Computer Inquiry Checklist

Date:_____ Case #: _____

Address:_____

Worker: _____

H.H. Member Name			Social Security Number	ESC		DMV		Property Check		Bendex		SDX		Other	
Last	First	MI		Hit	No Hit	Hit	No Hit	Hit	No Hit	Hit	No Hit	Hit	No Hit	Hit	No Hit
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Attach printout with Hit.
Check box for No Hit.

	ESC	DMV	Property	Bendex	SDX	Other
Completed by:	_____	_____	_____	_____	_____	_____
Date:	_____	_____	_____	_____	_____	_____

DSS-8633 (Rev. 10/86)
Economic Independence