

## PARIS Interstate Output Record Format (Effective in December 2008)

Note: If the option/mandatory column is followed by one or more “+” or a “\*”, the bottom of this webpage provides for further explanation.

<u>Record Element Name</u>	<u>Element Position</u>	<u>Element Description/Definition</u>	<u>Optional Mandatory</u>	<u>Definition</u>
Client SSN	1-9	Client's Social Security Number	M	Self-explanatory
Client Surname	10-24	Client's Last Name	M	Self-explanatory
Client First Name	25-39	Client's First Name	M	Self-explanatory
Client Date of Birth	40-47	Client Date of Birth (CCYYMMDD)	M	Self-explanatory
filler	48	Blank	M	Self-explanatory
File Date	49-54	Match Run Month (CCYYMM)	M	Feb-May-Aug-Nov
State Name	55-56	Postal Abbreviation for the State	M	Self-explanatory

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State Optional Data	57-116	Data for the sending state's use, returned as sent.	O	
Client Locator Code	117-119	3 position location code that identifies Client Case File Residence (County/Local Office designator)	M	Self-explanatory
Case Number	120-129	Ten Position Case Number	M	Self-explanatory
Contact Supported: Phone	130	'Y' if contact by voice phone is supported for follow up purposes, else 'N'	M+	Type of contact to be used based on state requirement
Contact Supported: Fax	131	'Y' if contact by fax machine is supported for follow up purposes, else 'N'	M+	Type of contact to be used based on state requirement
Contact Supported: E-mail	132	'Y' if contact by e-mail is supported for follow up purposes, else 'N'	M+	Type of contact to be used based on state requirement

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Contact Person Phone Number	133-142	10 Digit Telephone Number of Contact Person for investigation purposes	M++	Central or county/region contact based on state requirement
Contact Person Phone Number Extension	143-147	up to 5 Digit Telephone Number extension of Contact Person for investigation purposes (if needed)	O++	Fill with SPACES if not needed
Contact Person Fax Number	148-157	Fax Number for Contact Person	M++	
Contact Person Email Address	158-197	Email Address of State Contact Person	M++	
SSN Verification Indicator	198	See bottom of this document for a list of SSA SVES Verification Indicator Codes	M	Whether the SSN has been verified by SSA
TANF Months Eligibility	199-200	Number of Countable Months Client has received TANF Benefits as an Adult	O	***

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Cash Last Paid Amount	201-204	Last Monthly Amount Paid Under a Cash Program (Drop Cents) such as TANF, General Assistance, State Admin SSI, etc	O	
FS Last Paid Amount	205-208	Last Monthly Amount Paid Under Food Stamps	O	
Last EBT Access Date	209-216	Last Date EBT Benefits Were Accessed (CCYYMMDD) Could be Any Assistance Program	O	
Fraud Indicator	217	'Y' = Fraudulent Receipt of TANF Benefits, within Last Ten Years, Due to Misrepresentation of Residence	O	Self-explanatory ***
Fugitive Felon Indicator	218	'Y' = Current Fugitive Felon	O	Self-explanatory ***
Probation and Parole Violation Indicator	219	'Y' = Current Probation or Parole Violation	O	Self-explanatory ***

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Drug Related Felon Indicator	220	'Y' = Drug Related Felon	O	Self-explanatory ***
Address (Line 1)	221-245	Client Address (street line 1)	M	Self-explanatory
Address (Line 2)	246-270	Client Address (street line 2, if needed)	M	Self-explanatory
Address (City)	271-285	Client Address	M	Self-explanatory
Address (State)	286-287	Client Address	M	Self-explanatory
Address (Zip Code)	288-296	Client Address	M	Self-explanatory
Gender	297	M = Male, F = Female, U = Unknown	M	Self-explanatory

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Marital Status	298	M = Married, S = Single, W = widow/widower, D = Divorced, L = Separated, U = Unavailable or Unknown	O	Self-explanatory
VA Match Request Code	299	Y = Perform VA Match, N = No VA Match	M +++	Self-explanatory
State Match Request Code	300	Y = Perform Interstate Match, N = No State Match	M +++	
FED Match Request Code	301	Y = Perform Federal Data Match, N = No Fed Match	M +++	
Filler	302-315	All Blanks (for future use)	M	
TANF Indicator	316	'Y' = Client Receives TANF Assistance or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
General Assistance Indicator	317	'Y' = Client Receives GA or their Assets Count	O	At least one of these must be 'Y' otherwise the

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				individual should not be on the file.
Food Stamp Indicator	318	'Y' = Client Receives FS or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
SSI Indicator	319	'Y' = Client Receives SSI or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Medicaid Indicator	320	'Y' = Client on Medicaid or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Child Care Indicator	321	'C' = Record is for Child Receiving Child Assistance 'P' = Record is for Parent Receiving Child Care Assistance 'R' = Record is for a Child Care Provider	O	
Worker's	322	'Y' = Client Receives	O	At least one of

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Comp Indicator		Worker's Compensation		these must be 'Y' otherwise the individual should not be on the file.
Filler	323-329	All Blanks (for future use)	M	
TANF Elig. Start Date	330-337	TANF Client Eligibility Start Date (CCYYMMDD)	O *	
TANF Elig. End Date	338-345	TANF Client Eligibility End Date (CCYYMMDD)	O **	
Medicaid Elig. Start Date	346-353	Medicaid Client Eligibility Start Date (CCYYMMDD)	O *	
Medicaid Elig. End Date	354-361	Medicaid Client Eligibility End Date (CCYYMMDD)	O **	
Food Stamps Eligibility Start Date	362-369	Food Stamps Client Eligibility Start Date (CCYYMMDD)	O *	

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Food Stamps Eligibility End Date	370-377	Food Stamps Client Eligibility End Date (CCYYMMDD)	O **	
Gen. Assist. Eligibility Start Date	378-385	GA Client Eligibility Start Date (CCYYMMDD)	O *	
Gen. Assist. Eligibility End Date	386-393	GA Client Eligibility End Date (CCYYMMDD)	O **	
SSI Elig. Start Date	394-401	SSI Client Eligibility Start Date (CCYYMMDD)	O *	
SSI Elig. End Date	402-409	SSI Client Eligibility End Date (CCYYMMDD)	O **	
Child Care Elig Start Date	410-417	Child Care Eligibility Start Date (CCYYMMDD)	O *	
Child Care Elig End Date	418-425	Child Care Eligibility End Date (CCYYMMDD)	O **	

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Worker's Comp Elig Start Date	426-433	Worker's Comp Eligibility Start Date (CCYYMMDD)	O *	
Worker's Comp Elig End Date	434-441	Worker's Comp Eligibility End Date (CCYYMMDD)	O **	
Worker's Comp Pay Amount	442-445	Worker's Comp Payment Amount (holds up to 9999)	O	
MA Contact Person Information	446-495	Used if MA is processed by a different State Agency than the one that processes FS & TANF (phone ('ph:'), Fax ('fx:') and / or email address ('em:'))	O	Freeform as fits
Filler	496-510	All blanks (for future use)	M	

\* Enter the start date of the current eligibility period. At least one start date must be present.

\*\* Enter the most recent date benefits were shown to have been terminated on your system. Leave blank only if data is not available.

\*\*\* Complete if information is available on your system.

+ At least one of the three contact types must be supported, more than one is acceptable

++ At least one of the three must be provided and it must agree with the contact type(s) supported

+++ At least one match type must be requested or the record will be dropped

List of SSA SVES Verification Indicator Codes (Element Position 198):

**Note: States are requested to only submit verified SSNs; the preferred entry for verified SSNs is "V". Depending on the State's programming capabilities, the following options may be utilized:**

- . or blank = record failed initial edits and did not make it into verification process
- V = verified (preferred)
- X = verified but NUMIDENT indicates individual deceased
- 1 = SSN not on file
- 3 = surname matched but DOB did not match NUMIDENT
- 5 = surname does not match; DOB was checked
- F = verified but surname ignored
- M = verified via MBR or SSR (overlay of '1')
- P = verified via MBR or SSR (overlay of '3')
- R = SSN verified via MBR or SSR rather than NUMIDENT (overlay of '5')
- Z = verification code when state submitted CAN instead of SSN; CAN OK, SSN not verified
- \* = SSN not verified