

**LIVING ARRANGEMENT/IN-KIND SUPPORT AND MAINTENANCE  
DEVELOPMENT GUIDE AND SUMMARY (FOR INTERNAL USE ONLY)**

CLAIMANT'S/RECIPIENT'S NAME

SOCIAL SECURITY NUMBER

**PART I-LIVING ARRANGEMENT**

BASED ON A REVIEW OF THE INFORMATION PROVIDED IN THE CLAIM FILE, THE CLAIMANT/RECIPIENT:

CHECK ALL APPLICABLE BOXES		FLA CODE	FROM	THROUGH
1.	<input type="checkbox"/> Is a Transient (SI 00835.060)	A		
2.	<input type="checkbox"/> Is Institutionalized (SI 00835.704)	A or D		
3.	<input type="checkbox"/> Is in Noninstitutional Care (SI 00835.790)	A		
4.	<input type="checkbox"/> Owns His/Her (Own) Home (SI 00835.110)	A or C		
5.	<input type="checkbox"/> Has Rental Liability (SI 00835.120)	A or C		
6.	<input type="checkbox"/> Lives Only with Spouse and/or Children and/or Deemor (SI 00835.340)	A or C		
7.	<input type="checkbox"/> Lives Alone (SI 00835.001 C.2.)	A		
8.	<input type="checkbox"/> Lives in a Public Assistance Household (SI 00835.130)	A or C		
9.	<input type="checkbox"/> Lives with Others and Separately Consumes and/or Purchases Own Food (SI 00835.140 and SI 00835.150)	A or C		
10.	<input type="checkbox"/> Lives with Others and Meets Sharing (SI 00835.160)	A or C		
11.	<input type="checkbox"/> Lives with Others and Meets Earmarked Sharing (SI 00835.170)	A or C		
12.	<input type="checkbox"/> Is Subject to the VTR (SI 00835.200)	B		
13.	<input type="checkbox"/> Is in an Intervening or Defaulted Living Arrangement	A or C		

NOTE: When blocks 4 or 5 are checked, complete Part II below if applicable. When Blocks 9, 10, 11, or 12 are checked, always complete Part II.

**PART II-INSIDE ISM**

1. The Value of Chargeable ISM Received From Within Household \$

2. Computation Variables (SUBJECT TO PMV) (SI 00835.340)

TOTAL EXPENSES	NUMBER IN HOUSEHOLD	PRO RATA SHARE	CONTRIBUTION
\$		\$	\$

3. No Inside ISM

If ISM from within is being charged at the VTR or the PMV, skip parts III and IV. Complete part V, sign and date.

**PART III-OUTSIDE ISM (SI 00835.350)**

INDICATE BY CHECKMARK, IF THE CLAIMANT/RECIPIENT RECEIVES OR HAS RECEIVED ANY OF THE FOLLOWING:

			AMOUNT	FROM	THROUGH
1.	<input type="checkbox"/>	ISM from a Third Party Vendor Payment (SI 00835.360)	\$		
2.	<input type="checkbox"/>	Rent Free Shelter (SI 00835.370)	\$		
3.	<input type="checkbox"/>	Rental Subsidy (SI 00835.380)	\$		
4.	<input type="checkbox"/>	Remuneration for Work (SI 00835.390)	\$		
5.	<input type="checkbox"/>	Gifts (SI 00830.520)	\$		
6.	<input type="checkbox"/>	No Outside ISM			
TOTAL VALUE OF OUTSIDE ISM			\$		

**PART IV-OTHER ISM**

1.	<input type="checkbox"/>	ISM to One Person (SI 00835.400)	\$		
2.	<input type="checkbox"/>	ISM While Institutionalized (SI 00835.704)	\$		
3.	<input type="checkbox"/>	ISM While Transient (SI 00835.060)	\$		
4.	<input type="checkbox"/>	Other	\$		
5.	<input type="checkbox"/>	No Other ISM			
TOTAL VALUE OF OTHER ISM			\$		

**PART V-SUMMARY**

INSIDE ISM	\$		
OUTSIDE ISM	\$		
OTHER ISM	\$		
TOTAL ISM (ACTUAL VALUE)	\$		
(CHARGEABLE ISM-LIMITED TO PMV)	\$		

ADDITIONAL INFORMATION

CLAIMS REPRESENTATIVE	FIELD OFFICE	DATE
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