PARIS State Input Record Format (Effective in February 2019)

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

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
Client SSN	1-9	Client's Social Security Number	M	Self-explanatory
Client Surname	10-24	Client's Last Name	M	Self-explanatory
Client First Name	25-39	Client's First Name	M	Self-explanatory
Client Date of Birth	40-47	Client Date of Birth (CCYYMMDD)	M	Self-explanatory
filler	48	Blank	M	Self-explanatory
File Date	49-54	Match Run Month (CCYYMM)	M	Feb, May, Aug, Nov
State Name	55-56	Postal Abbreviation for the State	M	Self-explanatory
State Optional Data	57-116	Data for the sending state's use, returned as sent.	O	Self-explanatory
Client Locator Code	117-119	3 position location code that identifies Client Case File Residence (County/Local Office designator)	M	Self-explanatory
Case Number	120-129	Ten Position Case Number	M	Self-explanatory
Contact Supported: Phone	130	'Y' if contact by voice phone is supported for follow up purposes, else 'N'	M +	Type of contact to be used based on state requirement

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
Contact Supported: Fax	131	'Y' if contact by fax machine is supported for follow up purposes, else 'N'	M +	Type of contact to be used based on state requirement
Contact Supported: E-mail	132	'Y' if contact by e-mail is supported for follow up purposes, else 'N'	M +	Type of contact to be used based on state requirement
Contact Person Phone Number	133-142	10 Digit Telephone Number of Contact Person for investigation purposes	M ++	Central or county/region contact based on state requirement
Contact Person Phone Number Extension	143-147	up to 5 Digit Telephone Number extension of Contact Person for investigation purposes (if needed)	O ++	Fill with SPACES if not needed
Contact Person Fax Number	148-157	Fax Number for Contact Person	M ++	Self-explanatory
Contact Person Email Address	158-197	Email Address of State Contact Person	M ++	Self-explanatory
SSN Verification Indicator	198	See bottom of this document for a list of SSA SVES Verification Indicator Codes	M	Whether the SSN has been verified by SSA
TANF Months Eligibility	199-200	Number of Countable Months Client has received TANF Benefits as an Adult	O ###	Self-explanatory
Cash Last Paid Amount	201-204	Last Monthly Amount Paid Under a Cash Program (Drop Cents) such as TANF, General Assistance, State Admin SSI, etc	O	Self-explanatory

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
FS Last Paid Amount	205-208	Last Monthly Amount Paid Under Food Stamps	O	Self-explanatory
Last EBT Access Date	209-216	Last Date EBT Benefits Were Accessed (CCYYMMDD) Could be Any Assistance Program	O	Self-explanatory
Fraud Indicator	217	'Y' = Fraudulent Receipt of TANF Benefits, within Last Ten Years, Due to Misrepresentation of Residence	O ###	Self-explanatory
Fugitive Felon Indicator	218	'Y' = Current Fugitive Felon	O ###	Self-explanatory
Probation and Parole Violation Indicator	219	'Y' = Current Probation or Parole Violation	O ###	Self-explanatory
Drug Related Felon Indicator	220	'Y' = Drug Related Felon	O ###	Self-explanatory
Address (Line 1)	221-245	Client Address (street line 1)	M	Self-explanatory
Address (Line 2)	246-270	Client Address (street line 2, if needed)	M	Self-explanatory
Address (City)	271-285	Client Address	M	Self-explanatory
Address (State)	286-287	Client Address	M	Self-explanatory
Address (Zip Code)	288-296	Client Address	M	Self-explanatory

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
Gender	297	M = Male, F = Female, U = Unknown	M	Self-explanatory
Marital Status	298	M = Married, S = Single, W = widow/widower, D = Divorced, L = Separated, U = Unavailable or Unknown	O	Self-explanatory
VA Match Request Code	299	Y = Perform VA Match, N or Blank = do not perform the VA match	M +++	Self-explanatory
State Match Request Code	300	Y = Perform Interstate Match, N or Blank = do not perform the Interstate match	M +++	Self-explanatory
FED Match Request Code	301	Y = Perform Federal Match, N or Blank = do not perform the Federal match	M +++	Self-explanatory
Filler	302-315	All Blanks (for future use)	M	Self-explanatory
TANF Indicator	316	'Y' = Client Receives TANF Assistance or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
General Assistance Indicator	317	'Y' = Client Receives GA or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Food Stamp Indicator	318	'Y' = Client Receives FS or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
SSI Indicator	319	'Y' = Client Receives SSI or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Medicaid Indicator	320	'Y' = Client on Medicaid or their Assets Count	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Worker's Comp Indicator	322	'Y' = Client Receives Worker's Compensation	O	At least one of these must be 'Y' otherwise the individual should not be on the file.
Filler	323-329	All Blanks (for future use)	M	Self-explanatory
TANF Elig. Start Date	330-337	TANF Client Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
TANF Elig. End Date	338-345	TANF Client Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
Medicaid Elig. Start Date	346-353	Medicaid Client Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
Medicaid Elig. End Date	354-361	Medicaid Client Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
Food Stamps Eligibility Start Date	362-369	Food Stamps Client Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
Food Stamps Eligibility End Date	370-377	Food Stamps Client Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory

Record Element Name	Element Position	Element Description/Definition	Optional (O) or Mandatory (M)	Definition
Gen. Assist. Eligibility Start Date	378-385	GA Client Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
Gen. Assist. Eligibility End Date	386-393	GA Client Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
SSI Elig. Start Date	394-401	SSI Client Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
SSI Elig. End Date	402-409	SSI Client Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
Child Care Elig Start Date	410-417	Child Care Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
Child Care Elig End Date	418-425	Child Care Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
Worker's Comp Elig Start Date	426-433	Worker's Comp Eligibility Start Date (CCYYMMDD)	O #	Self-explanatory
Worker's Comp Elig End Date	434-441	Worker's Comp Eligibility End Date (CCYYMMDD)	O ##	Self-explanatory
Worker's Comp Pay Amount	442-445	Worker's Comp Payment Amount (holds up to 9999)	O	Self-explanatory
MA Contact Person Information	446-495	Used if MA is processed by a different State Agency than the one that processes FS & TANF (phone ('ph:'),Fax ('fx:') and / or email address ('em:'))	O	Freeform as fits
Filler	496-510	All blanks (for future use)	M	Self-explanatory

= Enter the start date of the current eligibility period. At least one start date must be present. At least one program must be active for the individual on the date the data is collected for submission for the quarterly match.

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

= Complete if information is available on your system.

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

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

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

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

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

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