

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

**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
35 Non Head of Household In School Full-Time (Age 16 through 18 inclusive)
36 Incapacitated/Disabled (More Than 6 Months)

## WMS DATA-ENTERED CODES

**EMPLOYABILITY CODES (cont'd)**

- 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) - THE INDIVIDUAL'S TOTAL INCOME - THE AMOUNT OF THE INCOME DEEMED FROM THE SPONSOR
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

**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 <sup>st</sup> Occurrence/45 Days)

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OTHER FAILURES CODES CONTINUED ON NEXT PAGE

<b>FILL INFORMATION</b>
A - J NO FILL
K - P LIMITED FILL
Q - X EXTENSIVE FILL

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**OTHER FAILURES (Cont'd)**

<b>CODE</b>	<b>DEFINITION</b>
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (2 <sup>nd</sup> Occurrence/120 Days)
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (3 <sup>rd</sup> Occurrence/180 Days)
MX1	Failure To Take Part in Drug/Alcohol Rehab – Applicant (1 <sup>st</sup> Occurrence/45 Days)
MX2	- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 <sup>nd</sup> Occurrence/120 Days)
MX3	- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 <sup>rd</sup> Occurrence/180 Days)
N20	- DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB 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 <sup>st</sup> Occurrence)
WE2	Failure to Comply with Employment Requirements (2 <sup>nd</sup> Occurrence)
WE3	Failure to Comply with Employment Requirements (3 <sup>rd</sup> Occurrence)

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

<b>CODE</b>	<b>DEFINITION</b>
Start IPV – Infraction ends Prior to 8/20/97:	
WA1 *	ADC IPV – 6 Month Disqualification
WA2 *	ADC IPV – 12 Month Disqualification
WA3 *	ADC IPV – Permanent Disqualification
WAX *	ADC IPV – Court Ordered Disqualification
Pend IPV – Infraction ends Prior to 8/20/97:	
WD1 *	Pended ADC IPV – 6 Month Disqualification (Except TT 02)
WD2 *	Pended ADC IPV – 12 Month Disqualification (Except TT 02)
WD3 *	Pended ADC IPV – Permanent Disqualification (Except TT 02)
WDX *	Pended ADC IPV – Court Ordered Disqualification (Except TT 02)
Start IPV – Infraction ends Prior to 8/20/97:	
WH1 *	HR IPV – 6 Month Disqualification
WH2 *	HR IPV – 12 Month Disqualification
WH3 *	HR IPV – 18 Month Disqualification
WH4 *	HR IPV – 5 Year Disqualification
WHX *	HR IPV – Court Ordered Disqualification
Pend IPV – Infraction ends on or after 8/20/97:	
WP1 *	IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
WP2 *	IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
WP3 *	IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
WP4 *	IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
WP5 *	IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
WP6 *	IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
WP7 *	IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
WP8 *	IPV: Court Ordered Disqualification

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IPV CODES CONTINUED ON NEXT PAGE

<b>FILL INFORMATION</b>
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**INTENTIONAL PROGRAM VIOLATIONS (Cont'd)****CODE DEFINITION**

Pend IPV – Infraction ends prior to 8/20/97:

WR1 *	Pended HR IPV – 6 Month Disqualification
WR2 *	Pended HR IPV – 12 Month Disqualification
WR3 *	Pended HR IPV – 18 Month Disqualification
WR4 *	Pended HR IPV – 5 Year Disqualification
WRX *	Pended HR IPV – Court Ordered Disqualification

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

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

**OTHER****CODE DEFINITION**

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
M97	Receiving Multiple Benefits (10 Year Sanction) - DATE 1: SANCTION START DATE
VE1	Intentional Misrepresentation of a Disability (1st Occurrence)
VE2	Intentional Misrepresentation of a Disability (2nd Occurrence)
VE3	Intentional Misrepresentation of a Disability (3rd Occurrence)
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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<b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL
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E21	Failure to Provide Child's SSN	WA1	ADC IPV – 6 Month Disqualification
E72	Institutionalized	WA2	ADC IPV – 12 Month Disqualification
E73	In Foster Care	WA3	ADC IPV – Permanent Disqualification
E90	Client Request Removal From Case	WAX	ADC IPV – Court Ordered Disqualification
E94	Receiving SSI (HH>1)	WD1	Pended ADC IPV – 6 Month Disqualification
E95	Died (Indiv. Status = 13)	WD2	Pended ADC IPV – 12 Month Disqualification
F12	Failure to Apply for SSI	WD3	Pended ADC IPV – Permanent Disqualification
F17	Failure to Validate Incorrect SSN	WDX	Pended ADC IPV – Court Ordered Disqualification
F21	Failure to Provide SSN	WE1	Failure to Comply with Employment Requirements (1 <sup>st</sup> Occurrence)
F35	Fleeing Felon/Probation – Parole Violator	WE2	Failure to Comply with Employment Requirements (2 <sup>nd</sup> Occurrence)
F40	Failure to Enroll in Group Health Plan	WE3	Failure to Comply with Employment Requirements (3 <sup>rd</sup> Occurrence)
F44	Failure to Comply with Drug/Alcohol Screening	WH1	HR IPV – 6 Month Disqualification
F45	Failure to Comply with Drug/Alcohol Assessment	WH2	HR IPV – 12 Month Disqualification
F46	Failure to Comply with Drug/Alcohol Release of Information	WH3	HR IPV – 18 Month Disqualification
F60	Left Household	WH4	HR IPV – 5 Year Disqualification
F61	No Longer Essential to Household (Essential Person)	WHX	HR IPV – Court Ordered Disqualification
F63	In Prison	WP1	Pended IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
F66	Will Receive PA In Other Case	WP2	Pended IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
F75	Temporary Absence of Minor	WP3	Pended IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
F76	Minor Parent Not in School	WP4	Pended IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
F84	Failure to Sign Lien	WP5	Pended IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
F88	Failure to Comply with AFIS – (Non-Legally Responsible Relative)	WP6	Pended IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status	WP7	Pended IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
F93	Failure/Refusal to Sign Citizenship/Alien Declaration	WP8	Pended IPV: Court Ordered Disqualification
GX1	Failure to Take Part in Drug/Alcohol Rehab – Recipient (1 <sup>st</sup> Occurrence/45 Days)	WR1	Pended HR IPV – 6 Month Disqualification
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (2 <sup>nd</sup> Occurrence/120 Days)	WR2	Pended HR IPV – 12 Month Disqualification
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (3 <sup>rd</sup> Occurrence/180 Days)	WR3	Pended HR IPV – 18 Month Disqualification
M33	Excess Income – Deemed Income of Aien Sponsor (CT 11) (HH>1)	WR4	Pended HR IPV – 5 Year Disqualification
M97	In Receipt of Multiple Benefits (10 Year Sanction)	WRX	Pended HR IPV – Court Ordered Disqualification
M98	In Receipt of Concurrent Assistance – Non AFIS Intrastate Match	WS1	IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
M99	In Receipt of Concurrent Assistance – AFIS Match	WS2	IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
MX1	Failure to Take Part in Drug/Alcohol Rehab – Applicant (1 <sup>st</sup> Occurrence/45 Days)	WS3	IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
MX2	Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 <sup>nd</sup> Occurrence/120 Days)	WS4	IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
MX3	Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 <sup>rd</sup> Occurrence/180 Days)	WS5	IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
N20	Failure to Notify District of Minor's Temporary Absence	WS6	IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
N31	Voluntary Quit or Reduced Earnings – Applicant	WS7	IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
N41	Voluntary Quit or Reduced Earnings – Recipient (1st Occ.)	WS8	IPV: Court Ordered Disqualification
N42	Voluntary Quit or Reduced Earnings - Recipient (2nd Occ.)	Y98	Other – Manual Notice Required – No MA Extension/E
N43	Voluntary Quit or Reduced Earnings - Recipient (3rd Occ.)	Y99	Other – Manual Notice Required – 1 Month MA Extension
N49	Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim)	903	CIN Unduplication (TT 05 Only) (Data-entered)
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		
VE1	Intentional Misrepresentation of a Disability (1st Occ.)		
VE2	Intentional Misrepresentation of a Disability (2nd Occ.)		
VE3	Intentional Misrepresentation of a Disability (3rd Occ.)		
W40	Failure/Refusal to Become Employable		

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**INCOME RELATED**

<b>CODE</b>	<b>DEFINITION</b>
N31	Voluntary Quit/Reduction of Work Hours – Applicant (1 <sup>st</sup> Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N32	Voluntary Quit/Reduction of Work Hours – Applicant (2 <sup>nd</sup> Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N33	Voluntary Quit/Reduction of Work Hours – Applicant (3 <sup>rd</sup> Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N41	Voluntary Quit/Reduction of Work Hours – Recipient (1 <sup>st</sup> Occurrence) (Except TT 02, 03, 09, 10)
N42	Voluntary Quit/Reduction of Work Hours – Recipient (2 <sup>nd</sup> Occurrence) (Except TT 02, 03, 09, 10)
N43	Voluntary Quit/Reduction of Work Hours – Recipient (3 <sup>rd</sup> Occurrence) (Except TT 02, 03, 09, 10) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMYY) CLIENT QUIT

**LIVING ARRANGEMENTS**

<b>CODE</b>	<b>DEFINITION</b>
F60	Left Household (Except TT 02, 03, 09, 10)
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**

<b>CODE</b>	<b>DEFINITION</b>
F15	Failure to Verify DOB (TT 06, 08, 11, 14 Only)
F20	Failure to Provide SSN (During Certification Period) (TT 05, 07, 11, 14 Only)
F21	Failure to Provide SSN (Except TT 05, 07)
F22	Failure to Verify SSN (TT 06, 08, 11, 14 Only)
F85	Failure to Verify Alien Status (TT 05, 07, 11, 14 Only)
F86	Failure to Verify Alien (Except TT 05, 07, 09, 10)
WE1	Failure to Comply w/Employment Requirement (1 <sup>st</sup> Occurrence) (Except TT 02, 09, 10)
WE2	Failure to Comply w/Employment Requirement (2 <sup>nd</sup> Occurrence) (Except TT 02, 09, 10)
WE3	Failure to Comply w/Employment Requirement (3 <sup>rd</sup> Occurrence) (Except TT 02, 09, 10)

**INTENTIONAL PROGRAM VIOLATION**

<b>CODE</b>	<b>DEFINITION</b>
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 <sup>st</sup> Occurrence) (Infraction Date After 09/20/96) - DATE 1: SANCTION END DATE
NF2 *	IPV: Purchased Illegal Drugs with FS (2 <sup>nd</sup> Occurrence) (Infraction Date After 09/20/96) - DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT

**IPV CODES CONTINUED ON NEXT PAGE**

<b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL
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are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.

**INTENTIONAL PROGRAM VIOLATION (Cont'd)**

<b>CODE</b>	<b>DEFINITION</b>
NFA *	IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 09/21/96) - DATE 1: SANCTION END DATE
WF1 *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 <sup>st</sup> Occurrence (Infraction Date After 09/20/96)
WF2 *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 <sup>nd</sup> Occurrence (Infraction Date After 09/20/96)
WF3 *	FS Intentional Program Violation; Disqualification Starts or Continues - 3 <sup>rd</sup> Occurrence (Infraction Date After 09/20/96)
WFA *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 <sup>st</sup> Occurrence (Infraction Date Prior to 09/21/96)
WFB *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 <sup>nd</sup> Occurrence (Infraction Date Prior to 09/21/96)

**OTHER**

<b>CODE</b>	<b>DEFINITION</b>
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
M97	Receiving Multiple Benefits (10-Yr. Sanction) - DATE 1: SANCTION START DATE
Y99	Other – <b>Manual Notice Required</b>
903	CIN Unduplication (TT 05 Only) (Data-entered)

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**E05 Died**

F15 Failure to Verify DOB	(Interstate or Intrastate w/o Reliable Residence Determination)
F20 Failure to Provide SSN (TX = 05, 07)	N90 IPV: Traded FS for Firearms, Ammunition or Explosives
F21 Failure to Provide SSN (TX = 02, 03, 06, 08)	NF1 IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date After 9/20/96)
F22 Failure to Verify SSN	NF2 IPV: Purchased Illegal Drugs with FS (2 <sup>nd</sup> Occurrence) (Infraction Date After 9/20/96)
F30 Trafficking in FS Benefits of \$500 or More	NFA IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 9/21/96)
F35 Fleeing Felons/Probation-Parole Violator	WE1 Failure to Comply with Employment Requirement (1 <sup>st</sup> Occurrence)
F60 Left Household	WE2 Failure to Comply with Employment Requirement (2 <sup>nd</sup> Occurrence)
F85 Failure to Verify Alien Status	WE3 Failure to Comply with Employment Requirement (3 <sup>rd</sup> Occurrence)
F86 Failure to Verify Alien Status (Denial/Recert-Closing)	WF1 FS Intentional Program Violation; Disqualification Starts or Continues (1 <sup>st</sup> Occurrence) (Infraction Date After 09/20/96)
F90 Ineligible Student	WF2 FS Intentional Program Violation; Disqualification Starts or Continues (2 <sup>nd</sup> Occurrence) (Infraction Date After 09/20/96)
F91 Boarder	WF3 FS Intentional Program Violation; Disqualification Starts or Continues (3 <sup>rd</sup> Occurrence) (Infraction Date After 09/20/96)
F92 Ineligible Alien	WFA FS Intentional Program Violation; Disqualification Starts or Continues (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 09/21/96)
F94 ABAWD Ineligible (Able-Bodied Adult Without Dependents)	WFB FS Intentional Program Violation; Disqualification Starts or Continues (2 <sup>nd</sup> Occurrence) (Infraction Date Prior to 09/21/96)
F95 Alien Ineligible for Food Assistance Program	Y99 Other – Manual Notice Required
F97 District Discontinues FAP: Individual Remains Ineligible Alien	903 CIN Unduplication (TT 05 Only) (Data-entered)
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 <sup>st</sup> Occurrence)	
N32 Voluntary Quit/Reduction of Work Hours – Applicant (2 <sup>nd</sup> Occurrence)	
N33 Voluntary Quit/Reduction of Work Hours – Applicant (3 <sup>rd</sup> Occurrence)	
N41 Voluntary Quit/Reduction of Work Hours – Recipient (1 <sup>st</sup> Occurrence)	
N42 Voluntary Quit/Reduction of Work Hours – Recipient (2 <sup>nd</sup> Occurrence)	
N43 Voluntary Quit/Reduction of Work Hours – Recipient (3 <sup>rd</sup> Occurrence)	
N66 In Receipt of Concurrent Assistance: Non-AFIS Match	

**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 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

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

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

## WMS DATA-ENTERED CODES

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

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)

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