# WMS DATA-ENTERED CODES

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

| | |
|---|---|
| 01 | Applicant/Payee/MA ID Card Recipient |
| 02 | Legal Spouse |
| 03 | Non-Legal Union |
| 04 | Son |
| 05 | Daughter |
| 06 | Step-Son |
| 07 | Step-Daughter |
| 08 | Niece/Nephew |
| 09 | Grandson/Granddaughter |
| 10 | Grandmother/Grandfather |
| 11 | Aunt/Uncle |
| 12 | Essential Person |
| 13 | Other Eligible Relationship (CT 11,12) |
| 14 | Other Relationship (Not CT 11, 12) |
| 15 | Legal Guardian (Not CT 11, 12) |
| 16 | Ward (Not CT 11, 12) |
| 17 | Cousin |
| 18 | None |
| 19 | Parent |
| 20 | Sister/Brother |
| 21 | Step-Parent |
| 22 | Step-Sister/Step-Brother |
| 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 |
| 02 | FA/SN/LIF Incapacity of Parent |
| 03 | FA/SN/LIF Imprisonment of Parent |
| 05 | FA/SN/LIF Divorce, Annulment, or Legal Separation of Parent |
| 06 | FA/SN/LIF Abandonment or Desertion by Parent |
| 07 | FA/SN/LIF Removed by Court Order |
| 08 | FA/SN/LIF Child Unemployed Principal Wage Earner |
| 09 | FA/SN/LIF Child (No Deprivation) or SCC Single Individual or Childless Couple (Not Aged or Disabled) |
| 10 | Aged |
| 11 | Blind/For Case Type 60 Only – Both Aged and Disabled |
| 12 | Disabled/Case Type 60 Only – Includes Blindness |
| 13 | FA/SN/LIF Dependent Relative |
| 15 | FA/SN/LIF Pregnant Woman (No Deprivation) |
| 16 | Public Home FNP (CT 20 – Pub. Home Dists. Only) |
| 17 | OMH Inpatient Age 21-22 (OMH Only) |
| 18 | Emergency Shelter – FP (MA, MA-SSI) |
| 21 | ADC-Related Adult (Deprivation) (Case Type 20 Only) |
| 22 | ADC-Related Child (Deprivation) (Case Type 20 Only) |
| 25 | ADC-Related Child (No Deprivation) (Case Type 20 Only) |
| 26 | FA/SN/LIF Adult Intact Family (No Deprivation) |
| 32 | Non-NYS IV-E - Foster Care |
| 33 | Non-IV-E - Adoption/Special Needs |
| 34 | Non-NYS IV-E - Adoption |
| 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 |
| 40 | CAP - MA Only |
| 41 | MA Only - Newborn (PA Only) |
| 42 | ADC-Related Pregnant Woman (MA Level) (Case Type 20 Only) |
| 43 | Expanded MA Levels Pregnant Woman (Case Type 20 Only) |
| 44 | Expanded Infant 0 Up to 1 Under 100% FPL |
| 45 | Expanded Infant 0 Up to 1: 100%-200% FPL |
| 46 | Expanded Child(ren) 1 Up to 6 - 133% FPL |
| 47 | Expanded Child(ren) 6 Up to 19 - 100% FLP |
| 48 | FA/LIF Pregnant Woman (Deprivation) |
| 53 | Continuous Coverage - LIF Child 0 Up to 19 |
| 54 | Continuous Coverage - All Expanded Children Except Infants 0 Up to 1 (100% - 200% FPL) |
| 55 | Continuous Coverage - Expanded Infant 0 Up to 1 - 100% - 200% FPL |
| 56 | FHP Singles and Childless Couples/19-20 Not Living with Parents (Case Type 24 Only) |
| 57 | FHP Parents/19-20 Living with Parents (Case Type 24 Only) |
| 58 | FHP Pregnant Woman 100% FPL (Case Type 20 Only) |
| 59 | FHP Pregnant Woman 200% FPL (Case Type 20 Only) |
| 60 | Child 6-18 Years of Age 100 - 133% FPL |
| 61 | Presumptive Eligibility - Healthy Women Partnership (Under 65) |
| 62 | Presumptive Eligibility - Healthy Women Partnership (65 +Over) |
| 63 | Presumptive Eligibility - Healthy Women Partnership (Male) (FNP) |
| 67 | Continuous Coverage - Child 6-18 100-133% FPL |
| 68 | Family Planning Only - FP |
| 69 | Family Planning Only - FNP |

**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) |

** 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)<br>- THE INDIVIDUAL'S TOTAL INCOME<br>- THE AMOUNT OF THE INCOME DEEMED FROM THE SPONSOR |
| M71 | Continue Applicant Voluntary Quit Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |
| M72 | Continue Recipient Voluntary Quit Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |
| N31 | Voluntary Quit or Reduced Earnings – Applicant<br>- 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<br>(With Reliable Residence Determination)<br>- LOCATION OF MATCH |
| M99 * | In Receipt of Concurrent Assistance – AFIS Match<br>- LOCATION OF MATCH |
| N49 | Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim)<br>- NAME OF THE PERSON OFFERING THE HOME |
| N50 | Living Arrangements – Pregnant/Minor Parent (Health/Safety Claim Denied)<br>- NAME OF THE PERSON OFFERING THE HOME |
| N66 | In Receipt of Concurrent Assistance – Non-AFIS Match<br>(Interstate or Intrastate w/o Reliable Residence Determination)<br>- LOCATION OF MATCH |

**3**

**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)<br>(1st 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)<br>(2nd Occurrence/120 Days) |
| GX3 | Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03)<br>(3rd Occurrence/180 Days) |
| M74 | Continue Employment Requirement Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |
| M77 | Continue Drug/Alcohol Requirement Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |
| MX1 | Failure To Take Part in Drug/Alcohol Rehab – Applicant<br>(1st Occurrence/45 Days)<br>- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB |
| MX2 | Failure to Take Part in Drug/Alcohol Rehab – Applicant<br>(2nd Occurrence/120 Days)<br>- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB |
| MX3 | Failure to Take Part in Drug/Alcohol Rehab – Applicant<br>(3rd Occurrence/180 Days)<br>- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB |
| N20 | Failure to Notify District of Minor's Temporary Absence<br>- 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 (1st Occurrence) |
| WE2 | Failure to Comply with Employment Requirements (2nd Occurrence) |
| WE3 | Failure to Comply with Employment Requirements (3rd Occurrence) |

**INTENTIONAL PROGRAM VIOLATIONS (WMS Only – Manual Notice Required)**

| CODE | DEFINITION |
|---|---|
| M78 | Continue IPV Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |

Pend IPV – Infraction ends on or after 8/20/97:

| | |
|---|---|
| WP1 * | IPV: 6 Month Disqualification (1st Offense/Infraction < $1,000) |
| WP2 * | IPV: 12 Month Disqualification (2nd Offense/Infraction < $3,900) |
| WP3 * | IPV: 12 Month Disqualification (1st Offense/Infraction $1,000-$3,900) |
| WP4 * | IPV: 18 Month Disqualification (3rd Offense) |
| WP5 * | IPV: 18 Month Disqualification (1st Offense/Infraction > $3,900) |
| WP6 * | IPV: 18 Month Disqualification (2nd Offense/Infraction > $3,900) |
| WP7 * | IPV: 5 Year Disqualification (4th or Subsequent Offense) |
| WP8 * | IPV: Court Ordered Disqualification |

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

| | |
|---|---|
| WS1 * | IPV: 6 Month Disqualification (1st Offense/Infraction < $1,000) |
| WS2 * | IPV: 12 Month Disqualification (2nd Offense/Infraction < $3,900) |
| WS3 * | IPV: 12 Month Disqualification (1st Offense/Infraction $1,000-$3,900) |
| WS4 * | IPV: 18 Month Disqualification (3rd Offense) |
| WS5 * | IPV: 18 Month Disqualification (1st Offense/Infraction > $3,900) |
| WS6 * | IPV: 18 Month Disqualification (2nd Offense/Infraction > $3,900) |
| WS7 * | IPV: 5 Year Disqualification (4th 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<br>- DATE 1: SANCTION START DATE |
| M79 | Continue Failure to Report Absence of Minor Sanction<br>- DATE 1: SANCTION END DATE + 1 DAY |
| M97 | Receiving Multiple Benefits (10 Year Sanction)<br>- 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) |

# 3

**FILL INFORMATION**

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

3

| | |
|---|---|
| BE1 | Intentional Misrepresentation of a Disability (1st Occ.) |
| BE2 | Intentional Misrepresentation of a Disability (2nd Occ.) |
| BE3 | Intentional Misrepresentation of a Disability (3rd Occ.) |
| E21 | Failure to Provide Child's SSN |
| E72 | Institutionalized |
| E73 | In Foster Care |
| E90 | Client Request Removal From Case |
| E94 | Receiving SSI (HH>1) |
| E95 | Died (Indiv. Status = 13) |
| F12 | Failure to Apply for SSI |
| F17 | Failure to Validate Incorrect SSN |
| F21 | Failure to Provide SSN |
| F35 | Fleeing Felon/Probation – Parole Violator |
| 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 |
| F60 | Left Household |
| F61 | No Longer Essential to Household (Essential Person) |
| F63 | In Prison |
| F66 | Will Receive PA In Other Case |
| F75 | Temporary Absence of Minor |
| F76 | Minor Parent Not in School |
| 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 (1st Occurrence/45 Days) |
| GX2 | Failure to Take Part in Drug/Alcohol Rehab – Recipient (2nd Occurrence/120 Days) |
| GX3 | Failure to Take Part in Drug/Alcohol Rehab – Recipient (3rd 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 (1st Occurrence/45 Days) |
| MX2 | Failure to Take Part in Drug/Alcohol Rehab – Applicant (2nd Occurrence/120 Days) |
| MX3 | Failure to Take Part in Drug/Alcohol Rehab – Applicant (3rd 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) |
| N66 | In Receipt of Concurrent Assistance – Non AFIS Match (Interstate or Intrastate without Reliable Residence Determination) |
| U44 | Excess Resources – Deemed Resources of Alien Sponsor (CT 11) (HH>1) |
| V30 | Failure to Comply with IV-D Support Requirements |
| W40 | Failure/Refusal to Become Employable |
| WE1 | Failure to Comply with Employment Requirements (1st Occurrence) |
| WE2 | Failure to Comply with Employment Requirements (2nd Occurrence) |
| WE3 | Failure to Comply with Employment Requirements (3rd Occurrence) |
| WP1 | Pended IPV: 6 Month Disqualification (1st Offense/Infraction < $1,000) |
| WP2 | Pended IPV: 12 Month Disqualification (2nd Offense/Infraction < $3,900) |
| WP3 | Pended IPV: 12 Month Disqualification (1st Offense/Infraction $1,000-$3,900) |
| WP4 | Pended IPV: 18 Month Disqualification (3rd Offense) |
| WP5 | Pended IPV: 18 Month Disqualification (1st Offense/Infraction > $3,900) |
| WP6 | Pended IPV: 18 Month Disqualification (2nd Offense/Infraction > $3,900) |
| WP7 | Pended IPV: 5 Year Disqualification (4th or Subsequent Offense) |
| WP8 | Pended IPV: Court Ordered Disqualification |
| WS1 | IPV: 6 Month Disqualification (1st Offense/Infraction < $1,000) |
| WS2 | IPV: 12 Month Disqualification (2nd Offense/Infraction < $3,900) |
| WS3 | IPV: 12 Month Disqualification (1st Offense/Infraction $1,000-$3,900) |
| WS4 | IPV: 18 Month Disqualification (3rd Offense) |
| WS5 | IPV: 18 Month Disqualification (1st Offense/Infraction > $3,900) |
| WS6 | IPV: 18 Month Disqualification (2nd Offense/Infraction > $3,900) |
| WS7 | IPV: 5 Year Disqualification (4th or Subsequent Offense) |
| WS8 | IPV: Court Ordered Disqualification |
| 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) |

**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)<br>DATE: Sanction End Date + 1 Day |
| M72 | Continue Voluntary Quit Sanction (HH>1)(All Tx Types)<br>DATE: Sanction End Date + 1 Day |
| N31 | Voluntary Quit/Reduction of Work Hours – Applicant (1st Occurrence)<br>- NAME 1: EMPLOYER NAME<br>- DATE 1: DATE (MMDDYY) APPLICANT QUIT |
| N32 | Voluntary Quit/Reduction of Work Hours – Applicant (2nd Occurrence)<br>- NAME 1: EMPLOYER NAME<br>- DATE 1: DATE (MMDDYY) APPLICANT QUIT |
| N33 | Voluntary Quit/Reduction of Work Hours – Applicant (3rd Occurrence)<br>- NAME 1: EMPLOYER NAME<br>- DATE 1: DATE (MMDDYY) APPLICANT QUIT |
| N41 | Voluntary Quit/Reduction of Work Hours – Recipient (1st Occurrence) |
| N42 | Voluntary Quit/Reduction of Work Hours – Recipient (2nd Occurrence) |
| N43 | Voluntary Quit/Reduction of Work Hours – Recipient (3rd Occurrence)<br>- NAME 1: EMPLOYER NAME<br>- DATE 1: DATE (MMYY) CLIENT QUIT |

**3**

**LIVING ARRANGEMENTS**

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

**OTHER FAILURES**

| **CODE** | **DEFINITION** |
|---|---|
| F15 | Failure to Verifiy 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)<br>DATE: Sanction End Date + 1 Day |
| M74 | Continue Employment Requirement Sanction (HH>1)(All Tx Types)<br>DATE: Sanction End Date + 1 Day |
| WE1 | Failure to Comply w/Employment Requirement (1st Occurrence) |
| WE2 | Failure to Comply w/Employment Requirement (2nd Occurrence) |
| WE3 | Failure to Comply w/Employment Requirement (3rd 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<br>- DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT |
| NF1 * | IPV: Purchased Illegal Drugs w/FS (1st Occurrence)<br>(Infraction Date After 09/20/96)<br>- DATE 1: SANCTION END DATE |
| NF2 * | IPV: Purchased Illegal Drugs with FS (2nd Occurrence)<br>(Infraction Date After 09/20/96)<br>- DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT |
| NFA * | IPV: Purchased Illegal Drugs with FS (1st Occurrence)<br>(Infraction Date Prior to 09/21/96)<br>- DATE 1: SANCTION END DATE |
| WF1 * | FS Intentional Program Violation; Disqualification Starts or Continues - 1st Occurrence (Infraction Date After 09/20/96) |
| WF2 * | FS Intentional Program Violation; Disqualification Starts or Continues - 2nd Occurrence (Infraction Date After 09/20/96) |
| WF3 * | FS Intentional Program Violation; Disqualification Starts or Continues - 3rd Occurrence (Infraction Date After 09/20/96) |
| WFA * | FS Intentional Program Violation; Disqualification Starts or Continues - 1st Occurrence (Infraction Date Prior to 09/21/96) |
| WFB * | FS Intentional Program Violation; Disqualification Starts or Continues - 2nd Occurrence (Infraction Date Prior to 09/21/96) |

**3**

**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)<br>DATE: Sanction Start Date |
| M76 | Continue Multiple Benefit 10 Yr. Sanction (HH>1)(All Tx Types)<br>DATE: Sanction Start Date |
| M97 | Receiving Multiple Benefits (10-Yr. Sanction)<br>- 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** |

# FS INDIVIDUAL REASON CODES
## WMS DATA-ENTERED CODES

| | |
|---|---|
| E95 | Died |
| F15 | Failure to Verify DOB |
| F20 | Failure to Provide SSN |
| F21 | Failure to Provide SSN |
| F22 | Failure to Verify SSN |
| F30 | Trafficking in FS Benefits of $500 or More |
| F35 | Fleeing Felons/Probation-Parole Violator |
| F60 | Left Household |
| F72 | Continue Voluntary Quit Sanction: Sanction Period Completed (HH=1) (Denial) |
| F73 | Continue Voluntary Quit Sanction: Sanction Period Completed (HH>1) (All Tx Types) |
| F77 | Continue Employment Requirement Sanction: Sanction Period Completed (HH=1) (Denial) |
| F78 | Continue Employment Requirement Sanction: Sanction Period Completed (HH>1) (All Tx Types) |
| F85 | Failure to Verify Alien Status |
| F86 | Failure to Verify Alien Status (Denial/Recert-Closing) |
| F90 | Ineligible Student |
| F91 | Boarder |
| F92 | Ineligible Alien |
| 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. Sanctio (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 (1st Occurrence) |
| N32 | Voluntary Quit/Reduction of Work Hours – Applicant (2nd Occurrence) |
| N33 | Voluntary Quit/Reduction of Work Hours – Applicant (3rd Occurrence) |
| N41 | Voluntary Quit/Reduction of Work Hours – Recipient (1st Occurrence) |
| N42 | Voluntary Quit/Reduction of Work Hours – Recipient (2nd Occurrence) |
| N43 | Voluntary Quit/Reduction of Work Hours – Recipient (3rd Occurrence) |
| N66 | In Receipt of Concurrent Assistance: Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination) |
| N90 | IPV: Traded FS for Firearms, Ammunition or Explosives |
| NF1 | IPV: Purchased Illegal Drugs with FS (1st Occurrence) (Infraction Date After 9/20/96) |
| NF2 | IPV: Purchased Illegal Drugs with FS (2nd Occurrence) (Infraction Date After 9/20/96) |
| NFA | IPV: Purchased Illegal Drugs with FS (1st Occurrence) (Infraction Date Prior to 9/21/96) |
| WE1 | Failure to Comply with Employment Requirement (1st Occurrence) |
| WE2 | Failure to Comply with Employment Requirement (2nd Occurrence) |
| WE3 | Failure to Comply with Employment Requirement (3rd Occurrence) |
| WF1 | FS Intentional Program Violation; Disqualification Starts or Continues (1st Occurrence) (Infraction Date After 09/20/96) |
| WF2 | FS Intentional Program Violation; Disqualification Starts or Continues (2nd Occurrence) (Infraction Date After 09/20/96) |
| WF3 | FS Intentional Program Violation; Disqualification Starts or Continues (3rd Occurrence) (Infraction Date After 09/20/96) |
| WFA | FS Intentional Program Violation; Disqualification Starts or Continues (1st Occurrence) (Infraction Date Prior to 09/21/96) |
| WFB | FS Intentional Program Violation; Disqualification Starts or Continues (2nd Occurrence) (Infraction Date Prior to 09/21/96) |
| Y99 | Other – Manual Notice Required |
| 903 | CIN Unduplication (TT 05 Only) (Data-entered) |

**3**

**MA INDIVIDUAL REASON CODES**

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

**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 VOCR (Voluntary-Operated Community Residence – Non-621)
25 VOCR (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

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**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

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**CTHP REFERRAL STATUS CODES – CTHP Cd – (PA, MA)**
1 Requesting CTHP Medical Services, but not Support and Dental Services
2 Requesting CTHP Medical and Support Services, but not Dental Services
3 Requesting CTHP Medical, Support and Dental Services
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
7 Already Receiving CTHP Services
8 Declines CTHP
9 Undecided

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**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)

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**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**