

FS SEPARATE DETERMINATION INPUT FORM

FS SEPARATE DETERMINATION SCREEN	PA CASE NO.	FS CASE TYPE	FS CASE NUMBER	FISC. DIST.
	AUTH. NO.	TRANSACTION TYPE		

CASE NAME	OFFICE CODE	UNIT ID	WORKER ID	CO-OP CASE NOS.
REASON CODE	NOTICE IND.	NOTICE NUMBER	LAN CODE	TRANS
FS AUTH. PERIOD	FROM	TO	REP CODE	SP CD
RESIDENCE ADDRESS				
CITY/TOWN	ST	ZIP CODE	PHO. NO.	
CARE OF				
MAILING ADDRESS				
CITY/TOWN	ST	ZIP CODE		

LOCAL DATA			
15	16	17	18

LINE NO.	REL	EMPL CODE	FS INDIV	IND. STAT	FS INDIVIDUAL EFFECTIVE DATE	CARD CODE	EBICS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

ANTICIPATED FUTURE ACTION									
LINE NO.	CODE	MO	DAY	YR	LINE NO.	CODE	MO	DAY	YR
1					4				
2					5				
3					6				

LINE NO.	C D	OTHER NAMES		
		FIRST NAME	MI	LAST NAME

A C T	PAY TYPE	METH	AMOUNT	ISSU	PAY SCH	PK UP	PERIOD DATE		IND LN	SPC CLM	VENDOR ID	CHECK/FSB/VOUCHER NUMBER
							FROM	TO				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

LOCAL DISTRICT INFORMATION													
1	2	3	4	5	6	7	8	9	10	11	12	13	14

ASSOCIATED NAMES			
LN NO.	CODE	NOT. IND	NAME
RESIDENCE ADDRESS			
CITY/TOWN		STATE	ZIP CODE
LN NO.	CODE	NOT. IND	NAME
RESIDENCE ADDRESS			
CITY/TOWN		STATE	ZIP CODE
		CANADIAN POSTAL CODE	

	A	B	C	D	E
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

RECOURT- MENT	PAY LN	PAY LN	PAY NA	HEAP VENDOR ID	CUSTOMERS ACCOUNT NO.	DATE	WORKER	DATE	AUTHORIZED BY
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