A.   INPUT RECORD SPECIFICATIONS

This appendix consists of the following charts:

Chart E-1 Case Submission and Update Record Layout
Chart E-2 Case Submission and Update Control Record Layout
Chart E-3 State/Local Contact Phone and Address Record Layout

These charts show the detailed record layouts that are accepted by the FOP.

Each record layout in this appendix provides the following information:

1. Name
2. Location
3. Length
4. Type (A = alphabetic, N = numeric, or A/N = alphanumeric)
5. Comments

The Comments column in the charts provides edit information and indicates if the field is required for a specific transaction. Comments also provide an explanation of the field and its relationship to other fields, or records, where appropriate. Additional information regarding each field may be found in Appendix C, "Data Dictionary".

The data transmitted to OCSE must comply with the following requirements:

1. All data must be in EBCDIC format.
2. All alphabetic data must be in upper case.
3. All alphabetic and alphanumeric data must be left justified and space filled.
4. All numeric data must be right justified and zero-filled.
5. All dates must be in the CCYY format.

All Filler fields must be filled with spaces.

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Submitting State Code	1-2	2	A	**Required – Key Data** This field is required for all Transaction Types. This field must contain a valid, two-character, alphabetic state abbreviation code for the submitting state. Refer to Appendix H, "State and Territory Abbreviations; Country Codes", for a list of these codes. • If Transaction Type equals 'B', 'C', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', all key fields (Submitting State Code, SSN, Case Type Indicator) must match key fields on the OCSE Case Master File in order for the transaction to be processed. If there is no match, the transaction will be rejected.
Local Code	3-5	3	A/N	**Optional** This field is used with Transaction Types 'A' and 'L'. This field contains the code that will be used to associate the obligor with a local contact address when the Pre-Offset Notice is produced by OCSE or an offset notice is produced by FMS. • If Transaction Type equals 'A' (Add/Recertify Case), the local code that is submitted is compared against the OCSE State/Local Contact Phone and Address File. If the local code contains spaces or is not found, the local code for the case will be set to zeros on the OCSE Case Master File, and a local code of zeros will be submitted for the case to FMS. • If Transaction Type equals 'L', and the local code that is submitted contains spaces, the local code for the case will be set to zeros on the OCSE Case Master File, and a local code of zeros will be submitted for the case to FMS. Otherwise, the local code that is submitted is compared against the OCSE State/Local Contact Phone and Address File. If the local code is not found, the transaction will be rejected.

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				• If Transaction Type equals 'B', 'C', 'M', 'S', 'R', 'D', 'Z' or 'T', the local code, if present, will not be updated at OCSE or FMS. Refer to Section 2.1.4.3.4, "Local Code Change", for details about keeping local code information up to date at OCSE.
SSN	6-14	9	N	**Required – Key Data** This field is required for all Transaction Types. This field must be numeric, must be greater than zero, and must contain a valid SSN or ITIN. • If Transaction Type equals 'A' (Add/Recertify Case), the SSN is verified using an SSA-defined range check that automatically validates the *area* portion of the SSN (the first three positions of the SSN) against the current high digit being used for *area*. In addition, the *group* portion of the SSN (the fourth and fifth positions of the SSN) is compared against the *area* to ensure that the *group* number was issued with the particular *area* number. To verify the current high digits for *area* and *group* issued by SSA, refer to Chart D-3, "Online Resources", "IRS Web Sites". • If Transaction Type equals 'B', 'C', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', all key fields (Submitting State Code, SSN, and Case Type Indicator) must match key fields on the OCSE Case Master File in order for the transaction to be processed. If there is no match, the transaction will be rejected.
Case ID	15-29	15	A/N	**Conditionally Required** This field is used If Transaction Type equals 'A' and 'C'. This field is for state use only; it is not sent to FMS or DoS. This field should be filled with spaces if it is not used by the state.

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				• If Transaction Type equals 'A' (Add/Recertify Case), if present, OCSE will store the field on the Case Master File without performing any edits. This field is not sent to FMS or DoS. • If Transaction Type equals 'C' (Change Case ID), this field is required. The new Case ID will overwrite the existing Case ID without performing any edits. If Transaction Type equals 'B', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', the Case ID, if present, will not be updated at OCSE.
Obligor Last Name	30-49	20	A/N	**Required** This field is required for all Transaction Types. No spaces or special characters, except a hyphen, can be embedded within the first four positions. • If Transaction Type equals 'A', if the last name does not match the OCSE Case Master File for the obligor, the name is processed as a name change. • If Transaction Type equals 'B' (Name Change), the first four positions must contain at least one alphabetic character. • If Transaction Type equals 'A' (Add Case) or 'B' (Name Change), the last name is stored on the OCSE Case Master File after the last name passes the edit check above. • If Transaction Type equals 'C', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', the first 4 characters that are submitted must match the first 4 characters that are stored on the OCSE Case Master File or the first 4 characters of a Transaction Type 'B' (Name Change) transaction for the same case in the same process. If there is no match, the transaction will be rejected. Refer to Sections 2.1.4.3.1, "Name Change" and 2.2.5.5, "Name Processing", for more details.
Obligor First Name	50-64	15	A/N	**Conditionally Required**

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				This field is required If Transaction Type equals 'A' and 'B'. The first position of this field must contain an alphabetic character. • If Transaction Type equals 'A' (Add Case) or 'B' (Name Change), the first name is stored on the OCSE Case Master File after the first character passes the edit check above. • If Transaction Type equals 'A', and the first name does not match the OCSE Case Master File for the obligor, the name is processed as a name change. • If Transaction Type equals 'C', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', the obligor first name, if present, will not be updated at OCSE or FMS. Refer to Sections 2.1.4.3.1, "Name Change" and 2.2.5.5, "Name Processing", for more details.
Arrearage Amount (Accumulated Payment Amount)	65-72	8	N	**Conditionally Required** • If Transaction Type equals 'A' (Add/Recertify Case), the arrearage amount is the current amount owed by the obligor. If the arrearage amount is less than $25, the Add Case transaction will be rejected. • If Transaction Type equals 'A', 'M' or 'S', this field is required. This field must contain a numeric amount in whole dollars only. Decimal points, dollar signs, commas, or plus/minus signs are not valid (e.g., $1,500.00 = 00001500). • If Transaction Type equals 'D', this field is not required. However, the existing arrearage amount will be zeroed out. •
				• If Transaction Type equals 'M', the arrearage amount is the current amount that is owed by the obligor. If the arrearage amount is equal to zero, the case will be flagged as deleted.

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				• If Transaction Type equals 'S', this field functions as the Accumulated Payment Amount Field and is referred to by that name. The accumulated payment amount is the accumulated State Payment Amount for the processing year. If Transaction Type equals 'B', 'C', 'L', 'R', 'Z' or 'T', the arrearage amount, if present, will not be updated at OCSE or FMS.
Transaction Type	73	1	A	**Required** This field must contain a valid Transaction Type code. Valid codes for this field are: A – Add/Recertify Case B – Name Change C – Case ID Change D – Delete Case L – Local Code Change M – Modify Arrearage Amount R – Replace Exclusion Indicator(s) S – State Payment T – Transfer for Administrative Review Z – Address Change

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Case Type Indicator	74	1	A	**Required – Key Data** This field is required for all Transaction Types. This field must contain one of the following valid case type codes: A – TANF N – Non-TANF • If Transaction Type equals 'B', 'C', 'L', 'M', 'R', 'S', 'T', 'Z' or 'D', all key fields (Submitting State Code, SSN, and Case Type Indicator) must match key fields on the OCSE Case Master File in order for the transaction to be processed. If there is no match, the transaction will be rejected.
Transfer State Code	75-76	2	A	**Conditionally Required** • If Transaction Type equals 'T', this field must contain a valid, two-character, alphabetic state abbreviation code for the transfer state. Refer to Appendix H, "State and Territory Abbreviations; Country Codes", for a list of these codes. • If Transaction Type equals 'A', 'B', 'C', 'D', 'L', 'M', 'S', 'Z' or 'R', this field, if present, will not be updated at OCSE.
Transfer Local Code	77-79	3	A/N	**Optional** • If Transaction Type equals 'T', this field should contain a three-position, alphanumeric local code for the transfer state. If present, this field is stored on the OCSE Case Master File. • If Transaction Type equals 'A', 'B', 'C', 'D', 'L', 'M', 'S', 'Z' or 'R', this field, if present, will not be updated at OCSE.

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Process Year	80-83	4	A/N	**Conditionally Required** • If Transaction Type equals 'S', this field must be in CCYY format, and must contain the year that the tax refund or administrative payment was offset. The date must fall within the previous seven years of the current year. • If Transaction Type equals 'A', 'B', 'C', 'D', 'L', 'M', 'R', 'Z' or 'T', this field, if present, will not be updated at OCSE.
Obligor Address Line 1	84-113	30	A/N	**Conditionally Required** • If Transaction Type equals 'A' (Add Case) or 'Z' (Address Change), this field contains the first address line of the obligor's mailing address. If this line is blank, the Obligor Address Line 2 Field will be checked for an address (refer to Section 2.1.5.3, "Address Processing", for information). • If Transaction Type equals 'Z' (Address Change), Obligor Address Line 1 or Obligor Address Line 2 cannot both be all spaces. • If Transaction Type equals 'A' (Recertify Case), this field is not required. If present, the address that is currently stored at OCSE will be updated with the submitted address. • If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R' or 'T', the address, if present, will not be updated at OCSE or FMS.
Obligor Address Line 2	114-143	30	A/N	**Optional** • If Transaction Type equals 'A' (Add Case) or 'Z' (Address Change), this field may contain the second address line for the obligor (refer to Section 2.1.5.3, "Address Processing", for information)

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				• If Transaction Type equals 'Z' (Address Change), Obligor Address Line 1 or Obligor Address Line 2 cannot both be all spaces. • If Transaction Type equals 'A' (Recertify Case), this field is not required. If present, the address that is currently stored at OCSE will be updated with the submitted address. If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R' or 'T', the address, if present, will not be updated at OCSE or FMS.
Obligor City	144-168	25	A/N	**Conditionally Required** • If Transaction Type equals 'A' (Add Case) or 'Z' (Address Change), this field contains the city of the obligor's mailing address (refer to Section 2.1.5.3, "Address Processing for Notices", for information). • If Transaction Type equals 'A' (Recertify Case), this field is not required. If present, the address that is currently stored at OCSE will be updated with the submitted address. • If Transaction Type equals 'Z' (Address Change), Obligor City is required. • If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R' or 'T', the address, if present, will not be updated at OCSE or FMS.
Obligor State	169-170	2	A	**Conditionally Required** • If Transaction Type equals 'A' (Add Case) or 'Z' (Address Change), this field contains a two-character, alphabetic state abbreviation code for the state of the obligor's mailing address (refer to Section 2.1.5.3, "Address Processing", for information regarding address processing).

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
				• If Transaction Type equals 'A' (Recertify Case), this field is not required. If present, the address that is currently stored at OCSE will be updated with the submitted address. • If Transaction Type equals 'Z' (Address Change), Obligor State is required. **If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R' and 'T', the address, if present, will not be updated at OCSE or FMS.**
Obligor Zip Code	171-179	9	N	**Conditionally Required** • If Transaction Type equals 'A' (Add Case) or 'Z' (Address Change), this field contains a 5 or 9 digit zip code (refer to Section 2.1.5.3, "Address Processing", for information regarding address processing). • If Transaction Type equals 'A' (Recertify Case), this field is not required. If present, the address that is currently stored at OCSE will be updated with the submitted address. • If Transaction Type equals 'Z' (Address Change), Obligor Zip Code is required. • If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R' or 'T', the address, if present, will not be updated at OCSE or FMS.
Date Issued	180-187	8	A/N	**Conditionally Required** • If Transaction Type equals 'A' (Add/Recertify Case), and the state issues their own Pre-Offset Notices, this field is required. The date must be in CCYYMMDD format. This field indicates the date that the Pre-Offset Notice was mailed. If OCSE issues the Pre-Offset Notices, OCSE will fill in the date. • If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'R', 'T' and 'Z', the date issued, if present, will not be updated at OCSE or FMS.
Exclusion	188-227	40	A	**Optional**

CHART A-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Indicator(s)				• If Transaction Type equals 'A' (Add/Recertify Case) or 'R', this field is optional. If setting more than one exclusion indicator, the indicators must be separated with a comma or space (e.g., RET,PAS,FIN, or RET PAS FIN). Valid exclusion indicators are: ADM – Exclude all Administrative Offsets (RET, SAL, VEN) RET – Exclude Federal Retirement Offset VEN – Exclude Vendor Payment/Miscellaneous Offset SAL – Exclude Federal Salary Offset (*pre-set at FMS on all cases*) TAX – Exclude Tax Refund Offset PAS – Exclude Passport Denial FIN – Exclude Multistate Financial Institution Data Match DCK – Exclude Debt Check Program (*for participating states*) Space – Remove all existing exclusion indicators • If Transaction Type equals 'B', 'C', 'D', 'L', 'M', 'S', 'Z' or 'T', this field, if present, will not be updated at OCSE or FMS.
Filler	228-244	17	A/N	Space filled.
Request Code	245	1	A/N	**Optional** • If Transaction Type equals 'M', this field should contain a 'P', to request that a Pre-Offset Notice be generated by OCSE. If present, this field will generate a PON if all of the edits are passed to update an arrearage amount and for processing a notice. • If Transaction Type equals 'A', 'B', 'C', 'D', 'L', 'R', 'S', 'T' or 'Z', no action will be taken at OCSE or FMS if this field contains a value.

CHART A-2: CASE SUBMISSION AND UPDATE CONTROL RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Submitting State Code	1-2	2	A	This field should contain a valid, two-character, alphabetic state abbreviation code for the submitting state.
Control	3-5	3	A	This field must contain the value 'CTL' to indicate that this is the control record for the file.
Total TANF Records	6-14	9	N	This field should contain the total number of TANF records on the Case Submission and Update File.
Total Non-TANF Records	15-23	9	N	This field should contain the total number of Non-TANF records on the Case Submission and Update File.
Total TANF Amount	24-34	11	N	This field should contain the total arrearage amount for TANF records on the Case Submission and Update File.
Total Non-TANF Amount	35-45	11	N	This field should contain the total arrearage amount for Non-TANF records on the Case Submission and Update File.
Filler	46-245	200	A/N	Space Filled.

CHART A-3: STATE/LOCAL CONTACT PHONE AND ADDRESS RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Submitting State Code	1-2	2	A	**Required – Key Data** This field must contain a valid, two-character, alphabetic state abbreviation code for the submitting state. Refer to Appendix H, "State and Territory Abbreviations; Country Codes", for a list of these codes.
Local Code	3-5	3	A/N	**Required – Key Data** This field must be numeric. • If the local code is equal to '000', the state contact information will be updated. • If the local code is other than '000' and the local code is found on the OCSE State/Local Contact Phone and Address File, the local contact information will be updated. • If the local code is other than '000' and the local code is not found on the OCSE State/Local Contact Phone and Address File, the local contact information will be added.
Telephone Number 1	6-19	14	A/N	**Required** This field must contain the state or local contact telephone number. The area code must be surrounded by parentheses, with a space after the right parenthesis. The first three digits of the telephone number are followed by a dash, and the last four digits of the telephone number fill the remainder of the field (e.g., (301) 555-1212).
Extension 1	20-23	4	N	**Optional** If used, this field must be numeric, and contains the extension to Telephone Number 1.

CHART A-3: STATE/LOCAL CONTACT PHONE AND ADDRESS RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: 04/30/2007				
Field Name	Location	Length	A/N	Comments
Telephone Number 2	24-37	14	A/N	**Optional** This field should contain the in-state toll-free telephone number, and will be designated as such on the Pre-Offset Notice. The area code must be surrounded by parentheses with a space after the right parenthesis. The first three digits of the telephone number are followed by a dash, and the last four digits of the telephone number fill the remainder of the field (e.g., (800) 555-1212).
Extension 2	38-41	4	N	**Optional** If present, this field must be numeric, and contains the extension to Telephone Number 2.
State Agency Name	42-76	35	A/N	**Required** This field must contain the name of the contact office (e.g., Bureau of Child Support Enforcement). A reference to "Child Support" or "Family Support" must be included in this field. Do not reference the 'IRS', 'FMS', or specific names of contact persons in any of the State Agency Name or Address Fields.
State Agency Address Line 1	77-111	35	A/N	**Conditionally Required** This field is required if Address Lines 2 and 3 are spaces.
State Agency Address Line 2	112-146	35	A/N	**Conditionally Required** This field is required if Address Lines 1 and 3 are spaces.
State Agency Address Line 3	147-181	35	A/N	**Conditionally Required** This field is required if Address Lines 1 and 2 are spaces.
State Agency Address Line 4	182-216	35	A/N	**Required** This field must contain the fourth address line for the state agency name (e.g., state, city and zip code).
Filler	217-220	4	A/N	Space Filled.