

**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 (S 1 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 00835.001)                | 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 00835.170) | 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 (SI 00835.050)               | 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 (SUBJECT TO PMV) (SI 00835.340)**

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

2. Computation Variables

| 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 00830.210)                                 | \$     |      |         |
| 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