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MCS TRANSFER TO: REPORT OF CONTACT RPOC

NH

CL

PERSON CONTACTED: SPECIAL DETERMINATIONRELATIONSHIP/TITLE: HALF SUPPORT DETERMINATIONDATE CONTACTED: 060710HOW CONTACTED: 2 1. PHONE 2. DO/BO 3. OTHER

SPECIFY: _____

NAME OF PERSON PREPARING REPORT: YOUR NAME HERETITLE: 2 1. OS 2. CR 3. SR 4. CDC 5. OTHER

SPECIFY: _____

REPORT: ISSUE: DID [REDACTED] RECEIVED ONE-HALF SUPPORT FROM [REDACTED]?THE CLAIMANT IS [REDACTED] - STEPCHILD OF [REDACTED]. CLAIMANT FILED FORAUX BENEFITS, AS PER RS 00203.001 THE CHILD MUST HAVE RECEIVED AT LEAST 1/2SUPPORT TO BE ENTITLED TO BENEFITS. NH PROVIDED THE FOLLOWING INFORMATION:SUPPORT PERIOD: 4/1/85 THRU 04/02/86NH INCOME: \$13,000.00NO OTHER INCOME IN THE FAMILY (WIFE DOES NOT WORK)FAMILY MEMBERS: 3 (NH, SPOUSE AND STEPCHILD)COST OF SUPPORT: \$4333.331/2 SUPPORT \$2166.661/2 SUPPORT MET: YESDETERMINATION: NH PROVIDED 1/2 SUPPORT TO CLAIMANT AND MOTHER. THERE WAS NOOTHER INCOME FOR THE HOUSEHOLD THEREFORE CLAIMANT MEETS THE DEPENDENCY REQUIREMENT TO RECEIVE AUX BENEFITSMORE (Y/N): NCONTINUE THIS REPORT (Y/N): _

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