OUTPUT RECORD SPECIFICATIONS

This appendix consists of the following charts:

- Chart F-1: Rejected Case Submission and Update Record Layout
- Chart F-2: Rejected Case Submission and Update Control Record Layout
- Chart F-3: Unaccountable Missing Address/Corrected SSN (UMACS) Record Layout
- Chart F-4: Collection and Adjustment Record Layout
- Chart F-5: Collection and Adjustment Control Record Layout
- Chart F-6: Case Reconciliation Record Layout
- Chart F-7: Case Reconciliation Control Record Layout

Each chart provides a detailed description of the output records in the files that are created by the FCE program.

Each record layout in this section 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 an explanation of each field in the record layout and its relationship to other fields or records. Additional information regarding the fields may be found in Appendix C, "Data Dictionary."

The output files are transmitted to the states using SSA's network and MFT protocol. Additional information regarding MFT, and the process for transmission of data, may be found in Section 6.1, "Managed File Transfer."

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| C | CHART F-1: 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 | V/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 | V/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 | V/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 | V/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. | | | | |
| Filler | 75-79 | 5 A | /N | Space filled. | | | | |
| 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. | | | | |

| С | CHART F-1: REJECTED CASE SUBMISSION AND UPDATE RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | | | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|--------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Field Name | Location | Length | A/N | Comments | | | |
| 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. | | | |
| 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 | V/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 same day; the record will also contain the corrected SSN found. Space – No corrected SSN was found. | | | |

| CHART F-1: REJECTED 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 | This field contains the Request Code that was sent to OCSSE by the state on the Case Submission and Update Record. | |

| CHART | CHART F-2: REJECTED 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 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 | Ν | 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 | Ν | 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 | Ν | 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 | Ν | 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-3: | CHART F-3: 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. | | | | |
| 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. | | | | |
| Filler | 83-87 | 5 A | /N | Space filled. | | | | |
| 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. | | | | |

| CHART F-3: 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 | | |
| Corrected SSN Source Indicator | 97 | 1 A | 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-4: 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. | | | |

| | CHART F-4: COLLECTION AND ADJUSTMENT RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | | | | |
|---------------------|-------------------------------------------------------------------------------------------------------------|--------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Field Name | Location | Length | A/N | Comments | | | | |
| Collection Amount | 76-86 | 11 | N | This field contains the amount of the offset that was sent to OCSE on the BFS 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. | | | | |
| Adjustment Amount | 87-97 | 11 | N | This field contains the amount of the adjustment that was sent to OCSE on the BFS 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 BFS 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 BFS Collection Record. The return indicator identifies whether or not this is a joint return. Spaces are returned in this field for an adjustment record. 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. | | | | |
| Filler | 108-112 | 5 | A/N | Space filled. | | | | |

| | CHART F-4: COLLECTION AND ADJUSTMENT RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | | | | |
|---------------------------|-------------------------------------------------------------------------------------------------------------|--------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 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 BFS 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 BFS 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 BFS 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 BFS 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: MPY – Manual Payment RET – Federal Retirement TAX – Tax Refund Offset VEN – Vendor Payment/Miscellaneous | | | | |

| | CHART F-4: COLLECTION AND ADJUSTMENT RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | | | | |
|----------------------------------|----------------------------------------------------------------------------------------------------------|--------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 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 BFS Collection Record. The fee amount is a numeric amount with two decimal places assumed. If the collection amount contains a value greater than zero, the fee amount is non-zeroes. If the offset type is 'MPY' or if the amount of the offset is less than the fee amount, the fee amount is zeroes. | | | | |
| Injured Spouse Indicator | 225 | 1 | A | This field contains the injured spouse indicator that was sent to OCSE on the BFS 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 BFS. Y – case deleted by the offset. N – all other records, including adjustments and offsets that did not reduce the modified arrearage amount to zeroes. | | | | |
| TOP Trace Number | 227-236 | 10 | A/N | The trace number assigned to an offset collection by BFS and returned as an identifier with a collection or associated adjustment. | | | | |

| Field Name | Location | Length | OMB Contro | DI No: 0970-0161 Expiration Date: xx/xx/xxxx Comments |
|-----------------------------------------------------------|----------|--------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 0 | - | |
| BFS Offset Month Day or Reversal Reason Code | 237-240 | 4 | A/N | For offsets: This field contains the BFS month day (MMDD) of the tax offset. For reversals, this field contains one of the following codes: Spaces – BFS did not include a tax offset reversal reason code. 0001 – IRS Injured Spouse. Reversal is from an injured spouse claim. 0002 – IRS Other Reason. Reversal is for a reason other than injured spouse. 0003 – State-Approved IRS Partial Reversal. Reversal is older than six months from the BFS offset date. In accordance with Treasury's sixmonth rule, BFS contacted the state to confirm it retained a partial offset amount, and BFS reverses accordingly. 0004 – State-Approved IRS Full Reversal. Reversal is the same scenario as Reversal Reason Code '0003' with the exception that the state confirms it retained the full offset amount, and BFS reverses accordingly. |
| | | | | • 0005 – BFS Initiated Reversal. BFS manually processed the reversal or the obligor was due a partial offset (for example, zero balance delete) of larger refund or payment and did not receive the remaining payment amount because of a bad address or incorrect bank account (if electronically deposited). |
| | | | | • 0006 – (No longer in use.) |

| CHART F-5: 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. | | | |
| 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. | | | |
| OCSS Cycle Number | 109-114 | 6 <i>A</i> | /N | This field contains the year and cycle number for this file of collections and adjustments. The format of the field is CCYYNN in which CC is century, YY is calendar year, and NN is the cycle number. | | | |
| Filler | 115-240 | 126 A | /N | Space Filled. | | | |

| CHART F-6: 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. |
| 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. |
| 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 |

| CHART F-6: CASE RECONCILIATION RECORD LAYOUT | | | | | |
|----------------------------------------------|----------|--------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Field Name | Location | Length | A/N | htrol No: 0970-0161 Expiration Date: xx/xx/xxxx Comments | |
| Last Pre-Offset Notice Date | 72-79 | - | 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 BFS: H –The case is on hold pending the Pre-Offset Notice hold period. Can also be pending for arrears <\$25 or no PON printed yet. Space –The case either has been sent to BFS or is MSFIDM-only. | |
| Department of State Action Indicator | 81 | 1 | A | This field contains one of the following codes to indicate the action that was taken with DoS for the case: S – OCSE submitted the NCP to DoS for passport denial when the case's arrearage amount exceeded the federally mandated threshold. D – OCSE previously submitted the NCP to DoS for passport denial but has now forwarded a Delete Record to DoS. 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. R – OCSE submitted the NCP to DoS for passport denial, but DoS rejected the case for an invalid country code or an invalid DOB. 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. | |
| Filler | 82-84 | 3 | А | Space Filled. (This field is no longer in use.) | |

| CHART F-6: CASE RECONCILIATION RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | |
|-------------------------------------------------------------------------------------------------------|----------|--------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| Filler | 91-93 | 3 | А | Space Filled. |
| 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 |
| Filler | 103-105 | 3 | A | Space Filled. |
| 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. U – The NCP's current SSN/Name does not verify or match. V – The NCP's current SSN/Name verifies. |

| CHART F-6: CASE RECONCILIATION RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | | |
|-------------------------------------------------------------------------------------------------------|----------|--------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Field Name | Location | Length | A/N | Comments | |
| Address Source | 110 | 1 | A | This field contains one of the following values to indicate the source of the address: O – Other or no address 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. | |
| 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. Y – Foreign address N – Not a foreign address Space – Not 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-7: 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 | Ν | This field contains a count of the total detail records on the file for TANF cases. | |

| CHART F-7: CASE RECONCILIATION CONTROL RECORD LAYOUT OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx | | | | |
|---------------------------------------------------------------------------------------------------------------|--------|-----|-----|----------------------------------------------------------------------------------------------------------------------------|
| Non-TANF Cases Returned | 15-23 | 9 | Ν | This field contains a count of the total detail records on the file for non-TANF cases. |
| Total Cases Returned | 24-32 | 9 | Ν | 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 | Space Filled. |