

01 CASE NUMBER		02 CATEGORY		03 01		04 PAGE OF		06 BUDGETED JOB NUMBER				07 MAIL CD.		
08 DATE FILED		09 CASE NAME				10 CASE NAME CHANGE				11		12		
13 MAILING ADDRESS 1st LINE				14 MAILING ADDRESS 2nd LINE				15 CITY				16 STATE	17 ZIP CODE	
18 TEMPORARY ADDRESS 1st LINE			19 TEMPORARY ADDRESS 2nd LINE			20 TEMPORARY ADDRESS-CITY			21 STATE	22 ZIP CODE	23 (TEMP. ADD) MOS. BEG. MO.			
24 RESIDENCE ADDRESS				25 COUNTY		26 GUARDIAN PAYEE/AUTHORIZED REPRESENTATIVE				27 M	28 I	29 DENIAL NOTICE	30	31

A 00000000

32 CLIENT NUMBER		33 CLIENT NAME				34 BIRTHDATE		35 SEX	36 RACE	37 SOC. SEC. ACCT NO.		38 SOC. SEC. CLAIM NO.		39 ED
THIS LINE FOR ADDITIONAL INFORMATION ON CASE NAME														
a														
b														
c														
d														
e														
f														
g														
h														
i														
j														
k														

40 STATUS IN GROUP	41 W	42 A	42B GROSS EARNED	43 RSDI	44 V. A.	45 SS/UPEN	46 MEDICAL EFFECTIVE DATE	47 DEATH/DENIAL DATE	48 FS-MEDCOST PA-REFUGEE	49 DISO CODE AND DATE	50 CLIENT NUMBER VALIDATION
a											
b											
c											
d											
e											
f											
g											
h											
i											
j											
k											

ADJUSTED GROSS INCOME CALCULATIONS	51 TOTAL EARNED	52 TOTAL RSDI	53 TOTAL V.A.	54 TOTAL SSI	55 TOTAL RR	56 OTHER INCOME	57 TOTAL INCOME	58 DEDUCTIONS	59 ADJUSTED GROSS INCOME
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B C U A D S G E E T	FOOD STAMPS				AFDC				MAO UNMET NEED				MAO APPLIED INCOME						
	60 SHELTER	61 ADJ. GROSS INCOME	62 EXC SHELTER	63 NET INCOME	64	65 BENEFITS	66 ADJ. GROSS INCOME	67 REC. NEEDS	68 ADJ. GROSS INCOME	69 UNMET NEEDS	70 RECOMMENDED GRANT	71 TOTAL NEEDS	72 ADJ. GROSS INCOME	73A UNMET NEED	73B SPOUSE TOTAL INCOME	74 AVAILABLE INCOME	75 PERSONAL NEEDS	76 INCOME FOR SPOUSE	77A APPLIED INC. 1st CLIENT

FOOD STAMP CASE	78 TR	79 APPL. CODES	80 CERTIFICATION DATE	81 MOS. CERT.	82 LAST BENEFIT MO.	83 HH NO	84 AID	85 TEST	86 FR	87 NON	88 INELIG.	89 SSI	90 UTIL	91 ACTION CODE	92 ACTION DATE	93 TEX. DRIVERS LICENSE NUMBER	94
95 CODE	HOLD DATE	96	97	98	99	100	101 MEAL SV CODE	102	103	104	105	106	107	108	109	110	

MISC.	111	112 FIRST CASE NUMBER	113 SECOND CASE NUMBER	114	115	116	117	118 MO. EARNED	SECTION XI DATA	119 FIRST BUDGET MO.	120 EARNED INCOME FIRST MONTH	121 EARNED INCOME SECOND MONTH	122 SECOND BUDGET MO.	123	124	125	126
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PA CASE	127 T.P.	128 B.P.	129 GRANT EFF. DATE	130 RSDI INCREASE			
131 T.R.	132 ACTION CODE	133 3 MO. I	134 3 MOS. PRIOR APP. DATE	135	136 4 MOS. POST	137 SAV.	138
139 SPECIAL REVIEW	140 CODE	141 PERIODIC REVIEW	142 HOLD CD	DATE			
143 F. ACT.	144	145	146	147	148		

179 ISS/CAN	180 TYPE	181 BENEFIT NUMBER	182 ISSUE DATE	183 BENEFIT MONTH	184 NET INCOME	185 BENEFIT AMOUNT	186 OTHER DATA	187 H.L. NO.

A.I. INST. DEDUCT.	149 CODE	150 FROM	151 THRU	152 AMOUNT				
RECOUP-MENT	153 OFF	154 START DATE	155 OVERPAYMENT AMOUNT	156 CASH PAID	157 SUSP.	158 MOS. W/1	159 BALANCE REMAINING	160 MOS. REMAIN

C	161 CERT.	162 VER.	163 NON.	164	165 MR	166	167 PROGRAM COMB. CODE	168	169	170	171	172	173	174	175	176	177	178	188 SIGNATURE	189 DATE SIGNED	190 EMP. NO.	191 TP ONLY
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