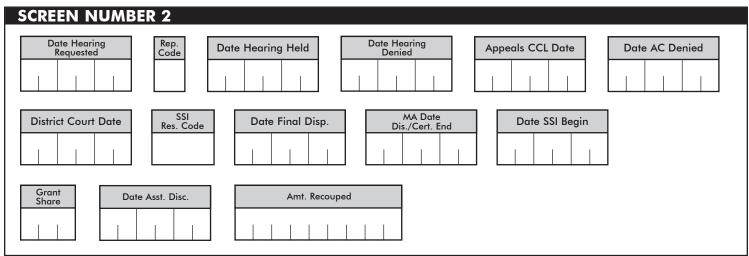
# **DATA ENTRY FORM**

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 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		



### **PROGRAM STATUS CODE**

50 SSI/SSDI Pending Elig.

51 MRT (Medical Review Team) Certification

**52 SSI/SSDI Appeal Process** 

### RESULT CODE MA/DIS CERT.

**Approved** 

В

C **Client Failed to Cooperate** 

D

Ε

### REPRESENTATION CODE

Α = **DAP Advocate** 

C = **Private Legal Counsel** 

D Client Rep. Self

Е Other =

F-Z **Individual Legal Services Program** 

Α

Denied

Cert. Withdrawn by Advocate

Other

## SSI RESULT CODE

Α = Approved at Initial App.

В = Approved at Recon. Appeal

C **Approved at ALJ Hearing** 

D **Approved at Appeals Council** 

Ε **Approved at District Counsel** 

F **Denied at District Court** 

G Client Ineligible Due to Excess Income

Denied Due to Lack of Client Coop. Н

J App. Withdrawn by MRT

K = Other

PREPARED BY ▶	
DATE ►	TELEPHONE NO.

DATA ENTERED BY ▶	
DATE ▶	TELEPHONE NO.