

<p>Department of Human Resources 311 West Saratoga Street Baltimore MD 21201</p>	<p>FIA ACTION TRANSMITTAL</p>
<p>Control Number: #98-34</p>	<p>Effective Date: Upon Receipt Issuance Date: February 12, 1998</p>

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

Charles E. / Henry for
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-3288)**

- **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-3288) 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.

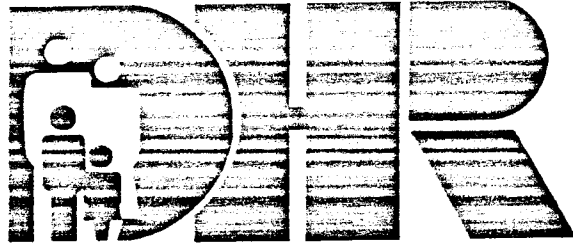
ACTION DUE

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 safeguarding 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 DHR 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, how 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 responses 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/VTAM 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. If you attempt to transmit 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
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, displaying 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	MM/DD/YYYY
	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 Sections 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:	BIC:
LAST NAME:	FIRST NAME:	MI
DATE OF BIRTH:	SEX:	CATEGORY OF ASSIST
CLIENT ID / CASE NO:		
	DATE OF REQUEST:	MM/DD/YYYY
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 LOG ON 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:

000 DHR	190 Somerset	351 Balt.City-Adult Service
010 Allegany	200 Talbot	352 Balt.City-InHome Aid
020 AA-Annapolis	210 Washington	353 Balt.City-Foster Care
021 AA-Glen Burnie	220 Wicomico	MA
030 BC-Towson	230 Worcester	354 Balt.City-Long Term
031 BC-Catonsville	300 Balt. City-Central Unit	Care
032 BC-Dundalk	331 Balt.City-EESU/HESU	355 Balt.City-Patapsco
033 BC-Essex	332 Balt.City-Cherry Hill	356 Balt.City-Central MA
034 BC-Reisterstown	333 Balt.City-Clifton	357 Balt.City-Employees
040 Calvert	334 Balt.City-FIP	Office
050 Caroline	Services	
060 Carroll	335 Balt.City-Dunbar	
070 Cecil	336 Balt.City-Special	
080 Charles	Projects	
090 Dorchester	337 Balt.City-Harford	
100 Frederick	Heights	
110 Garrett	338 Balt.City-Johnston	
120 HC-Belair	Square	
121 HC-Aberdeen	340 Balt.City-	
130 Howard	Liberty/Garrison	
140 Kent	341 Balt.City-Orangeville	
150 MC-Rockville	342 Balt.City-Park Circle	
151 MC-Silver Spring	343 Balt.City-Mount Clare	
152 MC-Germantown	344 Balt.City-Hilton Heights	
160 PG-Hyattsville	345 Balt.City-Steuart Hill	
161 PG-Palmer Park	346 Balt.City-Upton	
162 PG-Camp Springs	347 Balt.City-Westwood	
163 PG-R.I.S.E.	348 Balt.City-Child	
164 PG-Justice Center	Protective Services	
165 PG- Center Point	349 Balt.City-Family	
170 Queen Anne's	Services	
180 St. Mary's	350 Balt.City-Day Care	

The Child Support Enforcement Agency will use D followed by the District Code as it appears below:

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

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 3 alphanumeric characters. 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 three 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 the 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 the 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 completed

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 be deleted before an SVES request can be made. The 40-QQ record can be deleted by using 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 SVES has taken place on the last SVES 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 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 WORKER LOGON ID and/or District Office is entered with no SSN, the user will see all SSNs associated with the 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.

SVEM9052	STATE OF MARYLAND	TODAY'S DATE MM/DD/YYYY
SVES RESPONSE SUMMARY SCREEN		
-	-	
-	-	
-	-	
ENTER "N" for NEXT PAGE => <u> </u> ENTER "X" BY SSN TO SEE RESPONSE CLEAR TO EXIT		

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

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:

SVEM9601	STATE OF MARYLAND	TODAY'S
		MM / DD / YYYY
	SVES RESPONSE - SCREEN 1	RESPONSE DATE MM / DD / Y
SOCIAL SECURITY NO:		CAN:
		FIRST
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,
D" = DELETE REQUEST		CLEAR TO EXIT
		"P" = PREVIOUS PAGE

HELPFUL HINTS:

Option "D" deletes the REQUEST Record. By deleting a request, the user need not wait ten days for record to drop off the file before entering a 40-QQ request. The REQUEST record will be deleted if the RESPONSE has not been received from SSA. After selecting option "D" on the SVS6 screen and pressing enter, the system asks the user to confirm the deletion by placing a Y in the option field and <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.

010: Alabama	200: Maine	410: Rhode Island
020: Alaska	210: Maryland	640: American Samoa
030: Arizona	220: Massachusetts	420: South Carolina
040: Arkansas	230: Michigan	430: South Dakota
050: California	240: Minnesota	440: Tennessee
060: Colorado	250: Mississippi	450: Texas
070: Connecticut	260: Missouri	460: Utah
080: Delaware	270: Montana	470: Vermont
090: District of Columbia	280: Nebraska	480: Virgin Islands
100: Florida	290: Nevada	490: Virginia
110: Georgia	300: New Hampshire	500: Washington
650: Guam	310: New Jersey	510: West Virginia
120: Hawaii	320: New Mexico	520: Wisconsin
130: Idaho	330: New York	530: Wyoming
140: Illinois	340: North Carolina	
150: Indiana	350: North Dakota	
160: Iowa	360: Ohio	
170: Kansas	370: Oklahoma	
180: Kentucky	380: Oregon	
190: Louisiana	390: Pennsylvania	
	400: Puerto Rico	

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

- A: Aged
- B: Blind
- C: TCA
- D: Disabled
- F: Food Stamps
- H: Health 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 DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9064		STATE OF MARYLAND		TODAY'S DATE:	
SVES RESPONSE - SCREEN NUMBER 4				RESPONSE DATE:	
NAME:		SSN:		CAN: DOB:	
CROSS-REFERENCE ACCOUNT NUMBERS:				MONTHLY BENEFIT CREDITED:	
CODE	ENTITLEMENT NO.	BIC	DATE	AMOUNT	TYPE
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE					

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 12 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 to recover a prior 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; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9065		STATE OF MARYLAND		TODAY'S DATE:	
SVES RESPONSE - SCREEN NUMBER 5				RESPONSE DATE:	
NAME:		SSN:		CAN:	
PERSONS OWN SSN:		LAST NAME:		DOB:	
SSN CORRECTION INDICATOR:		FIRST NAME:		MI	
SSI APPLICATION DATE:					
DENIAL CODE:		DENIAL DATE:		RACE:	
DATE OF BIRTH:		SEX:		CURRENT PAY STATUS:	
DATE OF DEATH:		DIRECT DEPOSIT IND:			
DISABILITY ONSET DATE:					
MAIL ADDR:					
ZIP CODE:					
RES ADDR:					
ZIP CODE:					
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 for reason shown
- 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: Marital 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 State 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 limitation
- 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)
- N30: NONPAY. Slight Impairment. Medical consideration alone. No visual impairment.
- N31: NONPAY. Capacity for Substantial Gainful Activity (SGA). Customary past work. No visual impairment.
- 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 blurring.
- N42: NONPAY. Capacity for Substantial Gainful Activity (SGA). Customary past work. Visual impairment.
- N43: NONPAY. Capacity for Substantial Gainful Activity (SGA). Other work. Visual impairment.
- N44: NONPAY. Engaging in Substantial Gainful Activity (SGA) despite impairment. Visual impairment.
- 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 payee
- S08: SUSPENDED. Representative payee development pending
- S09: SUSPENDED. Miscellaneous. No specific code provided for event causing suspension
- 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 electronic screening
- T30: TERMINATED. Change in record composition requires termination of existing record
- 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 bla
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; NAME, SSN(CAN), and DATE OF BIRTH will be pre-filled with the information submitted in the request.

SVEM9066	STATE OF MARYLAND		TODAY'S DATE:	
SVES RESPONSE - SCREEN NUMBER 6			RESPONSE DATE:	
NAME:	SSN:	CAN:	DOB:	
- - - - - CURRENT PAYMENT - - - - -				
DATE	FEDERAL	STATE		
			TELEPHONE NUMBER:	
- - - - - PAYMENT HISTORY - - - - -				
DATE	FEDERAL	STATE	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 for 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:	Stepfather
SMT:	Stepmother
GPR:	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 resources. 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 MMY 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 T and M), or Title II benefits in non-pay status
- N: One-time payment
- R: Used in conjunction with **Type A** income to indicate 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 or 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, a one-digit 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-digit 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 code, e.g., RENT-FREE, FREE-RENT, etc. This legend may appear after one of the following living arrangement codes:

- A:** Living in own household
- B:** Living in non-institutional care situation
- C:** Living in a private nonprofit residential care institution (covered by Church Amendment)
- 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 combined 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 funded by a social service block grant to those same excepted categories of immigrant. One of the exceptions to the restrictions can be met through the use of information the Social Security Administration maintains in 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 credited with 40 qualifying quarters (QQ).

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

The Social Security Administration is the primary source for information on qualifying quarters 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 quarters covered by the Social Security Act and, all Federal, State, or local MEDICARE only wages beginning with 1983.

Additionally, you receive information on the months in which a customer received a title XXV (SSI) payment. This is important because, as noted above, a qualifying quarter cannot be credited for a 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 public 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 system, how to interpret output data and make a 40-Quarters determination, a case example, and a reconciliation process in the event of a discrepancy. There is also an Appendix with a number of forms and examples 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 QQ history pattern because the employer report or self-employment tax return has been processed. This could be up to seven Quarters depending when a request QQ history 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 Coverage 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 parent'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 as of the date of birth of the customer and the identifying information of the customer and relevant parents and 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 while 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 stepparent's 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 only 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 the 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 w quarters will be used in your determination have received a Federal means-tested pu 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 that 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 work 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 the 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** the 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:

SVEM9071	STATE OF MARYLAND	MM / DD / Y
SVES - 40-Quarters REQUEST SCREEN		
WORKER LOGONID:	DISTRICT OFFICE:	
SOCIAL SECURITY NO:	CLAIM ACCOUNT NO:	BIC:
LAST NAME:	FIRST NAME:	MI:
DATE OF BIRTH: / /	SEX:	
MM DD YYYY		
CLIENT ID / CASE NO:		
ENTER OPTION=> _ 1 = ADD REQUEST 2 = VIEW RESPONSE CLEAR TO EXIT		

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 required 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 by 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 error 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 be 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 REPI 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 WORKE 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 WORKE LOGONID. Enter the DO Number. Tab to the ENTER OPTION => data field. Ty and press <ENTER>.

NOTE: Unless you use more than one DO, entering both a LOGONID and a DO 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.

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

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 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.

SVEM9801		STATE OF MARYLAND		MM/DD/YYYY	
SVES - 40-Quarters REPLY SCREEN					
WORKER ID: ABCDEI		CLIENT ID / CASE: 000000012		CONDITION CODE: 02	
INPUT	VERIFIED	NAME: FIRST I LAST			
SSN: 112 11 2111	SSN: 112 11 2111	MARY		A	MCTEST
__ 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	
2016-DDDD	2015-CCCC	2014-AAAA	2003-####	2002-####	2001-####
2000-####	1999-****	1998-****	1997-****	1996-ADJS	1993-****
1992-SSSS	1991-SSSS	1990-SSSS	1989-RRRR	1988-JJJJ	1987-RRRR
1986-GGGG	1985-AAAA	1983-****	1981-****	1979-****	1978-****
1977-****	1976-****	1975-****	1974-****	1973-****	1972-****
1971-N***	1967-*NNN	1966-****	1965-****	1964-****	1963- N
1959-AAAA	1953-# # #N	1949-GGGG	1948-FFFF	1947-DDDD	1946-CCCC
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 be accessed by pressing PF8. A message will appear on the bottom of the first page to alert the user 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 DELETED** 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 QQ
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 QQs for individuals whose earnings records do not contain specific breakdowns 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:
 - Blank - QQ data follows
 - 01 - Earnings Record not found (*If the individual still believes that earnings exist in the record, he or she should contact SSA for an earnings investigation.*)
 - 02 - SSA system error - Please resubmit request
 - 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 that 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 possible year's earnings, depending on when you make your request. SSA processes earnings reports on a 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, are called LAG earnings. SSA will NOT develop these earnings for local departments because they 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 in 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 y and z.

If: the maximum number and/or the codes "H" 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 exception 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 income credit 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:

1978.....\$250	1985.....\$410	1992.....\$570
1979.....\$260	1986.....\$440	1993.....\$590
1980.....\$290	1987.....\$460	1994.....\$620
1981.....\$310	1988.....\$470	1995.....\$630
1982.....\$340	1989.....\$500	1996.....\$640
1983.....\$370	1990.....\$520	1997.....\$670
1984.....\$390	1991.....\$540	1998.....\$700

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. 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.

	Customer	Customer's Spouse
1986	NNNN	CCCC
1987	NAAC	CCCC
1988	NNNN	CCCC
1989	NNAA	ZZCC
1990	AAAA	CCCC
1991	AAAA	CCCC
1992	AANN	CCCC
1993	CCCC	CCCC
1994	CCCC	CCNN
1995	CCCC	CCCC
1996	NNNN	NNNN
1997	NNNN	NNNN

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.

RECONCILIATION

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 II 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 QQs are being credited to the customer does not agree with the QQ pattern provided by the SVES query, it will be necessary to 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**, and 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 wages cases to SSA as follows:

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

Then: the individual will need to contact his or her local Social Security office to resolve 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 information, and 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 post sign ("P") 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 SSA-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 QC history query. If the entry has been updated, the "P" 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, Earned 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 ins status rules and Title II entitlement determinations. You should follow your department's rules if you believe sufficient evidence exists to credit the wages 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 form 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 (MEDICARE-only Federal, State, or local wages but alleges that he or she had additional work 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 from 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 exceptions 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, State, or local MEDICARE-only wages, then go to **Reconciliation**, page 10, 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 presented supports the existence of earnings and the amount of the earnings.

- ☐ Form W-2 (**Wage and tax Statement**) and W-2c (**Statement of Corrected 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 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 QQs 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 agricultural wages paid during the year for the years 1955-1977.

SECTION XI.

APPENDIX A

COVERED EMPLOYMENT CHART

	Year Coverage Began	
Employment in the United States-- except as indicated	1937	Employment outside the United States
Agriculture		
Farm Labor, including domestics	1951	
Domestic Service--over \$50 a calendar quarter (through 1994)	1951	Puerto Rico Virgin Islands
Domestic Service--over \$1000 per year	1995	On American ships and aircraft Guam American Samoa
Federal Government		
Civilians not under civil service retirement	1951	Self-Employment--except as indicated
Uniformed Services	1957	
Federal Government--new hires-- compulsory	1984	Farmers
Homeworkers (\$50 a quarter; State license)	1951	Materially-participating farm Professional groups excluding
Homeworkers (\$50 a quarter; no license needed)	1955	lawyers, dentists, doctors, and other medical groups
State and local government-- elective		Ministers--elective
Not under a State or local retirement system	1951	Compulsory
Under a State or local retirement system	1955	Lawyers, dentists and other medical groups excluding doctors of medicine
State and local Government-- compulsory for non-members of employees' retirement system	7/2/1991	Doctors of Medicine
Nonprofit organizations-- elective	1951	American citizens employed in the United States by foreign government (covered as self-employed)
Nonprofit organizations-- compulsory	1984	Direct sellers (house to house salespersons)
Ministers (covered as self-employed)		Real estate agents
Railroads--service less than 10 years covered by transfer of credits	1951	Newspaper and shopping news distributors
Tips--Cash Tips of \$20 or more in a month from one employer	1966	
Vow of poverty members of religious orders--if order elects to cover lay employees and members of the order	1972	

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

(X)

(X)

(X)

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)

(AGENCY ADDRESS)

(APPLICANT NAME)

I want this information released because:

(QUALIFYING QUARTERS FOR WELFARE REFORM)

(There may be a charge for releasing information.)

Please release the following information:

- (X) Social Security Number
(X) 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) _____
(X) 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: (X)

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

Date: (X)

Relationship: (TO APPLICANT)

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:

- o nonmedical records, should use this form.
- o 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:

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

To complete this form:

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

Social Security Administration

OMB No. 0960-0567

1

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

1

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.

Date of Request _____

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, PO 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 QUARTER FOR THE YEAR. SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND QUARTERS YOU INDICATE.

YEAR	QC PATTERN				YEAR	QC PATTERN		
	1ST Q	2ND Q	3RD Q	4TH Q		1ST Q	2ND Q	3RD Q
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

State's Name
&
Address

Contact Person's Name
&
Telephone Number

FORM SSA-512
REQUEST TO RESOLVE
QUESTIONABLE QUARTERS OF COVERAGE

Date of Request _____

REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

Complete the information below when the QC array contains either a (#) pound sign "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

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 conduct a collection of information unless it displays a valid OMB control number 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 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 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All request Social Security Cards and other claims-related information should be sent to your local Social Security office. A address is listed under Social Security Administration in the U.S. Government section of your telephone directory.