TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

RE: QUARTERS OF COVERAGE HISTORY SYSTEM (QCHS)

PROGRAM AFFECTED: FOOD STAMP PROGRAM AND TEMPORARY CASH
ASSISTANCE

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

SUMMARY

As you know, one of the provisions of the Personal Responsibility and Work Opportunity
Reconciliation Act of 1996 establishes eligibility for immigrants who are lawfully admitted for
permanent residence, and have 40 quarters of work. Action Transmittal 98-15 provided
information about how to verify the 40 quarters of work until the Quarters of Coverage History
System (QCHS) became operational. The QCHS is now operational. This action transmittal
supersedes #97-15.

The attached State Verification Exchange System (SVES) Manual replaces the SVES Manual
sent with Action Transmittal 98-09. This Manual provides a new section to explain how to use
QCHS. It also adds the QCHS option to the existing SVES response screens and adds a delete
option to SVES.

ACTION REQUIRED

Please Note: The State Verification Exchange System replaces the Manual third party query
(TPQY) card process. Use SVES to verify social security numbers and SSA administered
benefits.

♦ QUARTERS OF COVERAGE HISTORY SYSTEM

- Effective upon receipt of this transmittal, use QCHS to determine eligibility based on 40
  quarters of work.
CONSENT FORM (SSA-3283)

- REMINDER: When requesting a work history for an SSN that is not assigned to the applicant (i.e., a parent or spouse of the applicant) you will need a Consent for Release of Information (Form SSA-3283) signed by the social security number (SSN) holder. Have the parent or spouse complete form SSA-3288.

- The consent form is required because these records are protected by the Privacy Act. The Social Security Administration will monitor the use of the system through each user’s logon ID.

- You do not need to complete a consent form if you are requesting information on a deceased individual’s SSN. Use the automated QCHS if the individual whose record you need to access is deceased.

- Retain the consent form in the case record. The Social Security Administration will request to see the form as part of a review or if a question is raised.

- IMPORTANT: If someone refuses to cooperate and will not complete the consent form, do not request the 40 quarters information through QCHS. Use form SSA-513 to get the information needed to verify quarters of work.

FORM SSA-513 REQUEST FOR QUARTERS OF COVERAGE HISTORY BASED ON RELATIONSHIP

- Complete a Form SSA-513 when you cannot obtain a consent form from an individual, other than the applicant, whose quarters of coverage are needed to enable the applicant to meet the 40 qualifying quarter criteria.

- Use this form to request qualifying quarter information for a specific period of time from which quarters can be credited to an applicant from the record of a parent or spouse.

To request this information you must:

- Determine the relationship of the SSN number holder to the applicant.

- Use Section II.A. of the SVES/QCHS Manual to determine the years and quarters that can be credited to the applicant.

- After you determine which periods can be credited, complete the Form SSA-513:

  - Print the number holder’s name (last name, first name and middle initial), SSN, and date of birth.
• Print the number holder’s relationship to the applicant.
• Using the information determined about the years and quarters that can be credited to the applicant, complete the remainder of the form. If you need more space, complete a second form and staple the forms together before mailing them to SSA.
• Mail the form to the SSA address listed on the form.

• Request a supply of form SSA-513 through normal channels. A copy is included in the SVES Manual.

♦ LAG QUARTERS

When the customer or other individual does not agree with the quarters of coverage provided by the SVES query and the problem is missing quarters in the current year, follow the procedures for verifying lag quarters in the SVES Manual.

♦ NON LAG QUARTERS

• If SSA’s records do not verify that an individual claiming 40 quarters in fact has them, and the individual believes SSA’s records are incorrect, SSA will work with the individual to determine whether additional quarters can be established. Advise customers that they:

• May work with SSA to try to establish additional quarters,

• May participate for 6 more months provided that SSA certifies that it is working to clarify their records, and

• Are responsible to repay benefits incorrectly issued if the 40 quarters are not established.

• Refer the case to SSA using form SSA-512. A copy of this form and directions for its use are included in the SVES manual.

• If SSA cannot establish additional earnings and the individual does not have 40 qualifying quarters, including any non-covered earnings, establish an inadvertent household error claim for the overissuance unless the individual knowingly provided false information.

♦ QUARTERS PRIOR TO 1937

• SSA does not have information on quarters prior to 1937 and is amending their guidelines for making determinations using the QCHS system.

• In the meantime, credit immigrants these quarters if they can provide adequate verification. Some types of documents which might be available are:
- Employer prepared earnings statements,
- Statements of earnings from employer records,
- Pay envelopes, vouchers and similar unsigned employer earning statements, and
- An individual's personal records and statements.

**PAYMENT ACCURACY**

- Review all cases that contain immigrants who were certified because they met the 40-quarter work requirement.

- Verify this information through QCHS. Quality Control is not required to re-verify the status of a non-citizen with SSA if information from QCHS confirms the status of the individual.

**ACTION DUE**

This policy is effective upon receipt of this transmittal.

**INQUIRIES**

Please direct policy questions to Kay Finegan at (410) 767-7939.

**cc:** FIA Management Staff  
Constituent Services  
OIM Help Desk  
CTF
STATE OF MARYLAND
FAMILY INVESTMENT ADMINISTRATION

STATE
VERIFICATION
EXCHANGE
SYSTEM
(SVES)

USERS MANUAL

Revised January, 1998
# SVES Manual

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I. INTRODUCTION

The State Verification and Exchange System (SVES) is an automated IBM data exchange system with the Social Security Administration (SSA) for verifying social security numbers (SSNs), Title II Social Security (OASDI), Title XVI Supplement Security Income (SSI) benefits and Quarters of Coverage History System (QCHS).

SVES replaces the manual Third Party Query (TPQY) mark sense card process and provides significant advantages for both the agency and the customer not previously available under the TPQY process. SVES provides "one stop shopping" for verifying both SSNs and SSA administered benefits. Second, SVES significantly shortens application processing time by providing next day turnaround on verification requests.

In a revision dated January 23, 1998, QCHS details were added to this manual as Section X - Quarters of Coverage History System (QCHS) and Section XI - Appendix A. These details begin on Page 45.

II. SYSTEM AVAILABILITY

SVES is available for users to send verification requests and review responses six days a week from 8:00 A.M. to 7:00 P.M. Users enter requests for verifications during the day. The requests are batch processed to SSA that night (Monday through Friday). SVES goes off line at 7:00 P.M. to send requests to SSA and receive responses from SSA. The responses are available the next day for on-line viewing. SVES will "idle out" if it is not used for fifteen minutes. When "idled out," users must re-access SVES.

(See Section V: How to Access SVES.)

III. SYSTEM SECURITY

SVES captures and retains all verification requests and inquiries to provide an audit trail for safeguard against system abuse. These records include the LOGONID of the person and the Social Security Number (SSN) or Claim Account Number (CAN) requested or response viewed.
IV: SYSTEM PROBLEMS

LOCAL DEPARTMENT USERS

ACCESS: Problems regarding logon IDs, passwords, and access to SVES should be directed to the Help Desk. When requesting access to SVES, advise the System Specialist that you need access to SVES.

TECHNICAL PROBLEMS: Problems regarding equipment or data corruption or responses not received within two days, should be directed to DHR Help Desk. The System Specialist, if unable to resolve the problem, will report to the appropriate party.

APPLICATION PROBLEMS: Problems regarding the use of SVES, how to request information, to view responses, and how to interpret response information should be directed to your immediate supervisor. If unable to resolve the problem, the supervisor will contact the Division of Program and Systems Support Manager at DHR at (410) 767-7926. Users are not to call the Help Desk or the Divisions of Program and Systems Support as the initial contact for SVES application problem resolution.

Non-LOCAL DEPARTMENT USERS

The Department of Human Resources provides support to non-DHR user organizations such as the Department of Health and Mental Hygiene, Maryland Department of Assessment and Taxation for technical and application problems that they cannot resolve within the organization. Non-DHR user organizations will designate a person or persons within the organization to whom system problems that cannot be resolved at the end-user level are to be directed for resolution. A single person should be designated to handle technical problems and another person designated to handle application problems. Organization management should provide the names of designated persons to DHR's Division of Program and Systems Support. ALL COMMUNICATIONS RELATED TO SYSTEM PROBLEMS BETWEEN THE ORGANIZATION AND DHR MUST BE LIMITED TO DESIGNATED PERSON(S).

TECHNICAL PROBLEMS: If unable to resolve a technical problem regarding equipment or response not received, the designated person will report the problem to the DHR Help Desk and ask that the problem be referred to the Office of Information Management SVES technical support staff for resolution.

APPLICATION PROBLEMS: If unable to resolve an application problem regarding how to use SVES, how to send a request for information, how to view responses and how to interpret response information the person so designated will report the problem to the DHR Help Desk and ask that the problem be referred to the Manager of the Division of Program and Systems support and the SVES application support staff for resolution.
V. HOW TO ACCESS SVES

LINK TO THE COMPUTER "MAINFRAME and SIGN-ON"

1. On the ACF/NTAM Network Screen, in the space provided at the bottom of the screen, type DHRPRD (this is a new region created to accommodate SVES), and press enter.

2. The CICS / ESA Screen will appear with the following sentence at the top of the screen:

   Press clear and enter CESN to sign onto CICS (hour,minute,seconds)

Follow the instructions of the above sentence and then press enter.

3. The following LOGONID/PASSWORD Screen will display:

   CICS SIGN-ON

   USERID:
   PASSWORD:
   LANGUAGE:

   NEW PASSWORD:

4. After USERID:, type your Log-On ID.

5. Tab to the PASSWORD data field. After PASSWORD:, type your personal password and enter. (See Section VI: Select, Enter, Update a Password.)

6. The following SIGN ON OK message will display if you signed on successfully:

   (Hour, minute, second) SIGN-ON IS COMPLETE

7. The following message will display if your password has expired:

   ACF 01017 PASSWORD FOR LOGON ID _____ HAS EXPIRED.

   In this case, update your password (See Section VI: Select, Enter, Update a Password.). In message, your Log-On ID will display directly following LOGONID:

8. The following message will display if you have not been authorized access to SVES:

   ACFAE134 ACF2/CICS: YOU ARE NOT AUTHORIZED TO USE THIS CICS REGION.

   In this case, contact your local department’s security officer to request access.
TO SIGN OFF FROM DHRPRD:

1. Clear the screen.
2. Type CESF LOGOFF and press enter.
3. Continue with the next application desired.
VI. HOW TO SELECT, ENTER, UPDATE A PASSWORD

If you have a current valid DHRCICS password, SVES will accept it. If you do not have a valid password, use the following instructions:

1. Your personal password must be at least five and no more than eight alphanumeric characters long. The password must include at least one number, and must not contain special characters, such as &, #, +, -, *, etc.

2. The VERY FIRST TIME you link to any DHRCICS application including SVES, your password will automatically be set to your Log-On ID. You must update your password at this point. Without updating your password, the following message will display:

   ACF01012 PASSWORD NOT MATCHED.

   In this case, update your password.

3. Your password will expire every thirty days. When it expires, the following message displays:

   ACF01017 PASSWORD FOR LOGONID _______ HAS EXPIRED.

   In this case, update your password.

UPDATING A PASSWORD

1. Tab to the space following NEW PASSWORD. Type the new password and press <ENTER>.

2. A message appears telling the user to retype the new password again. Type the new password EXACTLY THE SAME WAY a second time and press <ENTER>.

3. The following message displays if the new password is not typed exactly the same way twice:

   PASSWORD CHANGE REQUEST ERROR... NO SIGN ON ACTION TAKEN. NEW PASSWORD MUST BE ENTERED EXACTLY THE SAME WAY ON BOTH LINES. THE TWO WERE COMPARED AND FOUND NOT TO BE THE SAME.

   Users should start over and go back to step #1 above.

4. The following message will display if the password has been successfully updated.

   ACF01129 PASSWORD SUCCESSFULLY ALTERED. LOGON COMPLETE.
VII. HOW TO INITIATE A SVES or 40 QUARTERS REQUEST

SVS0 - THE SYSTEM NOTICE SCREEN

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed.

2. Type SVS0 and press <ENTER>.

3. The following SVES System Notice Screen will display, display telling the user if any action taken place on the last SVES or 40 Quarters requests. Near the bottom of the screen the user see the date and time of the last broadcast message.

SVS0
STATE OF MARYLAND
DEPARTMENT OF HUMAN RESOURCES
SVES SYSTEM
****NOTICE****

THE FIRST TAPE HAS BEEN RECEIVED!!!!

BROADCAST LAST UPDATED BY: Logon ID mm/dd/yyyy hour/min/sec.
OPTION=>__ SVES: 1 = REQUESTS 2 = RESPONSES 40 QTRS: 3 = REQUEST 4 = REPLY 5 = EXIT

It is from this screen that users can go to:

♦ SVS5 (SVEM9051 - Option #1) the SVES Request Screen;
♦ SVS6 (SVEM9061 - Option #2) the SVES Response Screen;
♦ SVS7 (SVEM9071 - Option #3) the 40 Quarters Request Screen;
♦ SVS8 (SVEM9081 - Option #4) the 40 Quarters Reply Screen, or
♦ Exit the system - Option #5.
4. The cursor will be positioned at the OPTION data field. The user is then given five options:
   SVES: 1 - Requests   2 - Responses   40 QTRS: 3 - Requests   4 - Response   5 - EXIT
Type in your desired task and press <ENTER>.

**NOTE:** 40 Quarters user Option #3 and Option #4 are explained in full detail in Set pages 51 - 59.

**DISPLAYING THE REQUEST SCREEN**

After choosing Option 1 from the SVS0 screen the following SVES Request Screen will display:

| SVEM9051 | STATE OF MARYLAND     | MM / DD / YY          |
|          | SVES REQUEST SCREEN   |                      |
| WORKER LOGONID: | DISTRICT OFFICE: |                      |
| SOCIAL SECURITY NO: | CLAIM ACCOUNT NO: |                      |
| LAST NAME: | FIRST NAME: | MI                  |
| SEX: | CATEGORY OF ASSIST |                      |
| DATE OF BIRTH: |               |                      |
| CLIENT ID / CASE NO: | DATE OF REQUEST: |                      |
| ENTER DESIRED OPTION=> | 1 = ADD REQUEST | 2 = VIEW RESPONSE SUMMARY |
| | CLEAR TO EXIT |                      |

TODAY's DATE will be prefilled with the current date. The WORKER LOGON ID data field will be prefilled with the LOG ON ID of the person who signed onto SVES. The DATE OF REQUEST will be prefilled with the current date, and the cursor will be positioned at the DISTRICT data field.

The user can now ask for all responses for a particular Logon ID and District Office without entering the other demographic information.
ENTERING REQUIRED INFORMATION

To get back information on the correct person, it is CRITICAL that the following information is accurately and correctly entered.

1. **DISTRICT OFFICE CODES:** Enter the appropriate three digit code.

   DHR Central Office will use 000.

   District Offices will use the following:

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>000</td>
<td>DHR</td>
</tr>
<tr>
<td>010</td>
<td>Allegany</td>
</tr>
<tr>
<td>020</td>
<td>AA-Annapolis</td>
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<tr>
<td>021</td>
<td>AA-Glen Burnie</td>
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<tr>
<td>030</td>
<td>BC-Towson</td>
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<td>031</td>
<td>BC-Catonsville</td>
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<td>032</td>
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<td>033</td>
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<td>Queen Anne's</td>
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</tr>
<tr>
<td>353</td>
<td>Balt.City-Foster Care MA</td>
</tr>
<tr>
<td>354</td>
<td>Balt.City-Long Term Care</td>
</tr>
<tr>
<td>355</td>
<td>Balt.City-Patapsco</td>
</tr>
<tr>
<td>356</td>
<td>Balt.City-Central MA</td>
</tr>
<tr>
<td>357</td>
<td>Balt.City-Employees Office</td>
</tr>
</tbody>
</table>
The Child Support Enforcement Agency will use D followed by the District Code as it appears below.

<table>
<thead>
<tr>
<th>District Code</th>
<th>County Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>D00</td>
<td>DHR Central</td>
</tr>
<tr>
<td>D01</td>
<td>Allegany</td>
</tr>
<tr>
<td>D02</td>
<td>Anne Arundel</td>
</tr>
<tr>
<td>D03</td>
<td>Baltimore County</td>
</tr>
<tr>
<td>D04</td>
<td>Calvert</td>
</tr>
<tr>
<td>D05</td>
<td>Caroline</td>
</tr>
<tr>
<td>D06</td>
<td>Carroll</td>
</tr>
<tr>
<td>D07</td>
<td>Cecil</td>
</tr>
<tr>
<td>D08</td>
<td>Charles</td>
</tr>
<tr>
<td>D09</td>
<td>Dorchester</td>
</tr>
<tr>
<td>D10</td>
<td>Frederick</td>
</tr>
<tr>
<td>D11</td>
<td>Garrett</td>
</tr>
<tr>
<td>D12</td>
<td>Harford</td>
</tr>
<tr>
<td>D13</td>
<td>Howard</td>
</tr>
<tr>
<td>D14</td>
<td>Kent</td>
</tr>
<tr>
<td>D15</td>
<td>Montgomery</td>
</tr>
<tr>
<td>D16</td>
<td>Prince George’s</td>
</tr>
<tr>
<td>D17</td>
<td>Queen Anne’s</td>
</tr>
<tr>
<td>D18</td>
<td>St. Mary’s</td>
</tr>
<tr>
<td>D19</td>
<td>Somerset</td>
</tr>
<tr>
<td>D20</td>
<td>Talbot</td>
</tr>
<tr>
<td>D21</td>
<td>Washington</td>
</tr>
<tr>
<td>D22</td>
<td>Wicomico</td>
</tr>
<tr>
<td>D23</td>
<td>Worcester</td>
</tr>
<tr>
<td>D30</td>
<td>Baltimore City</td>
</tr>
</tbody>
</table>

The Department of Health and Mental Hygiene will use DHM.

The Department of Assessment and Taxation will use DAT.

2. **SOCIAL SECURITY NO (SSN)**  **CLAIM ACCOUNT NO.**  **BIC:**

   Enter either the applicant/recipient's SSN or the CAN and BIC BUT NOT BOTH.

**CLAIM ACCOUNT NO (CAN):** The CAN is a two-part number consisting of 9 digits plus to 3 alphanumerics. The first 9 digits of the CAN is the SSN on whose account benefits are paid. The second part of the CAN is the BIC. Once the user enters the 9 digits, the cursor automatically moves to the BIC field.

**BIC (BENEFICIARY IDENTIFICATION CODE):** The BIC is a one, two, or sometime character alphanumeric which designates the person to whom benefits are being paid. The BIC identifies the person on whose account benefits are being paid. The BIC not only identifies person to whom these benefits are being paid but also identifies the relationship of the person being paid to the person on whose account the benefits are being paid.

   **NOTE:** The CAN and BIC may be obtained from the Medicare Card, the award letter, benefits check, or the local social security office.

   **IMPORTANT:** If the user knows both the Social Security Number (SSN) and the CAN/BIC, then the user should always submit the SSN. If the SSN is not known or SSN results in a “No-Match” or questionable response information, then, **and only then** should the user request the CAN/BIC. If benefits are being paid under more than one CAN/BIC, then submit a separate request for each CAN/BIC.
IMPORTANT: When the user enters a CAN/BIC, SSA may return information on person on whose account benefits are being paid or another beneficiary instead of the person identified by the BIC. To ensure a response on the person being paid, the must enter that person's Social Security Number. Additionally, when the user enters CAN/BIC, SSA may not return the Title XVI information for the person.

3. LAST NAME: Enter applicant/recipient's last name.
4. FIRST NAME: Enter applicant/recipient's first name.
5. DATE OF BIRTH: Enter applicant/recipient's date of birth as MMDDYYYY.
6. CLIENT ID/CASE NO: For AIMS jurisdictions, enter the 9 digit case number or enter the Client ID for CARES jurisdictions.

ENTERING OPTIONAL INFORMATION

1. MI (MIDDLE INITIAL): Enter applicant/recipient's middle initial.
2. SEX: Enter applicant/recipient's sex as M or F.
3. When all information has been entered, Tab down and enter 1 in the space provided directly following ENTER DESIRED OPTION => and press <ENTER>.
4. The following message will display, indicating that the request has been successfully complet

THE SVES REQUEST HAS BEEN SUCCESSFULLY COMPLETED

The Request Screen data fields will not be cleared. Simply type over the data fields and an additional request can be initiated by completing the Request Screen as described above. NO The SVES Request message above will remain on the screen.

5. The following message will display if an SVES request on the SSN or CAN entered has been submitted by someone else within the last ten days, but a response has not yet been received. District within the request was initiated and the logon ID of the person who initiated the request are identified in the message:

A REQUEST EXISTS FOR THIS SSN (CAN) FROM DO: _____ WORKER: __

In this case, a request is unnecessary, and the response should be viewed at a later time.
6. The following message will display if an SVES request on the SSN or CAN entered has been submitted by someone else within the last ten days and an SVES response received:

A RESPONSE EXISTS FOR THIS SSN (CAN). USE TRANSACTION SVS6 VIEW THE RESPONSE.

In this case, a request is unnecessary, and the response may be viewed immediately.

REQUEST SCREEN ERROR MESSAGES

If the Request Screen contains more than one error, errors will be identified by an error message in same order in which they appear on the screen.

INVALID OPTION, TRY AGAIN:
This message indicates that the ENTER DESIRED OPTION => data field has not been completed. Enter 1 and press <ENTER>. This message takes precedence over any other error message.

ENTRY IS MISSING:
This message indicates that a required data field has not been completed. The cursor will be positioned in the required data field, and the data field will be filled with question marks. Enter the required information.
NOTE: If more than one data field has not been completed, this message will again display after the first data field is completed.

ENTRY IS KEYED IN ERROR:
This message indicates that the entry has been entered incorrectly. The cursor will be positioned in the data field to be corrected.

THE SSN OR CLAIM ACCOUNT NUMBER (CAN) MUST BE KEYED:
This message indicates that neither an SSN nor a CAN/BIC has been entered. The cursor will be positioned in the SSN data field in error. Enter either the SSN or CAN/BIC.

THE SSN AND CLAIM ACCOUNT NUMBER (CAN) CANNOT BE KEYED TOGETHER:
This message indicates that both the SSN and the CAN/BIC have been entered. The cursor will be positioned in the SSN data field. Delete either the SSN or tab to and delete the CAN/BIC data field.

THE BIC ENTRY MUST BE KEYED:
This message indicates that a CAN has been entered, but a BIC has not. The cursor will be positioned in the BIC data field. Enter the BIC.
THE BIC ENTRY IS INVALID:
This message indicates that the BIC entry has not been entered correctly. The cursor be positioned in the BIC data field. Enter the BIC correctly.

SVES REC CANNOT BE REQUESTED UNTIL 40 QTR REQUEST IS DELETED:
This message will appear on the screen SVS5 - Option #1, and indicates that a request 40 Quarters has been entered using this specific Social Security Number, thus an SVE request cannot be entered using that same specific SSN. The 40 Quarters request must deleted before an SVES request can be made. The 40-QQ record can be deleted by us the 40 Quarters Reply Screen.
VIII. HOW TO DISPLAY AN SVES RESPONSE FOR VIEWING

An SVES response can be accessed for viewing using either Option 1 (SVS5 Request Screen) or Option 2 (SVS6 Response Screen 1).

OPTION 1: DISPLAY THE SVS5 REQUEST SCREEN

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If signed-on, use the Clear Key to clear whatever message is displayed.

2. Type SVS0 and press <ENTER>

3. The SVES System Notice Screen will display. A message will display telling the user if an event has taken place on the last SVES request. Near the bottom of the screen the user can see the time and date of the last request. With the cursor already positioned at the OPTION data field type 1 and press <ENTER>.

4. SVES SVS5 Request Screen will display:

   ENTER REQUIRED INFORMATION TO DISPLAY A RESPONSE SUMMARY SCREEN

5. If responses to requests initiated by the worker identified in the WORKER LOGONID data field are desired, tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>

   Or: If responses to requests initiated by another worker are desired, type over the WORKER LOGONID with the WORKER LOGONID of the desired worker. Tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>.

   Or: If responses to requests initiated within District Office are desired, delete the WORKER LOGONID. Enter the DO Number. Tab to the ENTER DESIRED OPTION => data field. Type 2 and press <ENTER>.

   NOTE: Unless you use more than one DO, entering both a LOGONID and a DO will provide the same result as entering only the LOGONID.

6. The SVES - 40 QUARTERS Response Summary Screen will display. If either or both the Logon ID and/or District Office is entered with no SSN, the user will see all SSNs associated with Logon ID and/or DO. If SSN is entered, the user will see data just for that particular SSN. CAN/BIC inquiry responses will not be listed on the Summary Screen and must be viewed using Option 2 on page 17.
7. Responses available for viewing are listed on the Response Summary Screen by SSN and Recipient Last Name. Responses are listed left - to - right - to - left - etc., in a numerical order by SSN.

If a response for a specific request is not listed, it may be that the response has not yet been received from SSA because of a systems problem. In this case, check for the response the next day. If the response is not available the next day, advise the DHR Help Desk that there may be a systems problem. Non-DSS users should notify their designated person of the problem.

If no responses are available for the worker or District Office identified, the following message will display:

**NO RESPONSES FOUND FOR WORKER LOGONID / DISTRICT OFFICE**

8. If all responses are listed on the screen, the following message will display:

**ALL SSNs WITH RESPONSES HAVE BEEN DISPLAYED**

Tab to ENTER DESIRED OPTION, type N and press <ENTER> to get the next screen. If this message does not display, look for additional responses listed on the next screen.

9. To view a response, tab to directly in front of the response to be viewed. Enter X and press <ENTER>. **NOTE:** Verify that N does not display following:

**ENTER DESIRED OPTION =>**. If displayed, delete the N before pressing <ENTER>.

Response Screen 1 will display. (See Section IX: How to Interpret an SVES Response. **NOT** Only a single response at a time can be requested for viewing.

If the response has an Error Condition (See p. 15), it will automatically be deleted from the Response Summary Screen after the user has viewed it.

10. To view a response for another SSN, repeat the above SVS5 procedure or use the SVS6 procedure described below in Option 2.
OPTION 2: DISPLAY THE SVS6 RESPONSE SCREEN

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If signed-on, use the Clear Key to clear whatever message is displayed.

2. Type SVS0 and press <ENTER>

3. The SVES System Notice Screen will display. A message will display telling the user if an has taken place on the last SVES request. Near the bottom of the screen the user can see th and time of the last request. With the cursor already positioned at the OPTION data field ty and press <ENTER>.

4. SVES SVS6 Response Screen 1 will display:

<table>
<thead>
<tr>
<th>SVEM9601</th>
<th>STATE OF MARYLAND</th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVES RESPONSE - SCREEN 1</td>
<td>RESPONSE DATE MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

SOCIAL SECURITY NO:  
NAME:  
DATE OF BIRTH:  
SEX:  
STATE AGENCY CODE  
RECORD CODE  
ERROR CONDITION  
SSN VERIFICATION CODE  
VERIFIED SSNS:

CASE NUMBER / CLIENT ID  
WORKER LOGON ID

OPTION=>   
"I" = INQUIRE RESPONSE  
"N" = NEXT PAGE,  
"P" = PREVIOUS PAGE  
"D" = DELETE REQUEST  
CLEAR TO EXIT

HELPFUL HINTS:
Option "D" deletes the REQUEST Record. By deleting a request, the user need not wait ten days ft record to drop off the file before entering a 40-QQ request. The REQUEST record will be deleted e the RESPONSE has not been received from SSA. After selecting option "D" on the SVS6 screen at pressing enter, the system asks the user to confirm the deletion by placing a Y in the option field an <Press Enter>. The following message appears:

RECORD HAS BEEN DELETED FROM REQUEST FILE

If the REQUEST record is deleted, no summary information is displayed (SVS5, option #2).
**WELFARE AGENCY CODE:** State which submits BENDEX information.

<table>
<thead>
<tr>
<th>010: Alabama</th>
<th>200: Maine</th>
<th>410: Rhode Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>020: Alaska</td>
<td>210: Maryland</td>
<td>640: American Samoa</td>
</tr>
<tr>
<td>030: Arizona</td>
<td>220: Massachusetts</td>
<td>420: South Carolina</td>
</tr>
<tr>
<td>040: Arkansas</td>
<td>230: Michigan</td>
<td>430: South Dakota</td>
</tr>
<tr>
<td>050: California</td>
<td>240: Minnesota</td>
<td>440: Tennessee</td>
</tr>
<tr>
<td>060: Colorado</td>
<td>250: Mississippi</td>
<td>450: Texas</td>
</tr>
<tr>
<td>070: Connecticut</td>
<td>260: Missouri</td>
<td>460: Utah</td>
</tr>
<tr>
<td>080: Delaware</td>
<td>270: Montana</td>
<td>470: Vermont</td>
</tr>
<tr>
<td>090: District of Columbia</td>
<td>280: Nebraska</td>
<td>480: Virgin Islands</td>
</tr>
<tr>
<td>100: Florida</td>
<td>290: Nevada</td>
<td>490: Virginia</td>
</tr>
<tr>
<td>110: Georgia</td>
<td>300: New Hampshire</td>
<td>500: Washington</td>
</tr>
<tr>
<td>650: Guam</td>
<td>310: New Jersey</td>
<td>510: West Virginia</td>
</tr>
<tr>
<td>120: Hawaii</td>
<td>320: New Mexico</td>
<td>520: Wisconsin</td>
</tr>
<tr>
<td>140: Illinois</td>
<td>340: North Carolina</td>
<td></td>
</tr>
<tr>
<td>150: Indiana</td>
<td>350: North Dakota</td>
<td></td>
</tr>
<tr>
<td>160: Iowa</td>
<td>360: Ohio</td>
<td></td>
</tr>
<tr>
<td>170: Kansas</td>
<td>370: Oklahoma</td>
<td></td>
</tr>
<tr>
<td>180: Kentucky</td>
<td>380: Oregon</td>
<td></td>
</tr>
<tr>
<td>190: Louisiana</td>
<td>390: Pennsylvania</td>
<td></td>
</tr>
<tr>
<td></td>
<td>400: Puerto Rico</td>
<td></td>
</tr>
</tbody>
</table>

**ASSISTANCE CODE:** The category of assistance from BENDEX information submitted to SSA. May not be current.

- A: Aged
- B: Blind
- C: TCA
- D: Disabled
- F: Food Stamps
- H: Heath Maintenance
- I: Income maintenance
- N: The XIX Medicaid eligibility
- S: Statement of consent

**BLACK LUNG ENTITLEMENT CODE:** Status of entitlement to Black Lung benefits

- E: Entitled
- N: Nonpayment status
- P: Entitlement pending
- T: Terminated (other than death)
- D: Deceased

**BLACK LUNG ENTITLEMENT AMOUNT:** Current monthly payment amount. Amount paid to a miner or widow includes all benefits due the family in the same household.
RESPONSE SCREEN 4

Response Screen 4 contains Title II benefit information, including changes in benefit amounts, if provided this information in response to the SVES request. TODAY’S DATE and RESPONSE will be pre-filled; NAME, SSN(CAN), and DATE OF BIRTH will be pre-filled with the information submitted in the request.

<table>
<thead>
<tr>
<th>SVEM9064</th>
<th>STATE OF MARYLAND</th>
<th>TODAY’S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVES RESPONSE - SCREEN NUMBER 4</td>
<td>RESPONSE DATE:</td>
<td></td>
</tr>
<tr>
<td>NAME:</td>
<td>SSN:</td>
<td>CAN:</td>
</tr>
<tr>
<td>CROSS-REFERENCE ACCOUNT NUMBERS:</td>
<td>MONTHLY BENEFIT CREDITED:</td>
<td></td>
</tr>
<tr>
<td>CODE</td>
<td>ENTITLEMENT NO.</td>
<td>BIC</td>
</tr>
<tr>
<td>OPTION =&gt;</td>
<td>&quot;N&quot; = NEXT PAGE,</td>
<td>&quot;P&quot; = PREVIOUS PAGE</td>
</tr>
</tbody>
</table>

CROSS REFERENCE ACCOUNT NUMBERS: Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military, etc.)

CODE:

A: Person may have more than one SSN
C: Civil Service Number
D: Dual Wage Record Number

ENTITLEMENT NO: SSN or CAN/BIC under which actual or potential Title II entitlement exists. If the Entitlement Number is not the same as the Dual Entitlement Number, submit a follow-up SVES request using this Entitlement Number.

MONTHLY BENEFIT CREDITED: Previous Title II benefit payment history. A maximum of payments may be listed. NOTE: These payments were made under the CAN listed as the Title II on Response Screen 2.

DATE: Date of benefit change.

AMOUNT: New benefit amount.

TYPE: Whether Title II benefits are/were being received.

C: Credited, meaning that a benefit was paid or that a benefit was due but may have been overpayment.
N: Not Credited, meaning that the benefit was not paid or should not have been paid.
RESPONSE SCREEN 5

Response Screen 5 contains Title XVI SSI benefit information, if this information was provided by S in response to the SVES request. TODAY'S DATE and RESPONSE DATE will be pre-filled; NA: SSN(CAN), and DATE OF BIRTH will be pre-filled with the information submitted in the request.

<table>
<thead>
<tr>
<th>SVEM9065</th>
<th>STATE OF MARYLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVES RESPONSE - SCREEN NUMBER 5</td>
<td>TODAY'S DATE:</td>
</tr>
<tr>
<td>NAME:</td>
<td>RESPONSE DATE:</td>
</tr>
<tr>
<td>SSN:</td>
<td>DOB:</td>
</tr>
<tr>
<td>CAN:</td>
<td></td>
</tr>
<tr>
<td>PERSONS OWN SSN:</td>
<td>LAST NAME:</td>
</tr>
<tr>
<td>SSN CORRECTION INDICATOR:</td>
<td>FIRST NAME:</td>
</tr>
<tr>
<td>SSI APPLICATION DATE:</td>
<td>MI</td>
</tr>
<tr>
<td>DENIAL CODE:</td>
<td>RACE:</td>
</tr>
<tr>
<td>DENIAL DATE:</td>
<td>SEX:</td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>CURRENT PAY STATUS:</td>
</tr>
<tr>
<td>DATE OF DEATH:</td>
<td>DIRECT DEPOSIT IND:</td>
</tr>
<tr>
<td>DISABILITY ONSET DATE:</td>
<td></td>
</tr>
<tr>
<td>MAIL ADDR:</td>
<td></td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>RES ADDR:</td>
<td></td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td></td>
</tr>
</tbody>
</table>

OPTION => "N" = NEXT PAGE, "P" = PREVIOUS PAGE

PERSONS OWN SSN: Recipient's SSN.

SSN CORRECTION INDICATOR: Status of a 900-series "pseudo" SSN or invalid SSN.

A: Pseudo or invalid SSN appears in the PERSONS OWN SSN data field. Valid SSN appears in the MULTIPLE SSN data field on Response Screen 7. Submit a follow-up SVES request using the valid SSN.

B: Valid SSN appears in the PERSONS OWN SSN data field. Pseudo or invalid SSN appears in the MULTIPLE SSN data field on Response Screen 7.

SSI APPLICATION DATE: Date an applicant filed or is deemed to have filed an SSI application.
DENIAL CODE: Reason an applicant was initially denied SSI, if applicable. See CURRENT P. STATUS on next page for denial reason codes.

DENIAL DATE: Date of SSI denial.

DATE OF BIRTH: Recipient's date of birth.

DATE OF DEATH: Recipient's date of death.

DISABILITY ONSET DATE: Date disability began (as established by SSA) or is alleged to have begun.

NOTE 1: SSI eligibility cannot begin before the SSI APPLICATION DATE.
NOTE 2: The date of SSI eligibility is not specified on the SVES Response Screens. If this date cannot be determined from other available information, contact SSA for this information.

MAIL ADDRESS: Recipient's mailing address.

RESIDENCE: Recipient's residence address, if different from the mailing address.

LAST NAME, FIRST NAME, MI: Recipient's name.

RACE: Recipient's race

W: White
B: Black
N: Negro
H: Hispanic
I: North American Indian
O: Other
U: Unknown

SEX: Recipient's sex.

M: Male
F: Female
U: Unknown

CURRENT PAY STATUS: Three-character code which indicates the current pay status of the individual submitted and the reason for this status. The first character indicates the status of the SSI Supplement payment/eligibility, the second and third characters indicate the reason for this status.

C: Recipient is eligible for SSI/State Supplement payments

N: Recipient is not eligible for SSI/State Supplement payment
S: Recipient may still be eligible for SSI/State Supplement, but payment is being withheld.
T: SSI/State Supplement eligibility is terminated.
M: Case is under manual control. Case is known as "forced payment," although a payment may not be involved.
E: Recipient is in a nursing home.
H: Recipient has not yet been paid. Case is in a holding status, pending final disposition.
C01: Current Pay.
E01: Eligibility exists but no payment due based on payment computation.
H10: Living arrangement change in progress.
H20: Martial status change in progress.
H30: Resource change in progress.
H40: Student status change in progress.
H50: Head of household change in progress.
H60: Pending receipt of date of death.
H70: Pending position of one-time-only payment made outside the system.
H80: Early input study case.
M01: Force payment. Recipient may be in "payment" or "nonpayment" status.
N01: NONPAY. Recipient's countable income exceeds Title XVI payment amount and Stat payment standard.
N02: NONPAY. Recipient is an inmate of public institution.
N03: NONPAY. Recipient is outside U.S.
N04: NONPAY. Recipient's nonexcludable resources exceed Title XVI limitations.
N05: NONPAY. Recipient gross income from self-employment exceeds Title XVI limitations.
N06: NONPAY. Recipient failed to file for other benefits.
N07: NONPAY. Cessation of recipient's disability.
N08: NONPAY. Cessation of recipient's blindness.
N09: NONPAY. Recipient refused vocational rehabilitation without good cause.
N10: NONPAY. Recipient refused treatment for drug addiction.
N11: NONPAY. Recipient refused treatment for alcoholism.
N12: NONPAY. Recipient voluntarily withdrew from a program.
N13: NONPAY. Not a U.S. citizen or eligible alien.
N14: NONPAY. Aged claim denied for age.
N17: NONPAY. Applicant failed to pursue claim.
N19: NONPAY. Recipient voluntarily terminated participation in the SSI program.
N20: NONPAY. Recipient failed to furnish a required report.
N27: NONPAY. Disability terminated due to Substantial Gainful Activity (SGA).
N32: NONPAY. Capacity for Substantial Gainful Activity (SGA). Other work. No visual impairment.
N33: NONPAY. Engaging in Substantial Gainful Activity (SGA) despite impairment. No visual impairment.
N34: NONPAY. Impairment is no longer severe at the time of decision and did not last months. No visual impairment.

N35: NONPAY. Impairment is severe at the time of decision but not expected to last 12 months. No visual impairment.

N36: NONPAY. Insufficient or no medical data furnished. No visual impairment.

N37: NONPAY. Failure or refusal to submit to consultative examination. No visual impairment.

N38: NONPAY. Applicant does not want to continue development of claim. No visual impairment.

N39: NONPAY. Applicant willfully fails to follow prescribed treatment. No visual impairment.

N40: NONPAY. Impairment(s) does not meet or equal listing (disabled child under age 1 only). No visual impairment.

N41: NONPAY. Slight impairment. Medical condition alone. Visual impairment or blin


N45: NONPAY. Impairment no longer severe at the time of decision and did not last 12 months. Visual impairment.

N46: NONPAY. Impairment is severe at the time of decision but not expected to last 12 months. Visual impairment.

N51: NONPAY. Impairment(s) does not meet or equal listing (disabled child under age 1 only). Visual impairment.

N52: NONPAY. Deleted from State rolls before 1/73 payment

N53: NONPAY. Deleted from State rolls after 1/73 payment

N54: NONPAY. Unable to locate applicant

P01: SUSPENDED. Substantial gainful activity (SGA). Probability of reinstatement.

S06: SUSPENDED. Recipient's address unknown

S07: SUSPENDED. Returned check for other than address, payee change, or death of pay

S08: SUSPENDED. Representative payee development pending

S09: SUSPENDED. Miscellaneous. No specific code provided for event causing suspen

S10: Adjudicative Suspense (System Generated)

S20: SUSPENDED. Potential rollback case or disability made prior to 7/73 (inactive)

S21: SUSPENDED. Recipient is presumptively disabled and has received three months' payments

T01: TERMINATED. Death of recipient

T20: TERMINATED. Received payment under two different account numbers.

T22: TERMINATED. Same definition as T20, except termination resulted from electroni screening

T30: TERMINATED. Change in record composition requires termination of existing recc

T31: TERMINATED. System generated termination. Payment made.

T50: TERMINATED. Manual termination. No payment made

T51: TERMINATED. System generated termination. No payment made

*: Data transmitted in error.
DIRECT DEPOSIT INDICATOR: Type of account to which the SSI payment is deposited. If blank, no direct deposit is made:

C: Checking
S: Saving
RESPONSE SCREEN 6

Response Screen 6 contains Title XVI SSI benefit information, if this information was provided by in response to the SVES report. TODAY'S DATE and RESPONSE DATE will be pre-filled; N. SSN(CAN), and DATE OF BIRTH will be pre-filled with the information submitted in the required.

SVEM9066  STATE OF MARYLAND  TODAY'S DATE:
SVES RESPONSE - SCREEN NUMBER 6  RESPONSE DATE:
NAME:  SSN:  CAN:  DOB:
- - - - - - CURRENT PAYMENT - - - - - -
DATE  FEDERAL  STATE

- - - - PAYMENT HISTORY - - - -
DATE  FEDERAL  STATE

TELEPHONE NUMBER:

WAGE INCOME:
SELF-EMPLOYMENT INCOME:
BLIND WORK EXPENSES:
SELF-SUPPORT AMOUNT:
IAR REIMBURSEMENT CODE:
LOCALITY REIMBURSED:
REPRESENTATIVE PAYEE INDICATOR:
SELECTOR DATE:
TYPE OF PAYEE:

NET COUNTABLE EARNED INCOME:
NET COUNTABLE UNEARNED INCOME:

OPTION =>  "N" = NEXT PAGE,  "P" = PREVIOUS PAGE

CURRENT PAY:  SSI, State Supplement current payment (net amount).

DATE:  Date of current SSI payment.

FEDERAL:  SSI payment amount for current month.

STATE:  State Supplement payment amount for current month, if made by SSA.
NOTE:  If an amount shows in the STATE data field, the recipient is receiving a State supplement from a State other than Maryland.
PAYMENT HISTORY: SSI State Supplement payment history. NOTE: If the most recent payment date which shows in PAYMENT HISTORY also shows in CURRENT PAY, and the payment amount this date in CURRENT PAY is less than the amount in PAYMENT HISTORY, the difference probably represents a recoupment on a prior overpayment.

TELEPHONE NUMBER: Recipient's telephone number.

WAGE INCOME: Gross amount of estimated wages for a specified month.

SELF EMPLOYMENT INCOME: Net amount of estimated self employment income for a specified month.

BLIND WORK EXPENSES: Amount of work expenses of a blind recipient for a specified month which may be excluded from earned income.

SELF-SUPPORT AMOUNT: Monthly amount of earned income for blind and disabled recipients which may be excluded from earned income under an approved plan of self-support.

IAR REIMBURSEMENT CODE: SSA reimbursement of interim assistance payments, or the reason reimbursement is not being made.

0: Essential person record. Applicant did not authorize reimbursement.
1: Total payment amount which is being sent or was sent to a locality. It is not possible to determine from the data provided which payment was sent to the locality.
2: Part of the payment amount which is being or was sent to the locality. It is not possible to determine from the data provided which payment was sent to the locality.
3: Reimbursement is not being made. Applicant is ineligible, or a retroactive payment is due.
4: Reimbursable assistance case is pending or denied.
5: Reimbursement check was returned.

LOCALITY REIMBURSED: The locality which receives reimbursement for interim assistance payments. If the locality code begins with 21, the locality is within Maryland. See STATE/COUNTY CODES on pp. 17-20. If the locality code begins with some number other than 21, the locality is not within Maryland.

REPRESENTATIVE PAYEE INDICATOR: Y or N indicates whether there is a representative payee.

PAYEE SELECTION DATE: Date the current payee was selected.
PAYEE TYPE: Type of payee selected.

SEL or blank: Beneficiary is own payee
SPO: Spouse
FTH: Natural or adoptive father
MTH: Natural or adoptive mother
SFT: Stepmother
SMT: Grandparent
CHD: Natural, adoptive or stepchild (as payee for parent)
REL: Other relative (includes in-laws)
FDO: Federal nonmental institution
FDM: Federal mental institution
SLO: State/local nonmental institution
SLM: State/local mental institution
PRO: Proprietary nonmental institution
PRM: Proprietary mental institution
NPO: Nonprofit non-mental institution
NPM: Nonprofit mental institution
FIN: Financial organization
AGY: Social agency
OFF: Public official
OTH: Other
PYE: Recipient previously had payee, but is now receiving direct payments
ESP: Essential person is payee

NET COUNTABLE EARNED INCOME: Net countable earned income for the current month after all exclusions are applied.

NET COUNTABLE UNEARNED INCOME: Net countable unearned income for the current month after all exclusions are applied.
RESPONSE SCREEN 7

Response Screen 7 contains Title XVI SSI benefit information if this information was provided by S in response to the SVES request. TODAY'S DATE and RESPONSE DATE will be pre-filled; NA SSN(CAN), and DATE OF BIRTH will be pre-filled with the information submitted in the request.

SVEM9067          STATE OF MARYLAND          TODAY'S DATE:
SVES RESPONSE - SCREEN NUMBER 7               RESPONSE DATE:
NAME:             SSN:          CAN:          DOB:
OVER/UNDER PAY INDICATOR:    DISABILITY STATUS:    MULTIPLE SSN:
CURRENT PAY STATUS:
HEAD OF HOUSEHOLD:
MARITAL STATUS:
STUDENT INDICATOR:
CONDITIONAL PAYMENT:

--- UNEARNED INCOME INFORMATION ---

TYPE START STOP AMOUNT  FREQ  CLAIM/ID NO.  SC  VFN

OPTION => _ "P" = PREVIOUS PAGE,  "N" = RESPONSE SCREEN

OVER/UNDER PAY INDICATOR: Whether an overpayment or an underpayment exists. It is not possible to determine from the data provided which payment was an over/under payment.

- O: Overpayment
- U: Underpayment
- B: Both overpayment and underpayment exist

CURRENT PAY STATUS: See pp. 31-33.

HEAD OF HOUSEHOLD: Whether the recipient was the head of the household for Title XVI purp; at the time the record was established. In addition, this field is also used to indicate that one member couple was determined eligible for SSI while a disability determination was pending for the other member.

- Y: Head of household
- N: Not head of household
- S: The member of the couple that is (was) paid as an individual while disability determin was pending for the other member.
- R: The member of the couple for which the disability determination is (was) pending.
MARITAL STATUS: Marital status of the recipient at the time the record was established.

1: Married and living with (ceremonial marriage, common law marriage, or de facto marriage)
3: Single, widowed, or divorced
4: Married, but separated

STUDENT INDICATOR: Y or N indicates whether a recipient under age 22 is a student.

CONDITIONAL PAYMENT: Whether a payment is or was subject to disposition of excess rec
When a payment is no longer conditional, Code C continues to display. If blank, payment is not conditional.

C: Conditional
N: Not conditional

DISABILITY STATUS: Status of SSI disability and blind cases

P: Presumptive finding
F: Final determination allowance
S: State determination allowance (State conversion case)
R: Referred to state agency. Final determination denied or determination pending.
T: Presumptive finding (State conversion case)
X: No disability determination made. Claim denied on basis of nondisability issues.

MULTIPLE SSN: Additional verified SSNs associated with the recipient. Up to five SSNs may be displayed vertically. Submit a follow-up SVES request on any additional SSN provided.

UNEARNED INCOME INFORMATION

TYPE: Type of unearned income the recipient is or was receiving.

A: Social Security
B: Black Lung
C: Veterans Administration Compensation
D: Railroad Retirement
E: Veterans Administration Pension
F: Assistance based on need and not excluded from unearned income (AFDC)
G: Title XVI offset
H: Income-in-kind (Support and Maintenance)
I: Ineligible child allocation
J: Value of 1/3 reduction
K: Blind countable income
L: Military Pension, including survivor payments
M: Federal Civil Service Pension
N: Child Support payments received from absent parent
O: Income based on need from private sources
P: Employment related pension, such as State or local government retirement or pension
Q: Workers’ compensation
R: Rent, interest, dividends, royalties
S: Other type of income, including case contributions
T: Alaska longevity bonus
V: Net deemed income. Income from a financially responsible spouse/parent
W: Title II Offset
X: Minimum income level amount
Y: Special need reduction. Applies to a Federal countable minimum income level (MIL)
Z: State countable income (Vermont only)

START: Date unearned income began if the payment is ongoing, or MMYY payment was made if the payment was one-time-only.

STOP: Date unearned income terminated. In a situation where the unearned income amount changes, this is the last date the previous payment amount or one-time payment was received.

AMOUNT: Monthly payment amount for the period indicated by the START/STOP dates.

FREQUENCY: Whether unearned income is being received or was received.

C: Continuous monthly payment, uninsured (Title II claim account number suffix C and M), or Title II benefits in non-pay status
N: One-time payment
R: Used in conjunction with Type A income to indicate recent Title II filing or with Type D income to indicate potential eligibility to Railroad Retirement benefit
T: Termination of continuous monthly payment
U: Used in conjunction with a Type D income to indicate Railroad Retirement has jurisdiction of the Title II Type A payment and that entitlement to Railroad Retirement annuity has not been determined.

CLAIM/ID NO: Recipient's claim number followed by a one-digit code indicating the claim identification number under which each type of unearned income is being received. NOTE 1: This number may extend into the SC data field. NOTE 2: The data in this field may include other information that has meaning only to the person making the entry.

SOCIAL SECURITY (TYPE A): The claim number is a 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.

VA COMPENSATION AND PENSION NOT BASED ON NEED (TYPE C): The claim number is a nine-digit VA number, two alpha characters, and a space in position 12 of the field.
RAILROAD RETIREMENT (TYPE D): The claim number 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.

VA COMPENSATION AND PENSION BASED ON NEED (TYPE E): The claim number is a nine-digit VA number, two alpha characters, and a space in position 12 of the field.

MILITARY RETIRED PAY (TYPE L): The claim number is a nine-digit military ID number, one character, either alpha or numeric, and a space in position 12 of the field.

FEDERAL CIVIL SERVICE PENSION (TYPE M): The claim number is a nine-digit civil service number, a one-position alpha character, a one-position character, or a space in the eleven position, and a space in position 12 of the field.

INCOME-IN-KIND (TYPE H): The claim number data field may contain an identifying letter, e.g., RENT-FREE, FREE-RENT, etc. This legend may appear after one of the following letters:

A: Living in own household
B: Living in non-institutional care situation
C: Living in a private nonprofit residential care institution (covered by Church Amenities)
D: Living in other private non-medical institution (domiciliary care personal care, retirement homes, etc.)
E: Living in private medical institution but Medicaid pays less than 50 percent of the cost
F: Living in public institution for education or vocational training

SC (SERVICE CENTER): Service center from which payment is made
1: New York
2: Philadelphia
3: Birmingham
4: Chicago
5: San Francisco
6: Kansas
7: Office of Disability Operations, Baltimore
8: Division of Internal Operations, Baltimore
B: Type B (Black Lung) income under Department of Labor jurisdiction
D: Individual is a VA dependent. Type C or E amount represents dependent’s portion of VA check payment
F: Type C or E VA fixed payment or Type D Railroad Retirement benefits not subject to general legislative increases
G: Type E VA parent’s dependency and indemnity compensation
V: Individual is a veteran or surviving spouse of a veteran. Type C or E amount represents veteran/surviving spouse portion of a combined VA check payment
X: Same as V except not subject to general legislative increases
VFN (VERIFICATION): Whether unearned income, as stated by the recipient, has been verified.

0: Number and income amount not verified
1: Number verified, amount not verified
2: Number and income amount verified
3: Number and income amount not verified
4: Number verified, amount not verified
7: Federal countable income
X. QUARTERS OF COVERAGE HISTORY SYSTEM (QCHS)

INTRODUCTION

On August 22, 1996, Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (also known as Welfare Reform as amended by P. L. 104- was enacted. Under this new law only certain excepted classes of qualified immigrants are eligible supplemental security income (SSI) and food stamps.

States may also choose to restrict eligibility for MEDICAID, TANF/TCA, and programs follow by a social service block grant to those same excepted categories of immigrant. One of the except the restrictions can be met through the use of information the Social Security Administration maint maint its records. This exception involves immigrants who are lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act and who have worked or can be with 40 qualifying quarters (QQ).

Under certain conditions, the QCs of parents or spouses can be added to the immigrant’s res achieve the needed 40-QQs. However, these QCs do not count for Social Security benefit purpose: earned after December 31, 1996, cannot be counted if the noncitizen, spouse, or parent received cert Federal means-tested public benefit during the period for which the QC was credited.

The Social Security Administration is the primary source for information on qualifying qua and has developed an automated system to provide this information for state’s use when making 40 qualifying quarter determination. The system is called the Quarters of Coverage History System (QCHS). The system provides an array by year (beginning with 1937) of all qualifying quarters derived from covered by the Social Security Act and, all Federal, State, or local MEDICARE only wages begin with 1983.

Additionally, you receive information on the months in which a customer received a title XVI (SSI) payment. This is important because, as noted above, a qualifying quarter cannot be credited if quarter after December 31, 1996 if a customer received a Federal means-tested public benefit in that quarter. The Social Security Administration has determined that SSI is a Federal means-tested publi benefit.

The following sections outline a process that can be used to determine whether a customer meets the requirements for the 40-QQ exception. The guidelines are broken out into eight sections: This introduction, a glossary, the interview process, consent for release of information, accessing the syst how to interpret output data and make a 40-Quarters determination, a case example, and a reconcilia process in the event of a discrepancy. There is also an Appendix with a number of forms and exampl for completing the forms correctly.
GLOSSARY

The following terms used throughout the manual are defined for your information:

Customer: the individual applying for benefits

Covered Earnings: wage or self-employment income (1) of which SSA has knowledge or (2) which requires payment of FICA/SECA (Social Security) taxes.

LAG Quarters: current year Quarters and the year preceding it which may not appear in the QCHS history pattern because the employer report or self-employment tax return has not been processed. This could be up to seven Quarters depending when a request for QCHS is processed.

Noncovered Earnings: wages or self-employment income (1) of which SSA has no knowledge, or (2) which do not require payment of FICA/SECA taxes.

Number Holder: an individual who has a Social Security number assigned to him or her.

QCHS: Quarters of Coverage History System, the system that will provide a Qualifying Quarter array for all covered earnings and available Non-covered earnings.

Qualifying Quarter (QQ): Credit for a requisite amount of covered earnings or Non-covered earnings assigned to a calendar quarter for years beginning 1937.

Quarter: a period of 3 calendar months ending March 31, June 30, September 30 and December 31.

Quarter of Coverage (QC): credit for covered earnings assigned to a calendar quarter.

QQ History: a display of Qualifying Quarters by Quarter and Year

SVES: State Verification Exchange System, the system which will be used to request Histories.
THE INTERVIEW PROCESS

Use this section to determine the potential effect of applying the 40-QQ provision to an individual customer. As explained in the Introduction on page 45, the customer’s work and spouse’s or partner’s work (with certain exceptions) can be combined to attain the 40-QQs required to meet this exception.

Question the customer to elicit information sufficient to determine that the proper relationships exist. Date of birth of the customer and the identifying information of the customer and relevant parents/spouses that will allow you to access the QCHS.

A. Determine which number holders can be included in the QQ count. The following are individuals and the conditions, under which their qualifying quarters can be considered.

- The customer, always.
- The customer’s natural or adoptive parents, but consider only quarters earned before the date on which the child turns age 18.
- The customer’s stepparent, provided the step relationship still exists (death of the stepparent does not terminate the relationship), but consider quarters earned only if the relationship was in existence and from the calendar quarter of the customer’s birth through the calendar quarter the customer attains age 18.

Remember. The stepparent’s relationship to the child is based on the relationship to the child’s natural parent. Therefore, if the marital relationship ends, other than by death, the relationship also ends.

- The customer’s current spouse, but consider only for the quarters earned during the relationship.
- The customer’s former spouse(s), only if the marriage ended by death, but consider for quarters earned during the marriage.

B. Determine whether it is possible for the applicant to meet the requirement.

Ask: How many years the customer, and each of the relevant individuals above has lived in the country.

Add the number of years for each together.

If: the total equals at least 10 years, then proceed to C.
If: The total is less than 10 years, then

Ask: Whether the customer, his or her parents or spouse ever commuted to work in the U.S. from another country before coming here to live or, while a legal resident of the U.S., worked overseas for a U.S. company or in self-employment.

If: YES, then determine the number of years and add them to the total.

If: The total is at least 10, then proceed to C.

If: The total is less than 10, STOP. The customer cannot meet the 40-QQ requirement.

C. Determine how many years in the total from section B., above, includes earnings.

- Four quarters in each year can be credited to the customer from each individual. (See chart on page 59 for the yearly incremental amounts required to credit a quarter beginning 1978.) Remember that quarters in years beginning 1978 do not indicate work in the actual quarter. They are based solely on total yearly earnings. Four quarters can be earned for the year although the individual did not have earnings in all four quarters.

- Always credit the customer’s own quarters first to simplify verification. Where customers have sufficient quarters of their own, there is no need to request a QQ History for the customer’s parent(s) or spouse.

If: The interview process clearly shows that the customer meets the 40-QQ History exception, then request verification using the 40-QQ History query system (QCHS).

If: The interview process shows the customer may meet the 40-QQ exception, then request verification using the 40-QQ History query system.

If: The interview process shows that the customer will not meet the 40-QQ exception but the customer still believes he or she meets the requirement, then request verification using the 40-QQ History query system.

D. You should always:

- establish the necessary relationships to the customer using your local department’s rules before requesting a QQ History, unless the applicant clearly meets the 40-QQ requirement because of his or her own work.

- obtain a Consent for Release of Information from number holders other than the customer (described in CONSENT FOR RELEASE OF INFORMATION on page 50).
request a QQ History unless it is clear from the interview that the customer or cust combination with others cannot meet the 40-QQ exception.

determine, using your local department’s rules, whether any of the individuals’ quarters will be used in your determination have received a Federal means-tested pub benefit. SSI is an example of a means-tested public benefit. SSA will tell you about as part of this Query. You will need this information when reviewing the output to determine whether to include quarters in years after 1996.
CONSENT FOR RELEASE OF INFORMATION

1. After determining which Social Security numbers on which you need to request Qualifying Quarters histories, then obtain a Consent for Release of Information forms.

2. You will need a Consent for Release of Information (Form SSA-3288) completed and signed by the parent or spouse number holder when requesting a QQ history for Social Security numbers which are not assigned to the customer (i.e., a parent or spouse of the customer).

3. This form is necessary because the Privacy Act protects these records. Local department workers must obtain the consent form even if it is difficult to contact the parent(s) or a spouse. A Consent for Release of Information form is not required when requesting information on a deceased individual’s Social Security Number.

☐ The local department worker must indicate that the information may be released to both local department office and the customer.

☐ The parent or spouse must be made to understand that the request authorizes release of their Social Security Number, identifying information, information about benefit payments and Quarters of Coverage history.

☐ The parent or spouse must state their relationship to the customer and sign and date form.

4. See Appendix A, pages A-3 through A-7 for a copy of the Consent for Release of Information form and an example of how it should be completed. THERE IS NO CHARGE FOR THIS INFORMATION.

5. IMPORTANT: If someone refuses to cooperate and will not complete the consent form, local department workers cannot use the Quarters of Coverage History System to obtain QQ history in such cases, use Form SSA-513, Request for Quarters of Coverage History Based on Relationship. See Appendix A, pages A-8 - A-10 for instructions and a copy of the form.

LOCAL DEPARTMENTS MUST RETAIN THE CONSENT FORMS IN THEIR CUSTOMERS’ FILES. SSA AUDITORS MAY REQUEST TO SEE THESE FORMS AS PART OF QUALITY CONTROL OR IF A QUESTION IS RAISED.
ACCESSING THE SYSTEM

THE 40-QUARTERS REQUEST SCREEN

1. After choosing option 3 from the SVS0 screen the following SVES - 40-Quarters Request will display:

<table>
<thead>
<tr>
<th>SVEM9071</th>
<th>STATE OF MARYLAND</th>
<th>MM / DD / YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKER LOGONID:</td>
<td>DISTRICT OFFICE:</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NO:</td>
<td>CLAIM ACCOUNT NO:</td>
<td></td>
</tr>
<tr>
<td>LAST NAME:</td>
<td>FIRST NAME:</td>
<td>MI:</td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>SEX:</td>
<td></td>
</tr>
<tr>
<td>MM DD YYYY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIENT ID / CASE NO:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTER OPTION=&gt; _1 = ADD REQUEST 2 = VIEW RESPONSE CLEAR TO EXIT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TODAY’s DATE will be prefilled with the current date. The WORKER LOGON ID data will be prefilled with the LOGON ID of the person who signed onto SVES, and the cursor positioned at the DISTRICT data field.

2. It is critical that all required information is entered on the above request screen to get back information on the correct person. The same information required for an SVES request is needed for 40-QQ requests (Logon ID, SSN, or DO - See page 9-10).

3. When all information has been entered, tab down and enter 1 in the space provided directly following DESIRED OPTION => and press <ENTER>. The following message will display indicating that the request has been successfully completed:

   40-Quarters REQUEST SUCCESSFUL - PRESS CLEAR TO EXIT OR KEY REQUEST

4. The Request Screen data fields will not be cleared. Simply type over the data fields and an additional request can be initiated by completing the Request Screen as described above. The message above will remain on the screen.
5. The following message will display if a 40-Quarters request on the SSN or CAN was submitted someone within the last 10 days and a 40-Quarters response received:

**REPLY EXISTS FOR THIS SSN (CAN) USE “SVS0” TO REVIEW REPLY**

In this case, a request is unnecessary, and the response may be viewed immediately.

**REQUEST SCREEN ERROR MESSAGES**

1. If Request Screens SVS5 or SVS7 contain more than one error, errors will be identified by an message in the same order in which they appear on the screen. See page 13 for a list of error messages. The following is an example of a 40-Quarters error message.

**40 QTR REC CAN NOT BE REQUESTED NOW, WAIT FOR SVES REC TO BE DELETED:**

This message will appear on the screen SVS7 - Option #3. This indicates that if a request for SVES has been entered using a specific Social Security Number, a 40-Quarters request can not entered using that same SSN. The SVES request must be deleted before making a 40-Quarters request. The SVES request can be deleted by using the SVS6-SVES Response Screen.
VIEWING THE 40-QUARTERS QUERY OUTPUT

40-Quarters responses can be accessed for viewing using either Option 3 (SVS7 40 QTRS. Reque Screen) or Option 4 (SVS8 40 QTRS. Reply Screen).

OPTION 3: DISPLAY THE SVS7 40-QUARTERS REQUEST SCREEN

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If signed-on, use the Clear Key to clear whatever message is displayed.

2. Type SVS0 and press <ENTER>

3. The SVES System Notice Screen will display. A message will display telling the user if an has taken place on the last request. Near the bottom of the screen the user can see the date time of the last request. With the cursor already positioned at the OPTION data field, type press <ENTER>. The Request Screen displays:

   ENTER REQUIRED INFORMATION TO DISPLAY THE 40-Quarters REPL SUMMARY SCREEN (See pages 10-11).

4. If replies to requests initiated by the worker identified in the WORKER LOGONID data fie desired, tab to the ENTER OPTION => data field. Type 2 and press <ENTER>
   or: If replies to requests initiated by another worker are desired, type over the WORKER LOGONID with the WORKER LOGONID of the desired worker. Tab to the ENTE OPTION => data field. Type 2 and press <ENTER>.
   or: If replies to requests initiated within District Office are desired, delete the WORKER LOGONID. Enter the DO Number. Tab to the ENTER OPTION => data field. Type and press <ENTER>.

NOTE: Unless you use more than one DO, entering both a LOGONID and a DC provide the same result as entering only the LOGONID.
5. The SVES - 40-Quarters Reply Summary Screen will display. If either or both the Logon ID and/or District Office is entered with no SSN, the user will see all SSNs associated with that Logon ID and/or DO. If SSN is entered, the user will see data just for that particular SSN.

<table>
<thead>
<tr>
<th>SVEM9072</th>
<th>STATE OF MARYLAND</th>
<th>TODAY'S DATE MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVES - 40-Quarters REPLY SUMMARY SCREEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>654461656 MCTEWT - 313164664 ALLEYENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>034647244 ABBAS - 020735333 AHMAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>105795540 AHMAY - 386744178 ARBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTER &quot;N&quot; FOR NEXT PAGE =&gt; ENTER &quot;X&quot; BY SSN TO SEE REPLY CLEAR TO EXIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSNS WITH REPLIES HAVE BEEN DISPLAYED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Replies available for viewing are listed on the Reply Summary Screen by SSN and Recipient Name. Replies are listed left - to - right - to - left - etc., in a numerical order by SSN.

If a reply for a specific request is not listed, it may be that the reply has not yet been received by SSA because of a systems problem. In this case, check for the reply the next day. If the reply not available the next day, advise the DHR Help Desk that there may be a systems problem.

If no replies are available for the worker or District Office identified, the following message will display:

**NO REPLIES FOUND FOR WORKER LOGONID**

7. If all replies are listed on the screen, the following message will display:

**ALL SSNs WITH REPLIES HAVE BEEN DISPLAYED**

Tab to ENTER OPTION, type N and press <ENTER> to get the next screen. If this message does not display, it means that additional replies are listed on the next screen.

8. A user may place an "X" beside a SSN to see the Reply Screen (SVS8) for that particular SSN then <Press Enter>
OPTION 4: DISPLAY THE SVS8 SVES - 40-QUARTERS REPLY SCREEN

1. Use the Clear Key to clear the screen on which the SIGN ON OK message is displayed. If a signed-on, use the Clear Key to clear whatever message is displayed.

2. Type SVS0 and press <ENTER>.

3. The SVES System Notice Screen will display. A message will display telling the user if any has taken place on the last request. Near the bottom of the screen the user can see the date and time of the last request. With the cursor already positioned at the OPTION data field type 4 press <ENTER>.

4. SVS8 SVES - 40-Quarters Reply Screen will display. See Page 56 for QQ pattern values.

<table>
<thead>
<tr>
<th>SVEM9801</th>
<th>STATE OF MARYLAND</th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKER ID: ABCDE1</td>
<td>CLIENT ID / CASE: 000000012</td>
<td>CONDITION CODE: 02</td>
</tr>
<tr>
<td>INPUT</td>
<td>VERIFIED</td>
<td>NAME: FIRST I LAST</td>
</tr>
<tr>
<td>SSN: 112 11 2111</td>
<td>SSN: 112 11 2111</td>
<td>MARY A MCTEST</td>
</tr>
</tbody>
</table>

ENTER "D" TO DELETE REQUEST REC

| DATE OF BIRTH: | 1937-1950 QC | RAIL SERVICE MO 1937-1946 |
| 01/01/1987 | MIN- 13 | MAX- 07 | 00 |
| 1945-AAAA | 1944-GJMR | 1943-ACDF | 1942-GJMR | 1941-ACDF | 1939-SX*N |
| 1938-GJMR | 1937-ACDF |

YEARS WITHOUT EARNINGS ARE NOT DISPLAYED

KEY ENTER TO EXIT

If all the information cannot fit on one page, it will be displayed on a second page which can accessed by pressing PF8. A message will appear on the bottom of the first page to alert the if there is a second page.
5. If the user wants to delete a request record, the user must go to the SVS6 screen and enter a "Y" in the appropriate field and <Press Enter>. 40-Quarters request records cannot be deleted through the SVS8 screen. The system will then ask the user to verify the deletion by entering "Y" in the appropriate field and <Press Enter>. The message: REQUEST RECORD DELETION WILL APPEAR AT THE LEFT-HAND BOTTOM OF THE SCREEN.

QUALIFYING QUARTERS PATTERN VALUES

1. The following codes will appear in the Qualifying Quarters pattern. Each code element indicates a Potential Qualifying Quarter.

   A - Agricultural QC
   C - Wage QC (This is the most common quarter code you will see)
   D - Military QC
   F - Federal, State, or Local government wage QC
   G - Gift QC
   J - Japanese Internment QC
   M - Military QC
   R - Railroad QC
   S - Self Employment QC
   X - Wage QC which can occur for 1951 or 1952
   * - A covered QC

   Note: All codes represent a Qualifying Quarter of Coverage (QC) from covered earnings except code "F" which is shown as a Qualifying Quarter (QQ). This will be important when you determine how to handle discrepancies (See page 61, Reconciliation)

2. The following code will appear in the QQ display but cannot be counted as a qualifying quarter:

   N - Quarter with no earnings, a non QQ (Years with all "N" will not be displayed

3. Sometimes there is not enough information on the SSA record to determine whether there is a potential qualifying quarter. When this happens, you will see the following codes:

   # - Questionable QC that can occur 1952 through 1977
   Z - Questionable QC that can occur 1952 through the present

   If you see these codes ("#" or "Z") in a quarter and the applicant does not meet the 40-QQ requirement without them, then contact SSA. SSA will investigate the earnings and either confirm or deny the quarter.
4. The Minimum Number QCs 1937-1950 field and Maximum Number QCs 1937-1950 field provide information on QCs for individuals whose earnings records do not contain specific breakouts for quarters of coverage from 1937-1950. For these individuals, SSA will do calculations and provide a range of possible quarters of coverage. The Minimum Number field will contain the result of dividing total earnings 1937-1950 by $400, and the Maximum Number QCs field will contain the result of dividing total earnings 1937-1950 by $50. There should not be entries in the Qualifying Quarters Pattern for 1937-1950 if there are entries in the Minimum and Maximum Number QCs fields. The Qualifying Quarters Pattern will display earnings from 1937-2025. However, the record format does not display the years.

5. If the Qualifying Quarters Pattern is blank, there will be a Condition Code which will either explain the reason or indicate a problem with the system. The Condition Code values are:

<table>
<thead>
<tr>
<th>Blank</th>
<th>QQ data follows</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Earnings Record not found <em>(If the individual still believes that earnings exit record, he or she should contact SSA for an earnings investigation.)</em></td>
</tr>
<tr>
<td>02</td>
<td>SSA system error - Please resubmit request</td>
</tr>
</tbody>
</table>
| 99    | Record not processable *(This can be caused by SSA system edits. Local departments should contact the DHR Help Desk.)*  
*NOTE: Please give your name, district office, phone number, and indicate if there is a condition 99 and ask that the SSA regional office be contacted.* |

6. **REMEMBER:** The record you receive will not show current year earnings or possibly year's earnings, depending on when you make your request. SSA processes earnings report flow basis; but because of the volume, generally does not complete the processing until mid summer of the year following the year of earnings. Earnings for this period, coded as NNN called LAG earnings. SSA will NOT develop these earnings for local departments because it will appear on SSA records when they are processed. Guidelines for developing the existing LAG earnings if such earnings are needed to establish the 40 QC exception will be outlined 61, Reconciliation. Because these quarters represent recent work activity, the applicant should have acceptable evidence of earnings readily available.
MAKING THE 40-QQ DETERMINATION

REMEMBER: Qualifying Quarters after 12/31/96 cannot be counted if the immigrant, parent or spouse received a Federal Means-tested Public Benefit during the quarter.

STEP 1: Review the customer’s record. Do codes representing QQs add up to 40 or more?

If: YES, then the customer meets the exception requirement.

If: NO, then: Are there current or prior year earnings which are not shown in the QQ pattern? (See the chart following step 3 on page 59 for earnings amounts needed for a QQ.)

If: YES, then proceed as described on page 61, Reconciliation.

If: The total now equals 40 or more, then the customer meets the exception requirement.

If: NO, then go to Step 2.

STEP 2: Review other records for the periods which can be used (during marriage for a spouse under age 18 for a parent). When you add the codes which represent a QQ on these records to the customer’s record, do they equal 40 or more?

If: YES, then the customer meets the exception requirement.

If: NO, then consider current and prior taxable year earnings as in Step 1.

If: the total when these are added equals 40 or more, then the customer meets the exception requirement.

If: NO, then go to Step 3.

STEP 3: On all records:

Review the field MINIMUM NUMBER QCs 1937-1950

If: these can be used, then add them to the total. Does the total equal 40 or more?

If: YES, then the customer meets the exception requirement.

If: NO, then continue.

Review the field MAXIMUM NUMBER QCs 1937-1950 and look at the QC pattern for code and z.
If: the maximum number and/or the codes "#" and "Z" will equal 40 or more when added to the total. Refer the case to SSA as described on page 61, Reconciliation.

If: the total still does not equal at least 40, then continue.

Review the QQ pattern with the customer.

If: the customer believes that quarters are missing, then develop the issue as described on page 61, Reconciliation.

If: the customer believes the records are correct, then he or she cannot meet the excepted requirements.

Please refer to the Covered Employment Chart in Appendix A, page A-2 to determine whether individuals have the level of earnings to produce a Qualifying Quarter. The Covered Employment Chart also shows how to credit earnings prior to 1978.

For 1978 and later, credits are based solely on the total yearly amount of earnings. The number of creditable QQs are obtained by dividing the individual's total earned income by the increment amount for the year (a maximum of 4 quarters per year). All types of earnings follow this rule. The amount of earnings needed to earn credit increases and is different for each year. For 1978 through 1997, the dollar amount of earnings needed to credit each qualifying quarter is:

<table>
<thead>
<tr>
<th>Year</th>
<th>Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>$250</td>
</tr>
<tr>
<td>1979</td>
<td>$260</td>
</tr>
<tr>
<td>1980</td>
<td>$290</td>
</tr>
<tr>
<td>1981</td>
<td>$310</td>
</tr>
<tr>
<td>1982</td>
<td>$340</td>
</tr>
<tr>
<td>1983</td>
<td>$370</td>
</tr>
<tr>
<td>1984</td>
<td>$390</td>
</tr>
<tr>
<td>1985</td>
<td>$410</td>
</tr>
<tr>
<td>1986</td>
<td>$440</td>
</tr>
<tr>
<td>1987</td>
<td>$460</td>
</tr>
<tr>
<td>1988</td>
<td>$470</td>
</tr>
<tr>
<td>1989</td>
<td>$500</td>
</tr>
<tr>
<td>1990</td>
<td>$520</td>
</tr>
<tr>
<td>1991</td>
<td>$540</td>
</tr>
<tr>
<td>1992</td>
<td>$570</td>
</tr>
<tr>
<td>1993</td>
<td>$590</td>
</tr>
<tr>
<td>1994</td>
<td>$620</td>
</tr>
<tr>
<td>1995</td>
<td>$630</td>
</tr>
<tr>
<td>1996</td>
<td>$640</td>
</tr>
<tr>
<td>1997</td>
<td>$670</td>
</tr>
<tr>
<td>1998</td>
<td>$700</td>
</tr>
</tbody>
</table>

A current year Quarter may be included in the 40 Quarter computation. Use the current year amount as the divisor to determine the number of quarters available.

FOLLOW YOUR LOCAL DEPARTMENT GUIDELINES REGARDING COUNTING A QUARTER THAT HAS NOT ENDED.
CASE EXAMPLE

Your customer entered the United States in 1986. The customer's spouse entered prior to that time and married in June 1991. You have determined that a QQ history for both SSNs will be needed for the customer to meet the 40-QQ exception. You have obtained a consent for release of information from spouse and accessed SVES. The QQ pattern you receive is shown below with the YEARs and QUARTERs displayed. The Qualifying Quarters Pattern display begins on the left with the first quarter and ends on the right with the fourth quarter.

<table>
<thead>
<tr>
<th>Customer</th>
<th>Customer's Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>NNNN</td>
</tr>
<tr>
<td>1987</td>
<td>NAAC</td>
</tr>
<tr>
<td>1988</td>
<td>NNNN</td>
</tr>
<tr>
<td>1989</td>
<td>NNAA</td>
</tr>
<tr>
<td>1990</td>
<td>AAAA</td>
</tr>
<tr>
<td>1991</td>
<td>AAAA</td>
</tr>
<tr>
<td>1992</td>
<td>AANN</td>
</tr>
<tr>
<td>1993</td>
<td>CCCC</td>
</tr>
<tr>
<td>1994</td>
<td>CCCC</td>
</tr>
<tr>
<td>1995</td>
<td>CCCC</td>
</tr>
<tr>
<td>1996</td>
<td>NNNN</td>
</tr>
<tr>
<td>1997</td>
<td>NNNN</td>
</tr>
</tbody>
</table>

In this example, the customer has a combination of wage and agricultural quarters totaling 27 (shown as letters “A” and “C” in the Customer column). It appears that the customer’s spouse has enough quarters which when added to the customer’s quarters will equal 40. However, only the spouse’s quarters earned during the marriage (bolded quarters) can be qualifying quarters. The spouse has 17 qualifying quarters during the marriage (bolded letter Cs). When added to the customer's quarters the total exceeds the 40 quarter requirement.

In this case, you do not need to reconcile the "Z" quarters shown in 1989 with SSA because they are outside the marriage period. You also do not need to develop the LAG quarters because they are not needed to reach the 40-Quarters requirement.
A. COVERED EARNINGS

1. LAG QUARTERS

When the customer or other individual does not agree with the QC pattern provided by the query and the problem is missing Quarters in the current year:

☐ accept a current employer prepared wage statement as proof of earnings and credit a Quarter for each increment as shown in the chart on page 59. Assume the earnings covered employment if the wage statement shows FICA withholding.

If: the problem is Quarters in the last taxable year and the query was requested before September after the close of the taxable year,

Then: accept forms such as W-2 and/or W-2c, employer-prepared wage statements or an ll copy of the individuals’ tax return and credit Qualified Quarters to the customer using chart on page 59. Assume the earnings were covered if the proof submitted indicate taxes were withheld.

If: the query was requested after August,

Then: the earnings are not LAG and should be developed following 2. below.

2. NON LAG QUARTERS

Whenever the customer or other individual whose QOs are being credited to the customer does not agree with the QQ pattern provided by the SVES query, it will be necessary reconcile the discrepancy. When the individual believes that the work he or she performed was covered employment, or MEDICARE-only Federal, State, or local wages, an earnings do not fall within the LAG period, SSA is responsible for investigating the discrepancy and correcting the record.

Refer all covered employment or MEDICARE-only Federal, State, or local v cases to SSA as follows:

If: the individual indicates that he or she used more than one SSN or allowed others his or her SSN,

Then: the individual will need to contact his or her local Social Security office to the issue or call 1-800-772-1213 to set up an appointment. Be sure to tell the individual to take with them a copy of the QC pattern, identifying informatio any proof or earnings they may have to the SSA office.
If: you need to reconcile a Code “Z” indicator for year(s) 1977 or earlier or a pound sign (“#”) indicator (see page 56) from the QC pattern.

Then: Refer the case to SSA Office of Central Operations (OCRO) for investigation Form SSA-512 (see Appendix A, pages A-11 - A-13). Complete the Form SS 512 including the following information:

- Name
- Social Security Number
- Date of Birth
- Year or Years in Question
- Return Address
- Copy of the Output from the Query

A separate development request is needed for each SSN being investigated.

Mail the request along with the copy of the output from the query to:

SSA, OCRO
P.O. Box 17750
Baltimore, MD. 21235-0001

If: you need to follow up on the status of your request,

Then: Forty-five days after your original request, you should request another QQ history query. If the entry has been updated, the “#” or “Z” codes will be overlaid with “N” or “C.” If the QC pattern has not been updated after 60 days, call 1-800-775-7802 (SSA-OCRO, Earn Discrepancy.)

If: the individual indicates there are missing quarters or code "Z" is 1978 or after,

Then: have the applicant, if he or she is the number holder of the SSN, complete a Form SSA-7008, Request for Correction of Earnings. Proof of earnings such as W-2s, pay slip/stub, tax return or statement from the employer should be attached on the top of the SSA-7008 write "Welfare Reform."

If the applicant is not the number holder, then tell the customer that the number holder must complete the SSA-7008 and provide proof of earnings as shown above.

All SSA-7008s along with the documentation should be mailed to:

SSA, OCRO
P.O. Box 17752
Baltimore, Md. 21235-0001

If the customer has no documentation, he or she should contact his or her local Social Security Office or call 1-800-772-1213 to arrange an appointment.
NOTE: Occasionally SSA cannot verify and credit covered wages and self-employment is because SSA's development requirements are designed to support strict insured status rules and Title II entitlement determinations. You should follow your department's rules if you believe sufficient evidence exists to credit the wages and employment as Non-covered qualifying quarters.

B. CANNOT OBTAIN CONSENT TO RELEASE INFORMATION

When someone refuses or cannot be located (after reasonable efforts are made to contact) to authorize release of their information or QC history, local departments are instructed to complete SSA-513 (OMB No.: 0960-0575) as outlined in Appendix A on pages A-8 - A-11.

C. NON-COVERED EARNINGS

When a customer cannot meet the 40 qualifying quarter exception using covered earnings or MEDICARE-only Federal, State, or local wages but alleges that he or she had additional work that is not documented by the SVES query of the QCHS, follow the outline below to establish existence of the earnings and convert them to qualifying quarters.

STEP 1: Review the QCHS response with the customer to determine whether qualifying quarters are missing from the record.

If: QQs are not missing from the response, then make your determination based on the information already obtained.

If: QQs are missing from the response, then obtain sufficient information about the individual so that you can use the Covered Employment Chart in Appendix A on page A-2 to determine whether the alleged earnings are covered or Non-covered. Some examples of questions you might ask:

- Name and address of employer
- Dates of employment
- Amount of earnings
- Type of business or self-employment
- Rate of pay
- Work Performed

The Covered Employment Chart should be used only as a guide. The Social Security provisions are very complex and the chart may not include all except in the Social Security Act.

It is important to note that 97% of all employment is now covered under the Social Security Act.
If: You determine that the earnings are from covered employment or Federal Medicare-only wages, then go to Reconciliation, p for development guidelines.

If: You determine that the earnings are from other Non-covered employment, then you must obtain satisfactory evidence that the earnings exist before you can use the earnings to credit QQs. You should follow your local department’s guidelines on developing eligibility requirements and evidentiary proof when making your decision. However, the following suggest means by which evidence necessary to credit QQs might be obtained.

The following examples of evidence which can be used to establish earnings is all inclusive. You may become aware of additional evidence during your contact with the customer. Remember YOU must be satisfied that the evidence present supports the existence of earnings and the amount of the earnings.

- Form W-2 (Wage and tax Statement) and W-2c (Statement of Correct Income and Tax Amount),
- Employer prepared earnings statement,
- Statements of earnings signed by custodian of the employer’s records,
- IRS copy of the employee’s tax return
- Timely-filed tax return for a self-employed individual. Be sure that the proof of filing (canceled check, money order or Schedule C) bears an IRS time stamp, and shows that the return was filed within 3 years 3 months and 15 days after the year of gaining the self-employment income.
- Other evidence of self-employment that allows you to determine that a business did exist and that a profit was earned. Comparison of bills, vouchers and receipts are examples of evidence you might use to make a determination.
- Pay envelopes, vouchers, and similar unsigned employer earnings statements to the employee, a State or Federal agency,
- Union records
- Individual’s copy of a Federal or State tax return,
- Records of State unemployment insurance agencies,
- Individual’s personal records and statements, and
- Any other evidence of probative value.
STEP 2: After you are satisfied that the Non-covered earnings exist, use the chart on to determine the number of QOs that can be credited. The dollar amount on chart indicates the amount needed to credit one qualifying quarter beginning 1978. You can combine covered and Non-covered earnings for a year.

STEP 3: If you need to assign quarters from 1937 through 1977:

♦ A credit was earned for each calendar quarter in which an individual paid $50 or more in wages, including agricultural wages for 1951-

♦ Four credits were earned for each taxable year in which an individual earnings from self-employment were $400 or more; and/or

♦ A credit was earned for each $100 (limit to a total of four) for agriculture wages paid during the year for the years 1955-1977.
SECTION XI.

APPENDIX A
## Covered Employment Chart

<table>
<thead>
<tr>
<th>Year</th>
<th>Employment Coverage Began</th>
</tr>
</thead>
<tbody>
<tr>
<td>1937</td>
<td>Employment in the United States except as indicated</td>
</tr>
<tr>
<td>1951</td>
<td>Employment outside the United States</td>
</tr>
<tr>
<td>1951</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td></td>
<td>Virgin Islands</td>
</tr>
<tr>
<td>1995</td>
<td>On American ships and aircraft</td>
</tr>
<tr>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td>American Samoa</td>
</tr>
<tr>
<td>1951</td>
<td>Self-Employment -- except as indicated</td>
</tr>
<tr>
<td>1984</td>
<td>Farmers: Materially-participating farmers</td>
</tr>
<tr>
<td></td>
<td>Professional groups excluding lawyers, dentists, doctors, and other medical groups</td>
</tr>
<tr>
<td>1955</td>
<td>Ministers -- elective</td>
</tr>
<tr>
<td></td>
<td>Compulsory</td>
</tr>
<tr>
<td>1951</td>
<td>Lawyers, dentists and other medical groups excluding doctors of medicine</td>
</tr>
<tr>
<td>1955</td>
<td>Doctors of Medicine</td>
</tr>
<tr>
<td>7/2/1991</td>
<td>American citizens employed in the United States by foreign government (covered as self-employed)</td>
</tr>
<tr>
<td>1951</td>
<td>Direct sellers (house to house salespersons)</td>
</tr>
<tr>
<td>1984</td>
<td>Real estate agents</td>
</tr>
<tr>
<td></td>
<td>Newspaper and shopping news distributors</td>
</tr>
</tbody>
</table>

- **Agriculture**
  - Farm Labor, including domestics
  - Domestic Service -- over $50 a calendar quarter (through 1994)
  - Domestic Service -- over $1000 per year

- **Federal Government**
  - Civilians not under civil service retirement
  - Uniformed Services

- **Federal Government-new hires**
  - Compulsory

- **Homeworkers** ($50 a quarter; State license)

- **Homeworkers** ($50 a quarter; no license needed)

- **State and local government**
  - Not under a State or local retirement system
  - Under a State or local retirement system

- **State and local Government**
  - Compulsory for non-members of employees' retirement system

- **Nonprofit organizations**
  - Elective

- **Nonprofit organizations**
  - Compulsory

- **Ministers (covered as self-employed)**

- **Railroads**
  - Service less than 10 years covered by transfer of credits

- **Tips**
  - Cash Tips of $20 or more in a month from one employer

- **Vow of poverty members of religious orders**
  - If order elects to cover lay employees and members of the order
FORM SSA-3288
AND
COVER INSTRUCTIONS

COMPLETE ONLY AS DIRECTED BY THE EXAMPLE
(SHADED ITEMS ONLY)

TO REQUEST OTHER INFORMATION WILL
INVALIDATE THE FORM
EXAMPLE
HOW TO COMPLETE
THE
SSA-3288
Social Security Administration
Consent for Release of Information

TO: Social Security Administration

(☐) Name

(☐) Date of Birth

(☐) Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME

ADDRESS

(☐) (AGENCY/NAME)

(☐) (APPLICANT/NAME)

(☐) (AGENCY/ADDRESS)

I want this information released because:

(QUALIFYING/QUARTERS FOR WELFARE REFORM)

(There may be a charge for releasing information.)

Please release the following information:

(☐) Social Security Number

(☐) Identifying information (includes date and place of birth, parents' names)

(☐) Monthly Social Security benefit amount

(☐) Monthly Supplemental Security Income payment amount

(☐) Information about benefits/payments I received from ______ to ______

(☐) Information about my Medicare claim/coverage from ______ to ______

(specify)

(☐) Medical records

(☐) Record(s) from my file (specify)

(☐) Other (specify) (ALL QUARTERS INFORMATION 1937/PRESENT)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: (☐)

(Show signatures, names, and addresses of two people if signed by mark.)

Date: (☐)

Relationship: (☐)

SSA-3283
Social Security Administration

Consent for Release of Information

Please read these instructions carefully before completing this form.

When To Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

How To Complete This Form

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.
Consent for Release of Information

TO: Social Security Administration

Name: ____________________________ Date of Birth: ____________ Social Security Number: ____________

I authorize the Social Security Administration to release information or records about me to:

NAME: ____________________________ ADDRESS: ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I want this information released because:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(There may be a charge for releasing information.)

Please release the following information:

☐ Social Security Number

☐ Identifying information (includes date and place of birth, parents' names)

☐ Monthly Social Security benefit amount

☐ Monthly Supplemental Security Income payment amount

☐ Information about benefits/payments I received from _________ to _________

☐ Information about my Medicare claim/coverage from _________ to _________

( Specify )

☐ Medical records

☐ Record(s) from my file ( Specify )

☐ Other ( Specify )

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: ____________________________

(Show signatures, names, and addresses of two people if signed by mark.)

Date: ____________________________ Relationship: ____________________________
INSTRUCTIONS
FOR
FORM SSA-513 (OMB NO.:0960-0575)
REQUEST FOR QUARTERS OF COVERAGE (QC)
HISTORY BASED ON RELATIONSHIP

This form will be used whenever you cannot obtain consent to release information from an individual, other than the applicant for your benefit, whose quarters of are needed to enable the applicant to meet the 40 Qualifying Quarter exception.

IMPORTANT: You do not need to complete this form if the individual whose record you need to access is deceased. In those cases, you can use the automated Quarters of Coverage History System.

1. Determine the relationship of the numberholder to the applicant.

2. Using section II. A. determine the years and quarters that can be credited to the applicant.

3. After you have determined which periods can be credited, complete complete form SSA-513.

   - Print the numberholder's name; last name, first name and middle initial; SSN; and date of birth in the spaces provided on the form.

   - Print the numberholder' relationship to the applicant in the space provided.

   - Using the information you determined in # 2, complete the year column and circle the quarters that could be credited to the applicant. There is sufficient space to request 20 years. If you need more, complete a second form and staple the forms together before mailing them to SSA

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Privacy Act Statement: Your response is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely return of the requested information. The Social Security Administration will provide this information based on Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The information on this form will not be disclosed to any other agency.
TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security Cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.
REQUEST FOR QUARTERS OF COVERAGE (QC) HISTORY BASE
RELATIONSHIP

Complete the information below when requesting QC history for spouse(s) or
parent(s) of a lawfully admitted non-citizen applicant. Mail the form to
Social Security Administration, P.O. Box 17750, Baltimore, MD 21235-0001.

Print
Name: ____________________  Last  ___________  First  ___________  M.I.

SSN ________-____-_______  Date of Birth  ____________  MM  DD  YY

Relationship to Applicant  ____________________

NOTE: COMPLETE THE YEAR COLUMN AND CIRCLE THE PERTINENT QUARTERS
FOR THE YEAR. SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND
QUARTERS YOU INDICATE.

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State's Name &
Address  ____________________

Contact Person's Name &
Telephone Number  ____________________

FORM SSA-513 (9/9)
FORM SSA-512

REQUEST TO RESOLVE

QUESTIONABLE QUARTERS OF COVERAGE
REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

Complete the information below when the QC array contains either a (#) pound sign or "Z" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, PO Box 17750, Baltimore, MD. 21235-0001.

Print Name: ____________________________

Last ________________________ First ____________ MI ________________________

SSN ______-____-______ Date of Birth ______-____-______

MM DD YY

Request Years

19____ 19____ 19____ 19____ 19____ 19____

19____ 19____ 19____ 19____ 19____ 19____

OR

19____ thru 19____ 19____ thru 19____ 19____ thru 19____

State's Name & Address

________________________________________

________________________________________

Contact Person's Name & Telephone Number

________________________________________
Privacy Act Statement: Your response is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely return of the requested information. The Social Security Administration will provide this information based on Public Law 104-133, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The information on this form will not be disclosed to any other agency.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read instructions, gather the necessary facts, and fill out the form. If you have comments or suggestions on this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security Cards and other claims-related information should be sent to your local Social Security office. An address is listed under Social Security Administration in the U.S. Government section of your telephone directory.