

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN STREET, DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: GEN-01-3-I CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Adult and Veteran Services	DATE: October 15, 2001
SUBJECT AREA: Adult Income Support - AIS	DIVISION DIRECTOR: Rita Barreras
SUBJECT: State Verification Exchange System (SVES) Screen Enhancements and Code Explanations	MANAGER: John P. Daurio
TYPE: Information	

Purpose: The purpose of this agency letter is to inform counties and other agencies that work with the State Verification Exchange System (SVES) that new fields have been added to the SVES response screens so that additional information can be received. Please share this agency letter with all technicians, administrators, managers and others who work with the SVES system, including Adult Programs, 1931 Med only, Colorado Works, Food Assistance, and all others using the system.

Background: In 1998, the Social Security Administration (SSA) developed a State Verification Exchange System (SVES) which allows states to electronically request information regarding 40-quarters, SSI (Title XVI), SSA (Title II), prisoner information, and SSN verification. The system allows counties to enter the client's name and social security number into SVES and receive back an electronic response from the SSA Office in Baltimore within 24 to 48 hours. When SVES was initially implemented in Colorado, the response screens captured the most critical information necessary for determining eligibility for various programs. We have now added new fields to retrieve more information than was previously available on the response screens.

Information: Attached to this agency letter is a copy of each SVES response screen, with the most common codes listed on each one that you might see in each response. Use this agency letter in conjunction with the SVES Manual (Rev. 5-2001) to further define the codes referred to on the various SVES screens. Shaded areas on the attached sample copies indicate a new field that has been added.

Effective Date: September 26, 2001

Supercedes: GEN-99-2-I

Contact Persons: Anita Clark (Adult Programs), 303-866-2810
Shelly Peterson (Adult Programs), 303-866-2703
Ron Rice (Food Assistance), 303-866-2538
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Title II -- Type 2 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP21
14:50:10 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP21
USER: EC990058 **TITLE II QUERY - SSA RESPONSE** PAGE 1 OF 3
DATE OF SSA WTPY RESPONSE==> 08/13/2001
COLORADO ENTERED SSN==> 123 45 6789 SSA CAN AND BIC==> 999 88 7777 C02
PERSON'S OWN SSN(SSA TITLE II)==> 123-45-6789
SIDMOD IF ENTERED==> HOUSEHOLD/CASE (FROM PROGRAM)==> 9588888802
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M
SSA SURNAME==> PATCH FIRST NAME==> FLOWER MI==> M
INPUT DATE OF BIRTH==> 09/09/1960 INPUT SEX==> F SSA TITLE II SEX==> F
SSA TITLE II DOB==> 09/09/1960 PROOF OF AGE INDICATOR==>
RECIPIENT==> JENNIFER P PATCH FOR FLOWER M MARQUIS
NAME & ==> RR 1 BURLINGTON ME
ADDRESS ==> ZIP==> 04772
DEFERRED PAYMENT DATE==> /
RAILROAD INDICATOR==> RENAL CODE==>
BLACK LUNG CODE==> LUMP SUM DATE==> /
BLACK LUNG PAYMENT==> LUMP SUM AMOUNT==>
COMBINED CHECK INDICATOR==> SSA DIRECT DEPOSIT INDICATOR==>
ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'N' OR ' ' TO VIEW NEXT PAGE
ENTER 'M' TO RETURN TO SVES MAIN MENU ENTER 'T' TO TERMINATE SESSION
ENTER 'L' TO RETURN TO LAST PROGRAM ENTER REQUEST ==>

Person's Own SSN (SSA Title II):

Self-explanatory

Proof of Age Indicator:

A = Alleged
B = Birth/Baptismal
C = Convincing evidence
F = Formerly established by SSA
Q = Established other than B or C

Deferred Payment Date: Reflects the month and year the first or next payment can be made.

Railroad Indicator:

Blank = not receiving these benefits
A = Active claim
S = Currently suspended
T = Terminated claim

Black Lung Code:

Blank = not receiving these benefits
D = Death termination
E = Entitled
N = Nonpayment
P = Pending entitlement
T = Terminated (other than death)

Renal Code:

Blank = not receiving benefits under this program
E = Not receiving SSA but is enrolled in Medicare because of renal failure.

NOTE: SSA advises us that a number of Renal Codes show up as E, but the person is not in renal failure. Ignore this E unless you have reason to suspect renal failure is a problem.

SSA Direct Deposit Indicator: Indicates if payments are directly deposited in client's bank account.

Title II -- Type 2 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP22
14:50:44 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP22
USER: EC990058 **TITLE II QUERY - SSA RESPONSE** PAGE 2 OF 3
DATE OF SSA WTPY RESPONSE==> 08/13/2001
COLORADO ENTERED SSN==> 123 45 6789 SSA CAN AND BIC==> 123 45 6789 A00
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M

CURRENT NET MONTHLY PAYMENT			CURRENT NMP PLUS RETROACTIVE	
DATE	AMOUNT	STATUS	DATE	AMOUNT
09/1999	772.00	C	09/1999	1544.00

MBC(MONTHLY BENE) GROSS PAYMENT HISTORY DATE DISABILITY BEGAN==> / /

DATE	AMOUNT	TYPE	DUAL ENTITLE #/BIC==>	DUAL ENTITLEMENT STATUS CODE==>	TYPE OF DUAL ENTITLEMENT==>	SMALLER DUAL ENTITLE AMT=>
12/1998	817.50	C	999445566	D	3	
12/1997	806.80	C			1	
09/1997	790.80	C				268.90
/			TRIPLE ENTITLE #/BIC==>	/		
/			CODE==>			
/			INITIAL ENTITLEMENT DATE==>	01/1975		
/			CURRENT ENTITLEMENT DATE==>	01/1975		
/			SUSPENSION/TERM DATE==>			
/			DATE OF DEATH==>	/ /		

ENTER 'D' DELETE 'M' MAIN MENU 'N' OR ' ' VIEW NEXT PAGE
ENTER 'R' RETURN TO FIRST SCREEN 'T' TERMINATE ENTER REQUEST ==>

Current Net Monthly Payment: Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.)

Date, Amount and Status indicate the date of the last check was 09/2001, and the amount was \$852.00. The "C01" (see SVES manual LAF codes on pages 71-75 for all codes) indicates the client is in a continuing payment status. The \$852.00 is net income. The gross income and type are shown below in the gross payment history.

MBC (Monthly Benefit Credited) Gross Payment History: Shows gross income and type.

Type: C = Benefits paid
N = Benefits not paid
E = Benefits not paid, due to delayed/pending or suspense
Blank = Benefits not paid

Dual Entitle #/BIC: Indicates the second number the individual may be receiving benefits under as well as the BIC (Beneficiary Identification Code).

Dual Entitlement Status Code: For a complete list of the status codes, see page 69 of the SVES manual.

Blank = Default value
0 = Neither benefit in current payment status
1 = Smaller benefit only in current payment status
2 = Larger benefit only in current payment status
3 = Both benefits eligible for current payment status (checks may be combined or separate)

Title II -- Type 2 Response

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Type of Dual Entitlement: This reflects the type of dual entitlement on the MBR.

- 1 = Primary/Auxiliary (or Survivor)
- 2 = Survivor/Auxiliary
- 3 = Insured/Prouty
- 4 = Triple Entitlement

Smaller Dual Entitlement Amount: The amount of the total benefit that is attributed to the individual's own social security number.

NOTE: This field is for the use of Dept. of Labor and Employment Unemployment Insurance (DOLE UI) workers only. All Human/Social Services technicians should ignore this field.

Triple Entitle #/BIC: Indicates if the individual is drawing on a third claim. If the SSN is the same as the Dual Entitle #, there is not a third claim. An individual could be drawing on his number/his spouse's number, and his parent or parents' numbers, thus receiving "triple entitlement".

Dual/Triple Entitlement Status Code: These codes are applicable only if in current pay on SSN requested.

- 0 = Neither benefit is in current payment.
- 1 = Smaller benefit only in current pay.
- 2 = Larger benefit only in current pay.
- 3 = Both benefits eligible for current pay (checks may be separate or combined).
- 4 = Primary is working on record on which auxiliary entitlement exists.
- 5 = Larger benefit is subject to full government pension/worker's compensation offset.
- S = Dual entitlement suspended, technical entitlement exists.
- T = Dual entitlement terminated.

Title II -- Type 2 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP23
14:51:21 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP23
USER: EC990058 TITLE II QUERY - SSA RESPONSE PAGE 3 OF 3
DATE OF SSA WTPY RESPONSE==> 08/13/2001

COLORADO ENTERED SSN==> 123 45 6789 SSA CAN AND BIC==> 999 88 7777 C02
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M

MEDICARE INDICATOR==> Y

PART A HIB

PART B SMIB

BUY-IN PAYER CODE==>
BUY-IN START DATE==> /
BUY-IN STOP DATE ==> /

BUY-IN PAYER CODE==>
BUY-IN START DATE==> /
BUY-IN STOP DATE ==> /

OPTION CODE==>
PREMIUM ==>
START DATE ==> /
STOP DATE ==> /

OPTION CODE==>
PREMIUM ==>
START DATE ==> /
STOP DATE ==> /

ENTER 'C' TO VIEW TITLE XVI INFORMATION (FOR TYPE 4 ONLY)
ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'T' TO TERMINATE SESSION
ENTER 'R' TO RETURN TO FIRST SCREEN ENTER REQUEST ==>

PART A HIB

Buy-in Payer Code:

S01-S99 = State billing
T01-T-99 = Private third party billing

Buy-in Start Date: First month of coverage for which third party paid HI premium

Buy-in Stop Date: Last month of coverage for which third party paid HI premium

Option Code:

D = None – denied
E = Yes – automatic
F = None – invalid enrollment
G = Yes – good cause
H = None – not eligible or did not enroll
P = Railroad
R = None – refused
S = None – no longer under renal disease provision
T = None – terminated for nonpayment of premiums
W = None – withdrawal
X = None – Title II termination
Y = Yes, Part A premium is payable

Start Date: Self-explanatory

Stop Date: Self-explanatory

Premium: Premium amount collectible

PART B SMIB

Buy-in Payer Code: Represents Third Party Code for SMI (Part B)

Buy-in Start Date: Effective date of buy-in eligibility

Buy-in Stop Date: Last date of buy-in eligibility

Option Code:

C = No (cessation)
D = No (denied)
F = No (terminated)
G = Yes (good cause)
N = No (no response)
P = Railroad
R = No (refused)
S = No (no longer renal disease provision)
T = No (terminated for nonpayment)
W = No (withdrawal)
Y = Yes

Premium: Premium amount collectible

Start Date: First month of coverage

Stop Date: Last month of coverage

SSI Title XVI/IAR – Type 3 or 4 Response

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Alien Residence Date/Indicator Code: Date residence began and if eligible/ineligible individual is in special alien status. *A complete list of codes may be found on pages 85-87 in the SVES Manual.*

- 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
- F = Refugee status – Sections 207 or 203 (A) (7) of the INA
- G = Parole status – Section 212(d) of the INA
- K = Alien lawfully admitted to the U.S. for permanent residence
- L = Asylum status, Section 208 of the INA
- X = Cuban/Haitian entrant
- * = Unreadable transmission

Federal Living Arrangement Code: Indicates type of Federal living arrangement (for the current month) of the recipient 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.

F.L.A. Budget Month: Indicates Federal living arrangement in the budget month (budget month used for payment computation).

- 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 or outside the U.S.

Multiple SSN Indicator: Indicates the number of additional SSN's used by the individual

SSN Correction Indicator: Indicates the status of pseudo SSN (900 series) or invalid SSN assigned to the recipient.

- A = A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last 9 positions of the "Multiple SSN's" field is being initially transmitted to the State.
- B = Valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in one of the slots of the "Multiple SSN's" field.

Multiple SSN's: Identifies additional SSN's used by the individual, up to five.

SSI Title XVI/IAR – Type 3 or 4 Response

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Medicaid Eligibility Code: Indicates recipient's Medicaid eligibility status.

- A = Refused third party liability assignment-referred to State, Federal determination not possible
- B = Deeming waived: child under a State home care plan
- C = Federally administered Medicaid coverage should be continued regardless of payment status code.
This C indicates the individual is enrolled in the 1619 program.
- D = Disabled adult child
- G = G/K payment continuation
- P = Drug addiction and/or alcoholism
- Q = Medicaid Qualifying Trusts may exist
- R = Referred to State for determination (1634 States), Federal determination not possible
- S = State determination – not SSA responsibility
- W = Widow(er)
- Y = Eligible for Medicaid (1634 States)

Medicaid Test Indicator: Indicates whether State should consider an individual in payment status N01 or E01 to be an SSI recipient for the purpose of determining Medicaid eligibility.

Codes A, B and F generate Medicaid Eligibility Code C.

Codes C, D, E, G, H, J, K, L and M generate Medicaid Eligibility Code R. *See pages 106-107 of SVES Manual.*

Medicaid - Unpaid Medical Expense Indicator: Yes or No Field for 1634 States; indicates whether the claimant incurred any medical expenses during the 3-month retroactive period which remain unpaid (not updated after initial posting).

Appeal Code/Date:

- A = Appeals Council Review
- C = Court Case
- H = Hearing
- R = Reconsideration
- O = Class Action

Appeals Decision Code:

- AD = Dismissed/Abandoned
- FA = Favorable/SSA Appealed
- FC = Fully/Partially Favorable (Converted records only)
- FF = Fully Favorable
- FN = Favorable/SSA Not Appealed (Court Case only)
- OT = Closed: Other
- PF = Partially Favorable
- T1 = Dismissed: Claimant Deceased
- UA = Unfavorable/Appealed by Recipient (Court Case only)
- UF = Unfavorable
- UN = Unfavorable/Not Appealed by Recipient (Court Case only)
- WC = Dismissed/Withdrawn (Converted Records only)
- WD = Dismissed: Withdrawn
- 1D = Dismissed: Cannot Be Appealed
- 2D = Dismissed: Filed by Improper Requestor
- 3D = Dismissed: Filed Late Without Good Cause
- 4D = Dismissed: Withdrawn

SSI Title XVI/IAR – Type 3 or 4 Response

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Rec. Establishment Date: Date of establishment for the SSI record of the recipient.

IAR Location Code/Status: Reflects the State/county code (GR code) corresponding to the agency with which the IAR agreement is in effect.

- 0 = Essential person record, applicant did not authorize reimbursement.
- 1 = Total amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields is being or was sent to State/county.
- 2 = Part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/county.
- 3 = Reimbursement not being effected; applicant ineligible or retroactive payment not due (denial).
- 4 = Reimbursement assistance case pending.
- 5 = Reimbursement check returned.

Disability Pay Code/Dt: Indicates status of SSI disability and blind cases

- P = Presumptive finding
- F = Final determination allowance
- R = Referred to State agency. Code indicates a) Final determination denial, or b) Pending determination.
- S = State determination (conversion case only) allowance
- T = Presumptive finding. State conversion record.
- X = No disability determination made (claim denied on basis of nondisability issues)
- Blank = Not applicable. Note: F or S only exist for disability allowance cases. The field is left as R, P or T for initial disability denials.

Medicaid Effective Date: Date of most current period of eligibility or referral for Medicaid.

Third Party Insurance Indicator: Indicates whether there could be third party liability for health care expenses (not updated after initial posting).

- A = Third party liability does exist but applicant refuses to assign rights.
- N = Third party liability does not exist (1634 State only)/
- Q = Medicaid qualifying trust may exist/
- R = Failure to cooperate in providing third party/
- Y = Third party liability does exist (1634 State only) and applicant agrees to assign rights.
- Blank = Not applicable.

Appeals Decision Date: Date appeals decision rendered.

Last Redetermination Date: Completion date of the last redetermination. Redetermination form has been received and all required actions are completed.

SSI Title XVI/IAR – Type 3 or 4 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP25
14:53:07 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP25
USER: EC990058 SSI TITLE XVI/IAR QUERY - SSA RESPONSE PAGE 3 OF 6

COLORADO ENTERED SSN==> 123 45 6789 OR CAN AND BIC==>
SIDMOD IF ENTERED==> HOUSEHOLD/CASE (FROM PROGRAM)==> 9588888802
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M
DATE OF SSA WTPY RESPONSE==> 08/13/2001

CURRENT SSI MONTHLY ASSISTANCE PAYMENT

DATE	AMOUNT	STATUS
08/01/2001		N07

SSI PAYMENT HISTORY

DATE	AMOUNT	TYPE	DATE	AMOUNT	TYPE
06/01/2001		0	/ /		
05/08/2001	5806.35	4	/ /		
/ /			/ /		
/ /			/ /		

ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'N' OR ' ' TO VIEW NEXT PAGE
ENTER 'M' TO RETURN TO SVES MAIN MENU ENTER 'T' TO TERMINATE SESSION
ENTER 'R' TO VIEW FIRST PAGE OF DATA ENTER REQUEST ==>

Current SSI Monthly Assistance Payment - Status: Three-position alpha numeric display – the first position reflects the status of the SSI/State Supplement payment, the second and third positions reflect the reason for the status. *For a complete list, see pages 110-116 of the SVES Manual.*

- Blank = Not initially denied
- C01 = Current pay.
- E01 = Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation.
- E02 = First month of eligibility for claims filed on or after 8/22/96. Claimant is eligible for payment in that month but is NOT due a payment. (includes Zebley)
- N01 = Non-pay – Countable income exceeds Title XVI federal benefit rate.
- N07 = Non-pay – Cessation of the recipient’s disability. (includes Zebley)
- N08 = Non-pay – Cessation of the recipient’s blindness. (includes Zebley)

SSI Payment History – Type: Indicates type of payment and whether it was returned. *For a complete list, see pages 117-118 of the SVES Manual.*

- 0 = No payment made
- 1 = Recurring payment dated the first of the month.
- 4 = One time payment
- 5 = Overpayment recovery

SSI Title XVI/IAR – Type 3 or 4 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP29
14:53:37 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCM29
USER: EC990058 SSI TITLE XVI/IAR QUERY - SSA RESPONSE PAGE 4 OF 6

COLORADO ENTERED SSN==> 123 45 6789 OR CAN AND BIC==>
SIDMOD IF ENTERED==> HOUSEHOLD/CASE (FROM PROGRAM)==> 9588888802
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M
DATE OF SSA WTPY RESPONSE==> 08/13/2001

REPRESENTATIVE PAYEE: INDICATOR==> N SELECTION DATE==> / /
TYPE OF PAYEE CODE==>
PAYEE: ==> FLOWER M GARDEN 1234 MAIN ST
NAME ==> COLORADO SPRINGS CO
ADDRESS & ==>
ZIPCODE ==> 80918 - 2806
RECIPIENT PHONE (SSA TITLE XVI)==> (719) 555-4044
RESIDENCE:==> 1234 MAIN ST COLORADO SPRINGS CO
ADDRESS & ==>
ZIPCODE ==> 80918 - 2806

ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'N' OR '' TO VIEW NEXT SCREEN
ENTER 'M' TO RETURN TO SVES MAIN MENU ENTER 'T' TO TERMINATE SESSION
ENTER 'R' TO VIEW FIRST PAGE OF DATA ENTER REQUEST ==>

Representative Payee Indicator: Yes or No field. If yes, will show the date the current payee was selected.

Type of Payee Code: Indicates the individual who receives the check. *For complete list, see pages 125-126 of SVES Manual.*

- SEL or Blank = Beneficiary is own payee
- SPO = Spouse
- FTH = Natural or adoptive father
- MTH = Natural or adoptive mother
- GPR = Grandparent
- AGY = Social agency

Recipient Phone (SSA Title XVI): Recipient's phone number from SSA Title XVI records.

SSI Title XVI/IAR – Type 3 or 4 Response

09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP80
14:54:19 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP80
USER: EC990058 SSI TITLE XVI/IAR QUERY - SSA RESPONSE PAGE 5 OF 6

COLORADO ENTERED SSN==> 123 45 6789 OR CAN AND BIC==>
SIDMOD IF ENTERED==> HOUSEHOLD/CASE (FROM PROGRAM)==> 9588888802
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M
DATE OF SSA WTPY RESPONSE==> 08/13/2001

TYPE CODE	VERIFICATION CODE	UNEARNED INCOME		INCOME AMOUNT	INCOME FREQUENCY	CLAIM / ID NUMBER
		START DATE	STOP DATE			
R	0	11/1999	/	50.05	C	
		/	/			
		/	/			
		/	/			
		/	/			
		/	/			
		/	/			
		/	/			

ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'N' OR '' TO VIEW NEXT SCREEN
ENTER 'M' TO RETURN TO SVES MAIN MENU ENTER 'T' TO TERMINATE SESSION
ENTER 'R' TO VIEW FIRST PAGE OF DATA ENTER REQUEST ==>

Type Code: Indicates the particular kind of unearned income the recipient is, or was, receiving. See pages 129-130 of the SVES Manual.

- A = Social Security
- C = VA compensation (not based on need)
- E = VA (based on need)
- H = In-kind support and maintenance
- J = 1/3 reduction for Living Arrangement code B
- L = Military retired pay
- M = Federal Civil Service pension
- N = Support payments received from absent parent
- Q = Worker's Compensation
- R = Rents, interest, dividends, royalties

Verification Code: Indicates whether or not the unearned income allegations of the recipient have been verified. See pages 131-132 of SVES Manual.

- 0 = Number and income have not been verified
- 1 = Number has been verified, amount has not been verified
- 2 = Number and income amount have been verified

Income Amount: For unearned income other than Social Security benefits (type A), the money will

always be greater than zero. For A, the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits). See page 127 of SVES Manual.

Income Frequency: Indicates whether or not unearned income is being received, or was received. See pages 127-128 of SVES Manual.

- C = Continuous monthly payment or uninsured
- N = One-time payment

Claim/ID Number: Claim or identification number under which each type of unearned income is being received. See pages 88-89 of SVES Manual.

- Type A = Social Security number of insured individual
- Type C = VA Compensation and Pension not based on need
- Type D = Railroad Retirement
- Type L = Military Retired Pay
- Type M = Federal Civil Service Pension
- Type H = Income-in-kind

SSI Title XVI/IAR – Type 3 or 4 Response

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP81
14:55:27 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP81
USER: EC990058 SSI TITLE XVI/IAR QUERY - SSA RESPONSE PAGE 6 OF 6

COLORADO ENTERED SSN==> 123 45 6789 OR CAN AND BIC==>
SIDMOD IF ENTERED==> HOUSEHOLD/CASE (FROM PROGRAM)==> 9588888802
INPUT SURNAME==> GARDEN FIRST NAME==> FLOWER MI==> M

PASS INCOME AMOUNT==>
EMERGENCY PAY DATE AND AMOUNT==> / / /

BUDGET MONTH FLAG==> 0

EARNED INCOME - NET COUNTABLE AMOUNT==> RETROSPECTIVE==>
EARNED INCOME - NET SELF-EMPLOYMENT ESTIMATE==>
EARNED INCOME - WAGE AMOUNT==>
UNEARNED INCOME - NET COUNTABLE AMOUNT==> RETROSPECTIVE==>
DEEMED INCOME AMOUNT==> RETROSPECTIVE==>
SSI GROSS PAYABLE AMOUNT==> (CURRENT==>)
SSI DIRECT DEPOSIT INDICATOR==>
STATE GROSS PAYABLE AMOUNT==> (CURRENT==>)
RESOURCES: HOUSE==> Z VEHICLE==> B LIFE INS==> Z INCOME PROP==> Z OTHER==> Z

ENTER: 'D' DELETE 'M' RETURN TO MAIN MENU 'R' VIEW FIRST PAGE
 'T' TO TERMINATE SESSION ENTER REQUEST==>

Budget Month Flag: Budget month used for payment computation
0 = Payment based on factors in computation month
1 = Payment based on factors 1 month before computation month
2 = Payment based on factors 2 months before computation month

Earned Income – Net Countable Amount: Current month's amount of earned income after all exclusions are applied, used in determining eligibility and, if the Budget Month Flag is zero, computing the payment.
Retrospective: Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank.

Earned Income – Net Self-Employment Estimate: Estimated net amount of self-employment income for the period shown in Earned Income Period.

Earned Income – Wage Amount: Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period.

Unearned Income – Net Countable Amount: Reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual.
Retrospective: Reflects the money 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.

SSI Title XVI/IAR – Type 3 or 4 Response

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Deemed Income Amount: Current month's amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag is zero or blank.

Retrospective: Monthly amount of income deemed to the eligible individual used in computing the payment if 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.

SSI Gross Payable Amount: The Federal amount the recipient was entitled to receive before adjustments for overpayments.

(Current): The Federal amount the recipient is entitled to receive before adjustments for overpayments, subject to change until the Treasury File is created. After Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.

State Gross Payable Amount: The amount of Federally-administered supplementation the recipient was entitled to receive before adjustments for overpayments in the previous Treasury File.

(Current): The amount of Federally-administered supplementation the recipient is entitled to receive before adjustments for overpayments, subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.

SSI Direct Deposit Indicator: Indicates whether payment is made on direct deposit.

Resource Codes:

House: A = Owns a house, principal place of residence
 S = Has equity in property
 T = Has home and equity in property
 Z = No property
 Blank = Not determined

Vehicle: B = Vehicle either over or under limit
 K = Agreement to dispose
 Z = No vehicle
 Blank = Not determined

Life Ins: C = Face value over \$1,500
 L = Agreement to dispose
 Z = None
 Blank = Not determined

Income Prop: D = Income producing property
 M = Agreement to dispose
 O = Under/over limit
 Z = None
 Blank = Not determined

Other : E = Over limit
 N = Agreement to dispose
 Z = None
 Blank = Not determined

40 Quarters of Coverage Responses

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09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP27
15:07:00 STATE VERIFICATION AND EXCHANGE SYSTEM MAP: ECJOCP27
USER: EC990058 40 QUARTERS OF COVERAGE - SSA RESPONSE PAGE: 1

VERIFIED SSN: 123 45 6789 INPUT SSN: 123 45 6789
INPUT SIDMOD: HOUSEHOLD/CASE (FROM PROGRAM)=> NOT-FOUND
INPUT SURNAME: MORNING FIRST NAME: SUNSHINE MIDDLE INIT: C
INPUT DATE OF BIRTH: 06/29/1958

CONDITION CODE: 0 (0 OR ' ': QC DATA FOLLOWS. 01: EARNINGS REC NOT FOUND
02: SSA ERROR, PLEASE RESUBMIT. 99: RECORD CANNOT BE PROCESSED, CONTACT SSA.)

STATE CODE: 006 STATE DATA:

MINIMUM NUMBER QC'S 1937-1950: 0
MAXIMUM NUMBER QC'S 1937-1950: 0

RAILROAD SERVICE MONTHS 1937-1946: 0

ENTER 'N' OR ' ' TO VIEW NEXT PAGE OF SSA DATA (QUARTERS OF COVERAGE PATTERN)
ENTER 'D' TO DELETE THIS RECORD FROM THE DATABASE
ENTER 'T' TO TERMINATE SESSION ENTER 'M' TO RETURN TO MENU SCREEN
ENTER REQUEST ==>

To pull up the quarters listed on the file, you must enter an "N" or just hit enter. See next page.

40 Quarters of Coverage Responses

Page 2 of 2

09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP28
15:07:50 STATE VERIFICATION AND EXCHANGE SYSTEM MAP: ECJOCP28
USER: EC990058 40 QUARTERS OF COVERAGE - SSA RESPONSE PAGE: 2

VERIFIED SSN: 123 45 6789 INPUT SSN: 123 45 6789 SIDMOD:
QUARTERS OF COVERAGE PATTERN 1937-2025 - ALSO CHECK MIN & MAX FOR 1937-1950
COVERED: 'C' NONCOVERED: 'F' GOVT WAGE 'N' NO EARNINGS
QUESTIONABLE: '#' 1952-1977 'Z' 1952-CURRENT

1974 # C N N	1975 N N N C	1976 N N C C	1977 C C C C	1978 C C C C
1979 C C C C	1980 N N N N	1981 C C C C	1982 C C C C	1983 C C C C
1984 C C C C	1985 C C C C	1986 C C C C	1987 C C C C	1988 C C C C
1989 C C C C	1990 C C C C	1991 C C C C	1992 C C C C	1993 C C C C
1994 C C C C	1995 C C C N	1996 C C C C	1997 C N N N	1998 C C C C
1999 C C C C	2000 C C C C	2001 N N N N		

ENTER 'N' OR ' ' TO VIEW NEXT PAGE ENTER 'R' TO VIEW FIRST PAGE OF DATA
ENTER 'D' TO DELETE THIS RECORD FROM DATABASE
ENTER 'T' TO TERMINATE SESSION ENTER 'M' TO RETURN TO MENU SCREEN
ENTER REQUEST ==>

Code Interpretation:

A = Agricultural QQ
C = Wage QQ
D = Military QQ
F = Federal, state or local government QQ
G = Gift QQ
J = Japanese Internment QQ
M = Military QQ
N = Quarters with no earnings
R = Railroad QQ
S = Self-employment
X = Wage QQ which can occur for 1951 or 1952
U = Non-covered Wages
W = QQ based on sum of excess FICA earnings and excess non-covered earnings
Z = Questionable QQ from 1952 to present
= Questionable QQ between 1952 and 1977
* = Asterisk overlays the # sign to indicate Questionable QQ's which have been found to be valid.
(QQ's earned due to S, M, A or G earnings.)

Prisoner System Information Responses

09/26/01 COLORADO DEPARTMENT OF HUMAN SERVICES PGM: ECJOCP17
15:05:18 STATE VERIFICATION AND EXCHANGE SYSTEM (WTPY) MAP: ECJOCP17
 PRISONER QUERY - SSA RESPONSE USERID: EC990058
COLORADO SSN==> 123 45 6789 SIDMOD==> HOUSEHOLD/CASE==> 9588888801
COLORADO INPUT NAME==> TREE ASPEN GEO/ADM==> 95
FOOD STAMP CERTIFICATION: FROM==> 07/2001 TO==> 06/2002
 SSA RETURNED INFORMATION
SSA PRISONER STATUS CODE==> 02 SSA PUPS SSN==> 999 88 7777
SSA SURNAME==> TREES SSA FIRST NAME==> ASPEN
SSA MIDDLE NAME==> SSA NAME-SUFFIX==>
PRISONER ID NBR==> 909090902 DOB==> 02/27/1959 SEX==> M
CONFINED DT==> 12/29/2000 RELEASE DT==> REPORT DT==> 01/01/2001
 PRISON INFORMATION FACILITY TYPE==> 02
REPORTER==> EL PASO COUNTY CRIMINAL JUSTICE CENTER
FACILITY==> EL PASO COUNTY CRIMINAL JUSTICE CENTER
ADDRESS==>

 CITY==> COLORADO SPRINGS ST==> CO ZIP: 80906 1522
CONTACT==> SGT DALE NUSS
 PHONE==> (719)390-2125 FAX==> (719)390-2148
ENTER 'D' TO DELETE RECORD FROM DATABASE ENTER 'N' TO SEE NEXT RESPONSE
ENTER 'M' TO RETURN TO SVES MAIN MENU ENTER 'T' TO TERMINATE SESSION
ENTER 'L' TO RETURN TO LAST QUERY SCREEN ENTER REQUEST ==>

SSA Prisoner Status Code:

- 1 = Records where there is prisoner data present and SSA cannot disclose the data.
- 2 = Records where data is present and SSA is disclosing the data.
- 3 = Records where there is no prisoner data reported to SSA.
- 4 = Records where there is prisoner data, but SSA cannot determine whether disclosure is permitted. There is some question about the source of the data, so SSA cannot determine if they have authority to disclose.

SSA PUPS SSN: The prisoner's SSN as reported to SSA.

Facility Type:

- 01 = State Prison
- 02 = County Prison
- 03 = Federal Correctional Institute
- 04 = Mental Correctional Institute
- 05 = Boot Camp
- 06 = Medical Correctional Institute
- 07 = Work Camp
- 08 = Detention Center
- 09 = Juvenile Detention Center
- 10 = Halfway House
- 11 = City Prison