  Address: _____  Phone: (____)_____  Encumbrances: \$ _____</p> <p>Remarks: _____</p>
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**Verification**

**Conclusion**

<p><b>5. Non-Home Real Property</b></p> <p><input type="checkbox"/> Accurint produced NHRP leads for BN or LWS that caused ineligibility.</p> <p>Allegations verified by:</p> <p><input type="checkbox"/> Government records (e.g., Tax Assessment Statement)</p> <p><input type="checkbox"/> Contact with applicable government records office. (e.g., Assessor's office)          Date of contact: _____          Agency name: _____          Name of contact: _____          Address/Internet Address: _____</p> <p>Method of contact: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other (i.e., deed, sales contract, etc.): _____</p> <p>Non-government collateral contact made:          Name of Source: _____          Address/Internet Address: _____</p> <p>Method of contact <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Other _____</p> <p>NHRP found:          Owner(s): _____          Verified CMV: \$ _____ Equity Value: \$ _____          Name of Source: _____          Address: _____          Encumbrances: \$ _____</p> <p>Property Essential for Self-Support: \$ _____</p> <p>Remarks: _____</p>	<p>Non-Home Real Property:  <input type="checkbox"/> No NHRP</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS          Owns countable NHRP with a total equity value of:          \$ _____</p> <p><input type="checkbox"/> BN <input type="checkbox"/> LWS          Owns excludable NHRP:  <input type="checkbox"/> Property Essential for Self-Support  <input type="checkbox"/> Undue Hardship</p> <p>Difference:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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**SSA Records**

**Interview**

<p><b>6. Funeral/Burial Expenses</b></p> <p>Funds expected to be used for funeral or burial expenses?</p> <p>BN  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>	<p>Funds expected to be used for funeral or burial expenses?</p> <p>BN  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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**Verification**

**Conclusion**

**6.1 Funeral/Burial Expenses (Verification)**

<p><b>6. Funeral/Burial Funds</b> (Verification not required)</p>	<p><input type="checkbox"/> Exclusion does not apply.</p> <p>Exclusion applies:</p> <p><input type="checkbox"/> BN only</p> <p><input type="checkbox"/> LWS only</p> <p><input type="checkbox"/> Both</p> <p>Difference</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note: Difference may affect total resource amount.</i></p> <p>Remarks: _____</p>
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**6.2 Total Countable Resources Summary**

<b><u>Type of Resource</u></b>	<b><u>Total Value</u></b>
Liquid Resources	\$ <u>0.00</u>
Non-Home Real Property	\$ <u>0.00</u>
<b>Subtotal</b>	<b>\$ <u>0.00</u></b>
Minus Burial Fund Exclusion (If applicable)	-\$ <u>0.00</u>
<b>Total</b>	<b>\$ <u>0.00</u></b>
<b>Resources caused ineligibility:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: _____	

**SSA Records**

**Interview**

<p><b>7. Unearned Income (UI)</b></p> <p><b><u>BN</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: Source: _____ Amount: \$ _____</p> <p><b><u>LWS</u></b></p> <p><input type="checkbox"/> No UI</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Income type: _____</p> <p>Amount: \$ _____</p> <p>Computer Match: Source: _____ Amount: \$ _____</p> <p>Remarks: _____</p>	<p>Indicate the type(s) of UI involved and provide the amount and source of verification.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"><b><u>BN</u></b></td> <td style="width: 30%; text-align: center;"><b><u>LWS</u></b></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> <td style="text-align: center;"><input type="checkbox"/> No UI</td> </tr> <tr> <td>Title II</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> BN receives no other UI.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LWS receives no other UI.</td> <td></td> <td></td> </tr> <tr> <td>Title XVI</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Bank Deposits</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>VA Compensation</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gov't Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Private Pension</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Railroad Retirement</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Black Lung</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Educational Assistance</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State DIB. Payment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Unemployment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Worker's Comp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sick Pay</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Rental Income</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gifts</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Alimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Patrimony</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Gambling Proceeds</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </table> <p>Source:</p> <p>Name: _____ Address: _____ Phone: (____) _____ Claim #: _____</p> <p>Name: _____ Address: _____ Phone: (____) _____ Claim #: _____</p> <p>Name: _____ Address: _____ Phone: (____) _____ Claim #: _____</p> <p><b>Remarks:</b> _____</p>		<b><u>BN</u></b>	<b><u>LWS</u></b>		<input type="checkbox"/> No UI	<input type="checkbox"/> No UI	Title II	\$ _____	\$ _____	<input type="checkbox"/> BN receives no other UI.			<input type="checkbox"/> LWS receives no other UI.			Title XVI	\$ _____	\$ _____	Bank Deposits	\$ _____	\$ _____	VA Pension	\$ _____	\$ _____	VA Compensation	\$ _____	\$ _____	Gov't Pension	\$ _____	\$ _____	Private Pension	\$ _____	\$ _____	Railroad Retirement	\$ _____	\$ _____	Black Lung	\$ _____	\$ _____	Educational Assistance	\$ _____	\$ _____	State DIB. Payment	\$ _____	\$ _____	Unemployment	\$ _____	\$ _____	Worker's Comp.	\$ _____	\$ _____	Sick Pay	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Rental Income	\$ _____	\$ _____	Gifts	\$ _____	\$ _____	Alimony	\$ _____	\$ _____	Patrimony	\$ _____	\$ _____	Gambling Proceeds	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Cash	\$ _____	\$ _____	Other	\$ _____	\$ _____
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Black Lung	\$ _____	\$ _____																																																																																
Educational Assistance	\$ _____	\$ _____																																																																																
State DIB. Payment	\$ _____	\$ _____																																																																																
Unemployment	\$ _____	\$ _____																																																																																
Worker's Comp.	\$ _____	\$ _____																																																																																
Sick Pay	\$ _____	\$ _____																																																																																
Royalties	\$ _____	\$ _____																																																																																
Rental Income	\$ _____	\$ _____																																																																																
Gifts	\$ _____	\$ _____																																																																																
Alimony	\$ _____	\$ _____																																																																																
Patrimony	\$ _____	\$ _____																																																																																
Gambling Proceeds	\$ _____	\$ _____																																																																																
Child Support	\$ _____	\$ _____																																																																																
Cash	\$ _____	\$ _____																																																																																
Other	\$ _____	\$ _____																																																																																

**Verification**

**Conclusion**

<p><b>7. Unearned Income</b></p> <p><input type="checkbox"/> Title II (verified by the MBR)</p> <p><input type="checkbox"/> Title XVI (verified by the SSR - <i>Informational only – not used for subsidy determination</i>)</p> <p>Verified by award letter or other evidence in BN/LWS possession:</p> <p>Source: _____ Address: _____ Phone: (____) _____ <b>Total yearly amount: \$ _____</b></p> <p>Source: _____ Address: _____ Phone: (____) _____ <b>Total yearly amount: \$ _____</b></p> <p>Collateral contact made:</p> <p>Source: _____ Address: _____ Phone: (____) _____ <b>Total yearly amount: \$ _____</b></p> <p>Source: _____ Address: _____ Phone: (____) _____ <b>Total yearly amount: \$ _____</b></p> <p>Source: _____ Address: _____ Phone: (____) _____ <b>Total yearly amount: \$ _____</b></p> <p><b>Summary of Total UI</b> (Drop all cents for monthly amounts of UI except Social Security before converting to a yearly amount)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of UI</th> <th style="text-align: left;">Monthly Amount</th> <th style="text-align: left;">Yearly Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><b>Total Yearly UI:</b></td> <td></td> <td><b>\$ _____</b></td> </tr> <tr> <td>Minus UI Exclusion:</td> <td></td> <td>-\$ _____</td> </tr> <tr> <td><b>Total Yearly Countable UI:</b></td> <td></td> <td><b>\$ _____</b></td> </tr> </tbody> </table> <p>Remarks: _____</p>	Type of UI	Monthly Amount	Yearly Amount	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<b>Total Yearly UI:</b>		<b>\$ _____</b>	Minus UI Exclusion:		-\$ _____	<b>Total Yearly Countable UI:</b>		<b>\$ _____</b>	<p>UI:</p> <p>BN: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Yearly Countable UI \$ _____</p> <p>Difference: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
Type of UI	Monthly Amount	Yearly Amount																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				
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<b>Total Yearly UI:</b>		<b>\$ _____</b>																				
Minus UI Exclusion:		-\$ _____																				
<b>Total Yearly Countable UI:</b>		<b>\$ _____</b>																				

**SSA Records**

**Interview**

<p><b>8. Earned Income (EI)</b></p> <p><b><u>BN</u></b>  <input type="checkbox"/> No EI                  Wages: \$ _____                  SEI: \$ _____</p> <p>Amounts decreased:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  When? _____</p> <p>Work expenses?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match:                  \$ _____</p> <p><b><u>LWS</u></b>  <input type="checkbox"/> No EI                  Wages: \$ _____                  SEI: \$ _____</p> <p>Amounts decreased:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stopped or plans to stop work?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  When? _____</p> <p>Work expenses?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computer Match:                  \$ _____</p> <p>Remarks: _____</p>	<p>BN currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No                  If No, date last employed: _____</p> <p>LWS currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No                  If No, date last employed: _____</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><b><u>BN</u></b></th> <th style="width: 20%; text-align: center;"><b><u>LWS</u></b></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> No EI</td> <td style="text-align: center;"><input type="checkbox"/> No EI</td> </tr> <tr> <td>Wages</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NESE</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Sheltered Workshop Earnings</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Royalties</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Honoraria</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>Source Name: _____                  Address: _____                  Phone: (____) _____                  Remarks: _____</p> <p>Source Name: _____                  Address: _____                  Phone: (____) _____                  Remarks: _____</p> <p>Explanation of increase or decrease in earnings: _____</p> <p><b><u>Work Expenses:</u></b></p> <p>IRWE/BWE                  Type(s): _____                  Amount: \$ _____                  Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p>Remarks: _____</p>		<b><u>BN</u></b>	<b><u>LWS</u></b>		<input type="checkbox"/> No EI	<input type="checkbox"/> No EI	Wages	\$ _____	\$ _____	NESE	\$ _____	\$ _____	Sheltered Workshop Earnings	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	Honoraria	\$ _____	\$ _____
	<b><u>BN</u></b>	<b><u>LWS</u></b>																				
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Sheltered Workshop Earnings	\$ _____	\$ _____																				
Royalties	\$ _____	\$ _____																				
Honoraria	\$ _____	\$ _____																				

**Verification**

**Conclusion**

<b>8. EI and EI Exclusions</b>	<b>EI:</b>															
<input type="checkbox"/> No EI EI established: <input type="checkbox"/> Employer contact in file <input type="checkbox"/> Systems query (DEQY, SEQY) <input type="checkbox"/> Tax return <input type="checkbox"/> Copy of other business record <input type="checkbox"/> BN's pay stubs <input type="checkbox"/> Spouse's pay stubs  <input type="checkbox"/> Collateral contact made: Source: _____ Date of Contact: _____ Total: \$ _____  Source: _____ Date of Contact: _____ Total: \$ _____  Work Expense(s) established: <input type="checkbox"/> IRWE <input type="checkbox"/> BWE Type: _____ Amount: \$ _____ Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	BN <input type="checkbox"/> Yes <input type="checkbox"/> No  LWS <input type="checkbox"/> Yes <input type="checkbox"/> No  Total Yearly Countable EI: \$ _____  Difference: <input type="checkbox"/> Yes <input type="checkbox"/> No  Stand Alone Deficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No  Combined Deficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No  Remarks: _____															
<p><b><u>Summary of Total EI:</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Type of Income</th> <th style="text-align: right; border-bottom: 1px solid black;">Monthly Amount</th> <th style="text-align: right; border-bottom: 1px solid black;">Yearly Amount</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td><b>Total Yearly EI:</b></td> <td></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </tbody> </table> <p>Minus:</p> <p style="padding-left: 20px;">Earned Income Exclusion (1) \$ _____</p> <p style="padding-left: 20px;">Earned Income Exclusion (2) \$ _____</p> <p style="padding-left: 20px;">Earned Income Exclusion (3) \$ _____</p> <p><b>Total:</b> _____ <b>\$ _____</b></p> <p><i>Divide Total in half. Enter in Total Yearly Countable EI</i></p> <p><b>Total Yearly Countable EI:</b> _____ <b>\$ _____</b></p> <p>Remarks: _____</p>	Type of Income	Monthly Amount	Yearly Amount	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<b>Total Yearly EI:</b>		<b>\$ _____</b>	
Type of Income	Monthly Amount	Yearly Amount														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
<b>Total Yearly EI:</b>		<b>\$ _____</b>														

**Total Yearly Countable Income Summary**

Unearned Income:	\$ <u>0.00</u>	Income caused ineligibility:  <input type="checkbox"/> Yes <input type="checkbox"/> No
Earned Income:	\$ <u>0.00</u>	
<b>Total</b>	\$ <b><u>0.00</u></b>	

**REMARKS/DEFICIENCY ANALYSIS**

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<b>Reviewer's Signature:</b>	<b>Date:</b>
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Attach all Reports of Contacts, Available Documentation, Other Related Worksheets and Continuation Pages.