



State of New Jersey

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 7 & 5
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION No. 87-23

Date: August 31, 1987

TO: County Welfare Directors

SUBJECT: Income and Eligibility Verification System
Unemployment and Wage Reporting System

The second phase of the Income and Eligibility Verification System has been scheduled for implementation during the month of August. This phase will include matches of those designated individuals (Medicaid Only and Medically Needy) on the Medicaid Status File against the State Unemployment Insurance Benefits (UIB) File and the State Wage Reporting System (WRS).

The UIB match will be run twice a month with the initial match being of all designated individuals on the Medicaid Status File. The second match will contain only those individuals who have been added to the file since the previous match. The WRS match will be run twice a month also, but will only be matched against the full file once a quarter.

Procedurally, there are several notable differences between the IRS Unearned Income match and the UIB and WRS matches. Unlike the IRS match, there is no client letter. Therefore, if contact with the client is necessary for verification of match information, it must be at the agency's initiative.

Secondly, although there must still be concern regarding the confidential nature of the information received, especially information concerning the names of employers found on the WRS match, overall security measures should not impede investigation or resolution of any case identified by these matches.

Upon receipt of this information, the worker will review and verify the information to determine whether eligibility for medical assistance exists. If a determination of ineligibility is made, the worker is to follow current procedures in notifying the individual and terminating the case from the file.

MEDICAID COMMUNICATION No. 87-23
Page 2
August 31, 1987

Following a determination, the worker will complete the response document and forward it to the Division of Medical Assistance and Health Services to the attention of Richard Picone, Bureau of Management Information Systems.

As is the case with the IRS unearned income match, all reports will be forwarded to the county security liaisons via the Loomis Courier Service on the day following the date of the run.

The following list of reports will be forwarded to the counties for verification of eligibility.

Unemployment Insurance Benefit Match

- 1) PA-925, VIMS Resource Report
- 2) UIB/VIMS WR 270-01, Match Output File Listing
- 3) UIB/VIMS WR 272-01, Resource Report Issuance List by Case Sequence
- 4) UIB/VIMS WR 272-03, Resource Report Issuance List by Program Code

Wage Reporting System Match

- 1) PA-925, VIMS Resource Report
- 2) WRS/VIMS WR 286-01, Resource Report Issuance List by Case Sequence
- 3) WRS/VIMS WR 286-03, Resource Report Issuance List by Program Code

Descriptions and record layouts for the above listed matches are found in the attachments.

If you should have any questions concerning these procedures, you may contact the Field Service Supervisor II assigned to your county.

Sincerely,



Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:Cg
Enclosures
cc: Odella T. Welch
Deputy Commissioner

Marion Reitz, Acting Director
Division of Public Welfare

PA-925
VIMS-Resource Report

Each case for which a match occurs with the Unemployment Insurance Benefits (UIB) File, for the given time period, a PA-925 response document is produced. The form lists benefit payment data. Upon completion of benefit verification the State portion of the form is to be detached, marked for the appropriate action taken, and forwarded back to DMAHS/BMIS.

The following information is provided for each matched case:

<u>Data Item</u>	<u>Abbreviation</u>	<u>Definition</u>
Issue Date	ISSUED	Date form was issued
Case Name		
Case Type		Medically Needy (MED/NEED) Medicaid Only (MED/ONLY)
County		
Case Number		Recipient's Case Sequence Number
Program Code	Inserted in SUPV NO field	Recipient Aid Category
Person Number	Inserted in WORKER NO field	
Date Response Due		30 days from issue date action must be taken to verify income during this period
Control Data		Unique number assigned to each match
UIB Name		Name under which benefits were received
Match month		Month in which files were matched
Social Security Number	SSN	
Date of Birth	DOB	Recipient's date of birth
Sex		M or F
Claim Date		Date benefit claim was processed
Date Last Payment		Date payment of benefits ended
Last Payment		Amount of last payment
UIB Program Code	UIB PGM CODE	
NJ-Employer Code Period		Match period

The attached example PA-925 shows the benefits received by the sample case of Janice Smith.

CASE IDENTIFICATION						
LAST NAME	FIRST NAME	CASE TYPE	COUNTY	CASE NUMBER	FILE NO	WORKER NO
SMITH	JANICE	MED/ONLY	07	014783	20	01

F-8610-00039

RESOURCE INFORMATION

UIB NAME: RODGERS/JANICE

CLAIM DATE	DATE LAST PAYMENT	LAST PAYMENT	UIB PGM CODE	NJ-EMPLOYER CODE
---------------	----------------------	-----------------	-----------------	---------------------

8/03/86 10/11/86 114 010 00_____79

DRAFT

COUNTY RESPONSE

DATE RECEIVED OCT 02 07 37

I. NO ACTION TAKEN

- A. ☐ Case closed prior to review
B. ☐ Benefit and employment periods differ
C. ☐ Individual not a case member
D. ☐ Client and resource individual not the same person
E. ☐ Current benefits correct

II. ACTION TAKEN

A. AFDC

- 1.a. ☐ Case closed
b. ☐ Case rebudgeted

2. Monthly grant

Previous	Revised
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B. FOOD STAMPS

- 1.a. ☐ Case closed
b. ☐ Allotment adjusted

2. Allotment amount

Previous	Revised
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C. MEDICAID

1. ☐ Case closed
2. ☐ Third-party health insurance identified

III. ADDITIONAL INFORMATION

- A. ☐ Case referred for investigation of possible fraud**

SIGNATURE OF PREPARER

DATE _____

COUNTY RESPONSE

STATE CONTROL DATA
-86 10-000 59

[illegible]

CO: 07
CASE NO: 014783
CASE NAME: SMITH JANICE
SUPV. NO: 20
PERIOD: 10TH MONTH 86

I. NO ACTION TAKEN

- A. ☐ Case closed prior to review
B. ☐ Benefit and employment periods differ
C. ☐ Individual not a case member
D. ☐ Client and resource individual not the same person
E. ☐ Current benefits correct

II. ACTION TAKEN

A. AFDC

- 1.a. ☐ Case closed
b. ☐ Case rebudgeted

2. Monthly grant

Previous	Revised
----------	---------

B. FOOD STAMPS

- 1.a. ☐ Case closed
b. ☐ Allotment adjusted

2. Allotment amount

Previous	Revised
----------	---------

C. MEDICAID

1. ☐ Case closed
2. ☐ Third-party health insurance identified

III. ADDITIONAL INFORMATION

- A. ☐ Case referred for investigation of possible fraud**

SIGNATURE OF PREPARER

DATE _____

UIB/VIMS-WR270-01
UIB/VIMS-Match Output File Listing

Each case for which a match occurs with the Unemployment Insurance Benefits (UIB) file, for the given time period, is listed on the Match Output File Listing. The listing is in Case Sequence Number (CASE NUMBER) order, and is sorted by county.

The following information is provided for each case listed:

<u>Data Item</u>	<u>Abbreviation</u>	<u>Definition</u>
Case Number		Recipient's Case Sequence Number
Case Name		
Social Security Number	SSN NUMBER	
Claim Date		Date benefit claim was processed
Start Date		Date payment of benefits began
Start Amount		Amount of first payment
End Date		Date payment of benefits ended
End Amount		Amount of last payment
Program Code	MED PROGCD	Recipient Aid Category
Person Number	MED PERSNO	
UIB Program Code	UIB PROGCD	
NJ Employer Number	NJ EMPLOYER	

The attached example UIB/VIMS-WR270-01, shows all clients within the sample county, for which a match occurred. The example case of Janice Smith can be found by Case Number.

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/08/87

PAGE: 1

FILE MONTH: 10/86

PORT NO: UIB/VIMS-WR270-01

UNTY: ESSEX

UIB/VIMS - MATCH OUTPUT FILE LISTING

C/SE NUMBER	CASE NAME	SSN NUMBER	CLAIM DATE	START DATE	START AMOUNT	END DATE	END AMOUNT	MED FROGCD	MED PERSNO	UIB FROGCD	NJ EMPLOYER
009196	JOHNSON JUDY	-4840	06/08/86	06/14/86		10/25/86	56	30	49	010	00 00
011543	LLOYD ANTHONY	-1245	07/05/86	07/18/86		10/18/86	69	30	01	010	00 00
012743	GONZALEZ JOSE	-0087	07/13/86	07/19/86		10/18/86	71	35	20	010	00 00
014783	SMITH JANICE	-0098	08/03/86	08/09/86		10/11/86	114	20	01	010	00 79
016108	GREENE LARRY	-9236	08/24/86	10/11/86		10/18/86	18	30	49	010	00 43
032744	COLEMAN GINA	-5800	06/29/86	07/05/86		10/25/86	104	35	22	010	00 00
041097	ORHA LYNNE	-0345	04/20/86	04/26/86		10/11/86	121	20	01	010	00 82
044621	LANGEN GEORGE	-3434	06/15/86	06/21/86		10/25/86	105	30	49	010	00 00

COUNTY TOTAL 8

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UIB/VIMS-WRS272-01
UIB/VIMS-Resource Report Issuance List By Case Sequence

Each case for which a PA-925 is produced, is listed on the Issuance List, according to the client's Case Number. This list will contain the entire county's matches for that period, and the following data:

<u>Data Item</u>	<u>Abbreviation</u>	<u>Definition</u>
Case Number	Case No	Recipient's case sequence number
Social Security Number	SSN	
State Control Number	ST-CTRL	Unique number assigned to each match
Case Name		
UIB Name		Name under which benefits were received
Person Number	PERS NO	
UIB Weekly Amount	UIB WKLY	Weekly benefit payment amount
UIB Monthly Amount	UIB MTHLY AMT	Monthly benefit payment amount (WKLY AMT x4 1/3)

The attached example UIB/VIMS-WR272-01, shows all eight (8) clients within the sample county, for whom there are PA-925's. The example case of Janice Smith can be found by Case Number.

Cases and clients are summed for the given county.

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87 PAGE: 1

REPORT NO: UIB/VIMS-WR272-01

FILE DATE: 10/86

COUNTY: ESSEX

UIB/VIMS - RESOURCE REPORT ISSUANCE LIST BY CASE SEQUENCE

CASE NO	SSN	ST-CTRL	CASE NAME	UIB NAME	PERS NO	UIB WKLY AMT	UIB MTHLY AMT
009196	-4840	F-8610-00036	JOHNSON JUDY	JOHNSON/JUDY T	49	56	224
011543	-1245	F-8610-00037	LLOYD ANTHONY	LLOYD/ANTHONY	01	69	276
012743	-0087	F-8610-00038	GONZALEZ JOSE	GONZALEZ/JOSE	20	71	284
014783	-0098	F-8610-00039	SMITH JANICE	RODGERS/JANICE	01	114	456
016108	-9236	F-8610-00040	GREENE LARRY	GREENE/LAURENCE	49	18	72
032744	-5800	F-8610-00041	COLEMAN GINA	COLEMAN/REGINA	22	104	416
041097	-0345	F-8610-00042	ORHA LYNNE	ORHA/LYNNE D	01	121	484
044621	-3434	F-8610-00043	LANGEN GEORGE	LANGEN/GEORGE F	49	105	420

COUNTY TOTAL CASES 8 CLIENTS 8

DRAFT

UIB/VIM-WR272-03
UIB/VIMS-Resource Report Issuance List by Program

Each case, for which a PA-925 is produced, is listed on the Issuance List according to the client's Program Code. Therefore, there may be separate listings and program totals for each of the following Program Codes: 10, 15, 20, 25, 30, 35, 50, 55, 60, 70, and 80. The individual Program Code listings are printed in Case Sequence Number order, and contain the following data:

<u>Data Item</u>	<u>Abbreviation</u>	<u>Definition</u>
Case Number	CASE NO	Recipient's Case Sequence Number
Social Security Number	SSN	
State Control Number	ST-CTRL	Unique number assigned to each match
Case Name		
UIB Name		Name under which benefits were received
Person Number	PERS NO	
UIB Weekly Amount	UIB WKLY AMT	Weekly benefit payment amount
UIB Monthly Amount	UIB MTHLY AMT	Monthly benefit payment amount (WKLY AMT x4 1/3)

The attached example UIB/VIMS-WR272-03. page 1, shows two (2) clients, with a Program Code of 20, in Essex County, for whom there are PA-925's. The example case of Janice Smith is shown in Case Number within Program Code order.

Page 2 of the report lists individuals who were matched in Essex County, with a Program Code of 30, and totals. Page 3 lists individuals who were matched in the sample county, with a Program Code of 35, and the county totals.

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87 PAGE: 1

FILE DATE: 10/86

REPORT NO: UIB/VIMS-WR272-03

COUNTY: ESSEX

UIB/VIMS - RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE

PROGRAM CODE: 20

CASE NO	SSN	ST-CTRL	CASE NAME	UIB NAME	PERS NO	UIB WKLY AMT	UIB MTHLY AMT
014783	[REDACTED]-0098	F-8610-00039	SMITH JANICE	RODGERS/JANICE	01	114	456
041097	[REDACTED]-0345	F-8610-00042	ORHA LYNNE	ORHA/LYNNE D	01	121	484

PROGRAM TOTAL	CASES	2	CLIENTS	2
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NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87 PAGE: 2

REPORT NO: UIB/VIMS-WR272-03

FILE DATE: 10/86

COUNTY: ESSEX

UIB/VIMS - RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE

PROGRAM CODE: 30

CASE NO	SSN	ST-CTRL	CASE NAME	UIB NAME	PERS NO	UIB WKLY AMT	UIB MTHLY AMT
009196	[]-4840	F-8610-00036	JOHNSON JUDY	JOHNSON/JUDY T	49	56	224
011543	[]-1245	F-8610-00037	LLOYD ANTHONY	LLOYD/ANTHONY	01	69	276
016108	[]-9236	F-8610-00040	GREENE LARRY	GREENE/LAURENCE	49	18	72
044621	[]-3434	F-8610-00043	LANGEN GEORGE	LANGEN/GEORGE	49	105	420

PROGRAM TOTAL

CASES

4

CLIENTS

4

DRAFT

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87 ~~PAGE: 1~~ 3

FILE DATE: 10/86

REPORT NO: UIB/VIMS-WR272-03

COUNTY: ESSEX

UIB/VIMS - RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE

PROGRAM CODE: 35

CASE NO	SSN	ST-CTRL	CASE NAME	UIB NAME	PERS NO	UIB WKLY AMT	UIB MTHLY AMT
012743	____-__-0087	F-8610-00038	GONZALEZ JOSE	GONZALEZ/JOSE	20	71	284
032744	____-__-5800	F-8610-00041	COLEMAN GINA	COLEMAN/REGINA	22	104	416
PROGRAM TOTAL	CASES	2	CLIENTS	2			
COUNTY TOTAL	CASES	8	CLIENTS	8			

DRAFT

PA-925

VIMS - RESOURCE REPORT

For each case in which a match occurs with the Department of Labor's (DOL) Wage Reporting System (WRS) file, for the given time period, a PA-925 response document is produced. Upon completion of wage verification the State portion of the form is to be detached, marked for the appropriate action taken, and forwarded back to DMAHS/BMIS.

The following information is provided for each matched case:

<u>DATA ITEM</u>	<u>ABBREVIATION</u>	<u>DEFINITION</u>
Issue Date	<u>ISSUED</u>	Date form was issued
Case Name		
Case Type		Medically Needy (MED/NEED) Medicaid Only (MED/ONLY)
County Case Number		Recipient's Case Sequence Number
Program Codes	Inserted in SUPV NO field	Recipient's Aid Category
Person Number	Inserted in WORKER NO field	
Date Response Due		30 days from issue date action must be taken to verify income during this period.
State Control Data	STATE CNTRL	Unique number assigned to each match
Match Month and Year		Month in which files were matched
Employee Name		Name under which wages were received
Employer Name and Address		Employer which paid wages for given period
Employer Registration Number Wages	EMP REG NO	Employer Identification Number Wages reported for employer for given quarter

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
VIMS RESOURCE REPORT

ISSUED 01/14/87

CASE IDENTIFICATION					
NAME	CASE TYPE	COUNTY	CASE NUMBER	SUPV NO	WORKER NO
DOROTHY EDWARDS	MED/ONLY	07	138396	20	01

MATCH CRITERIA: SSN STATE CNTRL E-8612-00061

RESOURCE INFORMATION					
NEW JERSEY WAGE MATCH					
MM/YR	WAGES	FOR EMPLOYEE NAME	EMPLOYER NAME AND ADDRESS		
12 86	\$209.00	EDWARDS	DOROTHY ANDERSON DOROTHY CALDWELL COLLEGE -CORP- BLOOMFIELD & RYERSON AVES CALDWELL NJ		
				07006	
				EMP REG NO.:	00: 000
12 86	\$410.00	EDWARDS	DOROTHY ANDERSON DOROTHY RUTGERS UNIVERSITY-NJ DIV OF PERSONNEL ADAMS BLDG NEW BRUNSWICK NJ		
				08903	
				EMP REG NO.:	2401 000

*****SPECIAL CONFIDENTIALITY PROCEDURES REQUIRED*****

DRAFT

COUNTY RESPONSE	
COUNTY COPY	DATE RESPONSE DUE
	02/13/87

COPY ALL RESPONSES FROM LEFT SIDE TO RIGHT SIDE, SIGN, AND DATE.

I. NO ACTION TAKEN

A. ☐ Case closed prior to review

B. ☐ Benefit and employment periods differ

C. ☐ Individual not a case member

D. ☐ Client and resource individual not the same person

E. ☐ Current benefits correct

II. ACTION TAKEN

A. AFDC

1.a. ☐ Case closed

b. ☐ Case rebudgeted

2. Monthly grant

Previous	Revised
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B. FOOD STAMPS

1.a. ☐ Case closed

b. ☐ Allotment adjusted

2. Allotment amount

Previous	Revised
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C. MEDICAID

1. ☐ Case closed

2. ☐ Third-party health insurance identified

III. ADDITIONAL INFORMATION

A. ☐ Case referred for investigation of possible fraud

SIGNATURE OF PREPARER

DATE

COUNTY RESPONSE	
STATE COPY	DATE RESPONSE DUE
	02/13/87

COPY ALL RESPONSES FROM LEFT SIDE TO RIGHT SIDE, SIGN, AND DATE.

I. NO ACTION TAKEN

A. ☐ Case closed prior to review

B. ☐ Benefit and employment periods differ

C. ☐ Individual not a case member

D. ☐ Client and resource individual not the same person

E. ☐ Current benefits correct

II. ACTION TAKEN

A. AFDC

1.a. ☐ Case closed

b. ☐ Case rebudgeted

2. Monthly grant

Previous	Revised
----------	---------

B. FOOD STAMPS

1.a. ☐ Case closed

b. ☐ Allotment adjusted

2. Allotment amount

Previous	Revised
----------	---------

C. MEDICAID

1. ☐ Case closed

2. ☐ Third-party health insurance identified

III. ADDITIONAL INFORMATION

A. ☐ Case referred for investigation of possible fraud

SIGNATURE OF PREPARER

DATE

WRS/VIM-WR286-01

WRS/VIMS - RESOURCE REPORT ISSUANCE LIST BY CASE SEQUENCE

Each case for which a PA-925 is produced, is listed on the Issuance List, according to the client's Case Number. This list will contain the entire county's matches for that period, and following data:

<u>DATA ITEM</u>	<u>ABBREVIATION</u>	<u>DEFINITION</u>
Match Type	M/T	Case matched on SSN but not name
Case Number	CASE NO.	Recipient's Case Sequence Number
Person Number	PERS. NO.	
Social Sec. No.	SSN	
State Control No.	STATE CONTROL	Unique number assigned to each match
Case Name		
Department of Labor Amount	D.O.L. AMOUNT	Amount of wages re- ported by Department of Labor for given employer in given quarter
Program Code		Recipient's Aid Category

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87

PAGE:

REPORT NO: WRS/VIMS-WR286-01

FILE MONTH: 12/86

M/T * = SSN ONLY MATCH.

WRS/VIMS - RESOURCE REPORT ISSUANCE LIST BY CASE SEQUENCE

COUNTY HUDSON

CASE NO.	PERS NO.	M/T	SSN	STATE CONTROL	CASE LAST	NAME FIRST	D.O.B. AMOUNT	PROGRAM CODE
001858	45	*	-0017	E-8612-00022	JAMES	RAYMOND	370	20
	45		-0017	E-8612-00022	JAMES	RAYMOND	252	20
TOTAL CASE AMOUNT							622	
003397	01		-0654	E-8612-00023	BAILEY	WILLIAM	808	
TOTAL CASE AMOUNT							808	
013705	02		-1256	E-8612-00024	RANDELL	JOAN	1,741	
			-1256	E-8612-00024	RANDELL	JOAN	1,116	
			-1256	E-8612-00024	RANDELL	JOAN	1,000	
TOTAL CASE AMOUNT							3,857	
019549	01		-5542	E-8612-00025	WILLIAMS	KATE	2,089	
TOTAL CASE AMOUNT							2,089	
138396	01		-6653	E-8612-00061	EDWARDS	DOROTHY	209	
			-6653	E-8612-00061	EDWARDS	DOROTHY	410	
TOTAL CASE AMOUNT							619	

COUNTY TOTALS

CASES

5

CLIENTS

5

WRS/VIMS-WR283-03

WRS/VIMS-RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE

Each case for which a PA-925 is produced is listed on the Issuance List, according to the client's Program Code. Therefore, there may be separate listings and program totals for each of the following Program Codes: 10, 15, 20, 25, 30, 35, 50, 55, 60, 70, and 80. The individual Program Code listings are printed in Case Sequence Number order, and contain the following data:

<u>DATA ITEM</u>	<u>ABBREVIATION</u>	<u>DEFINITION</u>
Case Number	CASE NO.	Recipient's Case Sequence Number
Person Number	PERS. NO.	Case matched on SSN but not name
Match Type	M/T	
Social Sec. No.	SSN	
State Control No.	STATE CONTROL	Unique number assigned to each match
Department of Labor Amount	D.O.L. AMOUNT	Amount of wages reported by Department of Labor for given employer in given quarter
Case Name		

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 01/14/87 PAGE: 2

FILE MONTH: 12/86

REPORT NO: WRS/VIMS-WR286-03

WRS/VIMS - RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE

* = SSN ONLY MATCH.

COUNTY	PROGRAM CODE	20						
CASE NO.	PERS NO.	M/T	SSN	STATE CONTROL	CASE LAST	NAME FIRST	D.O.L. AMOUNT	
001858	45	*	[REDACTED]	-0017	E-8612-00022	JAMES	RAYMOND	370
	45		[REDACTED]	-0017	E-8612-00022	JAMES	RAYMOND	252
						TOTAL CASE AMOUNT		622
003397	01		[REDACTED]	-0654	E-8612-00023	BAILEY	WILLIAM	808
						TOTAL CASE AMOUNT		808
013705	02		[REDACTED]	-1256	E-8612-00024	RANDELL	JOAN	1,741
			[REDACTED]	-1256	E-8612-00024	RANDELL	JOAN	1,116
			[REDACTED]	-1256	E-8612-00024	RANDELL	JOAN	1,000
						TOTAL CASE AMOUNT		3,857
019549	01		[REDACTED]	-5542	E-8612-00025	WILLIAMS	KATE	2,089
						TOTAL CASE AMOUNT		2,089
138396	01		[REDACTED]	-6653	E-8612-00061	EDWARDS	DOROTHY	209
			[REDACTED]	-6653	E-8612-00061	EDWARDS	DOROTHY	410
						TOTAL CASE AMOUNT		619

PROGRAM	TOTAL	CASES	5	CLIENTS	5
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1
2
3
4
5
6
7
8
9
10
11
12