UI Record Layouts

States must transmit the UI information according to the specified record layouts. The general rules that apply to all the record formats are shown below:

1. All data must be in Extended Binary Coded Decimal Interface Coding (EBCDIC) format.
2. All alphabetic data must be uppercase.
3. All alphabetic and alphanumeric data must be left justified.
4. All numeric data must be right justified with leading zeros.
5. All dates must be in CCYYMMDD format.
   - CC represents the century.
   - YY represents the year.
   - MM represents the month and must be a number greater than 00, but less than 13.
   - DD represents the day of the month and must be a valid number for the designated month (e.g., 01-31 for months 01, 03, 05, 07, 08, 10 or 12; 01-30 for months 04, 06, 09, or 11; and 01-29 for the month 02).
6. Name fields cannot include suffixes, such as 'Jr.', 'Sr.' or 'III'.
7. The hyphen is the only special character allowed in the Claimant Name or City.
8. All State and territory abbreviations in addresses must be valid USPS abbreviations. See Appendix E, "State and Territory Names, Abbreviations and FIPS Codes", for a complete list.
9. If an address is less than 40 characters per line, do not concatenate into one line.

NOTE: The chart numbers in the following charts correspond to the chart numbers found in the NDNH Guide to submission, found at the following website: http://www.acf.hhs.gov/programs/cse/newhire/library/ndnh/guide/ndnhgds.htm

UI TRANSMITTER HEADER RECORD

System processing requires the completion of all of the fields in the UI Transmitter Header Record.

CHART 260-12: UI TRANSMITTER HEADER RECORD OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'HU'.
Transmitter State Code	3-4	2	A/N	**Required** This must contain the two-digit FIPS code of the State or territory that is transmitting data to the NDNH. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes" or to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 5-2 (April 1995) for a list of these codes. In addition, FIPS codes may be found on the Internet at: http://www.itl.nist.gov/fipspubs/fip5-2.htm.
Filler	5-13	9	A/N	**Required** This will be used in future versions. For the current version this should be all spaces.
Transmission Type	14-15	2	A/N	**Required** This must contain the characters 'UI'.
Filler	16	1	A/N	**Required** This will be used in future versions. For the current version this should be all spaces.

CHART 260-12: UI TRANSMITTER HEADER RECORD OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Version Control Number	17-18	2	A/N	**Required** This must contain the numbers '01'. OCSE will notify the SWAs when this field changes.
Date Stamp	19-26	8	N	**Required** This must contain the transmission date of the UI data to the NDNH. This must be in CCYYMMDD format.
Batch Number	27-32	6	N	**Required** The transmitting SWA generates this number. Do not repeat batch numbers.
Filler	33-295	263	A/N	**Required** This should be all spaces. States, and territories should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.

26.2.1 UI DATA RECORD

The intent of the system is to provide information for locating persons in response to requests from Child Support Enforcement IV-D agencies. A UI Data Record must include:

1. Claimant First Name,
2. Claimant Last Name,
3. Claimant SSN,
4. Reporting Period, and
5. Claimant Address.

Expanded Federal Parent Locator Service   OMB Control No: 0970-0166
National Directory of New Hires   Expiration Date: XX/XX/XXXX

4

UI DATA RECORD

NDNH System processing requires the completion of the required fields of the UI Data Record.

CHART 26-2: UI DATA RECORD OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'UI'.
Claimant SSN	3-11	9	N	**Required** This must contain a nine-digit SSN. If this field is blank or contains any alphabetic characters, the system rejects the record.

Claimant Name
  First Name
  Middle Name
  Last Name
	
	12-27
	28-43
	44-73
		
		16
		16
		30
			
			A
			A
			A
				Required
				There must be at least one character in the First Name and one character in the Last Name.
				If both the first and last names are blank, the system rejects the record.
				If the Claimant Middle Name is non-blank, it must contain at least one character.
				The First and Last Name cannot begin with a space or hyphen.
				No special characters, except hyphens, are allowed.

Claimant Street Address
  Line 1
  Line 2
  Line 3
	
	74-113
	114-153
	154-193
		
		40
		40
		40
			
			A/N
			A/N
			A/N
				Required: Line (1)
				This must be at least two characters.
				If an address is less than 40 characters per line, do not concatenate into one line.
				Use Line 3 for a military designation or Canadian Province Code.

Claimant City	194-218	25	A	**Required** This must be at least two characters. No special characters, except hyphens, are allowed.

CHART 26-2: UI DATA RECORD				
OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Claimant State	219-220	2	A	**Required** This must be a valid two letter USPS abbreviation of a State or territory. Refer to Appendix E, "State and Territory Names, Abbreviations and FIPS Codes".

Claimant Zip Code
    Zip Code (1)
    Zip Code (2)
	
	221-225
	226-229
		
		5
		4
			
			A/N
			A/N
				Required: First five-digits
				
				This must be the five-digit USPS zip code that is associated with the Claimant's address.
				Zip Code 2 must be either all spaces or the four-digit additional numeric code; but not all zeros.

Benefit Amount	230-240	11	N	**Optional** This is the gross amount of benefits, prior to any deductions, paid to a claimant during the reporting quarter. For reporting purposes, the date used should be the file (process) date, rather than the week ending date (WED). The last two positions are decimal places. All zeroes are allowed. Do not include a decimal point as part of this field. Negative values are not allowed.

Reporting Period	241-245	5	N	**Required**
				
				This is the time period of the UI data being reported. For reporting purposes, the date used should be the file (process) date, rather than the WED.
				The format is QCCYY.
				Q – Reporting quarter:
				        1 – January 1 through March 31
				        2 – April 1 through June 30
				        3 – July 1 through September 30
				        4 – October 1 through December 31
				CC – Century
				YY– Year

CHART 26-2: UI DATA RECORD OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Filler	246-295	50	A/N	This should be all spaces. States and territories should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.

UI TOTAL RECORD

System processing requires the completion of all of the fields in the UI Total Record.

CHART 26-3: UI TOTAL RECORD OMB CONTROL NO: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'TU'.
Data Record Count	3-13	11	N	**Required** This must be the number of records in the transmission, including the Header and Total Records.
Filler	14-295	282	A/N	**Required** This should be all spaces. States and territories should not use the Filler field. The Filler field is strictly reserved for OCSE. Anything submitted in the field will not be returned to the submitter and will be overlaid with spaces.