

SUPPLEMENTAL SECURITY INCOME - QUALITY REVIEW CASE ANALYSIS

SSN:	State of Residence:	SM: Title XVI Stewardship
ES SSN:	AIPQB: SSA-FO code:	Case Excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No Exclusion code:

SSR DOCUMENTATION	FIELD REVIEW DOCUMENTATION
<p>1. Name of Sampled Individual</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>2. Residence Address/Telephone number</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>3. Mailing Address</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>4. Material Individual(s) <input type="checkbox"/> None</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Payee <input type="checkbox"/> Eligible spouse <input type="checkbox"/> Spouse of Parent <input type="checkbox"/> Alien Sponsor/spouse </div> <div style="width: 45%;"> <input type="checkbox"/> Ineligible Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Ineligible Child <input type="checkbox"/> Essential Person </div> </div> <p>5. Name(s) of MI(s)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>6. Address same as SI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>7. Federal BM</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. State BM</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>9. Last Effective RZ/LI</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>1. Interview Date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2. SI's Existence Verified by</p> <div style="display: flex;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Direct observation <input type="checkbox"/> Other </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <p>3. MI(s) listed contacted</p> <div style="display: flex;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain </div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </div> <p>4. Address/Telephone entries correct on SSR</p> <div style="display: flex;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No (provide correct address) </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </div> <p style="margin-left: 20px;">Residence Address/Telephone Number</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="margin-left: 20px;">Mailing Address</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>5. Others Contacted: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Institutional Officer <input type="checkbox"/> Interpreter Assistant</p> <p>6. Federal BM</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7. State BM</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. <input type="checkbox"/> CFR not requested as the only deficiency is recipient caused and information obtained during the review clearly shows deficiency occurred after last official contact and no pertinent data could be obtained by reviewing the casefile.</p>

SYSTEMS
SI/MI INTERVIEW

1. SSN

SI:

ES:

Verified:

☐ Allegation/evidence agrees with SSR

☐ Different or additional SSN/names found _____

Evidence viewed:
☐ SSN card

☐ Medicare card

☐ Photo Identification

☐ Other _____

2. AGE
CITIZENSHIP/
LEGAL ALIEN
STATUS/IDENTITY

Date of Birth

SI:

ES:

BIC

SI:

ES:

AR CODE

SI:

ES:

Allegation	SI	ES
Name on Record		
Date of Birth		
Place of Birth		
Parents Names	Mth: Fth:	Mth: Fth:
Type of Evidence		
Issuing Agency		
<input type="checkbox"/> Date Recorded		
Date/Place Issued		
Alien Status		
U.S. Entry Date		
Port of Entry		
Country of Origin		
Alien Reg. # / Class code		
Card Expiration Date		

VERIFICATION	CONCLUSION								
<input type="checkbox"/> SSN verified via SSN card/Medicare card <input type="checkbox"/> SSN verified via systems query (in file) Issue date _____	<input type="checkbox"/> No SSN discrepancy <input type="checkbox"/> Multiple SSNs found but payment not affected <input type="checkbox"/> SI/ES receiving SSI under incorrect or multiple SSN See: _____								
<input type="checkbox"/> Allegation accepted. Age is not material. <input type="checkbox"/> Age verified via numident (IDN code of P is indicated) <input type="checkbox"/> Age verified via Title II claim. MBR proof of age <div style="border: 1px solid black; height: 25px; width: 280px; margin-top: 5px;"></div> <input type="checkbox"/> Age Verified-other <div style="border: 1px solid black; height: 35px; width: 300px; margin-top: 5px;"></div>	<input type="checkbox"/> Allegation of Age Accepted <input type="checkbox"/> Age Verified <input type="checkbox"/> Does not meet age requirement								
<input type="checkbox"/> Allegation of Citizenship by U.S. birth accepted <input type="checkbox"/> Citizenship/Alien status verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of verification <div style="border: 1px solid black; height: 35px; width: 425px; margin-top: 5px;"></div> <input type="checkbox"/> Collateral Contact Made <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Type/date</td> <td></td> </tr> <tr> <td>Place</td> <td></td> </tr> <tr> <td>Name/Title</td> <td></td> </tr> <tr> <td>Findings</td> <td></td> </tr> </table>	Type/date		Place		Name/Title		Findings		<input type="checkbox"/> Citizenship/Legal Alien Status requirement met <input type="checkbox"/> U.S. born <input type="checkbox"/> Naturalized <input type="checkbox"/> Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Does not meet Citizenship/Alien Status
Type/date									
Place									
Name/Title									
Findings									

3. MARITAL STATUS
CODE:Spouse Shown:☐ No ☐ Yes

Name:

Parents Shown:☐ No ☐ Yes

Names:

Marital History: (including parents of minor child) ☐ None

Spouse or Parents	Name	SSN <i>if SSN is unknown, provide DOB/POB/mothers maiden name</i>	Event	Date
<input type="checkbox"/> Spouse <input type="checkbox"/> Parents			<input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<input type="checkbox"/> Spouse <input type="checkbox"/> Parents			<input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<input type="checkbox"/> Spouse <input type="checkbox"/> Parents			<input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<input type="checkbox"/> Spouse <input type="checkbox"/> Parents			<input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	

Evidence Viewed

Contributions from current or prior spouse? ☐ Yes ☐ No

If yes, indicate name of spouse and amount of contribution

Entitlement for benefits from spouse/former spouse? ☐ Yes ☐ No

If yes, indicate Name and SSN, or DOB if SSN is unknown

Does SI live with an unrelated member of the opposite sex? ☐ Yes ☐ No

If yes, provide the following information

Name	Alleged Relationship

If Disabled, Date SI first became disabled

Note: This may not be the same date as that established on the SSR

Name SSN's/ID info for parents either disabled, deceased or age 62 or over.

If SSN is unknown, provide DOB/POB/Mother's Maiden name

Mother	Father

VERIFICATION

CONCLUSION

☐ Allegation agrees with SSR - no reason to doubt.

☐ Documentary evidence viewed.

☐ Collateral contact made:

Type/Date	
Place	
Name <input type="checkbox"/> Title	
Findings	

☐ Holding out:

☐ Established

☐ Not established

☐ See SSA-795s/4178s in file

☐ Other evidence

--

☐ Potential Title II Entitlement established:

Name	
SSN	
Type	

During review period SI had:

☐ No living with spouse

☐ Eligible spouse

☐ Ineligible spouse

☐ No living with parents

☐ Eligible parent(s)

☐ Ineligible parent(s)

Potential T2 Entitlement Referral:

☐ Yes ☐ No

SYSTEMS

SI/MI INTERVIEW

4. LA/ISM
(Non Household)

CG:

FEDERAL LA
CODES:

STATE LA CODES:

STATE/COUNTY:

Facility
Precedent:

☐ No ☐ Yes

☐ NA

Facility Name/Address

Facility Representative
Name/Title

Type of Contact/Date

Date of Admissions to the review period facility

Did the SI actively participate in the interview? ☐ Yes ☐ No

Is the SI currently residing in the facility? ☐ Yes ☐ No

If not, date of release from the review period facility

INSTITUTIONAL

- ☐ Public
- ☐ Private - profit
- ☐ Private - nonprofit
- ☐ Penal
- ☐ Medical care
- ☐ Non-medical care
- ☐ Publicly operated
community residence
- ☐ Public emergency
Shelter

NON-INSTITUTIONAL CARE

- ☐ Adult foster care
- ☐ Child foster care
- ☐ Other

Absence/Multiple Residences:

Dates	From	To

VERIFICATION

CONCLUSION

☐ NA

Interview/contact with facility representative established the following:

INSTITUTION

SI was institutionalized (Date)	
Amount of Payment for Room and Board	\$
Other Third Party Source/Amount	\$

- ☐ Medicaid ☐ SI's own income ☐ Amount:\$
☐ Tax-Exempt organization (Church-Key Amendment applies)
☐ Payment Excluded? ☐ Yes ☐ No

NON-INSTITUTION

SI was in Non-institution care (Date)	
Facility license number/expiration date	
Amount of Room and Board	\$
Other third Party Source/Amount	\$

Total Cost: \$

☐ SI's Own Income: Amount
 \$

☐ Foster Care Amount
 \$

☐ Other Third Party (provide source and amount)

☐ Other Contact made

Type/Date	
Name/Title	
Place	
Findings	

☐ INSTITUTIONAL CARE
☐ Public medical
☐ Private medical

Substantial Medicaid?
☐ Yes ☐ No

☐ Public or private educational/vocational/technical

☐ Publicly operated community residence

☐ Private nonprofit residential care

☐ Proprietary for profit residential care, educational or vocational training facility

☐ Public emergency shelter

☐ Public correctional/holding facility

☐ NONINSTITUTIONAL CARE

☐ State living arrangement:

☐ ISM

U.S./State residency requirement:

☐ Met ☐ Not Met

LA/ISM deficiency:
☐ Yes ☐ No

SYSTEMS
SI/MI INTERVIEW

5. LA/ISM
(Household/
Transient)

CG
Entries:

☐ LA 0
(Sharing \$_____)

☐ LA 20 (Rent)

☐ LA 22 (PA)

☐ LA 23 (VTR)

☐ LA 24 (Room)

☐ LA _____

☐ Other _____

Federal LA Codes:

State LA Codes:

State/County Codes:

J/H Income:

Household Members

Name	Relationship to SI	Age	PA income type/SSN

RENTAL LIABILITY/HOME OWNERSHIP

Does SI live alone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does SI (or living w/spouse) have home ownership interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Mortgage: \$
Does SI have rental liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Rental payment \$
Provide the name/address/telephone number of the landlord →	
Is the landlord related to any household member as a parent or child? →	<input type="checkbox"/> Yes, (to whom and how?) <input type="checkbox"/> No
Does SI live in a residence owned or rented by a non-resident of SI's household?	<input type="checkbox"/> Yes (provide name) → <input type="checkbox"/> No
Name of person in SI's household with rental liability, if any and amount of payment →	

SI/ES DO NOT HAVE HOME OWNERSHIP INTEREST OR RENTAL LIABILITY

Is SI a Transient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is SI a child living in parents HH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is SI in an all PA household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does SI purchase/consume food separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Shelter Contribution, if any →	\$
Does SI Contribute towards the total HH expenses in a sharing arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of contribution \$
Does SI Earmark Contribution towards the food and/or shelter expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No Food\$ Shelter\$
SI lives with others and makes no contribution towards the HH expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are services required by owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Average Household Expenses

Type	Amount (\$)	Description of Evidence
Food		
Rent		
Mortgage (including property Insurance)		
Property Tax (Yr/Monthly amount)		
Heating/Fuel		
Gas		
Electricity		
Water		
Sewer		
Garbage Removal		
TOTAL		

Above Averages are for:

If SI or living w/spouse has ownership interest or rental liability, what is the amount of contributions from other HH members if any?

Does SI receive contributions from outside the HH? ☐ Yes ☐ No

If yes, provide the following:

Name/Address/Telephone of person that SI is receiving contributions from (SSA 795 in file)	Amount
	\$

Does SI receive a housing subsidy? If so, what is the source of the subsidy →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What is the amount of the subsidy, if known? →	
What is the length of time at the review period residence? →	
Last date SI/ES was out of the U.S.	

Temporary absence by SI or any HH member	
---	--

SI/MI HOUSEHOLD INTERVIEWS

Has the SI resided at the current residence address for the entire review period? ☐ Yes ☐ No
If not, complete the applicable living arrangement changes below:

Changes in household composition in review period:

Changes in household expenses in review period:

Changes in LA in review period:

VERIFICATION

CONCLUSION

☐ LA/ISM/Residency established during interview with SI/other household members.

☐ Collateral sources contacted

Name/Telephone #	
Date	
Type of contact	
Findings	

☐ SSA 795 in file pertaining to HH expenses

☐ Bills/Receipts of HH expenses were requested for the past 12 months, but were not available

☐ Bills/Receipts were available for

QRA Determination

Number of HH members	
Total HH Expenses	
SI's Pro-rata share	
SI's Contribution	
Other HH Member's Contribution	
Inside ISM (including VTR)	
Outside ISM	

LA/ISM FOR:

Review Period Month	Living Arrangement	ISM \$
CM		
IM		
BM		

Last Date SI/ES outside U.S.

Basis for Federal LA

☐ Home ownership:
Title
Life estate
Unprobated estate
Trust

☐ Rental liability
Rent \$ _____
CMRV \$ _____
Flat fee \$ _____
Room rental
Commercial establishment
Non-commercial

☐ PA household

☐ Separate consumption
☐ Separate purchase

☐ Sharing

☐ Earmarked sharing food/shelter

☐ Transient

☐ Intervening A

☐ VTR applies

☐ Child who lives in household with parent, and who is not subject to VTR

Basis for State LA: _____

Inside ISM: \$ _____

Outside ISM: \$ _____

U.S./State Residency

Requirement:

☐ Met ☐ Not Met

LA/ISM deficiency:

☐ No ☐ Yes

SYSTEMS

SI/MI INTERVIEW

6. UNEARNED INCOME

Title XVI

SI:

Fed:

State:

CM:

IM:

BM:

Retro:

MI:

CM:

IM:

BM:

Retro:

Title II

SI:

CM:

IM:

BM:

Retro:

MI:

CM:

IM:

BM:

Retro:

Other

SI:

CM:

IM:

BM:

Retro:

MI:

CM:

IM:

BM:

Retro:

1099 ALERT:

Title XVI Recoup:

NOTE: Only BM allegations need be shown if no income changes are alleged for review period.

SI Allegation	CM	IM	BM	MI Allegation	CM	IM	BM
Title XVI	\$	\$	\$	Title XVI	\$	\$	\$
Title II	\$	\$	\$	Title II	\$	\$	\$
VA Pension	\$	\$	\$	<input type="checkbox"/> A Pension	\$	\$	\$
VA Compensation	\$	\$	\$	VA Compensation	\$	\$	\$
Railroad Retirement	\$	\$	\$	Railroad Retirement	\$	\$	\$
Govt. Pension	\$	\$	\$	Govt. Pension	\$	\$	\$
Black Lung	\$	\$	\$	Black Lung	\$	\$	\$
State Disability Payments	\$	\$	\$	State Disability Payments	\$	\$	\$
Foster Care	\$	\$	\$	Foster Care	\$	\$	\$
Energy Assistance	\$	\$	\$	Energy Assistance	\$	\$	\$
Unemployment Compensation	\$	\$	\$	Unemployment Compensation	\$	\$	\$
Workers Comp	\$	\$	\$	Workers Comp	\$	\$	\$
Sick Pay	\$	\$	\$	Sick Pay	\$	\$	\$
Education Assistance	\$	\$	\$	Education Assistance	\$	\$	\$
Dividends/Royals	\$	\$	\$	Dividends/Royals	\$	\$	\$
Rental Income	\$	\$	\$	Rental Income	\$	\$	\$
Interest	\$	\$	\$	Interest	\$	\$	\$
Gifts	\$	\$	\$	Gifts	\$	\$	\$
Loans	\$	\$	\$	Loans	\$	\$	\$
Support from absent parent	\$	\$	\$	Support from absent parent	\$	\$	\$
Other Cash Support	\$	\$	\$	Other Cash Support	\$	\$	\$
Gambling Income	\$	\$	\$	Gambling Income	\$	\$	\$
Miscellaneous	\$	\$	\$	Miscellaneous	\$	\$	\$

☐ Evidence Viewed:

VERIFICATION

CONCLUSION

FINDINGS

- ☐ Title XVI ☐ Title II ☐ RRB ☐ Black Lung
☐ VA ☐ OPM ☐ Verified by SSR - no reason to doubt
☐ Verified by award letter or other evidence in SI's possession
☐ Collateral Contact Made

Type/Date			
Name/Title/Organization			
Income/Income Exclusion established			
Amounts	CM: \$	IM: \$	BM: \$

Type/Date			
Name/Title/Organization			
Income/Income Exclusion established			
Amounts	CM: \$	IM: \$	BM: \$

- ☐ Interest income, see Element 8.

CM	\$
IM	\$
BM	\$

- ☐ Ineligible child with unearned income

Name of Child			
Source of Income			
Type of Income			
Verified by			
Amounts	CM: \$	IM: \$	BM: \$

- ☐ Excluded court ordered support payments made by ineligible spouse/parent
☐ Unstated income suspected/confirmed:

- ☐ Unearned income did not cause an error in the sampled payment.

☐ The following unearned income amount caused a payment error:
\$ _____

☐ Type R/Type S income received by SI/ES in budget month:

☐ Unearned income exclusion applies to SI/ES's budget month income:

☐ Deeming applies

SYSTEMS

SI/MI INTERVIEW

7. WORK HISTORY
EARNED INCOME

Last date of employment: SI _____ MI _____
 Employment history for 3 yrs. ending with sample month:

Sampled Individual

Employer Name/Address or Self Employment	Dates

Material Individual

Employer Name/Address or Self Employment	Dates

Review Period Earnings	
------------------------	--

Earned Income Exclusions? ☐ None

- ☐ Work expenses of BWE ☐ IRWE ☐ Student child earned income
☐ PASS ☐ Cafeteria Plan
☐ Court Ordered Payments

Type	
Amount	
Frequency	
Source	

Employment history prior to last 3 years

Employer Name/Address or Self Employment	Dates

Does the SI have a Union membership? →	<input type="checkbox"/> Yes (union ID) <input type="checkbox"/> No
Does the SI have Military Service?	<input type="checkbox"/> Yes (dates of service) <input type="checkbox"/> No
Does the SI have a pending claim/prior denial for benefits based on work/military services? →	<input type="checkbox"/> Yes (explain) <input type="checkbox"/> No

VERIFICATION

CONCLUSION

- ☐ Potential entitlement not suggested by SI/MI's allegations, no reason to doubt.
- ☐ Potential entitlement suggested:
- ☐ Title II/VA - made referral to file
 - ☐ Collateral contact below - made referral to file
 - ☐ Ruled out by development in file

☐ Collateral contact made:

Source			
Type			
Date			
Findings	CM: \$	IM: \$	BM:\$

☐ No earned income alleged, no reason to doubt.

☐ Earned income established:

- ☐ See employer contact in file.
- ☐ See summary of SI/MI's records.
- ☐ See SSA-795
- ☐ See summary/copy of other business record in file.

Gross wages:

CM	\$
IM	\$
BM	\$

Net Earnings from Self-Employment

Amount	\$
Year	

☐ Earned Income Exclusions Established:

Type	
Amount/frequency	
Established by	

☐ Ineligible Child with Earnings

Name			
Amount	CM \$	IM \$	BM \$
Verified by			

☐ No potential entitlement to other benefits

☐ Potential entitlement established for:

☐ No earned income in the review period

☐ Review period earnings - no payment error

☐ Earned income caused payment error: \$

☐ No earned income exclusions apply

☐ Following earned income exclusions apply:

☐ Deeming applies

SYSTEMS

SI/MI INTERVIEW

8. LIQUID
RESOURCES

Direct Deposit
BCR:
BCA:
Name:

1099 Alert:

CG Entries:

☐ RE01 SV
☐ RE04 CK
☐ RE08 CD
☐ RE21 Svgs Bds
☐ RE_____

Allegations	SI	MI
Patient Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Union	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oth. Bank accts (Christmas club, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promissory Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid burial plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
401(k) plans/Keough accts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LI Dividend Accumulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash on hand →	CM:\$	CM:\$
	IM: \$	IM: \$
	BM:\$	BM:\$

Positive Allegation

Account Type/ Account Number	Financial Institution	Balances (\$)	Owner Name
			<input type="checkbox"/> SI <input type="checkbox"/> MI
			<input type="checkbox"/> SI <input type="checkbox"/> MI
			<input type="checkbox"/> SI <input type="checkbox"/> MI
			<input type="checkbox"/> SI <input type="checkbox"/> MI

☐ SSI Direct Deposit ☐ T2 Direct Deposit

Check Cashing Location, if no Direct Deposit alleged	
If SI/MI do not have SSN, Provide the Tax ID Number (TID)	
Is SI/MI's name on anyone else's bank account? If so, provide name	
Prior accounts in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, show FI name and location):
Place where funds are kept for burial <input type="checkbox"/> NA	
Other financial institutions used to transact business i.e., personal loans, mortgages	
Deposits made by joint owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, provide Name/Date/Amt

VERIFICATION

CONCLUSION

☐ Findings

Acct Type/Acct #	Financial Institution	Owner Name	Balances
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6
			CM IM BM Interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see element 6

☐ Total countable liquid resources did not exceed resource limit during review period

☐ Liquid resources caused or contributed to ineligibility for the sampled payment

☐ Total countable liquid resources on first day of sample month:

	SI	MI
Checking:		
Savings:		
Other:		
Total:		

☐ Geo Search did not identify additional accounts

Other Liquid Resource Findings

TYPE	BALANCES		
	CM: \$	IM: \$	BM: \$
	CM: \$	IM: \$	BM: \$
	CM: \$	IM: \$	BM: \$
	CM: \$	IM: \$	BM: \$

9. REAL PROPERTY

Allegation of real property ownership by SI/MI:

Home Property Ownership ☐ Yes ☐ No

RE Field Entries

Home Property Type☐ Non-Farm☐ Farm☐ Trailer/Mobile Home☐ Other*Ownership*☐ SI is Sole Owner (non-life estate)☐ MI is Sole Owner (non-life estate)☐ Jointly owned with Spouse☐ Jointly owned with relative (non-spouse)☐ Jointly owned with non-relative☐ Life Estate☐ Unprobated Estate☐ Other

(equitable ownership, remainder interest, etc)

Non-Home Property Ownership Interest:☐ Yes☐ No

CG Entries

Type	Owner	Loan Alleged	CMV
Farmland (rented)		\$	\$
Farmland (used by SI)		\$	\$
Commercial (non-farm) or residential property, rented		\$	\$
Non-Excluded previous or second residence (not rented)		\$	\$
Unimproved land, idle		\$	\$
Foreign property		\$	\$
Other (mineral, timber, water rights, easements, etc)		\$	\$
Unknown (type cannot be determined)		\$	\$
Evidence of Ownership/Value		\$	\$
Burial Plot/Crypt/Location/ Value Designated for			

Transfer of property since 12/14/1999?

☐ Yes ☐ No

If transfer of ownership alleged, provide the following: Type of real property/Name and address of recipient of property/date of transfer/Reason for the transfer/monetary or other compensation received. (Document on SSA 795)

Attempt to Dispose of Property?

☐ Yes ☐ No

Income producing Property?

☐ Yes ☐ No

VERIFICATION**CONCLUSION**Allegations Verified by Government Records:Alpha listing Contact method: ☐ Personal Visit ☐ Letter ☐ Telephone ☐ Internet

Date of Contact	
Name of Contact	
Title of contact	

Findings:☐ No property ownership found ☐ Ownership Discovered

Owner		Owner	
Location		Location	
CMV (duration of ownership)		CMV (duration of ownership)	

☐ Other Collateral contact made:

Type Contact/Date	
Findings	

☐ No real property ownership established for SI/MI☐ SI/MI owns excluded home property☐ SI/MI owns nonexcluded real property valued at:
\$ _____☐ SI/MI owns excluded other property (ex. burial plot)

SYSTEMS

SI/MI INTERVIEW

10. VEHICLES

☐ Positive allegation ☐ None alleged

RE Field Data

CG Entries

Year/Make		Year/Make	
Model		Model	
Condition		Condition	
Owner		Owner	
Use		Use	
VIN		VIN	
License #		License #	
Transfer Alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer Alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Viewed		Evidence Viewed	
Encumbrances		Encumbrances	

Year/Make		Year/Make	
Model		Model	
Condition		Condition	
Owner		Owner	
Use		Use	
VIN		VIN	
License #		License #	
Transfer Alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer Alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Viewed		Evidence Viewed	
Encumbrances		Encumbrances	

VERIFICATION**CONCLUSION****FINDINGS:**☐ No reason to doubt negative allegations☐ N.A.D.A. value(s):

Vehicle #1	\$
Vehicle #2	\$
Vehicle #3	\$
Vehicle #4	\$

☐ See SSA-795 regarding vehicle use.☐ Collateral contact made:

Name	
Type/Contact/Date	
Findings	

☐ No vehicle ownership by SI/MI☐ Vehicle exclusion applies:
☐ Transportation
☐ Employment
☐ OtherTotal vehicle value
\$ _____Non-excluded value
\$ _____

SYSTEMS

SI/MI INTERVIEW

11. LIFE
INSURANCE☐ Positive Allegation☐ None Alleged

RE Field Data

CG Entries

Insurance Company Name		Insurance Company Name	
Policy Number		Policy Number	
Issue Date		Issue Date	
Owner		Owner	
Face Value	\$	Face Value	\$
Cash Value	\$	Cash Value	\$
Outstanding Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outstanding Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age at Issue		Age at Issue	
Premium amount/frequency		Premium amount/frequency	
Type of Policy		Type of Policy	
Fully paid Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully paid Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Viewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Viewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does policy produce Dividend additions or div accumulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does policy produce Dividend additions or div accumulations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accelerated life insurance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accelerated life insurance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Company Name		Insurance Company Name	
Policy Number		Policy Number	
Issue Date		Issue Date	
Owner		Owner	
Face Value	\$	Face Value	\$
Cash Value	\$	Cash Value	\$
Outstanding Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outstanding Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age at Issue		Age at Issue	
Premium amount/frequency		Premium amount/frequency	
Type of Policy		Type of Policy	
Fully paid Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully paid Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Viewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Viewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does policy produce Dividend additions or div accumulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does policy produce Dividend additions or div accumulations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer alleged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accelerated life insurance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accelerated life insurance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION

CONCLUSION

☐ No Reason to doubt negative allegations

☐ Collateral contact made

Company Name				Company Name			
Policy Number				Policy Number			
Owner Name				Owner Name			
Total Face Value	\$			Total Face Value	\$		
Total CSV	CM	IM	BM	Total CSV	CM	IM	BM

Company Name				Company Name			
Policy Number				Policy Number			
Owner Name				Owner Name			
Total Face Value	\$			Total Face Value	\$		
Total CSV	CM	IM	BM	Total CSV	CM	IM	BM

☐ CSV/Dividends set aside for burial (See SSA -4169/SSA 795 in file)

Dividends paid? ☐ Yes ☐ No (if yes, see Element 6)

Ownership	
Pertinent Values	
Dividend Accumulation values	

☐ No life insurance ownshp by SI/MI

☐ Dividend accum. value_____

☐ Face value does not exceed \$1500 per insur. indiv.

Total CSV is _____

SI MI

CM

IM

BM

Retro

☐ Face value exceeds \$1,500 per insured.

☐ Countable CSV value of life ins

SI MI

CM

IM

BM

Retro

☐ CSV dividends set aside for burial

SYSTEMS**SI/MI INTERVIEW****12. RESOURCES
SUMMARY/OTHER
NONLIQUID
RESOURCES**

☐ Does SI own any other non-liquid resources, (items of unusual value)? ☐ Yes ☐ No
If so, indicate below:

☐ Transfer alleged

☐ Income producing

☐ Encumbrances

☐ SI/MI alleges following resource(s) are to be used for burial expenses:

**13. REPRESENTATIVE
PAYEE**

Selection Date:
T:
CO:
CU:
Name:

☐ No alleged or observed need for payee development/change.

☐ Payee development suggested by:

14. FRAUD

☐ No fraud suspected

☐ Fraud suspected before or during interview due to:

VERIFICATION

CONCLUSION

☐ No reason to doubt negative allegation

☐ Collateral contacts made:

Name	
Type contact/Date	
Findings	

☐ Resources excluded due to burial designation, PASS, etc.:

Total non excluded resource values:

Liquid
SI MI

CM
IM
BM
Retro

Non Liquid
SI MI

CM
IM
BM
Retro

☐ Deeming applies

Resources cause ineligibility:

☐ No ☐ Yes

☐ No payee development required

☐ Referred to field office for payee development

Name	
Contact type/date	
Findings	

☐ FO payee development required

☐ No development required

☐ No development required

☐ Fraud referred due to:

☐ No fraud suspected

☐ Fraud referral made

SUPPLEMENTAL DOCUMENTATION

15. DEATH OF MI
DH _____

Name	
Relationship to SI	
Date of Death	
Evidence viewed	

16. STUDENT STATUS

Student Name		Student Name	
Sch. Name		Sch. Name	
Sch. Address		Sch. Address	
Dates of Attendance		Dates of Attendance	
Full time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Viewed		Evidence Viewed	

17. AGE

Evidence presented by SI/MI, or derived from collateral contact

☐ Eligible Children

Name		Name		Name	
SSN		SSN		SSN	
DOB		DOB		DOB	

☐ Ineligible Children

Name		Name		Name	
SSN		SSN		SSN	
DOB		DOB		DOB	
Mth Name		Mth Name		Mth. Name	
Fth Name		Fth Name		Fth Name	
Evidence Viewed		Evidence Viewed		Evidence Viewed	

18. RELATIONSHIP

☐ Ineligible child of SI _____

☐ Birth record (see above/pg.2)

☐ Ineligible sibling of SI ☐

Marriage record

☐ Parent to eligible child

Name _____

☐ Spouse as parent to eligible child

Date _____ Place _____

☐ Alien sponsor to spouse/dependents

Issued by _____

☐ Other _____

VERIFICATION**CONCLUSION**☐ None required☐ Collateral Contact made

Name	
Contact type/date	
Finding	
Evidence Viewed	

Payment effect
\$☐ PYMT deficiency☐ Nonpayment
deficiency☐ None required☐ Collateral Contact made

Name	
Contact type/date	
Finding	
Evidence Viewed	

☐ No discrepancy☐ Student Status
verified☐ Numident in file IDN _____☐ Collateral Contact Made

Name	
Contact type/date	
Finding	
Evidence Viewed	

☐ No discrepancy☐ Age Verified☐ Numident in file☐ Collateral Contact made

Name	
Contact type/date	
Finding	
Evidence Viewed	

☐ No discrepancy☐ Relationship
verified

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

Date _____