

N20 Checklist

Click here for detailed instructions: [POMS SI 02301.235](#)

Originating FO:		Recipient Name:		Related Cases:	
CS/CTE Unit Code:		Recipient SSN:			

<i>Is this N20 because of CDR or SSI PE development?</i>	I certify this N20 action is a (<u>select one</u>):				
	<input type="checkbox"/>		CDR N20. All development actions are recorded on a Report of Contact per DI 13015.005A and stored in the Evidence Portal (EP). (<i>Skip the rest of this checklist and complete the Technician/Management Approval sections below.</i>)		
	<input type="checkbox"/>		SSI PE (RZ/LI/Other) N20. (<i>Complete the rest of this checklist.</i>)		

[SI 02301.235A](#) states you may use N20 When/After/If specific actions are completed. Certify completion below.

<i>When the person who fails to provide information is:</i>	I certify that the person who failed to provide the information is a (<u>select one</u>):				
	<input type="checkbox"/>		Capable Recipient		
	<input type="checkbox"/>		Representative payee who is the parent with custody of a minor recipient		
	<input type="checkbox"/>		Recipient's Legal Guardian		

<i>After you send an initial request and follow-up by mail and by phone.</i>	I certify that I sent an initial request that provides 30 days to respond (<u>select one</u>):				
	<input type="checkbox"/>		Appointment Non-responder (SSTNG, Other): Date of notice: _____		
	<input type="checkbox"/>		Evidence Request Non-responder (SSTNG, MSSICS, Other): Date of request: _____		
	I certify that I followed-up (<u>you must select both</u>):				
	<input type="checkbox"/>		By phone & documented w/ a Report of Contact: Date(s) of follow-up: _____		
	<input type="checkbox"/>		By mail (giving at least 15 days to respond): Date(s) of follow-up notice: _____		

<i>If you have completed and certified these actions.</i>	I certify that (<u>you must select all</u>):				
	<input type="checkbox"/>		I exhausted all efforts to obtain the information by: <ul style="list-style-type: none"> Reviewing the SSR, MBR, MDW, SSI Stand-Alone PE events, and other SSA records for any reports of a change of address; Attempting to obtain the information from other sources if possible. 		
	<input type="checkbox"/>		There is no indication the recipient has moved, has no residence address, or is homeless. (<i>Whereabouts unknown development does not apply</i>)		
	<input type="checkbox"/>		There is no indication of capability issues or development of a new payee is needed.		
	<input type="checkbox"/>		The requested information is necessary to establish current eligibility/payment.		
<input type="checkbox"/>		There are no periods of development inactivity greater than 75 calendar days.			

Technician Approval

I have developed and documented the record and this checklist accurately and I confirm the use of N20 suspension is appropriate. I certify this action meets the requirements of [SI 02301.235](#) (or [DI 13015.005](#) for CDR actions).

Sign/date using PIV card or /s/ signature certifying your development is complete and accurate.

**PIV Card
Signature:** _____

Date: _____

/s/ Signature: _____

Date: _____

Management Approval (MSS or Above)

Verify that all necessary documentation has been completed and stored in the EP/ORS/CCE/DCF. Enter the date N20 is effective, sign, and date below.

I have reviewed this case, verified that all necessary documentation has been completed, and I certify that the input of N20 suspension is appropriate, effective _____ per [SI 02301.235](#) (or [DI 13015.005](#) for CDR actions). I authorize the use of N20 suspension.

Sign/date using PIV card or /s/ signature; **Store** the completed checklist in the EP; and **Input** N20 to the record

**PIV Card
Signature:** _____

Date: _____

/s/ Signature: _____

Date: _____
