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

3

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)

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

3

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

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

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) (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

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

OTHER FAILURES (Cont'd)

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

3

IPV CODES CONTINUED ON NEXT PAGE

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

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

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 (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

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)

3

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

WMS DATA-ENTERED CODES

3

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)
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
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
WA1	ADC IPV – 6 Month Disqualification
WA2	ADC IPV – 12 Month Disqualification
WA3	ADC IPV – Permanent Disqualification
WAX	ADC IPV – Court Ordered Disqualification
WD1	Pended ADC IPV – 6 Month Disqualification
WD2	Pended ADC IPV – 12 Month Disqualification
WD3	Pended ADC IPV – Permanent Disqualification
WDX	Pended ADC IPV – Court Ordered Disqualification
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)
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
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
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
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
N31	Voluntary Quit/Reduction of Work Hours – Applicant (1st Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N32	Voluntary Quit/Reduction of Work Hours – Applicant (2nd Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N33	Voluntary Quit/Reduction of Work Hours – Applicant (3rd Occurrence) (Except TT 07, 08) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N41	Voluntary Quit/Reduction of Work Hours – Recipient (1st Occurrence) (Except TT 02, 03 09, 10)
N42	Voluntary Quit/Reduction of Work Hours – Recipient (2nd Occurrence)(Except TT 02, 03, 09, 10)
N43	Voluntary Quit/Reduction of Work Hours – Recipient (3rd Occurrence) (Except TT 02, 03, 09, 10) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMYY) CLIENT QUIT

LIVING ARRANGEMENTS

CODE	DEFINITION
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

CODE	DEFINITION
F15	Failure to Verifiy 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 (1st Occurrence) (Except TT 02, 09, 10)
WE2	Failure to Comply w/Employment Requirement (2nd Occurrence) (Except TT 02, 09, 10)
WE3	Failure to Comply w/Employment Requirement (3rd Occurrence) (Except TT 02, 09, 10)

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

IPV CODES CONTINUED ON NEXT PAGE

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

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.

INTENTIONAL PROGRAM VIOLATION (Cont'd)

CODE	DEFINITION
NFA *	IPV: Purchased Illegal Drugs with FS (1st Occurrence) (Infraction Date Prior to 09/21/96) - 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)

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
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)

3

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

F95 Died
F15 Failure to Verify DOB
F20 Failure to Provide SSN (TX = 05, 07)
F21 Failure to Provide SSN (TX = 02, 03, 06, 08)
F22 Failure to Verify SSN
F30 Trafficking in FS Benefits of $500 or More
F35 Fleeing Felons/Probation-Parole Violator
F60 Left Household
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
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)

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

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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
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

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)

VETERAN'S 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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