



Notification of SSI Approval

State Data Exchange (SDX)

Date Printed

State ID

SSN

State Proc

Recipient Name/
Residential Address

Mailing Address

Agency Name

Payee Name/
Address

IDENTIFICATION:

Claim Number _____
 DOB _____
 Sex Code _____
 Marital Status _____
 Alien Code _____
 Alien RES Date _____
 Recipient Type _____
 Death Date _____
 Appeal DECN Date _____

SSI/ST SUPP ELIGIBILITY:

Payment Status _____
 Residence Date _____
 Application Date _____
 Date Denied _____
 Denial Code _____
 Eligibility Date _____
 Disability Code _____
 Third Party Code _____
 Appeal DECN Code _____
 Appeal Flag _____
 Appeals Code _____
 Appeals Date _____

INCOME:

SSI Gross _____
 SSI Net _____
 State Sup Gross _____
 State Sup Net _____
 Earned _____
 Month Earned _____
 Deemed _____
 Net Self Employ _____
 Plan Self Supp _____
 Blind Work Exp _____

RESOURCES:

House _____ Vehicle _____ Income Prod Property _____ Life Insurance _____ Other _____

UNEARNED INCOME:

Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____
Type	Start Dte	Stop Dte	Amt	Freq	Claim Nbr
_____	_____	_____	_____	_____	_____

CONVERSION CASES:

Mandatory ELIG Code _____ Medical Eligibility Code _____ Medicaid Test Indicator _____
 Essential Person _____ Widow/Widower Code _____