Appendix 1 - TRAC Reference Codes

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Code Type and Database Table Associations

The following table lists all the TRAC Application code types and identifies its reference location in the TRAC database.

CODE TYPE	*PHYSICAL DESIGNATION IN DATABASE	TRAC REFERENCE TABLE
Aid Code	AID	SIS_CODES
County Code		SIS_CTY_INFO
Country Code		Provided directly from SCI
Diversion Reason Code	DIVRSN	SIS_CODES
Diversion Condition Code	DIVCOND	SIS_CODES
Error Message Code		SIS_ERROR_MSG
Exception Processing Reason		EXCPT_PROCESS_RSN
Gender Code		Provided directly from SCI
Participant Type Code	PARTTYPE	SIS_CODES
Program Discontinuance Reason Code	PGMDSRSN	SIS_CODES
Program Exception Code	PGMEXCPT	SIS_CODES
Program Exception Reason Type Code		SIS_PGMEX_RSN_TYPE
Program Participation System Code	PGMPTSYS	SIS_CODES
Program Participation Type Code		SIS_PGMPT_TYPE
Program Participation Type Code 10/01/99		SIS_PGMPT_TYPE
Program Type Code		SIS_PGM_TYPE
Program Status Type Code	PGMSTS	SIS_CODES
Screen Help Message Code		SIS_SCREEN_HP_TYPE
State Code		SIS_STATE_CD
Tribal TANF Code		SIS_STATE_CD
Supportive Services Program Code	SUPSRV	SIS_CODES
Transaction Navigation		SIS_TRX_NAVIGATION

Note: For code types that share the same physical table within the database, the code type is identified by a unique code type name within the database to properly delineate the values between different code types.

Aid Code

Business Description
A unique code that defines an individual's category of aid and the rules associated with the aid.

Business Need
Used to identify the type of assistance program an individual is receiving and to provide claim information to county and state fiscal staff.

Standard Values

AID CODE	SHORT NAME	HELP TEXT
01	RCA	Refugee Cash Assistance No SOC
02	RMA/EMA	Refugee Medical Assistance/Entrant Medical Assistance, Cuban/Haitian 1st 18 Months SOC Y/N
03	AAP/Federal	Adoption Assistance Program Federal No SOC
04	AAP/Non-Federal	Adoption Assistance Program Non-Federal No SOC
05	SED	Aid to the Severely Emotionally Disturbed No Medi-Cal Issued
06	FS	Food Stamps
08	ECA	Entrant Cash Assistance Cuban/Haitian No SOC
09	N/A FS	Non-Public Assistance Food Stamps or Mixed HH Food Stamps
0A	RCA Exempt	Refugee Cash Assistance, Exempt from Grant Reduction No SOC
10	Aged - SSI/SSP Cash	Aid to the Aged - SSI No SOC
11	Aged - (SO)	Aged (Services Only)
12	Aged - (SC)	Aged (Special Circumstances)
13	Aged - LTC	Aid to the Aged - Long Term Care SOC Y/N
14	Aged - MN	Aid to the Aged - Medically Needy No SOC
16	Aged - Pickle Eligible	Aid to the Aged - Pickle Eligible's - Aged No SOC
17	Aged - MN - SOC	Aid to the Aged - Medically Needy SOC
18	Aged - IHSS	Aid to the Aged - In Home Supportive Services No SOC
1A	Aged - CAPI - Qual Aliens	Qualified Aliens/Non-Citizens Lawfully Residing in US Prior to 08/22/96 Who Meet Federal Definition of Qualified Alien Ages 65 or Older No SOC
1D	Aged - SSI/SSP Reduction	Aged - SSI/SSP Reduction
1J	CAPI - Non Qual Aliens - LTC	Non-Qualified Aliens/Non-Citizens Who Entered US Prior to 08/22/96 Who Meet Previous SSI/SSP PRUCOL Requirements but not Federal Definition of Qualified Alien Long Term Care SOC
1M	Aged - CAPI - Qual Aliens-SOC	Qualified Aliens/Non-Citizens Lawfully Residing in US Prior to 08/22/96 Who Meet Federal Definition of Qualified Alien Ages 65 or Older SOC
1N	Aged - CAPI - Qual Aliens-LTC	Qualified Aliens/Non-Citizens Lawfully Residing in US Prior to 08/22/96 Who Meet Federal Definition of Qualified Alien Ages 65 or Older Long Term Care SOC
1T	CAPI - Sponsored Aliens - LTC	Sponsored Aliens/Sponsored Legal Immigrants Who Enter US on or After 08/22/96 and Sponsor is Deceased or Disabled or

AID CODE	SHORT NAME	HELP TEXT
		Immigrant is a Victim of Abuse by Either Sponsor or Sponsor's Spouse Long Term Care
20	Blind - SSI/SSP Cash	Aid to the Blind - SSI No SOC
21	Blind (SO)	Blind (Services Only)
22	Blind (SC)	Blind (Special Circumstances)
23	Blind - LTC	Aid to the Blind - Long Term Care SOC Y/N
24	Blind - MN	Aid to the Blind - Medically Needy No SOC
26	Blind - Pickle Eligible	Aid to the Blind - Pickle Eligible's No SOC
27	Blind - MN SOC	Aid to the Blind - Medically Needy SOC
28	Blind - IHSS	Aid to the Blind - In Home Supportive Services No SOC
2A	Blind - SSI/SSP Reduction	SSI/SSP Reduction Beneficiary - Blind No SOC
2D	Blind - SSI/SSP Reduction	Blind - SSI/SSP Reduction
30	Cash Grant All Families FFP	Cash Grant - All Families Do Not Meet the Two-Parent Definition Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) - Federal Eligibility No SOC
31	Cash Grant - FG - SO	Cash Grant - Family Group - Services Only
32	Cash Grant All Families - State Only	Cash Grant Aid to All Families - State Only Eligible(Linked Medi-Cal) No SOC
33	Cash Grant - Zero Parent FFP	Cash Grant – Zero-Parent Cases(Linked Medi-Cal) - Federal Eligibility No SOC
34	Cash Grant - MN	Cash Grant - Medically Needy No SOC
35	Cash Grant Two-Parent Non FFP	CalWORKs Two-Parent Families State Only (Linked Medi-Cal) No SOC
36	Disabled - COBRA Widow/ers	Cash Grant - Medically Needy 20% Social Security Disregard (COBRA/DIS/Widow/ers) No SOC
37	Cash Grant - MN SOC	Cash Grant - Medically Needy SOC
38	Edwards vs. Kizer	Edwards vs. Kizer Continuing Medi-Cal Eligibility No SOC
39	TMC (6 Months)	Transitional Medi-Cal - Initial 6 Month Extension (Aid Code 39 goes to Aid Code 59) No SOC
3A	CAAP - Cash Grant - FG	California Alternative Assistance Program - Child Care and Medi-Cal Assistance No Cash Grant Family Group No SOC
3C	CAAP - Cash Grant - UP	California Alternative Assistance Program - Child Care and Medi-Cal Assistance No Cash Grant Unemployed Parent No SOC
3D	Family - SSI/SSP Reduction	SSI/SSP Reduction - Family No SOC
3E	CalWORKs Lgl Immi All Families	CalWORKs - Legal Immigrant All Families - Mixed Federal/Non-Federal AU
3F	Family - SSI/SSP Reduction	SSI/SSP Reduction - Beneficiary Family SOC
3G	CalWORKs Zero Parent State	CalWORKs –Legal Immigrant - Zero Parent Case - State Only Exempt from Grant Reduction No SOC
3H	CalWORKs Zero Parent State	CalWORKs – Legal Immigrant - Zero Parent Case - Mixed Federal/Non-Federal AU - No SOC
3J	Diversion All Families - FFP	Diversion - CalWORKs All Families - Federal Eligibility
3K	Diversion Two-Parent - FFP	Diversion - CalWORKs Two-Parent Families - Federal Eligibility
3L	CalWORKs - Lgl Immi- -State	CalWORKs - Legal Immigrant All Families - State Only
3M	CalWORKs - Lgl Immi- -State	CalWORKs - Legal Immigrant Two Parent Families - State Only

AID CODE	SHORT NAME	HELP TEXT
3N	Cash Grant - MN - 1931(B)	Non-CalWORKs Meets Section 1931 Requirements - Full Scope Benefits (Aid Code 3N will not go to Aid Code 38) No SOC
3P	Cash Grant - All Families FG	CalWORKs - All Families Do Not Meet the Two-Parent Definition Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) Exempt from Grant Reduction - Federal Eligibility No SOC
3R	CalWORKs - FG - Exempt	CalWORKs Zero Parent Cases (Linked Medi-Cal) Exempt from Grant Reduction Federal Eligibility No SOC
3T	Initial TMC - ESO	Initial Transitional Medi-Cal - (Initial 6 Months) (Aid Code 3T can go to Aid Code 5T)
3U	CalWORKs Lgl Immi Two Parent	CalWORKs - Legal Immigrant Two Parent Families - Mixed Federal/Non-Federal AU
3V	Cash Grant - MN - 1931(B)	Non-CalWORKs but Meets Section 1931 Requirements - Emergency Services Only (Aid Code 3V may go to Aid Code 3T or 3W)
3W	Four Month Continuing	Four Month Continuing - Emergency Services Only
3X	Diversion All Families - State	Diversion - CalWORKs All Families - State Only Includes Legal Immigrants
3Y	Diversion Two-Parent - State	Diversion - CalWORKs Two-Parent Families - State Only Includes Legal Immigrants
40	Cash Grant FC Non-Fed	Cash Grant Foster Care Placement Non-Federal No SOC
41	Cash Grant FC - SO	Cash Grant Foster Care Placement - Services Only
42	Cash Grant FC Fed	Cash Grant Foster Care Placement Federal No SOC
44	200% - Pregnant Citizen	Income Disregard/Property Waiver - 200% Restricted Benefits - for Pregnant/Post-Partum Citizens/Lawful Permanent Resident/PRUCOL, Conditional Status No SOC
45	FC	Child Supported in Whole or Part by Public Funds Other Than Foster Care No SOC
47	200% - Infant Citizen	Income Disregard/Property Waiver - 200% Full Scope - Infants Up to 1 Yr. Old Citizen/Lawful Permanent Resident/PRUCOL/Conditional Resident No SOC
48	200% - Pregnant OBRA	Income Disregard/Property Waiver - 200% Restricted Benefits - for Pregnant/Post-Partum, Undocumented Status/Temporary VISA (OBRA 86) No SOC
4C	Vol FC/Fed	Voluntary Foster Care Placement - Federal No SOC
4D	ADAM	Artificial Aid Code Allows DSB to Bill DSS for Costs Associated with IEVS
4E	200% Preg Prog - NE/NI	200% Pregnancy Program New Entrant, Non-Immigrant
4G	FC - NE/NI	Foster Care - New Entrant, Non-Immigrant
4H	FC Undoc	Foster Care - Undocumented
4K	EA/FC Probation	Foster Care Emergency Assistance - Probation No SOC
4V	200% Infant (Income Disregard)	200% Infant (Income Disregard) New Entrant, Non-Immigrant
50	CMSP OBRA	(CMSP-MI-Restricted) Individual with Undetermined Immigrant Status SOC Y/N
51	IRCA Amnesty Alien	IRCA/OBRA Amnesty Aged, Blind, Disabled or Less Than 18 Years

AID CODE	SHORT NAME	HELP TEXT
53	MI - LTC	Medically Indigent - Adult in LTC, Age 21 Through 64, Residing in SNF or ICF SOC Y/N
54	Four Month Continuing	Four Month Extension Due to Child/Alimony Collection No SOC
55	IRCA/OBRA PRUCOL LTC	Undocumented Aliens LTC PRUCOL Denied No SOC
58	OBRA Alien	OBRA Emergency or Pregnancy Restricted Medi-Cal SOC Y/N
59	Continuing TMC (6 month)	Transitional Medi-Cal - 6 Month Extension Following Aid Code 39 (Aid Code 59 goes to 5X for Ages 19 and Above, Aid Code 44 can be a Companion to 5X) No SOC
5D	Formerly PRUCOL SSI/SSP Aliens	New Entrant - Emergency Services Only No SOC
5E	NE - SOC	New Entrant - Emergency Services Only SOC
5F	OBRA Alien - Preg Woman	OBRA Aliens Undocumented Alien Restricted Benefits Pregnancy Related & Emergency Services SOC Y/N
5G	NI - Undoc Aliens - OBRA	Non-Immigrant - Undocumented Aliens OBRA Formerly Medi-Cal 58's
5H	DP OBRA Pregnant	Dialysis Program - OBRA Pregnant - Poverty Level Programs (Formerly Medi-Cal 48's)
5K	EA/FC CWS	Foster Care Emergency Assistance - Child Welfare Services No SOC
5M	OBRA Kids	OBRA Kids - Poverty Level Formally 7C's
5N	OBRA NI/Undoc Preg Woman	OBRA Non-Immigrant/Undocumented Pregnant Woman Formally Medi-Cal 51's
5P	Not Qualified-NI(No SOC) - ESO	Not Qualified - Non-Immigrant Emergency Services Only No SOC
5R	Wedfare	Wedfare
5T	Continuing TMC - ESO	Continuing Transitional Medi-Cal - Emergency Services Only (Additional TMC - Restricted) can go to Aid Code 5Y (Second Year TMC - Restricted) 54 can be a Companion to Aid Code 48 (200% Pregnant OBRA)
5W	Four Month Continuing + ESO	Four Month Continuing - Pregnancy + Emergency Services Only
5X	Not Qualified - NI (SOC) - ESO	Not Qualified - Non-Immigrant Emergency Services Only (Aid Code 5X will be Active 12/98, Other TMC Aid Codes will go in 03/01/99) SOC
5Y	2nd Year TMC - ESO	Second Year Transitional Medi-Cal (1 Year) Age 19 and Older - Emergency Services Only
60	Disabled SSI/SSP - Cash	Aid to the Disabled - SSI/SSP No SOC
61	Disabled (SO)	Aid to the Disabled - Services Only
62	Disabled (SC)	Aid to the Disabled - Special Circumstances
63	Disabled (LTC)	Aid to the Disabled - LTC SOC Y/N
64	Disabled - MN	Aid to the Disabled - Medically Needy No SOC
65	Disabled - SGA - (IHSS)	Aid to the Disabled - Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy SOC Y/N
66	Disabled Pickle Eligible	Aid to the Disabled - Pickle Eligible's No SOC
67	Disabled - MN SOC	Aid to the Disabled - Medically Needy SOC
68	Disabled - IHSS	Aid to the Disabled - In Home Supportive Services Under 65 Years No SOC

AID CODE	SHORT NAME	HELP TEXT
69	200% - Infant OBRA	Income Disregard/Property Waiver - Infants Up to One Year - OBRA Restricted No SOC
6A	DAC - Blind	Disabled Adult Children (DAC) - Blindness No SOC
6C	DAC - Disabled	Disabled Adult Children (DAC) - Disabled No SOC
6D	Disabled - SSI/SSP Reduction	SSI/SSP Reduction Beneficiary Disabled SOC
6I	CAPI - Non Qual Aliens - SOC	Non-Qualified Aliens/Non-Citizens Who Entered US Prior to 08/22/96 and Meet Previous SSI/SSP PRUCOL Requirements but not Federal Definition of Qualified Alien SOC
6K	CAPI - Non Qual Aliens-No SOC	Non-Qualified Aliens/Non-Citizens Who Entered US Prior to 08/22/96 and Meet Previous SSI/SSP PRUCOL Requirements but not Federal Definition of Qualified Alien No SOC
6M	CAPI-Sponsored Aliens-No SOC	Sponsored Aliens/Sponsored Legal Immigrants Who Enter US on or After 08/22/96 and Sponsor is Deceased or Disabled or Immigrant is a Victim of Abuse by Either Sponsor or Sponsor's Spouse No SOC
6N	Former SSI/SSP Appeals Stat	Former SSI/SSP No Longer Disabled and in SSI Appeals Status
6P	PRWORA No Longer Dis Child	Personal Responsibility and Work Opportunity Reconciliation Act - No Longer Disabled Children
6R	Grandfathered SSI Dis Child	Grandfathered SSI Disabled Children in SSI Appeals Status
6T	CAPI-Sponsored Aliens-SOC	Sponsored Aliens/Sponsored Legal Immigrants Who Enter US on or After 08/22/96 and Sponsor is Deceased or Disabled or Immigrant is a Victim of Abuse by Either Sponsor or Sponsor's Spouse SOC
6V	Model/DDS Regional Waivers	Model/DDS Regional Waivers No SOC
6W	Model/DDS Regional Waivers	Model/DDS Regional Waivers SOC
6X	Model Waiver	Model Waiver No SOC
6Y	Model Waiver	Model Waiver SOC
71	DP/DSP	Dialysis Only Program SOC Y/N
72	133% Prog Citizen Child	133% Program - Child 1-6 Years Citizen/Lawful Permanent Resident/PRUCOL/Conditional Resident Non-OBRA No SOC
73	TPN	Total Parental Nutrition Only Program/Medi-Cal TPN Supplemental Program SOC Y/N
74	133% Prog-Undoc (1-6 Yrs) OBRA	133% Program - Child 1-6 Years OBRA Restricted to Emergency Services No SOC
76	60 Day Postpartum	60 Day Postpartum Restricted No SOC
7A	100% - Citizen Child	100% Program - Child 6-19 Years Citizen/Lawful Permanent Resident/PRUCOL/Conditional Entrant No SOC
7C	100% - OBRA Child	100% Program - Child 6-19 Years - Undocumented Non-Immigrant/OBRA Restricted No SOC
7E	100% - NE/NI	100% - New Entrant, Non-Immigrant
7F	PE - Preg Verif Only	Presumptive Eligibility - Pregnancy Verification Restricted No SOC
7G	PE - Ambulatory Prenatal	Presumptive Eligibility - Ambulatory Prenatal Care Restricted No SOC
7H	Tuberculosis	Tuberculosis - Out-Patient Services Only No SOC
7M	MC (12 - 21) - 7R+	Minor Consent - Restricted STD, Drug/Alcohol Abuse, Pregnancy, Family Planning, Sexual Assault Services
7N	MC (Under 21) All Preg Related	Minor Consent - Income Disregard 200% Program Restricted Family Planning, Pregnancy, Post Partum Services No SOC

AID CODE	SHORT NAME	HELP TEXT
7P	MC (12 - 21) - 7M+	Minor Consent - Restricted STD, Drug/Alcohol Abuse, Pregnancy, Family Planning, Sexual Assault Services, Out Patient Mental Health Treatment
7R	MC (Under 12) – Fam Plng, SA	Minor Consent - Restricted Pregnancy, Family Planning, Sexual Assault
7V	133% - NE/NI	133% - New Entrant, Non-Immigrant
7X	HF Bridge (FFP)	One Month Healthy Families Bridge No SOC to Medi-Cal Eligible Children
80	QMB	Qualified MediCare Beneficiary No SOC
81	MI – APP	Medically Indigent - Aid Paid Pending Appeal No SOC
82	MI – C	Medically Indigent - Child Under 21 No SOC
83	MI - C SOC	Medically Indigent - Child Under 21 SOC
84	MI – A	CMSP Medically Indigent - Adult Age 21 and Under 65 Years No SOC
85	MI - A SOC	CMSP Medically Indigent - Adult Age 21 and Under 65 Years SOC
86	MI – CP	Medically Indigent - Confirmed Pregnancy 21 Years or Older No SOC
87	MI - CP SOC	Medically Indigent - Confirmed Pregnancy 21 Years or Older SOC
88	MI - A Dis Pending	CMSP Medically Indigent - Adult Age 21 Years or Older Disability Pending No SOC
89	MI - A Dis Pending SOC	CMSP Medically Indigent - Adult Age 21 Years or Older Disability Pending SOC
8A	QDWI	Qualified Disabled Working Individual Provides MediCare Part A Premium Payments No Medi-Cal Issued
8C	SLMB	Specified Low-Income MediCare Beneficiary Provides MediCare Part B Premium Payments No Medi-Cal Issued
8D	SLMB 135%	Specified Low-Income MediCare Beneficiary 135%
8E	SLMB 175%	Specified Low-Income MediCare Beneficiary 175%
8F	CMSP Companion A/C	County Medical Services Program Companion Aid Code to 52 & 53. Entitles Client to Full Scope CMSP Coverage for Service Not Covered by Medi-Cal SOC Y/N
8G	SIWI	Severely Impaired Working Individuals
8H	Family PACT	Family PACT
8K	Q12 - 175%	175% - Age 14-19 - Citizen
8M	100% - Age 14-19 – NE/NI	100% - Age 14-19 - New Entrant, Non-Immigrant
8N	133% Excess Prop Child - ESO	133% Excess Property Child - Emergency Services Only
8P	133% Excess Prop Child	133% Excess Property Child
8R	100% Excess Prop Child	100% Excess Property Child
8T	100% Excess Prop Child - Preg	100% Excess Property Child - Pregnancy + Emergency Services Only
90	GA/GR	General Assistance, General Relief
91	GA/GR	General Assistance, General Relief
92	GA/GR	General Assistance, General Relief
93	GA/GR	General Assistance, General Relief
94	GA/GR	General Assistance, General Relief
95	GA/GR	General Assistance, General Relief

AID CODE	SHORT NAME	HELP TEXT
96	GA/GR	General Assistance, General Relief
97	GA/GR	General Assistance, General Relief
98	GA/GR	General Assistance, General Relief
99	GA/GR	General Assistance, General Relief
9A	BCEDP	Breast Cancer Early Detection Program
9C	EAPC	Expanded Access to Primary Care Program
9E	Limits IEVS Match to EDD	Limits Income Employment Verification System Match to Employment Development Department
9F	Limits IEVS Match to FTB	Limits Income Employment Verification System Match to Franchise Tax Board
9G	GA/GR	General Assistance, General Relief
9H	HF	Healthy Families
9S	Limits IEVS Match to SSA	Limits Income Employment Verification System Match to Social Security Administration
9X	FC Ineligible (County Funds)	Foster Care Ineligible County-Only Funds
IE	Ineligible	Ineligible
RR	Responsible Relative	Responsible Relative
R1	TCVAP CalWORKs	Aid to non-citizen trafficking victim ineligible for federal benefits
1V	RCA TCVAP	Aid to non-citizen adult victims of trafficking, domestic violence or serious crime

Comments
The TRAC Application screens utilize this code type as follows:

PSUM, UDIV
Aid Code displays under column labeled AID CD.

DSUM
Aid Code displays under column labeled AID CODE

ESUM
Aid Code displays under column labeled AID

PDET
Aid Code displays next to row labeled AID CODE and COUNTY ID

DDET
Aid Code displays next to row labeled DIVERSION AID CODE

County Code

Business Description
A unique number assigned to each county within a state.

Business Need
The county codes below are the unique number assigned to each county within the state of California. This information is necessary to identify the county in which an individual is known to a welfare agency.

For a detailed explanation of Earliest Data Date and all the flags and indicators associated with each particular county in the TRAC database, please refer to the ***TRAC Data Dictionary***.

Standard Values

COUNTY CODE	COUNTY NAME	EARLIEST DATA DATE	COUNTY CONVERTED FLAG	CONCUR RENT EXCEPTION FLAG	CIN COUNTY FLAG	CONV OPTION INDIC	UNCP FLAG	UDIV FLAG	UCSR FLAG	USSO FLAG	CASE FBU REQ FLAG	PRSN NUM REQ FLAG	AID CD REQ FLAG
01	Alameda	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
02	Alpine	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
03	Amador	8/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
04	Butte	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
05	Calaveras	2/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
06	Colusa	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
07	Contra Costa	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
08	Del Norte	1/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
09	El Dorado	8/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
10	Fresno	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
11	Glenn	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
12	Humboldt	1/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
13	Imperial	7/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
14	Inyo	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
15	Kern	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
16	Kings	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
17	Lake	1/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
18	Lassen	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
19	Los Angeles	12/1/96	Y	N	Y	2	Y	Y	Y	Y	N	N	N
20	Madera	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
21	Marin	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
22	Mariposa	2/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
23	Mendocino	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
24	Merced	1/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
25	Modoc	2/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
26	Mono	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
27	Monterey	7/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
28	Napa	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N

COUNTY CODE	COUNTY NAME	EARLIEST DATA DATE	COUNTY CONVERTED FLAG	CONCURRENT EXCEPTION FLAG	CIN COUNTY FLAG	CONV OPTION INDIC	UNCP FLAG	UDIV FLAG	UCSR FLAG	USSO FLAG	CASE FBU REQ FLAG	PRSN NUM REQ FLAG	AID CD REQ FLAG
29	Nevada	1/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
30	Orange	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
31	Placer	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
32	Plumas	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
33	Riverside	1/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
34	Sacramento	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
35	San Benito	7/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
36	San Bernardino	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
37	San Diego	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
38	San Francisco	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
39	San Joaquin	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
40	San Luis Obispo	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
41	San Mateo	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
42	Santa Barbara	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
43	Santa Clara	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
44	Santa Cruz	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
45	Shasta	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
46	Sierra	11/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
47	Siskiyou	2/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
48	Solano	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
49	Sonoma	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
50	Stanislaus	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
51	Sutter	2/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
52	Tehama	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
53	Trinity	2/1/98	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
54	Tulare	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
55	Tuolumne	2/1/97	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
56	Ventura	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
57	Yolo	12/1/96	Y	Y	Y	2	Y	Y	Y	Y	N	N	N
58	Yuba	12/1/96	Y	Y	Y	3	Y	Y	Y	Y	N	N	N
87	Test County	N/A	N	N	N	1	Y	Y	Y	Y	N	N	N
97	SCI	N/A	N	N	Y	1	N	N	Y	N	N	N	N
98	MEDS	N/A	N	N	Y	1	N	N	Y	N	N	N	N
99	Statewide	N/A	N	N	N	1	N	N	Y	N	N	N	N

Comments
The TRAC Application screens utilize this code type as follows:

PSUM
County code displays in the column labeled COUNTY

ESUM
County code displays in the column labeled CTY

ISUM, KSUM, DSUM, UNCP, UCSR, USSO
County code displays in the column labeled COUNTY #

UDIV
County code displays in the column labeled CTY #

IDET
County Code displays next to row labeled LAST COUNTY OF RECORD

DDET, EDET
County code displays in the row labeled COUNTY #

WSUM
County code displays in the column labeled CNTY#

KSUM
County Name displays in the column labeled COUNTY NAME

KSUM
The County Converted Flag displays in column CONVERTED

PSUM
The County Converted Flag displays in column labeled CNVRTD

TSUM
The County Converted Flag displays in the row labeled MONTHS USED INCLUDES NON-CONVERTED DATA

TCAL
The County Converted Flag displays in the row labeled TANF 60-MONTHS USED INCLUDES NON-CONVERTED DATA

KCAL
The County Converted Flag displays in the row labeled CALWORKS 48-MONTHS USED INCLUDES NON-CONVERTED DATA

Country Code

Business Description
A code indicating a geographical area in the world. This code is used in relationship to an individual to indicate two facts:

1. Where the person was born.
2. Where the person most recently held citizenship before migrating to the US.

Business Need
This information is used to identify multiple facts about an individual:

1. The country in which the individual was born.
2. The country in which the individual holds citizenship.
3. The country from which the individual migrated to the U.S. This is also called the Individual INS Country.

The country code is provided directly from SCI.

Standard Values

COUNTRY CODE	COUNTRY NAME
AA	Aruba
AC	Antigua & Barbuda
AF	Afghanistan
AG	Algeria
AJ	Azerbaijan
AL	Albania
AM	Armenia
AN	Andorra
AO	Angola
AQ	American Samoa
AR	Argentina
AS	Australia
AT	Ashmore & Cartier Islands
AU	Austria
AV	Anguilla
AY	Antarctica
BA	Bahrain
BB	Barbados
BC	Botswana
BD	Bermuda
BE	Belgium
BF	Bahamas, The
BG	Bangladesh
BH	Belize
BK	Bosnia & Herzegovnia
BL	Bolivia

COUNTRY CODE	COUNTRY NAME
BM	Burma
BN	Benin
BO	Belarus
BP	Solomon Islands
BQ	Navassa Island
BR	Brazil
BS	Bassas Da India
BT	Bhutan
BU	Bulgaria
BV	Bouvet Island
BX	Brunei
BY	Burundi
CA	Canada
CB	Cambodia
CD	Chad
CE	Sri Lanka
CF	Congo
CG	Zaire
CH	China
CI	Chile
CJ	Cayman Islands
CK	Cocos (Keeling) Island
CM	Cameroon
CN	Comoros
CO	Columbia and Northern Mariana
CR	Coral Sea Islands
CS	Costa Rica
CT	Central African Republic
CU	Cuba
CV	Cape Verde
CW	Cook Islands
CY	Cyprus
CZ	Czech Republic
DA	Denmark
DJ	Djibouti
DO	Dominica
DQ	Jarvis Island
DR	Dominican Republic
EC	Ecuador
EG	Egypt
EI	Ireland
EK	Equatorial Guinea
EN	Estonia
ER	Eritrea
ES	El Salvador
ET	Ethiopia
EU	Europa Island
FG	French Guinea

COUNTRY CODE	COUNTRY NAME
FI	Finland
FJ	Fiji
FK	Falkland Islands
FM	Fed. States of Micronesia
FO	Faroe Islands
FP	French Polynesia
FQ	Baker Island
FR	France
FS	French So. & Antarctic Islands
GA	Gambia, The
GB	Gabon
GG	Georgia
GH	Ghana
GI	Gibraltar
GJ	Grenada
GK	Guernsey
GL	Greenland
GM	Germany
GO	Glorioso Islands
GP	Guadeloupe
GQ	Guam
GR	Greece
GT	Guatemala
GV	Guinea
GY	Guyana
GZ	Gaza Strip
HA	Haiti
HK	Hong Kong
HM	Heard & McDonald Islands
HO	Honduras
HQ	Howland Island
HR	Croatia
HU	Hungary
IC	Iceland
ID	Indonesia
IM	Man. Isle of
IN	India
IO	Br. Indian Ocean Territory
IP	Clipperton Island
IR	Iran
IS	Israel
IT	Italy
IV	Cote D Ivoire/Ivory Coast
IZ	Iraq
JA	Japan
JE	Jersey
JM	Jamaica
JN	Jan Mayen

COUNTRY CODE	COUNTRY NAME
JO	Jordan
JQ	Johnston Atoll
JU	Juan de Nova Island
KE	Kenya
KN	Korea, North
KO	Kyrgyzstan
KQ	Kingman Reef
KR	Kiribati
KS	Korea, South
KT	Christmas Island
KU	Kuwait
KZ	Kazakhstan
LA	Laos
LE	Lebanon
LG	Latvia
LH	Lithuania
LI	Liberia
LO	Slovakia
LQ	Palmyra Atoll
LS	Liechtenstein
LT	Lesotho
LU	Luxembourg
LY	Libya
MA	Madagascar
MB	Martinique
MC	Macau
MD	Moldova
MF	Mayotte
MG	Mongolia
MH	Montserrat
MI	Malawi
MK	Macedonia
ML	Mali
MN	Monaco
MO	Morocco
MP	Mauritius
MQ	Midway Islands
MR	Mauritania
MT	Malta
MU	Oman
MV	Maldives
MW	Montenegro
MX	Mexico
MY	Malaysia
MZ	Mozambique
NC	New Caledonia
NE	Niue
NF	Norfolk Island

COUNTRY CODE	COUNTRY NAME
NG	Niger
NH	Vanuatu
NI	Nigeria
NL	Netherlands
NO	Norway
NP	Nepal
NR	Nauru
NS	Suriname (Surinam)
NT	Netherlands Antilles
NU	Nicaragua
NZ	New Zealand
PA	Paraguay
PC	Pitcairn Islands
PE	Peru
PF	Paracel Islands
PG	Spratly Islands
PK	Pakistan
PL	Poland
PM	Panama
PO	Portugal
PP	Papua New Guinea
PS	Trust Terr. of the Pacific
PU	Guinea - Bissau
QA	Qatar
RE	Reunion
RM	Marshall Islands
RO	Romania
RP	Philippines
RQ	Puerto Rico
RS	Russia
RW	Rwanda
SA	Saudi Arabia
SB	St. Pierre & Miquelon
SC	St. Kitts & Nevis
SE	Seychelles
SF	South Africa
SG	Senegal
SH	St. Helena
SI	Slovenia
SL	Sierra Leone
SM	San Marino
SN	Singapore
SO	Somalia
SP	Spain
SR	Serbia
ST	St. Lucia
SU	Sudan
SV	Svalbard

COUNTRY CODE	COUNTRY NAME
SW	Sweden
SX	So. Georgia & So. Sandwich I.
SY	Syria
SZ	Switzerland
TC	United Arab Emirates
TD	Trinidad & Tobago
TE	Tromelin Island
TH	Thailand
TI	Tajikistan
TK	Turks & Caicos Islands
TL	Tokelau
TN	Tonga
TO	Togo
TP	Sao Tome & Principe
TS	Tunisia
TU	Turkey
TV	Tuvalu
TW	Taiwan
TX	Turkmenistan
TZ	Tanzania
UG	Uganda
UK	United Kingdom
UP	Ukraine
US	United States
UV	Burkina
UY	Uruguay
UZ	Uzbekistan
VC	St. Vincent & Grenadines
VE	Venezuela
VI	British Virgin Islands
VM	Vietnam
VQ	Virgin Islands
VT	Vatican City
WA	Namibia
WE	West Bank
WF	Wallis & Futuna
WI	Western Sajara
WQ	Wake Island
WS	Western Samoa
WZ	Swaziland
YE	Yemen
YO	Yugoslavia
ZA	Zambia
ZI	Zimbabwe
ZZ	Unknown

Comments

IDET
Country Code displays next to row labeled, BIRTH COUNTRY

Diversion Reason Code

Business Description
Code indicating the reason for the diversion payment.

Business Need
The information is stored in the system if the county sends the code. It is no longer required to calculate timeclocks.

Standard Values

DIVERSION REASON CODE	SHORT NAME	HELP TEXT
001	Childcare	Childcare
002	Clothing	Clothing
003	Housing	Housing
004	Medical Expenses	Medical Expenses
005	Cash Support	Cash Support
006	Items for Employment	Items for Employment
007	Transportation	Transportation
008	Auto Repair	Auto Repair
009	Utility Payments	Utility Payments
010	Relocation Expenses	Relocation Expenses
020	Other	Other

Comments
The TRAC Application screens utilize this code type as follows:

N/A

Diversion Condition Code

Business Description
Code indicating the status of the diversion payment**.**

Business Need
Used to identify the client's decision to either repay the prior diversion amount or apply the number of months of the diversion period to the CalWORKs 48-month clock when they have reapplied for aid during the Diversion period.

Note: This applies to the CalWORKs 48-month clock only.

Standard Values

DIVERSION CONDITION CODE	SHORT NAME	HELP TEXT
A	Apply	Person Returned within Diversion Period and Decided to Apply the Diversion Months to Time Clock
D	Diversion	Person Received Payment and has not Returned within Diversion Period to Date
R	Repay	Person Returned within Diversion Period and Decided to Repay the Diversion Amount

Comments
The TRAC Application screens utilize this code type as follows:

UDIV
Diversion Condition Code displays under column labeled COND

DDET
Diversion Condition Code displays next to row labeled DIVERSION CONDITION

Error Message Code

Business Description
Codes describing program generated errors.

Business Need
To provide an appropriate error message to the user in the event that the user makes a mistake during an interaction with the TRAC Application.

Standard Values

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
AIN1010	1010 – PLEASE ENTER SOCIAL SECURITY NUMBER	USER NEEDS TO ENTER A SOCIAL SECURITY NUMBER IN THE REQUIRED FIELD.
AIN1020	1020 – LAST NAME SHOULD BE ALPHABETIC	USER ENTERED A NON-ALPHA LAST NAME.
AIN1030	1030 - FIRST NAME SHOULD BE ALPHABETIC	USER ENTERED A NON-ALPHA FIRST NAME.
AIN1040	1040 - SEX SHOULD BE 'M' OR 'F'	USER MADE AN ENTRY OTHER THAN M OR F.
AIN1050	1050 – DOB YEAR SHOULD BE HIGHER THAN 1800	USER ENTERED A BIRTH YEAR EARLIER THAN 1800.
AIN1060	1060 – RECORD EXISTS. THIS INDIVIDUAL WAS ADDED EARLIER.	USER ENTERED AN INDIVIDUAL THAT WAS ADDED PRIOR.
AIN1070	1070 – RECORD ADDED. CLIENT WILL BE AVAILABLE FOR UPDATE IN ONE BUSINESS DAY.	USER ADDED AN INDIVIDUAL. INFORMATION WAS ACCEPTED BY SYSTEM.
AIN1080	1080 – PRESS F2 KEY TO RETURN TO IINQ.	INDIVIDUAL WAS ADDED. TO RETURN TO IINQ THE F2 MUST BE PRESSED.
AIN1100	1100 – TSQ READING ERROR IINQ - AIND	ERROR IN READING TEMPORARY STORAGE QUEUE.
AIN1200	1200 – TSQ READING ERROR AIND ONLY	ERROR IN READING TEMPORARY STORAGE QUEUE.
DIV1000	1000 – DIVERSION TXN REJECTED. INDIVIDUAL IS ON EXTENDER.	CLIENT HAS ACCUMULATED CW60 EXTENDER MONTHS, THEREFORE DOES NOT QUALIFY FOR DIVERSION PAYMENT. TXN REJECTED.
DIV1010	1010 – DATA ENTERED. WARNING! DIVERSION OVERLAPS EXISTING SANCTION	CLIENT HAS A DIVERSION RECORD WHICH OVERLAPS AN EXISTING SANCTION (02/200, 201 OR 202) RECORD.
DB2ERROR	SEVERE DATABASE ERROR ENCOUNTERED, PRINT SCREEN AND CALL HELP DESK.	AN ERROR OCCURRED WHILE ACCESSING DATA IN THE DATABASE.
GEN1000	1000 - ALREADY ON FIRST PAGE.	USER PRESSED F7 AND IS ALREADY ON THE FIRST PAGE.
GEN1010	1010 – ALREADY ON FIRST RECORD.	USER PRESSED F5 AND IS ALREADY ON THE FIRST PAGE.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
GEN1020	1020 – ALREADY ON LAST PAGE.	USER PRESSED F8 AND IS ALREADY ON THE FIRST PAGE.
GEN1030	1030 – ALREADY ON LAST RECORD.	USER PRESSED F6 AND IS ALREADY ON THE FIRST PAGE.
GEN1040	1040 – DATA REFRESHED.	USER PRESSED ENTER AFTER PLACING THE CURSOR IN THE TRAN ID POSITION.
GEN1050	1050 – NO DATA FOR THIS CIN ON THIS SCREEN.	NO RECORDS EXIST IN ANY OF THE TABLES PERTINENT TO THE SCREEN, INCLUDING SCI.
GEN1060	1060 – NO MATCH FOUND FOR CRITERIA ENTERED.	NO MATCHING RECORDS ON CIN FOR THE SEARCH CRITERIA ENTERED.
GEN1070	1070 – RECORD ADDED SUCCESSFULLY.	USER COMPLETES AN ADD TRANSACTION.
GEN1080	1080 – RECORD DELETED SUCCESSFULLY.	USER COMPLETES A DELETE TRANSACTION.
GEN1090	1090 – RECORD MODIFIED SUCCESSFULLY.	USER COMPLETES A MODIFY TRANSACTION.
GEN1100	1100 – RECORD NOT ADDED.	USER CHOOSES 'N' WHEN ASKED TO VERIFY ADD SELECTION.
GEN1110	1110 – RECORD NOT ADDED. EXISTING DATA WITH OVERLAPPING DATES.	USER ATTEMPTED TO INSERT A RECORD WITH DATES THAT OVERLAP AN EXISTING RECORD.
GEN1120	1120 – RECORD NOT DELETED.	USER CHOOSES 'N' WHEN ASKED TO VERIFY DELETE SELECTION.
GEN1130	1130 – RECORD NOT MODIFIED.	USER CHOOSES 'N' WHEN ASKED TO VERIFY MODIFY SELECTION.
GEN1140	1140 – RECORD NOT MODIFIED. EXISTING DATA WITH OVERLAPPING DATES.	USER ATTEMPTED TO MODIFY A RECORD WITH DATES THAT OVERLAP AN EXISTING RECORD.
GEN1150	1150 – THE EFFECTIVE MONTH ALREADY EXISTS IN THE DATABASE.	USER TRIES TO ADD OR MODIFY AN EFFECTIVE MONTH THAT ALREADY EXISTS IN THE DATABASE.
GEN1160	1160 – TO BROWSE DATA PRESS PF7 OR PF8.	WHEN USER TYPE IS INQUIRY AND THE ENTER KEY IS PRESSED, THE MESSAGE REMINDS THEM THAT THEY CAN ONLY BROWSE THE DATA, AND THE DATA IS REFRESHED.
GEN1170	1170 – YOU HAVE INQUIRY ACCESS TO THIS SCREEN.	USER TYPE IS INQUIRY AND/OR THE COUNTY ACCESS IS INQUIRY ON AN UPDATE SCREEN.
GEN1180	1180 – CLOCK COUNTS AND INDICATORS DO NOT EXIST.	CIN ENTERED HAS NO CLOCKS AND EXCEPTION AND DIVERSION INDICATORS ARE 'N'.
LNK2610	2600 – TSU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	TSUM TSQ IS NOT AVAILABLE WHEN PF3 IS INVOKED.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
LNK2620	2620 - B3CRDQ03 LINK ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	TSQ GETS CORRUPTED WHEN PF3 IS INVOKED.
LNK2630	2630 - B3CRQ002 LINK ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	PROBLEM READING PF3 QUE. READ QUE PROGRAM IS CORRUPTED.
SND2640	2640 – ALID MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	ALID SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2650	2650 – DDET MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	DDET SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2660	2660 – DSUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	DSUM SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2670	2670 – EDET MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	EDET SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2680	2680 – ESUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	ESUM SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2690	2690 – FHLP MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	FHLP SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2700	2700 – IDET MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	IDET SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2710	2710 – IINQ MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	IINQ SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2720	2720 – ISUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	ISUM SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2730	2730 – KCAL MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	KCAL SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2740	2740 – KSUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	KSUM SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2750	2750 – PDET MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	PDET SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2760	2760 – PSUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	PSUM SCREEN DID NOT DISPLAY. RESTART SESSION.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
SND2770	2770 – SCID MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	SCID SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2780	2780 – SHLP MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	SHLP SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2790	2790 – TCAL MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	TCAL SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2800	2800 – TRAC MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	TRAC SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2810	2810 – TSUM MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	TSUM SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2820	2820 – UCSR MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	UCSR SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2830	2830 – UDIV MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	UDIV SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2840	2840 – UNCP MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	UNCP SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2850	2850 – USSO MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USSO SCREEN DID NOT DISPLAY. RESTART SESSION.
SND2860	2860 – WCAL MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	WCAL SCREEN DID NOT DISPLAY. RESTART SESSION.
SYS1180	1180 – COULD NOT RETURN TO PREVIOUS SCREEN. CONTACT HELP DESK.	USER PRESSED PF3 AND COULD NOT RETURN TO THE PREVIOUS SCREEN.
SYS1190	1190 – FIELD HELP NOT AVAILABLE	NO FIELD HELP AVAILABLE.
SYS1200	1200 – INDIVIDUAL DETAIL UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF9 AND THE CONNECTION TO THE INDIVIDUAL DETAIL PROGRAM FAILED.
SYS1210	1210 – INDIVIDUAL INQUIRY UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF2 AND THE CONNECTION TO THE INDIVIDUAL INQUIRY PROGRAM FAILED.
SYS1220	1220 – LINK ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	THE SCREEN PROGRAM ATTEMPTED TO LINK TO THE AGENT PROGRAM AND FAILED.
SYS1230	1230 – MEDS UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF11 AND THE CONNECTION TO MEDS FAILED.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
SYS1240	1240 – PROGRAM NOT AVAILABLE. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	ERROR IN CALLING THE PROGRAM.
SYS1250	1250 – SCI CONNECTION FAILURE. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	SCREEN PROGRAM FAILED TO LINK TO SCI PROGRAM MMINDI.
SYS1260	1260 – SCREEN HELP UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF1 AND THE CONNECTION TO THE HELP PROGRAM FAILED.
SYS1270	1270 – SCREEN ID'S UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF4 AND THE CONNECTION TO THE SCREEN ID PROGRAM FAILED.
SYS1280	1280 – TIME CLOCK SUMMARY UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF10 AND THE CONNECTION TO THE TIME CLOCK SUMMARY PROGRAM FAILED.
SYS1290	1290 – TRAC MENU UNAVAILABLE. CONTACT HELP DESK.	USER PRESSED PF12 AND THE CONNECTION TO THE MAIN MENU PROGRAM FAILED.
SYS1300	1300 – TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TSQ. TRY RESTARTING THE SESSION.
SYS1310	1310 – XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN AND TRANSFER FAILED.
SYS1320	1320 – MEDS CONNECTION FAILURE. PLEASE PRINT THIS SCREEN AND CALL HELP DESK.	SCREEN PROGRAM FAILED TO LINK TO SCI PROGRAM MMINDI.
SYS1330	1330 – TRAC CONNECTION FAILURE. PLEASE PRINT THIS SCREEN AND CALL HELP DESK.	SCREEN PROGRAM FAILED TO LINK TO SCI PROGRAM MMINDI.
SYS1340	YOU HAVE RETURNED TO MEDS. THANK YOU FOR USING THE TRAC INFORMATION SYSTEM.	RETURN TO MEDS REGION (MENU) WHERE TRAC WAS INITIATED.
SYS1830	1830 – TSQ WRITE ERROR. RESTART SESSION OR CALL THE HELP DESK.	TSQ MAY HAVE BEEN DELETED. TRY RESTARTING THE SESSION.
SYS1840	1840 – MAP SEND ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	SCREEN FAILED TO DISPLAY. MAY BE A RESULT OF A FATAL SYSTEM ERROR OR APPLICATION ERROR.
SYS4040	4040 – INVALID REQUEST. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK	REQUEST TO LINK TO SCI FAILED WITH CICS ERROR "INVREQ'; INVALID REQUEST
SYS4050	4050 – LENGTH ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK	REQUEST TO LINK FAILED WITH CICS ERROR "LENGERR"; LENGTH ERROR
SYS4060	4060 – AUTHORIZATION FAILURE. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK	REQUEST TO LINK FAILED WITH CICS ERROR "NOTAUTH"; USER NOT AUTHORIZED
SYS4070	4070 – SYSID ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK	REQUEST TO LINK TO SCI FAILED WITH CICS ERROR "SYSIDRR"; SYSID ERROR
TSQ2070	2070 – ISUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ISUM TSQ. TRY RESTARTING THE SESSION.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
TSQ2080	2080 – IDET TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE IDET TSQ. TRY RESTARTING THE SESSION.
TSQ2090	2090 – KSUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KSUM TSQ. TRY RESTARTING THE SESSION.
TSQ2100	2100 – PSUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PSUM TSQ. TRY RESTARTING THE SESSION.
TSQ2110	2110 – PDET TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PDET TSQ. TRY RESTARTING THE SESSION.
TSQ2120	2120 – TCAL TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TCAL TSQ. TRY RESTARTING THE SESSION.
TSQ2130	2130 – WCAL TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE WCAL TSQ. TRY RESTARTING THE SESSION.
TSQ2140	2140 – KCAL TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KCAL TSQ. TRY RESTARTING THE SESSION.
TSQ2150	2150 – ESUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ESUM TSQ. TRY RESTARTING THE SESSION.
TSQ2160	2160 – EDET TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE EDET TSQ. TRY RESTARTING THE SESSION.
TSQ2170	2170 – ALID TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ALID TSQ. TRY RESTARTING THE SESSION.
TSQ2180	2180 – UCSR TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UCSR TSQ. TRY RESTARTING THE SESSION.
TSQ2190	2190 – UNCP TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UNCP TSQ. TRY RESTARTING THE SESSION.
TSQ2200	2200 – USSO TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE USSO TSQ. TRY RESTARTING THE SESSION.
TSQ2210	2210 – UDIV TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UDIV TSQ. TRY RESTARTING THE SESSION.
TSQ2220	2220 – DSUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DSUM TSQ. TRY RESTARTING THE SESSION.
TSQ2230	2230 – DDET TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DDET TSQ. TRY RESTARTING THE SESSION.
TSQ2240	2240 – TSUM TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TSUM TSQ. TRY RESTARTING THE SESSION.
TSQ2250	2250 – ISUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ISUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2260	2260 – IDEQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE IDEQ TSQ. TRY RESTARTING THE SESSION.
TSQ2270	2270 – KSUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KSUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2280	2280 – PSUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PSUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2290	2290 – PDEQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PDEQ TSQ. TRY RESTARTING THE SESSION.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
TSQ2310	2310 – WCAQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE WCAQ TSQ. TRY RESTARTING THE SESSION.
TSQ2320	2320 – KCAQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KCAQ TSQ. TRY RESTARTING THE SESSION.
TSQ2330	2330 – ESUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ESUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2340	2340 – EDEQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE EDEQ TSQ. TRY RESTARTING THE SESSION.
TSQ2350	2350 – ALIQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ALIQ TSQ. TRY RESTARTING THE SESSION.
TSQ2360	2360 – UCSQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UCSQ TSQ. TRY RESTARTING THE SESSION.
TSQ2370	2370 – UNCQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UNCQ TSQ. TRY RESTARTING THE SESSION.
TSQ2380	2380 – USSQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE USSQ TSQ. TRY RESTARTING THE SESSION.
TSQ2390	2390 – UDIQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UDIQ TSQ. TRY RESTARTING THE SESSION.
TSQ2400	2400 – DSUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DSUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2410	2410 – DDEQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DDEQ TSQ. TRY RESTARTING THE SESSION.
TSQ2420	2420 – TSUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TSUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2430	2430 – ISUQ TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ISUQ TSQ. TRY RESTARTING THE SESSION.
TSQ2440	2440 – IDE3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE IDE3 TSQ. TRY RESTARTING THE SESSION.
TSQ2450	2450 – KSU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KSU3 TSQ. TRY RESTARTING THE SESSION.
TSQ2460	2460 – PSU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PSU3 TSQ. TRY RESTARTING THE SESSION.
TSQ2470	2470 – PDE3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE PDE3 TSQ. TRY RESTARTING THE SESSION.
TSQ2480	2480 – TCA3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TCA3 TSQ. TRY RESTARTING THE SESSION.
TSQ2490	2490 – WCA3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE WCA3 TSQ. TRY RESTARTING THE SESSION.
TSQ2500	2500 – KCA3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE KCA3 TSQ. TRY RESTARTING THE SESSION.
TSQ2510	2510 – ESU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ESU3 TSQ. TRY RESTARTING THE SESSION.
TSQ2520	2520 – EDE3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE EDE3 TSQ. TRY RESTARTING THE SESSION.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
TSQ2530	2530 – ALI3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE ALI3 TSQ. TRY RESTARTING THE SESSION.
TSQ2540	2540 – UCS3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UCS3 TSQ. TRY RESTARTING THE SESSION.
TSQ2550	2550 – UNC3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UNC3 TSQ. TRY RESTARTING THE SESSION.
TSQ2560	2560 – USS3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE USS3 TSQ. TRY RESTARTING THE SESSION.
TSQ2570	2570 – UDI3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE UDI3 TSQ. TRY RESTARTING THE SESSION.
TSQ2580	2580 – DSU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DSU3 TSQ. TRY RESTARTING THE SESSION.
TSQ2590	2590 – DDE3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE DDE3 TSQ. TRY RESTARTING THE SESSION.
TSQ2600	2600 – TSU3 TSQ READ ERROR. RESTART SESSION OR CALL THE HELP DESK.	NO DATA IN THE TSU3 TSQ. TRY RESTARTING THE SESSION.
UPX1000	1000 – PLEASE COMPLETE CURRENT ACTION.	USER ATTEMPTED TO PRESS ANOTHER KEY BEFORE COMPLETING THE CURRENT ACTION.
UPX1010	1010 – PLEASE ADD DATA.	USER ATTEMPTED TO PRESS ANOTHER KEY BEFORE COMPLETING THE CURRENT ACTION
UPX1020	1020 – PLEASE MODIFY DATA.	USER ATTEMPTED TO PRESS ANOTHER KEY BEFORE COMPLETING THE CURRENT ACTION.
UPX1030	1030 – INVALID ENTRY, CASE SERIAL SHOULD BE ALPHANUMERIC.	USER ATTEMPTED TO ENTER A NON-NUMERIC NUMBER.
UPX1040	1040 – INVALID FBU.	USER ATTEMPTED TO ENTER A NON-NUMERIC FBU.
UPX1050	1050 – INVALID PRSN NUM.	USER ATTEMPTED TO ENTER A NON-NUMERIC PERSON NUMBER.
UPX1060	1060 – INVALID AID CD.	USER ATTEMPTED TO ENTER A NON-NUMERIC AID CODE.
UPX1070	1070 – INVALID EXCP CD.	USER ATTEMPTED TO ENTER A NON-NUMERIC EXCEPTION CODE.
UPX1080	1080 – INVALID EXCEP RSN CD.	USER ATTEMPTED TO ENTER A NON-NUMERIC EXCEPTION REASON CODE.
UPX1090	1090 – EXCP "TYPE" CODE DOES NOT MATCH EXCP RSN CODE	USER ATTEMPTED TO ENTER AN EXCEPTION TYPE CODE THAT DOES NOT MATCH THE EXCEPTION REASON CODE.
UPX1100	1100 – INVALID MONTH.	USER ATTEMPTED TO ENTER AN INVALID NUMBER FOR THE MONTH.
UPX1110	1110 – INVALID DATE.	USER ATTEMPTED TO ENTER AN INVALID NUMBER FOR THE DATE.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
UPX1120	1120 – INVALID YEAR.	USER ATTEMPTED TO ENTER AN INVALID NUMBER FOR THE YEAR.
UPX1130	1130 – START DATE SHOULD BE LESS THAN END DATE.	USER ATTEMPTED TO ENTER A DATE LATER THAN END DATE.
UPX1140	1140 –INQUIRY ACCESS ONLY.	USER ATTEMPTED TO UPDATE A DISABLED FIELD.
UPX1150	1150 – PARTICIPANT TYPE CODE SHOULD BE 'A' OR 'C'.	USER ATTEMPTED TO ENTER A CHARACTER OTHER THAN "A" OR "C."
UPX1160	1160 – MINOR PARENT FLAG SHOULD BE 'Y' OR 'N'.	USER ENTERED INVALID MINOR PARENT FLAG/VALUE.
UPX1170	1170 – INVALID DISCONTINUANCE REASON CODE.	USER ENTERED INVALID DISCONTINUANCE REASON CODE.
UPX1180	1180 – FEDERAL STATE INDICATOR SHOULD BE 'F', 'S' OR 'N'.	USER ENTERED INVALID FEDERAL STATE INDICATOR.
UPX1190	1190 – INVALID PROGRAM TYPE CODE, AID CODE, FED STATE IND COMBINATION.	USER ENTERED INVALID PROGRAM TYPE CODE.
UPX1200	1200 – START MONTH SHOULD NOT BE GREATER THAN END MONTH.	USER ATTEMPTED TO ENTER A MONTH THAT IS GREATER THAN THE END MONTH.
UPX1210	1210 – START DATE SHOULD EQUAL START MONTH.	USER ATTEMPTED TO ENTER A MONTH THAT IS DIFFERENT THAN THE MONTH LISTED IN THE START MONTH.
UPX1220	1220 – END DATE SHOULD EQUAL END MONTH.	USER ATTEMPTED TO ENTER A MONTH THAT IS DIFFERENT THATN THE END MONTH LISTED.
UPX1230	1230 – PLEASE ENTER DISC REASON CODE.	USER DID NOT ENTER DISC REASON CODE.
UPX1240	1240 – PLEASE ENTER PROGRAM TYPE CODE.	USER ATTEMPTED TO PRESS ANOTHER KEY BEFORE ENTERING A PROGRAM TYPE CODE.
UPX1250	1250 – DISC RSN CODE NOT REQUIRED FOR OPEN ENDED RECORD	USER ENTERED DISC REASON CODE WHEN IT WASN'T REQUIRED
UPX1260	1260 – ADDING SUPPORTIVE SERVICES RECORD NOT ALLOWED ONLINE	USER ATTEMPTED TO ADD SUPPORTIVE SERVICES ONLINE.
UPX1270	1270 – RECORD ADDED. WARNING! DUPLICATES ANOTHER REC W/ DATE RANGE OVERLAP.	CURRENT NEW RECORD DUPLICATES ANOTHER ON CIN/SERIAL#/FBU/PRSN#/CTY-CD/AID-CD/PGMTYPE-CD WITH OVERLAPPING PGMPT DATE.
UPX1280	1280 – RECORD MODIFIED. WARNING! DUPLICATED ANOTHER REC W/ DATE RANGE OVERLAP.	MODIFIED RECORD NOW DUPLICATES ANOTHER ON CIN/SERIAL#/FBU/PRSN#/CTY-CD/AID-CD/PGMTYPE-CD WITH OVERLAPPING PGMPT DATE.
UPX1290	1290 – RECORD ADDED. WARNING! INDIVIDUAL NOT YET PAST 60 MONTHS PARTICIPATION.	EXTENDER EXCEPTION ADDED FOR A CIN WITH CW-60 PGM PT MONTHS < 60.
UPX1300	1300 – RECORD MODIFIED. WARNING! INDIVIDUAL NOT YET PAST 60 MONTHS PARTICIPATION.	EXTENDER EXCEPTION MODIFIED FOR A CIN WITH CW-60 PGM PT MONTHS < 60.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
UPX1310	1310 – RECORD ADDED. WARNING! INDIVIDUAL IS PAST 60 MONTHS PARTICIPATION.	STOPPER EXCEPTION ADDED FOR A CIN WITH CW-60 PGM PT MONTHS > 60.
UPX1320	1320 – RECORD MODIFIED. WARNING! INDIVIDUAL IS PAST 60 MONTHS PARTICIPATION.	STOPPER EXCEPTION MODIFIED FOR A CIN WITH CW-60 PGM PT MONTHS > 60.
UPX1330	1330 – VALID END-DATE REQUIRED FOR THIS EXCEPTION REASON.	END-DATE FLAG FOR THIS EXCEPTION REASON CODE IS "Y," SO VALID END DATE REQUIRED (MUST NOT BE OPEN-ENDED EXCEPTION).
UPX1340	1340 – RECORD ADDED. WARNING! INDIVIDUAL HAS NO PROGRAM PARTICIPATION.	EXCEPTION ADDED FOR A CIN, BUT CIN CURRENTLY HAS NO ESTABLISHED PROGRAM PARTICIPATION RECORD (S).
UPX1350	1350 – RECORD MODIFIED. WARNING! INDIVIDUAL HAS NO PROGRAM PARTICIPATION.	EXCEPTION MODIFIED FOR A CIN, BUT CIN CURRENTLY HAS NO ESTABLISHED PROGRAM PARTICIPATION RECORD (S).
UPX1380	1380 – CANNOT ADD, DELETE OR CHANGE THIS EXCEPTION REASON CODE VIA UPEX SCREEN.	EXCEPTION REASON CODE 376 IS WDTIP SYSTEM GENERATED ONLY WHEN THE COUNTY SUBMITS AN LD08 (CHILD SUPPORT REIMBURSEMENT) TRANSACTION.
UPX1390	1390 – DATA ENTERED. WARNING! SECOND (02/201) SANCTION NOT PRESENT IN DATABASE.	USER HAS ENTERED A THIRD SANCTION (02/202), BUT CLIENT HAS NO SECOND SANCTION (02/201) IN THE DATABASE.
UPX1400	1400 – DATA ENTERED. WARNING! FIRST (02/200) SANCTION NOT PRESENT IN DATABASE	USER HAS ENTERED A SECOND SANCTION (02/201), BUT CLIENT HAS NO FIRST SANCTION (02/200) IN THE DATABASE.
UPX1410	1410 – DATA ENTERED. WARNING! FIRST (02/200) SANCTION ALREADY IN DATABASE.	USER HAS ENTERED A FIRST SANCTION (02/200), BUT CLIENT ALREADY HAS A FIRST SANCTION IN THE DATABASE.
UPX1420	1420 – DATA ENTERED. WARNING! SECOND (02/201) SANCTION ALREADY IN DATABASE.	USER HAS ENTERED A SECOND SANCTION (02/201), BUT CLIENT ALREADY HAS A SECOND SANCTION IN THE DATABASE.
UPX1430	1430 – DATA ENTERED. WARNING! SANCTION OVERLAPS EXISTING PROGRAM PARTICIPATION.	USER HAS ENTERED A SANCTION (02/200, 201 OR 202), BUT LCIENT HAS EXISTING PROGRAM PARTICIPATION OVERLAPPING THE SANCTION PERIOD.
UPX1440	1440 – DATA ENTERED. WARNING! PROGRAM PARTICIPATION OVERLAPS EXISTING SANCTION.	USER HAS ENTERED PROGRAM PARTICIPATION, BUT CLIENT HAS EXISTING SANCTION (02/200, 201, OR 202) OVERLAPPING THE PROGRAM PARTICIPATION PERIOD.
UPX1450	1450 – DATA ENTERED. WARNING! "WTW" EXCEPTION OVERLAPS EXISTING SANCTION REC.	USER HAS ENTERED A "WTW' PROGRAM EXCEPTION THAT OVERLAPS AN EXISTING SANCTION (02/200, 201, OR 202).
UPX1460	1460 – DATA ENTERED. WARNING! THIRD (02/202) SANCTION ALSO EXISTS OTHER COUNTY.	USER HAS ENTERED A 02/202 SANCTION, BUT CLIENT HAS EXISTING 02/202 SANCTION IN ANOTHER COUNTY.
UPX1470	1470 – DIVERSON – TYPE PROGRAM PARTICIPATION MUST BE ENTERED VIA UDIV SCREEN.	USER HAS ATTEMPTED TO ENTER A PROG PT RECORD WITH A DIVERSION-TYPE CODE – ENTRY REJECTED.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
UPX 1480	1480 - START & END DATES OF REASON CODE '377' EXCEPTION MUST BE IN THE SAME MONTH.	USER HAS ATTEMPTED TO ENTER MONTH DATE RANGES – ENTRY REJECTED.
UPX 1490	1490 – REASON CODE '377' EXCEPTION ALREASY EXISTS FOR THIS CIN, CTY & STRT MTH.	USER HAS ATTEMPTED TO ENTER A 377 EXCEPTION RECORD FOR AN EXISITING RECORD – ENTRY REJECTED.
USR1320	1320 – ENTER EITHER DOB OR DOB RANGE.	USER TRIED TO ENTER ALL OF THE DOB FIELDS.
USR1330	1330 – DO NOT ENTER DATA IN THE SELECT COLUMN. PLACE THE CURSOR, PRESS ENTER.	USER ENTERED DATA IN THE SELECT COLUMN BEFORE PRESSING ENTER.
USR1340	1340 – EFFECTIVE DATE SHOULD BE LESS THAN CURRENT DATE.	USER ENTERS A DATE GREATER THAN CURRENT DATE.
USR1350	1350 – ENTER 'A' TO ADD A RECORD.	ENTERING VALUES OTHER THAN 'A' IN SELECT COLUMN WILL CAUSE THIS MESSAGE TO APPEAR.
USR1360	1360 – ENTER 'M' TO MODIFY OR 'D' TO DELETE.	ENTERING VALUES OTHER THAN 'M' OR 'D' IN SELECT COLUMN WILL CAUSE THIS MESSAGE TO APPEAR.
USR1370	1370 – ENTER AT LEAST ONE KEY FIELD OR LAST NAME.	USER ATTEMPTS AN INQUIRY WITH INSUFFICIENT QUERY FIELDS.
USR1380	1380 - 'FROM' DOB SHOULD NOT BE GREATER THAN 'TO' DOB.	USER ENTERED 'FROM' DOB WHICH IS GREATER THAN 'TO' DOB.
USR1390	1390 – INVALID FED ASSIST ENTRY. ENTER 'Y' OR 'N'.	USER ENTERED A VALUE OTHER THAN 'Y' OR 'N'.
USR1400	1400 – INVALID AID CODE ENTERED.	AID CODE TYPE DOES NOT EXIST OR IS INAPPROPRIATE.
USR1410	1410 – INVALID ALIEN# ENTERED.	USER ENTERED AN INVALID ALIEN#. THE ALIEN# SHOULD START WITH 'A', FOLLOWED BY 8 NUMERIC DIGITS (E.G. A12345678).
USR1420	1420 – INVALID AMOUNT ENTERED. SHOULD BE NUMERIC.	USER ENTERED AN AMOUNT WITH ALPHA CHARACTERS.
USR1430	1430 – INVALID CIN ENTERED.	USER ENTERED AN INVALID CIN.
USR1440	1440 – INVALID CONDITION ENTERED. ENTER 'D', 'A', OR 'R'.	USER ENTERED A CONDITION OTHER THAN 'D', 'A', OR 'R'.
USR1450	1450 - INVALID COUNTY NUMBER ENTERED.	USER ENTERED AN INVALID COUNTY NUMBER. SHOULD BE NUMERIC.
USR1460	1460 - INVALID FBU ENTERED.	USER ENTERED AN INVALID FBU. SHOULD BE ALPHANUMERIC.
USR1470	1470 - INVALID SERIAL NUMBER ENTERED.	USER ENTERED AN INVALID SERIAL NUMBER. SHOULD BE NUMERIC.
USR1480	1480 - INVALID PERSON NUMBER ENTERED.	USER ENTERED AN INVALID PERSON NUMBER. SHOULD BE NUMERIC.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
USR1490	1490 - INVALID DAY FOR MONTH ENTERED.	SHOULD BE 01 THRU 29 IF THE MONTH IS FEBRUARY.
USR1500	1500 - INVALID DATE. SHOULD BE LESS THAN OR EQUAL TO CURRENT DATE.	USER ENTERED A FUTURE DATE.
USR1510	1510 - INVALID DATE. SHOULD BE NUMERIC.	USER ENTERED VALUES OTHER THAN NUMERIC.
USR1520	1520 - INVALID ENTRY FOR 'EMPLOYED' FIELD. SHOULD BE 'Y' OR 'N'.	USER ENTERED OTHER THAN 'Y' OR 'N' FOR 'EMPLOYED' FIELD.
USR1530	1530 - INVALID FIRST NAME ENTERED.	USER ENTERED A FIRST NAME WITH NUMBERS.
USR1540	1540 - INVALID KEY PRESSED.	USER PRESSED A KEY THAT IS NOT VALID ON THIS SCREEN.
USR1550	1550 - INVALID LAST NAME ENTERED.	USER ENTERED A LAST NAME WITH NUMBERS.
USR1560	1560 - INVALID MONTH ENTERED.	USER ENTERED AN INVALID MONTH.
USR1570	1570 - INVALID MONTH. SHOULD BE NUMERIC.	USER TYPES OTHER THAN NUMBERS IN MONTH COLUMN.
USR1580	1580 - INVALID OPTION ENTERED.	USER ENTERED AN INVALID OPTION FROM THE MAIN MENU.
USR1590	1590 - INVALID REASON ENTERED.	REASON CODE DOES NOT EXIST OR IS NOT APPROPRIATE.
USR1600	1600 - INVALID SEX ENTERED. SHOULD BE 'M', 'F', OR 'U'.	USER ENTERED AN INVALID SEX.
USR1610	1610 - INVALID SSN. SHOULD BE NUMERIC.	USER ENTERED AN INVALID SSN.
USR1620	1620 - INVALID STATE ENTERED. STATE DOES NOT EXIST.	USER ENTERED A STATE NOT FOUND IN THE DATABASE.
USR1630	1630 - INVALID STATE ENTERED. SHOULD NOT CONTAIN NUMBERS.	USER ENTERED A STATE WITH NUMBERS.
USR1640	1640 - INVALID TRANID ENTERED - PRESS PF4 FOR LIST OF VALID TRAN-ID'S.	USER ENTERED AN INVALID TRANID.
USR1650	1650 - INVALID YEAR ENTERED. SHOULD BE LESS THAN OR EQUAL TO CURRENT YEAR.	USER TYPED OTHER THAN VALID YEAR.
USR1660	1660 - INVALID YEAR ENTERED. SHOULD BE GREATER THAN 1900.	USER ENTERED A YEAR BEFORE 1900.
USR1670	1670 - INVALID YEAR ENTERED. SHOULD BE NUMERIC.	USER ENTERED AN INVALID YEAR IN THE DOB COLUMN.
USR1680	1680 - LAST CHARACTER OF CIN SHOULD BE A LETTER.	LAST CHARACTER OF CIN SHOULD BE A LETTER.
USR1690	1690 - LAST CHARACTER OF SSN SHOULD BE NUMERIC OR 'P'.	LAST CHARACTER OF SSN SHOULD BE NUMERIC OR 'P'.
USR1700	1700 - PLEASE MODIFY DATA AND PRESS ENTER.	WHEN USER TYPES "M" IN SELECT COLUMN AND PRESSES ENTER KEY, THIS MESSAGE WILL APPEAR.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
USR1710	1710 - PLEASE PLACE THE CURSOR AND LEAVE THE SELECTION BLANK.	USER DOES NOT LEAVE THE SELECTION FIELD BLANK.
USR1720	1720 - PLEASE SELECT A RECORD.	USER TYPE IS UPDATE USER AND WITHOUT SELECTING A RECORD IF PRESS ENTER KEY THIS MESSAGE WILL POPUP.
USR1730	1730 - PLEASE SELECT ONE ACTION AT A TIME.	USER SELECTS MORE THAN ONE SELECT COLUMN TO PERFORM AN ACTION.
USR1740	1740 - ENTER BOTH 'FROM' AND 'TO' IN DOB RANGE.	USER ENTERS ONLY FROM OR TO IN DOB RANGE
USR1750	1750 - INVALID MIDDLE NAME ENTERED.	USER ENTERS A MIDDLE NAME WITH NUMBERS
USR1760	1760 - STATE MUST BE ENTERED.	STATE FIELD IS BLANK
USR1770	1770 - ENTER START MONTH.	START MONTH IS BLANK
USR1780	1780 - ENTER START YEAR.	START YEAR IS BLANK
USR1790	1790 - 'CA' IS AN INVALID STATE FOR THIS SCREEN.	USER ENTERS CA ON NON-CAL SCREEN
USR1800	1800 - 'START' MUST BE LESS THAN OR EQUAL TO 'END'.	USER ENTERS A START DATE THAT IS GREATER THAN THE END DATE
USR1810	1810 - INVALID AID CODE ENTERED. USE '3J', '3K', '3X' OR '3Y'.	USER ENTERS INVALID AID CODE FOR DIVERSION
USR1820	1820 - NO PROGRAM PARTICIPATION EXISTS FOR MONTH ENTERED.	USER ENTERS CHILD SUPPORT REIMBURSEMENT FOR A MONTH WITHOUT PROGRAM PARTICIPAITON
USR 1830	1830 – MESSAGE NOT FOUND IN DATABASE	PROGRAM WAS UNABLE TO LOCATE IDENTIFIED MESSAGE IN THE DATABASE TABLE.
USR1890	1890 - INVALID SUFFIX ENTERED	USER ENTERS CHARACTER IN SUFFIX FIELD
USR2870	2870 - INVALID TRANID.	INVALID TRANID MESSAGE FOR PF4
USR2880	2880 - INVALID CURSOR POSITION.	USER PLACED THE CURSOR OUT OF THE SELECTOR COLUMN
USR2890	2890 - PAYMENT AMOUNT SHOULD BE GREATER THAN ZERO.	USER ENTERS PAYMENT AMOUNT AS ZERO
USR2900	2900 - PAYMENT DATE SHOULD BE BETWEEN START AND END MONTHS.	THE USER ENTERS A PAYMENT DATE THAT LIES OUTSIDE THE START AND END MONTHS ENTERED
USR2910	2910 - ENTER YEAR BETWEEN 1998 AND CURRENT YEAR.	THE YEAR SHOULD LIE BETWEEN 1998 AND CURRENT YEAR
USR2920	2920 - INVALID DAY ENTERED.	DAY SHOULD BE BETWEEN 01 AND 31
USR2930	2930 - PAYMENT DATE SHOULD BE BETWEEN 01/01/1998 AND CURRENT DATE.	USER EITHER ENTERS PAYMENT DATE PRIOR TO 01/01/1998 OR FUTURE DATE
USR2940	2940 - INVALID PAYMENT DATE.	USER ENTERS INVALID PAYMENT DATE

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
USR2950	2950 - START MONTH SHOULD BE BETWEEN 01/1998 AND CURRENT MONTH.	USER EITHER ENTERS START/END MONTH PRIOR TO 01/1998 OR LATER THAN CURRENT MONTH
USR2960	2960 - INVALID ENTRY. ENTER 'Y' OR 'N'.	CONFIRM DELETE/ADD/MODIFY SHOULD BE Y OR N
USR2970	2970 - START MONTH MUST BE LESS THAN END MONTH.	USER ENTERS END MONTH LESS THAN OR EQUAL TO START MONTH
USR2980	2980 - INVALID REASON ENTERED.	REASON CODE DOES NOT EXIST OR IS NOT APPROPRIATE.
USR2990	2990 - TRANID NOT RECEIVED.	USER ENTERED SPACES IN TRAN-ID FIELD.
USR3000	3000 - ERROR IN PROGRAM. MESSAGE NOT AVAILABLE. CALL HELP DESK.	ERROR IN AGENT PROGRAM AND NO ERROR MESSAGE WAS RETURNED.
USR3010	3010 - ERROR IN RECEIVING CIN FROM SCREEN PROGRAM.	CIN FROM SCREEN PROGRAM RECEIVED AS SPACES IN THE AGENT.
USR3020	3020 - PREVIOUS PROGRAM INFO NOT AVAILABLE.	CIN FROM SCREEN PROGRAM RECEIVED AS SPACES IN THE AGENT.
USR3030	3030 - END YEAR SHOULD BE NUMERIC AND 1998 OR LATER.	THE YEAR SHOULD LIE BETWEEN 1998 AND 9999.
USR3040	3040 - START AND END MONTH SHOULD BE GREATER THAN	USER ENTERS START AND END DATE ON NON-CAL SCREEN.
USR3050	3050 - ENTER AT LEAST ONE FIELD.	USER ENTERED SPACES IN TRAN-ID FIELD.
USR3060	3060 - INVALID MONTH. CANNOT BE GREATER THAN NEXT MONTH.	USER MAY ENTER A DATE THAT IS LESS THAN OR EQUAL TO THE CURRENT MONTH OR EQUAL TO ONE FUTURE MONTH.
USR3070	3070 - INVALID YEAR ENTERED. MUST BE 1998 OR LATER.	USER ENTERS YEAR WHICH IS EALRIER THAN 1998.
USR3080	3080 - RECORD NOT FOUND IN PGM-EXCPT TABLE.	EXCEPTION RECORD NOT FOUND IN PGM-EXCPT TABLE.
USR3090	3090 - PAYMENT DATE OVERLAPS AN EXISTING DIVERSION PAYMENT DATE.	PAYMENT DATE OVERLAPS AN EXISTING DIVERSION PAYMENT DATE.
USR4000	4000 – PLEASE ADD DATA AND PRESS ENTER	DISPLAYS ON ALL UPDATE SCREENS WHEN THE USER ENTERS 'A' TO ADD A NEW RECORD.
USR4010	4010 – INVALID YEAR ENTERED	USER PRESSED ENTER WITHOUT ENTERING ANY VALUES IN THE YEAR COLUMN
USR4020	4020 – UBVAKUD DAT ENTERED	SHOULD BE NUMERIC. USER ENTERED A NON NUMERIC DAY.
USR4030	4030 – INVALID AMOUNT ENTERED	USER PRESSED ENTER WITHOUT ENTERING ANY VALUES IN THE AMOUNT FIELD.
USR4040	4040 – END MONTH MUST BE EQUAL TO OR GREATER THAN 08/1996	USER ENTERED A MONTH/YEAR PRIOR TO THE START OF TANF.

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
USR4050	4050 – CANNOT GO TO AIND UNLESS NO MATCH FOUND.	USER ATTEMPTED TO GO TO THE AIND SCREEN TO ADD AN INDIVIDUAL BUT WAS NOT ALLOWED BECAUSE INDIVDUAL IS ALREADY IN THE SYSTEM.
USR4060	4060 - THIS INDIVIDUAL HAS ALREADY BEEN ADDED.	USER ATTEMPTED TO ADD AN INDIVIDUAL THAT WAS ALREADY IN THE SYSTEM.
USR4070	4070 – RECORD ADDED. IT WILL BE PROCESSED THE NEXT BUSINESS DAY.	RECORD WAS ADDED AND WILL BE AVAILABLE TO REVIEW THE NEXT BUSINESS DAY.
XCT1850	1850 - ALID XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM ALID AND TRANSFER FAILED
XCT1860	1860 - DDET XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM DDET AND TRANSFER FAILED
XCT1870	1870 - DSUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM DSUM AND TRANSFER FAILED
XCT1880	1880 - EDET XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM EDET AND TRANSFER FAILED
XCT1890	1890 - ESUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM ESUM AND TRANSFER FAILED
XCT1900	1900 - IDET XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM IDET AND TRANSFER FAILED
XCT1910	1910 - IINQ XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM IINQ AND TRANSFER FAILED
XCT1920	1920 - ISUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM ISUM AND TRANSFER FAILED
XCT1930	1930 - KCAL XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM KCAL AND TRANSFER FAILED
XCT1940	1940 - KSUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM KSUM AND TRANSFER FAILED
XCT1950	1950 - PDET XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM PDET AND TRANSFER FAILED

ERROR CODE	ERROR TEXT	ERROR DESCRIPTION
XCT1960	1960 - PSUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM PSUM AND TRANSFER FAILED
XCT1970	1970 - SCID XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM SCID AND TRANSFER FAILED
XCT1980	1980 - SHLP XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM SHLP AND TRANSFER FAILED
XCT1990	1990 - TCAL XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM TCAL AND TRANSFER FAILED
XCT2000	2000 - TRAC XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM TRAC AND TRANSFER FAILED
XCT2010	2010 - TSUM XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM TSUM AND TRANSFER FAILED
XCT2020	2020 - UCSR XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM UCSR AND TRANSFER FAILED
XCT2030	2030 - UDIV XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM UDIV AND TRANSFER FAILED
XCT2040	2040 - UNCP XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM UNCP AND TRANSFER FAILED
XCT2050	2050 - USSO XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM USSO AND TRANSFER FAILED
XCT2060	2060 - WCAL XCTL ERROR. PLEASE PRINT THIS SCREEN AND CALL THE HELP DESK.	USER ATTEMPTED TO TRANSFER TO ANOTHER SCREEN FROM WCAL AND TRANSFER FAILED

Comments

All TRAC Application screens utilize these error message codes as applicable. Additional error messages may be added during the maintenance and operations phase as necessary.

Exception Processing Reason Code

Business Description
The exception reason code and name identifies the batch error messages. These exception processing reason code and name provide a description of the error that occurred during the batch transmission.

Business Need
To identify the batch errors and to communicate these errors back to counties.

Standard Values

EXCPT RSN CD	EXCEPTION REASON NAME	Error Level Check
101	Transaction Version is not a valid value or is null.	HDR
102	County Code is not a valid value or is null.	HDR
103	Account Code is not a valid value or is null.	HDR
104	Creation Date is not a valid value or is null.	HDR
106	Batch Number is not a valid value or is null.	HDR
107	Mismatch between header and trailer.	TRAL
108	The combination of this Batch Number and Version Number has already been processed.	HDR
109	File cannot be processed. The combination of Batch Number and Version Number are out of sequence.	HDR, TRAL
110	Transaction Code is not a valid value or is null.	HDR, TRAN
112	County Code is not a valid value or is null.	TRAN
113	Account Code is not a valid value or is null.	TRAL
114	Creation Date is not a valid value or is null.	TRAL
116	Batch Number is not a valid value or is null.	TRAL
117	Warning: Total Number of Records is not a valid value or is null.	TRAL
118	HDR or TRAL is missing.	TRAL, HDR
120	Transaction Code is not a valid value or is null.	TRAL, HDR
121	Transaction Version is not a valid value or is null.	TRAL
123	County Code is not a valid value or is null.	TRAL, HDR
124	Creation Date is not a valid value or is null.	TRAL, HDR
125	Creation Time is not a valid value or is null.	TRAL, HDR
126	Batch Number is not a valid value or is null.	TRL, HDR
127	Unique Identifier is not a valid value or is null.	TRAN
128	Case Serial Number is blank or null.	TRAN
129	Case FBU MEDS Code is blank or null.	TRAN
130	Person Number is blank or null.	TRAN

EXCPT RSN CD	EXCEPTION REASON NAME	Error Level Check
131	Aid Code is not a valid value or is null.	TRAN
132	Last name is not a valid value or is null.	TRAN
133	First Name is not a valid value or is null.	TRAN
134	Middle Name is not a valid value or is null.	TRAN
135	SSN is not a valid value or is null.	TRAN
136	Birth Date is not a valid value or is null.	TRAN
137	Gender is not a valid value or is null.	TRAN
138	Caseworker ID is not a valid value or is null.	TRAN
140	Program Type Code is not a valid value or is null.	TRAN
141	Aid Code is not a valid value or is null.	TRAN
142	Program Effective Date is not a valid value or is null.	TRAN
143	Program Effective Month is not a valid value or is null.	TRAN
144	Participant Type Code is not a valid value or is null.	TRAN
145	Minor Parent Flag is not a valid value or is null.	TRAN
146	Case Serial Number is blank or null.	TRAN
147	Case FBU MEDS Code is blank or null.	TRAN
148	Person Number is blank or null.	TRAN
149	Program Discontinuance Reason Code is not a valid value or is null.	TRAN
150	Program Status Code is not a valid value or is null.	TRAN
151	Valid FED State Only Ind are 'F' 'S' 'N' or spaces.	TRAN
152	Invalid Aid Code, Program Type Code, FED State Only Indicator Combination	TRAN
153	AID record should not contain a DISC Reason Code.	TRAN
154	Diversion Aid Codes must be loaded via the LD05 transaction	TRAN
160	Program Exception Code is not a valid value or is null.	TRAN
161	Program Exception Reason Type Code is not a valid value or is null.	TRAN
162	Program Exception Effective Date is not a valid value or is null.	TRAN
163	Program Exception Effective Month is not a valid value or is null.	TRAN
164	Program Exception Status Code is not a valid value or is null.	TRAN
165	Program Exception Code does not match Program Exception Reason Type Code.	TRAN
170	Work Plan Sign Date is not a valid value or is null.	TRAN
171	CalWORKs18 Month Indicator is not a valid value or is null.	TRAN
172	CalWORKs Extension Number is not a valid value or is null.	TRAN
180	Non California Participation Effective Date is not a valid value or is null.	TRAN
182	Non California State is not a valid value or is null.	TRAN

EXCPT RSN CD	EXCEPTION REASON NAME	Error Level Check
183	Non California Status Code is not a valid value or is null.	TRAN
199	Diversion start month is greater than end month.	TRAN
200	Diversion Payment Date is not a valid value or is null.	TRAN
201	Diversion Pgm Type/Aid Cd Invalid or Payment Date out of valid range	TRAN
202	Diversion Condition Code is not a valid value or is null.	TRAN
203	Diversion Program Type Code is not a valid value or is null.	TRAN
204	Diversion Reason Code is not a valid value or is null.	TRAN
205	Diversion Amount is not a valid value or is null.	TRAN
206	Diversion Start Month is not a valid value or is null.	TRAN
207	Diversion End Month is not a valid value or is null.	TRAN
208	Diversion Federal Assistance Flag is not a valid value or is null.	TRAN
209	Diversion Status Code is not a valid value or is null.	TRAN
210	Supportive Services Reason Code is not a valid value or is null.	TRAN
211	Supportive Services Effective Month is not a valid value or is null.	TRAN
212	Supportive Services Employment Status is not a valid value or is null.	TRAN
213	Supportive Services Status Code is not a valid value or is null.	TRAN
220	Child Support Effective Month is not a valid value or is null.	TRAN
221	Child Support Status Code is not a valid value or is null.	TRAN
230	Under10 Grant Effective Month is not a valid value or is null.	TRAN
231	Under10 Grant Status Code is not a valid value or is null.	TRAN
250	DISCONTINUANCE/DELETION cannot be processed. No associated LD02 AID record.	TRAN
251	LD07 or LD08 Transaction contains data that is already present in TRAC database.	TRAN
252	Processed as a pair. Multiple rows found for unique identifier. Record cannot be updated. Aid and Disc record must be sent in separate files.	TRAN
254	DISCONTINUANCE/DELETION cannot be processed. No associated LD09 AID record.	TRAN
255	County records overlap for this Unique Identifier.	TRAN
256	Child Support Reimbursement (376) must be loaded via the LD08 transaction.	TRAN
257	Under 10 Grant (377) must be loaded via the LD07 transaction.	TRAN
258	Supportive Services (Program Type SG/Aid Code SS) must be loaded via the LD06 transaction.	TRAN
259	Number of records for this transaction type exceeds 500 in this batch, please resubmit.	TRAN
260	DISCONTINUANCE/DELETION cannot be processed. No associated LD03 AID record.	TRAN
261	DISCONTINUANCE/DELETION cannot be processed. No associated LD05 AID record.	TRAN
262	DISCONTINUANCE/DELETION cannot be processed. No associated LD06 AID record.	TRAN
263	DISCONTINUANCE/DELETION cannot be processed. No associated LD07AID record.	TRAN
264	DISCONTINUANCE/DELETION cannot be processed. No associated LD08AID record.	TRAN
266	DISCONTINUANCE/DELETION cannot be processed. No associated LD10 AID record.	TRAN
267	Unable to update DISCONTINUANCE Date. Delete existing record and send update.	TRAN

EXCPT RSN CD	EXCEPTION REASON NAME	Error Level Check
268	Aid cannot be processed. LD10 transactions require an AID and DISC pair to process.	TRAN
269	Deletion cannot be processed. Workplan Sign Date does not match the existing record.	TRAN
270	AID and DISC pair were sent for this unique identifier. Transactions were skipped due to identical effective dates.	TRAN
271	County data overlaps with MEDS data for this unique identifier.	TRAN
272	MEDS data overlaps with MEDS data for this unique identifier.	TRAN
273	Duplicate LD02 transaction.	TRAN
274	Duplicate LD09 transaction.	TRAN
275	Duplicate LD01 transaction.	TRAN
276	Duplicate LD03 transaction.	TRAN
277	Duplicate LD05 transaction.	TRAN
278	Duplicate LD06 transaction.	TRAN
279	Duplicate LD07 transaction.	TRAN
280	Duplicate LD08 transaction.	TRAN
281	Duplicate LD10 transaction.	TRAN
283	Unable to process record. SCI cannot identify this individual. Mandatory demographic information is incomplete.	GEN
284	Warning: New earliest Workplan Sign Date may affect WTW Calendar for Client.	TRAN
285	Warning – A Workplan Sign Date has been received for this unique identifier. No Program Participation exists.	TRAN
286	Warning: Update to Workplan Sign Date may affect WTW Calendar for Client.	TRAN
289	Warning – Individual not yet past CalWORKs participation month 60.	TRAN
290	Warning – Individual past CalWORKs participation month 60 (may be on extender).	TRAN
291	Diversion txn rejected – individual has extender.	TRAN
292	Warning – Exception record received. No Program Participation exists for this unique identifier	TRAN
293	Warning – WTW Stopper Exception record received. Individual may not have completed WTW clock.	TRAN
295	WTW 24-Month Workplan Sign Date must be > 11/30/2004.	TRAN
296	Warning: Second Sanction (02/201) not established for individual.	TRAN
297	Warning: First Sanction (02/200) not established for individual.	TRAN
298	Warning: First Sanction (02/200) already established for individual.	TRAN
299	Warning: Second Sanction (02/201) already established for individual.	TRAN
300	Warning: Sanction overlaps existing program participation.	TRAN
301	Warning: Program Participation overlaps existing 02/200, 02/201, or 02/202 sanction for individual.	TRAN
302	Warning: WTW exception overlaps existing 02/200, 02/201, or 02/202sanction for individual.	TRAN
303	Warning: Diversion overlaps existing 02/200, 02/201, or 02/202 sanction for individual.	TRAN
304	Warning: 02/202 Sanction record received for this individual from another county.	TRAN
305	Warning: 02/200, 02/201, or 02/202 overlaps existing WTW exception for individual.	TRAN

EXCPT RSN CD	EXCEPTION REASON NAME	Error Level Check
306	LD03 AID transaction rejected, WTW Sign Dt record already exists for individual, Cty and Sign Dt.	TRAN
999	FILE HAS BEEN RECEIVED	GEN

Comments
Although an effort was made to identify all possible batch error types that could occur during county file transmission, additional error types may be identified during maintenance phase. Therefore, this code table will continue to be modified as necessary.

If a processing exception occurs, an exception report is generated and sent to the consortia. It is the responsibility of the consortia to forward the report to the counties.

Gender Code

Business Description
A code that identifies the gender of the individual.

Business Need
The individual gender code can be used to assist in the identification of an individual. Statistics can also be generated based on this information.

The Gender Code is provided directly from SCI.

Standard Values

GENDER CODE	SHORT NAME	HELP TEXT
F	Female	Female
M	Male	Male
U	Unknown	Unknown

Comments
The TRAC Application screens utilize this code type as follows:

ISUM, IDET, ALID, KSUM, PSUM, PDET, TSUM, DSUM, DDET, ESUM, EDET, WSUM, TCAL, KCAL, WCAL, UNCP, UDIV, UCSR, USSO
Gender Code displays in the header of each screen, next to the row labeled SEX.

ISUM
Gender Code displays under the column labeled SEX.

Participant Type Code

Business Description
A code that identifies whether the individual is receiving aid as an adult or a child, as defined by MS 42-101.

Business Need
The individual participant type code is used to determine whether the TANF 60-month and CalWORKs 48-month clock should tick. Statistics may also be generated based on this information.

Standard Values

PARTICIPANT TYPE CODE	SHORT NAME	HELP TEXT
A	Adult	An Individual who is Defined as being Aided as an Adult in the AU
C	Child	An Individual who is Defined as being Aided as a Child in the AU

Comments

UPRG
Participant Type Code Field is displayed as "Participant Type CD" in the UPRG screen.

Program Discontinuance Reason Code

Business Description
Codes indicating the reason why an individual was discontinued.

Business Need
This information is used to identify the reason an individual is no longer "ACTIVE."

Standard Values

PROGRAM DISCONTINUANCE REASON TYPE CODE	PROGRAM DISCONTINUANCE REASON TYPE NAME	PROGRAM DISCONTINUANCE REASON TYPE TEXT
001	Death	Death
003	Recipient Request	Recipient Request Medi-Cal Only, CalWORKs /Medi-Cal
005	Increased Earnings - Father	Increased Earnings – Father
006	Increased Earnings - Mother	Increased Earnings – Mother
007	Increased Earnings - Child	Increased Earnings – Child
008	Increased Earnings-Step-parent	Increased Earnings – Step-parent
009	Other Person in Home	Increased Earnings - of Non-Aided Family Member
017	Increased Support - AP Return	Increased Support – Absent Parent's Return
018	Increased Support - Remarriage	Increased Support – Remarriage of Parent
019	Increased Support - Ab Parent	Increased Support – Absent Parent
021	Increased Support-Outside Src	Increased Support – Other Outside Source
022	Increased Inc - OASDI	Increased Income – Old Age Survivors Disability Insurance
023	Increased Inc - Other Fed Prog	Increased Income – Other Federal Programs
024	Increased Inc - Veterans	Increased Income – Veteran Benefits
027	Increased Inc - UIB/DIB	Increased Income – Unemployment or Disability Insurance Benefits
028	Increased Inc - Other St Prog	Increased Income – Other State/Local Program
029	Increased Inc - Non-Gov Prog	Increased Income – Nongovernmental Program
032	Increased Inc - Any Other Src	Increased Income – Any Other Source
033	Increase in Real Property	Increase in Real Property
034	Increase in Personal Prop	Increase in Personal Property
035	CalWORKs Term	CalWORKs Terminated, MEDS Eligibility Reported Under Another MEDS-ID by County Agency
036	"Need" Change	"Need" Change - Law or Policy Determination
037	Decreased "Need"	Decrease in Need
038	Determined Ineligible	Determined Ineligible for Medi-Cal Only
039	Financial Rsn - Not code 36/37	Financial Reason – Other Than 36-37 Codes
040	Parent No Longer Incap	Parent No Longer Incapacitated

PROGRAM DISCONTINUANCE REASON TYPE CODE	PROGRAM DISCONTINUANCE REASON TYPE NAME	PROGRAM DISCONTINUANCE REASON TYPE TEXT
044	Resident of Public Institution	Resident of Public Institution
045	Parent Returned Home/Remarried	Parent Returned Home or Remarried
046	Change in Law or Agency Policy	Change in Law or Agency Policy
047	No Eligible Child	No Eligible Child in Home
048	Loss of Legal Residence	Loss of Legal Residence
049	No Program Linkage	No Program Linkage – other than 38 and 40-48
050	Refused to Comply-Prop Utiliz	Refused to Comply – Property Utilization Requirement
052	Refused to Participate in GAIN	Refused to Participate in Greater Avenues for Independence (GAIN) Program
053	Refused to Seek Work	Refused to Seek Work in Program Other Than Greater Avenues for Independence (GAIN)
054	Refused to Accept Work-EDD Ref	Refused to Accept Work – Employment Development Department Referral
055	Refused to Accept Work - Other	Refused to Accept Work – Other Referral
056	Refused to Accept Training/Edu	Refused to Accept Training/Education (not Greater Avenues for Independence (GAIN))
057	CalWORKs TSF to SSI	CalWORKs Recipient Has Been Transferred into the SSI Program
058	Transferred to Other Program	CalWORKs Recipient has transferred into another county-administered program
059	Refusal – Not Codes 050 - 070	Refusal – To Comply with Procedural Requirements not Listed Elsewhere
060	Refused to Provide CW7	Refused to Provide CW 7 Related Info
061	Refused to Provide Ess Info	Refused to Provide Essential Information (non-CW7 related)
070	Refused to Register with EDD	Refused to Register with Employment Development Department
083	Timedout adult and Incm Ineligible	Timed-out adult and income ineligible per ACL 04-08
093	CalWORKs TSF to FG from U	CalWORKs – Transferred to Family Group from Unemployed
094	CalWORKs TSF to U from FG	CalWORKs – Transferred to Unemployed from Family Group
095	CalWORKs TSF to FC from FG/U	CalWORKs – Transferred to Foster Care from 2 Parent, Zero Parent, or All Other Parent
096	Transferred to Another County	Transferred to Another County
097	Recipient's Request	Recipient's Request *Requested to Pursue Educational Goal *Wanted Only Transitional Services *Moved Out of County *Receipt of Child Support *Requested Withdrawal; Did Not Want to Participate in CalWORKs/WTW Activities *Wanted to Reserve TANF Eligibility for Later Use
098	Whereabouts Unknown	Whereabouts Unknown

PROGRAM DISCONTINUANCE REASON TYPE CODE	PROGRAM DISCONTINUANCE REASON TYPE NAME	PROGRAM DISCONTINUANCE REASON TYPE TEXT
099	Other Than 001 - 098	Other Than 001 – 098
200	Fleeing Felon	Fleeing Felon – Ineligible for Assistance
201	Probation Violation	Probation Violation – Ineligible for Assistance
202	Parole Violation	Parole Violation – Ineligible for Assistance
203	Felony Controlled Substance	Felony Conviction for Use, Possession, or Distribution of a Controlled Substance
204	Period of Ineligibility	Period Of Ineligibility - Lump Sum Transfer of Assets
205	Sponsor + Non-Citizen Property	Sponsor + Non-Citizen Property Exceeds Limits
206	Sponsor Property	Sponsor Property Exceeds Limits
207	Sponsor Can Support	Sponsor has Indicated They Can Provide Support to Non-Citizen
208	Period of Ineligibility	Period of Ineligibility for Lump Sum Transfer of Assets at Less Than Market Value
209	Sponsor CA24	Sponsor Failed to Provide CA24
210	Sponsor CA72	Sponsor Failed to Provide CA72
211	Failure Participation Hours	Sanction - Failure to Meet Hours of Participation
212	Failure Orientation Appraisal	Sanction - Failure to Complete Orientation and Appraisal
213	Non-Comp with Work Plan	Sanction - Non-Compliance with Welfare to Work Requirements (Non-Participation or Unsatisfactory Progress in Any Assigned Program Activity Without Good Cause)
214	Non-Acceptance of Employment	Sanction - Non-Acceptance of Employment Without Good Cause
215	Terminated Employment	Sanction – Terminated Employment/Reduced Earnings
216	Refusal to Sign Work Plan	Sanction - Non-Compliance - Refusal to Sign Welfare-to-Work Plan
217	Refusal to Assign Support	Sanction - Refusal to Assign Support Rights
218	Child Support Arrears	Individual is Arrears in Court-Ordered Child Support (Unless Delay is Court Approved)
312	Non-Needy Caretaker	Family Member in Household and Not in AU
0AA	Foster Care Out of State	MEDS Generated Termination
0D1	Death	MEDS Generated Termination - Death Reported on SSI Case Via Returned Medi-Cal Card
0D2	Death	MEDS Generated Termination - Death Reported on SSI Case by MEB
0D3	Death	MEDS Generated Termination - Death Reported on SSI Case by Vital Statistics
0FF	File Fix	MEDS Generated Termination - Via a File Fix to Correct Problem Records
0M1	Ramos	MEDS Generated Termination - Ramos Termination by MEB
0M2	No Eligibility	MEDS Generated Termination - Death Code Removed by MEB and No Other Eligibility Reported
0SS	Two Month Hold	MEDS Generated Termination - Renewal Terminated Following Two Months of Hold Status
0VV	Pickle	MEDS Generated Termination - Presumptive Pickle Terminated Due to Pickle Tickler Update

PROGRAM DISCONTINUANCE REASON TYPE CODE	PROGRAM DISCONTINUANCE REASON TYPE NAME	PROGRAM DISCONTINUANCE REASON TYPE TEXT
0WW	Invalid Aid Code	MEDS Generated Termination - Renewal Termination Current Aid Code is Invalid
0YY	6 Month Continuing Eligibility	MEDS Generated Termination - Terminated by MEDS After 6 Months Continuing Eligibility
TSG	TRAC System Generated	TRAC System Generated

Comments
The TRAC Application screens utilize this code type as follows:

PDET
Discontinuance Reason Code displays next to row labeled DISC REASON CODE.

Program Exception Type Code

Business Description
A code identifying specific reasons for exceptions from the various time limits imposed by Welfare Reform.

Business Need
This information is used to determine whether the TANF 60-month or CalWORKs 48-month or CalWORKs 18/24-month clocks are ticking or stopped based on the particular exception.

This information is used for time clock calculation.

Standard Values

PROGRAM EXCEPTION TYPE CODE	SHORT NAME	HELP TEXT
01	Penalty	Penalty
02	Sanction	Sanction
03	Exempt	Exempt
04	Good Cause	Good Cause
05	Excluded Persons	Excluded Persons
06	Extender	Extender
07	Repay	Repay

Comments
The TRAC Application screens utilize this code type as follows:

EDET
Program Exception Type Code displays next the row labeled EXCEPTION TYPE.

Program Exception Reason Type Code

Business Description
A code identifying specific reason for exceptions from the various time limits imposed by Welfare Reform.

Business Need
This information is used to determine whether the TANF 60-month, CalWORKs 48-month, or Welfare to Work 24-month (after January 01, 2013) clocks are ticking or stopped based on the particular exception.

This information is used for time clock calculation.

Standard Values
The values in the Program Exception Reason Type table listed below include four columns on the right side of the matrix, indicating how each item affects time limit clocks. Each column has the following meaning:

- TANF 60 FLAG – Is the TANF 60-month clock ticking when this exception exists?
- CW 48 FLAG – Is the CalWORKs 48-month clock ticking when this exception exists?
- WTW 24 FLAG – Is the Welfare to Work 24-month clock ticking when this exception exists?
- END DATE FLAG – A Yes/No indication of whether this Program Exception Type and Reason requires the user to define the Program Exception End Date at the time the Program Exception is added.

***Important note #1: For Program Exception Code 02 Sanction (with Reason codes 200, 201, 202, 203, 204, 205) and 05 Excluded Person (with Reason code 500), the county must first end-date the current aid by sending a CalWORKs program discontinuance transaction with a discontinuance date the month prior to the start date of the exception. If the county fails to send in a CalWORKs program discontinuance transaction to end-date the aid, the CalWORKs time clock will continue to tick. For example, if the county wants the Program Exception to start on November 1, 2005, the current CalWORKs Program Participation record (in PSUM screen) must have an end-date of October 31, 2005.**

***Important note #2: When a client is in a WTW Sanction status and receives Homeless Assistance (Program Type Codes 24 and/or 33) for the same month, their Time Clocks are not ticking under these circumstances, per CDSS Policy clarification.**

***Important note #3: The "CalWORKs 18/24-month" clock was in effect from January 01, 1998 – November 30, 2004 (as a result of All County Letter #04-41). The "Welfare to Work 24-month" clock went into effect on January 01, 2013 (as a result of All County Letter #12-67).**

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
01	100	1/1/98		Immunization	CalWORKs Penalty - Failure to Submit Immunization Verification; No Good Cause Exists; All Parents and Caretakers Penalty.	Y	Y	Y	N
01	101	1/1/98		School Attendance Adult	CalWORKs Penalty - Failure to Submit School Attendance Verification; Adult Penalty – (Child under 16 yr.)	Y	Y	Y	N
01	102	1/1/98		School Attendance Child	CalWORKs Penalty - Failure to Attend School Regularly or Participate in work Activities; Child Penalty (Child 16 yr and older) Child's needs are taken out and adult's clock continues to tick. Child has no clock.	Y	Y	Y	N
01	103	1/1/98		Cooperation with Child Support	CalWORKs Penalty - Failure to Cooperate with Child Support without Good Cause; 25% grant Reduction.	Y	Y	Y	N
01	104	1/1/98		Fraud-False Docs for Children	CalWORKs Penalty - Fraud; Using False Documents for Non-Existent or Ineligible Children; Permanent Penalty.	Y	Y	Y	N
01	105	1/1/98		Fraud > 10K	CalWORKs Penalty - Fraud Exceeds $10,000; Permanent Penalty.	Y	Y	Y	N
01	106	1/1/98		Felony Fraud > 5K	CalWORKs Penalty - Felony Fraud Conviction $5,000 or More; Permanent Penalty.	Y	Y	Y	N
01	107	1/1/98		Fraud < 2K	CalWORKs Penalty - Fraud - Theft Less than $2,000; Two (2) Year Penalty.	Y	Y	Y	Y
01	108	1/1/98		Fraud ≥ 2K < 5K	CalWORKs Penalty - Fraud - Theft Between $2,000 - $4,999; Five (5) Year Penalty.	Y	Y	Y	Y
01	109	1/1/98		Fraud Duplicate App 1st	CalWORKs Penalty - Fraud – Duplicate Application - First (1st) Offense; Two (2) Year Penalty.	Y	Y	Y	Y

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
01	110	1/1/98		Fraud Duplicate App 2nd	CalWORKs Penalty - Fraud – Duplicate Application - Second (2nd) Offense; Four (4) Year Penalty.	Y	Y	Y	Y
01	111	1/1/98		Fraud Duplicate App 3rd	CalWORKs Penalty - Fraud – Duplicate Application - Third (3rd) Offense; Permanent Penalty.	Y	Y	Y	N
01	112	1/1/98		Fraud Duplicate Aid	CalWORKs Penalty - Duplicate CalWORKs Aid in Two (2) or More Counties or States; Permanent Penalty.	Y	Y	Y	N
01	113	1/1/98		Fraud Activity 1st CalWORKs	CalWORKs Penalty - CalWORKs False or Misleading Statements – First (1st) Offense; Six (6) Month Penalty.	Y	Y	Y	Y
01	114	1/1/98		Fraud Activity 2nd CalWORKs	CalWORKs Penalty - CalWORKs False or Misleading Statements – Second (2nd) Offense; Twelve (12) Month Penalty.	Y	Y	Y	Y
01	115	1/1/98		Fraud Activity 3rd CalWORKs	CalWORKs Penalty - CalWORKs False or Misleading Statements – Third (3rd) Offense; Permanent Penalty.	Y	Y	Y	N
01	150	1/1/98		Fraud Duplicate Aid	Food Stamp Penalty - Duplicate Food Stamp Program Aid in Two (2) or More Counties or States; Ten (10) Year Penalty.	N	N	N	Y
02	200*	1/1/98		1st Non-Comply	CalWORKs WTW Sanction - CalWORKs WTW Sanction – A sanction based on the first instance of noncompliance. This sanction remains in effect until the non-complying participant performs the activity(ies) he or she previously refused to perform; Excluded from the AU.	N	N	N	N

* Please refer to Page I-50 for additional information on this exception type

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
02	201*	1/1/98		Sanction – 2nd Non-Comply	CalWORKs WTW Sanction - A sanction based on the second instance of noncompliance. This sanction remains in effect for three months or until the non-complying participant performs the activity (ies) he or she previously refused to perform, whichever is longer; Excluded from the AU.	N	N	N	N
02	202*	1/1/98		Sanction – 3rd and Subsequent Non-Comply	CalWORKs WTW Sanction - A sanction based on the third or subsequent instance of noncompliance. This sanction remains in effect for six months or until the non-complying participant performs the activity (ies) he or she previously refused to perform, whichever is longer; Excluded from the AU.	N	N	N	N
02	203*	1/1/98		Fleeing Felons	CalWORKs Sanction - Individual is a Fleeing Felon or Person Violating a Condition of Probation or Parole; The Individual is Ineligible for Aid and Excluded from the AU.	N	N	N	N
02	204*	1/1/98		Drug Felon	CalWORKs Sanction - Individual has been Convicted for Conduct of a Felony for the Possession, Use or Distribution of a Controlled Substance. The individual is ineligible for aid and excluded from the AU.	N	N	N	N

* Please refer to Page I-50 for additional information on this exception type

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
02	205*	1/1/98		Child Support Assignment of Rts	CalWORKs Sanction - The Custodial Parent or Caretaker Relative Refuses to Assign Child Support Rights; The Parent or Caretaker is Ineligible for Aid and is Excluded from the AU.	N	N	N	N
02	206	1/1/98		Cal-Learn	Cal-Learn Sanction - The Aided Adult in an assistance unit containing a Cal-Learn Teen who is Sanctioned.	N	Y	Y	N
02	207	1/1/98		Cal-Learn	Cal-Learn Sanction – The Head of Household Teen Parent, aided as an adult, who is Sanctioned.	N	N	N	N
02	209	3/1/15		Removed from Aid	CalWORKs WTW Removed from Aid - Clients who have been removed from CalWORKs aid for failing to meet CalWORKs federal standards after exhausting the WTW 24-Month Time Clock.	N	N	N	N
03	300	1/1/98		Under 16 Years	CalWORKs WTW Exemption - Individual Under 16 Years of Age.	N	N	N	Y
03	301	1/1/98		Child Attending School	CalWORKs WTW Exemption - Child 16, 17 or 18, attending an Elementary, Secondary, Vocational or Technical School on a Full-Time Basis.	N	N	N	N
03	302	1/1/98		Disabled	CalWORKs WTW Exemption - Indv Who is Disabled, has Medical Verif that Disability is Expected to Last @ Least 30 Dys and Significantly Impairs Indv's Ability to be Employed or Participate in WTW Actv and Indv is Seeking Medical Treatment.	Y	N	N	N

* Please refer to Page I-50 for additional information on this exception type

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
03	303	1/1/98		60 Years of Age and Older	CalWORKs WTW Exemption - An Individual who Reaches Age Sixty (60) and Older.	Y	N	N	N
03	304	1/1/98		NPC Providing Care	CalWORKs WTW Exemption - Non-Parent Caretaker Rel with Primary Resp of Caring for Child who is a Dependent or Ward or at Risk of Plmt in Foster Care, Whose Caretaking Resp Impair Ability to be Employed or to Participate in WTW Activities.	Y	N	N	N
03	305	1/1/98		Caring for Ill or Incap	CalWORKs WTW Exemption - An Individual is Caring for an Ill or Incapacitated Person Residing in the Home and Whose Caretaking Responsibility Impairs His/Her Ability to be Regularly Employed or to Participate in WTW Activities.	Y	N	N	N
03	306	1/1/98		Pregnant and Cannot Work	CalWORKs WTW Exemption - A Woman who is Pregnant with Medical Verification that the Pregnancy Impairs Her Ability to be Regularly Employed.	Y	Y	N	Y
03	307	8/1/96		Cal-Learn Non-Head of HH	CalWORKs WTW Exemption – Individuals who are Eligible for Participating in, or Exempt from, the Cal-Learn Program when Receiving Aid in Their Parents AU.	N	N	N	N
03	308	1/1/98		Cal-Learn Head of HH	CalWORKs WTW Exemption - Individuals who are Eligible for, Participating in, or Exempt from, the Cal-Learn Program when Receiving Aid in their Own AU.	Y	N	N	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
03	309	1/1/98		1st Exemption for Child	CalWORKs WTW Exemption - First Exemption for Caring for Child 6 Months of Age or Under; (County Option to Lower Age to 12 Weeks or Raise to 1 Year Depending Upon Availability of Child Care and Job Opportunities).	Y	Y	N	Y
03	310	1/1/98		2nd Exemption for Child	CalWORKs WTW Exemption - Second and Subsequent Exempt for Care of Child 12 Weeks Old or Under; (Co may Extend to 6 Mos Depending on Avail of Child Care and Job Opportunities).	Y	Y	N	Y
03	313	8/1/96		Geographic	CalWORKs Exemption - Individual is Living in an Indian Country or Alaskan Native Village Where Unemployment is 50% or Above.	N	N	Y	N
03	314	1/1/98		Full Time VISTA Volunteer	CalWORKs WTW Exemption – Individual is a full time volunteer in the Volunteers in Service to America (VISTA) Program.	Y	Y	N	Y
03	315	1/1/98	11/30/04	Expiration of 18/24-Month WTW Time Clock	CalWORKs WTW – Individual has exhausted 18/24-month WTW time clock. Individual remains eligible for CalWORKs cash aid by participating in unsubsidized employment, unpaid community service, DOL WTW Grant program paid community service, and/or paid work experience for the required number of hours.	Y	Y	N	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
03	316	08/01/09	12/31/14	Exempt for WTW Participation	CalWORKs WTW Exemption - Exemption – Parents caring for child age 12 to 23 months and/or two children under age six.	Y	N	N	Y
03	317	01/01/13	12/31/14	Reengagement Process	CalWORKs WTW Reengagement Process – Parents caring for child age 12 months to 23 months and/or two children under age six who are in the process of being reengaged by their county.	Y	N	N	Y
03	318	01/01/13		Exemption for Child 0-23 Months of Age	CalWORKs 48-Month Time Limit and WTW 24-Month Time Clock Exemption – One time use exemption for caring for a child 0-23 months of age.	Y	N	N	N
03	319	01/01/13		Meeting CalWORKs Federal Standards	WTW 24-Month Time Clock – Every month a participant is scheduled to meet or actually meets CalWORKs federal standards through his or her participation in the program does not count toward his or her WTW 24-Month Time Clock.	Y	Y	N	N
03	320	01/01/13		Excused 2nd Parent from WTW Activities	WTW 24-Month Time Clock – In a two parent household, every month where the 1st parent is scheduled to meet the households total mandatory participation requirements will not count towards the 2nd parents WTW 24-Month Time Clock.	Y	Y	N	N
03	321	01/01/13		Participating in Appraisal, Assessment, or Development of a WTW Plan	WTW 24-Month Time Clock – Every month a participant is in WTW appraisal, assessment, or in the development of a WTW Plan does not count toward his or her WTW 24-Month Time Clock.	Y	Y	N	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
03	322	01/01/13		Participating in WTW Job Search	WTW 24-Month Time Clock – Months an individual is participating in a WTW Plan where job search is at least 50 percent of the client's participation hours in the month will not count toward his or her WTW 24-Month Time Clock. This is allowed for two months in a 12-month period and the client must first exhaust his or her federally countable job search allowance.	Y	Y	N	N
03	376	1/1/98		Reimbursed Child Support	SYSTEM GENERATED-CalWORKs Exemption - Any Month in which the Cost of the Aid is Fully Reimbursed by Child Support	Y	N	Y	N
03	377	1/1/98		Grant Amount $10 or Less	SYSTEM GENERATED-CalWORKs Exemption - Recipient does not Receive a Cash Grant Payment for the Month as Grant Amount is $10 or Less.	Y	N	Y	N
04	401	1/1/98		Time Good Cause - 48 Month Limit	CalWORKs 48-Month Clock – County option to provide good cause waiver of 48-month time limit requirements for domestic violence.	Y	N	Y	N
04	402	1/1/98		Time Good Cause – 18-Month or 24-Month Limit	CalWORKs WTW 18-Month or 24-Month Clock - County option to provide good cause waiver of 18-Month or 24-month time limit requirements for domestic violence.	Y	Y	N	N
04	403	1/1/98		Time Good Cause – 48-Month and 18-Month or 24-Month Limits	CalWORKs 48 and WTW 18-Month or 24 -Month Clock - County Option to provide good cause waiver of time limit requirements for domestic violence.	Y	N	N	N
04	404	1/1/98		Time Good Cause – SIP	Self-Initiated Program participant has good cause for non-participation in WTW activities.	Y	Y	N	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
04	405	1/1/98		WTW Clock Adjustment-Failure to Benefit from Assigned Activities.	The county has determined the individual did not benefit from previously assigned WTW activities due to a mental health, substance abuse, domestic abuse, or learning disability that was not detected prior to assignment to that activity (ies). (This adjustment applies only during the time an individual is a recipient of cash aid.)	Y	Y	N	N
04	406	1/1/98		WTW Clock Adjustment-Instructed by CDSS to Adjust Clock	The county has been instructed by CDSS in an ACL to adjust the WTW clock as a remedy to a demand letter or lawsuit. (This adjustment applies only during the time an individual is a recipient of cash aid.)	Y	Y	N	N
04	407	08/01/09	01/31/13	Time Good Cause – CalWORKs 48 Mth Limit	CalWORKs 48-Month Clock - Lack of Supportive Services available from the county.	Y	N	N[1]	Y
04	408	1/1/2013		WTW Good Cause	WTW 24-Month Time Clock – Months an individual is given good cause for not participating in WTW for at least 50 percent of his or her hourly work participation requirement will not count toward the client's WTW 24-Month Time Clock. This does not include good cause waivers due to domestic violence; those are tracked under separate codes.	Y	Y	N	N
05*	500	1/1/98		Excluded Person	An Individual who may be Included in the Grant Computation but is Not Included in the Benefit Payment Amount.	N	N	N	N

* Please refer to Page I-62 for additional information on this exception type.

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
06	600	1/1/03		SDI, TDI, IHSS, or SSP Benefits	CalWORKs Extender – Individual is receiving SDI, TDI, IHSS or SSP benefits and the qualifying disability impairs his/her ability to work.	N[1]	Y	N[1]	N
06	601	1/1/03		60 Years of Age and Older	CalWORKs Extender – An individual who reaches age Sixty (60) or older.	N[1]	Y	N[1]	N
06	602	1/1/03		NPC Providing Care	CalWORKs Extender – Non-Parent caretaker with primary responsibility of caring for child who is a dependent or ward or at risk of placement in foster care and whose care taking responsibility impair his/her ability to be employed or to participate in WTW activities.	N[1]	Y	N[1]	N
06	603	1/1/03		Caring for Ill or Incapacitated	CalWORKs Extender – An Individual is Caring for an Ill or Incapacitated Person Residing in the Home and Whose Care Taking Responsibility Impairs His/Her Ability to be Regularly Employed or to Participate in WTW Activities.	N[1]	Y	N[1]	N
06	604	1/1/03		Unable to Maintain Employment or Participate	CalWORKs Extender – Individual is Incapable of Maintaining Employment or Participating in Welfare-to-Work Activities (County Assessment).	N[1]	Y	N[1]	N
06	605	1/1/03		Domestic Abuse Good Cause – for 48 Month Time Limit Extender	CalWORKs 48-Month Clock Extender – County Option to Provide Good Cause Waiver of 48-month Time Limit Requirements for Victim of Domestic Abuse.	N[1]	Y	N[1]	N
06	606	1/1/15		Employment	Extension of the WTW 24-Month Time Clock - Individual is likely to obtain employment within six months.	N[2]	N[2]	Y	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
06	607	1/1/15		Labor Market	Extension of the WTW 24-Month Time Clock - Individual has encountered unique labor market barriers temporarily preventing employment, and therefore needs additional time to obtain employment.	N[2]	N[2]	Y	N
06	608	1/1/15		Education	Extension of the WTW 24-Month Time Clock - Individual has achieved satisfactory progress in an educational program, including adult basic education, vocational education, or a self-initiated program that has a known graduation, transfer, or completion date that would meaningfully increase the likelihood of his or her employment.	N[2]	N[2]	Y	N
06	609	1/1/15		Treatment	Extension of the WTW 24-Month Time Clock - Individual has achieved satisfactory progress in a treatment program that has a known completion date that would meaningfully increase the likelihood of his or her employment.	N[2]	N[2]	Y	N
06	610	1/1/15		Disablity	Extension of the WTW 24-Month Time Clock - Individual needs an additional period of time to complete a welfare-to-work activity specified in his or her welfare-to-work case plan due to a diagnosed learning or other disability, so as to meaningfully increase his or her likelihood of employment.	N[2]	N[2]	Y	N
06	611	1/1/15		SSI Applicatioon	Extension of the WTW 24-Month Time Clock - Individual has submitted an application to receive SSI disability benefits, and a hearing date has been established.	N[2]	N[2]	Y	N

PGM EXC CD	PGM EXC RSN CD	START DATE	END DATE	PROGRAM EXCEPTION REASON NAME	PROGRAM EXCEPTION REASON TEXT	PGM EXC TANF 60 FG	PGM EXC CW 48 FG	PGM EXC WtW 24 FG	PGM EXC END DT FG
06	612	1/1/15		Two-Parent	Extension of the WTW 24-Month Time Clock - Individual is a member of a two-parent assistance unit where the other parent has yet to exhaust his or her Welfare-to-Work 24-Month Time Clock on the condition that both parents' combined participation will meet CalWORKs minimum standards.	N[2]	N[2]	Y	N
07	700	12/1/96		Repayment of Overpayment Month	TANF/CalWORKs Repayment - An entire month of aid, to which the AU was not eligible, that is fully repaid by grant reduction or any other means.	N	N	Y	Y
07	701	1/1/98		Repayment of Overpayment Month for CalWORKs 48-Month Time Limit	CalWORKs Repayment – An entire month of aid, to which the AU was not eligible, that is fully repaid by grant reduction or any other means; but TANF "assistance" provided and NOT repaid.	Y	N	Y	Y

Comments
The TRAC Application screens utilize this code type as follows:

ESUM
Program Exception Reason Code displays under column labeled REASON

ESUM
Program Exception Reason Name displays under column labeled DESCRIPTION

EDET
Program Exception Reason Code displays next to the row labeled EXCEPTION REASON.

N[1] – These Extenders ONLY APPLY to the CalWORKs Time Clock and NOT to the TANF & WTW Time Clocks.

N2 – These Extenders ONLY APPLY to the WTW Time Clock and NOT to the TANF & CalWORKs Time Clocks.

Program Participation System Code

Business Description
A code that indicates the source of the data contained in the record.

Business Need
To identify whether the source of the data came from either MEDS or County Welfare. This helps differentiate the MEDS records from the county records sent directly to the TRAC Application.

Standard Values

PROGRAM SOURCE CODE	SHORT NAME	HELP TEXT
MEDS	MEDS	The Medi-Cal Eligibility Data System (MEDS) is the Source of this Record
CTWF	County Welfare	The County Welfare Agency is the Source of this Record

Comments
These code values are system generated as records are written to the database. These codes are displayed on the Program Participation Update Screen, under PGMPT SYS CODE.

Program Participation Type Code

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards time limits.

Business Need
This table of combination values is necessary to accurately determine Welfare Reform time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
02	30	10/1/82	12/31/97	AFDC – Aid to Families with Dependent Children, Cash Grant – Family Group (Linked Medi-Cal) – AFDC/TANF funds - No SOC	N	Y	N	N	N
02	32	10/1/82	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Family Group – State Only funds - No SOC - Provides aid to pregnant women before their last trimester.	N	N	N	N	N
02	33	7/1/91	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Unemployed Parent – State Only funds - No SOC - Provides aid to pregnant women before their last trimester.	N	N	N	N	N
02	35	10/1/82	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – AFDC/TANF funds – Unemployed Parent No SOC	N	Y	N	N	N
02	3E	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Legal Immigrant – Family Group - Mixed Federal/Non-Federal AU – AFDC/TANF funds	F	Y	N	N	N
02	3E	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Legal Immigrant – Family Group - Mixed Federal/Non-Federal AU – State Only funds.	S	N	N	N	N
02	3G	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Family Group – State Only funds - Exempt from Grant Reduction No SOC	N	N	N	N	N
02	3H	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Unemployed Parent – State Only funds – Exempt from Grant Reduction No SOC	N	N	N	N	N
02	3P	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Unemployed Parent, AFDC/TANF funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	N	N	N
02	3R	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Cash Grant – Family Group – AFDC/TANF funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	N	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
02	3U	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Legal Immigrant - Unemployed Parent - Mixed Federal/Non-Federal AU – AFDC/TANF funds.	F	Y	N	N	N
02	3U	8/1/96	12/31/97	AFDC, Aid to Families with Dependent Children, Legal Immigrant - Unemployed Parent - Mixed Federal/Non-Federal AU – State Only funds.	S	N	N	N	N
04	30	1/1/98	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant Family Group Includes sanctioned Cal-Learn Families(Linked Medi-Cal) - TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
04	32	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Aid to All Families – CalWORKs Only funds –(Linked Medi-Cal) No SOC	N	N	Y	Y	N
04	33	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant – Unemployed Parent – CalWORKs Only funds – No SOC	N	N	Y	Y	N
04	35	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant – TANF/CalWORKs funds – Unemployed Parent No SOC	N	Y	Y	Y	N
04	3E	1/1/98	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N
04	3E	1/1/98	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – CalWORKs Only funds.	S	N	Y	Y	N
04	3G	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant – Family Group – CalWORKs Only funds - Exempt from Grant Reduction No SOC	N	N	Y	Y	N
04	3H	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant – Unemployed Parent – CalWORKs Only funds – Exempt from Grant Reduction No SOC	N	N	Y	Y	N
04	3L	1/1/98	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group- CalWORKs Only funds.	N	N	Y	Y	N
04	3M	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Unemployed Parent - CalWORKs Only funds	N	N	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	3P	1/1/98	11/30/04	CalWORKs – California Work Opportunity and Responsibility for Kids Program, Cash Grant – Unemployed Parent(Linked Medi-Cal) Exempt from Grant Reduction - TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
04	3R	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Family Group, TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	Y	N
04	3U	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Unemployed Parent – Mixed Federal/Non-Federal AU – TANF/CalWORKs funds.	F	Y	Y	Y	N
04	3U	1/1/98	9/30/99	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Unemployed Parent – Mixed Federal/Non-Federal AU – CalWORKs Only funds.	S	N	Y	Y	N
13	3J	1/1/98		DIVERSION, Diversion Assistance, CalWORKs – Family Group- TANF/CalWORKs funds.	N	Y	Y	N	Y
13	3K	1/1/98	9/30/99	DIVERSION, Diversion Assistance, CalWORKs – Unemployed Parent – TANF/CalWORKs funds	N	Y	Y	N	Y
13	3X	1/1/98		DIVERSION, Diversion Assistance, CalWORKs – Family Group – CalWORKs Only - Includes Legal Immigrants	N	N	Y	N	Y
13	3Y	1/1/98	9/30/99	DIVERSION, Diversion Assistance, CalWORKs – Unemployed Parent - CalWORKs Only funds - Includes Legal Immigrants	N	N	Y	N	Y
14	3J	1/1/98		DIV (SO), Diversion Services Only (Non-Cash), CalWORKs – Family Group – TANF/CalWORKs funds	N	Y	Y	N	Y
14	3K	1/1/98	9/30/99	DIV (SO), Diversion Services Only (Non-Cash), CalWORKs – Unemployed Parent - TANF/CalWORKs funds	N	Y	Y	N	Y
14	3X	1/1/98		DIV (SO), Diversion Services Only (Non-Cash), CalWORKs – Family Group –CalWORKs Only funds - Includes Legal Immigrants	N	N	Y	N	Y
14	3Y	1/1/98	9/30/99	DIV (SO), Diversion Services Only (Non-Cash), CalWORKs – Unemployed Parent - CalWORKs Only funds - Includes Legal Immigrants	N	N	Y	N	Y
16	08	10/1/87		ECA, Entrant Cash Assistance, Cuban/Haitian No SOC – Non-TANF Federal funds.	N	N	N	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
24	30	2/1/88	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) – TANF/CalWORKs funds -No SOC	N	Y	Y	Y	N
24	32	2/1/88	09/30/99	PERM HOME, Homeless Assistance – Permanent Shelter, Aid to Family Group – CalWORKs Only funds – (Linked Medi-Cal) No SOC	N	N	Y	Y	N
24	33	7/1/91	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, - Aid to Family Group –CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	Y	N
24	35	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, - Unemployed Parent – TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
24	3E	2/1/88	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N
24	3E	2/1/88	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	Y	N
24	3G	2/1/88	9/30/99	PERM HOME, Homeless Assistance – Permanent Shelter, - Legal Immigrant - Family Group – CalWORKs Only funds - Exempt from Grant Reduction No SOC	N	N	Y	Y	N
24	3H	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, - Cash Grant – Unemployed Parent – CalWORKs Only funds– Exempt from Grant Reduction – No SOC	N	N	Y	Y	N
24	3L	2/1/88	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, Legal Immigrant – Family Group-CalWORKs Only funds	N	N	Y	Y	N
24	3M	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, Legal Immigrant - Unemployed Parent – CalWORKs Only funds	N	N	Y	Y	N
24	3P	2/1/88	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, - Cash Grant, Unemployed Parent – TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	Y	N
24	3R	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, Family Group – TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	Y	N
24	3U	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, Unemployed Parent – Legal Immigrant - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
24	3U	2/1/88	9/30/99	PERM HOME, Homeless Assistance - Permanent Shelter, Unemployed Parent – Legal Immigrant - Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	Y	N
25	01	10/1/87		RCA, Refugee Cash Assistance, No SOC – Non-TANF Federal funds	N	N	N	N	N
25	0A	10/1/87		RCA, Refugee Cash Assistance, Exempt from Grant Reduction – Non-TANF Federal funds	N	N	N	N	N
33	30	2/1/88	11/30/04	TEMP HOME, Homeless Assistance - Temporary Shelter, Family Group (Linked Medi-Cal) – TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
33	32	2/1/88	9/30/99	TEMP HOME, Homeless Assistance – Temporary Shelter, Aid to Family Group – CalWORKs Only funds – (Linked Medi-Cal) No SOC	N	N	Y	Y	N
33	33	7/1/91	9/30/99	TEMP HOME, Homeless Assistance – Temporary Shelter, Aid to Family Group- CalWORKs Only funds - (Linked to Medi-Cal) No SOC, Provides aid to pregnant women before their last trimester.	N	N	Y	Y	N
33	35	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter Cash Grant – TANF/CalWORKs funds – Unemployed Parent – No SOC	N	Y	Y	Y	N
33	3E	2/1/88	11/30/04	TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N
33	3E	2/1/88	11/30/04	TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	Y	N
33	3G	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant – Family Group – CalWORKs Only funds – Exempt from Grant Reduction No SOC	N	N	Y	Y	N
33	3H	2/1/88	9/30/99	TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Cash Grant – Unemployed Parent – CalWORKs Only funds – Exempt from Grant Reduction No SOC	N	N	Y	Y	N
33	3L	2/1/88	11/30/04	TEMP HOME, Homeless Assistance - Temporary Shelter Legal Immigrant - Family Group- CalWORKs Only funds.	N	N	Y	Y	N
33	3M	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter Legal Immigrant - Unemployed Parent – CalWORKs Only funds	N	N	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
33	3P	2/1/88	11/30/04	TEMP HOME, Homeless Assistance - Temporary Shelter, CalWORKs - Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) Exempt from Grant Reduction – TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
33	3R	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter, Family Group – TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	Y	N
33	3U	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter, Unemployed Parent - Legal Immigrant - Mixed Federal/Non-Federal AU – TANF/CalWORKs Only funds	F	Y	Y	Y	N
33	3U	2/1/88	9/30/99	TEMP HOME, Homeless Assistance - Temporary Shelter, Unemployed Parent - Legal Immigrant - Mixed Federal/Non-Federal AU – CalWORKs Only funds.	S	N	Y	Y	N
SG	SS	1/1/98		SYSTEM GENERATED- Individual is a Former Recipient of Cash Aid and Receives Only Child Care, Case Management or Supportive Services. – TANF/CalWORKs funds.	N	Y	N	N	N

Comments

The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Participation Type Code 10/01/99

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards time limits. These valid combinations are effective beginning 10/1/99 as a result of ACL 99-54 regarding Two-Parent Families. This table contains a sub-set of the valid combinations in the Program Participation Type Code table that are affected by ACL 99-54.

Business Need
This table of combination values is necessary to accurately determine time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	32	8/1/01	12/31/03	TANF Timed-Out, (State) – Cash Grant – Aid to a family in which the head-of-household or spouse of head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
04	33	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant – Zero Parent Cases (Child Only AU) – TANF/CalWORKs funds - (Linked Medi-Cal) No SOC	N	N	N	N	N
04	35	10/1/99	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	Y	N
04	3G	10/1/99		CalWORKs, California Work Opportunity and Responsibility to Kids Program, Cash Grant – Legal Immigrant – Zero Parent Case (Child-only AU), CalWORKs only funds.	N	N	N	N	N
04	3H	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant - Zero Parent Case (Child Only AU) – Mixed Federal/Non-Federal AU – TANF/CalWORKs funds - No SOC	F	N	N	N	N
04	3H	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant - Zero Parent Case (Child Only AU) – Mixed Federal/Non-Federal AU – CalWORKs Only funds - No SOC	S	N	N	N	N
04	3M	10/1/99	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – CalWORKs Only funds.	N	N	Y	Y	N
04	3R	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Zero Parent Case	N	N	N	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
				(Child only AU), TANF/CalWORKs funds (Linked Medi-Cal) Exempt from Grant Reduction. No SOC.					
04	3U	10/1/99	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
04	3U	10/1/99	11/30/04	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Case State-Only Funds.	S	N	Y	Y	N
04	3W	8/1/01	12/31/03	TANF Timed-Out, (State) – Cash Grant – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
13	3K	10/1/99		Diversion, Diversion Assistance, CalWORKs – Two-Parent Families – TANF/CalWORKs funds.	N	Y	Y	N	Y
13	3Y	10/1/99		Diversion, Diversion Assistance, CalWORKs – Two-Parent Families – Includes Legal Immigrants. CalWORKs Only funds.	N	N	Y	N	Y
14	3K	10/1/99		DIV (SO) Diversion Services Only (Non-Cash), CalWORKs – Two-Parent Families. TANF/CalWORKs funds.	N	Y	Y	N	Y
14	3Y	10/1/99		DIV (SO) Diversion Services Only (Non-Cash), CalWORKs – Two-Parent Families, Includes Legal Immigrants. CalWORKs Only funds.	N	N	Y	N	Y
24	32	8/1/01	12/31/03	PERM HOME, Homeless Assistance - Permanent Shelter. TANF Timed-Out, (State) – Cash Grant – Aid to a family in which the head-of-household or spouse of head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
24	33	10/1/99		PERM HOME, Homeless Assistance - Permanent Shelter, - Zero Parent Case (Child Only AU) – TANF/CalWORKs funds - (Linked Medi-Cal) No SOC	N	N	N	N	N
24	35	10/1/99	11/30/04	PERM HOME, Homeless Assistance - Permanent Shelter, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	Y	N
24	3G	10/1/99		CalWORKs, California Work Opportunity and Responsibility to Kids Program, Cash Grant – Legal	N	N	N	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
				Immigrant – Zero Parent Case (Child-only AU), CalWORKs only funds.					
24	3H	10/1/99		PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - Zero Parent Case (Child Only AU) - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds - No SOC	F	N	N	N	N
24	3H	10/1/99		PERM HOME, Homeless Assistance – Permanent Shelter, - Legal Immigrant - Zero Parent Case (Child Only AU) - Mixed Federal/Non-Federal AU – CalWORKs Only funds -No SOC	S	N	N	N	N
24	3M	10/1/99	11/30/04	PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	Y	N
24	3R	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Zero Parent Case (Child only AU), TANF/CalWORKs funds (Linked Medi-Cal) Exempt from Grant Reduction. No SOC.	N	N	N	N	N
24	3U	10/1/99	11/30/04	PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S; however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
24	3U	10/1/99	11/30/04	PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Case.	S	N	Y	Y	N
24	3W	8/1/01	12/31/03	PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out, Mixed Case (State) – Aid to a family (mixed case) in which the head-of-household or spouse of head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
33	32	8/1/01	12/31/03	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out, (State) – Cash Grant – Aid to a family in which the head-of-household or spouse of head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
33	33	10/1/99		TEMP HOME, Homeless Assistance – Temporary Shelter, Zero Parent Case (Child Only AU) – TANF/CalWORKs funds - (Linked Medi-Cal) No SOC	N	N	N	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
33	35	10/1/99	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter Two-Parent Families CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	Y	N
33	3G	10/1/99		CalWORKs, California Work Opportunity and Responsibility to Kids Program, Cash Grant – Legal Immigrant – Zero Parent Case (Child-only AU), CalWORKs only funds.	N	N	N	N	N
33	3H	10/1/99		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant - Zero Parent Case (Child Only AU) - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds - No SOC	F	N	N	N	N
33	3H	10/1/99		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant - Zero Parent Case (Child Only AU)- Mixed Federal/Non-Federal AU – CalWORKs Only funds -No SOC	S	N	N	N	N
33	3M	10/1/99	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	Y	N
33	3R	10/1/99		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Zero Parent Case (Child only AU), TANF/CalWORKs funds (Linked Medi-Cal) Exempt from Grant Reduction. No SOC.	N	N	N	N	N
33	3U	10/1/99	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
33	3U	10/1/99	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Case State-Only funds.	S	N	Y	Y	N
33	3W	8/1/01	12/31/03	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out mixed case (State) – Aid to a family (mixed case) in which the head-of-household or spouse of head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N

Comments

The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Participation Type Code 01/01/04

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. These valid combinations are effective 01/01/04 as a result of County Fiscal Letter (CFL) NO. 03/04-36 which states that the funding for aid codes 32 and 3W has been changed to federal.

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	32	1/1/04	11/30/04	TANF Timed-Out, (federal TANF funds) – Cash Grant – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N
04	3W	1/1/04	11/30/04	TANF Timed-Out, Mixed Case (federal TANF funds) – Cash Grant – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N
24	32	1/1/04	11/30/04	PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N
24	3W	1/1/04	11/30/04	PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N
33	32	1/1/04	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N
33	3W	1/1/04	11/30/04	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	Y	N

Comments

The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Participation Type Code 12/01/04

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. These valid combinations are effective 12/01/04 as a result of All County Letter (ACL) 04-41, which states that the 18- or 24-month WTW time limit has been eliminated. The change was triggered by state legislation that aims to strengthen the work focus of the CalWORKs WTW program, allow individuals to receive the services and the skills necessary to obtain employment sooner, and help the state meet its work participation requirement.

Business Need
This table of combination values is necessary to accurately determine Welfare time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	30	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant Family Group Includes sanctioned Cal-Learn Families(Linked Medi-Cal) - TANF/CalWORKs funds - No SOC	N	Y	Y	N	N
04	32	12/01/04	6/30/09	TANF Timed-Out, (federal TANF funds) – Cash Grant – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N
04	35	12/01/04	9/30/06	CalWORKs, California Work Opportunity and Responsibility for Kids Program, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	N	N
04	3E	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	N	N
04	3E	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – CalWORKs Only funds.	S	N	Y	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	3L	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group- CalWORKs Only funds.	N	N	Y	N	N
04	3M	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – CalWORKs Only funds.	N	N	Y	N	N
04	3P	12/01/04		CalWORKs – California Work Opportunity and Responsibility for Kids Program, Cash Grant – Unemployed Parent(Linked Medi-Cal) Exempt from Grant Reduction - TANF/CalWORKs funds - No SOC	N	Y	Y	N	N
04	3U	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	N	N
04	3U	12/01/04		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Case State-Only Funds.	S	N	Y	N	N
04	3W	12/01/04	6/30/09	TANF Timed-Out, Mixed Case (federal TANF funds) – Cash Grant – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N
24	30	12/01/04		PERM HOME, Homeless Assistance - Permanent Shelter, Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) – TANF/CalWORKs funds -No SOC	N	Y	Y	N	N
24	32	12/01/04	6/30/09	PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N
24	35	12/01/04	09/30/06	PERM HOME, Homeless Assistance - Permanent Shelter, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
24	3E	12/01/04		PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	N	N
24	3E	12/01/04		PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	N	N
24	3L	12/01/04		PERM HOME, Homeless Assistance - Permanent Shelter, Legal Immigrant – Family Group- CalWORKs Only funds	N	N	Y	N	N
24	3M	12/01/04		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	N	N
24	3P	12/01/04		PERM HOME, Homeless Assistance - Permanent Shelter, - Cash Grant, Unemployed Parent – TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	N	N
24	3U	12/01/04		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S; however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	N	N
24	3U	12/01/04		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Case.	S	N	Y	N	N
24	3W	12/01/04	6/30/09	PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N
33	30	12/01/04		TEMP HOME, Homeless Assistance - Temporary Shelter, Family Group (Linked Medi-Cal) – TANF/CalWORKs funds - No SOC	N	Y	Y	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
33	32	12/01/04	6/30/09	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N
33	35	12/01/04	09/30/06	TEMP HOME, Homeless Assistance – Temporary Shelter Two-Parent Families CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	N	Y	N	N
33	3E	12/01/04		TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	N	N
33	3E	12/01/04		TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	N	N
33	3L	12/01/04		TEMP HOME, Homeless Assistance - Temporary Shelter Legal Immigrant - Family Group- CalWORKs Only funds.	N	N	Y	N	N
33	3M	12/01/04		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	N	N
33	3P	12/01/04		TEMP HOME, Homeless Assistance - Temporary Shelter, CalWORKs - Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) Exempt from Grant Reduction – TANF/CalWORKs funds - No SOC	N	Y	Y	N	N
33	3U	12/01/04		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	N	N
33	3U	12/01/04		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Case State-Only funds.	S	N	Y	N	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
33	3W	12/01/04	6/30/09	TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	Y	Y	N	N

Program Participation Type Code 10/01/06

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. This valid combination is effective 10/01/06 as a result of All County Letter (ACL) 06-45, which establishes that aid code 35 had been redefined to specify the new funding source. The new aid code 35 will now claim two–parent families as federal commingled funded cases. A two-parent family in aid code 35 is an Assistance Unit (AU) that includes two aided parents of the same aided or SSI/SSP minor child (living in the home), unless both parents are aided minors and neither parent is the head-of household. This change will also apply to the Homeless Assistance Program for two-parent AUs.

Business Need
This table of combination values is necessary to accurately determine Welfare time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	35	10/01/06		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Two-Parent Families – CalWORKs /TANF- (Linked Medi-Cal) No SOC	N	Y	Y	N	N
24	35	10/01/06		PERM HOME, Homeless Assistance - Permanent Shelter, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	Y	Y	N	N
33	35	10/01/06		TEMP HOME, Homeless Assistance – Temporary Shelter Two-Parent Families CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	Y	Y	N	N

Program Participation Type Code 07/01/09

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. These valid combinations are effective 07/01/09 as a result of County Fiscal Letter (CFL) NO. 09/10-19 and All County Letter (ACL) 10-30E *ERRATA* which states the funding source for Aid Codes 32 and 3W has been changed to state funding.

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	CW 1824 FG	DIV FG
04	32	07/1/09		TANF Timed-Out, (federal TANF funds) – Cash Grant – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N
04	3W	07/1/09		TANF Timed-Out, Mixed Case (federal TANF funds) – Cash Grant – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N
24	32	07/1/09		PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N
24	3W	07/1/09		PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N
33	32	07/1/09		TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N
33	3W	07/1/09		TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	N	N

Comments
The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Participation Type Code 01/01/13

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. These valid combinations are effective 01/01/13 as a result of All County Letter (ACL) 12-67, regarding the WTW 24-month time limit. The change was triggered by state legislation that aims to strengthen the work focus of the CalWORKs WTW program, allow individuals to receive the services and the skills necessary to obtain employment sooner, and help the state meet its work participation requirement.

Business Need
This table of combination values is necessary to accurately determine Welfare time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
04	30	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Cash Grant Family Group Includes sanctioned Cal-Learn Families(Linked Medi-Cal) - TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
04	32	01/01/13		TANF Timed-Out, (federal TANF funds) – Cash Grant – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
04	35	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Two-Parent Families – CalWORKs /TANF- (Linked Medi-Cal) No SOC	N	Y	Y	Y	N
04	3E	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N
04	3E	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group – Mixed Federal/Non-Federal AU – CalWORKs Only funds.	S	N	Y	Y	N
04	3L	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant – Family Group- CalWORKs Only funds.	N	N	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
04	3M	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – CalWORKs Only funds.	N	N	Y	Y	N
04	3P	01/01/13		CalWORKs – California Work Opportunity and Responsibility for Kids Program, Cash Grant – Unemployed Parent(Linked Medi-Cal) Exempt from Grant Reduction - TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N
04	3U	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
04	3U	01/01/13		CalWORKs, California Work Opportunity and Responsibility for Kids Program, Legal Immigrant, Two-Parent Families – Mixed Case State-Only Funds.	S	N	Y	Y	N
04	3W	01/01/13		TANF Timed-Out, Mixed Case (federal TANF funds) – Cash Grant – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
24	30	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) – TANF/CalWORKs funds -No SOC	N	Y	Y	Y	N
24	32	01/01/13		PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
24	35	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, Two-Parent Families – CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	Y	Y	Y	N
24	3E	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
24	3E	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, - Legal Immigrant - All Families- - Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	Y	N
24	3L	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, Legal Immigrant – Family Group- CalWORKs Only funds	N	N	Y	Y	N
24	3M	01/01/13		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	Y	N
24	3P	01/01/13		PERM HOME, Homeless Assistance - Permanent Shelter, - Cash Grant, Unemployed Parent – TANF/CalWORKs funds - (Linked Medi-Cal) Exempt from Grant Reduction No SOC	N	Y	Y	Y	N
24	3U	01/01/13		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs Only funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S; however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
24	3U	01/01/13		PERM HOME, Homeless Assistance – Permanent Shelter, Legal Immigrant, Two-Parent Families – Mixed Case.	S	N	Y	Y	N
24	3W	01/01/13		PERM HOME, Homeless Assistance – Permanent Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
33	30	01/01/13		TEMP HOME, Homeless Assistance - Temporary Shelter, Family Group (Linked Medi-Cal) – TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
33	32	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out (federal TANF funds) – Aid to a family in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N
33	35	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter Two-Parent Families CalWORKs Only funds - (Linked Medi-Cal) No SOC	N	Y	Y	Y	N
33	3E	01/01/13		TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – TANF/CalWORKs funds	F	Y	Y	Y	N
33	3E	01/01/13		TEMP HOME, Homeless Assistance - Temporary Shelter, - Legal Immigrant - Family Group- Mixed Federal/Non-Federal AU – CalWORKs Only funds	S	N	Y	Y	N
33	3L	01/01/13		TEMP HOME, Homeless Assistance - Temporary Shelter Legal Immigrant - Family Group- CalWORKs Only funds.	N	N	Y	Y	N
33	3M	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families. CalWORKs Only funds.	N	N	Y	Y	N
33	3P	01/01/13		TEMP HOME, Homeless Assistance - Temporary Shelter, CalWORKs - Family Group - Includes Sanctioned Cal-Learn Families(Linked Medi-Cal) Exempt from Grant Reduction – TANF/CalWORKs funds - No SOC	N	Y	Y	Y	N

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
33	3U	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Federal/Non-federal AU TANF/CalWORKs funds. *(In accordance with the clarification received in CFL 01/02 –31 the FED STATE ONLY IND for this must be S however, some records exist where the indicator was sent with F. These will be accepted and the Timeclocks will tick as stated across.)*	F	N	Y	Y	N
33	3U	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter, Legal Immigrant – Two-Parent Families – Mixed Case State-Only funds.	S	N	Y	Y	N
33	3W	01/01/13		TEMP HOME, Homeless Assistance – Temporary Shelter. TANF Timed-Out, Mixed Case (federal TANF funds) – Aid to a family, (mixed case) in which the head-of-household or spouse of the head-of-household has received TANF assistance for 60 months.	N	N	Y	Y	N

Comments

The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Participation Type Code 01/01/17

Business Description
Facts describing a valid combination of a Program Type and Aid Type, and whether or not this combination counts towards the time limits. These valid combinations are effective 01/01/17 as a result of All County Letter (ACL) 17-01, regarding the Trafficking and Crime Victims Program (TCVAP). TCVAP data is being tracked for proper data reporting, fiscal claiming purposes, and insuring time limit on aid is not exceeded.

Any months with the 04/R1 (Program Type/Aid Code), prior to 01/01/2017 will not tick in the TRAC system.

Business Need
This table of combination values is necessary to accurately determine Welfare time limits for individuals.

Standard Values

PGM TYPE CD	AID CD	START DATE	END DATE	PGM PT TYP TXT	FED STATE ONLY IND	TANF 60 FG	CW 48 FG	WtW 24 FG	DIV FG
04	R1	01/01/17		TCVAP CalWORKs – (For trafficking victims who have a child under age 18) Identifies and tracks expenditures of eligible non-citizen trafficking victims who are ineligible for federal benefits.	S	N	Y	Y	N
25	1V	01/01/17		Refugee Cash Assistance (RCA) i.e. TCVAP Cash Assistance – Identifies and tracks expenditures of eligible non-citizen single adult human trafficking, domestic violence, and other serious crimes victim aid recipients. Although titled "RCA," this is not federally-funded RCA. It is modeled after RCA and follows the RCA time limits. It is titled this way to stay consistent with the MEDS Aid Code guide.	S	N	N	N	N

Comments
The Federal/State Only Indicator is used to determine if an Aid Code impacts the Federal (TANF) or State (CalWORKs) time clocks for mixed federal/nonfederal AU cases. Valid values for the indicator are N = Not applicable, F = Federal clock, S = State clock. Default = N.

Program Type Code

Business Description
A unique code identifying a category of program benefits that a person or group of people can apply for and receive from an agency.

Business Need
Information used to determine specific program participation within an aid code.

Standard Values
This data element has two purposes:

1. Differentiate multiple programs when one aid code is used to authorize multiple programs.
2. Communicate to welfare-related agencies that may not know the definitions of the aid codes.

PROGRAM TYPE CODE	PROGRAM TYPE NAME	PROGRAM TYPE TEXT	PROGRAM TYPE CASH FLAG
02	AFDC	Aid to Families with Dependent Children	Y
04	CALWORKs	California Work Opportunity and Responsibility for Kids Program	Y
13	DIVERSION	Diversion Assistance	Y
14	DIV (SO)	Diversion Services Only (Non-Cash)	N
16	ECA	Entrant Cash Assistance	Y
24	PERM HOME	Homeless Assistance - Permanent Shelter	Y
25	RCA	Refugee Cash Assistance	Y
33	TEMP HOME	Homeless Assistance - Temporary Shelter	Y

Comments

The Program Type Code "02" (AFDC) ended on 12/31/1997.

The TRAC Application screens utilize this code type as follows:

PSUM
Program Type Name displays under column labeled PROGRAM.

PDET
Program Type Name displays next to row labeled PROGRAM.

Screen Help Type Code

Business Description
Facts describing a screen and its functionality.

Business Need
Information used to provide the user with a screen description.

Standard Values

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
AIND00	001	S	AIND	ADD INDIVIDUAL SCREEN (AIND) ALLOWS THE USER TO ADD INDIVIDUAL DATA
AIND00	002	S	AIND	USERS WITH UPDATE ACCESS CAN ADD A RECORD FROM THEIR COUNTY
AIND00	003	S	AIND	
AIND00	004	S	AIND	SOCIAL SECURITY NUMBER – MANDATORY. SHOULD BE NUMERIC
AIND00	005	S	AIND	
AIND00	006	S	AIND	COUNTY ID - MANDATORY
AIND00	007	S	AIND	
AIND00	008	S	AIND	LAST NAME & FIRST NAME - MANDATORY
AIND00	009	S	AIND	
AIND00	010	S	AIND	DATE OF BIRTH – MANDATORY. FORMAT MM/DD/YYYY
AIND00	011	S	AIND	
AIND00	012	S	AIND	SEX – MANDATORY. SHOULD BE 'M' OR 'F'
AIND01	001	F	SSN	INDIVIDUAL'S SOCIAL SECURITY NUMBER
AIND01	002	F	SSN	SHOULD BE NUMERIC OR ALPHANUMERIC
AIND02	001	F	ALIEN #	INDIVIDUAL'S ALIEN NUMBER ISSUED BY
AIND02	002	F	ALIEN #	IMMIGRATION & NATURALIZATION SERVICE

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
AIND03	001	F	COUNTY #	TWO DIGIT COUNTY NUMBER
AIND03	002	F	COUNTY #	SHOWN IS YOUR COUNTY
ALID00	001	S	ALID	THE ALTERNATE IDENTITY SCREEN (ALID) DISPLAYS ADDITIONAL DEMOGRAPHIC
ALID00	002	S	ALID	INFORMATION THAT EXISTS, IN SCI, FOR AN INDIVIDUAL. ADDITIONAL INFORMATION
ALID00	003	S	ALID	MAY INCLUDE NAMES, SSN, DOB OR COUNTY
ALID00	004	S	ALID	
ALID00	005	S	ALID	TYPE: THE TYPE OF INFORMATION BEING DISPLAYED (E.G., SSN, NAME, DOB OR COUNTY)
ALID00	006	S	ALID	IDENTIFIER: DEMOGRAPHIC INFORMATION OF THE INDIVIDUAL
DDET00	001	S	DDET	THE DIVERSION DETAIL SCREEN (DDET) DISPLAYS DETAILED INFORMATION ABOUT AN
DDET00	002	S	DDET	INDIVIDUAL'S INVOLVEMENT IN AN INSTANCE OF DIVERSION
DDET00	003	S	DDET	
DDET00	004	S	DDET	DIVERSION AID CODE: VALID AID CODES INCLUDE 3J, 3K, 3X, or 3Y
DDET00	005	S	DDET	DESCRIPTION: A BRIEF DESCRIPTION ABOUT THE AID CODE.
DDET00	006	S	DDET	DIVERSION PAYMENT DATE: DATE THE DIVERSION WAS ISSUED
DDET00	007	S	DDET	DIVERSION AMOUNT: DOLLAR AMOUNT OF THE DIVERSION.
DDET00	008	S	DDET	DIVERSION FED ASSIST: INDICATES IF THE DIVERSION PAYMENT WAS ISSUED WITH FEDERAL
DDET00	009	S	DDET	FUNDS.
DDET00	010	S	DDET	DIVERSION START MONTH: MONTH AND YEAR THE DIVERSION PERIOD BEGAN
DDET00	011	S	DDET	DIVERSION END MONTH: MONTH AND YEAR THE DIVERSION PERIOD ENDED
DDET00	012	S	DDET	DIVERSION CONDITION: INDICATES IF THE DIVERSION PAYMENT IS NEW (D), TO BE
DDET00	013	S	DDET	REPAID (R) OR APPLIED (A) TO THE TIMECLOCKS
DDET00	014	S	DDET	APPLY COUNTS THE DIVERSION PERIOD TO THE CALWORKS 48-MONTH TIME CLOCK
DDET00	015	S	DDET	DIVERSION TANF MONTHS: NUMBER OF MONTHS USED TOWARDS THE TANF CLOCK.
DDET00	016	S	DDET	DIVERSION CALWORKS MONTHS: NUMBER OF DIVERSION MONTHS USED TOWARDS THE CALWORKS
DDET00	017	S	DDET	CLOCK.
DDET00	018	S	DDET	EXCEPTIONS: INDICATES IF THERE IS ANY EXCEPTION DURING THE DIVERSION PERIOD

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
DDET00	019	S	DDET	COUNTY #: NUMBER ASSOCIATED WITH EACH COUNTY (01-ALAMEDA, 50-STANISLAUS)
DSUM00	001	S	DSUM	THE DIVERSION SUMMARY SCREEN, (DSUM), DISPLAYS A SUMMARY OF DIVERSION
DSUM00	002	S	DSUM	INVOLVEMENT FOR AN INDIVIDUAL. THE USER CAN SELECT FROM A LIST OF DIVERSIONS
DSUM00	003	S	DSUM	TO VIEW FURTHER DETAILS.
DSUM00	004	S	DSUM	
DSUM00	005	S	DSUM	SEL: RECORD SELECTOR
DSUM00	006	S	DSUM	AID CODE: DIVERSION AID CODE
DSUM00	007	S	DSUM	DESCRIPTION: A BRIEF DESCRIPTION ABOUT THE AID CODE
DSUM00	008	S	DSUM	START MONTH: DIVERSION PERIOD START MONTH
DSUM00	009	S	DSUM	END MONTH: DIVERSION PERIOD END MONTH
DSUM00	010	S	DSUM	COUNTY #: COUNTY NUMBER
EDET00	001	S	EDET	THE EXCEPTION DETAIL SCREEN DISPLAYS DETAILED INFORMATION ABOUT A
EDET00	002	S	EDET	SPECIFIC EXCEPTION.
EDET00	003	S	EDET	
EDET00	004	S	EDET	EXCEPTION TYPE: TYPE CODE OF THE EXCEPTION
EDET00	005	S	EDET	01 - PENALTY, 02 - SANCTION, 03 – EXEMPT, 04 – GOOD CAUSE, 05 – EXCLUDED PERSON.
EDET00	006	S	EDET	DESCRIPTION: A BRIEF DESCRIPTION OF THE EXCEPTION
EDET00	007	S	EDET	EXCEPTION REASON: EXCEPTION REASON CODE
EDET00	008	S	EDET	EXCEPTION START MONTH: MONTH AND YEAR THE EXCEPTION BEGAN
EDET00	009	S	EDET	EXCEPTION END MONTH: MONTH AND YEAR THE EXCEPTION ENDED
EDET00	010	S	EDET	CALWORKS PROGRAM STATUS: INDICATES THE STATUS OF THE INDIVIDUAL'S
EDET00	011	S	EDET	CALWORKS PROGRAM PARTICIPATION (ACTIVE, INACTIVE)
EDET00	012	S	EDET	TANF 60-CLOCK AFFECTED: INDICATES IF THE EXCEPTION WOULD AFFECT THE
EDET00	013	S	EDET	TANF 60-MONTH TIME CLOCK (Y STOPS THE CLOCK)
EDET00	014	S	EDET	CALWORKS 48-CLOCK AFFECTED: INDICATES IF THE EXCEPTION WOULD AFFECT THE
EDET00	015	S	EDET	CALWORKS 48-MONTH TIME CLOCK (Y STOPS THE CLOCK)
EDET00	016	S	EDET	WTW 24-MONTH AFFECTED: INDICATES IF THE EXCEPTION WOULD AFFECT THE
EDET00	017	S	EDET	24 MONTH TIME CLOCK (Y STOPS THE CLOCK)
EDET00	018	S	EDET	COUNTY #: COUNTY NUMBER
ESUM00	001	S	ESUM	THE EXCEPTION/EXTENSION SUMMARY SCREEN, (ESUM), DISPLAYS A SUMMARY OF ALL

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
ESUM00	002	S	ESUM	EXCEPTIION INVOLVEMENT FOR AN INDIVIDUAL AND THE COUNTY TO WHICH THIS INFORMATION
ESUM00	003	S	ESUM	IS APPLICABLE. THE USER CAN SELECT FROM A LIST OF EXCEPTIONS TO VIEW FURTHER
ESUM00	004	S	ESUM	DETAILS.
ESUM00	005	S	ESUM	
ESUM00	006	S	ESUM	SEL: RECORD SELECTOR
ESUM00	007	S	ESUM	REASON: REASON CODE FOR THE EXCEPTION
ESUM00	008	S	ESUM	DESCRIPTION: A BRIEF DESCRIPTION OF THE EXCEPTION
ESUM00	009	S	ESUM	CTY-CSE-FBU-PRSN: CTY=CODE FOR THE COUNTY OF RECORD, CSE=UNIQUE NUMBER ASSIGNED
ESUM00	010	S	ESUM	TO A CASE BY THE COUNTY, FBU=BUDGETING UNIT, PRSN=NUMBER ASSIGNED TO EACH
ESUM00	011	S	ESUM	INDIVIDUAL BY THE COUNTY.
ESUM00	012	S	ESUM	NOTE: CTY-CSE-FBU-PRSN MAKE UP THE INDIVIDUALS COUNTY ID.
ESUM00	013	S	ESUM	START: EXCEPTION START DATE IN MM/YYY FORMAT
ESUM00	014	S	ESUM	END: EXCEPTION END DATE IN MM/YYYY FORMAT.
IDET00	001	S	IDET	THE INDIVIDUAL DETAIL SCREEN, (IDET), DISPLAYS DETAILED INFORMATION FOR AN
IDET00	002	S	IDET	INDIVIDUAL INCLUDING INDICATORS FOR TIME CLOCKS, EXCEPTIONS, AND DIVERSIONS.
IDET00	003	S	IDET	
IDET00	004	S	IDET	BIRTH COUNTRY: BIRTH COUNTRY CODE OF THE INDIVIDUAL
IDET00	005	S	IDET	BIRTH STATE: BIRTH STATE CODE OF THE INDIVIDUAL
IDET00	006	S	IDET	ALTERNATE IDENTITY: INDICATES WHETHER ALTERNATE IDENTITY EXISTS
IDET00	007	S	IDET	LAST COUNTY OF RECORD: INDICATES THE COUNTY # OF THE INDIVIDUAL'S
IDET00	008	S	IDET	LAST COUNTY INVOLVEMENT
IDET00	009	S	IDET	A. TANF 60: 'Y' IF THE TANF 60-MONTH CLOCK IS > 0
IDET00	010	S	IDET	B. CAL 48: 'Y' IF THE CALWORKS60-MONTH CLOCK IS > 0
IDET00	011	S	IDET	C. NON-CAL MONTHS: 'Y' IF NON_CALIFORNIA MONTHS ARE INCLUDED IN THE TIME CLOCKS
IDET00	012	S	IDET	D. WTW 24: 'Y' IF THE WTW 24-MONTH CLOCK IS > 0
IDET00	013	S	IDET	
IDET00	014	S	IDET	A. SANCTIONS: 'Y' IF AN EXCEPTION IS A SANCTION
IDET00	015	S	IDET	B. EXEMPTIONS: 'Y' IF THE EXCEPTION IS AN EXEMPTION
IDET00	016	S	IDET	C. GOOD CAUSE: 'Y' IF THE EXCEPTION IS A GOOD CAUSE
IDET00	017	S	IDET	
IDET00	018	S	IDET	DIVERSION INDICATOR: 'Y' IF A DIVERSION PAYMENT WAS ISSUED

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
IINQ00	001	S	IINQ	THE INDIVIDUAL INQUIRY SCREEN DISPLAYS SEARCH CRITERIA FIELDS
IINQ00	002	S	IINQ	FOR PERFORMING A SEARCH ON AN INDIVIDUAL.
IINQ01	001	F	SSN	INDIVIDUAL'S SOCIAL SECURITY NUMBER
IINQ01	002	F	SSN	MEDS PSUEDO NUMBER
IINQ02	001	F	CIN	CLIENT INDEX NUMBER
IINQ03	001	F	ALIEN #	IMMIGRATION NATURALIZATION SERVICE
IINQ03	002	F	ALIEN #	NUMBER
IINQ04	001	F	COUNTY ID	12 CHARACTER ID, INCLUDES COUNTY # /
IINQ04	002	F	COUNTY ID	AID CODE / SERIAL # / FBU # / PERSON #
IINQ05	001	F	LAST	LAST NAME
IINQ06	001	F	FIRST	FIRST NAME
IINQ07	001	F	MIDDLE	MIDDLE NAME OR INITIAL
IINQ08	001	F	SUFX	SUFFIX
IINQ09	001	F	SEX	GENDER: M – MALE, F – FEMALE, U – UNKNOWN
IINQ10	001	F	DOB	DATE OF BIRTH MM/DD/YYYY
IINQ11	001	F	DOB RANGE	FROM DOB, TO DOB MM/DD/YYYY
ISUM00	001	S	ISUM	THE INDIVIDUAL RESPONSE SUMMARY SCREEN, (ISUM), DISPLAYS THE RESULTS
ISUM00	002	S	ISUM	OF AN INDIVIDUAL INQUIRY IF THE SYSTEM FINDS ONE OR MULTIPLE RESPONSES
ISUM00	003	S	ISUM	FOR THE SEARCH CRITERIA.
ISUM00	004	S	ISUM	
ISUM00	005	S	ISUM	SEL: RECORD SELECTOR
ISUM00	006	S	ISUM	CIN: CLIENT INDENTIFICATION NUMBER
ISUM00	007	S	ISUM	ALIEN #: IMMIGRATION NATIONALIZATION SERVICE NUMBER
ISUM00	008	S	ISUM	SSN: INDIVIDUAL'S SOCIAL SECURITY NUMBER
ISUM00	009	S	ISUM	COUNTY #: 2 CHARACTER COUNTY ID
ISUM00	010	S	ISUM	LAST: LAST NAME
ISUM00	011	S	ISUM	FIRST: FIRST NAME
ISUM00	012	S	ISUM	MIDDLE: MIDDLE NAME OR INITIAL
ISUM00	013	S	ISUM	DOB: BIRTH DATE
ISUM00	014	S	ISUM	SUFX: SUFFIX
ISUM00	015	S	ISUM	SEX: GENDER
KCAL00	001	S	KCAL	THE CALWORKS 48-MONTH CALENDAR SCREEN, (KCAL), DISPLAYS THE MONTHS COUNTED
KCAL00	002	S	KCAL	TOWARDS CALWORKS 48-MONTH CLOCK. A SINGLE CHARACTER WILL BE DISPLAYED FOR
KCAL00	003	S	KCAL	EACH MONTH INDICATING WHETHER THAT MONTH IS COUNTED. 'Y'=COUNTS, 'N'=DOESN'T COUNT,

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
KCAL00	004	S	KCAL	'E'=NOT COUNTED DUE TO AN EXCEPTION AND '—'=NO KNOWN RECORD..
KCAL00	005	S	KCAL	
KCAL00	006	S	KCAL	CALWORKS 48-MONTHS USED INCLUDES NON-CONVERTED DATA: IDENTIFIES IF ANY MONTHS
KCAL00	007	S	KCAL	USED IN THE CALWORKS 48-MONTH TIME CLOCK CALCULATION ARE FROM A COUNTY THAT
KCAL00	008	S	KCAL	HAS NOT CONVERTED DATA.
KCAL00	009	S	KCAL	
KCAL00	010	S	KCAL	CALWORKS 48-MONTH TIME CLOCK START MONTH: CALWORKS 48-MONTH TIME CLOCK
KCAL00	011	S	KCAL	START MONTH
KCAL00	012	S	KCAL	CALWORKS 48-MONTH TIME CLOCK END MONTH: CALWORKS 48-MONTH TIME CLOCK END MONTH
KCAL00	013	S	KCAL	CALWORKS 48-MONTHS USED: NUMBER OF MONTHS USED IN THE CALWORKS 48-MONTH
KCAL00	014	S	KCAL	TIME CLOCK
KCAL00	015	S	KCAL	NON-CAL MONTHS*: NON-CALIFORNIA MONTHS INCLUDED IN THE CALWORKS 48-MONTHS
KCAL00	016	S	KCAL	USED CALCULATION.
KCAL00	017	S	KCAL	EXCEPTION MONTHS: NUMBER OF EXCEPTION MONTHS IN CALWORKS 48-MONTH TIME CLOCK
KCAL00	018	S	KCAL	*: NON-CAL MONTHS ARE INCLUDED IN THE TOTAL NUMBER OF MONTHS USED
KSUM00	001	S	KSUM	THE COUNTY SUMMARY SCREEN, (KSUM), DISPLAYS A LISTING OF COUNTY WELFARE
KSUM00	002	S	KSUM	DEPARTMENTS AN INDIVIDUAL HAS BEEN INVOLVED WITH AND THE INDIVIDUAL'S STATUS
KSUM00	003	S	KSUM	WITHIN EACH COUNTY.
KSUM00	004	S	KSUM	
KSUM00	005	S	KSUM	SEL: RECORD SELECTOR
KSUM00	006	S	KSUM	COUNTY #: 2 CHARACTER COUNTY ID
KSUM00	007	S	KSUM	CONVERTED: INDICATES DATA COMES DIRECTLY FROM THE COUNTY
KSUM00	008	S	KSUM	COUNTY NAME: COUNTY NAME
KSUM00	009	S	KSUM	STATUS: INDICATES THE STATUS OF THE INDIVIDUAL IN EACH COUNTY (ACTIVE/INACTIVE)
PDET00	001	S	PDET	THE PROGRAM DETAIL SCREEN, (PDET), DISPLAYS DETAILED INFORMATION ABOUT AN
PDET00	002	S	PDET	INDIVIDUAL'S INVOLVEMENT IN A SPECIFIC PROGRAM.
PDET00	003	S	PDET	
PDET00	004	S	PDET	PROGRAM: PROGRAM NAME

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
PDET00	005	S	PDET	COUNTY ID: COUNTY ID(12 CHARACTER ID)
PDET00	006	S	PDET	AID CODE: AID CODE OF THE PROGRAM
PDET00	007	S	PDET	
PDET00	008	S	PDET	START MONTH: BEGIN DATE OF THE PROGRAM
PDET00	009	S	PDET	END MONTH: END DATE OF THE PROGRAM
PDET00	010	S	PDET	DISC. REASON CODE: INDICATES THE REASON FOR PROGRAM DISCONTINUANCE
PDET00	011	S	PDET	
PDET00	012	S	PDET	POST-AID CHILD CARE PERIOD BEGIN DATE: BEGIN DATE OF POST-AID CHILD CARE
PDET00	013	S	PDET	POTENTIAL ELIGIBILITY PERIOD. (FIRST OF MONTH FOLLOWING PROGRAM END MONTH)
PDET00	014	S	PDET	POST-AID CHILD CARE PERIOD END DATE: END DATE OF POST-AID CHILD CARE POTENTIAL
PDET00	015	S	PDET	ELIGIBILITY PERIOD. (POST-AID CHILD CARE PERIOD BEGIN DATE PLUS 24 MONTHS).
PDET00	016	S	PDET	SOURCE: DISPLAYS THE SOURCE SYSTEM. VALID VALUES ARE COUNTY OR MEDS.
PDET00	017	S	PDET	TIMECLOCK INDICATORS:
PDET00	18	S	PDET	TANF 60-MONTHS USED: NUMBER OF TANF MONTHS USED
PDET00	19	S	PDET	CALWORKS 48-MONTHS USED: NUMBER OF CALWORKS 48 MONTHS USED
PDET00	020	S	PDET	NON-CAL MONTHS*: NUMBER OF NON CALIFORNIA MONTHS USED
PDET00	21	S	PDET	*INCLUDED IN TANF AND CALWORKS 48 MONTHS USED
PDET00	022	S	PDET	WTW 24-MONTHS USED: NUMBER OF 24 MONTHS USED
PDET00	023	S	PDET	WTW EXTENSION MONTHS*: NUMBER OF EXTENSION MONTHS GRANTED
PDET00	024	S	PDET	*INCLUDED IN WTW 24-MONTHS USED
PDET00	025	S	PDET	EXCEPTION INDICATORS
PDET00	026	S	PDET	A.SANCTIONS: 'Y' IF AN EXCEPTION IS A SANCTION
PDET00	027	S	PDET	B.EXEMPTIONS: 'Y' IF THE EXCEPTION IS AN EXEMPTION
PDET00	028	S	PDET	C.GOOD CAUSE: 'Y' IF THE EXCEPTION IS A GOOD CAUSE
PDET00	029	S	PDET	D.EXTENDER : 'Y' IF THERE ARE ANY ACTIVE CW-48 EXTENDERS
PDET00	030	S	PDET	E.REPAY ; 'Y' IF THERE ARE ANY REPAYS
PDET00	031	S	PDET	DIVERSION INDICATOR: 'Y' IF A DIVERSION PAYMENT WAS ISSUED WITHIN THE PROGRAM
PDET00	027	S	PDET	START DATE AND END DATE
PSUM00	001	S	PSUM	THE PROGRAM SUMMARY SCREEN DISPLAYS A SUMMARY OF ALL PROGRAM INVOLVEMENT

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
PSUM00	002	S	PSUM	FOR AN INDIVIDUAL AND THE COUNTY TO WHICH THIS INFORMATION IS APPLICABLE.
PSUM00	003	S	PSUM	THE USER CAN SELECT FROM A LIST OF PROGRAMS TO VIEW FURTHER DETAILS.
PSUM00	004	S	PSUM	
PSUM00	005	S	PSUM	SEL: RECORD SELECTOR
PSUM00	006	S	PSUM	CONVERTED: INDICATES WHETHER THE COUNTY HAS CONVERTED TO WDTIP
PSUM00	007	S	PSUM	AID CD: AID CODE OF THE PROGRAM
PSUM00	008	S	PSUM	SERIAL: UNIQUE NUMBER ASSIGNED TO A CASE BY THE COUNTY.
PSUM00	009	S	PSUM	FBU: BUDGETING UNIT
PSUM00	010	S	PSUM	PRSN: NUMBER ASSIGNED TO EACH INDIVIDUAL BY THE COUNTY.
PSUM00	011	S	PSUM	NOTE: COUNTY/AID CD/SERIAL/FBU/PRSN MAKE UP THE INDIVIDUALS COUNTY ID.
PSUM00	012	S	PSUM	PROGRAM: NAME OF THE PROGRAM WITH WHICH THE INDIVIDUAL IS ASSOCIATED.
PSUM00	013	S	PSUM	START: PROGRAM START DATE IN MM/YYYY FORMAT
PSUM00	014	S	PSUM	END: PROGRAM END DATE IN MM/YYYY FORMAT.
PSUM00	015	S	PSUM	OVERLAPPING PROGRAM PARTICIPATION: (Y/N) WILL BE "Y" IF THERE ARE PROGRAM
PSUM00	016	S	PSUM	PARTICIPATION RECORDS WITH OVERLAPPING TIMEFRAMES.
TCAL00	001	S	TCAL	THE TANF 60-MONTH CALENDAR SCREEN, (TCAL), DISPLAYS THE MONTHS COUNTED TOWARDS
TCAL00	002	S	TCAL	THE TANF 60-MONTH CLOCK. A SINGLE CHARACTER WILL BE DISPLAYED FOR EACH MONTH
TCAL00	003	S	TCAL	INDICATING WHETHER THAT MONTH IS COUNTED. 'Y'=COUNTS, 'N'=DOESN'T COUNT, 'E'
TCAL00	004	S	TCAL	=NOT COUNTED DUE TO AN EXCEPTION AND '—' = NO KNOWN RECORD.
TCAL00	005	S	TCAL	
TCAL00	006	S	TCAL	TANF 60-MONTHS USED INCLUDES NON-CONVERTED DATA: IDENTIFIES IF ANY MONTHS USED
TCAL00	007	S	TCAL	IN THE TANF 60-MONTH TIME CLOCK CALCULATION ARE FROM A COUNTY THAT HAS NOT
TCAL00	008	S	TCAL	CONVERTED DATA.
TCAL00	009	S	TCAL	
TCAL00	010	S	TCAL	TANF 60-MONTH TIME CLOCK START MONTH: TANF 60-MONTH TIME CLOCK START MONTH
TCAL00	011	S	TCAL	TANF 60-MONTH TIME CLOCK END MONTH: TANF 60-MONTH TIME CLOCK END MONTH

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
TCAL00	012	S	TCAL	TANF 60-MONTHS USED: NUMBER OF MONTHS USED IN THE TANF 60-MONTHS TIME CLOCK
TCAL00	013	S	TCAL	NON-CAL MONTHS*: NON-CALIFORNIA MONTHS INCLUDED IN THE TANF 60-MONTHS
TCAL00	014	S	TCAL	USED CALCULATION.
TCAL00	015	S	TCAL	EXCEPTION MONTHS: NUMBER OF EXCEPTION MONTHS IN TANF 60-MONTH TIME CLOCK
TCAL00	016	S	TCAL	*: NON-CAL MONTHS ARE INCLUDED IN THE TOTAL NUMBER OF MONTHS USED
TRAC00	001	S	MENU	THE MAIN MENU DISPLAYS THE SCREEN NAMES AND TRANSACTION ID'S
TRAC00	002	S	MENU	OF THE SYSTEM THAT CAN BE ACCESSED FROM THIS SCREEN.
TSUM00	001	S	TSUM	THE TIME CLOCKS SUMMARY SCREEN, (TSUM), DISPLAYS SUMMARY INFORMATION ON TANF-60,
TSUM00	002	S	TSUM	MONTH, CALWORKS-48 MONTH, AND CALWORKS-24 MONTH CLOCKS.
TSUM00	003	S	TSUM	
TSUM00	004	S	TSUM	MONTHS USED INCLUDES NON-CONVERTED DATA FLAG: IDENTIFIES IF ANY MONTHS USED IN
TSUM00	005	S	TSUM	THE TIME CLOCK CALCULATION ARE FROM A COUNTY THAT HAS NOT CONVERTED THEIR DATA TO WDTIP
TSUM00	006	S	TSUM	
TSUM00	007	S	TSUM	== TANF 60 COLUMN ==
TSUM00	008	S	TSUM	TIME CLOCK START MONTH: TANF 60 MONTH TIME CLOCK START MONTH
TSUM00	009	S	TSUM	TIME CLOCK END MONTH: TANF 60 MONTH TIME CLOCK END MONTH
TSUM00	010	S	TSUM	MONTHS USED: NUMBER OF MON THS USED IN THE TANF 60-MONTH TIME CLOCK
TSUM00	011	S	TSUM	NON-CAL MONTHS*: NON-CALIFORNIA MONTHS INCLUDED IN THE TANF 60-MONTH CALC.
TSUM00	012	S	TSUM	
TSUM00	013	S	TSUM	WTW EXTENSION MONTHS: WILL BE N/A FOR TANF & CALWORKS. ONLY VALID FOR WTW.
TSUM00	014	S	TSUM	EXCEPTION MONTHS: TOTAL NUMBER OF MONTHS USED IN THE TANF CALC
TSUM00	015	S	TSUM	REPAY MONTHS: TOTAL NUMBER OF REPAYS MONTHS USED IN THE TANF CALC
TSUM00	016	S	TSUM	
TSUM00	017	S	TSUM	== CALWORKS 48 COLUMN ==
TSUM00	018	S	TSUM	TIME CLOCK START MONTH: CALWORKS 48 MONTH TIME CLOCK START MONTH

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
TSUM00	019	S	TSUM	TIME CLOCK END MONTH: CALWORKS 48 MONTH TIME CLOCK END MONTH.
TSUM00	020	S	TSUM	MONTHS USED: NUMBER OF MONTHS USED IN THE CALWORKS 48-MONTH TIME CLOCK
TSUM00	021	S	TSUM	NON-CAL MONTHS*: NON-CALIFORNIA MONTHS INCLUDED IN THE CALWORKS 48-MONTH CALC
TSUM00	023	S	TSUM	WTW EXTENSION MONTHS: N/A (FOR TANF & CALWORKS)
TSUM00	024	S	TSUM	
TSUM00	025	S	TSUM	REPAY MONTHS: TOTAL NUMBER OF REPAY MONTHS USED IN CALWORKS CALC
TSUM00	026	S	TSUM	
TSUM00	027	S	TSUM	
TSUM00	028	S	TSUM	== WTW 24 COLUMN ==
TSUM00	029	S	TSUM	TIME CLOCK START MONTH: START MONTH FOR THE 24 MONTH TIME CLOCK
TSUM00	030	S	TSUM	TIME CLOCK END MONTH: END MONTH OF THE 24 MONTH TIME CLOCK
TSUM00	031	S	TSUM	MONTHS USED: NUMBER OF MONTHS USED IN THE 24 MONTH TIME CLOCK
TSUM00	032	S	TSUM	NON-CAL MONTHS*: WILL BE N/A FOR WTW.
TSUM00	033	S	TSUM	WTW EXTENSION MONTHS WILL DISPLAY NUMBER OF EXTENSION MONTHS GRANTED
TSUM00	034	S	TSUM	EXCEPTION MONTHS: TOTAL NUMBER OF MONTHS USED IN THE WTW CALC
TSUM00	035	S	TSUM	REPAY MONTHS: N/A FOR WTW COLUMN
TSUM00	036	S	TSUM	LAST CALCULATED DATE: THE LAST DATE THE TIME CLOCKS WERE CALCULATED FOR
TSUM00	037	S	TSUM	THE INDIVIDUAL
TSUM00	038	S	TSUM	OVERLAPPING PROGRAM PARTICIPATION: (Y/N) WILL DISPLAY IF THE INDIVIDUAL HAS
TSUM00	039	S	TSUM	OVERLAPPPING TIME FOR A PROGRAM
TSUM00	040	S	TSUM	*INCLUDED IN MONTHS USED: NON-CAL MONTHS ARE REFLECTED IN THE RESPECTIVE MONTH
TSUM00	041	S	TSUM	TOTALS DISPLAYED
TSUM00	042	S	TSUM	
TSUM00	043	S	TSUM	
TSUM00	044	S	TSUM	
TSUM00	045	S	TSUM	
TSUM00	046	S	TSUM	
UNCP00	001	S	UNCP	THE NON-CAL PARTICIPATION UPDATE SCREEN, (UNCP), ALLOWS THE USER TO ADD, MODIFY

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UNCP00	002	S	UNCP	OR DELETE NON-CALIFORNIA PROGRAM PARTICIPATION INFORMATION. USERS WITH UPDATE
UNCP00	003	S	UNCP	ACCESS FROM THE COUNTY THAT OWNS THE RECORD MAY UPDATE THE RECORD. THE COUNTY
UNCP00	004	S	UNCP	OF RECORD MUST 'NOT' BE CAPABLE OF PROVIDING THIS INFORMATION THROUGH THE BATCH
UNCP00	005	S	UNCP	UPDATE PROCESS.
UNCP01	001	F	SEL	RECORD SELECTOR: PLACE CURSOR AND
UNCP01	002	F	SEL	PRESS ENTER
UNCP02	001	F	COUNTY #	NUMBER ASSOCIATED WITH A COUNTY
UNCP02	002	F	COUNTY #	(01=ALAMEDA, 02=ALPINE)
UNCP03	001	F	STATE	2 LETTERS REPRESENTING A STATE
UNCP03	002	F	STATE	(TX=TEXAS, AL=ALABAMA)
UNCP04	001	F	START MONTH	START MONTH OF NON-CALIFORNIA
UNCP04	002	F	START MONTH	PROGRAM PARTICIPATION (MM/YYYY)
UNCP04	003	F	START MONTH	CANNOT BE LESS THAN TANF START FOR
UNCP04	004	F	START MONTH	STATE ENTERED
UNCP05	001	F	END MONTH	END MONTH OF NON-CALIFORNIA
UNCP05	002	F	END MONTH	PROGRAM PARTICIPATION (MM/YYYY)
UNCP05	003	F	END MONTH	CANNOT BE GREATER THAN CURRENT MONTH.
UCSR00	001	S	UCSR	THE CHILD SUPPORT REIMBURSEMENT UPDATE SCREEN, (UCSR), ALLOWS THE USER TO ADD,
UCSR00	002	S	UCSR	MODIFY OR DELETE INFORMATION REGARDING THE COLLECTION OF CHILD SUPPORT THAT
UCSR00	003	S	UCSR	REIMBURSES THE ASSISTANCE PAYMENTS MADE TO AN INDIVIDUAL. USERS WITH UPDATE
UCSR00	004	S	UCSR	ACCESS WHO ARE FROM THE COUNTY THAT OWNS THE RECORD MAY UPDATE THE RECORD.
UCSR00	005	S	UCSR	ADDITIONALLY, THE COUNTY OF RECORD MUST NOT PROVIDE THIS INFORMATION THROUGH
UCSR00	006	S	UCSR	BATCH UPDATES.
UCSR01	001	F	SEL	RECORD SELECTOR – PLACE CURSOR AND
UCSR01	002	F	SEL	PRESS ENTER
UCSR02	001	F	COUNTY #	NUMBER ASSOCIATED WITH THE COUNTY
UCSR02	002	F	COUNTY #	(01=ALAMEDA, 02=ALPINE)

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UCSR03	001	F	EFFECTIVE MONTH	EFFECTIVE MONTH OF CHILD
UCSR03	002	F	EFFECTIVE MONTH	SUPPORT REIMBURSEMENT
UDIV00	001	S	UDIV	THE DIVERSION UPDATE SCREEN, (UDIV), ALLOWS THE USER TO ADD, MODIFY OR DELETE
UDIV00	002	S	UDIV	DIVERSION PROGRAM AND PAYMENT INFORMATION. USERS WITH UPDATE ACCESS WHO ARE FROM
UDIV00	003	S	UDIV	THE COUNTY THAT OWNS THE RECORD MAY UPDATE THE RECORD. ADDITIONALLY, THE COUNTY OF RECORD MUST
UDIV00	004	S	UDIV	NOT BE CAPABLE OF PROVIDING THIS INFORMATION THROUGH THE BATCH UPDATE PROCESS.
UDIV01	001	F	SEL	RECORD SELECTOR – PLACE CURSOR AND
UDIV01	002	F	SEL	ENTER 'D' TO DELETE, 'M' TO MODIFY
UDIV01	003	F	SEL	OR 'A' TO ADD. PRESS ENTER.
UDIV02	001	F	CNTY #	NUMBER ASSOCIATED WITH A COUNTY
UDIV02	001	F	CNTY #	(01=ALAMEDA, 02=ALPINE)
UDIV03	001	F	AID CD	PROGRAM AID CODE
UDIV03	002	F	AID CD	(3J, 3K, 3X, 3Y)
UDIV04	001	F	PAYMENT DATE	DATE OF THE DIVERSION PAYMENT
UDIV04	002	F	PAYMENT DATE	MM/DD/YYYY
UDIV05	001	F	AMOUNT	DOLLAR AMOUNT OF DIVERSION PAYMENT
UDIV05	002	F	AMOUNT	(11,111.11)
UDIV07	001	F	FED ASSIST	INDICATES IF THE DIVERSION PAYMENT WAS
UDIV07	002	F	FED ASSIST	ISSUED WITH FEDERAL FUNDS. WILL COUNT FOR
UDIV07	003	F	FED ASSIST	TANF 60 CLOCK, IF "Y".
UDIV08	001	F	START MONTH	START MONTH OF DIVERSION PERIOD
UDIV08	002	F	START MONTH	(MM/YYYY)
UDIV09	001	F	END MONTH	END MONTH OF DIVERSION PERIOD
UDIV09	002	F	END MONTH	(MM/YYYY)
UDIV10	001	F	CONDITION	INDICATES IF THE DIVERSION PAYMENT
UDIV10	002	F	CONDITION	IS NEW, TO BE REPAID OR APPLIED TO THE
UDIV10	003	F	CONDITION	CALWORKS 48-MONTH TIME CLOCK
UDIV10	004	F	CONDITION	VALID ENTRIES ARE: A - APPLY
UDIV10	005	F	CONDITION	D – DIVERSION, R – REPAY

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UNCP00	001	S	UNCP	THE NON-CAL PARTICIPATION UPDATE SCREEN, (UNCP), ALLOWS THE USER TO ADD, MODIFY
UNCP00	002	S	UNCP	OR DELETE NON-CALIFORNIA PROGRAM PARTICIPATION INFORMATION. USERS WITH UPDATE
UNCP00	003	S	UNCP	ACCESS FROM THE COUNTY THAT OWNS THE RECORD MAY UPDATE THE RECORD. THE COUNTY
UNCP00	004	S	UNCP	OF RECORD MUST 'NOT' BE CAPABLE OF PROVIDING THIS INFORMATION THROUGH THE BATCH
UNCP00	005	S	UNCP	UPDATE PROCESS.
UNCP01	001	F	SEL	RECORD SELECTOR: PLACE THE CURSOR AND
UNCP01	002	F	SEL	ENTER 'D' TO DELETE, 'M' TO MODIFY
UNCP01	003	F	SEL	OR 'A' TO ADD. PRESS ENTER.
UNCP02	001	F	COUNTY #	NUMBER ASSOCIATED WITH A COUNTY
UNCP02	002	F	COUNTY #	(01=ALAMEDA, 02=ALPINE)
UNCP03	001	F	STATE	2 LETTERS REPRESENTING A STATE
UNCP03	002	F	STATE	(TX=TEXAS, AL=ALABAMA)
UNCP04	001	F	START MONTH	START MONTH OF NON-CALIFORNIA
UNCP04	002	F	START MONTH	PROGRAM PARTICIPATION (MM/YYYY)
UNCP04	003	F	START MONTH	DATE CANNOT BE LESS THAN TANF START FOR
UNCP04	004	F	START MONTH	STATE ENTERED.
UNCP05	001	F	END MONTH	END MONTH OF NON-CALIFORNIA
UNCP05	002	F	END MONTH	PROGRAM PARTICIPATION (MM/YYYY)
UNCP05	003	F	END MONTH	CANNOT BE GREATER THAN THE CURRENT MONTH
UPEX00	001	S	UPEX	PROGRAM EXCEPTION UPDATE SCREEN (UPEX) ALLOWS THE USER TO ADD, MODIFY
UPEX00	002	S	UPEX	OR DELETE RECORDS REGARDING PROGRAM EXCEPTIONS. USERS WITH UPDATE
UPEX00	003	S	UPEX	ACCESS, FROM THE COUNTY THAT OWNS THE RECORD, MAY ADD, UPDATE, OR
UPEX00	004	S	UPEX	DELETE A RECORD. MANDATORY FIELDS MUST BE FILLED IN WHILE ADDING OR
UPEX00	005	S	UPEX	UPDATING A RECORD
UPEX00	006	S	UPEX	

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UPEX00	007	S	UPEX	CASE SERIAL NUMBER - MANDATORY
UPEX00	008	S	UPEX	FBU - MANDATORY
UPEX00	010	S	UPEX	PERSON NUMBER - MANDATORY
UPEX00	011	S	UPEX	AID CODE - MANDATORY
UPEX00	012	S	UPEX	TYPE CODE - MANDATORY
UPEX00	013	S	UPEX	REASON CODE - MANDATORY
UPEX00	014	S	UPEX	START DATE –FORMAT SHOULD BE MM/DD/YYYY
UPEX00	015	S	UPEX	END DATE – FORMAT SHOULD BE MM/DD/YYYY
UPEX00	016	S	UPEX	START MONTH – FORMAT SHOULD BE MM/DD/YYYY
UPEX00	017	S	UPEX	END MONTH – FORMAT SHOULD BE MM/DD/YYYY
UPEX01	001	F	EXCEPTION TYPE CODE	TYPE CODE OF THE EXCEPTION
UPEX01	002	F	EXCEPTION TYPE CODE	01 – PENALTY, 02 – SANTION, 03 - EXEMPT
UPEX01	003	F	EXCEPTION TYPE CODE	04 – GOOD CAUSE, 05 – EXCLUDED PERSON
UPEX02	001	F	AID CODE	AID CODE OF THE PROGRAM
UPEX03	001	F	CASE SERIAL NUMBER	UNIQUE NUMBER (CASE SERIAL NUMBER)
UPEX03	002	F	CASE SERIAL NUMBER	ASSIGNED TO A CASE BY THE COUNTY
UPEX04	001	F	EXCEPTION REASON CODE	EXCEPTION REASON CODE
UPEX05	001	F	CASE FBU MEDS CODE	BUDGETING UNIT
UPEX06	001	F	PERSON NUMBER	PERSON NUMBER ASSIGNED BY THE COUNTY
UPEX06	002	F	PERSON NUMBER	NOTE: COUNTY/AID CD/SERIAL/FBU/PRSN

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UPEX06	003	F	PERSON NUMBER	MAKE UP THE INDIVIDUAL'S COUNTY ID
UPEX07	001	F	EXCEPTION START DATE	EXCEPTION START DATE
UPEX07	002	F	EXCEPTION START DATE	FORMAT MM/DD/YYYY
UPEX08	001	F	EXCEPTION END DATE	EXCEPTION END DATE
UPEX08	002	F	EXCEPTION END DATE	FORMAT MM/DD/YYYY
UPEX09	001	F	EXCEPTION START MONTH	MONTH AND YEAR EXCEPTION BEGAN
UPEX09	002	F	EXCEPTION START MONTH	FORMAT MM/YYYY
UPEX10	001	F	EXCEPTION END MONTH	MONTH AND YEAR EXCEPTION ENDED
UPEX10	002	F	EXCEPTION END MONTH	FORMAT MM/YYYY
UPRG00	001	S	UPRG	PROGRAM PARTICIPATION UPDATE SCREEN (UPRG) ALLOWS THE USER TO ADD, MODIFY OR
UPRG00	002	S	UPRG	DELETE RECORDS REGARDING PROGRAM PARTICIPATION. USERS WITH UPDATE ACCESS WHO
UPRG00	003	S	UPRG	ARE FROM THE COUNTY THAT OWNS THE RECORD MAY ADD, UPDATE OR DELETE A RECORD
UPRG00	004	S	UPRG	MANDATORY FIELDS MUST BE FILLED IN WHILE ADDING OR UPDATING A RECORD
UPRG00	005	S	UPRG	
UPRG00	006	S	UPRG	PROGRAM TYPE CODE - MANDATORY
UPRG00	007	S	UPRG	AID CODE - MANDATORY
UPRG00	008	S	UPRG	CASE SERIAL NUMBER - MANDATORY
UPRG00	009	S	UPRG	
UPRG00	010	S	UPRG	

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UPRG00	011	S	UPRG	
UPRG00	012	S	UPRG	PROGRAM START DATE – FORMAT SHOULD BE MM/DD/YYYY
UPRG00	013	S	UPRG	PROGRAM END DATE – FORMAT SHOULD BE MM/DD/YYYY: SYSTEM DEFAULT 12/31/9999
UPRG00	014	S	UPRG	PROGRAM START MONTH – FORMAT SHOULD BE MM/YYYY
UPRG00	015	S	UPRG	PROGRAM END MONTH – FORMAT SHOULD BE MM/YYYY
UPRG00	016	S	UPRG	
UPRG00	017	S	UPRG	FEDERAL STATE INDICATOR – VALID VALUES ARE 'F', 'S' OR 'N'
UPRG00	018	S	UPRG	PARTICIPANT TYPE CODE – VALID VALUES ARE 'A' OR 'C'
UPRG00	019	S	UPRG	MINOR PARENT FLAG – VALID VALUES ARE 'Y' OR 'N'
UPRG00	020	S	UPRG	DISCONTINUANCE REASON CODE – MANDATORY WHEN THERE IS A PROGRAM END DATE
UPRG01	001	F	TYPE CODE	TYPE CODE OF THE PROGRAM
UPRG01	002	F	TYPE CODE	02, 04, 13, 14, 16, 24, 25, 33
UPRG02	001	F	AID CODE	AID CODE OF THE PROGRAM
UPRG02	002	F	AID CODE	01, 08, 30, 32, 33, 35, 0A, 3E, 3G, 3H
UPRG02	003	F	AID CODE	3J, 3K, 3L, 3M, 3P, 3R, 3U, 3X, 3Y
UPRG03	001	F	CASE SERIAL NUMBER	UNIQUE NUMBER (CASE SERIAL NUMBER)
UPRG03	002	F	CASE SERIAL NUMBER	ASSIGNED TO A CASE BY THE COUNTY
UPRG04	001	F	FED STATE INDICATOR	FEDERAL STATE INDICATOR
UPRG04	002	F	FED STATE INDICATOR	VALID VALUES 'F', 'S' OR 'N'
UPRG05	001	F	FBU MEDS CODE	BUDGETING UNIT

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
UPRG06	001	F	PERSON NUMBER	PERSON NUMBER ASSIGNED BY THE COUNTY
UPRG07	001	F	START DATE	PROGRAM PARTICIPATION START DATE
UPRG07	002	F	START DATE	FORMAT MM/DD/YYYY
UPRG08	001	F	END DATE	PROGRAM PARTICIPATION END DATE
UPRG08	002	F	END DATE	FORMAT MM/DD/YYYY
UPRG09	001	F	START MONTH	MONTH AND YEAR PROGRAM BEGAN
UPRG09	002	F	START MONTH	FORMAT MM/YYYY
UPRG10	001	F	END MONTH	MONTH AND YEAR PROGRAM ENDED
UPRG10	002	F	END MONTH	FORMAT MM/YYYY
UPRG11	001	F	PARTICIPANT CODE	PARTICIPANT TYPE CODE
UPRG11	002	F	PARTICIPANT CODE	'A' FOR ADULT, 'C' FOR CHILD
UPRG12	001	F	MINOR PARENT FLAG	INDICATES WHETHER THE PARTICIPANT
UPRG12	002	F	MINOR PARENT FLAG	IS MINOR PARENT OR NOT
UPRG12	001	F	MINOR PARENT FLAG	'Y' FOR YES, 'N' FOR NO
UPRG13	001	F	DISC CODE	PROGRAM DISCONTINUANCE REASON CODE
USSO00	001	S	USSO	THE SUPPORTIVE SERVICES UPDATE SCREEN, (USSO), ALLOWS THE USER TO ADD, MODIFY OR
USSO00	002	S	USSO	DELETE INFORMATION REGARDING THE RECEIPT BY AN INDIVIDUAL OF SUPPORTIVE SERVICES ONLY
USSO00	003	S	USSO	PAYMENTS. USERS WITH UPDATE ACCESS WHO ARE FROM THE COUNTY THAT OWNS THE RECORD
USSO00	004	S	USSO	MAY UPDATE THE RECORD. ADDITIONALLY, THE COUNTY OF RECORD MUST NOT PROVIDE THIS
USSO00	005	S	USSO	INFORMATION THROUGH BATCH UPDATES.
USSO01	001	F	COUNTY #	NUMBER ASSOCIATED WITH A COUNTY

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
USSO01	002	F	COUNTY #	(01=ALAMEDA, 02=ALPINE)
USSO02	001	F	REASON	INDICATOR OF TYPE OF
USSO02	002	F	REASON	SUPPORT SERVICES PAYMENT
USSO02	003	F	REASON	VALID ENTRIES ARE: 01 – CHILD CARE,
USSO02	004	F	REASON	02 – TRANSPORTATION, 03 – ANCILLARY,
USSO02	005	F	REASON	04 - OTHER
USSO03	001	F	EFFECTIVE MONTH	MONTH IN WHICH INDIVIDUAL RECEIVED
USSO03	002	F	EFFECTIVE MONTH	SUPPORT SERVICES ONLY PAYMENT (MM/YYYY)
USSO04	001	F	SEL	RECORD SELECTOR: PLACE CURSOR AND
USSO04	002	F	SEL	ENTER 'D' TO DELETE, 'M' TO MODIFY,
USSO04	003	F	SEL	OR 'A' TO ADD. PRESS ENTER.
USSO05	001	F	EMPLOYED	INDICATOR IF INDIVIDUAL IS EMPLOYED
USSO05	002	F	EMPLOYED	(Y=YES, N=NO)
WCAL00	001	S	WCAL	THE WTW 24-MONTH CALENDAR, (WCAL), DISPLAYS THE MONTHS COUNTED TOWARDS THE
WCAL00	002	S	WCAL	WTW 24-MONTH CLOCK. A SINGLE CHARACTER WILL BE DISPLAYED FOR EACH MONTH
WCAL00	003	S	WCAL	INDICATING WHETHER THAT MONTH IS COUNTED. 'Y'=COUNTS, 'N'=DOESN'T COUNT, 'E'=
WCAL00	004	S	WCAL	NOT COUNTED DUE TO AN EXCEPTION, 'X' = COUNTED BUT ON AN EXTENTION, .
WCAL00	005	S	WCAL	AND '-' = NO KNOWN RECORD.
WCAL00	006	S	WCAL	
WCAL00	007	S	WCAL	EARLIEST WORKPLAN SIGN DATE: DATE OF INITIALWTW PLAN SIGN DATE
WCAL00	008	S	WCAL	WTW 24-MONTH TIME CLOCK START MONTH: 24-MONTH TIME CLOCK START MONTH
WCAL00	009	S	WCAL	WTW 24-MONTH TIME CLOCK END MONTH: 24-MONTH TIME CLOCK END MONTH
WCAL00	010	S	WCAL	WTW 24-MONTHS USED: NUMBER OF MONTHS USED IN THE 24-MONTHS TIME CLOCK
WCAL00	011	S	WCAL	EXCEPTION MONTHS: NUMBER OF EXCEPTION MONTHS IN 24-MONTH TIME CLOCK
WCAL00	012	S	WCAL	EXTENSION MONTHS: EXTENSION MONTHS GRANTED
WSUM00	001	S	WSUM	THE WELFARE TO WORK SUMMARY SCREEN, (WSUM), DISPLAYS THE INITIAL WTW
WSUM00	002	S	WSUM	24-MONTH WORKPLAN SIGN DATES AS REPORTED BY THE RESPECTIVE OWNING

HELP MESSAGE CODE	HELP MSG ROW NUM	HELP MSG TYPE	HELP MSG TYPE NAME	HELP MESSAGE TEXT
WSUM00	003	S	WSUM	COUNTIES FOR THIS CLIENT. THE LIST IS SORTED BY INCREASING SIGN
WSUM00	004	S	WSUM	DATE. THE FIRST RECORD LISTED (EARLIEST SIGN DATE) WILL DETERMINE
WSUM00	005	S	WSUM	START OF PARTICIPATION IN THE WTW 24-MONTH TIMECLOCK (HOWEVER, THE
WSUM00	006	S	WSUM	CLOCK CANNOT BEGIN BEFORE JANUARY 2013 IN ANY CASE).
WSUM00	007	S	WSUM	
WSUM00	008	S	WSUM	SEL: PLACE HOLDER FOR FUTURE TRAC ENHANCEMENTS.
WSUM00	009	S	WSUM	
WSUM00	010	S	WSUM	CNTY #: NUMBER ASSOCIATED WITH THE COUNTY OF RECORD.
WSUM00	011	S	WSUM	WORKPLAN SIGN DATE: CLIENT'S INITIAL WTW PLAN DATE FOR THE
WSUM00	012	S	WSUM	WTW 24-MONTH CLOCK.
WSUM00	013	S	WSUM	
WSUM00	014	S	WSUM	
WSUM00	015	S	WSUM	RECEIVED DT: DATE THE TRAC SYSTEM RECEIVED THE WTW SIGNDATE DATA
WSUM00	016	S	WSUM	FROM THE PARTICULAR REPORTING COUNTY.

Comments

All TRAC Application screens utilize screen help, as applicable, by pressing F1 from anywhere on the screen.

State Code

Business Description
A unique US Postal Service abbreviation for a state.

Business Need
This information has the following purposes:

- To identify an individual's birth state.
- To identify a state where an individual received prior non-California welfare benefits. This is necessary for accurate time tracking.

Note: The column TANF START DATE indicates the month that Federal TANF funds were initially expended in that state. This date does not necessarily represent the TANF approval date in a state.

Standard Values

STATE CODE	STATE NAME	STATE TANF DATE
AK	Alaska	1997-07-01
AL	Alabama	1996-11-15
AR	Arkansas	1997-07-01
AZ	Arizona	1996-10-01
CA	California	1996-12-01
CO	Colorado	1997-07-01
CT	Connecticut	1996-10-01
DC	District of Columbia	1997-03-01
DE	Delaware	1997-03-10
FL	Florida	1996-10-01
GA	Georgia	1997-01-01
HI	Hawaii	1997-07-01
IA	Iowa	1997-01-01
ID	Idaho	1997-07-01
IL	Illinois	1997-07-01
IN	Indiana	1996-10-01
KS	Kansas	1996-10-01
KY	Kentucky	1996-10-18
LA	Louisiana	1997-01-01
MA	Massachusetts	1996-09-30
MD	Maryland	1996-12-09
ME	Maine	1996-11-01
MI	Michigan	1996-09-30
MN	Minnesota	1997-07-01
MO	Missouri	1996-12-01
MS	Mississippi	1996-10-01
MT	Montana	1997-02-01

STATE CODE	STATE NAME	STATE TANF DATE
NC	North Carolina	1997-01-01
ND	North Dakota	1997-07-01
NE	Nebraska	1996-12-01
NH	New Hampshire	1996-10-01
NJ	New Jersey	1997-02-01
NM	New Mexico	1997-07-01
NV	Nevada	1996-12-03
NY	New York	1996-12-02
OH	Ohio	1996-10-01
OK	Oklahoma	1996-10-01
OR	Oregon	1996-10-01
PA	Pennsylvania	1997-03-03
RI	Rhode Island	1997-03-01
SC	South Carolina	1996-10-12
SD	South Dakota	1996-12-01
TN	Tennessee	1996-10-01
TX	Texas	1996-11-05
UT	Utah	1996-10-01
VA	Virginia	1997-02-01
VT	Vermont	1996-09-20
WA	Washington	1997-01-10
WI	Wisconsin	1996-09-30
WV	West Virginia	1997-01-11
WY	Wyoming	1997-01-01
AS	American Samoa	1996-08-01
VI	American Virgin Island	1997-07-01
GU	Guam	1997-07-01
PR	Puerto Rico	1997-07-01

Comments
The TRAC Application screens utilize this code type as follows:

UNCP
State Code displays under column labeled STATE

Supportive Services Reason Code

Business Description
This code indicates the type of Supportive Services Only payment received.

Business Need
This information is used to provide the User with details regarding the type of Supportive Services Only payment.

The Supportive Services Only payment received *may impact* the calculation of the time clocks; depending on the EMPLOYED setting and if there is a Program Participation record for the same Supportive Services payment month.

Standard Values

SUPPORTIVE SERVICES REASON TYPE CODE	SHORT NAME	HELP TEXT
01	CHILD CARE	Child Care Assistance Made Available to a Former Recipient of Aid
02	TRANSPORTATION	Transportation Assistance Made Available to a Former Recipient of Aid
03	ANCILLARY	Ancillary Assistance Made Available to a Former Recipient of Aid
04	OTHER	Other Assistance Made Available to a Former Recipient of Aid

Comments

The TRAC Application screens utilize this code type as follows:

USSO
Supportive Services Reason Type Code displays under column labeled REASON

Transaction Navigation Code

Business Description
This code table describes all valid transaction navigation codes. It is used internally to identify the type of transaction taking place.

Business Need
N/A

Standard Values

TRANSACTION NAVIGATION TYPE CODE	TRANSACTION TYPE	TRANSACTION NAME
EXCP	B	Exception File Header
LD01	B	Load Individual Table
LD02	B	Load Program Participation Table
LD03	B	Load WTW Table
LD04	B	Load County ID CIN Table
LD05	B	Load Diversion Table
LD06	B	Load Supportive Services Only Table
LD07	B	Load Under 10 Grant Table
LD08	B	Load Child Support Reimbursement Table
LD09	B	Load Exception Table
LD10	B	Load Non-California Participation Table
EXTR	B	Extraction File Header
TRAL	B	Trailer Record
RP02	B	Exceeding Clocks Report
RP03	B	Monthly Projections Report
RP04	B	Multiple County Aid Report
RP05	B	Approaching Clocks Report
RP06	B	Exceeding Clocks Report with Aid Code
RP07	B	Active Program Participation Report

Comments

Although an effort was made to identify all possible transaction navigation types, additional transaction navigation types may be identified during enhancement requests. Therefore, this code table may be modified as necessary.

Tribal TANF Codes

Business Description
A unique abbreviation for Tribal TANF Providers.

Business Need
This information identifies the Tribal TANF Providers in California and in other states.

Note: The column State TANF Date indicates the implementation date or operational start date of the Tribal TANF program in California and in other states.

TRIBAL TANF PROVIDERS & OPERATIONAL START DATES FOR CALIFORNIA

STATE CODE	TRIBAL TANF PROVIDER	LOCATION	STATE TANF DATE
X1	Southern California Tribal Chairmen's Association (SCTCA)	San Diego County & Santa Barbara Counties	1998-03-01
X2	Torres Martinez Tribal TANF (TMTT)	Riverside County	2001-05-01
X3	Torres Martinez Tribal TANF (TMTT)	Los Angeles County	2001-05-01
X4	Owens Valley Career Development Center (OVCDC)	Inyo County	2001-05-01
X5	Owens Valley Career Development Center (OVCDC)	Kern County	2001-10-01
X6	Owens Valley Career Development Center (OVCDC)	Tulare County	2002-07-01
X7	Washoe Tribe of Nevada and California (WTNC)	Alpine El Dorado and Sacramento Counties	2003-01-01
X8	Morongo Band of Mission Indians	Riverside	2006-03-01
X9	Owens Valley Career Development Center (OVCDC)	Fresno and Kings Counties	2004-01-01
XA	Soboba Band of San Luiseno Indians Reservation	Riverside	2005-10-01
XB	California Tribal TANF Partnership (CTTP) Phase 1	Glenn, Lassen, Plumas, Solano, Sutter, and Yuba Counties	2003-07-01
XC	North Fork Rancheria (NFR)	Madera, Mariposa, and Merced Counties	2003-08-01
XD	California Tribal TANF Partnership (CTTP) Phase 2	Amador, Butte, Colusa, Del Norte, Humboldt, Lake, Modoc, Napa, and Trinity Counties	2004-07-01
XE	Hoopa Valley Tribal Council (HVTC)	Humboldt County	2004-10-01
XF	Washoe Tribe of Nevada and California (WTNC) Phase 2	Alameda, Nevada, Placer, San Francisco, San Joaquin, San Mateo, Santa Clara, and Santa Cruz Counties	2005-07-01

STATE CODE	TRIBAL TANF PROVIDER	LOCATION	STATE TANF DATE
XG	California Tribal TANF Partnership (CTTP) Phase 3-A	San Joaquin County	2006-06-01
XH	Yurok Tribe	Del Norte and Humboldt Counties	2006-08-01
XI	North Fork Rancheria	Fresno County	2007-07-01
XJ	Graton Rancheria	Sonoma & Marin Counties	2008-05-01
XK	Karuk Tribe	Humboldt & Siskiyou Counties	2008-12-01
XL	Round Valley Reservation	Mendocino County	2009-01-01
XM	Scott's Valley Rancheria	Contra Costa County	2008-01-01
XN	Washoe Tribe of Nevada and California (WTNC)	Amador County	2008-10-01
XO	Shingle Springs Rancheria	El Dorado, Placer & Sacramento Counties	2010-06-01
XP	Pechanga Band of Luiseño Mission Indians	Riverside County	2011–06-01
XQ	Tuolumne Band of Me-Wuk Indians	Calaveras, Stanislaus, and Tuolumne	2015-12-01
XR	California Tribal TANF Partnership (CTTP)	Shasta	2014-04-01
XS	Morongo Band of Mission Indians	San Bernardino	2014-03-01
XT	North Fork Rancheria (NFR)	Monterey, San Benito, San Luis Obispo	2017-04-01
XU	Owens Valley Career Development Center (OVCDC)	Mono	2013-04-01
XV	Owens Valley Career Development Center (OVCDC)	Ventura	2018-04-01
XW	Pechanga Band of Luiseno Mission Indians	Orange	2017-07-01
XX	Scott's Valley Rancheria	Lake, Mendocino, Sonoma	2013-07-01
XY	Tolowa Dee-ni'Nation	Del Norte, Humboldt	2018-04-01
XZ	Torres Martinez Tribal TANF (TMTT)	Imperial	2011-06-01

TRIBAL TANF PROVIDERS AND OPERATIONAL DATES IN OTHER STATES

STATE CODE	TRIBAL TANF PROVIDER	STATE TANF DATE
11	Forest County Potawatomi Community (WI)	1997-07-01
12	Klamath Tribe (OR)	1997-07-01
13	Confederated Tribe of Siletz Indians (OR)	1997-10-01
14	Red Cliff Band of Lake Superior Chippewas (WI)	1997-10-01
15	Sisseton-Wahpeton Sioux Tribe (SD)	1997-10-01
16	Sokaogon Chippewa Community – Mole Lake Bank (WI)	1997-10-01
17	Stockbridge-Munsee Band of Mohican Indians (WI)	1997-10-01
18	Pasqua Yaqui Tribe of Arizona (AZ)	1997-11-01
19	White Mountain Apache Tribe (AZ)	1998-04-01
1A	Osage Tribe of Oklahoma (OK)	1998-05-04
1B	Northern Arapaho Tribe – Wind River Reservation (WY)	1998-07-01
1C	Port Gamble S'Klallam Tribe (WA)	1998-10-01
1D	Lower Elwha S'Klallam Tribe (WA)	1998-10-01
1E	Tanana Chiefs' Conference, Inc (AK) [Consortium of Alaska Native Villages in the Doyon Region]	1998-10-01
1F	Nez Perce Tribe (ID)	1999-11-01
1G	Mille Lacs Band of Ojibwe (MN)	1999-01-01
1H	Confederated Salish & Kootenai Tribes (MT)	1999-01-01
1J	Salt River Pima – Maricopa Indian Community (AZ)	1999-06-01
1K	Shoshone – Bannock Tribes of the Ft. Hall Reservation (ID)	1999-07-01
1L	Lac du Flambeau Band of Lake Superior Chippewa (WI)	2000-01-01
1M	Central Council of Tlingit & Haida Indians of Alaska (AK) [Consortium of Alaska Native Villages in the Sealaska Region]	2000-01-01
1N	Coeur d' Alene Tribe (ID)	2000-07-01
1P	Eastern Shoshone Tribe – Wind River Reservation (WY)	2000-10-01
1Q	Fort Belknap Community Council (MT)	2000-10-01
1R	Association of Village Council Presidents, Inc. (AK) [Consortium of Alaska Native Villages in the Calista Region]	2000-10-01
1S	Navajo Nation (AZ, UT)	2000-10-01
1T	Navajo Nation (NM)	2001-01-01
1U	Hopi Tribe (AZ)	2001-04-01
1V	Pueblo of Zuni (NM)	2001-07-01
1W	Winnebago Tribe of Nebraska (NE)	2001-04-01
1X	Quinault Indian Nation (WA)	2001-04-01
1Y	Quileute Tribe (WA) [Service population includes members of the Hoh Tribe]	2001-05-01