OCSE O&M and Continuous Improvements

Federal Case Registry

Interface Guidance Document

Appendix D: Data Dictionary

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D   Data Dictionary

This appendix has the data definitions and descriptions for fields in the FCR input and output transaction layouts.

Appendix G, "Input Transactions," defines the input transaction layouts. Appendix H, "Output Transactions," defines the output transaction layouts.

This appendix lists the data fields in alphabetic order.

We offer the following information for each data field:

- **Name** – The name of the field as shown on the transaction layout description
- **Type** – If the field is an input field, output field, or both
- **Condition** – The system may require the field for specified inputs:
  - Fields on input transactions are required, conditionally required, or optional
  - Fields on the output transactions are required or conditional
  - Conditional fields are present based on the information received on the input or available in the database
- **Length** –The size of the field on the record layout
- **Format** – If the field is alphabetic, numeric, or alphanumeric
- **Values** – The acceptable values for the field
- **Description** – A narrative explanation of the data field

These charts include the data fields the FCR accepts and returns.

Category	Details
Name	**ACKNOWLEDGMENT CODE**
Type	Output field

Condition	Required for the following output records:
	    Case Acknowledgment/Error record
	    Person/Locate Request Acknowledgment/Error record
	    Query Acknowledgment/Error record

Length	5
Format	Alphanumeric
Values	AAAAA – Transaction accepted HOLDS – Transaction pending SSN verification REJCT – Transaction rejected

Category	Details
Description	This shows the record as accepted, pending SSN verification, or rejected.
	For codes and explanations, refer to Appendix E, "Errors and Warnings."
	If the FCR rejects a record, the error code shows the specific reason for the rejection.
Name	**ACKNOWLEDGMENT ORIGIN CODE**
Type	Output field
Condition	Required for this output record:
	Person/Locate Request Acknowledgment/Error record
Length	1
Format	Alphanumeric
Values	O – Online request
	R – Recycled unverified SSN request
	Space – Batch request
Description	This shows the origin of the request.
Name	**ACTION TYPE CODE**
Type	Input and Output field
Condition	Required for the following input records:
	Input Case record
	Person/Locate Request record
	Query Request record
	Required for the following output records:
	Person/Locate Request Acknowledgment/Error record
	Case Acknowledgment/Error record
	Query Acknowledgment/Error record
	Query/Proactive Match Response record
Length	1
Format	Alphanumeric

Category	Details

Values	Input Case record and related Acknowledgment/Error record:
	
	    A – Add a new case
	    C – Change a case
	    D – Delete a case
	
	When you close a case on your system, you must send a Delete transaction showing the case is closed.
	
	Person/Locate Request and related Acknowledgment/Error record:
	
	    A – Add a person to a case
	    C – Change a person previously added
	    D – Delete a person from a case previously added
	    L – Start a Locate Request when you are not adding a person
	    T – Terminate an open Locate Request
	
	Query Request record and related output records:
	
	    A – Query request for all FCR information on the person
	    F – Query request for other states' data on the person Query Acknowledgment/Error record
	
	Query/Proactive Match Response record:
	
	    A – Return all FCR information
	    C – Proactive response for a new case or a change to or deletion of an existing case
	    D – SSA Date of Death file update
	    F – Query response for other states' information
	    P – Proactive response for a new person or a change to or deletion of an existing person

Description	For an input transaction, this shows the action the FCR takes for the transaction. For an Acknowledgment/Error Output record, this is the value on the input record. For the Query/Proactive Match Response record, this is the reason the FCR generates the output transaction (a Query response or Proactive Match results).
Name	**ADDITIONAL FIRST NAME 1** through **ADDITIONAL FIRST NAME 4** or **ADDITIONAL FIRST NAME 1 TEXT** through **ADDITIONAL FIRST NAME 2 TEXT**
Type	Input and Output field

Category	Details

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record
	    Title II Pending Claim Response record

Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces or special characters
Description	This is an additional first name you associated with the person sent. It may be useful in locating or identifying the person.
Name	**ADDITIONAL LAST NAME 1** through **ADDITIONAL LAST NAME 4** or **ADDITIONAL LAST NAME 1 TEXT** through **ADDITIONAL LAST NAME 2 TEXT**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record
	    Title II Pending Claim Response record

Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is an additional last name you associate with the person sent, which may be useful in locating or identifying the person.
Name	**ADDITIONAL MIDDLE NAME 1** through **ADDITIONAL MIDDLE NAME 4** or **ADDITIONAL MIDDLE NAME 1 TEXT** through **ADDITIONAL MIDDLE NAME 2 TEXT**
Type	Input and Output field

Category	Details
Condition	Optional for this input record:
	Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for the following output records:
	Locate Response record
	NDNH Locate/Proactive Match Response record
	Person Reconciliation record
	Person/Locate Request Acknowledgment/Error record
	Title II Pending Claim Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces
	No imbedded spaces or special characters
Description	This is an additional middle name you associate with the person sent. It may be useful in locating or identifying the person.
Name	**ADDITIONAL SSN 1** or **ADDITIONAL SSN 2**
Type	Input and Output field
Condition	Optional for this input record:
	Person/Locate Request record with an action type code of 'A' or 'C'
	Conditional for the following output records:
	Person/Locate Request Acknowledgment/Error record
	Person Reconciliation record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is an additional SSN you associate with the person sent. It may be useful in locating or identifying the person.
Name	**ADDITIONAL SSN 1 VALIDITY CODE** or **ADDITIONAL SSN 2 VALIDITY CODE**
Type	Output field
Condition	Required for the following output records:
	Person/Locate Request Acknowledgment/Error record
	Person Reconciliation record
Length	1
Format	Alphanumeric

Category	Details
Values	This shows the validity of the additional SSNs sent: N – SSA's SSN verification routines did not verify the SSN-name combination for this person, but another SSA routine found a probable name match U – SSA's SSN verification routines did not verify the additional SSN1 or SSN2 with the primary name combination sent V – SSA's SSN verification routines verified the additional SSN1 or SSN2 with the primary name combination sent
Description	This shows the results of the SSA's SSN verification for the additional SSN1 or SSN2 you associate with the person sent, which may be useful in locating or identifying the person.
Name	**ADDRESS FORMAT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	C – City, state, and ZIP code breakdown F – Free format: lines separated by a '\' with an isolated ZIP code when present X – Fixed format: street address lines 1–4, city, state, and ZIP code breakdown Space – No address
Description	This is the format of the street address lines 1–4, city, state, and ZIP code in the Returned Address field.
Name	**ADDRESS INDICATOR TYPE**
Type	Output field

Condition	Conditional for the following output records:
	  Locate Response record
	  NDNH Locate/Proactive Match record

Length	1
Format	Alphanumeric
Values	1 – Employer address 2 – Employee address 3 – Employer optional address Space – Information not supplied
Description	This shows if the address supplied is the employer's, the employee's, or the employer's optional address.

Category	Details
Name	**ADDRESS SCRUB INDICATOR 1**
Type	Output field

Condition	Required for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the general status of the edited address. For Locate Responses: 'BA', 'CH', 'EA', 'FA', 'GA', and 'IA' For NDNH Locate Responses: 'BA', 'CH', 'EA', 'FA', and 'GA' For NDNH Proactive Match responses: 'CH', 'FA', and 'GA'
Name	**ADDRESS SCRUB INDICATOR 2** or **ADDRESS SCRUB INDICATOR 3**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This further details the status of the edited address.
Name	**ANNUAL SALARY**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	7
Format	Numeric
Values	0000000 through 9999999
Description	This is the employee's annual salary (dollar amount only). If a salary is not available, this is all zeros.
Name	**ANNUAL SALARY – DoD**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	6

Category	Details
Format	Numeric
Values	000000 through 999999
Description	This is the employee's annual salary (dollars only).
	If a salary is not available, this is all zeros.
Name	**APO-FPO INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	1
Format	Alphanumeric
Values	Y – Address supplied is an APO or FPO
	Space – Address supplied is not an APO or FPO or information is not available
Description	This shows the supplied city, state, and ZIP code are a military Army Post Office or Fleet Post Office overseas address.
Name	**ASSOCIATED PERSON 1 DATE OF BIRTH** through **ASSOCIATED PERSON 3 DATE OF BIRTH**
Type	Output field
Condition	Conditional for this output record:
	Query/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date of birth (DOB) of an associated person in a matched case.
	If the associated person does not exist, this is all spaces.
Name	**ASSOCIATED PERSON 1 DATE OF DEATH** through **ASSOCIATED PERSON 3 DATE OF DEATH**
Type	Output field
Condition	Conditional for this output record:
	Query/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	If applicable, this is the SSA-recorded date of death for an associated person.
	If not applicable, this is all spaces.

Category	Details
Name	**ASSOCIATED PERSON 1 FIRST NAME** through **ASSOCIATED PERSON 3 FIRST NAME**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters.
Description	This is the first name of an associated person in a matched case. If the associated person does not exist, this is all spaces.
Name	**ASSOCIATED PERSON 1 LAST NAME** through **ASSOCIATED PERSON 3 LAST NAME**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of an associated person in a matched case. If the associated person does not exist, this is all spaces.
Name	**ASSOCIATED PERSON 1 MIDDLE NAME** through **ASSOCIATED PERSON 3 MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters.
Description	This is the middle name of an associated person in a matched case. If the associated person does not exist, this is all spaces. If a middle name is not on file for the associated person, this is all spaces.

Category	Details
Name	**ASSOCIATED PERSON 1 OTHER STATE OR TERRITORY MEMBER ID** through **ASSOCIATED PERSON 3 OTHER STATE OR TERRITORY MEMBER ID**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the receiving state's member ID assigned to the associated person in a matched case. If the associated person does not exist, this is all spaces.
Name	**ASSOCIATED PERSON 1 PARTICIPANT TYPE** through **ASSOCIATED PERSON 3 PARTICIPANT TYPE**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	2
Format	Alphanumeric
Values	CH – Child CP – Custodial party NP – Noncustodial parent PF – Putative father Spaces – Associated person does not exist
Description	This is the participant type of an associated person in a matched case.
Name	**ASSOCIATED PERSON 1 SEX CODE** through **ASSOCIATED PERSON 3 SEX CODE**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	F – Female M – Male Space – Associated person does not exist or a sex code is not on file
Description	This is the gender of an associated person on the FCR-matched record.

Category	Details
Name	**ASSOCIATED PERSON 1 SSN** through **ASSOCIATED PERSON 3 SSN**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the verified SSN for an associated person on the FCR-matched record. If the associated person does not exist, this is all spaces.
Name	**ASSOCIATED PERSON 1 STATE MEMBER ID** through **ASSOCIATED PERSON 3 STATE MEMBER ID**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the receiving state's member ID for an associated person who matched an associated person in the matched case. If the associated person does not exist, this is all spaces. If this is not in the receiving state's case, this is all spaces.
Name	**ATTORNEY ADDRESS CITY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the city name for the attorney.
Name	**ATTORNEY ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 2
Length	1
Format	Alphanumeric

Category	Details
Values	1 – The address of the attorney is in a foreign country
	Space – The address of the attorney is in the U.S.
Description	This shows if the attorney address provided is a U.S. or foreign address.
Name	**ATTORNEY ADDRESS FOREIGN COUNTRY NAME**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 2
Length	25
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the foreign country name of the address for the attorney.
Name	**ATTORNEY ADDRESS SCRUB 1 CODE THROUGH ATTORNEY ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for this output record:
	Insurance Match Response record – Part 2
Length	2
Format	Alphabetic – A through Z
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the result of editing the address returned in the Response record.
Name	**ATTORNEY ADDRESS STATE CODE**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 2
Length	2
Format	Alphabetic
Values	Standard state abbreviation
Description	This is the state code for the attorney.
Name	**ATTORNEY ADDRESS LINE 1 TEXT** or **ATTORNEY ADDRESS LINE 2 TEXT**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 2
Length	40
Format	Alphanumeric

Category	Details
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the first and second line of the street address of the attorney.
Name	**ATTORNEY ADDRESS POSTAL CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	15
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the ZIP code (domestic or foreign) for the attorney.
Name	**ATTORNEY FIRST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	20
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the first 20 characters of the first name of the attorney.
Name	**ATTORNEY LAST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the first 30 characters of the last name of the attorney.
Name	**ATTORNEY PHONE EXTENSION NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	6
Format	Numeric
Values	0 through 9
Description	This is the phone number extension of the attorney.

Category	Details
Name	**ATTORNEY PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	10
Format	Numeric
Values	0 through 9
Description	This is the phone number of the attorney.
Name	**AWR CORP DIV**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	4
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the employee's SSA corporate division.
Name	**AWR CYCLE DATE**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	7
Format	Alphanumeric
Values	0 through 9 or all spaces The format is CCYYwww, where www (week) is '001' through '053'. Example: 2021009 shows the SSA updated the record during the ninth week of year 2021.
Description	This is the year and week the SSA updated the record.
Name	**AWR EMPLOYMENT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	2
Format	Alphanumeric
Values	SE – Self-employed Spaces – Not self-employed

Category	Details
Description	This is the employee's employment type.
Name	**AWR WAGE AMOUNT**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	9
Format	Alphanumeric
Values	000000000 through 999999999 or all spaces
Description	This is the wage amount.
Name	**BATCH ERROR CODE 1** through **BATCH ERROR CODE 5**
Type	Output field
Condition	Conditional for this output record: Routine Batch Response Header record
Length	4
Format	Alphanumeric
Values	5000 through 5999 or spaces
Description	The FCR returns this code to show the error detected in a sent batch. There are two classes of error codes. A warning code shows the FCR detected an error, but it was not sufficiently critical to force rejection of the entire batch. A rejection error code shows the FCR detected a critical error and rejected the batch. For codes and explanations, refer to Appendix E, "Errors and Warnings."
Name	**BATCH NUMBER**
Type	Input and Output field

Condition	Required for this input record:
	    Transmission Header record
	Required for the following output records:
	    Case Acknowledgment/Error record
	    Person/Locate Request Acknowledgment/Error record
	    Query Acknowledgment/Error record
	    Query/Proactive Match Response record with an action type code of 'F'
	    Routine Batch Response Header record

Length	6
Format	Alphanumeric
Values	000000 through 999999 or spaces

Category	Details
Description	This is a unique number you assign to FCR input transactions to find the batch of transactions sent. You cannot duplicate batch numbers between transmissions. The FCR returns your batch number in the related FCR output records. On a Query/Proactive Match Response record with an action type code of 'C', 'D', or 'P', this is all spaces.
Name	**BENEFIT AMOUNT**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	11
Format	Signed numeric in COBOL format S9(9)V99
Values	00000000000 through 99999999999
Description	This is the monetary Unemployment Insurance benefit that a person received during a reporting period. The last two positions are to the right of the decimal point. If the information is not available, this is always positive or all zeros.
Name	**BLACK LUNG ENTITLEMENT CODE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of Black Lung Entitlement codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title II beneficiary's Black Lung Entitlement code.
Name	**BLACK LUNG PAYMENT AMOUNT**
Type	Output field
Condition	Required for this output record: Title II Locate Response record
Length	6
Format	Numeric in COBOL format 9(4)V99
Values	0 through 9
Description	This is the Title II beneficiary's Black Lung payment amount.

Category	Details
Name	**CAN and BIC**
Type	Output field
Condition	Required for this output record: 　　Title II Locate Response record
Length	12
Format	Alphanumeric
Values	This is the first nine characters of the claim account number (CAN). The last three characters are the beneficiary identification code (BIC) or spaces. BIC codes from the SSA are two or three bytes. For a complete list of BICs, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual. **Note:** Some BICs may appear as a three-position code. For example, 'B01', 'C01', and 'D09' can be interpreted as 'B1', 'C3', and 'D9'. If the second and third characters in the BIC are zeros, you can process them as spaces. For example, 'B00' can be interpreted as 'B'.
Description	This is the CAN and BIC assigned to the Title II beneficiary.
Name	**CASE CHANGE TYPE**
Type	Output field
Condition	Conditional for this output record: 　　Query/Proactive Match Response record with an action type code of 'C'
Length	1
Format	Alphanumeric
Values	1 – Case type change (non-IV-D to IV-D) 2 – Case ID change 3 – Order indicator change ('N' to 'Y') 4 – FCR closed the case or deleted the person Spaces – Information was not available
Description	This type of case change started the generation of a Proactive Match Response record with an action type code of 'C'. If a Query/Proactive Match Response record has an action type code of 'F' or 'P', this is a space.
Name	**CASE ID**
Type	Input and Output field

Category	Details

Condition	Required for the following input records:
	    Input Case record
	    Person/Locate Request record with an action type code of 'A', 'C', or 'D'
	    Query Request record
	Conditionally required for this input record:
	    Person/Locate Request record with an action type code of 'L'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'T'
	Required for the following output records:
	    Case Reconciliation record
	    Data Inconsistency File record
	    DMDC/Proactive Match Response record
	    MSFIDM Response record
	    Person Reconciliation record
	Conditional for the following output records:
	    Case Acknowledgment/Error record
	    Person/Locate Request Acknowledgment/Error record
	    Query Acknowledgment/Error record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, most special characters, and spaces
Description	This is your assigned identifier for a IV-D case, a non-IV-D order the FCR will add, the ID received from the Federal Collections and Enforcement (FCE) file, or the ID on a Locate Request. The case ID sent should be unique for you and should link to the case or order information stored on your system. If present, it must not be all zeros, not have an asterisk or backslash, and the first position cannot be a space.
Name	**CASE RECORDS ACCEPTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of accepted Case Acknowledgment/Error records included in the Batch response. The FCR finds accepted records with an acknowledgment code of 'AAAAA'.

Category	Details
Name	**CASE RECORDS PENDING**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Case Acknowledgment/Error records included in the Batch response with an acknowledgment code of 'HOLDS' to show the acceptance or rejection of the case record sent is pending SSN verification or identification of a related Person record or records.
Name	**CASE RECORDS RECEIVED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Input Case records received in the batch.
Name	**CASE RECORDS REJECTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Case Acknowledgment/Error records included in the Batch response with an acknowledgment code of 'REJCT'.
Name	**CASE RECORDS RETURNED**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999

Category	Details
Description	This is the number of Case Reconciliation records on the file.
Name	**CASE TYPE**
Type	Input and Output field

Condition	Required for this input record:
	    Input Case record with an action type code of 'A'
	Optional for this input record:
	    Input Case record with an action type code of 'C'
	Conditional for the following output records:
	    Case Acknowledgment/Error record
	    Case Reconciliation record

Length	1
Format	Alphanumeric
Values	F – IV-D N – Non-IV-D Space – Information was not available
Description	This shows if the child support case sent is a IV-D case or a non-IV-D order.
Name	**CATEGORY OF ASSISTANCE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of Category of Assistance codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title II beneficiary's state exchange categorical assistance code.
Name	**CHANGE OF ADDRESS EFFECTIVE DATE**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	6
Format	Alphanumeric
Values	Date in CCYYMM format or spaces
Description	If supplied by the NCOA, this is the date the address change became effective.
Name	**CHANGE OF ADDRESS VERIFICATION RESPONSE CODE**
Type	Output field

Category	Details
Condition	Required for this output record: Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	01 – Request record not processed (no current, signed NCOA agreement with OCSE or the FCR rejected the entire input batch file for errors) 02 – Request record rejected (one or both fields are missing or invalid: Verification Request Indicator, Transmitter State, or Territory Code) 03 – Request record rejected (SSN is missing or invalid) 04 – Request record rejected (name is missing or invalid) 05 – Request record rejected (address is foreign or address information is missing, invalid, or incomplete) 06 – Request record rejected (person is not in a IV-D case) 07 – Request record rejected (SSN address limit was exceeded) 10 – No match found at NCOA 28 – Address was not available at NCOA 39 – Disclosure prohibited; person associated with family violence Spaces – NCOA found a match
Description	This clarifies the response the NCOA interface sent you.
Name	**CH DEATH INDICATOR**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – CH is not deceased Y – CH is deceased
Description	This DMDC-supplied field shows if DMDC records have the CH as deceased.
Name	**CH FIRST NAME**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces or special characters

Category	Details
Description	This is the first name of the child. The FCR recorded this name.
Name	**CH LAST NAME**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of the child you supplied and the FCR recorded.
Name	**CH MEDICAL COVERAGE BEGIN DATE**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	This DMDC-supplied field is the date the child became eligible for coverage. If DMDC does not have a begin date for this child, this is all spaces.
Name	**CH MEDICAL COVERAGE END DATE**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	This DMDC-supplied field is the date the child's medical coverage ended or will end; this can be a future date. If DMDC does not have an end date for this child, this is all spaces.
Name	**CH MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric

Category	Details
Values	Y – Child has medical coverage
	N – Child does not have medical coverage
Description	This shows whether the DMDC record has the child with medical coverage.
Name	**CH MEDICAL COVERAGE SPONSOR CODE**
Type	Output field
Condition	Required for this output record:
	DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	1 – NCP is or was the sponsor for the child's medical coverage
	2 – CP is or was the sponsor for the child's medical coverage
	3 – PF is or was the sponsor for the child's medical coverage
	4 – Someone other than the NCP, CP, or PF is or was supplying the child's medical coverage
Description	This shows the child's medical coverage sponsor code.
Name	**CH MEMBER ID**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the state-assigned member ID for the child.
Name	**CH MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces
	No imbedded spaces or special characters
Description	This is the middle name of the child. The FCR recorded this name.
Name	**CH SPONSOR FIRST NAME**
Type	Output field

Category	Details
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the DMDC-supplied first name of this child's medical coverage sponsor. This only has a value if the CH medical coverage sponsor code is '4' and the CH sponsor relationship code is '1', '2', '3', or '4'. Otherwise, this is all spaces.
Name	**CH SPONSOR LAST NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the DMDC-supplied last name of this child's medical coverage sponsor. This only has a value if the CH medical coverage sponsor code is '4' and the CH sponsor relationship code is '1', '2', '3', or '4'. Otherwise, this is all spaces.
Name	**CH SPONSOR LAST NAME SUFFIX**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	4
Format	Alphanumeric
Values	A through Z or spaces
Description	This DMDC-supplied field is the last name suffix, if applicable, of this child's medical coverage sponsor. This only has a value if the CH medical coverage sponsor code is '4' and the CH sponsor relationship code is '1', '2', '3', or '4'. Otherwise, this is all spaces.
Name	**CH SPONSOR MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces

Category	Details
Description	This DMDC-supplied field is the middle name of this child's sponsor. This only has a value if the CH medical coverage sponsor code is '4' and the CH sponsor relationship code is '1', '2', '3', or '4'. Otherwise, this is all spaces.
Name	**CH SPONSOR RELATIONSHIP CODE**
Type	Output field
Condition	Conditional for this output record: 　　DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	1 – Child 2 – Foster child 3 – Pre-adoptive child 4 – Ward 5 – Stepchild 6 – Self (an adult child who is in the military) 7 – Spouse (an adult child who is married to a military member) 8 – Other or unknown
Description	This DMDC-supplied field is the relationship of the child to the child's sponsor. This only contains a value if the CH medical coverage sponsor code is '4'.
Name	**CH SPONSOR SSN**
Type	Output field
Condition	Conditional for this output record: 　　DMDC/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999999 or all spaces
Description	This is the DMDC-supplied SSN of this child's medical coverage sponsor. This only has a value if the CH medical coverage sponsor code is '4' and the CH sponsor relationship code is '1', '2', '3', or '4'. Otherwise, this is all spaces.
Name	**CH SSN**
Type	Output field
Condition	Required for this output record: 　　DMDC/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces

Category	Details
Description	This is the SSN stored as the child's primary SSN or corrected, additional, or verified multiple SSN.
Name	**CH SSN MATCH CODE**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	A – Verified an additional SSN-name combination C – SSA found or corrected the state-submitted SSN-name combination M – SSA-issued multiple SSN V – State-submitted verified SSN-name combination X – SSA found or corrected the additional SSN-name combination
Description	This shows which CH SSN the FCR used in the match.
Name	**CH SSN VERIFIED INDICATOR**
Type	Output field
Condition	Required for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – Unverified SSN-name combination Y – Verified SSN-name combination
Description	This shows whether the child's SSN is verified or unverified.
Name	**CITY**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the name of the city for the person or person's employer in the format the address format indicator designated. For format examples, refer to the Returned Address field.
Name	**CITY OF BIRTH**
Type	Input and Output field

Category	Details

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces
Description	This is the name of the birth city of the person. The FCR uses this information to find the SSN, but it is not stored.
Name	**CLAIM ADJUSTER NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z
Description	This is the name of the adjuster responsible for the claim.
Name	**CLAIM ADJUSTER PHONE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	10
Format	Numeric
Values	0 through 9
Description	This is the phone number of the adjuster responsible for the claim.
Name	**CLAIM TYPE CODE**
Type	Output field
Condition	Required for this output record: Title II Pending Claim Response record
Length	2
Format	Alphanumeric

Category	Details
Values	AU – Auxiliary
	DI – Disability
	RI – Retirement
	SU – Survivor benefits
	Spaces – Claim type was unavailable
Description	This is the beneficiary's claim type on the Title II pending claim.
Name	**CLAIM UPDATE INDICATOR**
Type	Output field
Condition	Required for this output record:
	Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric
Values	1 – Updated information on a previously supplied insurance claim match
	Space – New insurance claim match
Description	This shows if this is an update to previously supplied information on a claim.
	The Insurance Match system sets this value.
Name	**CLAIMANT ADDRESS**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the address for the claimant.
Name	**CLAIMANT ADDRESS CITY NAME**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the city name for the claimant.
Name	**CLAIMANT ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output field

Category	Details
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric
Values	1 – Claimant address is in a foreign country Space – Claimant address is in the U.S.
Description	This shows if the claimant address supplied is a U.S. or foreign address.
Name	**CLAIMANT ADDRESS FOREIGN COUNTRY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	25
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the foreign country name of the claimant address.
Name	**CLAIMANT ADDRESS SCRUB 1 CODE THROUGH CLAIMANT ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphabetic – A through Z
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the result of editing the address returned in the Response record.
Name	**CLAIMANT ADDRESS STATE CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphabetic
Values	Standard state abbreviation value
Description	This is the state code of the claimant.
Name	**CLAIMANT ADDRESS LINE 1 TEXT** or **CLAIMANT ADDRESS LINE 2 TEXT**
Type	Output field

Category	Details
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the first line of the street address of the claimant.
Name	**CLAIMANT ADDRESS ZIP CODE**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	15
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the ZIP code (domestic or foreign) of the claimant.
Name	**CLAIMANT BIRTH DATE**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	8
Format	Alphanumeric or spaces
Values	Valid date in CCYYMMDD format
Description	This is the DOB of the claimant from the insurance data match.
Name	**CLAIMANT BUSINESS PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	10
Format	Alphanumeric or spaces
Values	0 through 9
Description	This is the business phone number of the claimant.
Name	**CLAIMANT BUSINESS PHONE EXTENSION NUMBER**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1

Category	Details
Length	6
Format	Alphanumeric or spaces
Values	0 through 9
Description	This is the business phone extension of the claimant.
Name	**CLAIMANT CELL PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	10
Format	Alphanumeric or spaces
Values	0 through 9
Description	This is the cell phone number of the claimant.
Name	**CLAIMANT DRIVER LICENSE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	20
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the driver's license number of the claimant.
Name	**CLAIMANT DRIVER LICENSE STATE CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphanumeric
Values	Standard state abbreviation or spaces
Description	This is the state code on the claimant's driver's license.
Name	**CLAIMANT FIRST NAME**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	20
Format	Alphanumeric

Category	Details
Values	A through Z or spaces
Description	This is the first 20 characters of the first name of the claimant.
Name	**CLAIMANT GENDER CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric
Values	F – Female M – Male Space – Information was not available
Description	This is the gender of the claimant.
Name	**CLAIMANT HOME PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	10
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the phone number of the claimant.
Name	**CLAIMANT ITIN NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	9
Format	Alphanumeric
Values	000000000-999999999 or spaces
Description	This is the Individual Taxpayer Identification Number (ITIN) of the claimant.
Name	**CLAIMANT LAST NAME**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces

Category	Details
Description	This is the first 30 characters of the last name of the claimant.
Name	**CLAIMANT MIDDLE NAME**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	16
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the first 16 characters of the middle name of the claimant.
Name	**CLAIMANT OCCUPATION TEXT**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the occupation of the claimant.
Name	**CLAIMANT PROFESSIONAL LICENSE NUMBER**
Type	Output field
Condition	Optional for this output record: 　　Insurance Match Response record – Part 1
Length	15
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the professional license number of the claimant.
Name	**COA CARRIER ROUTE CODE**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	4
Format	Alphanumeric
Values	Change of address (COA) carrier route code or spaces
Description	If the NCOA database supplied this, it is the COA carrier route code used for the POSTNET barcoding.

Category	Details
Name	**COA CHECK DIGIT**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	COA check digit or space
Description	If the NCOA database supplied this, it is the COA check digit used for the POSTNET barcoding.
Name	**COA CITY NAME**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	30
Format	Alphanumeric
Values	COA city name or spaces
Description	This is the COA city name, if found on the NCOA database.
Name	**COA DELIVERY POINT DIGITS**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	COA delivery point digits or spaces
Description	If the NCOA vendor supplied these, they are the COA delivery point digits used to generate a delivery point barcode.
Name	**COA LINE OF TRAVEL (LOT) NUMBER**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	4
Format	Alphanumeric
Values	All numbers or all spaces
Description	If the NCOA database supplied this, it is the COA line of travel (LOT) number for carrier route mailings used for POSTNET barcoding.

Category	Details
Name	**COA LOT SORT FLAG CODE**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	A – Ascending D – Descending Space – COA not found on the NCOA database
Description	This is the COA LOT sort flag used for POSTNET barcoding.
Name	**COA STATE CODE**
Type	Output field
Condition	Conditional for this record: Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	COA state code or spaces
Description	This is the COA state code, if found on the NCOA database.
Name	**COA STREET ADDRESS LINE 1 TEXT THROUGH COA STREET ADDRESS LINE 3 TEXT**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	50
Format	Alphanumeric
Values	COA street address line 1 or spaces
Description	This is the COA street address line 1, if found on the NCOA database.
Name	**COA ZIP CODE**
Type	Output field
Condition	Conditional for this record: Change of Address Verification Response record
Length	9
Format	Alphanumeric
Values	COA ZIP code or all spaces
Description	This is the COA ZIP code, if found on the NCOA database.

Category	Details
Name	**COMPETENCY CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of Competency codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the representative payee's status for legal guardianship or the competency of the recipient.
Name	**CORRECTED OR ADDITIONAL OR MULTIPLE SSN**
Type	Output field

Condition	Conditional for the following output records:
	    NDNH Locate/Proactive Match Response record
	    Prisoner Locate Response record
	    SVES Not Found Response record
	    Title II Pending Claim Response record
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces (the original SSN was used for this Locate Request)
Description	This is the corrected, additional, or multiple SSN used in the database search. The SSN Match Code shows if the SSA corrected the SSN or if it is an additional or multiple SSN.
Name	**COUNTY CODE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	3
Format	Alphanumeric
Values	001 through 999 or spaces; refer to American National Standards Institute (ANSI) and Federal Information Processing Series (FIPS) Codes.
Description	This is the FIPS code for the county responsible for any required or optional supplemental payment. This is the Title II beneficiary's county of residence unless another county has jurisdiction.

Category	Details
Name	**CP DEATH INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – CP is not deceased Y – CP is deceased
Description	This DMDC-supplied field shows if DMDC records have the CP as deceased.
Name	**CP FIRST NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces or special characters
Description	This is the first name of the CP you supplied and the FCR recorded.
Name	**CP LAST NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of the CP you supplied and the FCR recorded.
Name	**CP MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – CP is not in the military as active duty, retiree, or special civilian Y – CP is in the military as active duty, retiree, or special civilian

Category	Details
Description	This shows if DMDC records have the CP with medical coverage.
Name	**CP MEMBER ID**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the state-assigned member ID for the CP.
Name	**CP MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces or special characters
Description	This is the middle name of the CP you supplied and the FCR recorded.
Name	**CP SSN**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the SSN stored as the CP's primary SSN or corrected, additional, or a verified multiple SSN.
Name	**CP SSN MATCH CODE**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric

Category	Details
Values	A – Verified an additional SSA-name combination
	C – SSA found or corrected the state-submitted SSN-name combination
	M – SSA-issued multiple SSN
	V – State-submitted verified SSN-name combination
	X – SSA found or corrected the additional SSN-name combination
Description	This shows the CP SSN used in the match.
Name	**CP SSN VERIFIED INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – Unverified SSN-name combination
	Y – Verified SSN-name combination
Description	This shows the CP SSN as verified or unverified.
Name	**CURRENT PAYMENT STATUS CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	This is the SSI code; refer to the values in the Payment Status Code field.
Description	This is the Title XVI recipient's current payment status code.
Name	**CUSTODY CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	For a complete list of Custody codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This shows who has physical custody of the Title XVI recipient.
Name	**DATE OF ADDRESS**
Type	Output field

Category	Details

Condition	Required for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	8
Format	Alphanumeric
Values	A valid date in the format shown in the date of address format indicator 00000000 – Date was not available
Description	This is the date that the Locate source supplied this address.
Name	**DATE OF ADDRESS FORMAT INDICATOR**
Type	Output field

Condition	Required for this output record:
	    Locate Response record
	Conditional for this output record:
	    NDNH Locate/Proactive Match Response record

Length	1
Format	Alphanumeric
Values	0 – 00000000; date was not available 1 – CCYYMM00 (century, year, month) 2 – CCYYQ000 (century, year, quarter) 3 – CCYY0000 (century, year) 4 – CCYYMMDD (century, year, month, day)
Description	This shows the format of the date of address.
Name	**DATE OF BIRTH**
Type	Input and Output field

Condition	Conditionally required for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'L'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	Conditional for the following output records:
	    Data Inconsistency File record
	    Locate Source Response record
	    NDNH Locate/Proactive Match Response record
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	8
Format	Alphanumeric

Category	Details
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the DOB for a person the FCR will add or change or who is the subject of a Locate Request. The DOB in the Locate Request Response or NDNH Locate/ Proactive Match Response record is the DOB in the Locate source's records. If this is not a valid date or the information is not available, this is all spaces.
Name	**DATE OF CONFINEMENT**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the prisoner's first date of confinement the prison reported to SVES. If this is not a valid date, it is all spaces.
Name	**DATE OF CURRENT TITLE II ENTITLEMENT**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the date the Title II beneficiary was first eligible for benefits for the current period of entitlement. If this is not a valid date, it is all spaces.
Name	**DATE OF DEATH**
Type	Output field

Condition	Conditional for the following output records:
	     Locate Response record
	     Person/Locate Request Acknowledgment/Error record
	     Person Reconciliation record

Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces

Category	Details
Description	This is the person's date of death on the Locate Response or the Locate source's record.
	If the date of death does not apply, is not available, or is invalid, this is all spaces.
	If this is not a valid date, it is all spaces.
Name	**DATE OF DEATH SOURCE CODE**
Type	Output field
Condition	Conditional for this output record:
	Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of date of death source codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the source of the Title XVI recipient's date of death.
Name	**DATE OF HIRE**
Type	Output field
Condition	Conditional for the following output records:
	Locate Response record
	NDNH Locate/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the hire date for the employee.
Name	**DATE OF INITIAL TITLE II ENTITLEMENT**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the date the Title II beneficiary was first eligible for benefits.
	If this is not a valid date, it is all spaces.
Name	**DATE OF TITLE II SUSPENSION OR TERMINATION**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record

Category	Details
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the date the event occurred, which caused the suspension or termination of Title II benefits for this beneficiary. If this is not a valid date, it is all spaces.
Name	**DATE OF TITLE XVI APPEAL**
Type	Output field
Condition	Conditional for this output record: 　　Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	If applicable, this is the current appeal action date for the Title XVI recipient. If this is not a valid date, it is all spaces.
Name	**DATE OF TITLE XVI ELIGIBILITY**
Type	Output field
Condition	Conditional for this output record: 　　Title XVI Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or spaces
Description	If applicable, this is the latest of these three dates: application date, final onset date, or the date the Title XVI recipient turned 65. If this is not a valid date, it is all spaces.
Name	**DATE STAMP**
Type	Input and Output field
Condition	Required for this input record: 　　Transmission Header record Required for the following output records: 　　Locate Response Batch Header record 　　Pending Resolution Batch Response Header record 　　Reconciliation/Data Inconsistency File Header record 　　Routine Batch Response Header record
Length	8
Format	Numeric

Category	Details
Values	A valid date in CCYYMMDD format
Description	This is the date you sent the batch of input transactions.
	This is the date the FCR returned its batch of output transactions.
	You must make sure the date stamp in the Transmission Header is the current date. Transmissions should not be pre- or post-dated.
Name	**DEFERRED PAYMENT DATE**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or spaces
Description	This is the Title II beneficiary's date on which the first or next deferred payment can be made.
	If this is not a valid date, it is all spaces.
Name	**DIRECT DEPOSIT INDICATOR**
Type	Output field
Condition	Conditional for the following output records:
	Title II Locate Response record
	Title XVI Locate Response record
Length	1
Format	Alphabetic
Values	C – Checking
	E – Electronic Benefits Transfer
	S – Savings
	Space – None
Description	This is the method used to send direct deposit payments to the Title II or Title XVI beneficiary.
Name	**DISABILITY OR BLINDNESS ONSET DATE**
Type	Output field
Condition	Conditional for this output record:
	Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces

Category	Details
Description	This is the start date this applicant alleged for the disability. The Title XVI Supplemental Security Record (SSR) keeps this date while the case is waiting for a medical decision or in the case of a medical denial. After a final disability or blindness allowance, the date of onset displayed is one of the following: The date of disability onset established for Title II purposes in concurrent Title II or Title XVI allowance The date of onset established for Title XVI-only medical allowances. This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.
Name	**DISABILITY ONSET DATE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the first date of the onset of disability. If this is not a valid, it is all spaces.
Name	**DISTRICT OFFICE MAILING ADDRESS LINE 1** or **DO MAILING ADDRESS LINE 2** through **DO MAILING ADDRESS LINE 4** or **DISTRICT OFFICE MAILING ADDRESS LINE 1 TEXT** or **DO MAILING ADDRESS LINE 2 TEXT** through **DO MAILING ADDRESS LINE 4 TEXT**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title II Pending Claim Response record

Length	22
Format	Alphanumeric
Values	Alphanumeric characters
Description	This is the SSA's District Office (DO) mailing address for the recipient. If Title II returns no address, these fields are all spaces.
Name	**DO MAILING ADDRESS CITY**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title II Pending Claim Response record

Category	Details
Length	28
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the city name for the SSA DO address. If not applicable, this is all spaces.
Name	**DO MAILING ADDRESS STATE**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title II Pending Claim Response record

Length	2
Format	Alphanumeric
Values	The alphabetic state code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS state abbreviation for the DO mailing address. If not applicable, this is all spaces.
Name	**DO MAILING ADDRESS ZIP CODE**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title II Pending Claim Response record

Length	9
Format	Alphanumeric or all spaces
Values	A valid ZIP code
Description	This is the ZIP code for the SSA DO mailing address. If not applicable, this is all spaces.
Name	**DoD AGENCY STATUS INDICATOR**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	1
Format	Alphanumeric

Category	Details
Values	A – Active duty employee
	C – Civilian employee
	P – Pension or retired employee (QW only)
	R – Reserve employee
	Space – DoD did not report QW or NH or information was not available
Description	This code is a DoD employee's employment type.
Name	**DoD PAY GRADE OR RANK**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	4
Format	Alphanumeric
Values	For a complete list of rank and grade codes, refer to the DTA Manual, Appendix M: Ranks & Grades.
Description	This is the person's:
	Military pay grade or rank
	Civilian or reserve pay grade
Name	**DoD SERVICE OR AGENCY CODE**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	4
Format	Alphanumeric
Values	This is a two- or four-character code to indicate the person's branch or agency.
	If the DoD Status Code is not '7', refer to Office of Personnel Management Data Standards – Agency/Supplement for a complete list of Agency Codes.
Description	This is the service branch or agency within DoD that employs the person.
Name	**DoD STATUS CODE**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	1 – Civilian DoD 2 – Active duty military 3 – Retired military (pay status) 4 – Reserve military (pay status) 6 – Administrative Office of U.S. Courts (AOUSC) 8 – Civilian retiree B – Executive Office of the President (EXOP) employee E – Retired military (non-pay status) F – Reserve military (non-pay status) G – Army Non-Appropriated Fund (Army NAF) employee M – Marine Corps Non-Appropriated Fund (Marine Corps NAF) employee P – Bureau of Personnel Non-Appropriated Fund (BUPERS NAF) T – Army and Air Force Exchange Service (AAFES) X – Navy Exchange Commission Non-Appropriated Fund (NEXCOM) Y – Navy Non-Appropriated Funds (Navy NAF) employee Z – Air Force Moral Welfare Recreation (AFMWR NAF) Space – Information was not available
Description	This is the status of the person's employment with DoD.
Name	**EARNED INCOME – NET COUNTABLE AMOUNT**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	6
Format	Signed numeric in COBOL format S9(4)V99
Values	Negative values can be present. If no amount is available, this is all zeros.
Description	This is the current month's earned income after all exclusions are applied. Title XVI uses this to decide eligibility and compute the payment.
Name	**EMPLOYER ADDRESS CITY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the city name for the employer.

Category	Details
Name	**EMPLOYER ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 2
Length	1
Format	Alphanumeric
Values	1 – Employer address is in a foreign country Space – Employer address is in the U.S.
Description	This shows if the employer address supplied is a U.S. or foreign address.
Name	**EMPLOYER ADDRESS FOREIGN COUNTRY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the foreign country name of the address for the employer.
Name	**EMPLOYER ADDRESS SCRUB 1 CODE THROUGH EMPLOYER ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	2
Format	Alphanumeric – A through Z
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the result of editing the address returned in the Response record.
Description	This further defines the results of editing the address returned in the response.
Name	**EMPLOYER ADDRESS STATE CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	2
Format	Alphanumeric
Values	Standard state abbreviation
Description	This is the state code of the employer.

Category	Details
Name	**EMPLOYER ADDRESS LINE 1 TEXT** or **EMPLOYER ADDRESS LINE 2 TEXT**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the first or second line of the street address of the employer.
Name	**EMPLOYER ADDRESS POSTAL CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	15
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the ZIP code (nine-digit domestic or 15-character foreign) of the employer.
Name	**EMPLOYER NAME**
Type	Input and Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	 Optional for this output record:
	    Insurance Match Response record – Part 2

Length	45 (40 for Insurance Match Response record – Part 2)
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphens, or spaces
Description	This is the name of the person's employer on the NDNH QW or NH files or as associated with an insurance claimant.
Name	**EMPLOYER PHONE EXTENSION NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	6

Category	Details
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the phone number extension of the employer.
Name	**EMPLOYER PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	10
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the phone number of the employer.
Name	**EMPLOYMENT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	I – Independent contractor C – Consultant P – Permanent T – Temporary Space – Information was not available
Description	This code is the person's employment type.
Name	**EMPLOYMENT STATUS**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	A – Active I – Inactive L – On annual leave M – On military leave R – Retired V – Vacation Space – Information was not available
Description	This is the person's employment status.
Name	**ERROR CODE 1** through **ERROR CODE 5**
Type	Output field

Condition	Conditional for the following output records:
	    Case Acknowledgment/Error record
	    Person/Locate Request Acknowledgment/Error record
	    Query Acknowledgment/Error record

Length	5
Format	Alphanumeric
Values	LE001–LE999 – Rejection errors found for a request for Locate PE001–PE999 – Rejection errors found for a person or case record QE001–QE999 – Rejection errors found for a query TE001–TE999 – Rejection errors found during input verification LW001–LW999 – Warning codes found for a request for Locate PW001–PW999 – Warning codes found for a person or case record QW001–QW999 – Warning codes found for a query TW001–TW999 – Non-critical errors found during input verification Spaces – No rejection error or warning code was found
Description	The FCR returns this code to show the types of errors detected during processing of the transaction. There are two classes of error codes: warning and rejection. A warning code shows that the FCR detected an error, but it was not sufficiently critical to force rejection of the record. The rejection error code shows the FCR detected a critical error and rejected the record. The second position of the code is a 'W' for warning codes and an 'E' for rejection errors. For codes and explanations, refer to Appendix E, "Errors and Warnings."
Name	**ESTIMATED SELF-EMPLOYMENT AMOUNT**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	6

Category	Details
Format	Numeric in COBOL format 9999V99
Values	0 through 9
Description	This is the Title XVI recipient's self-employment estimated net income.
Name	**FAMILY VIOLENCE**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'C'
	Conditional for the following output records:
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	2
Format	Alphanumeric
Values	FV – Designate the person as associated with child abuse or domestic violence XX – Remove the designation that the person is associated with child abuse or domestic violence Spaces – No family violence
Description	Use this to show if there is reasonable evidence that the related person is associated with family violence. The FCR uses a value of 'FV' to prevent the release of information for the associated person. A court order may override a family violence indicator with information on the person released in conjunction with the court order.
Name	**FATHER'S FIRST NAME**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z or spaces No imbedded spaces or special characters
Description	This is the first name of the father of the person. The FCR sends this information to the SSA to supply an SSN for the person. The FCR uses this information to find the SSN, but it is not stored.
Name	**FATHER'S LAST NAME**
Type	Input and Output field

Category	Details

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the surname of the father of the person sent. The FCR sends this information to the SSA to supply an SSN for that person. The FCR uses this information to find the SSN, but it is not stored.
Name	**FATHER'S MIDDLE INITIAL**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	1
Format	Alphanumeric
Values	A through Z or a space No special characters
Description	This is the middle initial of the father of the person sent. The FCR sends this information to the SSA to supply an SSN for that person. The FCR uses this information to find the SSN, but it is not stored.
Name	**FCE FIRST NAME**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	15
Format	Alphanumeric
Values	A through Z, special characters, or spaces (but not all spaces)
Description	This is the person's first name from the FCE file. This may include hyphens or imbedded spaces. **Note:** The first name from the FCE file is only 10 positions. This field is 15 positions and consistent with specifications for FCE record submission.

Category	Details
Name	**FCE LAST NAME**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	20
Format	Alphanumeric
Values	A through Z, special characters, or spaces (but not all spaces)
Description	This is the person's last name from the FCE file.
Name	**FCE LOCAL CODE**
Type	Output field
Condition	Optional for this output record: MSFIDM Response record
Length	3
Format	Alphanumeric
Values	001 through 999 or spaces; refer to American National Standards Institute (ANSI) and Federal Information Processing Series (FIPS) Codes.
Description	This is the state-assigned local code for the case from the FCE file. This may include a FIPS county code or another state-assigned code.
Name	**FCR PRIMARY FIRST NAME**
Type	Output field

Condition	Required for the following output records:
	    Data Inconsistency File record
	    Person Reconciliation record
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the first name stored as the person's primary first name based on the SSN-name combination verification process.
Name	**FCR PRIMARY LAST NAME**
Type	Output field

Category	Details

Condition	Required for the following output records:
	    Data Inconsistency File record
	    Person Reconciliation record
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name stored as the person's primary last name based on the SSN-name combination verification process.
Name	**FCR PRIMARY MIDDLE NAME**
Type	Output field

Condition	Conditional for the following output records:
	    Data Inconsistency File record
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the middle name stored as the person's primary middle name based on the SSN-name combination verification process.
Name	**FCR PRIMARY SSN**
Type	Output field

Condition	Required for the following output records:
	    Data Inconsistency File record
	    Person Reconciliation record
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the SSN stored as the person's primary SSN based on the SSN-name combination verification process.

Category	Details
Name	**FEIN**
Type	Output field
Condition	Conditional for the following output records: 　　Locate Response record 　　NDNH Locate/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	A through Z, 0 through 9, or all spaces
Description	This is the employer's Federal Employer Identification Number (FEIN) as reported from the federal agency, NDNH Quarterly Wage, or New Hire file. If the information is not available, this is all spaces.
Name	**FIPS COUNTY CODE**
Type	Input and Output field
Condition	Optional for the following input records: 　　Input Case record 　　Person/Locate Request record 　　Query Request record Conditional for the following output records: 　　Case Acknowledgment/Error record 　　Case Reconciliation record 　　DMDC/Proactive Match Response record 　　Locate Response record 　　NDNH Locate/Proactive Match Response record 　　Person/Locate Request Acknowledgment/Error record 　　Prisoner Locate Response record 　　Query Acknowledgment/Error record 　　Query/Proactive Match Response record 　　SVES Not Found Locate Response record 　　Title II Locate Response record 　　Title II Pending Claim Response record 　　Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	001 through 999 or spaces; refer to American National Standards Institute (ANSI) and Federal Information Processing Series (FIPS) Codes.
Description	This is the FIPS county code (positions 3–5) that manages the case.

Category	Details
Name	**FIRST NAME** or **FIRST NAME TEXT**
Type	Input and Output field

Condition	Required for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'L'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	Required for the following output records:
	    Change of Address Verification Response record
	    NDNH Locate/Proactive Match Response record
	    Query/Proactive Match Response record
	    Title II Pending Claim Response record
	Conditional for the following output records:
	    Locate Response record
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the first name of the person the FCR will add or change or who is on a Locate Request.
Name	**FOREIGN COUNTRY CODE**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	The alphabetic country code or all spaces; refer to International Country Codes.
Description	This is the FIPS code of the foreign country for a person or the person's employer in the format the address format indicator designated. For format examples, refer to the Returned Address field.
Name	**FOREIGN COUNTRY NAME**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Category	Details
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the name of the foreign country for a person or the person's employer in the format the address format indicator designated. For format examples, refer to the Returned Address field.
Name	**FPLS NAME SENT OR MATCHED INDICATOR**
Type	Output field
Condition	Required for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	1 – First name, middle name, and last name 2 – Additional first name 1, additional middle name 1, and additional last name 1 3 – Additional first name 2, additional middle name 2, and additional last name 2 Space – The name or additional names did not match the name on the Locate source or information is not available; this is only for Locate Response codes of '06', '10', and '39'.
Description	This shows what name was sent to the external Locate source and if a match was found.
Name	**FPLS RESPONSE RECORDS**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FPLS Locate Response records returned in the batch.
Name	**HEALTH INSURANCE BENEFIT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	F – Family
	I – Individual
	Space – Not available
Description	This is the type of health insurance coverage for an employee.
Name	**HI OPTION CODE**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of health insurance (HI) option codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title II beneficiary's HI option code.
Name	**HI START DATE**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the date the Title II beneficiary became eligible for HI.
Name	**HI STOP DATE**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the end date for the Title II beneficiary's benefits.
	If this is not a valid date, it is all spaces.
Name	**HOUSE RESOURCE CODE**
Type	Output field
Condition	Conditional for this output record:
	Title XVI Locate Response record

Category	Details
Length	1
Format	Alphanumeric
Values	For a complete list of house resource codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This shows whether the recipient owns a house.
Name	**INSURANCE CLAIM BENEFICIARY INDICATOR**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric
Values	N – No, a beneficiary is not associated with this insurance claim Y – Yes, a beneficiary is associated with this insurance claim
Description	This specifies whether a beneficiary is associated with this claim.
Name	**INSURANCE CLAIM LOSS DATE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the insurance claim or injury date.
Name	**INSURANCE CLAIM PAYOUT FREQUENCY CODE**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric

Category	Details
Values	1 – One-time 2 – Weekly 3 – Biweekly 4 – Monthly 5 – Quarterly 6 – Annually 7 – Other Space – No valid value
Description	This code is associated with the frequency of the insurer claim payout. If the value is other than '1' through '6', the default is '7'.
Name	**INSURANCE CLAIM REPORTED DATE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	8
Format	Alphanumeric
Values	CCYYMMDD
Description	This is the date the claimant reported the claim to the insurer.
Name	**INSURANCE CLAIM STATE CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphanumeric
Values	Standard state abbreviation
Description	This is the state where the insurance loss occurred.
Name	**INSURANCE CLAIM STATUS CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	1
Format	Alphanumeric
Values	0 – Matched claim open 1 – Matched claim closed 9 – Insurer did not report the status of the claim

Category	Details
Description	This is the claim status.
Name	**INSURANCE PRODUCT CLAIM TYPE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphanumeric
Values	00 – Life 01 – Automobile 02 – Automobile – No fault 03 – Automobile – Medical 04 – Property liability 05 – Workers' Compensation 06 – Personal injury 07 – General liability 08 – Homeowners liability 09 – Medical premise or Owners policy 10 – Product liability 11 – Slip, trip, and fall 12 – Property damage 13 – Unknown 14 – Disability 15 – Annuity 16 – Policy Surrender 17 – Mutual Fund 18 – Unemployment 19 – Dividend withdrawals 99 – Other
Description	This is the type of claim matched by the insurance matcher.
Name	**INSURANCE RESOURCE CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of insurance resource codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.

Category	Details
Description	This shows whether this recipient has insurance and if they must dispose of it.
Name	**INSURER ADDRESS STATE CODE**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	2
Format	Alphanumeric
Values	Standard state abbreviation value
Description	This is the state code of the insurer.
Name	**INSURER ADDRESS STREET LINE 1 TEXT OR INSURER ADDRESS LINE 2 TEXT**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the first line of the street address of the insurer.
Name	**INSURER ADDRESS CITY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the city name of the insurer.
Name	**INSURER CLAIM NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the insurance claim number.

Category	Details
Name	**INSURER CONTACT EMAIL TEXT**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a period (.), or @
Description	This is the email address of the insurer.
Name	**INSURER CONTACT FAX NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	10
Format	Alphanumeric
Values	0 through 9
Description	This is the fax number of the insurer.
Name	**INSURER CONTACT FIRST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	20
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the first 20 characters of the first name of the insurer.
Name	**INSURER CONTACT LAST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the first 30 characters of the last name of the insurer.
Name	**INSURER CONTACT PHONE EXTENSION NUMBER**
Type	Output field

Category	Details
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	6
Format	Alphanumeric
Values	0 through 9
Description	This is the phone number extension of the insurer.
Name	**INSURER CONTACT PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	10
Format	Alphanumeric
Values	0 through 9
Description	This is the phone number of the insurer.
Name	**INSURER NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	45
Format	Alphanumeric
Values	Variable, A through Z, 0 through 9, or spaces
Description	This is the name of the insurer that keeps the insurance claim and the state directed to send the insurance intercept request for processing.
Name	**INSURER PROVIDED SSN**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces
Description	This is the insurer-supplied SSN.
Name	**INSURER PROCESSING DATE**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1

Category	Details
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the date the insurer created or updated the record in its database.
Name	**INSURER IDENTIFIER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 1
Length	9
Format	Alphanumeric
Values	A valid nine-digit Taxpayer Identification Number (TIN), 000000000-999999999
Description	This is the TIN assigned to the insurer. The identifier is the FEIN.
Name	**IRS 2ND NAME RETURNED**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	62
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces

Description	This is the name of the person subject to the Locate as found on the IRS joint tax return. The format varies based on the IRS 2nd Name Returned Format Indicator:
	    Free format: Name returned, format unknown (62)
	    Fixed format, single name: First name (16), middle name (16), last name + suffix (30)
	    Free format, joint name: First name + middle initial and first name + middle initial (32), last name + suffix (30); for example, Joe E. and Mary Smith

Name	**IRS 2ND NAME RETURNED FORMAT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	0 – No name 1 – Name in free format 2 – Fixed format, single name 3 – Free format, joint name Space – Locate source does not have the SSN on file
Description	This is the format of the IRS second name returned.
Name	**IRS NAME CONTROL**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	6
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the first six positions of the IRS name returned for a Locate search. If the information is not available, this is all spaces.
Name	**IRS-U SSN**
Type	Input and Output field

Condition	Conditionally required for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'L'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	9
Format	Alphanumeric
Values	000000001 through 999999999, or all spaces
Description	This is the SSN of a spouse of the person sent. We send this data to the IRS to supply an SSN for the person; the spouse whose SSN is entered is the CP. The FCR uses this data to find the SSN, but it is not stored.
Name	**IW001 WARNING CODE COUNT**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999

Category	Details
Description	This is the total number of records on the Data Inconsistency file with a warning code of IW001 (Participant type is 'PF' and order indicator is 'Y').
Name	**IW002 WARNING CODE COUNT**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the Data Inconsistency file with a warning code of IW002 (Participant type is 'CP', 'NP', or 'PF', and the participant age is less than 11 years).
Name	**IW003 WARNING CODE COUNT**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the Data Inconsistency file with a warning code of IW003 (Sex code is not 'F' or 'M').
Name	**IW004 WARNING CODE COUNT**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the Data Inconsistency file with a warning code of IW004 (Participant type is 'PF', and the sex code is 'F').
Name	**INCORRECT SSN**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'C'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Category	Details
Length	9
Format	Alphanumeric
Values	000000000 through 999999999 or spaces
Description	If the SSN does not belong to your participant, this tells the FCR it is incorrect. If this does not apply, this is all spaces.
Name	**LAF CODE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	2
Format	Alphanumeric
Values	This code is the Ledger Account File (LAF) code, which reflects the Master Beneficiary Record (MBR-Title II) payment status for this beneficiary. For a complete list of LAF codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title II beneficiary's LAF code.
Name	**LAST NAME** or **LAST NAME TEXT**
Type	Input and Output field

Condition	Required for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'L'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	Required for the following output records:
	    Change of Address Verification Response record
	    NDNH Locate/Proactive Match Response record
	    Query/Proactive Match Response record
	Conditional for the following output records:
	    Locate Response record
	    Person/Locate Request Acknowledgment/Error record
	    Title II Pending Claim Response record

Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of the person the FCR will add or change or who is on the Locate Request.

Category	Details
Name	**LOCATE CLOSED INDICATOR**
Type	Output field
Condition	Conditional for the following output records: 　　Locate Response record 　　NDNH Locate/Proactive Match Response record 　　Prisoner Locate Response record 　　SVES Not Found Locate Response record 　　Title II Locate Response record 　　Title XVI Locate Response record
Length	1
Format	Alphabetic
Values	C – Last Locate Response for this person for this requestor Space – Not the last Locate Response for this person for this requestor
Description	This shows if this is the last Locate Response for this Locate Request.
Name	**LOCATE REQUEST TYPE**
Type	Input and Output field
Condition	Required for this input record: 　　Person/Locate Request record with an action type code of 'L' or 'T' Optional for this input record: 　　Person/Locate Request record with an action type code of 'A' or 'C' Required for the following output records: 　　Locate Response record 　　Prisoner Locate Response record 　　SVES Not Found Locate Response record 　　Title II Locate Response record 　　Title XVI Locate Response record Conditional for the following output records: 　　NDNH Locate/Proactive Match Response record 　　Person/Locate Request Acknowledgment/Error record
Length	2
Format	Alphanumeric

Category	Details
Values	AD – Request for Adoption or Foster Care purposes CS – Request for IV-D purposes CV – Request for Custody and Visitation Establishment or Enforcement purposes LC – Request for Locate Only for Child Support purposes PK – Request for Parental Kidnapping purposes Spaces – Information was not available
Description	This is the purpose of the Locate Request. It decides which information the NDNH and the FPLS external Locate sources return. For an explanation of the authorization required for each Locate Request type and the information available, refer to Chart 6-14, "Types of Locate Requests." If the response is due to a Proactive Match, this is all spaces.
Name	**LOCATE RESPONSE CODE**
Type	Output field
Condition	Required for the following output records: Prisoner Locate Response record SVES Not Found Locate Response record Title II Locate Response record Title II Pending Claim Response record Title XVI Locate Response record Locate Response record NDNH Locate/Proactive Match Response record
Length	2
Format	Alphanumeric

Category	Details
Values	02 – Beneficiary or person deceased (FBI, NSA, or SSA).
	03 – Beneficiary suspended (SSA).
	05 – SSN identified, no IRS address (IRS).
	06 – Case type changed from IV-D to non-IV-D, the FCR closed the IV-D case, or the FCR deleted the person while the Locate Request was pending; no information was returned (all Locate sources except Title II Pending Claim).
	08 – SVES could not verify the sent SSN for SVES Locate. The FCR does not return this Locate Response code; it is an internal FCR code.
	09 – The source's database is offline or in maintenance status and is not accessible (SVES).
	10 – Locate source does not have the SSN on file (all Locate sources except Title II pending claim).
	12 – Sent name does not agree with the Locate source name (DoD, DVA, FBI, IRS, NSA, or SSA).
	19 – Address is not on the SSA automated system (SSA).
	22 – Good SSN, no record of earnings (SSA).
	28 – Address is not available from the Locate source (DoD, SSA, or FBI).
	30 – SSN matched, no address returned (DoD, FBI, or NDNH).
	39 – Disclosure prohibited, person associated with family violence (all Locate sources except Title II pending claim. The FCR does not return the Locate Response code '39' for a Title II Pending Claim).
	40 – SSN identified, address supplied (IRS).
	46 – SSN matched the NDNH Verified database, but the name returned differs from your submitted name.
	47 – SSN matched the QW Non-Verifiable database (QW name returned is incomplete or missing and may or may not match your submitted name).
	48 – SSN matched the NDNH Unverified database (NDNH response SSN is an unverified SSN-name combination with a probable name match, and the name returned may or may not match your submitted name).
	Space – SSN and your submitted name matched the NDNH Verified database, and the FCR returned the address to the state.
Description	This further clarifies the responses received from the Locate source.
Name	**LOCATE SOURCE 1** through **LOCATE SOURCE 8**
Type	Input and Output field

Category	Details

Condition	Conditionally required for this input record:
	    Person/Locate Request record with an action type code of 'L' or 'T'
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'A' or 'C'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	3
Format	Alphanumeric
Values	ALL – Send the search request to all available Locate sources A01 – Send the search request to the DoD A02 – Send the search request to the FBI A03 – Send the search request to the NSA C01 – Send the search request to the IRS C03 – Send the search request to the IRS AWR E01 – Send the search request to the SSA F01 – Send the search request to the DVA H01 – Request a search of the NDNH Spaces – Information was not available
Description	These are the sources to search for a request for Locate.
Name	**LOCATE SOURCE RESPONSE AGENCY CODE**
Type	Output field

Condition	Required for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Prisoner Locate Response record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title II Pending Claim Response record
	    Title XVI Locate Response record

Length	3
Format	Alphanumeric

Category	Details
Values	A01 – Response from the DoD
	A02 – Response from the FBI
	A03 – Response from the NSA
	C01 – Response from the IRS
	C03 – Response from the AWR
	E04 – Title II Pending Claim Response record
	E05 – Title II Locate Response record
	E06 – Title XVI Locate Response record
	E07 – Prisoner Locate Response record
	E10 – SVES Not Found Response record
	F01 – Response from the DVA
	H01 – Response from the NDNH; NDNH data was not available (only for an NDNH match type of 'L' when the Locate Response code is '06', '10', or '39')
	H97 – Response from NDNH UI
	H98 – Response from NDNH QW
	H99 – Response from NDNH NH
Description	This is the source of the Locate data returned in the Locate Response record.
Name	**LOCATE SOURCE-SPECIFIC INFORMATION**
Type	Output field
Condition	Required for the following output records:
	Locate Response record
	NDNH Locate/Proactive Match Response record
Length	220
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	These are subset fields of specific information received from the Locate sources. The format of this field varies for each specific Locate source as shown in the Locate Source Response Agency Code field.
Name	**MATCHED CASE ID**
Type	Output field
Condition	Required for this output record:
	Query/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or special characters
Description	This is the state case ID for the matched record.

Category	Details
Name	**MATCHED CASE ORDER INDICATOR**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – State system has no support order for this case Y – State system has a support order for a child or a parent with whom the child is living that applies to this case Space – Action type code is 'D'
Description	This is the order indicator for the matched record.
Name	**MATCHED CASE STATE OR TERRITORY CODE**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	2
Format	Alphanumeric
Values	The numeric state or territory code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS code for the state or territory on the matched record.
Name	**MATCHED CASE TYPE**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	F – IV-D case N – Non-IV-D case Space – Action type code is 'D'
Description	This is the case type of the matched case.
Name	**MATCHED FCR CASE REGISTRATION DATE**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	8

Category	Details
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the date the FCR added the matched record.
Name	**MATCHED FCR FIPS COUNTY CODE**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	3
Format	Alphanumeric
Values	001 through 999 or spaces; refer to American National Standards Institute (ANSI) and Federal Information Processing Series (FIPS) Codes.
Description	This is the FIPS county code for the matched record. For the Query response when the FIPS county code is not present for the person, this is all spaces.
Name	**MATCHED MEMBER ID**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the state member ID of the person matched.
Name	**MATCHED PARTICIPANT TYPE**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	2
Format	Alphanumeric
Values	CH – Child CP – Custodial party NP – Noncustodial parent PF – Putative father Spaces – Action type code is 'D'
Description	This is the participant type of the person matched.

Category	Details
Name	**MATCHED PERSON ADDITIONAL FIRST NAME 1** through **MATCHED PERSON ADDITIONAL FIRST NAME 4**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is an additional first name for the matched person.
Name	**MATCHED PERSON ADDITIONAL LAST NAME 1** through **MATCHED PERSON ADDITIONAL LAST NAME 4**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is an additional last name for the matched person.
Name	**MATCHED PERSON ADDITIONAL MIDDLE NAME 1** through **MATCHED PERSON ADDITIONAL MIDDLE NAME 4**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is an additional middle name for the matched person.
Name	**MATCH TYPE CODE**
Type	Output field

Condition	Required for the following output records:
	    Title II Pending Claim Response record
	    Locate Response record

Length	1

Category	Details
Format	Alphanumeric
Values	Title II Pending Claim Response record: N – Title II Pending Claim-to-FCR Proactive Response for new information added to the Title II Pending Claim File Locate Response record: L – Locate Request started the response P – Proactive Request started the response
Description	Title II Pending Claim Response record: This action started the generation of the Title II Pending Claim-to-FCR. Locate Response record: This action started the generation of the Locate Response record.
Name	**MATCHED PERSON DATE OF DEATH**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format 99999999 – The SSA removed an erroneous date of death Spaces – Valid date of death does not apply to the matched person, or a valid date of death is not available
Description	This is the date of death for the person matched.
Name	**MBC AMOUNT 1** through **MBC AMOUNT 8**
Type	Output field
Condition	Required for this output record: Title II Locate Response record
Length	6
Format	Numeric in COBOL format 9999V99
Values	0 through 9
Description	This is the Title II beneficiary's first through eighth Monthly Benefit Credited (MBC) amounts. The monthly Title II benefit is due after any appropriate dollar rounding but before the actual collection of any obligation of the beneficiary. If not applicable, this is all spaces.
Name	**MBC DATE 1** through **MBC DATE 8**
Type	Output field

Category	Details
Condition	Conditional for this output record: Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the Title II beneficiary's first through eighth MBC dates. The MBC pays this amount in the month after this date. If this is not a valid date, it is all spaces.
Name	**MBC NUMBER OF ENTRIES**
Type	Output field
Condition	Required for this output record: Title II Locate Response record
Length	1
Format	Numeric
Values	0 through 8
Description	This is the Title II beneficiary's number of MBC Amount, Date, and Type fields.
Name	**MBC TYPE 1** through **MBC TYPE 8**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	1
Format	Alphanumeric
Values	C – Benefits paid (credited) N – Benefits not paid (not credited) E – Benefits not paid (not credited) due to delayed/pending or suspense Space –Benefits not paid (not credited)
Description	This is the Title II beneficiary's first through eighth MBC benefit type.
Name	**MEMBER ID** or **MEMBER IDENTIFIER**
Type	Input and Output field

Category	Details

Condition	Required for this input record:
	
	    Person/Locate Request record with an action type code of 'A', 'C', or 'D'
	
	Conditionally required for this input record:
	
	    Query Request record
	
	Optional for this input record:
	
	    Person/Locate Request record with an action type code of 'L'
	
	Required for the following output records:
	
	    Data Inconsistency File record
	
	    Person Reconciliation record
	
	Conditional for the following output records:
	
	    Change of Address Verification Response record
	
	    Locate Response record
	
	    NDNH Locate/Proactive Match Response record
	
	    Person/Locate Request Acknowledgment/Error record
	
	    Prisoner Locate Response record
	
	    Query Acknowledgment/Error record
	
	    SVES Not Found Locate Response record
	
	    Title II Locate Response record
	
	    Title II Pending Claim Response record
	
	    Title XVI Locate Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is your unique identifier for a participant in a case that the FCR will add or who is on a Locate Request.
Name	**MIDDLE NAME** or **MIDDLE NAME TEXT**
Type	Input and Output field

Condition	Conditional for the following output records:
	
	    Change of Address Verification Response record
	
	    Locate Response record
	
	    NDNH Locate/Proactive Match Response record
	
	    Person/Locate Request Acknowledgment/Error record
	
	    Query/Proactive Match Response record
	
	    Title II Pending Claim Response record
	
	Optional for this input record:
	
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'

Length	16
Format	Alphanumeric

Category	Details
Values	A through Z or all spaces
	No imbedded spaces or special characters
Description	This is the middle name of the person.
Name	**MISSING PRIOR QW RECORD INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	NDNH Locate/Proactive Match Response record with an NDNH match type of 'N' and Locate source response agency code of 'H98'
Length	1
Format	Alphanumeric
Values	X – NDNH did not find the prior QW record for an NDNH match type of 'N'
	Space – NDNH found the prior QW record for an NDNH match type of 'N', or the NDNH did not search the QW file for NDNH match types of 'L' or 'P'
Description	If the NDNH found a prior QW record, it compares it to current QW records.
Name	**MISSING NEW HIRE RECORD INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	NDNH Locate/Proactive Match Response record with an NDNH match type of 'N' and Locate source response agency code of 'H98'
Length	1
Format	Alphanumeric
Values	X – NDNH did not find the NH for an NDNH match type of 'N'.
	Space – For an NDNH match type of 'N', the FCR did not search the NH file because the system found a prior QW record or the system found the NH record on file; for NDNH match types of 'L' or 'P', the FCR did not search the NH file.
Description	This shows if the FCR found a prior NH record.
Name	**MOTHER'S FIRST NAME**
Type	Input and Output field
Condition	Optional for this input record:
	Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	Person/Locate Request Acknowledgment/Error record
Length	16
Format	Alphanumeric

Category	Details
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the given name of the mother of the person sent. The FCR sends this information to the SSA to supply an SSN for that person. The FCR uses this information to find the SSN, but it is not stored.
Name	**MOTHER'S MAIDEN NAME**
Type	Input and Output field

Condition	Optional for this input record
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	16
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the maiden name of the mother of the person sent. The FCR sends this information to the SSA to supply an SSN for that person. The FCR uses this information to find the SSN, but it is not stored.
Name	**MOTHER'S MIDDLE INITIAL**
Type	Input and Output field

Condition	Optional for this input record
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	1
Format	Alphanumeric
Values	A through Z or a space No special characters
Description	This is the middle initial of the mother of the person sent. The FCR sends this information to the SSA to supply an SSN for that person. The FCR uses this information to find the SSN, but it is not stored.
Name	**MSFI ACCOUNT BALANCE**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	7

Category	Details
Format	Signed numeric
Values	0000000 through 9999999
Description	This is the whole dollar balance or value of the matched MSFI account. The account balance may be a negative amount. The sign is in the last position. Brokerage firms that report margin accounts may report the balance as either the value of the payee's equity position or the value of the account minus any borrowed amount. Zeros show the account is closed or the MSFI chose not to supply the balance of the account. If the MSFI chose not to supply the balance of the account, the MSFI account balance indicator is '0'.
Name	**MSFI ACCOUNT BALANCE INDICATOR**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Alphanumeric
Values	0 – MSFI did not supply the account balance 1 – MSFI supplied the average account balance (for example, daily or monthly) 2 – MSFI supplied the account balance as of the day of the MSFIDM For additional information, refer to the MSFIDM Specifications Handbook.
Description	This shows that MSFI supplied the contents of the MSFI Account Balance field.
Name	**MSFI ACCOUNT FULL LEGAL TITLE**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	100
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the full title associated with the payee's account matched by the MSFI. The MSFI may supply this information for trust accounts or accounts with other legal titles ("Law Office of…") to assist in the processing of lien or levy requests. This may include special characters (hyphens) or imbedded spaces.
Name	**MSFI ACCOUNT TYPE**
Type	Output field

Category	Details
Condition	Required for this output record: MSFIDM Response record
Length	2
Format	Alphanumeric
Values	00 – Not applicable 01 – Savings account 04 – Checking Demand Deposit account 05 – Term deposit certificate 06 – Collateral account 11 – Money Market account 12 – IRA or Keogh account 14 – ERISA Plan account 16 – Cash balances 17 – Compound account 18 – Other For additional information, refer to the MSFIDM Specifications Handbook.
Description	This defines the type of account matched by the MSFI.
Name	**MSFI ADDRESS SCRUB INDICATOR 1**
Type	Output field
Condition	Required for this record: MSFIDM Response record
Length	2
Format	Alphanumeric
Values	GA – Good address
Description	This describes the status of the edited address.
Name	**MSFI CITY**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	29
Format	Alphabetic
Values	A through Z or spaces (but not all spaces)
Description	This is the city the MSFI asked states to direct requests for liens or levies for MSFIDM responses. This may include imbedded blanks.
Name	**MSFI FOREIGN COUNTRY INDICATOR**
Type	Output field

Category	Details
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Alphanumeric
Values	1 – MSFI address is in a foreign country Space – MSFI address is in the U.S.
Description	This is the MSFI address in a foreign country.
Name	**MSFI MATCHED ACCOUNT 2ND PAYEE SSN**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or spaces
Description	This is the SSN of a secondary account holder on the MSFI matched account.
Name	**MSFI MATCHED ACCOUNT FOREIGN COUNTRY INDICATOR**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Alphanumeric
Values	1 – The address of the payee is in a foreign country Space – The address of the payee is in the U.S.
Description	This is the payee's address in a foreign country.
Name	**MSFI MATCHED ACCOUNT LOCATION STATE CODE**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	2
Format	Alphabetic
Values	Standard state abbreviation
Description	This is the state where the matched MSFI account is or was opened. The FCR can use this to find the states authorized to send lien or levy requests to the MSFI.

Category	Details
Name	**MSFI MATCHED ACCOUNT NAME**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	40
Format	Alphanumeric
Values	A through Z, special characters, or spaces (but not all spaces)
Description	This is the payee's name on the matched MSFI account. The MSFI payee indicator shows if this name is the primary account owner or a secondary account owner. The FCR returns the name in the format the MSFI stored for the account (last name and first name or first name, middle initial, and last name). The field may include special characters or imbedded spaces.
Name	**MSFI MATCHED ACCOUNT PAYEE ADDRESS SCRUB INDICATOR 1 THROUGH MSFI MATCHED ACCOUNT PAYEE ADDRESS SCRUB INDICATOR 3**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the general status of the edited address.
Name	**MSFI MATCHED ACCOUNT PAYEE CITY**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	29
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of a payee's address on the matched MSFI account. This may include imbedded spaces. If the MSFI had the address of the MSFI matched SSN, it is here. If the MSFI did not have the address of the MSFI matched SSN, it may return the address of the other account owner.
Name	**MSFI MATCHED ACCOUNT PAYEE DATE OF BIRTH**
Type	Output field

Category	Details
Condition	Conditional for this output record: MSFIDM Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all zeros
Description	This is the DOB of the MSFI matched account owner. All zeros show the MSFI did not supply a DOB.
Name	**MSFI MATCHED ACCOUNT PAYEE STATE**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	2
Format	Alphanumeric
Values	Standard state abbreviation
Description	This is the payee's address state on the matched MSFI account. If the MSFI had the address of the MSFI-matched SSN, it is here. If the MSFI did not have the address of the MSFI-matched SSN, it may return the address of the other account owner. If the MSFI-matched account foreign country indicator is a space, the MSFI matched account payee state is in the U.S. If the MSFI-matched account foreign country indicator is a '1', the MSFI matched account payee state is in a foreign country.
Name	**MSFI MATCHED ACCOUNT PAYEE STREET ADDRESS**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the payee's street address on the matched MSFI account. This may include special characters or imbedded spaces. If the MSFI had the address of the MSFI matched SSN, it is here. If the MSFI did not have the address of the MSFI matched SSN, it may return the address of the other account owner.
Name	**MSFI MATCHED ACCOUNT PAYEE ZIP CODE**
Type	Output field

Category	Details
Condition	Conditional for this output record: MSFIDM Response record
Length	9
Format	Alphanumeric
Values	0 through 9 or all spaces
Description	This is the ZIP code of a payee on the matched MSFI account. The ZIP code is in two parts. The last four positions may be spaces. If the MSFI had the address of the MSFI-matched SSN, it is here. If the MSFI did not have the address of the MSFI-matched SSN, it may return the address of the other account owner. If MSFI foreign country indicator is '1', this may include alphabetic characters.
Name	**MSFI MATCHED ACCOUNT PRIMARY SSN**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces
Description	If the SSN sent on the Inquiry file matches a secondary account, this is the primary account owner's SSN. If MSFIDM sends this number, the MSFI payee indicator is '1'. If the MSFI payee indicator is '0' or '2', this is all spaces.
Name	**MSFI MATCHED ACCOUNT STATUS INDICATOR**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Numeric
Values	0 – Matched account was open at the time of the MSFI match 1 – Matched account was closed at the time of the MSFI match 2 – Matched account was inactive at the time of the MSFI match 9 – MSFI did not report the status of the matched account For additional information, refer to the MSFIDM Specifications Handbook.
Description	This describes the status of the payee's account.
Name	**MSFI MATCHED SSN**
Type	Output field

Category	Details
Condition	Required for this output record: MSFIDM Response record
Length	9
Format	Numeric
Values	000000001 through 999999998
Description	This is the SSN from the FCE file that was sent to the MSFI and matched a payee account on the MSFI database.
Name	**MSFI MATCH YEAR AND MONTH**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	6
Format	Numeric
Values	A valid date in CCYYMM format
Description	This is the century, year, and month the FCR generated the quarterly MSFIDM Inquiry file for the MSFI.
Name	**MSFI NAME**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces (but not all spaces) This may include special characters (hyphens) or imbedded spaces.
Description	This names the FI where the account is for the MSFI responding to MSFIDM. Use the name to direct the requests for liens or levies for MSFIDM responses.
Name	**MSFI NAME MATCH FLAG**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Alphanumeric

Category	Details
Values	0 – MSFI was unable or chose not to match the payee's last name
	1 – First four positions of the matched account's payee's last name that matched the first four positions of the last name on the MSFIDM Inquiry file
	2 – First four positions of the matched account's payee's last name did not match the first four positions of the last name on the MSFIDM Inquiry file
	For additional information, refer to the MSFIDM Specifications Handbook.
Description	This shows if, in addition to the SSN match, the MSFI successfully matched the first four positions of the Inquiry file last name to the matched account on the MSFI.
Name	**MSFI OTHER PAYEE ACCOUNT NAME**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	40
Format	Alphanumeric
Values	A through Z, special characters, or spaces
Description	This is the name of a secondary or other payee associated with a matched MSFI account if the MSFI-matched SSN is the primary account owner.
	This may include special characters or imbedded spaces.
	If the MSFI-matched SSN is not the primary account owner, this may be the name of the primary account owner.
	The FCR returned the name in the format the MSFI stored the account (last name and first name or first name, middle initial, and last name).
Name	**MSFI PAYEE ACCOUNT NUMBER**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	20
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces (but not all spaces)
	This may include special characters (hyphens) or imbedded spaces.
Description	This is the unique number the MSFI assigned to the payee's account.
Name	**MSFI PAYEE INDICATOR**
Type	Output field
Condition	Required for this output record: MSFIDM Response record

Category	Details
Length	1
Format	Alphanumeric
Values	0 – SSN matched the account owner who is the sole owner of the account. 1 – SSN matched the secondary account owner. 2 – SSN matched the primary account owner, and there are secondary owners on the account. For additional information, refer to the MSFIDM Specifications Handbook.
Description	This defines the SSN's ownership on the account matched by the MSFI.
Name	**MSFI PAYEE LAST NAME CONTROL**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	4
Format	Alphabetic
Values	A through Z or spaces
Description	This is the first four positions of the MSFI account holder's name that the MSFI compared to the name sent on the MSFIDM Inquiry file.
Name	**MSFI SECOND FINANCIAL INSTITUTION NAME**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	40
Format	Alphabetic
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the name or company designation used for a location to route requests.
Name	**MSFI STATE**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	2
Format	Alphabetic
Values	Standard state abbreviation.
Description	This is the state the MSFI asked states to direct requests for liens or levies for MSFIDM responses. If the MSFI foreign country indicator is a space, the state is in the U.S. If the MSFI foreign country indicator is a '1', the state is in a foreign country.

Category	Details
Name	**MSFI STREET ADDRESS**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces (but not all spaces) This may include special characters (hyphens) or imbedded spaces.
Description	This is the street address the MSFI asked states to direct requests for liens or levies for MSFIDM data matches.
Name	**MSFI TIN**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	9
Format	Numeric
Values	000000001 through 999999999
Description	This is the TIN for the MSFI where the account is located.
Name	**MSFI TRUST FUND INDICATOR**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	1
Format	Alphanumeric
Values	0 – Not a registered trust or escrow account or the account is closed 1 – UTMA or UGMA account 2 – IOLTA account 3 – Mortgage escrow account 4 – Security deposits (including real estate) 5 – Other trust or escrow 6 – Information was not available For additional information, refer to the MSFIDM Specifications Handbook.
Description	This shows if the MSFI-matched account is a registered escrow or trust account.
Name	**MSFI ZIP CODE**
Type	Output field

Category	Details
Condition	Required for this output record: MSFIDM Response record
Length	9
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the ZIP code the MSFI asked states to direct requests for liens or levies for MSFIDM data matches. The ZIP code is in two parts. The last four positions may be spaces. If the MSFI foreign country indicator is a '1', this may include alphabetic characters.
Name	**MSFIDM RESPONSE DATE**
Type	Output field
Condition	Required for this output record: MSFIDM Response record
Length	8
Format	Numeric
Values	A valid date in CCYYMMDD format
Description	This is the century, year, month, and day the Response record for an MSFI's quarterly match against the FCE file was created.
Name	**MSFIDM RESPONSE RECORDS**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of MSFIDM Locate Response records returned in the batch.
Name	**MULTIPLE SSN 1** through **MULTIPLE SSN 3**
Type	Output field

Condition	Conditional for the following output records:
	     Person/Locate Request Acknowledgment/Error record
	     Person Reconciliation record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces

Category	Details
Description	This is the valid additional SSN the SSA associates with the person.
	Spaces show the SSA found no valid multiple SSNs for the person.
Name	**NAIC CODE**
Type	Output field
Condition	Optional for this output record:
	Insurance Match Response record – Part 1
Length	5
Format	Alphanumeric
Values	For a listing of codes, refer to the National Association of Insurance Commissioners – Listing of Companies Summary.
Description	This is the code issued by the National Association of Insurance Commissioners (NAIC) to licensed and affiliated insurance companies.
Name	**NAME MATCHED CODE**
Type	Output field
Condition	Required for this output record:
	Title II Pending Claim Response record
Length	1
Format	Alphanumeric
Values	1 – First letter of the first name and first four letters of the last name
	2 – First letter of the additional first name 1 and first four letters of last name 1
	3 – First letter of the additional first name 2 and first four letters of last name 2
	Space – Name or additional names did not match the name on the Title II
	Pending Claim record
Description	This shows which name matched the Title II Pending Claim record's name.
Name	**NAME RETURNED**
Type	Output field
Condition	Conditional for the following output records:
	Locate Response record
	NDNH Locate/Proactive Match Response record
Length	62
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces
	No imbedded spaces or special characters other than a hyphen (-)

Category	Details

Description	The Locate source returned this name. The format varies as noted in the Name Returned Indicator field. There are three formats:
	
	    Free format: 62 positions for any name or names
	
	    Fixed format, single name: 16-position first name, 16-position middle name, 30-position last name, and suffix
	
	    Free format, joint name: 32-position first name, middle initial and first name, middle initial, 30-position last name, and suffix; for example, Joe E. & Mary Smith
	
	If the Locate Response code is '06' or '10', this is all spaces.

Name	**NAME RETURNED INDICATOR**
Type	Output field

Condition	Required for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	1
Format	Alphanumeric
Values	0 – No name returned 1 – Free format name; arrangement of name fields unknown 2 – Fixed format name, single name 3 – Free format name, joint name (surname appears in a fixed location)
Description	This is the format of the Name Returned field returned from the Locate source.
Name	**NCOA ADDRESS MOVE TYPE CODE**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	B – Business F – Family I – Individual R – Locate Address Conversion System (LACS^{Link}) match S – SuiteLink match Space – Not returned by NCOA^{Link}
Description	This is the type of address move.
Name	**NCOA CMRA INDICATOR**
Type	Output field

Category	Details
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	N – New address is not a Commercial Mail Receiving Agency (CMRA) Y – New address is a CMRA Space – Record was not presented to CMRA, or NCOA did not return this field
Description	NCOA returned this CMRA code.
Name	**NCOA LACS CODE**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	Y – Address converted by LACS^{Link} N – Address searched with LACS^{Link} but was not converted S – LACS^{Link} converted but secondary information was dropped Space – No LACS^{Link} lookup was tried
Description	The NCOA returned this Locatable Address Conversion System (LACS) code.
Name	**NCOA RETURN CODE**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	2
Format	Alphanumeric

Category	Details
Values	A – COA match; new address furnished
	00 – No match
	01 – Found COA (foreign move)
	02 – Found COA (moved; left no address)
	03 – Found COA (box closed; no forwarding address)
	04 – Cannot match COA (input address needs secondary information)
	05 – Found COA (new delivery point is ambiguous)
	06 – Cannot match COA (middle name conflict)
	07 – Cannot match COA (gender related)
	08 – Cannot match COA (conflicting orders)
	09 – Cannot match COA (high-rise default)
	10 – Cannot match COA (rural default)
	11 – Cannot match COA (insufficient COA name for match)
	12 – Cannot match COA (middle name test failed)
	13 – Cannot match COA (gender test failed)
	14 – Found COA (new address not deliverable)
	15 – Cannot match COA (insufficient first name on input)
	16 – Cannot match COA (secondary number discrepancy)
	17 – Cannot match COA (input name different or insufficient)
	18 – Cannot match COA (individual name does not match)
	19 – Found COA (new address not ZIP+ 4 coded)
	20 – Cannot match COA (multiple potential matches)
	66 – COA pending delete (NCOA cannot forward the mail)
	91 – COA match (secondary number dropped from COA)
	92 – COA match (secondary number dropped from the input address)
Description	This is the NCOA$^{Link®}$ return code.
	The values are from the NCOA$^{Link®}$ documentation.
Name	**NCP DEATH INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – NCP is not deceased
	Y – NCP is deceased
Description	This DMDC-supplied field shows if DMDC records have the NCP as deceased.

Category	Details
Name	**NCP FIRST NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters.
Description	This is the first name of the NCP. The FCR stored this name.
Name	**NCP LAST NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of the NCP you supplied and the FCR stored.
Name	**NCP MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N –NCP is not in the military as active duty, retiree, or special civilian Y –NCP is in the military as active duty, retiree, or special civilian
Description	This shows if DMDC records have the NCP with medical coverage.
Name	**NCP MEMBER ID**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the state-assigned member ID stored for the NCP.

Category	Details
Name	**NCP MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the middle name of the NCP. The FCR stored this name.
Name	**NCP SSN**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the SSN stored as the NCP's primary SSN or a corrected, additional, or verified multiple SSN.
Name	**NCP SSN MATCH CODE**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	A – Verified the additional SSN-name combination C – SSA found or corrected the state-submitted SSN-name combination M – SSA-issued multiple SSN V – State-submitted verified SSN-name combination X – SSA found or corrected the additional SSN-name combination
Description	This shows the NCP SSN used in the match.
Name	**NCP SSN VERIFIED INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1

Category	Details
Format	Alphanumeric
Values	N – Unverified SSN-name Y – Verified SSN-name
Description	This shows if the NCP SSN was verified or unverified.
Name	**NDNH MATCH TYPE**
Type	Output field
Condition	Required for this output record: NDNH Locate/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	L – NDNH Locate Request Response N – NDNH-to-FCR Proactive Response for new data added to the NDNH P – FCR-to-NDNH Proactive Response for a new person, a change to an existing person, or a change in case type from non-IV-D to IV-D
Description	This action started the generation of the NDNH Locate/Proactive Match Response.
Name	**NDNH NAME SENT OR MATCHED INDICATOR**
Type	Output field
Condition	Required for this output record: NDNH Locate/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	1 – First letter of the first name and first four letters of the last name 2 – First letter of additional first name 1 and first four letters of last name 1 3 – First letter of additional first name 2 and first four letters of last name 2 4 – Name from QW was incomplete or the missing name was not used in the match Space – Name or additional names did not match the name on an NDNH record
Description	This shows the name sent to NDNH or the name that matched the NDNH record.
Name	**NDNH RESPONSE RECORDS**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric

Category	Details
Values	00000000 through 99999999
Description	This is the total number of NDNH Locate Response records returned in the batch.
Name	**NET MONTHLY TITLE II BENEFIT**
Type	Output field
Condition	Required for this output record: Title II Locate Response record
Length	6
Format	Numeric in COBOL format 9999V99
Values	0 through 9
Description	This is the Title II beneficiary's net (of all deductions) monthly benefit.
Name	**NEW MEMBER ID**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	 Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is used to change the member ID for a person added. For a further explanation, refer to the Member ID field.
Name	**OBLIGOR MATCH CODE**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 1
Length	2
Format	Numeric

Category	Details
Values	00 – Name and address
	01 – Name and DOB
	02 – Name and SSN
	03 – SSN
	04 – SSN and address
	05 – SSN and DOB
	06 – Name, SSN, and address
	07 – Name, SSN, and DOB
	08 – SSN, address, and DOB
	09 – Name, SSN, address, and DOB
	10 – Name, address, and DOB
	11 – Name, DOB, and altered insurer SSN
	12 – Name, address, and altered insurer SSN
	13 – Name, address, DOB, and altered insurer SSN
Description	This is the result of the insurer match of the obligor's identifying data to insurance claim data from the Insurance Match process.
Name	**ORDER INDICATOR**
Type	Input and Output field
Condition	Required for this input record:
	Input Case record with an action type code of 'A'
	Optional for this input record:
	Input Case record with an action type code of 'C'
	Required for the following output records:
	Case Reconciliation record
	Data Inconsistency File record
	DMDC/Proactive Match Response record
	Conditional for this output record:
	Case Acknowledgment/Error record
Length	1
Format	Alphanumeric
Values	N – State system has no support order for this case
	Y – State system has a support order for a child or a parent with whom the child is living that applies to this case
	Space – Information was not available
Description	This shows if there is a support order associated with this case.
Name	**OTHER NAME**
Type	Output field

Category	Details
Condition	Conditional for this output record: Title XVI Locate Response record
Length	6
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the other name used by the Title XVI recipient.
Name	**OTHER RESOURCE CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	E – Over the limit N – Agreement to dispose Z – None Space – Not determined
Description	This shows if this recipient owns other resources.
Name	**PARTICIPANT TYPE** or **PARTICIPANT TYPE CODE**
Type	Input and Output field

Condition	Required for this input record:
	      Person/Locate Request record with an action type code of 'A'
	 Optional for this input record:
	      Person/Locate Request record with an action type code of 'C'
	 Conditional for this input record:
	      Person/Locate Request record with an action type code of 'L'
	 Conditional for the following output records:
	      Locate Response record (on AWR Sweep)
	      NDNH Locate/Proactive Match Response record
	      Person/Locate Request Acknowledgment/Error record
	 Required for the following output records:
	      Data Inconsistency File record
	      Person Reconciliation record
	      Prisoner Locate Response record (on FCR-to-SVES Proactive matches)
	      Title II Pending Claim Response record
	      Title II Locate Response record (on FCR-to-SVES Proactive matches)
	      Title XVI Locate Response record (on FCR-to-SVES Proactive matches)

Length	2

Category	Details
Format	Alphanumeric
Values	CH – Child CP – Custodial party NP – Noncustodial parent PF – Putative father (allowed for IV-D cases only) Spaces – Information was not available
Description	This defines the participant's relationship in the child support case.
Name	**PAYEE ADDRESS SCRUB INDICATOR 1 THROUGH PAYEE ADDRESS SCRUB INDICATOR 3**
Type	Output field
Condition	Required for this record: Title XVI Locate Response record
Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the general status of the edited address.
Name	**PAYEE COUNTY OF JURISDICTION**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	001 through 999 or spaces; refer to American National Standards Institute (ANSI) and Federal Information Processing Series (FIPS) Codes.
Description	This is the Title XVI payee's county of jurisdiction responsible for payment. This is the Title XVI payee's county of residence unless another county has jurisdiction.
Name	**PAYEE DISTRICT OFFICE CODE**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	Alphanumeric characters
Description	This SSA DO services the Title XVI recipient's claim.

Category	Details
Name	**PAYEE MAILING ADDRESS CITY**
Type	Output field
Condition	Conditional for this output record: 　　Title XVI Locate Response record
Length	16
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the Title XVI payee's city of residence. If not applicable, this is all spaces.
Name	**PAYEE MAILING ADDRESS LINE 1** through **PAYEE MAILING ADDRESS LINE 3**
Type	Output field
Condition	Conditional for this output record: 　　Title XVI Locate Response record
Length	40
Format	Alphanumeric
Values	Alphanumeric characters
Description	This is the payee's name and mailing address of the recipient or their representative payee. This is the SVES-supplied edited street address. The three edited street address lines are top justified as follows: payee name and non-standard address lines (if present in the input address) followed by the Urbanization name for Puerto Rican addresses (if present in the input address and if requiring URB) followed by a standardized and scrubbed street address line. If Title XVI does not return an address, these fields are all spaces.
Name	**PAYEE MAILING ADDRESS STATE**
Type	Output field
Condition	Conditional for this output record: 　　Title XVI Locate Response record
Length	2
Format	Alphanumeric
Values	The alphabetic state code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS state code Title XVI associates with the payee's mailing address. If not applicable, this is all spaces.

Category	Details
Name	**PAYEE STATE OF JURISDICTION**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	2
Format	Alphanumeric
Values	The state code or all spaces; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the Title XVI recipient's state of jurisdiction responsible for payment. This is the Title XVI recipient's state of residence unless another state has jurisdiction.
Name	**PAYEE ZIP CODE**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	9
Format	Alphanumeric
Values	Nine numeric digits or five numeric characters followed by spaces
Description	This is the ZIP code of the Title XVI recipient's mailing address ZIP code. If available, the last four positions are the ZIP+4 part. Otherwise, the last four positions are spaces.
Name	**PAYMENT STATUS CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	For a complete list of Payment Status Codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is a three-position code with two elements; the first position reflects the status of the Title XVI recipient's SSI or state supplement payment. The second and third reflect the reason for the status. If not applicable, this is all spaces.
Name	**PAYMENT STATUS DATE**
Type	Output field

Category	Details
Condition	Required for this output record: Title XVI Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This date is the last change to the Title XVI recipient's payment status code. If this is not a valid date, it is all spaces.
Name	**PERSON DELETE INDICATOR**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	C – Proactive Match started when the matched state deleted the case for this person P – Proactive Match started when the matched state deleted the person from this case Space – Proactive Match was not the result of a Case or Person Delete transaction
Description	This shows the person was deleted and if it was a case or person deletion.
Name	**PERSON/ LOCATE RECORDS ACCEPTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Person/Locate Request Acknowledgment/Error records in the Batch response with an acknowledgment code of 'AAAAA' (Accepted).
Name	**PERSON/ LOCATE RECORDS PENDING**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999

Category	Details
Description	This is the number of Case Acknowledgment/Error records with an acknowledgment code of 'HOLDS' (Person record pending SSN verification).
Name	**PERSON/ LOCATE RECORDS RECEIVED**
Type	Output field

Condition	Required for the following output records:
	    Response Trailer record
	    Routine Batch Response Header record

Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Person/Locate Request records sent in the batch.
Name	**PERSON/ LOCATE RECORDS REJECTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Case Acknowledgment/Error records in the batch response with an acknowledgment code of 'REJCT'.
Name	**PERSON RECORDS RETURNED**
Type	Output field
Condition	Required for this output record: Reconciliation/Data Inconsistency File Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Person Reconciliation records (record ID of 'RS') or Data Inconsistency file records (record ID of 'RC') on the file.
Name	**PF DEATH INDICATOR**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric

Category	Details
Values	N – PF is not deceased
	Y – PF is deceased
Description	This DMDC-supplied field shows if DMDC records have the PF as deceased.
Name	**PF FIRST NAME**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces
	No imbedded spaces or special characters
Description	This is the first name of the PF. The FCR stored this name.
Name	**PF LAST NAME**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or all spaces
	No imbedded spaces or special characters other than a hyphen (-)
Description	This is the last name of the PF you supplied and the FCR stored.
Name	**PF MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – PF is not in the military as active duty, retiree, or special civilian
	Y – PF is in the military as active duty, retiree, or special civilian
Description	This shows if DMDC records have the PF with medical coverage.
Name	**PF MEMBER ID**
Type	Output field
Condition	Conditional for this output record:
	DMDC/Proactive Match Response record
Length	15

Category	Details
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces (but not all spaces)
Description	This is the state-assigned member ID stored for the PF.
Name	**PF MIDDLE NAME**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the middle name of the PF. The FCR stored this name.
Name	**PF SSN**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the SSN stored as the PF's primary SSN or a verified multiple SSN.
Name	**PF SSN MATCH CODE**
Type	Output field
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	A – Verified additional SSA-name combination C – SSA found or corrected the state-submitted SSN-name combination M – SSA-issued multiple SSA V – State-submitted verified SSA-name combination X – SSA found or corrected the additional SSN-name combination
Description	This shows the PF SSN that SSA used in the match.
Name	**PF SSN VERIFIED INDICATOR**
Type	Output field

Category	Details
Condition	Conditional for this output record: DMDC/Proactive Match Response record
Length	1
Format	Alphanumeric
Values	N – Unverified SSN-name Y – Verified SSN-name
Description	This shows if the PF SSN was verified or unverified.
Name	**PHIST NUMBER OF ENTRIES**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	1
Format	Numeric
Values	0 through 8
Description	This is the number of occurrences of the Title XVI recipient's payment history (PHIST) fields.
Name	**PHIST PAYMENT DATE 1** through **PHIST PAYMENT DATE 8**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	If applicable, this is the first through eighth dates of payment to or recovery from the Title XVI recipient. If this does not have a valid date, it is all spaces.
Name	**PHIST PAYMENT PAY FLAG 1** through **PHIST PAYMENT PAY FLAG 8**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of PHIST Payment Pay Flag codes, refer to [The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual](#).

Category	Details
Description	This is the first through eighth payment codes for the Title XVI recipient.
Name	**PREVIOUS CASE ID**
Type	Input and Output field

Condition	Optional for this input record:
	    Input Case record with an action type code of 'C'
	Conditional for the following output records:
	    Case Acknowledgment/Error record
	    Query/Proactive Match Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is your assigned identifier for the child support case or non-IV-D order originally used to add the case. You only send this to change the case ID. If present, it must not be all spaces, all zeros, or have an asterisk or backslash and the first position cannot be a space.
Name	**PREVIOUS SSN**
Type	Input and Output field

Condition	Optional for this input record:
	    Person/Locate Request record with an action type code of 'C'
	Conditional for this output record:
	    Person/Locate Request Acknowledgment/Error record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This shows the SSN for the person when you send a change to the person's SSN. You should send SSN changes when the FCR returns the original Person/Locate Request Acknowledgment/Error record for the person with a warning message showing the SSN was unverified.
Name	**PRISON REPORTED DATE OF BIRTH**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces

Category	Details
Description	This is the DOB the prison reported to SVES.
	If this does not have a valid date, it is all spaces.
Name	**PRISON REPORTED FIRST NAME**
Type	Output field
Condition	Required for this output record:
	Prisoner Locate Response record
Length	15
Format	Alphanumeric
Values	A through Z
Description	This is the first name of the prisoner the prison reported to SVES.
Name	**PRISON REPORTED LAST NAME**
Type	Output field
Condition	Required for this output record:
	Prisoner Locate Response record
Length	20
Format	Alphanumeric
Values	A through Z or a hyphen
Description	This is the last name of the prisoner the prison reported to SVES.
Name	**PRISON REPORTED MIDDLE NAME** or **MIDDLE INITIAL**
Type	Output field
Condition	Conditional for this output record:
	Prisoner Locate Response record
Length	15
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the middle initial or name of the prisoner the prison reported to SVES.
Name	**PRISON REPORTED SEX CODE**
Type	Output field
Condition	Required for this output record:
	Prisoner Locate Response record
Length	1
Format	Alphabetic
Values	F – Female
	M – Male
	U – Unknown

Category	Details
Description	This is the gender of the prisoner the prison reported to SVES.
Name	**PRISONREPORTED SUFFIX**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	4
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the suffix name of the prisoner the prison reported to SVES.
Name	**PRISON OR FACILITY ADDRESS LINE 1**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	40
Format	Alphanumeric
Values	Valid alphanumeric characters
Description	This is the first line of the prison or facility address where the prisoner is confined.
Name	**PRISON OR FACILITY ADDRESS LINE 2** through **PRISON OR FACILITY ADDRESS LINE 4**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	40
Format	Alphanumeric
Values	Valid alphanumeric characters or spaces
Description	These are additional lines of the prison or facility address where the prisoner is confined.
Name	**PRISON OR FACILITY ADDRESS SCRUB INDICATOR 1 THROUGH PRISON OR FACILITY ADDRESS SCRUB INDICATOR 3**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	2
Format	Alphanumeric

Category	Details
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the general status of the prison or facility address.
Description	If scrub indicator 1 is 'EA' or 'GA', this is all spaces. This is a second or third code of results of editing the prison or facility address.
Name	**PRISON OR FACILITY CITY**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	19
Format	Alphanumeric
Values	Valid alphabetic characters
Description	This is the city associated with the prison or facility address.
Name	**PRISON OR FACILITY CONTACT NAME**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	35
Format	Alphanumeric
Values	Alphanumeric characters or spaces
Description	This is the name of the contact person for the prison or facility.
Name	**PRISON OR FACILITY FAX NO.**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	10
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the area code and phone number for the prison or facility fax machine. If unavailable, this is all spaces.
Name	**PRISON OR FACILITY NAME**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	60
Format	Alphanumeric

Category	Details
Values	Valid alphanumeric characters
Description	This is the name of the prison or facility where the prisoner is confined.
Name	**PRISON OR FACILITY PHONE**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	10
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the area code and phone number of the prison or facility.
Name	**PRISON OR FACILITY STATE**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	2
Format	Alphanumeric
Values	The alphabetic code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the state associated with the prison or facility address.
Name	**PRISON OR FACILITY TYPE**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	2
Format	Alphanumeric
Values	For a complete list of prison or facility type codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the type of prison or facility where the prisoner is confined.
Name	**PRISON OR FACILITY ZIP CODE**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	9
Format	Alphanumeric

Category	Details
Values	Numeric or five numeric characters followed by spaces
Description	This is the five-digit ZIP code associated with the prison or facility. If available, the last four positions are the ZIP+4 part. Otherwise, the last four positions are spaces.
Name	**PRISONER ID NUMBER**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	10
Format	Alphanumeric
Values	Alphanumeric characters (including hyphens or periods) or spaces
Description	This is the prisoner's ID number the prison reported to SVES.
Name	**PRISONER REPORTER NAME**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	60
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the supplier of prisoner information to the SSA.
Name	**PROPERTY RESOURCE CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	D – Income producing property M – Agreement to dispose O – Under or over limit Z – None Space – Not decided
Description	This shows if this recipient owns income-producing property.
Name	**PROVIDED OR CORRECTED SSN**
Type	Output field

Category	Details

Condition	Conditional for the following output records:
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	9
Format	Alphanumeric
Values	000000001 through 999999999 or all spaces
Description	This is the person's SSN or corrected SSN found during the SSN verification process. The FCR may find an SSN for a person if you did not send one but supplied additional personal information. The SSA may correct the SSN when the SSN-name combination sent was not consistent with the SSA's records but the additional information supplied allowed the identification of the correct number. The FCR uses this SSN to store the person or start the Locate for the person. Spaces show the SSA did not find an SSN change for the person and the FCR used the sent SSN to store the person or start a Locate for the person.
Name	**QUERY/PROACTIVE MATCH RESPONSE RECORDS**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Query/Proactive Match Response records returned.
Name	**QUERY REQUEST RECORDS ACCEPTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Query Acknowledgment/Error records included in the Batch response with an acknowledgment code of 'AAAAA' to show the FCR accepted the record for processing.
Name	**QUERY REQUEST RECORDS RECEIVED**
Type	Output field
Condition	Required for this output record: Response Trailer record

Category	Details
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Query Request records included in the batch sent.
Name	**QUERY RECORDS REJECTED**
Type	Output field
Condition	Required for this output record: Response Trailer record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of Query Acknowledgment/Error records included in the Batch response with an acknowledgment code of 'REJCT'.
Name	**QW AMOUNT OF CHANGE**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record with an NDNH match type of 'N' and Locate source response agency code of 'H98'
Length	11
Format	Signed numeric in COBOL format 9(9)V99
Values	00000000000 through 99999999999 For an NDNH match type of 'L' or 'P', this is all zeros.
Description	This is the change between the current and a prior QW amount.
Name	**QW PERCENTAGE OF CHANGE**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record with an NDNH match type of 'N' and Locate source response agency code of 'H98'
Length	4
Format	Signed numeric in COBOL format 9999
Values	0 through 9999 All zeros – QW percent of change, rounded to the nearest whole number, is less than one percent (positive or negative) or the NDNH match type is 'L' or 'P'
Description	This is the percentage of change between the current and prior QW amounts.

Category	Details
Name	**RACE CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of race codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title XVI recipient's race.
Name	**RAILROAD INDICATOR**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	1
Format	Alphanumeric
Values	A – Active claim T – Terminated claim S – Suspended Space – No railroad claim
Description	This is the Title II beneficiary's railroad claim indicator.
Name	**RECORD COUNT**
Type	Input field
Condition	Required for this input record: Input Trailer record
Length	8
Format	Numeric
Values	00000001 through 99999999
Description	This is the total number of records in a sent batch, including the Transmission Header record, all detailed input records, and the Input Trailer record.
Name	**RECORD ESTABLISHMENT DATE**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	8
Format	Alphanumeric

Category	Details
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date Title XVI established the SSI record for this recipient. If this does not have a valid date, it is all spaces.
Name	**RECORD IDENTIFIER**
Type	Input and Output field

Condition	Required for the following input records:
	    Input Case record
	    Person/Locate Request record
	    Query Request record
	    Input Trailer record
	    Transmission Header record
	 Required for the following output records:
	    Case Acknowledgment/Error record
	    Case Reconciliation record
	    Change of Address Verification Response record
	    Data Inconsistency File record
	    Insurance Match Response record (Parts 1 and 2)
	    Locate Response Batch Header record
	    Locate Response record
	    MSFIDM Response record
	    NDNH Locate/Proactive Match Response record
	    Pending Resolution Batch Response Header record
	    Person Reconciliation record
	    Person/Locate Request Acknowledgment/Error record
	    Prisoner Locate Response record
	    Query Acknowledgment/Error record
	    Query/Proactive Match Response record
	    Reconciliation/Data Inconsistency File Header record
	    Reconciliation/Data Inconsistency File Trailer record
	    Response Trailer record
	    Routine Batch Response Header record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title II Pending Claim Response record
	    Title XVI Locate Response record

Length	2
Format	Alphanumeric

Category	Details
Values	FA – Transmission Header record
	FB – Routine Batch Response Header record
	FC – Input Case record
	FD – Case Acknowledgment/Error record
	FE – Pending Resolution Batch Response Header record
	FF – Locate Response record
	FG – Query Acknowledgment/Error record
	FK – Title II Locate Response record
	FK – Title XVI Locate Response record
	FK – Prisoner Locate Response record
	FK – SVES Not Found Locate Response record
	FK – Title II Pending Claim Response record
	FL – Locate Response Batch Header record
	FN – NDNH Locate/Proactive Match Response record
	FP – Person/Locate Request record
	FR – Query Request record
	FS – Person/Locate Request Acknowledgment/Error record
	FT – Query/Proactive Match Response record
	FX – Response Trailer record
	FW – DMDC/Proactive Match Response record
	FZ – Input Trailer record
	IM – Insurance Match Response record (Parts 1 and 2)
	MC – MSFIDM Response record
	NC – Change of Address Verification Request or Response record
	RB – Reconciliation File/Data Inconsistency Header record
	RC – Data Inconsistency File record
	RD – Case Reconciliation record
	RS – Person Reconciliation record
	RX – Reconciliation File/Data Inconsistency Trailer record
Description	This defines the type of input record sent or the type of output record returned.
Name	**RECORD SEQUENCE NUMBER**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Parts 1 and 2
Length	3
Format	Numeric
Values	000 through 999

Category	Details
Description	This is the sequence of an insurance match supplied on the Insurance Match Response record for a given SSN on a specific file creation date.
Name	**REGISTERED DATE**
Type	Output field

Condition	Conditional for the following output records:
	    Case Reconciliation record
	    Person Reconciliation record

Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the date the FCR added the case or person to the database.
Name	**RELEASE DATE**
Type	Output field
Condition	Conditional for this output record: Prisoner Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date reported to SVES that the prison released the prisoner. If the prisoner is still confined, this is all spaces. If this does not have a valid date, it is all spaces.
Name	**REPORT DATE**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date the prison reported this prisoner's information to SVES. If this does not have a valid date, it is all spaces.
Name	**REPORTING FEDERAL AGENCY**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Category	Details
Length	9
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This federal agency reported the data. If a state reported it, this is all spaces. If the information is not available, this is all spaces.
Name	**REPORTING QUARTER**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	5
Format	Alphanumeric

Values	A valid date in CCYYQ format.
	CC – Century
	YY – Year
	Q – Reporting quarter:
	    1 – January 1 through March 31
	    2 – April 1 through June 30
	    3 – July 1 through September 30
	    4 – October 1 through December 31
	Space – Information was not available

Description	This is the period of the reported NDNH QW or UI data.
Name	**REPORTING STATE**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	2
Format	Alphanumeric
Values	The numeric state code or spaces; refer to American National Standards Institute (ANSI) Codes for States.
Description	This state sent QW, UI, or NH data to the NDNH. If a federal agency sent the QW or NH data to the NDNH, this is all spaces.
Name	**REPRESENTATIVE PAYEE INDICATOR**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1

Category	Details
Format	Alphanumeric
Values	N – No representative payee Y – There is a representative payee Space – Not applicable
Description	This shows the presence or absence of a representative payee for the Title XVI recipient's benefits.
Name	**REQUEST TYPE CODE**
Type	Output field
Condition	Conditional for this output record: Reconciliation/Data Inconsistency File Header record
Length	1
Format	Alphanumeric
Values	I – Request for the Data Inconsistency file Space – Request for the Reconciliation file
Description	This request type started the generation of the record.
Name	**RESIDENCE ADDRESS CITY**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	16
Format	Alphanumeric
Values	The Title II or Title XVI recipient's city of residence
Description	This is the city for the Title II or Title XVI recipient's residence address. If not applicable, this is all spaces.
Name	**RESIDENCE ADDRESS LINE 1** through **RESIDENCE ADDRESS LINE 3**
Type	Output field

Condition	Conditional for the following output records:
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	40
Format	Alphanumeric
Values	Alphanumeric characters

Category	Details
Description	These are the edited street address lines SVES supplied. The three edited street address lines are top justified as follows: recipient's name and non-standard address information (if present in the input address) followed by the Urbanization name for Puerto Rican addresses (if present in the input address and if requiring URB) followed by the standardized and scrubbed street address line If SVES did not return an address, these are all spaces.
Name	**RESIDENCE ADDRESS SCRUB INDICATOR 1**
Type	Output field

Condition	Required for the following output records:
	   Title II Locate Response record
	   Title XVI Locate Response record

Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This is the general status of the residence address.
Name	**RESIDENCE ADDRESS SCRUB INDICATOR 2** and **RESIDENCE ADDRESS SCRUB INDICATOR 3**
Type	Output field

Condition	Conditional for the following output records:
	   Title II Locate Response record
	   Title XVI Locate Response record

Length	2
Format	Alphanumeric
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	If the residence address scrub indicator 1 is 'EA' or 'GA', this is all spaces. This is a second or third description of the results of editing the Title II or Title XVI residence address.
Name	**RESIDENCE ADDRESS STATE**
Type	Output field

Condition	Conditional for the following output records:
	   Title II Locate Response record
	   Title XVI Locate Response record

Length	2
Format	Alphanumeric
Values	The alphabetic state code or all spaces; refer to American National Standards Institute (ANSI) Codes for States.

Category	Details
Description	This is the Title II or Title XVI recipient's state of residence.
	This is the FIPS state code for the recipient's residence address.
	If not applicable, this is all spaces.
Name	**RESIDENCE ZIP CODE**
Type	Output field
Condition	Conditional for the following output records:
	Title II Locate Response record
	Title XVI Locate Response record
Length	9
Format	Alphanumeric
Values	Numeric or five numeric characters followed by spaces
Description	This is the Title II or Title XVI residence ZIP code.
	If applicable, it is a five-digit numeric ZIP code.
	If available, the last four positions are the ZIP+4 part.
	Otherwise, the last four positions are spaces.
Name	**RESPONSE CODE**
Type	Output field
Condition	Required for this output record:
	Query/Proactive Match Response record
Length	2
Format	Alphanumeric
Values	MA – Match made to one or more cases for the person, and one to three persons were associated with the matched case
	MM – Match made to one or more cases for the person, and more than three persons were associated with the matched case
Description	This shows the result of a Query or the Proactive Match:
	MA – Person for a Query or a Proactive Match matched a person on one or more cases, and because there are fewer than four people associated with the case in this Response record, the FCR sends only a single Response record
	MM – Person for a Query or a Proactive Match matched a person on one or more cases; the FCR sends multiple Response records for this case because there are four or more people associated
Name	**RESPONSE DATE**
Type	Output field
Condition	Conditional for this output record:
	Title II Pending Claim Response record

Category	Details
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date Title II returned the response to the FCR.
Name	**RESPONSE ORIGIN CODE**
Type	Output field
Condition	Required for the following output record: Locate Response record NDNH Locate/Proactive Match Response record Prisoner Locate Response Record SVES Not Found Locate Response record Title II Locate Response record Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	O – Online request Space – Batch request
Description	This shows the origin of the Locate Request.
Name	**RESPONSE RECORD COUNT**
Type	Output field
Condition	Required for the following output records: Reconciliation/Data Inconsistency Trailer record Response Trailer record
Length	11
Format	Numeric
Values	00000000001 through 99999999999
Description	This is the total number of records in a batch the FCR sent, including the Batch Response Header record or Reconciliation/Data Inconsistency File Header record, all detailed Response records, and Response Trailer record or the Reconciliation/Data Inconsistency File Trailer record.
Name	**RETURNED ADDRESS**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	234
Format	Alphanumeric

Category	Details
Values	A through Z, 0 through 9, a hyphen (-), or spaces
Description	This is the address of the person or the person's employer. The format of this field varies based on the address format indicator. C – City, state, and ZIP code breakdown F – Free format: lines separated by a '/' with an isolated ZIP code when present X – Fixed format: street address lines 1–4, city, state, and ZIP code breakdown Space – Address was not available
Name	**RETURNED FIRST NAME TEXT**
Type	Output field
Condition	Required for this output record: Title II Pending Claim Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the first name of the person on the Title II Pending Claim record.
Name	**RETURNED MIDDLE NAME TEXT**
Type	Output field
Condition	Conditionally required for this output record: Title II Pending Claim Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the middle name of the person on the Title II Pending Claim record. If no middle name is present, this is all spaces.
Name	**RETURNED LAST NAME TEXT**
Type	Output field
Condition	Required for this output record: Title II Pending Claim Response record
Length	16
Format	Alphanumeric
Values	A through Z or all spaces No imbedded spaces or special characters
Description	This is the last name of the person on the Title II Pending Claim record.

Category	Details
Name	**SEX CODE**
Type	Input and Output field

Condition	Conditionally required for this input record:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for the following output records:
	    Data Inconsistency File record
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	1
Format	Alphanumeric
Values	F – Female M – Male Space – Unknown
Description	This is the gender of the person.
Name	**SMI OPTION CODE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of supplemental medical insurance (SMI) option codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title II beneficiary's SMI code.
Name	**SMI START DATE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is first month the Title II beneficiary became eligible for SMI. If this is not a valid date, it is all spaces.
Name	**SMI STOP DATE**
Type	Output field

Category	Details
Condition	Conditional for this output record: Title II Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	This is the last month of coverage for the Title II beneficiary's SMI benefits. If this is not a valid date, it is all spaces.
Name	**SORT STATE CODE**
Type	Output field

Condition	Required for the following output records:
	     Locate Response record
	     MSFIDM Response record
	     NDNH Locate/Proactive Match Response record
	     Prisoner Locate Response record
	     Query/Proactive Match Response record
	     SVES Not Found Locate Response record
	     Title II Locate Response record
	     Title XVI Locate Response record

Length	2
Format	Alphanumeric
Values	The numeric state code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS code of the state receiving data from the FCR. The FCR uses the sort state code to sort all Response records so the FCR returns each Response record to the correct state.
Name	**SSA CITY OF LAST RESIDENCE**
Type	Output field

Condition	Conditional for these output records:
	     Person/Locate Request Acknowledgment/Error record
	     Query/Proactive Match Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of the person's last residence based on SSA's death records. If a valid ZIP code is not available, this is all spaces.

Category	Details
Name	**SSA CITY OF LUMP SUM PAYMENT**
Type	Output field

Condition	Conditional for these output records:
	    Person/Locate Request Acknowledgment/Error record
	    Query/Proactive Match Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of the person's lump sum benefit payment was sent, based on SSA's death records. If a valid ZIP code is not available, this is all spaces.
Name	**SSA DATE OF BIRTH INDICATOR**
Type	Output field
Condition	Conditional for this output record: Person/Locate Request Acknowledgment/Error record
Length	1
Format	Alphanumeric
Values	N – DOB sent is within one year of the DOB in the SSA's records Y – We changed the DOB to agree with the SSA's records Spaces – Information was not available
Description	This shows if the DOB sent for the person is consistent with the SSA's records. If the code is 'Y', the SSA date is in the Date of Birth field. If a Change Person transaction returns warning code PW010, this is a 'Y'.
Name	**SSA DATE OF DEATH INDICATOR**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	1
Format	Alphabetic
Values	A – Date of death received from the SSA's records C – You are changing a previously reported date of death from the SSA's records D – You are deleting a previously reported date of death from the SSA's records
Description	This shows you are adding, changing, or deleting the Date of Death field when the action type code is 'D'.

Category	Details
Name	**SSA STATE OF LAST RESIDENCE**
Type	Output field

Condition	Conditional for these output records:
	    Person/Locate Request Acknowledgment/Error record
	    Query/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	The alphabetic state code, or all spaces; refer to FIPS State and Territory Codes
Description	This is the state of the person's last residence, based on SSA's death records. If a ZIP code is not available, or if FINALIST did not validate the Death Master file supplied ZIP code, this is all spaces.
Name	**SSA STATE OF LUMP SUM PAYMENT**
Type	Output field

Condition	Conditional for these output records:
	    Person/Locate Request Acknowledgment/Error record
	    Query/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	The alphabetic state code, or all spaces; refer to FIPS State and Territory Codes
Description	SSA sent the person's lump sum benefit payment to this state, based on SSA's death records. If a ZIP code is not available, or if FINALIST did not validate the Death Master file supplied ZIP code, this is all spaces.
Name	**SSA ZIP CODE OF LAST RESIDENCE**
Type	Output field

Condition	Conditional for these output records:
	    Person/Locate Request Acknowledgment/Error record
	    Query Proactive Match Response record
	    Person Reconciliation record

Length	5
Format	Alphanumeric
Values	00001 through 99999, or all spaces
Description	This is the person's ZIP code of last known residence from SSA's death records.
Name	**SSA ZIP CODE OF LUMP SUM PAYMENT**
Type	Output field

Category	Details

Condition	Conditional for these output records:
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record
	    Query Proactive Match Response record

Length	5
Format	Alphanumeric
Values	00001 through 99999, or all spaces
Description	This is the ZIP code from SSA's death records where SSA sent the lump sum death benefit payment for the person.
Name	**SSI MONTHLY ASSISTANCE AMOUNT 1** through **SSI MONTHLY ASSISTANCE AMOUNT 8**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	7
Format	Numeric in COBOL format S9(5)V99
Values	Zero or a signed numeric value that can be a positive or negative value
Description	This is the SSI monthly assistance amount paid to the Title XVI recipient.
Name	**SSN**
Type	Input and Output field

Category	Details

Condition	Required for this input record:
	    Person/Locate Request record with an action type code of 'T'
	Conditionally required for the following input records:
	    Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	    Query Request record
	Optional for this input record:
	    Person/Locate Request record with an action type code of 'D'
	Required for the following output records:
	    Change of Address Verification Response record
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Prisoner Locate Response record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title XVI Locate Response record
	Conditional for the following output records:
	    Person/Locate Request Acknowledgment/Error record
	    Query Acknowledgment/Error record
	    Title II Pending Claim Response record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the SSN of the person you are adding or who is the subject of a Query, Locate Request, or Proactive Match.
Name	**SSN MATCH CODE**
Type	Output field

Condition	Required for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Prisoner Locate Response record
	    SVES Not Found Response record
	    Title II Locate Response record
	    Title II Pending Claim Response record
	    Title XVI Locate Response record

Length	1
Format	Alphanumeric

Category	Details
Values	A – Verified additional SSA-name combination C – SSA found or corrected the state-submitted SSN-name combination M – SSA-issued multiple SSN V – State-submitted verified SSN-name combination X – SSA found or corrected the additional SSN-name combination Space – Original SSN used for this search
Description	This shows if the SSN in the record is the state-submitted SSN or a corrected, additional, or multiple SSN.
Name	**SSN REPORTED BY PRISON**
Type	Output field
Condition	Required for this output record: Prisoner Locate Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes) or all spaces
Description	This is the prisoner's SSN the prison reported to SVES.
Name	**SSN VALIDITY CODE**
Type	Output field

Condition	Required for the following output records:
	    Person/Locate Request Acknowledgment/Error record
	    Person Reconciliation record

Length	1
Format	Alphanumeric
Values	C – SSA corrected the SSN sent for this person E – SSA used additional person data to verify or find an SSN for this person N – SSA's SSN verification routines did not verify the SSN-name combination for this person, but another SSA routine found a probable name match P – SSA used the additional person data you sent to verify or find the SSN R – Person data sent found multiple possible SSNs for the person (the Requires Manual Review (RMR) process selected the SSN) V – SSA's SSN verification routines verified the SSN-name combination Space – SSA could not verify the SSN or you did not send an SSN and the SSA could not find an SSN using the data you sent

Category	Details
Description	This is the result of the SSA's SSN verification for the person.
	If this is a space and the acknowledgment code is 'AAAAA', the FCR accepted this person as an unverified person and the SSN is not available for Query or Proactive Match.
	If this is a space and the acknowledgment code is 'REJCT', the FCR rejected this person.
Name	**STANDARDIZED ADDRESS LINE 1 TEXT THROUGH STANDARDIZED ADDRESS LINE 3 TEXT**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	50
Format	Alphanumeric
Values	Standardized line 1 of the street address or spaces
Description	If the NCOA vendor supplied this, it is the standardized version of line 1 of the input street address.
Name	**STANDARDIZED CITY NAME**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	30
Format	Alphanumeric
Values	Standardized street, address, and city name or spaces
Description	If the NCOA vendor supplied this, it is the standardized version of the input street, address, and city name.
Name	**STANDARDIZED STATE CODE**
Type	Output field
Condition	Conditional for this output record: 　　Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	Standardized street address state code or spaces
Description	If the NCOA vendor supplied this, it is the standardized version of the input street address state code.
Name	**STANDARDIZED ZIP CODE**
Type	Output field

Category	Details
Condition	Conditional for this output record: Change of Address Verification Response record
Length	9
Format	Alphanumeric
Values	Standardized street address ZIP code or all spaces
Description	If the NCOA vendor supplied this, it is the standardized version of the input street address ZIP code.
Name	**STANDARDIZED DELIVERY POINT DIGITS**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	Delivery point digits or spaces
Description	If the NCOA vendor supplied this, the delivery point digits are used to generate a delivery point barcode for the standardized address.
Name	**STANDARDIZED CHECK DIGIT**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification response record
Length	1
Format	Alphanumeric
Values	Check digit or space
Description	If the NCOA vendor supplied this, the check digit is used for the POSTNET barcode for the standardized address.
Name	**STANDARDIZED CARRIER ROUTE CODE**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	4
Format	Alphanumeric
Values	Carrier route code or spaces
Description	If the NCOA vendor supplied this, it is the carrier route code used for the POSTNET barcode for the standardized address.

Category	Details
Name	**STANDARDIZED LINE OF TRAVEL (LOT) NUMBER**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	4
Format	Alphanumeric
Values	LOT number or spaces
Description	If the NCOA vendor supplied this, it is the LOT number for carrier route mailings used for the POSTNET barcode for the standardized address.
Name	**STANDARDIZED LOT SORT FLAG CODE**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	A – Ascending D – Descending Spaces – NCOA vendor did not supply this
Description	If the NCOA vendor supplied this, this is the LOT sort flag for the POSTNET barcode for the standardized address.
Name	**STATE**
Type	Output field

Condition	Conditional for the following output records:
	    Locate Response record
	    NDNH Locate/Proactive Match Response record

Length	2
Format	Alphanumeric
Values	The numeric state code (or 'AA', 'AE', or 'AP' to show an overseas military address) or spaces; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the state or overseas military code of the address in the Returned Address field. It is in the format the address format indicator designates.
Name	**STATE CODE**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record

Category	Details
Length	2
Format	Alphanumeric
Values	The alphabetic state code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the Title II beneficiary's state code for the jurisdiction responsible for payment. This is the FIPS state code of the state responsible for any mandatory or optional supplementation payment. This is the Title II beneficiary's state of residence unless another state has jurisdiction.
Name	**STATE EIN**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	12
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the employer's state Employer Identification Number (EIN) from an NDNH QW or NH record. If the state EIN is not available, this is all spaces.
Name	**STATE MEMBER ID**
Type	Output field
Condition	Conditional for this output record: Query/Proactive Match Response record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the state member ID sent on the Query Request record. If the Query Request record did not have a state member ID and there was no match, this is all spaces. For the Proactive Match response, this is the person's member ID for the matched case.
Name	**STATE OF HIRE**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	2
Format	Alphanumeric

Category	Details
Values	The alphabetic state code or all spaces; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the state where the employee was hired.
Name	**STATE OR COUNTRY OF BIRTH**
Type	Input and Output field

Condition	Optional for this input record:
	     Person/Locate Request record with an action type code of 'A', 'C', or 'L'
	Conditional for this output record:
	     Person/Locate Request Acknowledgment/Error record

Length	4
Format	Alphanumeric
Values	The two-character alphabetic FIPS state, country, four-character alphanumeric FIPS country and province code, or spaces; refer to American National Standards Institute (ANSI) Codes for States or International Country Codes.
Description	This is the FIPS code for the state of birth, the country of birth and an asterisk, or the country and province of birth. The FCR sends this information to the SSA to supply an SSN for this person. The FCR uses this information to find the SSN, but it is not stored.
Name	**STATE SORT CODE**
Type	Output field

Condition	Required for the following output records:
	     Change of Address Verification Response record
	     Title II Pending Claim Response record

Length	2
Format	Alphanumeric
Values	The numeric state code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS code of the state receiving data. The FCR uses the state sort code to sort all the Response records so the FCR returns each Response record to the correct state.
Name	**STREET ADDRESS LINE 1** through **STREET ADDRESS LINE 4**
Type	Output field

Condition	Conditional for the following output records:
	     Locate Response record
	     NDNH Locate/Proactive Match Response record

Length	40
Format	Alphanumeric

Category	Details
Values	A through Z, 0 through 9, hyphen (-), backslash (\), or spaces
Description	This is the address of an employer or employee.
Name	**STREET ADDRESS LINES 1-4, CITY, STATE**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	192
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), a backslash (\), or spaces
Description	This is the address of an employer or employee.
Name	**SUB RECORD INDICATOR**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Parts 1 and 2
Length	1
Format	Alphanumeric
Values	1 – First of two corresponding records 2 – Second of two corresponding records
Description	This shows the record format used for the two-part Insurance Match record. The Insurance Match system sets this indicator as it creates each record.
Name	**SUBMITTED DATE OF BIRTH**
Type	Output field

Condition	Required for the following output records:
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the DOB of the person sent to SVES on a Locate Request.
Name	**SUBMITTED CASE ID**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	15

Category	Details
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the state case ID sent on the Query record. For Proactive Match responses, this is all spaces.
Name	**SUBMITTED FIRST NAME**
Type	Output field
Condition	Required for the following output records: Prisoner Locate Response record SVES Not Found Locate Response record Title II Locate Response record Title XVI Locate Response record
Length	12
Format	Alphanumeric
Values	A through Z
Description	This is the first name of the person sent to SVES on a Locate Request.
Name	**SUBMITTED LAST NAME**
Type	Output field
Condition	Required for the following output records: Prisoner Locate Response record SVES Not Found Locate Response record Title II Locate Response record Title XVI Locate Response record
Length	19
Format	Alphanumeric
Values	A through Z or a hyphen
Description	This is the last name of the person sent to SVES on a Locate Request.
Name	**SUBMITTED OR MATCHED SSN**
Type	Output field
Condition	Required for this output record: Query/Proactive Match Response record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes)

Category	Details
Description	This is a response to a Query; the submitted or matched SSN is on the Query/Proactive Match Response record or the SSA found an SSN. For a Proactive Match response, this is the SSN used for the Proactive Match.
Name	**SUBMITTED MIDDLE INITIAL**
Type	Output field

Condition	Conditional for the following output records:
	    Prisoner Locate Response record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	1
Format	Alphanumeric
Values	A through Z or a space
Description	This is the middle initial of the person sent to SVES on a Locate Request.
Name	**SUBMITTED ADDRESS LINE 1 TEXT**
Type	Output field
Condition	Required for this output record: Change of Address Verification Response record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), a backslash (\), or spaces
Description	This is the first line of the sent address.
Name	**SUBMITTED ADDRESS LINE 2 TEXT**
Type	Output field
Condition	Conditional for this output record: Change of Address Verification Response record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), a backslash (\), or spaces
Description	This is the second line of the sent address.
Name	**SUBMITTED CITY NAME**
Type	Output field
Condition	Required for this output record: Change of Address Verification Response record
Length	20

Category	Details
Format	Alphanumeric
Values	A through Z, 0 through 9, a hyphen (-), a backslash (\), or spaces
Description	This is the city name of the sent address.
Name	**SUBMITTED STATE CODE**
Type	Output field
Condition	Required for this output record: Change of Address Verification Response record
Length	2
Format	Alphanumeric
Values	A through Z
Description	This is the state code of the sent address.
Name	**SUBMITTED ZIP CODE**
Type	Output field
Condition	Required for this output record: Change of Address Verification Response record
Length	9
Format	Alphanumeric
Values	0 through 9, a hyphen (-), or all spaces
Description	This is the ZIP code of the sent address.
Name	**SUBMITTING OFFICE NUMBER**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	4
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the Personnel Office Identifier (POI) from the Office of Personnel Management (OPM). This code is used with the DoD status code of '1', '7', and 'B' to further define a person's employment status. If the information is not available, this is all spaces.
Name	**SVES MATCH TYPE**
Type	Output field

Category	Details

Condition	Required for the following output records:
	    Prisoner Locate Response record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	1
Format	Alphanumeric
Values	L – SVES Locate Request response P – FCR-to-SVES Proactive Response for a new person, a change to a person, or a change in case type from non-IV-D to IV-D
Description	This shows the action that started the generation of a Title II, Title XVI, Prisoner, or SVES Not Found Response record. For FCR-to-SVES Proactive Matches, we do not return a SVES Not Found response.
Name	**IRS TAX YEAR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	4
Format	Alphanumeric
Values	A valid year in CCYY format or all spaces
Description	This is the year the IRS received the joint tax return. If the information is not available, this is all spaces.
Name	**TELEPHONE NUMBER**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	10
Format	Alphanumeric
Values	0 through 9 or spaces
Description	This is the Title XVI recipient's telephone number.
Name	**TERMINATION DATE**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	8
Format	Alphanumeric

Category	Details
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date the employee terminated employment. If the date is not available, this is all spaces.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS CITY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the city name of the third-party administrator (TPA).
Name	**THIRD PARTY ADMINISTRATOR ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output field
Condition	Required for this output record: Insurance Match Response record – Part 2
Length	1
Format	Alphanumeric
Values	1 – TPA address is in a foreign country Space – TPA address is in the US
Description	This shows if the TPA's address is a U.S. or foreign address.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS FOREIGN COUNTRY NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	25
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the foreign country name of the address for the TPA.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS SCRUB 1 CODE THROUGH THIRD PARTY ADMINISTRATOR ADDRESS SCRUB 3 CODE**
Type	Output

Category	Details
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	2
Format	Alphabetic – A through Z
Values	For codes and explanations, refer to Appendix F, "Finalist."
Description	This shows the results of editing the address returned in this Response record.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS STATE CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	2
Format	Alphabetic
Values	Standard state abbreviation
Description	This is the state code of the TPA.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS LINE 1 TEXT** or **THIRD PARTY ADMINISTRATOR ADDRESS LINE 2 TEXT**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	40
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the first or second line of the street address of the TPA.
Name	**THIRD PARTY ADMINISTRATOR ADDRESS ZIP CODE**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	15
Format	Alphanumeric
Values	A through Z or 0 through 9
Description	This is the ZIP code (domestic or foreign) of the TPA.
Name	**THIRD PARTY ADMINISTRATOR COMPANY NAME**
Type	Output
Condition	Optional for this output record: Insurance Match Response record – Part 2

Category	Details
Length	40
Format	Alphanumeric
Values	A through Z
Description	This is the name of the TPA's company.
Name	**THIRD PARTY ADMINISTRATOR CONTACT FIRST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	20
Format	Alphanumeric
Values	A through Z or spaces
Description	This is the first 20 characters of the first name for the TPA.
Name	**THIRD PARTY ADMINISTRATOR CONTACT LAST NAME**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	30
Format	Alphanumeric
Values	A through Z, a hyphen (-), or spaces
Description	This is the first 30 characters of the last name of the TPA.
Name	**THIRD PARTY ADMINISTRATOR PHONE EXTENSION NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	6
Format	Alphanumeric
Values	0 through 9
Description	This is the phone number extension of the TPA.
Name	**THIRD PARTY ADMINISTRATOR PHONE NUMBER**
Type	Output field
Condition	Optional for this output record: Insurance Match Response record – Part 2
Length	10
Format	Alphanumeric

Category	Details
Values	0 through 9
Description	This is the phone number of the TPA.
Name	**THIRD-PARTY INSURANCE INDICATOR**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	A – Third-party liability exists but the applicant refuses to assign rights N – Third-party liability does not exist (1634 State only) Q – Medicaid-qualifying trust may exist R – Failure to cooperate in providing Y – Third-party liability exists (1634 State only) and the applicant agrees to assign rights Space – Not applicable
Description	The indicator shows third-party liability for the Title XVI recipient's healthcare expenses. This field does not update after the first posting.
Name	**TITLE II DATE OF BIRTH**
Type	Output field
Condition	Required for this output record: Title II Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the Title II beneficiary's DOB. If this is not a valid date, it is all spaces.
Name	**TITLE II DATE OF DEATH**
Type	Output field
Condition	Conditional for this output record: Title II Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces

Category	Details
Description	This is the Title II beneficiary's date of death.
	If the SSA's records had '00' in the day part of the date, the FCR returns '01' in the day part of the Title II Date of Death field.
	If this is not a valid date, it is all spaces.
Name	**TITLE II FIRST NAME**
Type	Output field
Condition	Required for this output record:
	Title II Locate Response record
Length	10
Format	Alphanumeric
Values	A through Z or a hyphen (-)
	No imbedded spaces or special characters
Description	This is the first name of the Title II beneficiary.
Name	**TITLE II LAST NAME**
Type	Output field
Condition	Required for this output record:
	Title II Locate Response record
Length	12
Format	Alphanumeric
Values	A through Z or a hyphen
	No imbedded spaces or special characters
Description	This is the last name of the Title II beneficiary.
Name	**TITLE II MIDDLE INITIAL**
Type	Output field
Condition	Conditional for this output record:
	Title II Locate Response record
Length	1
Format	Alphanumeric
Values	A through Z or a space
Description	This is the middle initial of the Title II beneficiary.
Name	**TITLE II SEX CODE**
Type	Output field
Condition	Required for this output record:
	Title II Locate Response record
Length	1

Category	Details
Format	Alphanumeric
Values	F – Female M – Male U – Unknown
Description	This is the Title II beneficiary's gender.
Name	**TITLE XVI ALLOWANCE DATE**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the Title XVI benefit start date.
Name	**TITLE XVI APPEAL CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of Title II appeal codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the Title XVI recipient's level of appeal.
Name	**TITLE XVI DATE OF BIRTH**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the Title XVI recipient's DOB. If this is not a valid date, it is all spaces.
Name	**TITLE XVI DATE OF DEATH**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record

Category	Details
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the Title XVI recipient's date of death. The day of actual death displays when available. If the SSA's records had '00' in the day part of the date, the FCR returns '01' in the day part of the Title XVI Date of Death field. If the date of death changes based on a returned check, the day will reflect '01' or the date the returned check processed. If this is not a valid date or it is not applicable, it is all spaces.
Name	**TITLE XVI DENIAL DATE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date of Title XVI's denial of SSI benefits or state supplementation. If this is not a valid date, it is all spaces.
Name	**TITLE XVI FIRST NAME**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	10
Format	Alphanumeric
Values	A through Z or a hyphen (-) No imbedded spaces or special characters
Description	This is the first name of the Title XVI recipient.
Name	**TITLE XVI LAST NAME**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	19
Format	Alphanumeric
Values	A through Z or a hyphen (-) No imbedded spaces or special characters

Category	Details
Description	This is the Title XVI recipient's last name.
Name	**TITLE XVI LAST REDETERMINATION DATE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date all required redetermination actions for the Title XVI recipient were completed. If this is not a valid date, it is all spaces.
Name	**TITLE XVI MIDDLE INITIAL**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	A through Z or a space
Description	This is the Title XVI recipient's middle initial.
Name	**TITLE XVI NOTIFICATION OF TERMINATION DATE**
Type	Output field
Condition	Conditional for this output record: MSFIDM Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date the SSA informed the FCR the person is no longer receiving Title XVI benefits.
Name	**TITLE XVI SEX CODE**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	1
Format	Alphabetic

Category	Details
Values	F – Female M – Male U – Unknown
Description	This is the Title XVI recipient's gender.
Name	**TRANSMITTER STATE OR TERRITORY CODE**
Type	Input and Output field

Condition	Required for this input record:
	    Transmission Header record
	 Required for the following output records:
	    Change of Address Verification Response record
	    DMDC/Proactive Match Response record
	    Locate Response Batch Header record
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Pending Resolution Batch Response Header record
	    Prisoner Locate Response record
	    Query/Proactive Match Response record
	    Reconciliation/Data Inconsistency File Header record
	    Routine Batch Response Header record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title II Pending Claim Response record
	    Title XVI Locate Response record

Length	2
Format	Alphanumeric
Values	The numeric state and territory code; refer to American National Standards Institute (ANSI) Codes for States.
Description	This is the FIPS code of the state or territory sending or receiving data.
Name	**TYPE OF PAYEE CODE**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	3
Format	Alphanumeric
Values	For a complete list of payee code types, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This shows who received the Title XVI benefit.

Category	Details
Name	**TYPE OF RECIPIENT**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	2
Format	Alphanumeric
Values	For a complete list of recipient code types, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the type of Title XVI recipient.
Name	**UNEARNED INCOME – NET COUNTABLE AMOUNT**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	6
Format	Signed numeric in COBOL format S9(4)V99
Values	Negative values can be present If no amount is available, this is all zeros
Description	This is the current month's unearned income after all exclusions are applied. Title XVI uses this to decide eligibility and compute the payment.
Name	**UNEARNED INCOME NUMBER OF ENTRIES**
Type	Output field
Condition	Required for this output record: Title XVI Locate Response record
Length	1
Format	Numeric
Values	0 through 9
Description	This is the number of occurrences of the Unearned Income fields.
Name	**UNEARNED INCOME START DATE 1** or **UI START DATE 2** through **UI START DATE 9**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces

Category	Details
Description	If applicable, this is the first occurrence of the date the Title XVI recipient received the one-time unearned income payment or the date the unearned income started if the payment is monthly. If this is not a valid date, it is all spaces.
Name	**UNEARNED INCOME STOP DATE 1** or **UI STOP DATE 2** through **UI STOP DATE 9**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format or all spaces
Description	If applicable, this is the termination date of the first occurrence of monthly unearned income. In situations where the unearned income amount changed, the applicant received the previous rate or a one-time payment on this date. If this is not a valid date, it is all spaces.
Name	**UNEARNED INCOME TYPE CODE 1** or **UI TYPE CODE 2** through **UI TYPE CODE 9**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of unearned income type codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	This is the type of unearned income received by the Title XVI recipient.
Name	**UNEARNED INCOME VERIFICATION CODE 1** or **UI VERIFICATION CODE 2** through **UI VERIFICATION CODE 9**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of unearned income verification codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.

Category	Details
Description	This shows the verification status of the Title XVI recipient's income allegations.
Name	**UPDATE DATE**
Type	Output field

Condition	Conditional for the following output records:
	    Case Reconciliation record
	    Person Reconciliation record

Length	8
Format	Alphanumeric
Values	Any valid date in CCYYMMDD format
Description	This is the date of the last update to the Case record.
Name	**USER FIELD**
Type	Input and Output field

Condition	Optional for the following input records:
	    Input Case record with an action type code of 'A', 'C', or 'D'
	    Person/Locate Request record
	    Query Request record
	Conditional for the following output records:
	    Case Acknowledgment/Error record
	    Change of Address Verification Response record
	    Locate Response record
	    NDNH Locate/Proactive Match Response record
	    Person/Locate Request Acknowledgment/Error record
	    Prisoner Locate Response record
	    Query Acknowledgment/Error record
	    Query/Proactive Match Response record
	    SVES Not Found Locate Response record
	    Title II Locate Response record
	    Title XVI Locate Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is free-format information you supplied for an input transaction returned on the outputs listed above. You can use this field to include information needed to facilitate routing of information in your system.
Name	**VA ACTIVE RESERVE**
Type	Output field

Category	Details
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	0 – Veteran not active duty 1 – Veteran active duty Space – Information was not available
Description	This shows if the person is on active duty in the VA reserves.
Name	**VA ACTIVE RESERVE DAYS**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	3
Format	Alphanumeric
Values	All numeric or all spaces
Description	This is the number of days the veteran served on reserve.
Name	**VA ACTIVE RESERVE FISCAL YEAR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	4
Format	Alphanumeric
Values	The format is numeric CCYY or spaces if the year is not available.
Description	This is the year the veteran served or is on active reserve.
Name	**VA ADDRESS TYPE CODE**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	D – Domestic address F – Foreign address M – Military address Space – Information was not available
Description	This is the type of address returned from the VA.

Category	Details
Name	**VA AMOUNT OF AWARD**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	6
Format	Numeric
Values	000000 through 999999
Description	This is the monthly amount in whole dollars awarded to a person for the type of benefit shown in the VA benefit indicator. If there is no award amount or information is unavailable, this is all zeros.
Name	**VA BENEFIT INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	1 – Compensation and pension 2 – Education Space – Information was not available
Description	This is the type of VA benefits in the VA Award field.
Name	**VA EFFECTIVE DATE**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or all spaces
Description	This is the date the VA began the benefit award.
Name	**VA INCARCERATION INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	0 – Released
	1 – Incarcerated
	Space – Information was not available
Description	This is the incarceration status in the VA's records.
Name	**VA INSTITUTION TYPE CODE**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	12
Format	Alphanumeric
Values	PNHC – Private Nursing Home Care
	VHADC – Veterans Hospital Administration (VHA) Domiciliary Care
	VHAHC – VHA Hospital Care
	VHACNHC – VHA Contract Nursing Home Care
	Space – Information was not available
Description	This is the veteran's type of institution care.
Name	**VA PAY TYPE CODE**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	12
Format	Alphanumeric
Values	DRP – Disability Retired Pay
	RRP – Regular Retired Pay
	RPR – Retired Pay – Reserves
	TDRP – Temporary Disability Retired Pay
	SBP – Survivor Benefit Plan
	Space – Information was not available
Description	This is the veteran's type of payment.
Name	**VA RETIREMENT PAY INDICATOR**
Type	Output field
Condition	Conditional for this output record:
	Locate Response record
Length	1
Format	Alphanumeric

Category	Details
Values	0 – Not eligible to receive retirement pay 1 – Eligible or is receiving retirement pay Space – Information was not available
Description	This is the status of a person's VA retirement pay.
Name	**VA SUSPENSE INDICATOR**
Type	Output field
Condition	Conditional for this output record: Locate Response record
Length	1
Format	Alphanumeric
Values	0 – Receiving payments 1 – Payments were temporarily stopped or terminated Space – Information was not available
Description	This is the status of a person's VA award.
Name	**VEHICLE RESOURCE CODE**
Type	Output field
Condition	Conditional for this output record: Title XVI Locate Response record
Length	1
Format	Alphanumeric
Values	For a complete list of vehicle resource codes, refer to The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual.
Description	If this recipient owns a vehicle, they must dispose of it.
Name	**VERIFICATION RESPONSE INDICATOR**
Type	Output field
Condition	Required for this output record: Change of Address Verification Response record
Length	1
Format	Alphanumeric
Values	R – Record is the response from the FCR-to-NCOA interface Space – Record is not a response from the FCR-to-NCOA interface
Description	This shows the FCR-to-NCOA interface response.
Name	**VERSION CONTROL NUMBER**
Type	Input and Output field

Category	Details

Condition	Required for this input record:
	    Transmission Header record
	Required for the following output records:
	    Locate Response Batch Header record
	    Pending Resolution Batch Response Header record
	    Routine Batch Response Header record

Length	5
Format	Alphanumeric
Values	01.00 – First release of the FCR transaction layouts
Description	This is the version of the FCR transaction layouts sent to or returned from the FCR system. OCSE will notify you when this changes.
Name	**WAGE AMOUNT**
Type	Output field
Condition	Conditional for this output record: NDNH Locate/Proactive Match Response record
Length	11
Format	Signed Numeric
Values	00000000000 through 99999999999
Description	This is a person's wages during a reporting quarter. The last two positions are to the right of the decimal point.
Name	**WARNING CODE 1** through **WARNING CODE 3**
Type	Output field

Condition	Required for this output record:
	    Data Inconsistency File record
	Conditionally required for this output record:
	    Person Reconciliation record

Length	5
Format	Alphanumeric
Values	LE001 – Disclosure prohibited TW102 – SSN-name combination unverified IW001 – Participant type is 'PF' and order indicator is 'Y' (child support order exists for the case) IW002 – Participant type is 'CP', 'NP', or 'PF' and participant age is less than 11 years IW003 – Sex code is not 'F' or 'M' IW004 – Participant type is 'PF' and sex code is 'F' Spaces – No warning applicable

Category	Details
Description	This is the type of warning issued.
Name	**ZIP CODE**
Type	Output field

Condition	Conditional for these output records:
	  Locate Response record
	  NDNH Locate/Proactive Match Response record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or all spaces
Description	This is the ZIP code of the returned address in the address format indicator designated format. For format examples, refer to the Returned Address field. If the U.S. ZIP code is used, this is in the five-digit and four-digit format. If it is a foreign postal code, this may contain alphabetic characters.

D.1   Version History

This chart presents a log of the most recent changes made to this document.

Part/Section/Chart/Figure	Description of Change
Entire document	Replaced references to Appendix J, "Errors and Warnings," with references to Appendix E, "Errors and Warnings." Removed lists of specific address scrub codes and references to section 6.7.3.1, "Address Editing of Locate Responses," and replaced them with references to Appendix F, "Finalist." Replaced references to FIPS State and Territory Codes with references to ANSI Codes for States. Removed lists of specific codes for Black Lung Entitlement, CAN and BIC, Category of Assistance, Competency, Custody, Date of Death Source, HI Option, House Resource, Insurance Resource, Ledger Account file, Payment Status, PHIST Payment Pay Flag, Prison or Facility Type, Race, SMI Option, Title II Appeal, Type of Payee, Type of Recipient, Unearned Income Type, Unearned Income Verification, and Vehicle Resource and replaced them with a note referring users to the State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual for a complete list of these codes.
Claimant Birth Date through Claimant Cell Phone Number fields	Updated the format from numeric to alphanumeric or spaces.
DoD Pay Grade or Rank field	Removed listing of specific values for ranks/grades and added a reference to DTA Manual, Appendix M: Ranks & Grades. Removed listing of agency codes and referred users to Office of Personnel Management Data Standards – Agency/Supplement for a complete list of agency codes.
Added fields	CH Death Indicator Claim Adjuster's Name Claim Adjuster's Phone Number NAIC Code

Part/Section/Chart/Figure	Description of Change
Fields with minor updates or corrections	Attorney Address Foreign Country Indicator, Attorney Address Foreign Country Name, Attorney Address State Code, Attorney Address, Attorney Address Zip Code, Attorney First Name, Attorney Last Name, Attorney Phone Extension Number, Attorney Phone Number, Claimant Address, Claimant Address Foreign Country Name, Claimant Address State Code, Claimant First Name, Claimant Home Phone Number, Claimant ITIN Number, Claimant Last Name, Claimant Professional License Number, COA Line of Travel Number, County Code, District Office Mailing Address, DoD Agency Status Indicator, DoD Status Code, Employer Address Foreign Country Name, Employer Address, Employer Name, Employer Phone Extension Number, Employer Phone Number, FCE Local Code, FIPS County Code, Foreign Country Code, Insurance Claim Status Code, Insurance Product Claim Type, Locate Source 1 through Locate Source 8, Matched Case State or Territory Code, Matched FCR FIPS County Code, Mother's Maiden Name, MSFI Matched Account Primary SSN, MSFI State, MSFIDM Response Date, Payee County of Jurisdiction, Payee Mailing Address State, PF Death Indicator, Prison or Facility State, Reporting State, SSN Validity Code, and VA Active Reserve.