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 FCE program.

Each record layout in this appendix provides the following information:

1. Field 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 OCSS must comply with the following requirements:

* All data must be in Extended Binary Coded Decimal Interchange Code (EBCDIC) format
* All alphabetic data must be in upper case
* All alphabetic and alphanumeric data must be left justified and space filled
* All numeric data must be right justified and zero-filled
* All years must be in the CCYY format

All Filler fields must be filled with spaces.

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this statutorily required (42 U.S.C. 652(b); 42 U.S.C. 664; 26 U.S.C. 6402(c); 31 CFR 285.3; 45 CFR 302.60; 45 CFR 303.72; 31 U.S.C. 3701 *et seq*.; 31 U.S.C. 3716(h); 31 CFR 285.1; 42 U.S.C. 652(k); 42 U.S.C. 654(31); 22 CFR 51.60; 42 U.S.C. 654(31); 42 U.S.C. 664; 31 CFR 285.1; and 31 CFR 285.3) information collection is to collect past due child support. Public reporting estimated burden for this collection of information is 0.3 hours per respondent, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. As provided by the 5 U.S.C. §§552a(b) and (e), any confidential information collected for this program is protected secured, and accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov

| **CHART E‑1: 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 | Required – Key DataThis field is required for all Transaction Types. This field must contain the valid, two-character, alphabetic state abbreviation of the submitting state. Refer to Chart H-1, “State and Territory Abbreviations,” for a list of these codes.* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’, ‘U’ or ‘Z’, 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 is rejected.
 |
| Local Code | 3-5 | 3 | A/N | OptionalThis field is used with Transaction Types ‘A’, ‘L’, and ‘U’. This field contains the code that is used to associate the NCP with a local contact address when the PON is produced by OCSE, or an offset notice is produced by BFS.* If the Transaction Type equals ‘A’, 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 is set to zeros on the OCSE Case Master File, and a local code of zeros is submitted for the case to BFS.
* If the Transaction Type equals ‘L’ or ‘U’ and the local code that is submitted contains spaces, the local code for the case is set to zeros on the OCSE Case Master File, and a local code of zeros is submitted for the case to BFS. 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 is rejected.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘M’, ‘S’, ‘R’ or ‘Z’, the local code, if present, is not updated at OCSE or BFS.

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 DataThis 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 the transaction type is an ‘A’ (Add Case), the SSN is verified using an SSA routine that determines whether the SSN has ever been issued. If the SSN has never been issued, or the SSN could not be verified or matched but a corrected SSN was found, the transaction is rejected.
* If the transaction type is an ‘A’ (Recertify Case), ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’, ‘U’ or ‘Z’, all of the 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 is rejected.
 |
| Case ID | 15-29 | 15 | A/N | Conditionally RequiredThis field is used if the Transaction Type equals ‘A’, ‘C’ or ‘U’. This field is for state use only; it is not sent to BFS or DoS.* If this field is not used by the state, it is filled with spaces.
* If the Transaction Type equals ‘A’ or ‘U’, the Case ID, if present, is stored on the Case Master File without performing any edits.
* If the Transaction Type equals ‘C’, this field is required. The new Case ID overwrites the existing Case ID without performing any edits.
* If the Transaction Type equals ‘B’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’ or ‘Z’, the Case ID, if present, is not updated at OCSE.
 |
| NCP Last Name | 30-49 | 20 | A/N | RequiredThis field is required for all Transaction Types. No spaces or special characters, except a hyphen, can be embedded within the first four positions.* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, and the last name does not match the OCSE Case Master File for the NCP, the name is processed as a name change.
* If the Transaction Type equals ‘A’ (Add Case) or ‘B’, the first four positions must contain at least one alphabetic character. After the last name passes this edit check, it is stored on the OCSE Case Master File.
* If the Transaction Type equals ‘C’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’, or ‘Z’, the first four characters that are submitted must match the first four characters that are stored on the OCSE Case Master File, or the first four characters of a Transaction Type ‘B’ transaction for the same case in the same process. If there is no match, the transaction is rejected.

Refer to Sections 2.1.4.3.1, “Name Change” and 2.1.5.6, “Name Processing” for more detail. |
| NCP First Name | 50-64 | 15 | A/N | Conditionally RequiredThis field is required if the Transaction Type equals ‘A’ or ‘B’. The first position of this field must contain an alphabetic character.* If the Transaction Type equals ‘A’ (Add Case) or ‘B’, the first name is stored on the OCSE Case Master File after passing the edit check above.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, and the first name does not match the OCSE Case Master for the NCP, the name is processed as a name change.
* If the Transaction Type equals ‘C’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’ or ‘Z’, the NCP first name, if present, is not updated at OCSE or BFS.

Refer to Sections 2.1.4.3.1, “Name Change” and 2.1.5.6, “Name Processing” for more detail. |
| Arrearage Amount(Accumulated Payment Amount) | 65-72 | 8 | N | Conditionally Required* If Transaction Type equals ‘A’, ‘M’, ‘S’ or ‘U’, 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 (for example, $1,500.00 = 00001500).
* If the Transaction Type equals ‘A’, the arrearage amount is the current amount that is owed by the NCP. If the arrearage amount is less than $25, the Add Case transaction is rejected.
* If the Transaction Type equals ‘D’, this field is not required. The existing arrearage amount on the OCSE Master File is set to zero.
* If the Transaction Type equals ‘M’ or ‘U’, the arrearage amount is the current amount that is owed by the NCP. If the arrearage amount is equal to zero, the case is flagged as deleted.
* If the 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 year during which the offset occurred.
* If the Transaction Type equals ‘B’, ‘C’, ‘L’, ‘R’ or ‘Z’, the arrearage amount, if present, is not updated at OCSE or BFS.
 |
| Transaction Type | 73 | 1 | A | RequiredThis field must contain a valid Transaction Type code. Valid codes for this field are:A – Add/Recertify CaseB – Name ChangeC – Case ID ChangeD – Delete CaseL – Local Code ChangeM – Modify Arrearage AmountR – Replace Exclusion Indicator(s)S – State Payment U – Update TransactionZ – Address Change |
| Case Type Indicator | 74 | 1 | A | Required – Key DataThis field is required for all Transaction Types. This field must contain one of the following valid Case Type codes:A – TANFN – non-TANF* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘R’, ‘S’, ‘U’ or ‘Z’, 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 is rejected.
 |
| Filler | 75-79 | 5 | A/N | Space filled. Do not use. |
| Process Year | 80-83 | 4 | A/N | Conditionally Required* If the Transaction Type equals ‘S’, this field must be in CCYY format, and must contain the year during which 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’, ‘U’ or ‘Z’, this field, if present, is not updated at OCSE.
 |
| NCP AddressLine 1 | 84-113 | 30 | A/N | Conditionally Required* If the Transaction Type equals ‘A’ (Add Case) or ‘Z’, this field contains the first address line of the NCP’s mailing address. If this line is blank, the NCP Address Line 2 Field is checked for an address. Refer to Section 2.1.5.4, “Address Processing” for information regarding address processing.
* If the Transaction Type equals ‘Z’, NCP Address Line 1 and NCP Address Line 2 cannot both be all spaces.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, this field is not required. If present, the address that is currently stored at OCSE is updated with the submitted address. The submitted address is processed through FINALIST® for standardization and scrubbing before the update occurs.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘R’, the address, if present, is not updated at OCSE or BFS.
 |
| NCP AddressLine 2 | 114-143 | 30 | A/N | Optional* If the Transaction Type equals ‘A’ (Add Case) or ‘Z’, this field may contain the second address line for the NCP. Refer to Section 2.1.5.4, “Address Processing” for information regarding address processing.
* If the Transaction Type equals ‘Z’, NCP Address Line 1 and NCP Address Line 2 cannot both be all spaces.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, this field is not required. If present, the address that is currently stored at OCSE is updated with the submitted address. The submitted address is processed through FINALIST® for standardization and scrubbing before the update occurs.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘R’, the address, if present, is not updated at OCSE or BFS.
 |
| NCP City | 144-168 | 25 | A/N | Conditionally Required* If the Transaction Type equals ‘A’ (Add Case) or ‘Z’, this field contains the city of the NCP’s mailing address. Refer to Section 2.1.5.4, “Address Processing” for information regarding address processing.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, this field is not required. If present, the address that is currently stored at OCSE is updated with the submitted address. The submitted address is processed through FINALIST® for standardization and scrubbing before the update occurs.
* If the Transaction Type equals ‘Z’, the NCP City is required.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘R’, the address, if present, is not updated at OCSE or BFS.
 |
| NCP State  | 169-170 | 2 | A | Conditionally Required* If the Transaction Type equals ‘A’ (Add Case) or ‘Z’, this field contains a two-character, alphabetic state abbreviation of the state of the NCP’s mailing address. Refer to Section 2.1.5.4, “Address Processing” for information regarding address processing.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, this field is not required. If present, the address that is currently stored at OCSE is updated with the submitted address. The submitted address is processed through FINALIST® for standardization and scrubbing before the update occurs.
* If the Transaction Type equals ‘Z’, the NCP State is required.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘R’, the address, if present, is not updated at OCSE or BFS.
 |
| NCP Zip Code | 171-179 | 9 | N | Conditionally Required* If the Transaction Type equals ‘A’ (Add Case) or ‘Z’, this field contains a five- or nine-digit zip code. Refer to Section 2.1.5.4, “Address Processing” for information regarding address processing.
* If the Transaction Type equals ‘A’ (Recertify Case) or ‘U’, this field is not required. If present, the address that is currently stored at OCSE is updated with the submitted address. The submitted address is processed through FINALIST® for standardization and scrubbing before the update occurs.
* If the Transaction Type equals ‘Z’, the NCP Zip Code is required.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘R’, the address, if present, is not updated at OCSE or BFS.
 |
| Date Issued | 180-187 | 8 | A/N | Conditionally Required* If the Transaction Type equals ‘A’, and the state issues their own PONs, this field is required. The date must be in CCYYMMDD format. This field indicates the date that the PON was mailed. If OCSE issues the PON, OCSE fills the date.
* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’, ‘R’, ‘U’ or ‘Z’, the date issued, if present, is not updated at OCSE or BFS.
 |
| Exclusion Indicator(s)  | 188-227 | 40 | A | Optional* If the Transaction Type equals ‘A’, ‘R’ or ‘U’, this field is optional. If setting more than one exclusion indicator, the indicators must be separated with a comma or space (for example, “RET, PAS, FIN,” or “RET PAS FIN”). Valid exclusion indicators are:

ADM – OCSE replaces with VEN and RET, to exclude all Administrative OffsetsRET – Exclude Federal Retirement OffsetVEN – Exclude Vendor Payment/Miscellaneous OffsetTAX – Exclude Tax Refund OffsetPAS – Exclude Passport DenialFIN – Exclude Multistate Financial Institution Data MatchINS – Exclude Insurance Match (for participating states)Space – Remove all existing exclusion indicators* If the Transaction Type equals ‘B’, ‘C’, ‘D’, ‘L’, ‘M’, ‘S’ or ‘Z’, this field, if present, is not updated at OCSE or BFS.
 |
| Filler | 228-244 | 17 | A/N | Space filled. Do not use. |
| Request Code | 245 | 1 | A/N | Optional* If the Transaction Type equals ‘M’ or ‘U’, this field may contain a ‘P’ to request that a PON be generated by OCSE. If present, this field generates a PON if all of the edits are passed to update an arrearage amount and for processing a notice.
* If the Transaction Type equals ‘A’, ‘B’, ‘C’, ‘D’, ‘L’, ‘R’, ‘S’ or ‘Z’, no action is taken at OCSE or BFS, if this field contains a value.
 |

| Chart E‑2: Case Submission and Update Control Record LayoutOMB 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 should contain a valid, two-character, alphabetic state abbreviation of 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. Do not use. |

| Chart E‑3: State/Local Contact Phone and Address Record LayoutOMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx |
| --- |
| Field Name | Location | Length | A/N | Comments |
| Submitting State Code | 1-2 | 2 | A | Required – Key DataThis field must contain a valid, two-character, alphabetic state abbreviation of the submitting state. Refer to Appendix H, “State, Territory and Country Codes,” for a list of these codes. |
| Local Code | 3-5 | 3 | A/N | Required – Key DataThis field must be numeric.* If the local code is equal to ‘000’, the state contact information is 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 is 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 is added.
 |
| Telephone Number 1 | 6-19 | 14 | A/N | RequiredThis 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 (for example, (301) 555-1212). |
| Extension 1 | 20-23 | 4 | N | OptionalIf used, this field must be numeric and contains the extension to Telephone Number 1. |
| Telephone Number 2 | 24-37 | 14 | A/N | OptionalThis field should contain the in-state toll-free telephone number and will be designated as such on the PON. 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 (for example, (800) 555-1212). |
| Extension 2 | 38-41 | 4 | N | OptionalIf present, this field must be numeric and contains the extension to Telephone Number 2. |
| State Agency Name | 42-76 | 35 | A/N | RequiredThis field must contain the name of the contact office (for example, Bureau of Child Support Enforcement). A reference to “Child Support” or “Family Support” must be included in this field. Do not reference the ‘IRS’, ‘BFS’, 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 RequiredThis field is required if Address Lines 2 and 3 are spaces. |
| State Agency Address Line 2 | 112-146 | 35 | A/N | Conditionally RequiredThis field is required if Address Lines 1 and 3 are spaces. |
| State Agency Address Line 3 | 147-181 | 35 | A/N | Conditionally RequiredThis field is required if Address Lines 1 and 2 are spaces. |
| State Agency Address Line 4 | 182-216 | 35 | A/N | RequiredThis field must contain the fourth address line for the state agency name (for example, state, city and zip code). |
| Filler | 217-220 | 4 | A/N | Space Filled. Do not use. |