

SOLQI Interpretative Guide

The SOLQI has several different sections. Click on a link below to go directly to that section. Once you have arrived at the section you want to learn more about, hold the Control key and click on the number to learn about that item on the SOLQI.

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Demographics

| | | | |
|-----------------|-------------|-----------------|-------------|
| 1 Name | ANDRE YOUNG | 4 ID | YOUNG |
| 2 Gender | N/A | 5 SSN | 211-15-0077 |
| 3 Date of Birth | 11/02/1957 | 6 Date of Death | |

| Field | Description | Code |
|-------|---|--|
| 1 | The name of the person for which the SOLQI was requested. | |
| 2 | The gender of the person input by the requester. | F – Female M- Male N/A – Nothing was pulled from the application |
| 3 | The date of birth of the person input by the requester. | |
| 4 | The first five letters of the person’s last name for which the SOLQI was requested. | |
| 5 | The Social Security number input by the requester. | |
| 6 | The date of death of the person input by the requester. | |

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Verification

| | | | |
|----------------|-------------|---------------|-----------------|
| 1 Verification | V | 4 Description | SSN is Verified |
| 2 Input Name | ANDRE YOUNG | 5 Input SSN | 211-15-0077 |
| 3 Requestor | N/A | | |

| Field | Description | Code |
|-------|--|--------|
| 1 | Indicates if the Social Security number input by the requester is matched with a number in the | * 1 |

| | | |
|---|--|---|
| | SSA database. | 3 5 F M P R V X |
| 2 | The first five letters of the person's first and last name on whom a request was sent. | |
| 3 | The requester's name. | Since HEAplus automatically requested the SOLQI. |
| 4 | Provides a description of the code in the Verification field. | * - A more accurate SSN was found 1 – Impossible SSN on Numident 3 – Date of birth wrong 5 – Name wrong F – SSN verified by ignoring the last name M – SSN found although such number impossible on Numident P – Date of birth wrong, but birthdate match found on MBR/SSR R – Name wrong, but a name match found on MBR/SSR V – SSN Verified X – SSN Verified, but customer has died |
| 5 | The Social Security number input by the requester. | |

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Claim Numbers

| | | | |
|---|--|--|--------------------|
| 1 SOLOI confidential social security data - Claim Number | 211150077A | 4 Individual Own Social Security data | 211-15-0077 |
| 2 Medicare Part A | E Yes – automatic; no premium necessary | 5 Part A Begin Date | 05/01/2008 |
| 3 Medicare Part B | Y Yes (good cause) | 6 Part B Begin Date | 08/01/2008 |

| Field | Description | Code |
|-------|--|------|
| 1 | The SOLQI response contains information that must be kept confidential. The Social Security or claim number listed is the number taken from SSA records. The Beneficiary Identification Code | |

| | | |
|---|--|---|
| | (BIC) is the 1 to 3 characters after the Social Security number | |
| 2 | Identifies whether the person is receiving Medicare Part A and the reason. | <p>C - No – cessation of disability</p> <p>D - No – Part A coverage denied</p> <p>E - Yes – automatic; no premium necessary</p> <p>F - No - invalid enrollment terminated</p> <p>G - Yes - good cause</p> <p>H - No - not eligible for free Part A or did not enroll for premium Part A</p> <p>N - Obsolete</p> <p>P - Railroad Board has jurisdiction</p> <p>R - No – refused free Part A coverage</p> <p>S - No - no longer under renal disease provision</p> <p>T - None – Part A terminated for nonpayment of premiums</p> <p>W - No – withdrawal from premium Part A</p> <p>X - No - Title II termination (Part B unchanged)</p> <p>Y - Yes - Premiums are payable</p> |
| 3 | Identifies whether the person is receiving Medicare Part B and the reason. | <p>C - No – cessation of disability</p> <p>D - No – Part A coverage denied</p> <p>E - Yes – automatic; no premium necessary</p> <p>F - No - invalid enrollment terminated</p> <p>G - Yes - good cause</p> <p>H - No - not eligible for free Part A or did not enroll for premium Part A</p> <p>N - Obsolete</p> <p>P - Railroad Board has jurisdiction</p> <p>R - No – refused free Part A coverage</p> <p>S - No - no longer under renal disease provision</p> <p>T - None – Part A terminated for nonpayment of premiums</p> <p>W - No – withdrawal from</p> |

| | | |
|---|---|--|
| | | premium Part A X - No - Title II termination (Part B unchanged) Y - Yes - Premiums are payable |
| 4 | This is the individual's own Social Security number, if available. It is repeated even it was used as the input number for the SOLQI request. The individual's own SSN is also given when a claim number has been used as the input number for the SOLQI request. | |
| 5 | Lists the date Medicare Part A began. | |
| 6 | Lists the date Medicare Part B began. | |

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Demographics verified

| | | | |
|-----------------|---------------|-----------------------------|--|
| 1 Name | ANDRE A YOUNG | 4 Address | ANDRE A YOUNG,8111 N 12TH STREET,PHOENIX AZ,85014-3711 |
| 2 Gender | Male | 5 DOB | 11/02/1957 |
| 3 DOD | N/A | 6 Railroad Indicator | N/A |

| Field | Description | Code |
|-------|---|---|
| 1 | The verified name of the person on file with the SSA. | |
| 2 | The verified gender of the person on file with the SSA. | |
| 3 | The verified date of death of the person on file with the SSA. | N/A – Not applicable |
| 4 | The verified address of the person on file with the SSA. | |
| 5 | The verified date of birth of the person on file with the SSA. | |
| 6 | This field verifies Railroad Retirement beneficiaries on file with the SSA. | A – Active S – Currently suspended T – Terminated N/A – Not applicable |

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Benefits

| | | | |
|----------------------------------|--------------|----------------------------|--|
| 1 Entitled | 05/01/2006 | 6 Payment_status | C Current payment status (except railroad payment) |
| 2 Gross Monthly | \$992 | 7 Black Lung Status | N/A |
| 3 Amount | \$0.00 | 8 Special Pay Date | N/A |
| 4 Special Monthly Payment | N/A | 9 Prior Due Amount | \$0.00 |
| 5 SSN/CAN-BIC | 211501887A00 | | |

| Field | Description | Code |
|-------|-------------|------|
|-------|-------------|------|

| | | |
|---|---|---|
| 1 | The month and year of the beneficiary's current period of entitlement. | |
| 2 | This is the gross amount of benefits before any deductions are taken out as of the entitled date. | |
| 3 | The amount of black lung payment paid to a minor or widow and includes all benefits due to a family in the same household. | |
| 4 | <p>If this field shows an amount, it indicates:</p> <ul style="list-style-type: none"> • Payment is resumed after a period of suspense or deferral, effective with the month shown in the special pay date; • A change in benefit rate. This could be the result of a Medicare premium change or Medicare buy-in. If the change is retroactive, any additional amount due for retroactive months is included in the special monthly payment. In the rare situation where benefits are being reduced retroactively, the amount of the payment will be correspondingly lower. The effective date of the change in the amount can be determined from the history field which indicates a change in the amount; or • Method of payment change (e.g., direct deposit started or stopped). | |
| 5 | Other claim numbers to which the beneficiary may be entitled, including the BIC. | |
| 6 | The Payment Status indicates the payment status of the Gross Monthly amount. | <p>A – Benefits in adjustment B – Benefits in abatement C – Benefits paid D – Benefits deferred until MM/YY E – Benefits payable through railroad board J – Benefits to be paid in MM/YY N – Benefits disallowed or denied P – Benefits pending adjudication R – Benefits in kill credit S – Benefits suspended in MM/YY T – Benefits terminated in MM/YY U – Only Title XVIII entitlement is active W – Claim withdrawn before entitlement X – Title XVIII adjustment</p> |

| | | |
|---|--|--|
| | | or termination in MM/YY |
| 7 | The beneficiary's present black lung payment status. | D – Terminated due to death E – Entitled N – Nonpayment status P – Pending black lung entitlement T – Terminated N/A – Not applicable |
| 8 | The date that any prior due amount or special payments are made. | |
| 9 | The amount of any prior due payment made. | |

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| Medicare Data | | | | | | | |
|----------------|------------|------------|----------|--------|-------------|------------|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Insurance Type | Entitled | Terminated | Premium | Buy-In | Code | Start | Stop |
| Part A | 05/01/2008 | | \$0.00 | No | N/A | | |
| Part B | 08/01/2008 | | \$104.90 | Yes | 030 Arizona | 11/01/2008 | |

| Field | Description | Code |
|-------|---|---|
| 1 | The type of Medicare. | Part A – Hospital Part B – Supplemental insurance |
| 2 | The date the beneficiary is entitled to Medicare Part A or Part B. | |
| 3 | The date that Medicare Part A or Part B is terminated. | |
| 4 | The premium amount being paid or deducted from the benefit check. | |
| 5 | Indicates if another person or organization is paying the premium. | |
| 6 | The code that indicates who is paying the premium. | 030 – Arizona A code other than 030 indicates the customer receives Medicaid through another state. MA cannot be approved until the customer requests that out-of-state MA benefits be stopped (MA 531A). |
| 7 | The date (month and year) that the other person or organization started paying the premium. | |
| 8 | The date (month and year) that the other person or organization stopped paying the premium. | |

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Benefits History

| 1 Date | 2 Gross Benefit | 3 Credited |
|------------|-----------------|------------|
| 12/01/2013 | \$992.00 | C |
| 12/01/2012 | \$978.00 | C |
| 12/01/2011 | \$962.00 | C |
| 12/01/2008 | \$928.00 | C |
| 10/01/2008 | \$877.00 | C |
| 07/01/2008 | \$877.40 | C |
| 12/01/2007 | \$877.00 | C |
| 01/01/2007 | \$858.00 | C |

| Field | Description | Code |
|-------|--|--|
| 1 | A new benefit history entry is established every time there is a change in payment status or benefit rate. Entries are shown for the last eight occurrences. | |
| 2 | The amount of the benefit after rounding (before any deduction) as of the entitled date. | |
| 3 | Indicates if the payment was credited or not. | C – Credited N – Not credited |

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Disability

| | | | |
|--------------------|-------------------|-----------------------|---------------|
| 1 Disability Begin | 11/18/2005 | 3 Initial Entitlement | 05/01/2006 |
| 2 Proof of Age | B Birth/Baptismal | 4 Assistance | F Food Stamps |

| Field | Description | Code |
|-------|--|---|
| 1 | The date the customer was determined to be disabled or have a disability. | |
| 2 | The verification that the customer provided to the SSA to validate age. | A – Alleged B – Birth/Baptismal C – Convincing Evidence F – Formerly established by SSA N – Not proven P – Proven Q – Established other than B or C |
| 3 | The date when the customer was originally entitled on this record. | |
| 4 | Information provided by the state to the SSA and reported back. Do not use this for verification. | A – Aged B – Blind C – AFDC D - Disabled F – Food Stamps H – Health maintenance I – Income maintenance N – Title XIX Medicaid eligibility S – Statement of consent |

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| Xref Account Number Information | | |
|---------------------------------|-------|--------|
| 1 Entitlement | 2 BIC | 3 Code |
| | N/A | N/A |
| | N/A | N/A |
| | N/A | N/A |
| | N/A | N/A |

| Field | Description | Code |
|-------|---|---|
| 1 | The date the dual entitlement began. | |
| 2 | The Beneficiary Identification Code (BIC) associated with the dual entitlement payment. | |
| 3 | This code tells what other type of person the number is associated with. | C1-C9 - Child (includes minor, student or disabled child) D - Aged widow, age 60 or over (1st claimant) W - Disabled widow, age 50 or over (1st claimant) For any other codes, submit a PCR. |

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| Demographics Verified | | | |
|----------------------------|---|--------------------|---|
| 1 Name | ANDRE A YOUNG | 17 Gender | Male |
| 2 Residence Address | 8111 N 12TH STREET, PHOENIX AZ, 85014-1302 | 18 DOB | 11/02/1957 |
| 3 DOD | | 19 Mailing Address | ANDRE A YOUNG, 8111 N 12TH STREET, PHOENIX AZ, 85014-3711 |
| 4 Death Source Code | N/A | 20 Ethnicity | W White |
| 5 Type of Person | DI Disabled individual | 21 Citizen | N Identity and citizenship |
| 6 Residency | N/A | 22 Other Name | YOUNG |
| 7 Application Date | 11/28/2005 | 23 Entitled | 11/01/2005 |
| 8 Payment Status | T31 Terminated - System generated termination (payment previously made or refund on record) | 24 Payment Date | 06/01/2007 |
| 9 Disability Status | F Final determination | 25 Disability Date | 11/18/2005 |
| 10 Net Current Benefit for | N/A | 26 Federal Amount | \$0.00 |
| 11 State Amount | \$0.00 | 27 ESS Per | 0 |
| 12 Appeal | | 28 Rec Est Date | 12/13/2005 |
| 13 Medicaid Effective Date | 06/01/2006 | 29 Country | |
| 14 Third Insurance | N Third party liability does not exist (1634 State only) | 30 Telephone | 6021545566 |
| 15 UnPaid Medical | N Unpaid bills do not exist | 31 Over/Under Pay | N/A |
| 16 Denial Code | N/A | 32 Denial Date | |

| Field | Description | Code |
|-------|---|------|
| 1 | The verified name of the person of the person on file with the SSA. | |
| 2 | The verified address of the person on file with | |

| | | |
|---|--|--|
| | the SSA. | |
| 3 | The verified date of death of the person on file with the SSA. | Blank – Not applicable |
| 4 | Source of the death notice. The code may change if the death is updated by a subsequent transmission. | 1 - SSA DO notification or manual adjustment 2 - Electronic death registration notification 3 - MBR notification 4 - Treasury returned check notification 5 - Returned check from will show date of transaction) 6 - State notification |
| 5 | The type of beneficiary or other individual, involved in the record. If a beneficiary is initially disabled, this code will not change at age 65. | AI - Age individual AS - Aged spouse BI - Blind individual BC - Blind child BS - Blind spouse DC - Disabled child DI - Disabled individual DS - Disabled spouse EP - Essential person XF - Ineligible father XM - Ineligible mother XP - Ineligible person XS - Ineligible spouse |
| 6 | The date the non-citizen beneficiary's residency began. | |
| 7 | The month, day, and year the application was filed. | |
| 8 | A three position alpha numeric code made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status. | The following descriptions, "C" through "T", apply to the first position of the code: C - Indicates the recipient is eligible for SSI/State Supplement payments E - Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation H - Indicates a case in "hold" status, final disposition is pending M - Indicates a case is |

| | | |
|----|--|--|
| | | <p>under manual control. Case is known as "forced payment" although payment may not be involved</p> <p>N - Indicates the applicant is not eligible for SSI/State Supplement payments or that a previously eligible recipient is no longer eligible</p> <p>P - Provisional, possible reinstatement (obsolete)</p> <p>S - Indicates recipient may still be eligible for SSI/State Supplement payments, but payment is being withheld</p> <p>T - Indicates SSI/State Supplement eligibility is terminated</p> <p>For information on a specific code, submit a PCR.</p> |
| 9 | The status of SSI disability and blind cases. | <p>F - Final determination allowance</p> <p>P - Presumptive finding</p> <p>R - Referred to State agency. Code indicates a) Final determination denial, or b) Pending determination</p> <p>S - State determination (conversion case only) allowance</p> <p>T - Presumptive finding. State conversion record</p> <p>X - No disability determination made (claim denied on basis of non-disability issues)</p> <p>Blank - Not applicable</p> <p>* - Data transmitted in error</p> |
| 10 | The month of benefits. | |
| 11 | When a customer receives benefits through a State Supplement Payment Program (SSP), the amount will be shown here. The State of Arizona does not participate in SSP. | If a customer receives an SSP amount, Arizona residency must be determined (MA 531A). |
| 12 | The level of SSI appeal. | A - Appeals Council Review |

| | | |
|----|---|--|
| | | C - Court Case D - Decision Review Board Review F - Fed RO Review H - Hearing I - Initial Determination Review O - Class Action R - Reconsideration |
| 13 | The date Medicaid started. | |
| 14 | This field shows any other health insurance that has been reported to the SSA. | |
| 15 | This field indicates whether the beneficiary incurred any medical expenses during the 3-month retroactive period which remain unpaid. | |
| 16 | The reason the beneficiary was denied SSI benefits and/or State supplementation. | For an explanation of this code, submit a PCR. |
| 17 | The verified gender of the person on file with the SSA. | |
| 18 | The verified date of birth of the person on file with the SSA. | |
| 19 | The mailing address of the person on file with the SSA. | |
| 20 | The ethnicity, if applicable, of the beneficiary. | A - Asian B - Black H - Hispanic I - North American Indian N - Negro O - Other U - Not determined W - White |
| 21 | The special non-citizen status, if applicable. | 1 - No status alleged 2 - Valid status alleged, but not proven--N13 being processed A - Proven U.S. born, U.S. citizen B - Alleged U.S. born, U.S. citizen C - U.S. Citizen born outside the U.S. (includes naturalized citizens) D - Alleged U.S. citizen, continuous residence since 1/1/72 E - Citizenship/Non-citizen status not proven; case denied for reason(s) other than |

| | | |
|--|--|--|
| | | <p>citizenship/ Non-citizen status</p> <p>F - Refugee Status - Sections 207 or 203 (A) (7) of the INA</p> <p>G - Parole Status – Section 212(d) of the INA</p> <p>H - Silva vs Levi Non-citizen</p> <p>I - Indochinese refugee (obsolete)</p> <p>J - Deferred action</p> <p>K - Non-citizen lawfully admitted to the U.S. for permanent residence</p> <p>L - Asylum status, Section 208 of the INA</p> <p>M - Resident of the Northern Mariana Islands (obsolete)</p> <p>N - Identity and citizenship verified by Numident interface (Code was previously B)</p> <p>P - Pre-January 1, 1972 Non-citizen (presumed lawfully admitted for permanent residence)</p> <p>Q - Alleged U.S. born, U.S. citizen (allegation corroborated by a U.S. place of birth shown on the Numident)</p> <p>R - Legal temporary resident – status granted as a result of the Immigration Reform and Control Act of 1986</p> <p>S - Legal permanent resident – status granted as a result of the Immigration Reform and Control Act of 1986</p> <p>T - Non-citizen granted voluntary departure</p> <p>U - Unknown</p> <p>V - Systems override applied following interface edit (obsolete)</p> |
|--|--|--|

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|----|---|---|
| | | <p>W - Non-citizen granted stay of deportation</p> <p>X - Cuban/Haitian entrant</p> <p>Y - Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986</p> <p>Z - Non-citizen on whose behalf an immediate relative petition has been approved</p> <p>* - Unreadable transmission</p> |
| 22 | Another name used by the beneficiary. | |
| 23 | The month and year the beneficiary becomes entitled. | |
| 24 | The date the payment stopped. This may be different than the end date listed on the SOLQI. Use the table in Procedure in MAP 611 to determine the actual date payment ended. | |
| 25 | The date the disability was determined. | |
| 26 | The Federal amount due to the eligible beneficiary. | |
| 27 | A code indicating whether an essential person exists in the case and the relationship of the essential person to the eligible individual (applies only to cases converted from the State in December 1973). | <p>0 - None</p> <p>1 - Ineligible spouse is essential person</p> <p>2 - Living with father is essential person</p> <p>3 - Living with mother is essential person</p> <p>4 - Non-relative is in SSN of Eligible Spouse/Parent field</p> <p>5 - Non-relative is in SSN of Other Parent field</p> <p>A - Ineligible spouse and at least one other person are essential persons</p> <p>B - Living with father and at least one other person are essential persons</p> <p>C - Living with mother and at least one other person are essential persons</p> <p>D - There are at least two essential persons, one of</p> |

| | | |
|----|--|---|
| | | whom is in SSN of Eligible Spouse/Parent field E - There are at least two essential persons, one of whom is in SSN of Other Parent field F - Living with parent is essential person (applicable in pipeline cases only) |
| 28 | The date of establishment for the SSI record of the beneficiary. For a record re-accreted after T30 termination, the date will be the date of reestablishment. | |
| 29 | The country of birth. This provides a lead to potential citizen/non-citizen status issues. | |
| 30 | The beneficiary's phone number. | |
| 31 | Code that indicates whether an overpayment or underpayment exists. The SSI Monthly Assistance Amount reflects overpayment and/or underpayment. | O – Overpayment R – Both overpayment and underpayment exist U - Underpayment |
| 32 | The date the beneficiary was denied SSI benefits and/or State supplementation. | |

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Title XVI - Part 2

Payment History of Net Benefits Paid

| 1 Date | 2 Federal Amount | 3 State Amount | 4 Payment Type 1 | 5 Payment Type 2 |
|------------|------------------|----------------|------------------|------------------|
| 06/01/2007 | \$0.00 | \$0.00 | 0 | T |
| 06/01/2006 | \$0.00 | \$0.00 | 0 | N |
| 05/01/2006 | \$75.65 | \$0.00 | 1 | N |
| 04/11/2006 | \$849.11 | \$0.00 | 2 | E |
| | \$0.00 | \$0.00 | | |
| | \$0.00 | \$0.00 | | |
| | \$0.00 | \$0.00 | | |

| Field | Description | Code |
|-------|--|--|
| 1 | The date of the most current Title XVI payment. | |
| 2 | The Federal amount paid to the beneficiary. | |
| 3 | The State amount paid to the beneficiary. | |
| 4 | The type of payment and whether it was returned. | 0 – No payment made 1 – Recurring payment 2 – Retroactive payment 3 – Supplemental payment dated the first of the month 4 – One-time payment 5 – Recovery (advance payment or overpayment) 6 – Recurring payment (Type 1) on which a request for substitute |

| | | |
|---|---|--|
| | | <p>payment has been sent to Treasury</p> <p>7 – Retroactive payment (Type 2) on which a request for substitute payment has been sent to Treasury</p> <p>8 – Supplemental payment (Type 3) on which a request for substitute payment has been sent to Treasury</p> <p>9 – Replacement check issued as a result of non-receipt claim for original check and code 6 or 8</p> <p>A - Recurring payment returned by SSA District Office and Treasury</p> <p>B – Retroactive payment returned by SSA District Office and Treasury</p> <p>C – Supplemental payment returned by District Office and Treasury</p> <p>D – One time payment returned by SSA District Office and Treasury</p> <p>I - Recurring payment returned by Treasury only</p> <p>J - Recurring payment returned by SSA District Office only</p> <p>K – Retroactive payment returned by District Office only</p> <p>L – Supplemental payment returned by District Office only</p> <p>M – One time payment returned by SSA District Office only</p> <p>S – Retroactive payment returned by Treasury only</p> <p>T – Supplemental payment returned by Treasury only</p> <p>U – One time payment returned by Treasury only</p> <p>V – Recovery voided</p> |
| 5 | The type of payment or quarter of payment or collection | 0-9 or A-D – Quarter of retroactive or advance |

| | |
|--|---|
| | <p>payment collection with cods 2, 5 or V from payment status 1 E – Total of payment status 1 type 2, retroactive payment forced payment F – Forced payment N – Forced payment no applicable. If payment status 1 is 5 or V, the overpayment collection came from the monthly check S – Forced stop payment T – Forced termination U – Used in conjunction with a 4 in payment status 1. Indicates the amount of a one time payment for a specific quarter.</p> |
|--|---|

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| Unearned Income Information | | | | | | |
|-----------------------------|-----------|------------|--------|----------|-------------|--------------|
| 1 Type | 2 Verifi. | 3 Start | 4 Stop | 5 Amount | 6 Frequency | 7 Id Number |
| A | 2 | 05/01/2007 | | \$858.00 | C | 211150077A 7 |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | | |

SSA Application Date 8
Application Date **11/28/2005**

| Field | Description | Code |
|-------|---|---|
| 1 | Indicates the particular kind of unearned income the beneficiary is, or was, receiving. | A - Social Security - Title II B - Black Lung C - VA compensation (not based on need) D - RRB E - VA pension (based on need) F - Assistance based on need and not excluded from unearned income G - Retroactive Title II benefits posted as if paid when due, used in Title XVI offset computation |

| | | |
|---|---------------------------------------|--|
| | | <p>H - In-kind support and maintenance I - Ineligible child allocation (not income) J - Value of one-third (1/3) reduction for Living Arrangement code B K - Blind countable income (conversion cases) L - Military retired pay M - Federal Civil Service pension N - Support payments received from absent parent O - Income based on need from private sources P - Employment-related pension (State or local government retirement, private pension) Q - Worker's Compensation R - Rents, interest, dividends, royalties S - Other T - Alaska Longevity bonus U - Concurrent and Title II only attorney's fees allocated over months where Type A, G or W unearned income is present V - Manually computed deemed income W - Retroactive Title II benefits posted as if paid when due, used in the Title II offset computation X - Minimum income level amount (not income) Y - Special need reduction (applies to a Federal countable minimum income level) (not income) Z - State countable income Blank - Initialized value</p> |
| 2 | Indicates whether the unearned income | 0 - Number and income |

| | | |
|--|---|---|
| | <p>allegations of the beneficiary have been verified.</p> | <p>have not been verified</p> <p>1 - Number has been verified, amount has not been verified</p> <p>2 - Number and income amount have been verified</p> <p>3 - VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month</p> <p>4 - Same as "3" above, except the overlaid amount was not the same as the amount shown for the prior month</p> <p>5 - For type A, same as "3" above except verification code was "2" before the MBR interface. If type X, Federal countable MIL transmitted by FO in conjunction with T30/T50 procedures.</p> <p>6 - For type A, one-time payment from the MBR in which there was no pre-existing entry on the SSR before the interface. If type X, special Federal countable MIL systems generated. Special MIL established by the system which does not consider N frequency code for Title II payments received in the first quarter of 1974. When this code is present, the 01/74 MIL is frozen and the system will not recalculate for 01/74.</p> <p>7 - Federal countable MIL—systems generated. This is the standard type X income.</p> <p>8 - State countable MIL or income transmitted by FO (applicable to Vermont</p> |
|--|---|---|

| | | |
|---|---|--|
| | | only) 9 - State countable MIL or income (code 8) adjusted by the system (applicable to Vermont only) I - Identification number and amount verified, and that Title II being paid in installments because of DAA provisions |
| 3 | The date when the unearned income started (if the payment is monthly) or when received (if a one time payment). | |
| 4 | The effective date of termination of unearned income. In a situation where the unearned income amount changes, this will be the last date the previous rate, or one time payment, was received. | |
| 5 | <p>The gross amount of benefits received. For unearned income other than Social Security benefits (type A), the money will always be greater than zero (0).</p> <p>For A, the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits). For suffixes other than "T" or "M", the money amount may be zero (0) if the unearned income frequency code is "C", "N", or "T". This generally occurs because the recipient is dual-entitled, but receives only one (1) Title II check. Both claim/identification numbers appear in the record, but with a positive money amount for the primary claim number and a zero (0) money amount for the second claim number.</p> <p>This field contains money amounts that do not represent income to the recipient (i.e., MIL amounts, deeming allocations, and blind countable income for conversion cases).</p> | |
| 6 | Indicates whether unearned income is being received, or was received. | C - Continuous monthly payment or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status N - One-time payment R - Used in conjunction with type "A" income to indicate |

| | | |
|---|---|---|
| | | <p>recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit</p> <p>T - Termination of continuous monthly payment</p> <p>U - Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to a RRB annuity has not been determined</p> <p>Blank - Initialized value</p> |
| 7 | <p>The claim or identification number under which each type of unearned income is being received.</p> <p>For Social Security (Type A), the format is the nine-digit SSN of the insured individual, a two-position left-justified Beneficiary Identification Code (BIC), and a space in position 12 of the field.</p> <p>For VA Compensation and Pension not based on need (Type C), the format is a nine-digit VA number, two alpha characters and a space in position 12 of the field.</p> <p>For Railroad Retirement (Type D), the format is a nine-digit Railroad Retirement Board (RRB) number, two alpha characters (the RRB beneficiary identification) and a space in position 12 of the field.</p> <p>For Military Retired Pay (Type L), the format is a nine-digit military ID number, a one-digit character, either alpha or numeric and a space in position 12 of the field.</p> <p>For Federal Civil Service Pension (Type M), the format is nine-digit civil service number, a one-position alpha character, a one-digit character, or a space in the eleventh position and a space in position 12 of the field.</p> <p>For income-in-kind (Type H), the</p> | |

| | | |
|---|--|--|
| | claim/Identification Number field may contain an identifying legend entered by the DO (e.g., RENTFREE, FREE-RENT). | |
| 8 | The date the application was submitted to the SSA. | |

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Resources

| | | | |
|--------------------------------------|--------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Home | Z None | <input type="checkbox"/> 4 Car | B Vehicle either over or under limit |
| <input type="checkbox"/> 2 Insurance | Z None | <input type="checkbox"/> 5 Property | Z None |
| <input type="checkbox"/> 3 Others | Z None | | |

| Field | Description | Code |
|-------|--|---|
| 1 | Indicates whether the beneficiary owns a house. | A - Possession of a home - principal place of residence not to be disposed of F - Unverified (obsolete) J - Possession of a home - principal place of residence to be disposed of S - Equity in property T - Home and equity in property Z - None Blank - Not determined * - Initial claims exception |
| 2 | Indicates whether the beneficiary has insurance. If so, indicates whether individual must dispose of insurance. | C - Face value over \$1,500 H - Unverified resource L - Agreement to dispose Z - None Blank - Not determined |
| 3 | Indicates whether the beneficiary owns income producing property. If so, the code indicates whether the individual must dispose of the property. | D - Income producing property M - Agreement to dispose O - Under/over limit Z - None Blank - Not determined |
| 4 | Indicates whether the beneficiary owns a vehicle. If so, indicates whether individual must dispose of vehicle. | B - Vehicle either over or under limit K - Agreement to dispose G - Unverified resource Z - None Blank - Not determined |
| 5 | Indicates whether the beneficiary owns other resources. If so, indicates whether individual must dispose of other resources | E - Over limit N - Agreement to dispose Z - None Blank - Not determined |

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Rep Payee

| | | | |
|---------|---------------------------------|------------|-----|
| 1 Ind | N/A | 4 Sel Date | |
| 2 Cust | N/A | 5 Comp | N/A |
| 3 Payee | Beneficiary is own payee | | |

Adv Payee

| | | | |
|----------|--------|--------|------------------------|
| 6 Ind | N/A | 8 Date | |
| 7 Amount | \$0.00 | 9 Liv | A Own household |

Retro Account

| | | | |
|-----------|--------|-------------|--------|
| 10 Earned | \$0.00 | 12 Unearned | \$0.00 |
| 11 Deemed | | | |

Food Stamps

| | | | |
|----------|-----|------------|----|
| 13 Date | | 15 App Sec | No |
| 14 Staus | Yes | | |

| Field | Description | Code |
|-------|--|---|
| 1 | Indicates if there is a representative payee. | N - There is no representative payee Y - There is a representative payee N/A – Not applicable |
| 2 | Indicates who has physical custody of the beneficiary. | AGY - Social Agency CHD - Natural, adoptive or stepchild (as payee for parent) ESP - Essential person is payee FDM - Federal mental institution FDO - Federal non-mental institution FIN - Financial Organization FTH - Natural or adoptive father GPR - Grandparent INP - Legally incompetent, but no representative payee MTH - Natural or adoptive mother NPM - Nonprofit mental institution NPO - Nonprofit non-mental institution OFF - Public Official OTH - Other |

| | | |
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| | | <p>PRM - Proprietary mental institution PRO - Proprietary non-mental institution PYE - Payee has custody REL - Other relative (includes in- laws) RPD - The representative payee is being developed SEL - Living by self SFT - Stepfather SLM - State/local mental institution SLO - State/local non-mental institution SMT - Stepmother SPO - Spouse</p> |
| 3 | Indicates the individual who receives the check. | <p>AGY - Social agency CHD - Natural, adoptive or stepchild (as payee for parent) ESP - Essential person is payee FDM - Federal mental institution FDO - Federal non-mental institution FIN - Financial organization FTH - Natural or adoptive father GPR - Grandparent INP - Legally incompetent, but no representative payee has been selected MTH - Natural or adoptive mother NPM - Nonprofit mental institution NPO - Nonprofit non-mental institution OFF - Public official OTH - Other PRM - Proprietary mental institution PRO - Proprietary non-mental institution PYE - Recipient previously had payee, but is now receiving direct payments REL - Other relative</p> |

| | | |
|---|--|--|
| | | <p>(includes in- laws)</p> <p>RPD - The representative payee is being developed</p> <p>SEL - Beneficiary is own payee</p> <p>SFT - Stepfather</p> <p>SLM - State/local mental institution</p> <p>SLO - State/local non-mental institution</p> <p>SMT - Stepmother</p> <p>SPO - Spouse</p> <p>Blank - Beneficiary is own payee</p> |
| 4 | Date the current payee was selected for the individual and/or spouse. | |
| 5 | The representative payee's status regarding legal guardianship and/or the competency of the beneficiary. | <p>A - Recipient is competent and the payee is the legal guardian</p> <p>B - Recipient is competent and there is no legal guardian</p> <p>C - Recipient is competent and the legal guardian is someone other than the payee</p> <p>D - Recipient is competent and the payee is the legal guardian</p> <p>E - Recipient is incompetent and there is no legal guardian</p> <p>F - Recipient is incompetent and the legal guardian is someone other than the payee</p> <p>L - Payee is a financial institution with whom the beneficiary has entered into a living trust agreement</p> <p>N - There is no legal guardian</p> <p>O - Someone other than the payee is the legal guardian</p> <p>Y - Payee is the legal guardian</p> |
| 6 | Indicates whether advance payment data is present. | <p>N - No</p> <p>Y - Yes</p> |

| | | |
|----|--|--|
| | | N/A – Not applicable |
| 7 | Amount of the emergency payment made to the beneficiary. This amount is subtracted from the next scheduled payment. These data are not removed from the record. | |
| 8 | The date the emergency payment was made to the beneficiary. | |
| 9 | The type of Federal living arrangement (for the current month) of the beneficiary for Title XVI purposes. | A - Own household B - Another's household C - Parent's household (child cases only) D - Title XIX institution Blank - Individual is in a non-Title XIX institution, living arrangement change in progress, or outside the U.S. * - Initial claims surface edit |
| 10 | Dollar amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank. | |
| 11 | Reflects the dollar amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank. | |
| 12 | The monthly amount of income deemed to the eligible individual used in computing the payment, when the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank. | |
| 13 | Month and year of the initial Food Stamp data input. | |
| 14 | Whether recipient current receives Food Stamps or has filed an application for Food Stamps in the past 60 days on which no decision has been made. | N - No Y - Yes Z - Invalid character(s) transmitted Blank - No input |
| 15 | Indicates whether SSA personnel took an application for food stamps. | A - SSA taking food stamp application in waiver state and shelter cost is at or above state standard. B - SSA taking food stamp application in waiver state and shelter cost below state standard. |

| | | |
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| | | N - No Y - Yes Z - Invalid character(s) transmitted Blank - No input |
|--|--|--|

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