

WMS DATA-ENTERED CODES

RELATIONSHIP CODES - REL.Cd - (PA, MA, FS)

01 Applicant/Payee/MA ID Card Recipient	08 Niece/Nephew	16 Ward (Not CT 11, 12)
02 Legal Spouse	09 Grandson/Granddaughter	17 Cousin
03 Non-Legal Union	10 Grandmother/Grandfather	18 None
04 Son	11 Aunt/Uncle	19 Parent
05 Daughter	12 Essential Person	20 Sister/Brother
06 Step-Son	13 Other Eligible Relationship (CT 11,12)	21 Step-Parent
07 Step-Daughter	14 Other Relationship (Not CT 11, 12)	22 Step-Sister/Step-Brother
	15 Legal Guardian (Not CT 11, 12)	30 Non-Legal Union, Child in Common

HIGHEST DEGREE – Degr – (PA)

0 No Degree
1 High School Diploma, GED or National External Diploma Program
2 Associate's Degree
3 Bachelor's Degree
4 Graduate Degree (Master's or Higher)
5 Other Credentials (Degree, Certificate, Diploma, etc.)
9 Not Applicable

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INDIVIDUAL CATEGORICAL CODES - Cat. Cd - (PA, MA)

01 FA/SN/LIF Death of Parent	40 CAP - MA Only
02 FA/SN/LIF Incapacity of Parent	41 MA Only - Newborn (PA Only)
03 FA/SN/LIF Imprisonment of Parent	42 ADC-Related Pregnant Woman (MA Level) (Case Type 20 Only)
05 FA/SN/LIF Divorce, Annulment, or Legal Separation of Parent	43 Expanded MA Levels Pregnant Woman (Case Type 20 Only)
06 FA/SN/LIF Abandonment or Desertion by Parent	44 Expanded Infant 0 Up to 1 Under 100% FPL
07 FA/SN/LIF Removed by Court Order	45 Expanded Infant 0 Up to 1: 100%-200% FPL
08 FA/SN/LIF Child Unemployed Principal Wage Earner	46 Expanded Child(ren) 1 Up to 6 - 133% FPL
09 FA/SN/LIF Child (No Deprivation) or SCC Single Individual or Childless Couple (Not Aged or Disabled)	47 Expanded Child(ren) 6 Up to 19 - 100% FPL
10 Aged	48 FA/LIF Pregnant Woman (Deprivation)
11 Blind/For Case Type 60 Only – Both Aged and Disabled	53 Continuous Coverage - LIF Child 0 Up to 19
12 Disabled/Case Type 60 Only – Includes Blindness	54 Continuous Coverage - All Expanded Children Except Infants 0 Up to 1 (100% - 200% FPL)
13 FA/SN/LIF Dependent Relative	55 Continuous Coverage - Expanded Infant 0 Up to 1 - 100% - 200% FPL
15 FA/SN/LIF Pregnant Woman (No Deprivation)	56 FHP Singles and Childless Couples/19-20 Not Living with Parents (Case Type 24 Only)
16 Public Home FNP (CT 20 – Pub. Home Dists. Only)	57 FHP Parents/19-20 Living with Parents (Case Type 24 Only)
17 OMH Inpatient Age 21-22 (OMH Only)	58 FHP Pregnant Woman 100% FPL (Case Type 20 Only)
18 Emergency Shelter – FP (MA, MA-SSI)	59 FHP Pregnant Woman 200% FPL (Case Type 20 Only)
21 ADC-Related Adult (Deprivation) (Case Type 20 Only)	60 Child 6-18 Years of Age 100 - 133% FPL
22 ADC-Related Child (Deprivation) (Case Type 20 Only)	61 Presumptive Eligibility - Healthy Women Partnership (Under 65)
25 ADC-Related Child (No Deprivation) (Case Type 20 Only)	62 Presumptive Eligibility - Healthy Women Partnership (65 +Over)
26 FA/SN/LIF Adult Intact Family (No Deprivation)	63 Presumptive Eligibility - Healthy Women Partnership (Male) (FNP)
32 Non-NYS IV-E - Foster Care	67 Continuous Coverage - Child 6-18 100-133% FPL
33 Non-IV-E - Adoption/Special Needs	68 Family Planning Only - FP
34 Non-NYS IV-E - Adoption	69 Family Planning Only - FNP
35 Presumptive Eligibility-Home Care/LT'S/CAP (CT 20 Only)	
36 Presumptive Eligibility - Pregnant Woman (Case Type 20 Only)	
37 FNP Alien (Case Type 20 Only)	
39 FNP Parent Living with His/Her Child(ren) Above the PA Standard	

FOOD ASSISTANCE PROGRAM INDICATOR – FAP Ind.**(X Individual Eligible for FAP)****EMPLOYABILITY CODES – EMP CODES (PA, MA, FS)**

16 Work Limited
17 Teen Head of Household or Married Teen Enrolled in Secondary School or Equivalent
20 Non-Exempt
24 Pregnant (Within 30 Days of Medically Verified Date of Delivery)
27 Employed
29 Single Parent or Caretaker Relative of a Child Under Six (6)
30 Child Under 16 Years **
31 Exempted Single Parent or Caretaker Relative of a Child Under One (1) – In Same PA Case
32 Advanced Age (60 Years or Older)
34 Exempted Single Parent or Caretaker Relative of a Child Under One (1) – Not In Same PA Case

WMS DATA-ENTERED CODES

EMPLOYABILITY CODES (cont'd)

- 35 Non Head of Household In School Full-Time (Age 16 through 18 inclusive)
 36 Incapacitated/Disabled (More Than 6 Months)
 38 Needed in the Home to Care for Incapacitated Household Member
 39 (Reserved for Future Use)
 41 Temporary Illness (1 to 3 Month Exemption)
 42 Temporary Incapacity (4 to 6 Month Exemption)
 43 Incapacitated (SSI Application Filed)
 44 Incapacitated (In Receipt of SSI)
 45 Work Requirements Waivable-Exempt
 46 Work Requirements Waivable -- Non-Exempt
 47 Incapacitated/Disabled - Time Limit Exemption (More Than 6 Months)
 48 Needed in the Home to Care for Incapacitated Child-Time Limit Exemption
 49 Incapacitated - Time Limit Exemption (4 to 6 Months Exemption)
 63 Substance Abuser (In Rehabilitation or Waiting for Rehabilitation) Exempt
 64 Substance Abuser (In Rehabilitation or Waiting for Rehabilitation) Non-Exempt
 70 Contesting Employability Determination
 73 OVESID Participant
 77 Non-Exempt From PA Work Requirements/Exempt from FS Work Requirements and ABAWD
 78 Non-Exempt From PA and FS Work Requirements/ABAWD Exempt
 99 Unborn **
 WR NPA FS Work Registration Required (ABAWD Required)
 WE NPA FS Work Registration Exempt
 WA NPA FS Work Registration Required (ABAWD Exempt)

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** Use of Employability Code Will **Not** Allow Employment Record Creation

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INCOME RELATED

CODE	DEFINITION
M33	Excess Income – Deemed Income of Alien Sponsor (HH >1) (CT 11) - THE INDIVIDUAL'S TOTAL INCOME - THE AMOUNT OF THE INCOME DEEMED FROM THE SPONSOR
M71	Continue Applicant Voluntary Quit Sanction - DATE 1: SANCTION END DATE + 1 DAY
M72	Continue Recipient Voluntary Quit Sanction - DATE 1: SANCTION END DATE + 1 DAY
N31	Voluntary Quit or Reduced Earnings – Applicant - DATE 1: DATE (MMDDYY) OF THE QUIT OR REDUCED EARNINGS
N41	Voluntary Quit or Reduced Earnings – Recipient (Except TT 02, 03) (1st Occurrence)
N42	Voluntary Quit or Reduced Earnings - Recipient (Except TT 02, 03) (2nd Occurrence)
N43	Voluntary Quit or Reduced Earnings - Recipient (Except TT 02, 03) (3rd Occurrence)

RESOURCES

CODE	DEFINITION
U44	Excess Resources – Deemed Resources of Alien Sponsor (HH >1) (CT 11)

LIVING ARRANGEMENTS

CODE	DEFINITION
E72 *	Institutionalized
E73 *	In Foster Care
F60	Left Household
F61	No Longer Essential to Household – (Essential Person) (Except TT 02, 03)
F63 *	In Prison
F66	Will Receive PA In Other Case (TT 05, 06, 07, 08 Only)
F75	Temporary Absence of Minor
M98 *	In Receipt of Concurrent Assistance – Non-AFIS Intrastate Match (With Reliable Residence Determination) - LOCATION OF MATCH
M99 *	In Receipt of Concurrent Assistance – AFIS Match - LOCATION OF MATCH
N49	Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim) - NAME OF THE PERSON OFFERING THE HOME
N50	Living Arrangements – Pregnant/Minor Parent (Health/Safety Claim Denied) - NAME OF THE PERSON OFFERING THE HOME
N66	In Receipt of Concurrent Assistance – Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination) - LOCATION OF MATCH

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OTHER FAILURES

CODE	DEFINITION
E21	Failure to Provide Child's SSN
F12	Failure to Apply for SSI
F17	Failure to Validate Incorrect SSN
F21	Failure to Provide a Social Security Number
F40	Failure to Enroll in Group Health Plan
F44	Failure to Comply with Drug/Alcohol Screening
F45	Failure to Comply with Drug/Alcohol Assessment
F46	Failure to Comply with Drug/Alcohol Release of Information
F84	Failure to Sign Lien
F88	Failure to Comply with AFIS (Non-Legally Responsible Relative)
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status
F93	Failure/Refusal to Sign Citizenship/Alien Declaration
GX1	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (1 st Occurrence/45 Days)

OTHER FAILURES CODES CONTINUED ON NEXT PAGE

FILL INFORMATION	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

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OTHER FAILURES (Cont'd)

CODE	DEFINITION
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (2 nd Occurrence/120 Days)
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (3 rd Occurrence/180 Days)
M74	Continue Employment Requirement Sanction - DATE 1: SANCTION END DATE + 1 DAY
M77	Continue Drug/Alcohol Requirement Sanction - DATE 1: SANCTION END DATE + 1 DAY
MX1	Failure To Take Part in Drug/Alcohol Rehab – Applicant (1 st Occurrence/45 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
MX2	Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 nd Occurrence/120 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
MX3	Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 rd Occurrence/180 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
N20	Failure to Notify District of Minor's Temporary Absence - Amount 1: Number of Months Ineligible
V30	Failure to Comply with IV-D Support Requirements
W40	Failure/Refusal to Become Employable
WE1	Failure to Comply with Employment Requirements (1 st Occurrence)
WE2	Failure to Comply with Employment Requirements (2 nd Occurrence)
WE3	Failure to Comply with Employment Requirements (3 rd Occurrence)

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INTENTIONAL PROGRAM VIOLATIONS (WMS Only – Manual Notice Required)

CODE	DEFINITION
M78	Continue IPV Sanction - DATE 1: SANCTION END DATE + 1 DAY
Pend IPV – Infraction ends on or after 8/20/97:	
WP1 *	IPV: 6 Month Disqualification (1 st Offense/Infraction < \$1,000)
WP2 *	IPV: 12 Month Disqualification (2 nd Offense/Infraction < \$3,900)
WP3 *	IPV: 12 Month Disqualification (1 st Offense/Infraction \$1,000-\$3,900)
WP4 *	IPV: 18 Month Disqualification (3 rd Offense)
WP5 *	IPV: 18 Month Disqualification (1 st Offense/Infraction > \$3,900)
WP6 *	IPV: 18 Month Disqualification (2 nd Offense/Infraction > \$3,900)
WP7 *	IPV: 5 Year Disqualification (4 th or Subsequent Offense)
WP8 *	IPV: Court Ordered Disqualification

Start IPV – Infraction on or after 8/20/97:

WS1 *	IPV: 6 Month Disqualification (1 st Offense/Infraction < \$1,000)
WS2 *	IPV: 12 Month Disqualification (2 nd Offense/Infraction < \$3,900)
WS3 *	IPV: 12 Month Disqualification (1 st Offense/Infraction \$1,000-\$3,900)
WS4 *	IPV: 18 Month Disqualification (3 rd Offense)
WS5 *	IPV: 18 Month Disqualification (1 st Offense/Infraction > \$3,900)
WS6 *	IPV: 18 Month Disqualification (2 nd Offense/Infraction > \$3,900)
WS7 *	IPV: 5 Year Disqualification (4 th or Subsequent Offense)
WS8 *	IPV: Court Ordered Disqualification

FILL INFORMATION	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

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OTHER**CODE****DEFINITION**

BE1	Intentional Misrepresentation of a Disability (1st Occurrence)
BE2	Intentional Misrepresentation of a Disability (2nd Occurrence)
BE3	Intentional Misrepresentation of a Disability (3rd Occurrence)
E90	Client Request Removal From Case
E94	Receiving SSI (HH>1)
E95 *	Died
F35	Fleeing Felon/Probation – Parole Violator
F76	Minor Parent Not in School
M76	Continue Multiple Benefit 10 Year Sanction - DATE 1: SANCTION START DATE
M79	Continue Failure to Report Absence of Minor Sanction - DATE 1: SANCTION END DATE + 1 DAY
M97	Receiving Multiple Benefits (10 Year Sanction) - DATE 1: SANCTION START DATE
Y98	Other – Manual Notice Required – No MA Extension/E
Y99	Other – Manual Notice Required – 1 Month MA Extension
903	CIN Unduplication (TT 05 Only) (Data-entered)

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FILL INFORMATION

A-J NO FILL

K-P LIMITED FILL

Q-X EXTENSIVE FILL

BE1	Intentional Misrepresentation of a Disability (1st Occ.)	N66	In Receipt of Concurrent Assistance – Non AFIS Match (Interstate or Intrastate without Reliable Residence Determination)
BE2	Intentional Misrepresentation of a Disability (2nd Occ.)	U44	Excess Resources – Deemed Resources of Alien Sponsor (CT 11) (HH>1)
BE3	Intentional Misrepresentation of a Disability (3rd Occ.)	V30	Failure to Comply with IV-D Support Requirements
E21	Failure to Provide Child's SSN	W40	Failure/Refusal to Become Employable
E72	Institutionalized	WE1	Failure to Comply with Employment Requirements (1 st Occurrence)
E73	In Foster Care	WE2	Failure to Comply with Employment Requirements (2 nd Occurrence)
E90	Client Request Removal From Case	WE3	Failure to Comply with Employment Requirements (3 rd Occurrence)
E94	Receiving SSI (HH>1)	WP1	Pended IPV: 6 Month Disqualification (1 st Offense/Infraction < \$1,000)
E95	Died (Indiv. Status = 13)	WP2	Pended IPV: 12 Month Disqualification (2 nd Offense/Infraction < \$3,900)
F12	Failure to Apply for SSI	WP3	Pended IPV: 12 Month Disqualification (1 st Offense/Infraction \$1,000-\$3,900)
F17	Failure to Validate Incorrect SSN	WP4	Pended IPV: 18 Month Disqualification (3 rd Offense)
F21	Failure to Provide SSN	WP5	Pended IPV: 18 Month Disqualification (1 st Offense/Infraction > \$3,900)
F35	Fleeing Felon/Probation – Parole Violator	WP6	Pended IPV: 18 Month Disqualification (2 nd Offense/Infraction > \$3,900)
F40	Failure to Enroll in Group Health Plan	WP7	Pended IPV: 5 Year Disqualification (4 th or Subsequent Offense)
F44	Failure to Comply with Drug/Alcohol Screening	WP8	Pended IPV: Court Ordered Disqualification
F45	Failure to Comply with Drug/Alcohol Assessment	WS1	IPV: 6 Month Disqualification (1 st Offense/Infraction < \$1,000)
F46	Failure to Comply with Drug/Alcohol Release of Information	WS2	IPV: 12 Month Disqualification (2 nd Offense/Infraction < \$3,900)
F60	Left Household	WS3	IPV: 12 Month Disqualification (1 st Offense/Infraction \$1,000-\$3,900)
F61	No Longer Essential to Household (Essential Person)	WS4	IPV: 18 Month Disqualification (3 rd Offense)
F63	In Prison	WS5	IPV: 18 Month Disqualification (1 st Offense/Infraction > \$3,900)
F66	Will Receive PA In Other Case	WS6	IPV: 18 Month Disqualification (2 nd Offense/Infraction > \$3,900)
F75	Temporary Absence of Minor	WS7	IPV: 5 Year Disqualification (4 th or Subsequent Offense)
F76	Minor Parent Not in School	WS8	IPV: Court Ordered Disqualification
F84	Failure to Sign Lien	Y98	Other – Manual Notice Required – No MA Extension/E
F88	Failure to Comply with AFIS – (Non-Legally Responsible Relative)	Y99	Other – Manual Notice Required – 1 Month MA Extension
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status	903	CIN Unduplication (TT 05 Only) (Data-entered)
F93	Failure/Refusal to Sign Citizenship/Alien Declaration		
GX1	Failure to Take Part in Drug/Alcohol Rehab – Recipient (1 st Occurrence/45 Days)		
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (2 nd Occurrence/120 Days)		
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (3 rd Occurrence/180 Days)		
M33	Excess Income – Deemed Income of Aien Sponsor (CT 11) (HH>1)		
M71	Continue Applicant Voluntary Quit Sanction		
M72	Continue Recipient Voluntary Quit Sanction		
M74	Continue Employment Requirement Sanction		
M76	Continue Multiple Benefit 10 Year Sanction		
M77	Continue Drug/Alcohol Requirement Sanction		
M78	Continue IPV Sanction		
M79	Continue Failure to Report Absence of Minor Santion		
M97	In Receipt of Multiple Benefits (10 Year Sanction)		
M98	In Receipt of Concurrent Assistance – Non AFIS Intrastate Match		
M99	In Receipt of Concurrent Assistance – AFIS Match		
MX1	Failure to Take Part in Drug/Alcohol Rehab – Applicant (1 st Occurrence/45 Days)		
MX2	Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 nd Occurrence/120 Days)		
MX3	Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 rd Occurrence/180 Days)		
N20	Failure to Notify District of Minor's Temporary Absence		
N31	Voluntary Quit or Reduced Earnings – Applicant		
N41	Voluntary Quit or Reduced Earnings – Recipient (1st Occ.)		
N42	Voluntary Quit or Reduced Earnings - Recipient (2nd Occ.)		
N43	Voluntary Quit or Reduced Earnings - Recipient (3rd Occ.)		
N49	Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim)		
N50	Living Arrangements – Pregnant/Minor Parent (Health/Safety Claim Denied)		

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Reason Codes Are Valid for All Transactions Unless Otherwise Specified

Reason Codes Are Valid for All Transactions Unless Otherwise Specified. All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (*) are Adequate.

INCOME RELATED

CODE	DEFINITION
F72	Continue Voluntary Quit Sanction: Sanction Period Completed; Compliance Only (HH=1) (Denial)
F73	Continue Voluntary Quit Sanction: Sanction Period Completed; Compliance Only (HH>1) (All Tx Types)
M71	Continue Voluntary Quit Sanction (HH=1) (Denial) DATE: Sanction End Date + 1 Day
M72	Continue Voluntary Quit Sanction (HH>1)(All Tx Types) DATE: Sanction End Date + 1 Day
N31	Voluntary Quit/Reduction of Work Hours – Applicant (1 st Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N32	Voluntary Quit/Reduction of Work Hours – Applicant (2 nd Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N33	Voluntary Quit/Reduction of Work Hours – Applicant (3 rd Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N41	Voluntary Quit/Reduction of Work Hours – Recipient (1 st Occurrence)
N42	Voluntary Quit/Reduction of Work Hours – Recipient (2 nd Occurrence)
N43	Voluntary Quit/Reduction of Work Hours – Recipient (3 rd Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMYY) CLIENT QUIT

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LIVING ARRANGEMENTS

CODE	DEFINITION
F60	Left Household
F91	Boarder
M98	In Receipt of Concurrent Assistance Non-AFIS Intrastate Match - LOCATION OF MATCH
M99	In Receipt of Concurrent Assistance – AFIS Match - LOCATION OF MATCH
N66	In Receipt of Concurrent Assistance – Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination) - LOCATION OF MATCH

OTHER FAILURES

CODE	DEFINITION
F15	Failure to Verify DOB
F20	Failure to Provide SSN (During Certification Period)
F21	Failure to Provide SSN
F22	Failure to Verify SSN
F77	Continue Employment Requirement Sanction: Sanction Period Completed; Compliance Only (HH=1) (Denial)
F78	Continue Employment Requirement Sanction: Sanction Period Completed; Compliance Only (HH>1) (All Tx Types)
F85	Failure to Verify Alien Status
F86	Failure to Verify Alien
M73	Continue Employment Requirement Sanction (HH=1)(Denial) DATE: Sanction End Date + 1 Day
M74	Continue Employment Requirement Sanction (HH>1)(All Tx Types) DATE: Sanction End Date + 1 Day
WE1	Failure to Comply w/Employment Requirement (1 st Occurrence)
WE2	Failure to Comply w/Employment Requirement (2 nd Occurrence)
WE3	Failure to Comply w/Employment Requirement (3 rd Occurrence)

FILL INFORMATION

A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

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INTENTIONAL PROGRAM VIOLATION

CODE	DEFINITION
N90 *	IPV: Traded FS for Firearms, Ammunition or Explosives - DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT
NF1 *	IPV: Purchased Illegal Drugs w/FS (1 st Occurrence) (Infraction Date After 09/20/96) - DATE 1: SANCTION END DATE
NF2 *	IPV: Purchased Illegal Drugs with FS (2 nd Occurrence) (Infraction Date After 09/20/96) - DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT
NFA *	IPV: Purchased Illegal Drugs with FS (1 st Occurrence) (Infraction Date Prior to 09/21/96) - DATE 1: SANCTION END DATE
WF1 *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 st Occurrence (Infraction Date After 09/20/96)
WF2 *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 nd Occurrence (Infraction Date After 09/20/96)
WF3 *	FS Intentional Program Violation; Disqualification Starts or Continues - 3 rd Occurrence (Infraction Date After 09/20/96)
WFA *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 st Occurrence (Infraction Date Prior to 09/21/96)
WFB *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 nd Occurrence (Infraction Date Prior to 09/21/96)

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OTHER

CODE	DEFINITION
E95 *	Died
F30	Trafficking in FS Benefits of \$500 or More
F35	Fleeing Felons/Probation-Parole Violators
F90	Ineligible Student
F92	Ineligible Alien
F94	ABAWD Ineligible (Able-Bodied Adults Without Dependents)
F95	Alien Ineligible for Food Assistance Program
F97	District Discontinues FAP: Individual Remains Ineligible Alien
M75	Continue Multiple Benefit 10 Yr. Sanction (HH=1) (Denial) DATE: Sanction Start Date
M76	Continue Multiple Benefit 10 Yr. Sanction (HH>1)(All Tx Types) DATE: Sanction Start Date
M97	Receiving Multiple Benefits (10-Yr. Sanction) - DATE 1: SANCTION START DATE
Y99	Other – Manual Notice Required
903	CIN Unduplication (TT 05 Only) (Data-entered)

FILL INFORMATION

A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

E95	Died	N42	Voluntary Quit/Reduction of Work Hours – Recipient (2 nd Occurrence)
F15	Failure to Verify DOB	N43	Voluntary Quit/Reduction of Work Hours – Recipient (3 rd Occurrence)
F20	Failure to Provide SSN	N66	In Receipt of Concurrent Assistance: Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination)
F21	Failure to Provide SSN	N90	IPV: Traded FS for Firearms, Ammunition or Explosives
F22	Failure to Verify SSN	NF1	IPV: Purchased Illegal Drugs with FS (1 st Occurrence) (Infraction Date After 9/20/96)
F30	Trafficking in FS Benefits of \$500 or More	NF2	IPV: Purchased Illegal Drugs with FS (2 nd Occurrence) (Infraction Date After 9/20/96)
F35	Fleeing Felons/Probation-Parole Violator	NFA	IPV: Purchased Illegal Drugs with FS (1 st Occurrence) (Infraction Date Prior to 9/21/96)
F60	Left Household	WE1	Failure to Comply with Employment Requirement (1 st Occurrence)
F72	Continue Voluntary Quit Sanction: Sanction Period Completed (HH=1) (Denial)	WE2	Failure to Comply with Employment Requirement (2 nd Occurrence)
F73	Continue Voluntary Quit Sanction: Sanction Period Completed (HH>1) (All Tx Types)	WE3	Failure to Comply with Employment Requirement (3 rd Occurrence)
F77	Continue Employment Requirement Sanction: Sanction Period Completed (HH=1) (Denial)	WF1	FS Intentional Program Violation; Disqualification Starts or Continues (1 st Occurrence) (Infraction Date After 09/20/96)
F78	Continue Employment Requirement Sanction: Sanction Period Completed (HH>1) (All Tx Types)	WF2	FS Intentional Program Violation; Disqualification Starts or Continues (2 nd Occurrence) (Infraction Date After 09/20/96)
F85	Failure to Verify Alien Status	WF3	FS Intentional Program Violation; Disqualification Starts or Continues (3 rd Occurrence) (Infraction Date After 09/20/96)
F86	Failure to Verify Alien Status (Denial/Recert-Closing)	WFA	FS Intentional Program Violation; Disqualification Starts or Continues (1 st Occurrence) (Infraction Date Prior to 09/21/96)
F90	Ineligible Student	WFB	FS Intentional Program Violation; Disqualification Starts or Continues (2 nd Occurrence) (Infraction Date Prior to 09/21/96)
F91	Boarder	Y99	Other – Manual Notice Required
F92	Ineligible Alien	903	CIN Unduplication (TT 05 Only) (Data-entered)
F94	ABAWD Ineligible (Able-Bodied Adult Without Dependents)		
F95	Alien Ineligible for Food Assistance Program		
F97	District Discontinues FAP: Individual Remains Ineligible Alien		
M71	Continue Voluntary Quit Sanction (HH=1)(Denial)		
M72	Continue Voluntary Quit Sanction (HH>1)(All Tx Types)		
M73	Continue Employment Requirement Sanction (HH=1)(Denial)		
M74	Continue Employment Requirement Sanction (HH>1)(All Tx Types)		
M75	Continue Multiple Benefit 10 Yr. Sanction (HH=1)(Denial)		
M76	Continue Multiple Benefit 10 Yr. Sanction (HH>1) (All Tx Types)		
M97	In Receipt of Multiple Benefits (10-Yr. Sanction)		
M98	In Receipt of Concurrent Assistance: Non-AFIS Intrastate Match		
M99	In Receipt of Concurrent Assistance: AFIS Match		
N31	Voluntary Quit/Reduction of Work Hours – Applicant (1 st Occurrence)		
N32	Voluntary Quit/Reduction of Work Hours – Applicant (2 nd Occurrence)		
N33	Voluntary Quit/Reduction of Work Hours – Applicant (3 rd Occurrence)		
N41	Voluntary Quit/Reduction of Work Hours – Recipient (1 st Occurrence)		

3

MA INDIVIDUAL REASON CODES

MA Individual Reason Codes Are the Same as MA Case Reason Codes (See Pages 12-19)

WMS DATA-ENTERED CODES**STATE & FEDERAL CHARGE CODES – St/Fed Chgs – (PA, MA)***STATE CHARGE*

- 04 Indian on NYS Reservation
- 05 OMH/OMRDD Releasee
- 07 OMH/OMRDD Inpatient
- 08 OMH/OMRDD Family Care
- 11 Oxford Home Resident
- 18 State-Operated ICF
- 19 Privately-Operated ICF
- 21 VORCCA (Voluntary-Operated Residential Care Center for Adults – Non-621)
- 22 SOCR (State-Operated Community Residence – Non-621)
- 23 VOFC (Voluntary-Operated Family Care), OMH Home & Community Based Services (HCBS) Waiver
- 24 VOCC (Voluntary-Operated Community Residence – Non-621)
- 25 VOCC (Voluntary-Operated Community Residence – 621)
- 26 SOCR (State-Operated Community Residence – KEYES) [OMH, OMR Only]
- 27 SOCR (State-Operated Community Residence – Non-KEYES) [OMH, OMR Only]
- 28 SORCCA (State-Operated Residential Care Center for Adults) [OMH Only]
- 29 VORCCA (Voluntary-Operated Residential Care Center for Adults)
- 37 Relocated Relative of an Institutionalized Veteran
- 50 Home Care – State Charge (Case Type 20 Only)
- 63 TANF Individual Exceeding 5 Year Limit
- 64 TANF Native American on NYS Reservation Exceeding 5 Year Limit
- 67 Qualified Alien in the 5 Year Ban for Medicaid/PRUCOL

3*FEDERAL CHARGE*

- 03 American Repatriate
- 30 Refugees (Refugee Assistance Program)
- 31 Unaccompanied Refugee Minor
- 34 Cuban Entrants
- 35 Cuban/Haitian Unaccompanied Entrant Minor
- 36 Haitian Entrants
- 60 TANF Ineligible Alien

TIME LIMIT EXEMPTION INDICATOR - T Lm - (PA)

- T TANF/60 Month Exemption (Case Types 11 or 12 Only - includes CAP)
- S Safety Net Cash/24 Month Exemption (Case Type 16 Only)
- A Aid Continuing (Case Types 11, 12 and 16 Only)

If CT = 16, entries only allowed if Auth. From Date is greater than or equal to 12/01/99

If CT = 11 or 12, entries only allowed if Auth. From Date is greater than or equal to 07/01/01

CTHP REFERRAL STATUS CODES – CTHP Cd – (PA, MA)

- | | |
|---|-----------------------------------|
| 1 Requesting CTHP Medical Services, but not Support and Dental Services | 7 Already Receiving CTHP Services |
| 2 Requesting CTHP Medical and Support Services, but not Dental Services | 8 Declines CTHP |
| 3 Requesting CTHP Medical, Support and Dental Services | 9 Undecided |
| 4 Requesting CTHP Medical and Dental Services, but not Support Services | |
| 5 Requesting CTHP Dental Services, but not Support Services | |
| 6 Requesting CTHP Support and Dental Services, but not Medical Services | |

MOTHER'S LINE NUMBER - Mom Ln - (PA)

- Enter Biological or Adoptive Mother's Line Number or
- 98 Mother Not in Household (And Not in Case)

VETERANS STATUS INDICATOR – Vet Stat – (PA, MA, FS)

- 1 Special Disabled Veteran (Disability of 30% or More)
- 2 Vietnam-era Veteran
- 3 Disabled Veteran
- 4 Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of a Veteran
- 9 Not a Veteran

WMS DATA-ENTERED CODES

RACIAL ETHNIC CODES – Race – (PA, MA, FS, HEAP) (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown)

ETHNICITY

H Hispanic or Latino

RACE

I American Indian or Alaskan Native

A Asian

B Black or African American

P Native Hawaiian or Pacific Islander

W White

EDUCATIONAL STATUS – Ed Stat – (PA)

00 No Formal Education

01-12 Grade Level Completed in Primary/Secondary School Including Secondary Level Vocational School or Adult High School

CITIZENSHIP/ALIEN INDICATOR CODE – Cit

A Person Granted Asylum

B Battered Alien

C Citizen

D Trafficking Victims

E Alien Only Eligible for Emergency MA

F Person Granted Conditional Entry

G Person Paroled into the U.S. for at Least 1 Year

H Cuban and Haitian Entrant

J Person Whose Deportation is Being Withheld

K Lawful Permanent Resident W/O 40 Quarters or 40 Quarters Not Determined

M Qualified Alien on Active Duty in Armed Forces (Incl. Spouse & Dependent Child)

N Non-qualified PRUCOL Alien Diagnosed with AIDS or Residing in RHCF on 8/4/97

O Non-qualified PRUCOL Eligible for SN/FAP

R Person Admitted as Refugee/Amerasian

S Lawful Permanent Resident With 40 Qualifying Quarters

T Person Paroled into the U.S. for Less Than One Year

V Veteran of the Armed Forces (Incl. Spouse & Dependent Child)

3