

CHART F-: REJECTED CASE SUBMISSION AND UPDATE RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|-----------------------|----------|--------|---------|---|
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE on the Case Submission and Update Record. |
| Local Code | 3-5 | 3 | A/ N | This field contains the local code that was sent to OCSE by the state on the Case Submission and Update Record. |
| SSN | 6-14 | 9 | N | This field contains the Social Security number that was sent to OCSE by the state on the Case Submission and Update Record. |
| Case ID | 15-29 | 15 | A/ N | This field contains the case ID that was submitted to OCSE on the Case Submission and Update Record. |
| NCP Last Name | 30-49 | 20 | A/ N | This field contains the NCP last name that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP First Name | 50-64 | 15 | A/ N | This field contains the NCP first name that was sent to OCSE by the state on the Case Submission and Update Record. |
| Arrearage Amount | 65-72 | 8 | N | This field contains the arrearage amount that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transaction Type | 73 | 1 | A | This field contains the transaction type that was sent to OCSE by the state on the Case Submission and Update Record. |
| Case Type Indicator | 74 | 1 | A | This field contains the case type indicator that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer State Code | 75-76 | 2 | A | This field contains the transfer state code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer Local Code | 77-79 | 3 | A/ N | This field contains the transfer local code that was sent to OCSE by the state on the Case Submission and Update Record. |

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| Field Name | Location | Length | A/N | Comments |
|------------------------|----------|--------|---------|---|
| Process Year | 80-83 | 4 | A/ N | This field contains the process years that were sent to OCSE by the state on the Case Submission and Update Record. |
| NCP Address Line1 | 84-113 | 30 | A/ N | This field contains the NCP address line 1 that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP Address Line2 | 114-143 | 30 | A/ N | This field contains the NCP address line 2 that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP City | 144-168 | 25 | A/ N | This field contains the NCP city that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP State | 169-170 | 2 | A | This field contains the NCP state that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP Zip Code | 171-179 | 9 | N | This field contains the NCP zip code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Date Issued | 180-187 | 8 | A/ N | This field contains the PON date that was sent to OCSE by the state on the Case Submission and Update Record. |
| Exclusion Indicator(s) | 188-227 | 40 | A | This field contains the exclusion indicator(s) that was sent to OCSE by the state on the Case Submission and Update Record. |
| Rejected Error Codes | 228-239 | 12 | A/ N | This field contains up to six two-digit codes. These codes are reported consecutively with no commas or spaces. Refer to Charts G-1, "Rejected Case Submission and Update Error Codes" and G-2, "Rejected Case Submission and Update Warning Codes" for complete lists of possible error and warning codes. |

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| Field Name | Location | Length | A/N | Comments |
|-------------------------|----------|--------|-----|--|
| OCSE Last Name | 240-243 | 4 | A/N | When a case is rejected with error code 17, this field contains the first four characters of the NCP last name that is stored on the OCSE Case Master File for this case. The OCSE Last Name can be used to correct the NCP last name at the state. Refer to Chart G-1, "Rejected Case Submission and Update Error Codes" for a complete description of Error Code 17. |
| Corrected SSN Indicator | 244 | 1 | A/N | For records with a value of '02' in the Rejected Error Codes field, the value of this indicator informs the submitting state whether a corrected SSN was identified for the submitted SSN. Y – A record with the state submitted SSN and submitting state code will be returned in the UMACS file; the record will also contain the corrected SSN found. Space – No corrected SSN was found. |
| Request Code | 245 | 1 | A/N | This field contains the request code that was sent to OCSE by the state on the Case Submission and Update Record. |

CHART F-: REJECTED CASE SUBMISSION AND UPDATE CONTROL RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|-----------------------|----------|--------|-----|--|
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE by the state on the Case Submission and Update Record. |
| Reject Control | 3-5 | 3 | A | This is a constant field and contains 'CTL' to identify this record as the Reject Control Record. |
| TANF Accepted | 6-14 | 9 | N | This field contains the total number of TANF records on the Case Submission and Update Record that were accepted by OCSE. |
| TANF Rejected | 15-23 | 9 | N | This field contains the total number of TANF records on the Case Submission and Update Record that were rejected by OCSE. |
| Non-TANF Accepted | 24-32 | 9 | N | This field contains the total number of non-TANF records on the Case Submission and Update Record that were accepted by OCSE. |
| Non-TANF Rejected | 33-41 | 9 | N | This field contains the total number of non-TANF records on the Case Submission and Update Record that were rejected by OCSE. |
| TANF Warning | 42-50 | 9 | N | This field contains the total number of TANF records on the Case Submission and Update Record that received a warning from OCSE. |
| Non-TANF Warning | 51-59 | 9 | N | This field contains the total number of non-TANF records on the Case Submission and Update Record that received a warning from OCSE. |

| | | | | |
|--------|--------|-----|---------|---------------|
| Filler | 60-245 | 186 | A/ N | Space filled. |
|--------|--------|-----|---------|---------------|

| CHART F-: UNACCOUNTABLE MISSING ADDRESS/CORRECTED SSN (UMACS) RECORD LAYOUT | | | | |
|--|----------|--------|---------|---|
| OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | |
| Field Name | Location | Length | A/N | Comments |
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE by the state on the Case Submission and Update Record. |
| Local Code | 3-5 | 3 | A/ N | This field contains the local code that was sent to OCSE by the state on the Case Submission and Update Record. |
| SSN | 6-14 | 9 | A/ N | This field contains the Social Security number that was sent to OCSE by the state on the Case Submission and Update Record. |
| Case ID | 15-29 | 15 | A/ N | This field contains the case identification that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP Last Name | 30-49 | 20 | A/ N | This field contains the NCP last name that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP First Name | 50-64 | 15 | A/ N | This field contains the NCP first name that was sent to OCSE by the state on the Case Submission and Update Record. |

CHART F-: UNACCOUNTABLE MISSING ADDRESS/CORRECTED SSN (UMACS) RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|--------------------------------|----------|--------|---------|---|
| Arrearage Amount | 65-75 | 11 | N | This field contains the arrearage amount that was sent to OCSE by the state on the Case Submission and Update Record. |
| Unaccountable Error Code | 76-77 | 2 | A | This field contains one two-digit error code that identifies the reason that the record is being returned. Refer to Appendix G, Chart G-3, "Unaccountable Missing Address/Corrected SSN Error Codes" for a complete list of possible error codes and explanations. |
| Name Control | 78-81 | 4 | A | This field contains the first four characters of the NCP last name that was sent to OCSE on the Case Submission and Update Record. |
| Case Type Indicator | 82 | 1 | A/ N | This field contains the case type indicator that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer State Code | 83-84 | 2 | A | This field contains the transfer state code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer Local Code | 85-87 | 3 | A/ N | This field contains the transfer local code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Corrected SSN | 88-96 | 9 | A/ N | If the unaccountable error code is 31, this field contains a corrected Social Security number that was received from SSA. If the unaccountable error code is 20, this field is spaces. |
| Corrected SSN Source Indicator | 97 | 1 | A/ N | I - This record is being returned because an Add transaction was submitted with an invalid SSN, and a corrected SSN was found for the submitted SSN. If the unaccountable error code is '20', this field is spaces. If the unaccountable error code is '31', this indicator informs the state of the reason that a corrected SSN is being returned. |

CHART F-: UNACCOUNTABLE MISSING ADDRESS/CORRECTED SSN (UMACS) RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|------------|----------|--------|---------|---------------|
| Filler | 98-108 | 11 | A/ N | Space filled. |

CHART F-: UNACCOUNTABLE MISSING ADDRESS/CORRECTED SSN (UMACS) RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: 06/30/2013

| Field Name | Location | Length | A/N | Comments |
|--------------------------|----------|--------|---------|--|
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE by the state on the Case Submission and Update Record. |
| Local Code | 3-5 | 3 | A/ N | This field contains the local code that was sent to OCSE by the state on the Case Submission and Update Record. |
| SSN | 6-14 | 9 | A/ N | This field contains the Social Security number that was sent to OCSE by the state on the Case Submission and Update Record. |
| Case ID | 15-29 | 15 | A/ N | This field contains the case identification that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP Last Name | 30-49 | 20 | A/ N | This field contains the NCP last name that was sent to OCSE by the state on the Case Submission and Update Record. |
| NCP First Name | 50-64 | 15 | A/ N | This field contains the NCP first name that was sent to OCSE by the state on the Case Submission and Update Record. |
| Arrearage Amount | 65-75 | 11 | N | This field contains the arrearage amount that was sent to OCSE by the state on the Case Submission and Update Record. |
| Unaccountable Error Code | 76-77 | 2 | A | This field contains one two-digit error code that identifies the reason that the record is being returned. Refer to Appendix G, Chart G-3, "Unaccountable Missing Address/Corrected SSN Error Codes" for a complete list of possible error codes and explanations. |

CHART F-: UNACCOUNTABLE MISSING ADDRESS/CORRECTED SSN (UMACS) RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|--------------------------------|----------|--------|---------|---|
| Name Control | 78-81 | 4 | A | This field contains the first four characters of the NCP last name that was sent to OCSE on the Case Submission and Update Record. |
| Case Type Indicator | 82 | 1 | A/ N | This field contains the case type indicator that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer State Code | 83-84 | 2 | A | This field contains the transfer state code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Transfer Local Code | 85-87 | 3 | A/ N | This field contains the transfer local code that was sent to OCSE by the state on the Case Submission and Update Record. |
| Corrected SSN | 88-96 | 9 | A/ N | If the unaccountable error code is 31, this field contains a corrected Social Security number that was received from SSA. If the unaccountable error code is 20, this field is spaces. |
| Corrected SSN Source Indicator | 97 | 1 | A/ N | I - This record is being returned because an Add transaction was submitted with an invalid SSN, and a corrected SSN was found for the submitted SSN. If the unaccountable error code is '20', this field is spaces. If the unaccountable error code is '31', this indicator informs the state of the reason that a corrected SSN is being returned. |
| Filler | 98-108 | 11 | A/ N | Space filled. |

CHART F-: COLLECTION AND ADJUSTMENT RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|----------------------------|----------|--------|-----|---|
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| Local Code | 3-5 | 3 | A/N | This field contains the local code that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| SSN | 6-14 | 9 | N | This field contains the Social Security number that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| Case ID | 15-29 | 15 | A/N | This field contains the case identification that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| NCP Last Name | 30-49 | 20 | A/N | This field contains the NCP last name that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| NCP First Name | 50-64 | 15 | A/N | This field contains the NCP first name s that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| Certified Arrearage Amount | 65-75 | 11 | N | This field contains the arrearage amount that is stored on the OCSE Case Master File at the time of certification. The certified arrearage amount is a signed positive numeric amount with two decimal places assumed. |
| Collection Amount | 76-86 | 11 | N | This field contains the amount of the offset that was sent to OCSE on the FMS Weekly Collection Record. The collection amount is a signed positive numeric amount with two decimal places assumed. If the Collection Amount Field contains a value greater than zero, the adjustment amount is zeroes. |

CHART F-: COLLECTION AND ADJUSTMENT RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|---------------------|----------|--------|-----|--|
| Adjustment Amount | 87-97 | 11 | N | This field contains the amount of the adjustment that was sent to OCSE on the FMS Weekly Collection Record. The adjustment amount is a signed positive numeric amount with two decimal places assumed. If the adjustment amount contains a value greater than zero, the collection amount is zeroes. |
| Adjustment Year | 98-101 | 4 | N | This field contains the year during which the offset originated that was sent to OCSE on the FMS Weekly Collection Record. The adjustment year is in the CCYY format. If the adjustment amount is greater than zero, this field contains a valid year. If the collection amount is greater than zero this field is zeroes. |
| Offset Year | 102-105 | 4 | N | This field contains the current processing year when the offset occurred, in the CCYY format. |
| Return Indicator | 106 | 1 | A | This field contains the return indicator that was sent to OCSE on the FMS Weekly Collection Record. The return indicator identifies whether or not this is a joint return. Y - joint return N - not a joint return |
| Case Type Indicator | 107 | 1 | A | This field contains the case type indicator that was sent to OCSE by the state and stored on the OCSE Case Master File. |
| Transfer State Code | 108-109 | 2 | A | This field contains the transfer state code that was sent to OCSE by the state, and stored on the OCSE Case Master File. |
| Transfer Local Code | 110-112 | 3 | A/N | This field contains the transfer local code that was sent to OCSE by the state, and stored on the OCSE Case Master File. |

CHART F-: COLLECTION AND ADJUSTMENT RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|------------------------|----------|--------|-----|--|
| Payment Name | 113-147 | 35 | A/N | If the collection amount is greater than zero, this field contains the name on the FMS Payment Record. If the return indicator is equal to 'Y', this field may contain both NCP and/or other name(s). If the adjustment amount is greater than zero, this field contains spaces. |
| Payment Street Address | 148-182 | 35 | A/N | If the collection amount is greater than zero, this field contains the payment street address that was sent to OCSE on the FMS Weekly Collection Record. If the adjustment amount is greater than zero, this field contains spaces. |
| Payment City and State | 183-207 | 25 | A/N | If the collection amount is greater than zero, this field contains the payment city and state that was sent to OCSE on the FMS Payment Record. If the adjustment amount is greater than zero, this field contains spaces. |
| Payment Zip Code | 208-216 | 9 | N | If the collection amount is greater than zero, this field contains the payment Zip Code that was sent to OCSE on the FMS Payment Record. If the adjustment amount is greater than zero, this field contains spaces. |
| Offset Type | 217-219 | 3 | A | This field identifies the type of offset or adjustment that applied. Valid values are: RET - Federal Retirement TAX - Tax Refund Offset VEN - Vendor Payment/Miscellaneous |

CHART F-: COLLECTION AND ADJUSTMENT RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|-------------------------------|----------|--------|-----|--|
| Fee Amount | 220-224 | 5 | N | This field contains the service fee amount for an offset that was sent to OCSE on the FMS Weekly Collection Record. The fee amount is a signed positive numeric amount with two decimal places assumed. If the collection amount contains a value greater than zero, the fee amount is non-zeroes. |
| Injured Spouse Indicator | 225 | 1 | A | This field contains the injured spouse indicator that was sent to OCSE on the FMS Weekly Collection Record. The injured spouse indicator identifies if an injured spouse allocation has been processed. Y - processed injured spouse allocation N - no information is available, or no injured spouse allocation has been filed This field is only populated for joint return offset records, that is, position 106 is a 'Y' and position 107 is an 'N'. If the record is for a single return offset or any adjustment record, the field contains a space. |
| Zero Balance Delete Indicator | 226 | 1 | A | This field contains the zero balance delete indicator that was set by OCSE to show that an offset reduced the modified arrearage amount for a case to zero. The case is deleted at OCSE but not FMS. Y - case deleted by the offset N - all other records, including adjustments and offsets that did not reduce the modified arrearage amount to zeros |
| TOP Trace Number | 227-236 | 10 | A/N | The trace number assigned to an offset collection by FMS and returned as an identifier with a collection or associated adjustment. |
| Filler | 237-240 | 4 | A/N | Space filled. |

CHART F-: COLLECTION AND ADJUSTMENT CONTROL RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|-----------------------|----------|--------|---------|--|
| Submitting State Code | 1-2 | 2 | A | This field contains the state abbreviation that was sent to OCSE and stored on the OCSE Case Master File. |
| Filler | 3-5 | 3 | A/ N | Space Filled. |
| Total Control | 6-14 | 9 | A/ N | This field is a constant field and contains 'TOTAL' to identify this record as the Collection and Adjustment Control Record. |
| Filler | 15-34 | 20 | A/ N | Space Filled. |
| Total Adjustments | 35-49 | 15 | N | This field contains the total number of adjustments that were processed. |
| Total Collections | 50-64 | 15 | N | This field contains the total number of collections that were processed. |

CHART F-: COLLECTION AND ADJUSTMENT CONTROL RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|----------------------------------|----------|--------|---------|---|
| Total Certified Arrearage Amount | 65-75 | 11 | N | This field is an accumulation of the certified arrearage amounts that were processed. The total certified arrearage amount is a signed positive numeric amount with two decimal places assumed. |
| Total Collection Amount | 76-86 | 11 | N | This field is an accumulation of the collection amounts that were processed. The total collection amount is a signed positive numeric amount with two decimal places assumed. |
| Total Adjustment Amount | 87-97 | 11 | N | This field is an accumulation of the adjustment amounts that were processed. The total adjustment amount is a signed positive numeric amount with two decimal places assumed. |
| Total Net Amount | 98-108 | 11 | N | This field contains the total collection amount minus the total adjusted amount. The total net amount is a signed positive numeric amount with two decimal places assumed. |
| Filler | 109-240 | 132 | A/ N | Space filled. |

CHART F-: CASE RECONCILIATION RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|-------------------|----------|--------|-----|---|
| Record Identifier | 1-3 | 3 | A | This field is a constant and contains 'REC' to identify this record as the Federal Offset Reconciliation Detail Record. |

CHART F-: CASE RECONCILIATION RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|--------------------------|----------|--------|---------|---|
| Submitting State Code | 4-5 | 2 | A | This field contains a valid state code for the state requesting the Reconciliation File. The state code contains a valid two-character alphabetic postal abbreviation. |
| Local Code | 6-8 | 3 | A/ N | This field contains the most recent local code submitted by the state and accepted for the case. |
| SSN | 9-17 | 9 | N | This field contains the Social Security number submitted for the NCP. |
| Case ID | 18-32 | 15 | A/ N | This field contains the case identification that was submitted by the state for the case. This field contains spaces if a case identification was not submitted by the state. |
| NCP Last Name | 33-52 | 20 | A/ N | This field contains the last name of the NCP as originally certified. It contains at least one alphabetic character and is uppercase. No embedded spaces or special characters, except a hyphen, are present within the first four positions. |
| NCP First Name | 53-62 | 10 | A/ N | This field contains the first name of the NCP, up to the first 10 characters. It contains at least one alphabetic character and is uppercase. |
| Current Arrearage Amount | 63-70 | 8 | N | This field contains the current arrearage amount for the case. The value is the amount certified by the state net of any Tax or Administrative Offsets or modifications. This field contains the amount in whole dollars only. |

CHART F-: CASE RECONCILIATION RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|----------------------------------|----------|--------|---------|---|
| Case Type Indicator | 71 | 1 | A | This field contains one of the following codes to indicate the type of case: A - TANF N - Non-TANF |
| Last Pre-Offset Notice Date | 72-79 | 8 | A/ N | This field contains the date that the most recent Pre-Offset Notice was sent, in CCYYMMDD format. If OCSE issues the notice for the state, this is the date that the PON was sent by OCSE. If the state issues the PON, this is the date issued that was provided by the state on the Add Case Transaction or the Annual Submittal Process Transaction. |
| Pre-Offset Notice Hold Indicator | 80 | 1 | A | This field contains one of the following values to indicate if the case is active at FMS: H - The case is on hold pending the Pre-Offset Notice hold period. Space - The case has either been sent to FMS or is MSFIDM-only. |

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| Field Name | Location | Length | A/N | Comments |
|---|----------|--------|-----|---|
| Department of State Action Indicator | 81 | 1 | A | <p>This field contains one of the following codes to indicate the action that was taken with DoS for the case:</p> <p>S - OCSE submitted the NCP to DoS for passport denial when the case's arrearage amount exceeded the federally-mandated threshold.</p> <p>D - OCSE previously submitted the NCP to DoS for passport denial, but has now forwarded a Delete Record to DoS.</p> <p>C - OCSE submitted the NCP to DoS for passport denial when the combined arrearage amount for the eligible TANF and non-TANF cases from a single state exceeded the federally-mandated threshold.</p> <p>R - OCSE submitted the NCP to DoS for passport denial, but DoS rejected the case for an invalid country code or an invalid DOB.</p> <p>Space - The NCP is eligible to receive his/her passport, based on one of the following conditions: 1) the current arrearage amount is less than the federally-mandated threshold, or 2) the Passport Denial Exclusion Indicator was set.</p> |
| Administrative Offset Exclusion Indicator | 82-84 | 3 | A | <p>This field contains one of the following values that were sent by the state:</p> <p>ADM - Exclude all Administrative Offsets (RET, SAL, VEN)</p> <p>Space - Exclusion indicator does not apply</p> |

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| Field Name | Location | Length | A/N | Comments |
|---|----------|--------|-----|---|
| Federal Retirement Offset Exclusion Indicator | 85-87 | 3 | A | This field contains one of the following values that were sent by the state: RET - Exclude Federal Retirement Space - Exclusion indicator does not apply |
| Vendor Payments Exclusion Indicator | 88-90 | 3 | A | This field contains one of the following values that were sent by the state: VEN - Exclude Vendor Payment/Miscellaneous Space - Exclusion indicator does not apply |
| Federal Salary Exclusion Indicator | 91-93 | 3 | A | This field contains one of the following values that were sent by the state: SAL - Exclude Federal Salary (pre-set on all cases at FMS) Space - Exclusion indicator does not apply |
| Tax Refund Offset Exclusion Indicator | 94-96 | 3 | A | This field contains one of the following values that were sent by the state: TAX - Exclude Tax Refund Offset Space - Exclusion indicator does not apply |
| Passport Denial Exclusion Indicator | 97-99 | 3 | A | This field contains one of the following values that were sent by the state: PAS - Exclude Passport Denial Space - Exclusion indicator does not apply |
| Multistate Financial Institution Data Match Exclusion Indicator | 100-102 | 3 | A | This field contains one of the following values that were sent by the state: FIN - Exclude MSFIDM Space - Exclusion indicator does not apply |

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| Field Name | Location | Length | A/N | Comments |
|--------------------------------|----------|--------|---------|---|
| Debt Check Exclusion Indicator | 103-105 | 3 | A | This field contains one of the following values that were sent by the state: DCK - Exclude from the Debt Check Program Space - Exclusion indicator does not apply |
| Insurance Exclusion Indicator | 106-108 | 3 | A | This field contains one of the following values that were sent by the participating state: INS - Exclude from Insurance Match Space - Exclusion indicator does not apply |
| SSN/Name Verification Code | 109 | 1 | A | This field contains one of the following values to indicate whether the NCP has a verified or matched SSN/Name combination: M - The NCP's current SSN/Name matches P - The NCP's previous SSN/Name verifies or matches, the current SSN/Name does not verify or match U - The NCP's current SSN/Name does not verify or match V - The NCP's current SSN/Name verifies |
| Address Source | 110 | 1 | A | This field contains one of the following values to indicate the source of the address: O - Other S - Submitting state |
| Address Line 1 | 111-145 | 35 | A/ N | This field contains the first address line of the NCP's mailing address. |
| Address Line 2 | 146-180 | 35 | A/ N | This field contains the second address line of the NCP's mailing address. |

CHART F-: CASE RECONCILIATION RECORD LAYOUT

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| Field Name | Location | Length | A/N | Comments |
|-------------------|----------|--------|---------|---|
| City | 181-205 | 25 | A/ N | This field contains the city of the NCP's mailing address. |
| State | 206-207 | 2 | A/ N | This field contains the state abbreviation of the NCP's mailing address. |
| Zip | 208-216 | 9 | A/ N | This field contains the zip code of the NCP's mailing address. |
| Foreign Indicator | 217 | 1 | A/ N | This field contains an indicator if the NCP's address information is for a foreign address. |
| Country Name | 218-242 | 25 | A/ N | This field contains the name of the NCP's foreign country. |
| Filler | 243-245 | 3 | A/ N | This field is reserved for future use and contains spaces. |

CHART F-: CASE RECONCILIATION CONTROL RECORD LAYOUT

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx

| Field Name | Location | Length | A/N | Comments |
|-------------------|----------|--------|-----|---|
| Record Identifier | 1-3 | 3 | A | This field is a constant and contains 'RCT' to identify this record as the Federal Offset Reconciliation Control Totals Record. |

| | | | | |
|-------------------------|--------|-----|---------|--|
| Submitting State Code | 4-5 | 2 | A | This field contains the state abbreviation that was sent to OCSE by the state on the Case Submission and Update Record. |
| TANF Cases Returned | 6-14 | 9 | N | This field contains a count of the total detail records on the file for TANF cases. |
| Non-TANF Cases Returned | 15-23 | 9 | N | This field contains a count of the total detail records on the file for non-TANF cases. |
| Total Cases Returned | 24-32 | 9 | N | This field contains a count of the total number detailed records on the file. |
| Extract Date | 33-40 | 8 | N | This field contains the date that the reconciliation data was extracted from the OCSE Case Master File in CCYYMMDD format. |
| Filler | 41-245 | 205 | A/ N | This field is reserved for future use and contains spaces. |