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Department of Human Services QN-113 SVES - Title XVI - Supplemental Security Income Benefits Information

SSN: 123-45-6789 Birth Month: ALL Birth Day: ALL Birth Year: ALL Last Name: ALL First Name: ALL Start Date: 07/01/2007 End Date: 07/14/2007

Name: FIRST M LAST SSN: 123-45-6789 Member ID: 12345678 FIPS: 26163 Gender: F

Date of Birth: 01/01/1960 Date of Death: 01/01/2006 Alias SSN: 333-11-9999 Race CD: A - Asian

Death Source: 1 - SSA District Office

Residence Address:	Mailing Address:
Address Line 1: 100 WESTERN AVE	Address Line 1: 100 WESTERN AVE
Address Line 2:	Address Line 2:
Address Line 3:	Address Line 3:
City, State, Zip: KALAMAZOO, MI 49008	City, State, Zip: KALAMAZOO, MI 49008
Phone Number: (517) 555-0000	Scrub IND 1: BA – Bad address
Scrub IND 1: BA – Bad address	Scrub IND 2: BR – Bad range
Scrub IND 2: BR – Bad range	Scrub IND 3: BU – Bad unit number
Scrub IND 3: BU – Bad unit number	
Benefit Information:	Benefit Status:
District Office: 123	Current Payment Status CD: H40 – Student status change is in progress
Payee CD: AGY – Social agency	Payment Status CD: H40 – Student status change is in progress
Recipient Type: AI – Aged Individual	Payment Status DT: 07/2007
Record Establishment Date: 07/01/2007 Appeal CD: A – Appeal council review	
Eligibility DT: 07/2007	Appeal DT: 07/01/2007
Third Party INS IND: A – Third party liability does not exist	Redetermination DT: 07/01/2007
Custody CD: AGY – Social agency	Denial DT: 07/01/2007
Other Information	
Other Information:	

Monthly Benefit Information:

Date	Amount	Туре
07/01/2007	\$243.93	1 – Recurring payment dated the first of the month
06/01/2007	\$243.93	1 – Recurring payment dated the first of the month
05/01/2007	\$243.93	1 – Recurring payment dated the first of the month
04/01/2007	\$243.93	1 – Recurring payment dated the first of the month
03/01/2007	\$243.93	1 – Recurring payment dated the first of the month
02/01/2007	\$243.93	1 – Recurring payment dated the first of the month
01/01/2007	\$243.93	1 – Recurring payment dated the first of the month
12/01/2006	\$243.93	1 – Recurring payment dated the first of the month

Unearned Income Information:

Start Date	Stop Date	Unearned Income Type	Unearned Income Verification Code
07/2007	08/2007	A – Social Security	7 – Federal countable MIL
06/2007	07/2007	A – Social Security	7 – Federal countable MIL
05/2007	06/2007	A – Social Security	7 – Federal countable MIL
04/2007	08/2007	A – Social Security	7 – Federal countable MIL

The following information explains the fields on the State Verification Exchange System (SVES) Title XVI Report, Supplemental Security Income (SSI) Benefits.

The date report was generated is in the upper left hand header.¹

¹ All dates are in either CCYYMMDD or CCYYMM format.

TITLE: The type of report being returned. The Title XVI report will be titled *Department* of *Human Services*, *QN-113 SVES – Title XVI – Supplemental Security Income Benefits Information*.

SSN: This field shows when the Social Security number (SSN) was used as one of the Business Objects search data, "1" will show if all SSNs were selected, or the default of 0000000.

BIRTH MONTH: This field shows the birth month when the birth month was used as one of the Business Objects search data. "ALL" will show if all birth months were selected. The default value is ALL.

BIRTH DAY: This field shows the birth day when the birth day was used as one of the Business Objects search data. "ALL" will show if all birth days were selected. The default value is ALL.

BIRTH YEAR: This field shows the birth year when the birth year was used as one of the Business Objects search data. "ALL" will show if all birth years were selected. The default value is ALL.

LAST NAME: This field shows the last name of the person to be located when the last name was used as one of the Business Objects search data. "ALL" will show if all last names were selected. The default value is ALL.

FIRST NAME: This field shows the first name when the first name was used as one of the Business Objects search data. "ALL" will show if all first names were selected. The default value is ALL.

START DATE: This field shows the start date when the start date was used as one of the Business Objects search data. "ALL" will show if all start dates were selected or if the default of 01-01-0001 was selected.

END DATE: This field shows the end date when the end date was used as one of the Business Objects search data. "ALL" will show if all end dates were selected or if the default of 12-31-9999 was selected.

NAME: First name, middle initial and last name of the Title XVI recipient.

SSN: The SSN of the person who was submitted to SVES on a locate request. The Federal Case Registry (FCR) verifies the SSN by using Social Security Administration (SSA) SSN verification routines. If an SSN is not present on the FCR Input Person/Locate Request Record, the Friend of the Court (FOC) will attempt to identify an SSN for the person by using other information on the input record. If a verified SSN cannot be found for a person, the input record will be rejected and returned to the submitter on the *Participant Not Found* sub-report.

MEMBER ID: The submitter's unique identifier for a person who is a participant in a case that is presently on, or is being added to, the FCR, or who is the subject of a locate request.

GENDER: The Title XVI recipient's gender:

	<u> </u>
F – Female	U – Unknown
M – Male	

FIPS: The county submitting the case's Federal Information Processing Standards (FIPS) code.

DATE OF BIRTH: The Title XVI recipient's birthdate.

DATE OF DEATH: The Title XVI recipient's date of death, if applicable.

ALIAS SSN (Multiple SSN): The multiple SSN, as provided by the FCR, used for the locate request.

RACE CD: The Title XVI recipient's race:

A – Asian	O – Other
B – Black	U – Not determined
H – Hispanic	W – White
I – North American Indian	Blank – Not provided
N – Negro	·

DEATH SOURCE: The source of the Title XVI recipient's date of death:

1 – SSA District Office	5 – Retur	ned check from treasury with no date of death
2 – Health insurance notification	shown (L	Date of Death field will contain date of transaction)
3 – Master beneficiary record notification	6 – State	notification
4 – Treasury returned check notification	Blank - N	Not applicable

RESIDENCE ADDRESS:

ADDRESS LINE 1: The edited street address supplied by SVES.

ADDRESS LINE 2: The edited street address supplied by SVES.

ADDRESS LINE 3: The edited street address supplied by SVES.

CITY, STATE, ZIP: The city that is associated with the Title XVI recipient's residence address; will be blank if not applicable. State and zip code will follow the city name.

PHONE NUMBER: The phone number, including area code, of the person receiving Title XVI benefits.

SCRUB IND 1- 3: Indicates whether the residence address is a good address:

	EA – Empty address GA – Good address
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If the scrub indicator is BA or CH, additional scrub indicators will be included that provide detail about BA or CH:

BR - Bad range, house number is out of range for	MX – Mismatched state and zip code
that street	NC – Non-determined city name
BU - Bad unit number	NZ – Non-determined zip code
BX - Missing state code and zip code	·
MA - Mismatched address: street name is not	
found in city	

MAILING ADDRESS:

ADDRESS LINE 1: The edited street address supplied by SVES. ADDRESS LINE 2: The edited street address supplied by SVES. ADDRESS LINE 3: The edited street address supplied by SVES.

CITY, STATE, ZIP: The city that is associated with the Title XVI recipient's residence address; will be blank if not applicable. State and zip code will follow the city name.

SCRUB IND: Indicates whether the residence address is a good address:

BA – Bad address	EA – Empty address
CH – Changed address	GA – Good address

If the scrub indicator is BA or CH, additional scrub indicators will be included that provide detail about BA or CH:

BR - Bad range, house number is out of range for	MX – Mismatched state and zip code
that street	NC – Non-determined city name
BU – Bad unit number	NZ – Non-determined zip code
BX - Missing state code and zip code	
MA - Mismatched address: street name is not found	
in city	

DISTRICT OFFICE: This is the numeric office code for the office where benefits were claimed.

PAYEE CD: This field indicates who received the Title XVI benefit:

AGY – Social agency	PRM – Proprietary mental institution
CHD – Natural, adopted, stepchild (as payee for parent)	PRO – Proprietary non-mental institution
ESP – Essential person is payee	PYE - Recipient previously had payee, now receives
FDM – Federal mental institution	direct payments
FDO – Federal non-mental institution	REL – Other relative (includes in-laws)
FIN – Financial organization	RPD – Representative payee is being developed
FTH - Natural or adoptive father	SEL – Beneficiary is own payee
GPR – Grandparent	SFT – Stepfather
INP – Legally incompetent, no representative payee	SLM – State/local mental institution
has been selected	SLO – State/local non-mental institution
MTH – Natural or adoptive mother	SMT – Stepmother
NPM – Nonprofit mental institution	SPO – Spouse
NPO – Nonprofit non-mental institution	Space – Beneficiary is own payee
OFF – Public official	
OTH – Other	

RECIPIENT TYPE: This field indicates the type of Title XVI recipient:

AI – Aged individual	DI – Disabled individual
AS – Aged spouse	DS – Disabled spouse
BC - Blind child	EP – Essential person
BI – Blind individual	XS – Ineligible spouse
DC - Disabled child	

RECORD ESTABLISHMENT DATE: This field will contain the date that the SSI record

was established for the recipient.

ELIGIBILITY DT: If applicable, this field will contain the application date, final onset date, or date the Title XVI recipient attained the age of 65, whichever is later.

THIRD PARTY INS IND: The indicator of third-party liability for the Title XVI recipient's health care expenses.

CUSTODY CD: The indicator of who has physical custody of the Title XVI recipient:

OCCIOET OB. The indicator of who has pr	Tybical cactedy of the Title XVI recipiont:
ESP – Essential person is payee	PYE - Payee has custody
FDM – Federal mental institution	PRM – Proprietary mental institution
FDO – Federal non-mental institution	PRO – Proprietary non-mental institution
FIN – Financial organization	OFF – Public official
GPR - Grandparent	RPD – Representative payee is being developed
SEL - Living by self	AGY - Social agency
FTH – Natural or adoptive father	SPO - Spouse
MTH – Natural or adoptive mother	SLM – State/local mental institution
CHD - Natural, adopted or stepchild (as payee for a	SLO – State/local non-mental institution
parent)	SFT – Stepfather
NPM – Nonprofit mental institution	SFM – Stepmother
NPO – Nonprofit non-mental institution	Blank – Not applicable
OTH - Other	
REL – Other relatives (including in-laws)	

ESTIMATED SELF-EMPLOYMENT AMT: The Title XVI recipient's self-employment estimated net income.

CURRENT PAYMENT STATUS CD: The Title XVI recipient's current payment status code.

PAYMENT STATUS CD: This is a three-position field comprised of two elements: the first position reflects the status of the Title XVI recipient's SSI payment, and the second and third position indicate the reason for the status:

First Digit C - Eligible for SSI E - Eligible for federal and state benefits based on the eligibility computation, but no payment is due based on the payment computation H - Hold status, final disposition is pending M - Case is under manual control (forced payment) N - Non-pay - Applicant is not eligible for SSI or is no longer eligible S - Suspended - Recipient may still be eligible for SSI T - Terminate	
C01 – Current pay	N12 – Recipient voluntarily withdrew from program
E01 – Eligible for benefits but no payment is due based on the payment computation	N13 - Not a citizen or an eligible alien N14 - Aged claim denied for age
E02 – First month of eligibility for claims filed	N15 – Blind claim denied. Applicant not blind
on or after 8-22-96. Claimant is	N16 - Disability claim denied. Applicant not disabled
eligible for a payment that month	N17 - Failure to pursue claim by applicant
but is not due a payment	N18 - Failure to cooperate
H10 - Living arrangement change in progress	N19 - Recipient voluntarily terminated participation in
H20 - Marital status change in progress	SI program
H30 - Resource change in progress	N20 - Recipient fails to furnish a required report
H40 - Student status change in progress	N22 – Inmate of penal institution
H50 - Head of household change is in	N23 – Not a US resident
progress	N24 – Convicted of fraudulently misrepresenting residence

H60 - Hold pending receipt of date of death	in two or more states or administrative penalties for
H70 - Hold pending transmission of	misleading statements to obtain benefits
on-time payment data	N25 - Claimant is fleeing to avoid prosecution for a felony
H80 – Early input	N27 – Disability terminated due to substantial gainful activity
H90 – District office must manually compute	N30 - Slight impairment - no visual impairment
payment amt	N31 - Capacity for gainful activity, no visual impairment
M01 – Force payment – recipient may be in	N32 - Capacity for gainful activity or work, no visual impairment
payment or non-payment status	N33 – Engaging in gainful activity despite impairment
N01 – Income exceeds Title XVI federal	N34 – Impairment no longer severe at time of adj.
benefit rate	N35 – Impairment severe at time of adjudication, but not expected
N03 – Recipient is outside of the US	to last 12 months, no visual impairment
N02 - Recipient is inmate of public institution	N36 – Insufficient or no medical data furnished.
N04 - Recipient's non-excludable resources	N37 – Failure to submit to consultative examination
exceed Title XVI limitations	N38 – Applicant does not want to continue claim
N05 – Unable to determine if eligibility exists	N39 – Applicant willfully fails to follow prescribed treatment
N06 - Recipient failed to file for other benefits	S06 - Recipient's address unknown
N07 - Cessation of the recipient's disability	S07 - Returned check for other than death
N08 – Cessation of the recipient's blindness	S08 - Representative payee development pending
N09 - Recipient refused vocational training	S09 - Temporary institutionalized suspense
N10 - Recipient refused drug treatment	S10 - Recipient has bank account - refuses direct deposit
N11 - Recipient refused alcohol treatment	S20 - Potential rollback case or disability decision made prior to
N40 – Impairment does not meet or equal listing,	July 1973
no visual impairment	S21 – The recipient is presumptively disabled or blind and has
N41 – Slight impairment – medical condition alone,	received 6 months of payments
visual impairment	S90 – PR1 change in process because SSI recipient was
N42 - Capacity for gainful activity - customary	established under the incorrect SSN
work, visual impairment	S91 – PR1 change in process because SSI recipient was
N43 - Capacity for gainful activity - other work,	established under the incorrect SSN
visual impairment	T01 – Death of recipient
N44 – Before 3-9-91 engage in gainful activity in	T20 – Received payment under 2 different account numbers
spite of impairment	T22 - Received payment under 2 different accounts, termination
N45 – Impairment no longer severe at adjudication	resulted from electronic screening
and did not last 12 months	T30 – Manual termination (previous payment made) change in
N46 – Impairment is severe at adjudication but	record composition requires termination of exiting record
not expected to last 12 months, visual	T31 – System generated termination (previous payment made)
impairment	T50 – Manual termination (no previous payment made)
N47 – Insufficient or no medical evidence furnished	T51 – System-generated termination (no previous payment made)
visual impairment	
N48 – Failure to submit to consultative examination	
visual impairment	
N49 – Applicant does not want to continue claim	
N50 – Applicant fails to follow prescribed treatment	
N51 – Before 3-9-91 – impairment does not meet	
or equal listing, visual impairment	
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PAYMENT STATUS DT: If applicable, the date of the last change to the Title XVI recipient's payment status code.

APPEAL CD: This field indicates the Title XVI recipient's level of appeal:

A – Appeal council review	O – Class action
C – Court case	R – Reconsideration
H – Hearing	Blank – Not applicable

APPEAL DT: If applicable, this field will contain the most recent appeal action date for the Title XVI recipient.

REDETERMINATION DT: If applicable, this field will contain the date that all of the

required actions for the redetermination were completed.

DENIAL DT: The date that the Title XVI applicant was denied SSI benefits or state supplement.

MONTHLY BENEFIT INFORMATION SECTION: This section will contain the number of occurrences of a monthly benefit in the payment history table.

DATE (MONTHLY BENEFIT SECTION): If applicable, this field will contain the first date that payment or recovery was made.

AMOUNT (MONTHLY BENEFIT SECTION): If applicable, this field will contain the SSI Monthly Assistance Amount.

TYPE (MONTHLY BENEFIT SECTION): If applicable, this field will contain a code that indicates the type of payment made and if it has been returned.

UNEARNED INCOME INFORMATION: This section will contain the number of occurrences of the unearned income fields, including: unearned income type code, unearned income verification code, unearned income start date, and unearned income stop date.

UNEARNED INCOME TYPE: If applicable, this field indicates the type of unearned income the Title XVI recipient is or was receiving:

- A Social Security
- B Black Lung
- C VA compensation
- D Railroad Retirement Board
- E VA 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
- H In-kind support and maintenance
- I Ineligible child allocation (not income)
- J 1/3 reduction for living arrangement
- K Blind countable income
- L Military retired pay
- M Federal Civil Service pension
- N Support payments received from absent parent
- O Income based on need from private source

- P Employment-related pension
- Q Worker's compensation
- R Rents, interest, dividends, royalties
- S Other
- T Alaska Longevity bonus
- U Concurrent and Title II only attorney fees allocated over months when 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 Title II offset computation
- X Minimum income level amount (not income)
- Y Special need reduction (not income)
- Z State countable income
- Blank Not applicable

UNEARNED INCOME VERIFICATION CODE: This field indicates whether the Title XVI recipient's income allegations have been verified:

- 0 Number and income have not been verified.
- 1 Number has been verified, amount not verified.
- 2 Number and income have been verified
- 3 VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month.
- 4 VA, OPM, RRB overlaid amount was not the same as the amount shown for the prior month.
- 5 For type A VA, OPM, RRP overlaid amount with a MBR interface verification ode of 2. For type X,
- 6 A one-time Social Security 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.
- 7 Federal countable MIL- system generated.
- I Identification number and amount verified, and that

special federal countable MIL systems generated special MIL established by the system which does not consider N frequency codes for Title II payments.

Title II being paid in installments because of DAA provisions.

Definitions/Abbreviations

DAA – Drug Addiction and Alcoholism

MBR - Master Beneficiary Record

OPM - Civil Service Retirement (Office of Personnel Management)

RRB - Railroad Retirement Board

SSR - Supplemental Security Record