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

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FS SEPARATE DETERMINATION INPUT FORM

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

CO-OP CASE NOS.

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.	CD	OTHER NAMES		
		FIRST NAME	MI	LAST NAME

	ACT	PAY TYPE	METH	AMOUNT	ISSU	PAY SCH	PK UP	PERIOD DATE FROM	PERIOD DATE TO	IND LN	SPC CLM	VENDOR ID	CHECK/FSB/VOUCHER NUMBER
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
A				
	RESIDENCE ADDRESS			
	CITY/TOWN		STATE	ZIP CODE
B				
	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					

RECOUP-MENT	PAY LN	AMOUNT	PAY LN	AMOUNT	PAY LN	AMOUNT	HEAP VENDOR ID	CUSTOMER ACCOUNT NO.
							HEAP VENDOR ID	CUSTOMER ACCOUNT NO.

DATE	WORKER	DATE	AUTHORIZED BY