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.

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 Data** This 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.

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
Local Code	3-5	3	A/N	**Optional** This 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.

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
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 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 Required** This 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.

				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
NCP 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 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.

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
NCP First Name	50-64	15	A/N	**Conditionally Required** This 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.

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
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.

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
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 U – Update Transaction Z – Address Change
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 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.

Field Name	Location	Length	A/N	Comments
CHART E-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx				
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 Address Line 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.

Field Name	Location	Length	A/N	Comments
CHART E-1: CASE SUBMISSION AND UPDATE RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx				
NCP Address Line 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.

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
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.

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
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 Offsets
				    RET – Exclude Federal Retirement Offset
				    VEN – Exclude Vendor Payment/Miscellaneous Offset
				    TAX – Exclude Tax Refund Offset
				    PAS – Exclude Passport Denial
				    FIN – Exclude Multistate Financial Institution Data Match
				    INS – 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.

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
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 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 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.

CHART E-2: CASE SUBMISSION AND UPDATE CONTROL RECORD LAYOUT				
OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx				
Field Name	Location	Length	A/N	Comments
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 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 Data** This 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 Data** This 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.

CHART E-3: STATE/LOCAL CONTACT PHONE AND ADDRESS RECORD LAYOUT
OMB Control No: 0970-0161   Expiration Date: xx/xx/xxxx

Field Name	Location	Length	A/N	Comments
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 (for example, (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.
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 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	**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 (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 Required** This field is required if Address Lines 2 and 3 are spaces.

	CHART E-3: STATE/LOCAL CONTACT PHONE AND ADDRESS RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx			
Field Name	Location	Length	A/N	Comments
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 (for example, state, city and zip code).
Filler	217-220	4	A/N	Space Filled. Do not use.