DATA ENTRY FORM

SCREEN NUMBER 1

SSN	Ref. Ind	Date of Birth	Co. #	Record Number	Cat.	G.G.	C.D.

PROG. STAT CODE	Line#	Dist.	Client Name (Last, First, Middle)	Adv. Code	Date Rec'd by Advocate

Date SSI Application	Date App. Denied	Date Referred to MRT	Res. Code MA/Dis. Cert.	Date MA/DIS Cert.

SSDO	Date Recon. Appeal	Date Appeal Denied	Race	Sex

SCREEN NUMBER 2

Date Hearing Requested	Rep. Code	Date Hearing Held	Date Hearing Denied	Appeals CCL Date	Date AC Denied

District Court Date	SSI Res. Code	Date Final Disp.	MA Date Dis./Cert. End	Date SSI Begin

Grant Share	Date Asst. Disc.	Amt. Recouped

PROGRAM STATUS CODE

50 = SSI/SSDI Pending Elig.

51 = MRT (Medical Review Team) Certification

52 = SSI/SSDI Appeal Process

REPRESENTATION CODE

A = DAP Advocate
C = Private Legal Counsel
D = Client Rep. Self
E = Other
F-Z = Individual Legal Services Program

RESULT CODE MA/DIS CERT.

A = Approved

B = Denied

C = Client Failed to Cooperate

D = Cert. Withdrawn by Advocate

E = Other

SSI RESULT CODE

A = Approved at Initial App.
B = Approved at Recon. Appeal
C = Approved at ALJ Hearing
D = Approved at Appeals Council
E = Approved at District Counsel
F = Denied at District Court
G = Client Ineligible Due to Excess Income
H = Denied Due to Lack of Client Coop.
J = App. Withdrawn by MRT
K = Other

PREPARED BY ▶

DATE ▶   TELEPHONE NO. ▶

DATA ENTERED BY ▶

DATE ▶   TELEPHONE NO. ▶

PA 732 09/08