STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN

JULY 1984 SURVEY

The appropriate entry for a ☐ is a cross ☒ ; for a [ ] it is a number [3,3] Round all numbers - no spaces are allowed for cents.
PLEASE COMPLETE IN NO. 2 LEAD PENCIL.

A. COUNTY

B. CASE NAME (LAST, FIRST)

C. CASE NUMBER [1,2] CO [3,4] AID [5,6,7,8,9] SERIAL

D. STATE USE 13

E. STATE USE 14

F. STATE USE

BASIS OF DEPRIVATION
(Check all items applicable to "This Assistance Unit")

1. Parent(s) absent but not dead, deported or institutionalized ☐
2. Parent(s) deceased ☐
3. Incapacitated parent(s) in home
   a. Incapacitated parent(s) recipient "This AU" ☐
   b. Incapacitated parent(s) not a recipient "This AU" ☐
4. Unemployment deprivation based on: *(Principal earner parent)*
   a. FATHER'S unemployment ☐
   b. MOTHER'S unemployment ☐
5. Case did not meet FEDERAL definition of "Unemployed Parent" *(designated in 4)* because:
   a. Parent not attached to labor force *(work experience lacking or insufficient by federal law)* ☐
   b. Pregnant woman *(no other children/not in last trimester)* ☐
   c. Other *(specify)* 13-14, 15 ☐
6. Other *(specify)* 76-77, 78 ☐ DSS

ADDITIONAL CASE INFORMATION
(Check all items applicable to "This Assistance Unit") FILLER 79-84

7. Unrelated Adult Male in home ☐
8. Stepparent in home
   a. Stepparent recipient "This AU" ☐
   b. Stepparent not a recipient "This AU" ☐
   c. Unmarried parent recipient "This AU" ☐
   Multiple Grant Household
   a. SSI/SSP ☐
   b. Another AFDC-A[illegible] ☐
   c. Cash General Assistance ☐
11. Nonneedy Relative is the Caretaker ☐

HOUSEHOLD AND AU COMPOSITION

	HOUSEHOLD	AU
12. Number of persons		
13. Number of adults		
14. Number of children		
15. Unborn child		

16. Assistance Unit NAMES	PERSON NUMBER	CHECK ONE FED.	NON-FED.	ESST PER.	AGE (YEARS)	SEX	CITIZEN
ADULTS Mother	50	☐1	☐2	☐3			☐1 YES ☐2 NO
Father	60	☐1	☐2	☐3			☐1 YES ☐2 NO
OTHER Adult	70	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
CHILDREN (LIST OLDEST FIRST)	01	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	02	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	03	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	04	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	05	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	06	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	07	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
TOTAL PERSONS							

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD FILLER 182-199

17. Not applicable - no income *(check box and skip to 33)* 200 ☐
18. Total gross earnings of AU *(enter here and in 27)* 201-206

	PERSON NUMBER	HOURS WORKED	GROSS EARNINGS
a.	207-208	209-212	213-218
b.	219-220	221-224	225-230

19. Social Security 231-236
20. UIB *(person number(s)* 237-238 239-240 241-246
21. Cash contributions from persons who are not recipients in this AU:
    a. Absent parent(s) 247-252
    b. Unemployed parent 253-258
    c. Unrelated Adult Male 259-264
    d. Stepparent 265-270
    e. Other *(specify)* 271-276 DSS 277
22. Other cash income *(specify)* 278-283 DSS 284
23. Income in-kind 285-290
24. Total income *(total of 18 through 23)* 291-296

NET INCOME USED TO COMPUTE JULY GRANT FILLER 297-301

25. Lata CA-7, income disregards not allowed *(check box and enter 0 in 28b, c and d)* 302 ☐
26. 4-month limit expired, $30 + 1/3 not allowed *(check box and enter person number(s) not allowed $30 + 1/3)* 303 ☐
    a. 304 b. 305
27. Total gross earnings of AU *(same as 18)* 306-311
28. Income disregards allowed:
    a. Mandatory deductions 312-317
    b. Standard work expense 318-323
    c. Dependent care 324-329
    d. $30 and 1/3 330-335
    e. Total deductions *(total of a + b + c + d)* 336-341
29. Net non-exempt earnings *(27 minus 28e)* 342-347
30. Other cash income - *(total of 19 + 20 + 21 + 22)* 348-353
31. Income in-kind *(same as 23)* 354-359
32. Total Net Non-exempt Income *(total of 29 + 30 + 31)* 360-365

GRANT COMPUTATION (Letters refer to CA 30) FILLER 374-383

33. Maximum Aid Payment 366-371 (A)
34. Total Net Non-exempt income *(same as 32)* 372-377 (A.2)
35. Basic grant or income in excess of maximum aid *(33 minus 34)* 378-383
36. Overpayment Adjustment in basic grant 384-389 (C)
37. Total *(35 minus 36)* 390-395
38. Special Needs *(Check box for type(s) and enter total paid)* a. Pregnancy ☐ b. Recurring ☐ c. Nonrecurring ☐ 396-401 (H)
39. Monthly Aid Payment *(37 plus 38)* (D)

GENERAL CASE INFORMATION

If 38 b and/or c is checked *(Otherwise skip to 41)*:

40. Specify what the special needs allowance was for and the amount verified for July:

	DSS	AMOUNT
a. 366-367, 368-369		
b. 370-371, 372-373		

41. What is the value of non-exempt property owned by this AU? *(If none, enter "0")* 374-381
42. Was this AU sent a Notice of Action in May? 382 ☐1 YES ☐2 NO *(If NO, skip to 45)*
43. *IF YES:* Specify reason(s) each NA was issued:

	DSS
a. 379-380	
b. 381-382	
c. 383-384	
d. 385-386	

44. Was aid paid pending a hearing this action(s)? 387 ☐1 YES ☐2 NO

JUNE CA-7 DUE IN JULY FOR AUGUST GRANT

45. June CA-7 not required *(check box and skip to 55)* 388 ☐
46. CA-7 required but not received *(check box and skip to 52)* 389 ☐
47. Date CA-7 initially received 390-391 MONTH 392-393 DAY
48. Was the CA-7 complete? *(If Yes, skip to 52)* 394 ☐1 YES ☐2 NO
    If NO:
49. Reason CA-7 was incomplete *(Check all that apply)*
    a. Form was not complete/correct 395 ☐
    b. Verification of earnings was not provided 396 ☐
    c. Days/hours worked not provided 397 ☐
    d. Proof of expenses was not provided 398 ☐
    e. Other (specify) 399-400 ☐
50. Completed CA-7 received? (If No, skip to 52) 401 ☐1 YES ☐2 NO DSS
    IF YES:
51. Date complete CA-7 received 402-403, 404-405 MONTH DAY
52. According to information reported or if the CA-7 was not received, how will the August grant be affected? *(Check one)*
    a. No change from July ☐1 b. Family discontinued ☐2
    c. Family suspended ☐3 d. Grant increased ☐4
    e. Grant decreased ☐6 f. Other *(specify)* 406 ☐
    IF ITEM 52d OR e IS CHECKED:
53. Amount of increase/decrease 407-409
54. Reason for increase/decrease *(Check all that apply)*
    a. Change in earned income 410 ☐
    b. Change in unearned income 411 ☐
    c. Change in size of the assistance unit 412 ☐
    d. Other *(specify)* 413-414, 415 ☐ DSS
55. Was the AU certified to participate in the Food Stamp Program in July? 416 ☐1 YES ☐2 NO *(If No, skip to 64)*
    IF YES:
56. Household classification 417 ☐1 NA ☐2 PA
57. Number of people in the Food Stamp Household 418-419
58. Household's coupon allotment for July 420-422
59. Did the household report any change on the June CA-7? 423 ☐1 YES ☐2 NO *(If No, skip to 64)*

IF YES CONTINUE TO TOP OF NEXT COLUMN - ITEM 60

JUNE CA-7 (CONT.)

60. What was the change? *(Check all that apply)*
    a. Change in AFDC grant
    b. Change in earned income
    c. Change in unearned income
    d. Change in size of household
    e. Other *(specify)* 424
61. Will the household be eligible for food stamps in August? *(If No, skip to 64)* 425
    IF YES:
62. What will the amount of the allotment change? *(If No, skip to 64)* 426-427
    IF YES:
63. Amount of:
    a. Increase 428-429
    b. Decrease 430-431

OVERPAYMENTS

64. In July, did this AU have a recoupment for an overpayment for back for examples)
    (1) The recipient failed to meet an eligibility requirement
    (2) The CWD did not inform the recipient or ensure that recipient met the requirement, and
    (3) The grant paid would have been the same as if requirement had been met? 432
    (If No, skip to 67)
    IF YES:
65. Amount recouped in July 433-438
66. As of July 31, amount of overpayment that:
    a. Has been collected 439-444
    b. Has not been collected 445-450
67. Other than the above overpayment, does this AU have an assessed overpayment that has not been completely recovered? *(If No, skip to 69)* 451
    IF YES:
68. As of July 31, amount of overpayment that:
    a. Has been collected 452-457
    b. Has not been collected 458-463

UNDOCUMENTED ALIENS

69. Are there any aliens living in this household who are excluded from this AU because they are undocumented? *(If No, skip to 77)* 464
    IF YES:
70. Number excluded who are:
    a. Parents of children aided in this AU 465-466
    b. Other children of excluded parents 467-468
    IF THERE IS AN ENTRY IN ITEM 70a, OTHERWISE SKIP TO
71. Did the excluded parent(s) have earned income in the budget period for July? *(If No, skip to 77)* 469
    IF YES, AMOUNT OF:
72. Total gross earnings: 470-475
73. Mandatory deductions 476-481
74. Standard work expense 482-487
75. Dependent care expense 488-493
76. Verified recurring special needs 494-499

77. YOUR NAME *(Please Print)* TELEPHONE NUMBER ( )

INSTRUCTIONS — AID TO FAMILIES WITH DEPENDENT CHILDREN SURVEY

PURPOSE

In order to analyze and estimate the effect of court cases, proposed legislation and regulations, to prepare the budget and to facilitate decision-making, it is necessary to have complete, accurate and timely information on the socio-economic characteristics of AFDC recipients.

STUDY MONTH

1984 is the study month. This means that we want to gather information on this case to see what was happening, or had been happening, to effect the amount of the July AFDC grant. Who was in the family; were they all on AFDC; what was the maximum aid; what income was deducted to arrive at the July grant, etc? If there were earnings deducted, how much were the work-related expenses for those particular earnings?

GENERAL INSTRUCTIONS

All money entries on this survey form are to be in whole dollars. Drop the cents if 49 cents or less, add a dollar if 50 cents or more. When entering the amounts in the spaces provided, enter the number to the far right, like this $ [ ] 6 | 9] . The appropriate entry for a ☐ is a cross ☒ .

ITEM INSTRUCTIONS

Identification Section, Items A through C:
Enter the information requested. The case number Item C, consists of four parts: the county code, the aid code, the case serial number, and, in the last position, the number assigned to the AU.

Basis of Deprivation (Items 1 - 6)
Read down the entire list and check any and all statements that as far as you know, were true of this Assistance Unit (AU) in the study month.

1. **Parent Absent** — To answer here, one or more of the children in the AU must have an absent parent, but not because of death, imprisonment or institutionalized. (EAS 41-450)
2. **Death** — If a child(ren) in the AU is deprived of parental support because either parent is deceased, check here. (EAS 41-420)
3. **Incapacity** — If either parent or both parents are physically or mentally incapacitated, check here. Indicate whether the incapacitated parent(s) is a member of the AU. (EAS 41-430)
4. **Unemployment Deprivation** — Indicate which parent is establishing the basis of deprivation due to unemployment. (EAS 41-440)
5. **Not Eligible For Federal Participation** — If the case does not meet the Federal definition of "Unemployed Parent", indicate reason for ineligibility. (EAS 41-440.4)
6. **Other** — If a child(ren) is deprived for any other reason than listed above, please specify the reason the child(ren) was eligible for AFDC.

Additional Case Information — Read down the entire list and if any statements, as far as you know, are true of this Assistance Unit (AU) in the study month, check them.

7. **Unrelated Adult Male** — Check here if there is a man in the household who is unrelated by blood, marriage or adoption to anyone in the AU. (EAS 43-109.2)
8. **Legal Stepparent** — To answer here, the stepparent must be married to the parent of one or more of the children in the AU but not be their natural parent. Indicate whether the stepparent is a recipient in this AU. (EAS 44-133.6)
9. **Unmarried Parent** — Check here if the parent of at least one child in the AU is not married to the child's other natural parent and is a recipient in this AU. (EAS 44-203.331)
10. **Multiple Grant Household** — If another grant is being received by a member or members of the household, check which type of aid(s) is being received. Check "general assistance" only if the grant is made entirely from county monies, i.e., county supplementation of a categorical aid grant is not considered to be general assistance. (Use the comment section if you have any doubts.)
11. **Nonneedy Relative is the Caretaker** — Use the definition in EAS 44-115.71 which states that the following are not nonneedy relatives — natural or adoptive parents, stepparents, or other adults whose needs are being met through any categorical aid program.

12.—15. **Household Composition** — This item classifies the people in the Household and AU and their number in a variety of ways. Enter the number of persons in each category. Everyone living in the household should appear in some category of the household column. Members of "This AU" should appear in the AU column and should also be included in the household counts. Unborn children should be considered persons for the household counts.

16. **Assistance Unit** — Enter the names of the persons in this AU who are receiving an AFDC grant. Enter Mother's name by person number 50, Father's name by person number 60, Other Adult, person 70, could be a grandmother, aunt, etc. Enter the children's names on the following lines, listing oldest child first, next oldest, etc.

Federal Eligibility/Essential Persons — For each person in the AU, indicate whether he is eligible, ineligible or considered an essential person for federal financial participation. (EAS 44-209)

Age — Enter the age of each recipient as of the first of the study month. Enter zero for children under one year of age, one for children one year but less than two years of age, etc. If age is unknown, make an estimate.

Sex — Indicate the sex of Other Adult and each child.

Citizen — Indicate the citizenship (U.S.) status of each member of the AU. (EAS 42-430)

Total Income Received in the Budget Period (Items 17-24) — Amounts entered here should be the income received in the budget period that was actually used to compute the grant. It may be actual income received in a prior month or the estimated amount of income for the study month.

17. **Not Applicable — No Income** — Check the box if the AU had no income, in cash or in-kind, to be considered when determining the AFDC aid payment. (EAS 44-101)
18. **Gross Earnings** — Enter the total amount of gross earnings of the AU. Indicate who earns the wages by using the person number from Item 16 and the number of hours worked and amount earned. Do not enter earnings of children who qualify for the student exemption. (EAS 44-111.22) Include amounts of advance Earned Income Credit, received or assumed.
19. **OASDI** — Enter the total amount of OASDI benefits received by members of the AU.
20. **UIB** — Unemployment Insurance Benefits shall be entered in this item only if the person receiving the benefits is a member of this AU. If the person receiving UIB is not a grant recipient but is contributing part of his/her UIB to this AU, enter the amount contributed in Item 21b (if a parent) or Item 21e (if a person other than the parent).
21. **Cash Contributions From Persons Who Are Not Recipients In This AU**
    a. **Absent Parent(s)** — This item is limited to cases in which the absent parent's contribution is going directly to the family and the amount deducted as income when the grant is computed.
    b. **Unemployed Parent** — If an unemployed parent is excluded from the AU, enter that portion of his income, including UIB, that is considered income to the AU. (EAS 44-133.3)
    c. **Unrelated Adult Male** — Enter the amount of the actual contribution made by the UAM. (EAS 44-113.5)
    d. **Stepparent** — Enter the actual amount made available to the AU by a stepparent. (EAS 44-133.6)
    e. **Other (Specify)** — Specify the relationship to the AU of the contributor (i.e. minor mother's parents, unmarried father) and the amount contributed.
22. **Other Cash Income (Specify Type or Source)** — List amounts of any income not entered above and specify the source. For example, veteran's benefits, income from boarder or roomer, or income from property would be entered in this item.
23. **In-Kind Income** — Income in-kind refers to living expenses that are provided free and, by regulation, are deducted as income. (EAS 44-101.8)
24. **Total Income** — Enter the sum of Items 16 through 23.
25. **Late CA-7, Income Disregards Not Allowed** — If the AU failed to return a timely CA-7 as required by EAS 40-181.22 and the income disregards were not allowed, check the box and enter "0" in Item 28 b, c, and d.
26. **4-Month Limit Expired** — If any person in the AU had earnings and received the $30 and 1/3 exemption for four consecutive months and is no longer eligible for it, check box and enter their person number(s). (EAS 44-111.232)
27. **Total Gross Earnings of AU** — Enter the amount of gross earnings of the AU. This item should be the same as Item 16.
28. **Income Disregards Allowed** — Enter the amounts used to compute net nonexempt earnings.
    a. **Mandatory Payroll Deductions** — Enter the total amount of federal, state and local income taxes, social security taxes (FICA) and state disability insurance.
    b. **Standard Work Expense** — Enter the amount allowable under EAS 44-113.214.
    c. **Dependent Care** — Enter the total amount of the dependent care allowed for this AU. (EAS 44-113.215).
    d. **$30 & 1/3 Exemption** — Enter the $30 and one-third disregard. (EAS 44-113.216)
    e. **Total Deductions** — Enter the sum of 28 a+b+c+d.
29. **Net Nonexempt Earnings** — Subtract Item 28e from Item 27.
30. **Other Cash Income** — Enter the sum of Items 19, 20, 21 and 22.
31. **In-Kind Income** — As in Item 23, in-kind income refers to living expenses that are provided free and are deducted as income. (EAS 44-101.8)
32. **Total Net Non-Exempt Income** — The total net income used in computing the AFDC grant should equal the sum of Items 29, 30, and 31. If not, please explain in the comment section.

Grant Computation (Items 33-39) - These items correspond in content to items on the AFDC Budget Worksheet, State Form CA 30. The letters in parentheses refer to the Form CA 30 (for example, Item A, Maximum Aid Payment). If items do not balance, explain in comments, i.e., overpayment occurred in the study month.

33. **Maximum Aid Payment** — Enter the maximum aid for the number of recipients in the AU from the Maximum Aid Table. (Same as Item A, Maximum Aid.) (EAS 44-315.411)
34. **Total Net Non-Exempt Income** — Enter the amount of net nonexempt income. This should equal Item 32.
35. **Basic Grant or Income in Excess of Maximum Aid** — Subtract Item 34 from Item 33. Enter the difference.
36. **Overpayment Adjustment in Basic Grant** — If the basic grant was adjusted to compensate for prior months overpayment(s) and/or underpayment(s), enter the amount of the adjustment.
37. **Total** — Subtract Item 36 from Item 35. Enter the result of the subtraction.
38. **Special Needs** — Indicate the type of special needs by checking the appropriate box and enter the amount received. If more than one, enter the total. (EAS 44-211)
39. **Monthly Aid Payment** — Enter the sum of Items 37 and 38. This is the total amount of aid paid.

40.—44. **General Case Information** — If Item 38b or c is checked, specify in Item 40 what and/or nonrecurring special needs allowance was for and the amount paid in July of this AU. Examples of recurring special needs are allowances for special pregnancy) and the actual costs of a special telephone service. (EAS 44 recurring special needs are allowances for the repair of and/or replacing cer or damaged under sudden or unusual circumstances. (EAS 44-211.3)

In Item 41, enter the net market value of real and personal property inclu that are not excluded and the net market value of motor vehicles that i (EAS 42-200)

Answer whether at least one Notice of Action (NA) was issued for thi. If "Yes", enter in Item 43 the reason(s) the NA was issued (if m NA was issued in May enter the reasons for each). Please be specific; e incomplete, CA-7 was not received, child no longer eligible — discontin whether any adjustments were made to the grant; e.g., overpayment for special needs approved. If aid was paid pending a State Hear this action, answer "Yes" in Item 44.

45.—63. **June CA-7 Due in July for August Grant** — If a June CA-7 was not re AU because aid began in June or July, check the box in Item 45. If the J required but never received, check the box in Item 46. Item 47 should re the CWD first received the CA-7. Indicate whether the CA-7 was complete. If a was not received indicate in Item 49 the reason(s) it was considered incom whether a complete CA-7 was then returned (Item 50) and, if appropriate wi In Item 52, indicate how the August grant will be effected according to informati the CA-7 or if the CA-7 was not received what action will be taken. grant will increase or decrease, enter the amount of increase/decrease (Iten reason for the change (Item 54). If the members of this AU were certified to pa Food Stamp Program in July, answer "Yes" in Item 55. "Household" refers t of the Food Stamp Household of which this AU is part of if others are living If the answer to Item 59 is "Yes," in Item 60 indicate the reason for the ch on the June CA-7 due in July for the payment month of August end complete Iten

64.—68. **Overpayments** — If a recoupment was made in July for an overpayment that meet in Item 64, answer "Yes". Example 1: A recipient was exempt from WIN regist he/she was the caretaker of a child under six. The child turns seven, but t to register because the county did not inform the recipient that WIN regis condition of eligibility until after the grant was paid and the overpayment w Example 2: The recipient returned the April CA-7 due in May on time. The J paid. Sometime later the CWD noticed that the CA-7 was not signed and that payment existed because the CA-7 was not technically complete. In both Exam that was paid would have been the same amount paid if the requirement h i.e., WIN registration or complete CA-7 returned. Enter the amount July in Item 65. Enter the total amount of the overpayment that has and/or collected in Item 66, as of July 31. If this AU has an assessed overpaymer the overpayment defined in Item 64, for which the statute of limitations has answer "Yes" to Item 67. Enter the amount of the overpayment that has bee of July 31 in Item 68a and the amount not yet collected in Item 68b.

69.—76. **Undocumented Aliens** — If there are any aliens living with the member who are excluded because they cannot provide documentation for eligibility pur "Yes" in Item 69. In Item 70, enter the number of excluded parents of in this AU and the number of other children of the excluded parents who documented. Answer whether the excluded parents had earned income that w in the budget period for the July grant in Item 71. If the excluded paren income, enter the amounts requested in Items 72-76 using the budget co the July grant for this AU (the determination of income available fr parents per EAS 44-133.3).

79.—**Your Name** — Please print your name in the space provided.

Telephone Number — We may have questions about the case and will need the tele where we can reach you. Give the office number as well as any extension.

Thank you for filling out this form.

Comments _____

STATISTICAL SERVICES JOB VALUES AND PROCEDURE

JOB NAME: JULY 1984 QUARTERLY AFDC CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE: 120
DPS NO. 120
FREQUENCY: 1 E-TIME
REQUESTER NAME: DIANE YAMAMOTO
DATE ORIGINATED:
REVISION DATES:

On file Statewide
FG 581
U 513
Total 1094

FILE IDENTIFICATION: BPPSB.QAFDC.P0784
BLOCKING FACTOR:
RECORD LENGTH: 500
SOURCE DOCUMENT FORM NO.: CA 1000(7/84)

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM C-CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-58		VERIFY WITH ITEM A.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30 IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
FBU	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM D-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM E-REGION CODE	1	14	N	1-5		
BASIS OF DEPRIVATION ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MUST HAVE NON-ZERO ENTRY. MAY OR MAY NOT HAVE ENTRY. IF AID=30,THEN ITEM 1,2,3, OR 6 MUST HAVE ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AU	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B-INCAP PAR-NOT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 4A OR 4B IF CHECKED, THEN ITEM 5A,B OR C MAY OR MAY NOT BE CHECKED. BUT IF ITEM 5A,B, OR C IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED. IF AID=30, THEN ITEM 4A AND B MUST NOT BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5A-NOT ATTACHED	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5B-PREGNANT MOM	1	22	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF THIS BOX IS CHECKED,IT MUST BE A ONE-PERSON MOM AU.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5C-STATE USE	2	23-24	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5C IS CHECKED.	
ITEM 5C-OTHER NONEED	1	25	N	1,SPACE		
					MAY OR MAY NOT HAVE ENTRY.	IF REASON ENTERED IS UNEMPLOYED LESS THAN 30 DAYS, REFER TO ANALYST.
ITEM 6-OTHER STATE USE	2	26-27	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 6 IS CHECKED.	IF DEPRIVATION BASED ON ILLEGAL ALIEN PARENTS' UNEMPLOYMENT WHO AREN'T INCLUDED IN THE AU,CODE=01.
ITEM 6-OTHER DEPRIV	1	28	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	6	29-34				
ADDITIONAL CASE INFO ITEM 7-UAM	1	35	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A-STEPPAR IN AU	1	36	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B-STEPPAR NOT AU	1	37	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B-ANOTHER AU	1	40	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 11-NONFEDV REL	1	42	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	43-47				
HH & AU COMPOSITION						ITEM 12=ITEM 13+14+15 FOR AU AND HH COLS.
						ITEM 12(ITEMS 13+14+15) BOTH COLUMNS HH ENTRY MUST BE GREATER THAN OR EQUAL TO AU
						ENTRY. AT LEAST ONE ADULT MUST BE IN THE HH TO CARE FOR THE CHILDREN.
						IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8B,10, OR 11, THEN ITEM 12-HH MUST BE GREATER THAN ITEM 12-AU.
ITEM 12-HH	2	48-49	N	1-20	MUST HAVE NON-ZERO ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 12-AU	2	50-51	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-HH	2	52-53	N	1-10	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-AU	2	54-55	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-HH	2	56-57	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-AU	2	58-59	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 15-HH	2	60-61	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	62-66				
ITEM 16-AU						
PERSON 50-MOTHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	MOTHER OR FEMALE RELATIVE
PERSON 50-ELIG	1	69	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESSI PERSONS,ITEM 8A MUST BE CHECKED.	CARETAKER. ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS. AID CODE 30 CASES CAN HAVE
PERSON 50-AGE	2	70-71	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	NONFED PERSONS,BUT MUST BE MOM
PERSON 50-CITIZEN	1	72	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	ONLY AUS.
PERSON 60-FATHER	2	73-74	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESSI PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS.
PERSON 60-AGE	2	76-77	N	0-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-CITIZEN	1	78	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-1ST ADULT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-AGE	2	82-83	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-SEX	1	84	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-CITIZEN	1	85	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON 01 TO BE BLANK IF AND ONLY IF ITEM 15 HAS A NON-ZERO ENTRY.	
PERSON 01-ELIG	1	88	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	89-90	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	91	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	92	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02	2	93-94	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	96-97	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	98	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	99	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	103-104	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	105	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	106	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	110-111	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	112	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	113	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	117-118	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	119	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	120	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-ELIG	1	123	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	124-125	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	126	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	127	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-ELIG	1	130	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-AGE	2	131-132	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-SEX	1	133	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	134	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-ELIG	1	137	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-AGE	2	138-139	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-SEX	1	140	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	141	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-ELIG	1	144	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-AGE	2	145-146	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-SEX	1	147	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-CITIZEN	1	148	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-ELIG	1	151	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	152-153	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	154	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-CITIZEN	1	155	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-FLTG	1	158	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-AGE	2	159-160	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-SEX	1	161	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-CITIZEN	1	162	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-FLTG	1	165	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-AGE	2	166-167	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	168	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-CITIZEN	1	169	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS						
PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY.	TOTAL PERSONS=FED+NONFED+ESST PERS TOTAL PERSONS=ITEM 12.
FED	2	172-173	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
NONFED	2	174-175	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ESST PERSONS	2	176-177	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
SEX	2	178-179	N	0-20	MUST HAVE ENTRY.	ENTER THE TOTAL NUMBER OF MALES IN THE AU-REMEMBER TO INCLUDE PERSON 60. ZERO FILL IF NECESSARY.
CITIZEN	2	180-181	N	0-20	MUST HAVE ENTRY.	ENTER THE TOTAL NUMBER OF NON-CITIZENS IN THE AU. ZERO FILL IF NECESSARY.
FILLER	19	182-199				
TOTAL INC BUDGET PER ITEM 17-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 17 TO BE CHECKED IF AND ONLY IF ITEMS 18-32 ARE BLANK.	
ITEM 18-GROSS EARNINGS	4	201-204	N	0-2000,SPACE	MAY OR MAY NOT HAVE ENTRY.	ITEM 18=ITEMS 18A+18B(GROSS EARN) ITEM 18=ITEM 27.
ITEM 18A-PERS NUMBER	2	205-206	N	01-70,SPACE	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	
ITEM 18A-HRS WORKED	3	207-209	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR EIC.
ITEM 18A-EARNINGS	4	210-213	N	1-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 18B-PERS NUMBER	2	214-215	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 18B-HRS WORKED	3	216-218	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR ETC.
ITEM 18B-EARNINGS	4	219-222	N	1-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 19-SOC SECURITY	4	223-226	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF ITEM 19 IF GREATER THAN 0, THERE SHOULD BE AN ENTRY IN ITEMS 2,3A OR 3B--IF NOT,REFER TO ANALYST
ITEM 20-UIB ITEM 20-PERSON NO 1	2	227-228	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 20-AMT HAS A NON-ZERO ENTRY.	ONLY UIB RECEIVED BY AU MEMBERS SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB,THE AMT SHOULD BE ENTERED IN ITEM 21B.
ITEM 20-PERSON NO 2	2	229-230	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY, ITEM 20(AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 20-UIB AMT	4	231-234	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21A-ABS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21A HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 21B-UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21C-UAM	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 21D-STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21D HAS A NON-ZERO ENTRY, THEN ITEM 8B MUST BE CHECKED AND ITEM C=30.	
ITEM 21E-STATE USE	2	251-252	N	1-15,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21E-OTHER CONT	4	253-256	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 21E HAS NON-ZERO ENTRY.	
ITEM 22-STATE USE	2	257-258	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 22-OTHER CASH	4	254-262	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 22 HAS NON-ZERO ENTRY.	EXAMPLES: ROOM AND BOARD OR RENTAL FEES SHOULD BE INCLUDED IN THIS ITEM.
ITEM 23-INCOME INKIND	4	263-266	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 23=ITEM 31.
ITEM 24-TOTAL INCOME	4	267-270	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 24=ITEMS 18+19+20+21A+21B+21C +21D+21E+22+23.
FILLER	7	271-277				
NET INC FOR DLY GRANT ITEM 25-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 18 HAS A NON-ZERO ENTRY AND ITEM 28B-D ARE ZERO.	MANDATORY DEDUCTIONS MAY BE RECEIVED REGARDLESS OF WHETHER THE CA7 WAS LATE OR NOT.
ITEM 26-4-MO TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 26A-PERS NUMBER	2	280-281	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 26 IS CHECKED.	
ITEM 26B-PERS NUMBER	2	282-283	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 26 MUST BE CHECKED.	
ITEM 27-GROSS EARNINGS	4	284-287	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 27=ITEM 18.
ITEM 28A-VAID REDUCT		288-291	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF NO ENTRY, REFER TO ANALYST.
ITEM 28B-STD WRE	4	292-295	N	0-225,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28B HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	AMTS ENTERED CAN ONLY BE $50 PER PERSON, FOR LESS THAN 100 HRS, OR $75 PER PERSON FOR WORKING 100 HRS OR MORE. IF CASE HAD 30+1/3 AND NOT WRE, REFER TO ANALYST.
ITEM 28C-DEP CARE	4	296-299	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28C HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE AU FOR PERSONS WORKING 100 HRSOR MORE.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 28D=$30+1/3	4	300-303	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28D HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 18A AND/OR 18B HAVE NON-ZERO ENTRIES, AND ITEM 26 IS CHECKED, ITEM 28D MUST BE BLANK.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER WRE,DEPENDENT CARE AND MANDATORY DEDUCTIONS ARE DEDUCTED. VERIFY WITH CONVERSION TABLES. CROSS CHECK WITH ITEMS 18A AND 18B.
ITEM 28E=TOTAL DEDUCT	4	304-307	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 28E=ITEMS 28A+B+C+D
ITEM 29=NET NONEX EARN	4	308-311	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 29=ITEMS 27-28E
ITEM 30=OTHER CASH INC	4	312-315	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 30=ITEMS 19+20+21A+21B+21C+ 21D+21E+22
ITEM 31=INCOME INKIND	4	316-319	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 31=ITEM 23
ITEM 32=TOTAL NET NONEX	4	320-323	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 32=ITEM 29+30+31
FILLER	10	324-333				
GRANT COMPUTATION ITEM 33=MAXIMUM AID	4	334-337	N	258-1114	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IFF AND ONLY IF(IFF) MAP=272 AU=2 IFF MAP=448 AU=3 IFF MAP=555 AU=4 IFF MAP=660 AU=5 IFF MAP=753 AU=6 IFF MAP=847 AU=7 IFF MAP=929 AU=8 IFF MAP=~~1015~~ 1014 1013 AU=9 IFF MAP=~~1098~~ 114 1014 AU=10 OR MORE IFF MAP=~~1193~~. 1176	SEE MAP TABLE.
ITEM 34=TOTAL NET NONEX	4	338-341	N	0-2500,SPACES	MUST HAVE ENTRY.	ITEM 34=ITEM 32. IF ITEM 32=BLANK, RECODE ITEM 34 TO 0000.
ITEM 35=BASIC GRANT	4	342-345	N	1-1114	MUST HAVE NON-ZERO ENTRY.	ITEM 35=ITEM 33-34 DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES. GRANT COMPUTATION MUST REFLECT CORRECT GRANT.
ITEM 36=SIGN FIELD	1	346	A/N	+ OR -	MUST HAVE ENTRY.	ENTER + OR - IN SHADED BOX.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 36-OVERPAY ADJ	4	347-350	N	0-1114	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 37-TOTAL	4	351-354	N	1-1114	MUST HAVE NON-ZERO ENTRY.	ITEM 37=ITEM 35+/-36.
ITEM 38-SPECIAL NEEDS					MUST HAVE ENTRY IN THE AMOUNT FIELD AND AT LEAST ONE ENTRY IN THE TYPE.	SHOULD NOT EXCEED $15, EXCEPT IF ITEM 15 HAS A NON-ZERO ENTRY- THEN IT MAY BE $70.
A-PREGNANCY	1	355	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF NECESSARY.
B-RECURRING	1	356	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	357	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	358-361	N	0-~~1200~~ 85	MUST HAVE ENTRY.	
ITEM 39-TOTAL AMT PAID	4	363-365	N	1-1200	MUST HAVE ENTRY.	ITEM 39=ITEM 37+38.
GENERAL CASE INFO						
ITEM 40-SPECIAL NEEDS					MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IN A IF AND ONLY IF ITEM 38B AND/OR C HAS AN ENTRY.	
					IF THERE IS AN ENTRY IN B, THEN ITEM 38B AND/OR C MUST HAVE AN ENTRY.	
A-OSS	2	366-367	N	1-20,99,SPACES	TO HAVE ENTRY IF AND ONLY IF THERE IS AN ENTRY IN THE AMOUNT FIELD.	
AMOUNT	2	368-369	N	1-70,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-VSS	2	370-371	N	1-20,99,SPACES	TO HAVE ENTRY IF AND ONLY IF THERE IS AN ENTRY IN THE AMOUNT FIELD.	
AMOUNT	2	372-373	N	1-70,99,SPACES	MAY OR MAY OT HAVE ENTRY.	
ITEM 41-NON-EXMPT PRIP	4	374-377	N	0-9999	MUST HAVE ENTRY.	
ITEM 42-NOT OF ACTIO	1	378	N	1,2	MUST HAVE ENTRY.	
ITEM 43-REASONS FOR NA					MAY OR MAY NOT HAVE ENTRIES. ITEM 43A TO HAVE ENTRY IF AND ONLY IF ITEM 42=YES. IF ITEMS 43B-D HAVE ENTRIES, THEN ITEM 42=YES.	
A	2	379-380	N	1-25,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B	2	381-382	N	1-25,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
C	2	383-384	N	1-25,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
D	2	385-386	N	1-25,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 44-ATD PAID PERIOD	1	387	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IF AND ONLY IF ITEM 42=YES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
JUNE CA7 DUE IN JULY						
ITEM 45-CA7 NOT RECD	1	388	N	1,SPACE	MAY OR MAY NOT BE CHECKED. MUST BE CHECKED IF AND ONLY IF ITEMS 46-54 ARE BLANK.	
ITEM 46-REQD,NOT RECD	1	389	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF AND ONLY IF ITEMS 47-51 ARE BLANK.	
ITEM 47-CA7 RECD DATE				~~6,7,8,99 spaces~~		
MONTH	2	390-391	N	~~7,8,99,SPACE~~	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEMS 45 OR 46 IS BLANK.	
DAY	2	392-393	N	1-31,99,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEMS 45 OR 46 IS BLANK.	
ITEM 48-COMPLETE CA7?	1	394	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEMS 45 OR 46 IS BLANK. ITEM 48=YES IF AND ONLY IF ITEMS 49 AND 50 ARE BLANK.	
ITEM 49-REASON INCOMP					MUST HAVE AT LEAST ONE ENTRY IN ITEMS 49A-E IF AND ONLY IF ITEM 48=NO.	
A-NOT CORRECT	1	395	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-EARN NOT VERIF	1	396	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-WORK NOT VERIF	1	397	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D-EXP NOT VERIF	1	398	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
E-OTHER-DSS	1	399	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IF AND ONLY IF ITEM 49E IS CHECKED.	
F-OTHER	1	400	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 50-COMPL CA7 RECD	1	401	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 48=NO.	
ITEM 51-COMPL CA7 DATE						
MONTH	2	402-403	N	7,8,99,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 50=YES.	
DAY	2	404-405	N	1-31,99,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 50=YES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 52-GRANT EFFECT	1	406	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY.	REFER ENTRIES IN ITEM 52F TO ANALYST FOR CODES. ONE AND ONLY ONE BOX IS TO BE CHECKED IF AND ONLY IF ITEM 45 IS BLANK.
ITEM 53-INC/DECR AMT	3	407-409	N	1-999,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 52D OR E IS CHECKED.	
ITEM 54-INC/DECR REAS					MAY OR MAY NOT HAVE ENTRIES. AT LEAST ONE BOX IN A-D MUST BE CHECKED IF AND ONLY IF ITEM 53 HAS A NONZERO ENTRY.	
A-EARNED INC	1	410	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-UNEARNED INC	1	411	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-AU SIZE	1	412	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D-OTHER-DSS	2	413-414	N	1-99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 54D IS CHECKED.	REFER ANY ENTRIES IN ITEM 54D TO ANALYST FOR CODES. ADD EXTRA SPACE FOR DSS BOX.
D-OTHER	1	415	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 55-CERT FOR FS	1	416	N	1,2	MUST HAVE ENTRY. TO BE NO IF AND ONLY IF ITEMS 56-63 ARE BLANK. TO BE YES IF AND ONLY IF ITEMS 56-59 HAVE ENTRIES.	
ITEM 56-FS CLASS	1	417	N	1,2	MAY OR MAY NOT HAVE ENTRY.	PA- IS FOOD STAMP HOUSEHOLDS IN WHICH ALL PERSONS INCLUDED ARE ALSO RECEIVING FEDERALLY FUNDED AFDC. (IF ITEM 56=PA, THEN ITEM 12HH=AU AND ITEM 16 HAS NO NONFEDERAL PERSONS).
ITEM 57-NO IN FS HH	2	418-419	N	1-20,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	ENTRY CANNOT BE GREATER THAN ITEM 12-HH.
ITEM 58-COUPON ALLOT	3	420-422	N	1-600,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 59-CAT CHANGE?	1	423	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. IF NO, THEN ITEMS 60-63 MUST BE BLANK.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 60=CHANGE TYPE					MUST HAVE AT LEAST ONE ENTRY IN ITEM 60A-E IF AND ONLY IF ITEM 59=YES.	
A-AFDC GRANT	1	424	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-EARNED INCOME	1	425	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C=UNEARNED INC	1	426	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D=RM SIZE	1	427	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
E-OTHER CODES	2	428-429	N	1-99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 60E IS CHECKED.	REFER ANY ENTRIES IN ITEM 60E TO ANALYST FOR CODES. ADD EXTRA SPACE FOR DSS BOX.
E-OTHER	1	430	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 61=ES PLUS [illegible]	1	431	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 59=YES. IF NO, THEN ITEMS 62,63 MUST BE BLANK.	
ITEM 62=ALLOTMENT CHG	1	432	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 61=YES.	
ITEM 63=AMOUNT OF CHG					MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IN ITEM 63A OR B IF AND ONLY IF ITEM 62=YES.	
A-INCREASE	3	433-435	N	1-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-DECREASE	3	436-438	N	1-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
OVERPAYMENTS						
ITEM 64=OVERPAY RECOUP	1	439	N	1,2	MUST HAVE ENTRY. TO BE NO IF AND ONLY IF ITEMS 65 AND 66 ARE BLANK.	
ITEM 65=RECOUP AMOUNT	4	440-443	N	0-9999,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 64=YES.	
ITEM 66=OVERPAY AMOUNT					MUST HAVE ENTRIES IF AND ONLY IF ITEM 64=YES.	ZERO FILL IF ITEM 64=YES.
A-COLLECTED	4	444-447	N	0-9999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-NOT COLLECTED	4	448-451	N	0-9999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 67=OTHER OVERPAY?	1	452	N	1,2	MUST HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 68-OI OVERPAY AMT					MUST HAVE ENTRIES IF AND ONLY IF ITEM 67=YES.	ZERO FILL IF ITEM 67=YES.
A-COLLECTED	4	453-456	N	0-9999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-NOT COLLECTED	4	457-460	N	0-9999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
UNDOCUMENTED ALIENS						
ITEM 69-EXCLUDED ALIEN	1	461	N	1,2	MUST HAVE ENTRY. TO BE NO IF AND ONLY IF ITEMS 70-76 ARE BLANK.	
ITEM 70-NO. EXCLUDED					TO HAVE ENTRIES IF AND ONLY IF ITEM 69=YES.	ZERO FILL IF ITEM 69=YES.
A-PARENTS	1	462	N	0-2,9,SPACES	MAY OR MAY NOT HAVE ENTRY. TO BE ZERO IF AND ONLY IF ITEMS 71-76 ARE BLANK.	
B-OTHER CHILDREN	2	463-464	N	0-12,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 71-EXCLUDED INC?	1	465	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF THERE IS A NONZERO ENTRY IN ITEM 70A.	
					TO BE YES IF AND ONLY IF ITEMS 72-76 HAVE ENTRIES.	
ITEM 72-GROSS EARNINGS	4	466-469	N	1-2000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF ITEM 71=YES.
ITEM 73-MAND DEDUCT	3	470-472	N	0-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF ITEM 71=YES.
ITEM 74-STANDARD WRE	3	473-475	N	0-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF ITEM 71=YES.
ITEM 75-DEPENDENT CARE	3	476-478	N	0-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF ITEM 71=YES.
ITEM 76-SPECIAL NEEDS	2	479-480	N	0-99,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF ITEM 71=YES.

July 1984

Item 40. Special needs allowance

Special diet
pregnancy special need
medical Transportation

July 1984

Item 40. Special needs allowance

Special diet
pregnancy special need
medical Transportation

July 1984

Item 43 Reason NOA was sent in May

Negatives
CAT not received
CAT incomplete/incorrect
AFDC decrease
Food Stamp decrease
delete person from AU
Increase in earned income
Overpayment adjustment
Food Stamps discontinued
AFDC discontinued
AFDC denied
Food Stamps denied
Failure to provide essential information
Approval of EA-U
Win registration
Non-cooperation with DA
Failure to keep appt
Balderas vs. Woods

July 1984

Item 43. Reason NOA was sent in May

Positives

AFDC increase
Food Stamp increase
AFDC approval
Food Stamp approval
Rescind CAT discont.
Add person to AU
Restore aid
Issue supplemental payment
ICT
Recertification approval
PSN approval
Reduced earned income
Continuing grant

Change in grant unknown
Other
renewal appt. / appt. notice
CHDP
Copy of SS cards
request info. on household move
residence info. provided

Vendor payment for rent failure to cooperate with DRD

July 1984

Item 49e Other - Reason CAT incomplete

No Verification of unearned income

July, 1984

Item 52f. How will August grant be affected

Change in [illegible] [illegible]

July 1984

Item 54d. Reason for grant change

Overpayment adjustment
Pregnancy special needs
Failure to provide essential information
Standard work expense not allowed
Change in utility bills

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN

OCTOBER 1984 SURVEY

The appropriate entry for a ☐ is a cross ☒ ; for a [ ] it is a number [3 3] . Round all numbers - no spaces are allowed for cents.
PLEASE COMPLETE IN NO. 2 LEAD PENCIL.

A COUNTY

B CASE NAME (LAST, FIRST)

C. CASE NUMBER [1 2]

D. STATE USE 13

E. STATE

BASIS OF DEPRIVATION
(Check all items applicable to "This Assistance Unit")

1. Parent(s) absent but not dead, deported or institutionalized ... 15 ☐
2. Parent(s) deceased ... 16 ☐
3. Incapacitated parent(s) in home
   a. Incapacitated parent(s) recipient "This AU" ... 17 ☐
   b. Incapacitated parent(s) not a recipient "This AU" ... 18 ☐
4. Unemployment deprivation based on: *(Principal earner parent)*
   a. FATHER'S unemployment ... 19 ☐
   b. MOTHER'S unemployment ... 20 ☐
5. Case did not meet FEDERAL definition of "Unemployed Parent" *(designated in 4)* because:
   a. Parent not attached to labor force *(work experience lacking or insufficent by federal law)* ... 21 ☐
   b. Pregnant woman *(no other children/not in last trimester)* ... 22 ☐
   c. Other *(specify)* _____ 23-24, 25 [ ] DSS ☐
6. Other *(specify)* _____ 26-27, 28 [ ] DSS ☐

ADDITIONAL CASE INFORMATION
(Check all items applicable to "This Assistance Unit") FILLER 29-34

7. Unrelated Adult Male in home ... 35 ☐
8. Stepparent in home
   a. Stepparent recipient "This AU" ... 36 ☐
   b. Stepparent not a recipient "This AU" ... 37 ☐
   Unmarried parent recipient "This AU" ... 38 ☐
   Multiple Grant Household
   a. SSI/SSP ... 39 ☐
   b. Another AFDC-AU ... 40 ☐
   c. Cash General Assistance ... 41 ☐
11. Nonneedy Relative is the Caretaker ... 42 ☐

HOUSEHOLD AND AU COMPOSITION FILLER 43-47

	HOUSEHOLD	AU
12. Number of persons ... 48-49, 50-51		
13. Number of adults ... 52-53, 54-55		
14. Number of children ... 56-57, 58-59		
15. Unborn child ... 60-61		

16. Assistance Unit FILLER 62-66

NAMES	PERSON NUMBER	CHECK ONE FED	NON FED	ESST PER	AGE (YEARS)	SEX	CITIZEN
ADULTS							
Mother 67-72	50	☐1	☐2	☐3			☐1 YES ☐2 NO
Father 73-78	60	☐1	☐2	☐3			☐1 YES ☐2 NO
OTHER ADULT 79-85	70	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
CHILDREN (LIST OLDEST FIRST) 86-92	01	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
93-99	02	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
100-106	03	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
107-113	04	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
114-120	05	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
121-127	06	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
128-134	07	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
TOTAL PERSONS 135-141							

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD FILLER 182-199

17. Not applicable - no income *(check box and skip to 33)* ... 200 ☐
18. Total gross earnings of AU *(enter here and in 27)* 201-204

	PERSON NUMBER	HOURS WORKED	GROSS EARNINGS
a.	205-206	207-209	210-213
b.	214-215	216-218	219-222

19. Social Security ... 223-226
20. UIB *(person number(s))* [ ] [ ] ... 227-228, 229-230, 231-234
21. Cash contributions from persons who are not recipients in this AU:
    a. Absent parent(s) ... 235-238
    b. Unemployed parent ... 239-242
    c. Unrelated Adult Male ... 243-246
    d. Stepparent ... 247-250
    e. Other *(specify)* _____ 251-252, 253-256 [ ] DSS
22. Other cash income *(specify)* 257-258, 259-262 [ ] DSS
23. Income in-kind ... 263-266
24. Total income *(total of 18 through 23)* ... 267-270

NET INCOME USED TO COMPUTE OCTOBER GRANT FILLER 271-277

25. Late CA-7, income disregards not allowed *(check box and enter 0 in 28b, c and d)* ... 278 ☐
26. 4-month limit expired, $30 + 1/3 not allowed *(check box and enter person number(s) not allowed $30 + 1/3)* ... 279 ☐
    e. [ ] 280-281 b. [ ] 282-283
27. Total gross earnings of AU *(same as 18)* ... 284-287
28. Income disregards allowed:
    e. Mandatory deductions ... 288-291
    b. Standard work expense ... 292-295
    c. Dependent care ... 296-299
    d. $30 and 1/3 ... 300-303
    e. Total deductions *(total of a + b + c + d)* ... 304-307
29. Net non-exempt earnings *(27 minus 28e)* ... 308-311
30. Other cash income *(total of 19 + 20 + 21 + 22)* ... 312-315
31. Income in-kind *(same as 23)* ... 316-319
32. Total Net Non-exempt income *(total of 29 + 30 + 31)* 320-326

GRANT COMPUTATION (Letters refer to CA 30) FILLER 324-332

33. Maximum Aid Payment ... 327-330 (A)
34. Total Net Non-exempt income *(same as 32)* 331-334 (A.2.)
35. Basic grant or income in excess of maximum aid *(33 minus 34)* ... 335-338
36. Overpayment Adjustment in basic grant 339, 340-342 (B)
37. Total *(35 minus 36)* ... 343-346
38. Special Needs *(Check box for type(s) and enter total paid)* a. Pregnancy ☐ b. Recurring ☐ c. Nonrecurring ☐ (H) 347-350
39. Monthly Aid Payment *(37 plus 38)* ... 351-354 (D)

LENGTH OF TIME ON AID

	MONTH	DAY	YEAR
40. Date of initial case opening ... 366-371			
41. Date of most recent application ... 372-377			
42. Date most recent application was approved ... 378-383			
43. Date aid began ... 384-389			
44. Date first payment was issued ... 390-395			
45. Number of prior case openings ... 396-397			
46. Total number of months on aid prior to most recent case opening ... 398-400			
47. Date of most recent termination ... 401-406			

IF ITEM 47 HAS ENTRY: *(otherwise skip to Item 50)*

48. Reason for termination *(check one)*
    a. Incomplete CA-7 returned to CWD ... ☐1
    b. Required CA-7 returned to CWD ... ☐2
    c. Recipient failed to take some other action resulting in noncompliance *(specify)* _____ 407-408 [ ] DSS ☐3 409
    d. Other *(specify)* _____ ☐

IF ITEM 48a IS CHECKED:

49. Reason CA-7 was incomplete *(Check all that apply)*
    a. Form was not complete/correct ... 410 ☐
    b. Verification of earnings was not provided ... 411 ☐
    c. Days/hours worked not provided ... 412 ☐
    d. Proof of expenses was not provided ... 413 ☐
    e. Other *(specify)* _____ 414-415, 416 [ ] DSS ☐

REDETERMINATION

50. Did this AU undergo an annual redetermination in October? 417 ☐1 YES ☐2 NO
    (If yes, skip to Item 52)
    If No:
51. When is the next redetermination scheduled to occur? 418-419, 420-421 MONTH [ ] YEAR [ ]

CHILD SUPPORT REFERRALS

Complete this section if Item 1 is checked *(otherwise skip to Item 54)*

52. Did the CWD refer this AU for child support enforcement? 422 ☐1 YES ☐2 NO ☐9 UNKNOWN
    (If No, skip to Item 54) If Yes:

	ABSENT PARENT	ABSENT PARENT	ABSENT PARENT
53. How many children in the AU were referred?	423-424	425-426	427-428

CHILDREN LIVING WITH NON-PARENT RELATIVES

54. Children in the AU living with a non-parent relative? 429 ☐1 YES ☐2 NO
    a. If Yes in Item 54 *(otherwise skip to Item 59)* 430-431 NUMBER [ ]
55. What is the authority for placement?

		NUMBER
a. Court order	432 ☐	433, 434
b. Voluntary placement	435 ☐	436-437
c. Legal guardianship	438 ☐	439-440
d. Other *(specify)* _____ 441 ☐ DSS	442 ☐	443-444

CHILDREN LIVING WITH NON

IF ITEM 55a IS CHECKED *(Otherw*

56. Are any of these children federa foster care under Youakim V. M
    a. If Yes in Item 56 *(otherwise s*
57. Number of children in Item 54 that have income ...

IF ENTRY IN ITEM 57 IS GREATE *(Otherwise skip to Item 59)*

58. Specify source and amount rece in October: SOURCE
    a. 450-451, 45
    b. 456-457, +

FOOD STAMPS

59. Was the AU certified to participa Program in October? *(If No, skip*
    IF YES:
60. Household classification ...
61. Number of people in the Food St
62. Household's coupon allotment fo
63. Did the household report any ch September CA-7? *(If No, skip to 6*
    IF YES:
64. What was the change?
    a. Change in AFDC grant ...
    b. Change in earned income ...
    c. Change in unearned income ...
    d. Change in size of household
    e. Other *(specify)* _____
65. Will the household be eligible fo in November? *(If No, skip to 68)*
66. Will the amount of the allotment *(If No, skip to 68)* ...
    IF YES:
67. Amount of:
    a. Increase ...
    b. Decrease ...

FILLER 485-512

68. YOUR NAME *(PLEASE PRINT)*

STATISTICAL SERVICES JOB VALUES AND PROCEDURE

JOB NAME: OCTOBER 1984 QUARTERLY AFDC CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE: 120
DPS NO. 120
FREQUENCY: ONE-TIME
REQUESTER NAME: DIANE YAMAMOTO
DATE ORIGINATED:
REVISION DATES:

FILE IDENTIFICATION: 8PPSB.QAFDC.P1084
BLOCKING FACTOR:
RECORD LENGTH: 500
SOURCE DOCUMENT FORM NO.: CA 1000(10/84)

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM C-CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-56		VERIFY WITH ITEM A.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30. IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
FAU	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM D-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM E-REGION CODE	1	14	N	1-5	MUST HAVE NON-ZERO ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
BASIS OF DEPRIVATION						
ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=30,THEN ITEM 1,2,3, OR 6 MUST HAVE ENTRY.	
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AU	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B-INCAP PAR-NOT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 4A OR 4B IF CHECKED, THEN ITEM 5A,B OR C MAY OR MAY NOT BE CHECKED. BUT IF ITEM 5A,B, OR C IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED. IF AID=30, THEN ITEM 4A AND B MUST NOT BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5A-NOT ATTACHED	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5B-PREGNANT MOM	1	22	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF THIS BOX IS CHECKED,IT MUST BE A ONE-PERSON MOM AU.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5C-STATE USE	2	23-24	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5C IS CHECKED.	REFER TO ANALYST FOR CODES.
ITEM 5C-OTHER NONFED	1	25	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF REASON ENTERED IS UNEMPLOYED LESS THAN 30 DAYS, REFER TO ANALYST.
ITEM 6-OTHER STATE USE	2	26-27	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 6 IS CHECKED.	IF DEPRIVATION BASED ON ILLEGAL ALIEN PARENTS' UNEMPLOYMENT WHO AREN'T INCLUDED IN THE AU,CODE=01
ITEM 6-OTHER DEPRIV	1	28	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	6	29-34				
ADDITIONAL CASE INFO						
ITEM 7-UAM	1	35	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A-STEPPAR IN AU	1	36	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B-STPPAR NOT AU	1	37	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B-ANOTHER AU	1	40	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 11-NONNEEDY REL	1	42	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	43-47				
HH & AU COMPOSITION						ITEM 12=ITEM 13+14+15 FOR AU AND HH COLS. ITEM 12(ITEMS 13+14+15) BOTH COLUMNS HH ENTRY MUST BE GREATER THAN OR EQUAL TO AU ENTRY. AT LEAST ONE ADULT MUST BE IN THE HH TO CARE FOR THE CHILDREN. IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8B,10, OR 11, THEN ITEM 12-HH MUST BE GREATER THAN ITEM 12-AU.
ITEM 12-HH	2	48-49	N	1-20	MUST HAVE NON-ZERO ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 12-AU	2	50-51	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-HH	2	52-53	N	1-10	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-AU	2	54-55	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-HH	2	56-57	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-AU	2	58-59	N	0-15,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 15-HH	2	60-61	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	62-66				
ITEM 16-AU						
PERSON 50-MOTHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	MOTHER OR FEMALE RELATIVE CARETAKER.
PERSON 50-ELIG	1	69	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS. AID CODE 30 CASES CAN HAVE
PERSON 50-AGE	2	70-71	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	NONFED PERSONS,BUT MUST BE MOM
PERSON 50-CITIZEN	1	72	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	ONLY AUS.
PERSON 60-FATHER	2	73-74	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS.
PERSON 60-AGE	2	76-77	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-CITIZEN	1	78	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-OT ADULT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-AGE	2	82-83	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-SEX	1	84	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-CITIZEN	1	85	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON 01 TO BE BLANK IF AND ONLY IF ITEM 15 HAS A NON-ZERO ENTRY.	
PERSON 01-ELIG	1	88	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	89-90	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	91	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	92	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02	2	93-94	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	96-97	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	98	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	99	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	103-104	N	0-20,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	105	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	106	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	110-111	N	0-20,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	112	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	113	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	117-118	N	0-20,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	119	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	120	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-ELIG	1	123	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	124-125	N	0-20,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	126	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	127	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-ELIG	1	130	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-AGE	2	131-132	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-SEX	1	133	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	134	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-ELIG	1	137	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-AGE	2	138-139	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-SEX	1	140	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	141	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-ELIG	1	144	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-AGE	2	145-146	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-SEX	1	147	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-CITIZEN	1	148	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-ELIG	1	151	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	152-153	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	154	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-CITIZEN	1	155	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-ELIG	1	158	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-AGE	2	159-160	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-SEX	1	161	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-CITIZEN	1	162	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-ELIG	1	165	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-AGE	2	166-167	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	168	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-CITIZEN	1	169	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS						
PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY.	TOTAL PERSONS=FED+NONFED+ESST PERS
						TOTAL PERSONS=ITEM 12.
FED	2	172-173	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
NONFED	2	174-175	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ESST PERSONS	2	176-177	N	0-20	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
SEX	2	178-179	N	0-20	MUST HAVE ENTRY.	ENTER THE TOTAL NUMBER OF MALES IN THE AU-REMEMBER TO INCLUDE PERSON 60. ZERO FILL IF NECESSARY.
CITIZEN	2	180-181	N	0-20	MUST HAVE ENTRY.	ENTER THE TOTAL NUMBER OF NON-CITIZENS IN THE AU. ZERO FILL IF NECESSARY.
FILLER	18	182-199				
TOTAL INC BUDGET PER						
ITEM 17-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 17 TO BE CHECKED IF AND ONLY IF ITEMS 18-32 ARE BLANK.	
ITEM 18-GROSS EARNINGS	4	201-204	N	0-2000,SPACE	MAY OR MAY NOT HAVE ENTRY.	ITEM 18=ITEMS 18A+18B(GROSS EARN) ITEM 18=ITEM 27.
ITEM 18A-PERS NUMBER	2	205-206	N	01-70,SPACE	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	
ITEM 18A-HRS WORKED	3	207-209	N	0-~~140~~ 250,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR EIC.
ITEM 18A-EARNINGS	4	210-213	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 18B-PERS NUMBER	2	214-215	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 18B-HRS WORKED	3	216-218	N	0-~~140~~ 168,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR EIC.
ITEM 18B-EARNINGS	4	219-222	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 19-SOC SECURITY	4	223-226	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF ITEM 19 IF GREATER THAN 0, THERE SHOULD BE AN ENTRY IN ITEMS 2,3A OR 3B--IF NOT,REFER TO ANALYST
ITEM 20-UIB						ONLY UIB RECEIVED BY AU MEMBERS
ITEM 20-PERSON NO 1	2	227-228	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 20-AMT HAS A NON-ZERO ENTRY.	SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB,THE AMT SHOULD BE ENTERED IN ITEM 21B.
ITEM 20-PERSON NO 2	2	229-230	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY, ITEM 20(AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 20-UIB AMT	4	231-234	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21A-AHS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21A HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 21B-UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21C-UAM	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 21D-STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21D HAS A NON-ZERO ENTRY, THEN ITEM 8B MUST BE CHECKED AND ITEM C=30.	
ITEM 21F-STATE USF	2	251-252	N	1-15,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21E-OTHER CONT	4	253-256	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 21E HAS NON-ZERO ENTRY.	
ITEM 22-STATE USF	2	257-258	N	1-50,SPACES 99	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 22-OTHER CASH	4	259-262	N	0-1000,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 22 HAS NON-ZERO ENTRY.	EXAMPLES: ROOM AND BOARD OR RENTAL FEES SHOULD BE INCLUDED IN THIS ITEM.
ITEM 23-INCOME INKIND	4	263-266	N	0-1000,SPACE	MAY OR MAY NOT HAVE ENTRY.	ITEM 23=ITEM 31.
ITEM 24-TOTAL INCOME	4	267-270	N	1-2500,SPACE	MAY OR MAY NOT HAVE ENTRY.	ITEM 24=ITEMS 18+19+20+21A+21B+21C +21D+21E+22+23.
FILLER	7	271-277				
NET INC FOR JULY GRANT ITEM 25-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 18 HAS A NON-ZERO ENTRY AND ITEM 28B-D ARE ZERO.	MANDATORY DEDUCTIONS MAY BE RECEIVED REGARDLESS OF WHETHER THE CA7 WAS LATE OR NOT.
ITEM 26-4-H) TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 26A-PERS NUMBER	2	280-281	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 26 IS CHECKED.	
ITEM 26B-PERS NUMBER	2	282-283	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 26 MUST BE CHECKED.	
ITEM 27-GROSS EARNINGS	4	284-287	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 27=ITEM 18.
ITEM 28A-MAND DEDUCT	4	288-291	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF NO ENTRY, REFER TO ANALYST.
ITEM 28B-STD WRE	4	292-295	N	0-225,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28B HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	AMTS ENTERED CAN ONLY BE $50 PER PERSON, FOR LESS THAN 100 HRS, OR $75 PER PERSON FOR WORKING 100 HRS OR MORE. IF CASE HAD 30+1/3 AND NOT WRE, REFER TO ANALYST.
ITEM 28C-DEP CARE	4	296-299	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28C HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE AU FOR PERSONS WORKING 100 HRSOR MORE.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 28D-$30+1/3	4	300-303	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28D HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 18A AND/OR 18B HAVE NON-ZERO ENTRIES, AND ITEM 26 IS CHECKED, ITEM 28D MUST BE BLANK.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER WRE,DEPENDENT CARE AND MANDATORY DEDUCTIONS ARE DEDUCTED. VERIFY WITH CONVERSION TABLES. CROSS CHECK WITH ITEMS 18A AND 18B.
ITEM 28E-TOTAL DEDUCT	4	304-307	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 28E=ITEMS 28A+B+C+D
ITEM 29-NET NONEX EARN	4	308-311	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 29=ITEMS 27-28E
ITEM 30-OTHER CASH INC	4	312-315	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 30=ITEMS 19+20+21A+21B+21C+21D+21E+22
ITEM 31-INCOME INCIND	4	316-319	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 31=ITEM 23
ITEM 32-TOTAL NET NONX	4	320-323	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 32=ITEM 29+30+31
FILLER	10	324-333				
GRANT COMPUTATION ITEM 33-MAXIMUM AID	4	334-337	N	258-~~1114~~ 1176	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IF AND ONLY IF(IFF) MAP=272 AU=2 IFF MAP=448 AU=3 IFF MAP=555 AU=4 IFF MAP=660 AU=5 IFF MAP=753 AU=6 IFF MAP=847 AU=7 IFF MAP=929 AU=8 IFF MAP=1013 AU=9 IFF MAP=1094 AU=10 OR MORE IFF MAP=1176.	SEE MAP TABLE.
ITEM 34-TOTAL NET NONX	4	338-341	N	0-2500,SPACES	MUST HAVE ENTRY.	ITEM 34=ITEM 32. IF ITEM 32=BLANK, RECODE ITEM 34 TO 0000.
ITEM 35-BASIC GRANT	4	342-345	N	1-~~1114~~ 1176	MUST HAVE NON-ZERO ENTRY.	ITEM 35=ITEM 33-34 DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES. GRANT COMPUTATION MUST REFLECT CORRECT GRANT.
ITEM 36-SIGN FIELD	1	346	A/N	+ OR -	MUST HAVE ENTRY.	ENTER + OR - IN SHADED BOX.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 36-OVERPAY ADJ	4	347-350	N	0-~~1114~~ 176	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 37-TOTAL	4	351-354	N	1-~~1114~~ 176	MUST HAVE NON-ZERO ENTRY.	ITEM 37=ITEM 35+/-36.
ITEM 38-SPECIAL NEEDS					MUST HAVE ENTRY IN THE AMOUNT FIELD AND AT LEAST ONE ENTRY IN THE TYPE.	SHOULD NOT EXCEED $15, EXCEPT IF ITEM 15 HAS A NON-ZERO ENTRY- THEN IT MAY BE $70.
A-PREGNANCY	1	355	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF NECESSARY.
B-RECURRING	1	356	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	357	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	358-361	N	0-~~20~~85	MUST HAVE ENTRY.	
ITEM 39-TOTAL AMT PAID	4	363-365	N	1-1200	MUST HAVE ENTRY.	ITEM 39=ITEM 37+38.
LENGTH OF TIME ON AID						
ITEM 40-OPENING DATE					MUST HAVE ENTRY.	SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEMS 41-44.
MONTH	2	366-367	N	1-12,99		IF NOT, VERIFY BY PHONE CALL.
DAY	2	368-369	N	1-31,99		IF UNKNOWN, VERIFY BY PHONE CALL.
YEAR	2	370-371	N	30-~~88~~,99		
ITEM 41-APPL DATE					MUST HAVE ENTRY.	SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEMS 42-44.
MONTH	2	372-373	N	1-12,99		IF NOT, VERIFY BY PHONE CALL.
DAY	2	374-375	N	1-31,99		IF UNKNOWN, VERIFY BY PHONE CALL.
YEAR	2	376-377	N	30-~~88~~,99		
ITEM 42-APPROVAL DATE					MUST HAVE ENTRY.	SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEMS 43 AND 44.
MONTH	2	378-379	N	1-12,99		IF NOT, VERIFY BY PHONE CALL.
DAY	2	380-381	N	1-31,99		IF UNKNOWN, VERIFY BY PHONE CALL.
YEAR	2	382-383	N	30-~~88~~,99		
ITEM 43-BEGIN AID DATE					MUST HAVE ENTRY.	SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEM 44. IF NOT, VERIFY BY PHONE CALL.
MONTH	2	384-385	N	1-12,99		IF UNKNOWN, VERIFY BY PHONE CALL.
DAY	2	386-387	N	1-31,99		
YEAR	2	388-389	N	30-~~88~~,99		
ITEM 44-PAYMENT DATE					MUST HAVE ENTRY.	IF UNKNOWN, VERIFY BY PHONE CALL.
MONTH	2	390-391	N	1-12,99		
DAY	2	392-393	N	1-31,99		
YEAR	2	394-395	N	30-~~85~~,99		
ITEM 45-PRIOR OPENINGS	2	396-397	N	0-10,99	MUST HAVE ENTRY.	
ITEM 46-PRIOR MONTHS	3	398-400	N	0-999	MUST HAVE ENTRY.	
ITEM 47-TERMINATION DT					MUST HAVE ENTRY.	IF UNKNOWN, VERIFY BY PHONE CALL.
MONTH	2	401-402	N	0-12,99		
DAY	2	403-404	N	0-31,99		
YEAR	2	405-406	N	0-~~88~~,99		

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 48-TERM REAS-DSS	2	407-408	N	1-20,99,SPACES	TO HAVE ENTRY IF AND ONLY IF ITEM 48=3(OTHER).	REFER TO ANALYST FOR CODES.
ITEM 48-TERM REASON	1	409	N	1-9,SPACES	MAY OR MAY NOT HAVE ENTRIES. TO HAVE ENTRY IF AND ONLY IF ITEM 47 HAS A NONZERO ENTRY.	
ITEM 49-INCOMP CAT			N		MAY OR MAY NOT HAVE ENTRIES. MUST HAVE AT LEAST ONE ENTRY IF AND ONLY IF ITEM 48A IS CHECKED.	
A-NOT COMPLETE	1	410	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-EARN VERIF	1	411	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-DAYS/HRS VERIF	1	412	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D-EXPENSE VERIF	1	413	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
E-OTHER-DSS	2	414-415	N	1-20,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 49E IS CHECKED.	REFER TO ANALYST FOR CODES.
E-OTHER	1	416	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
REDETERMINATION ITEM 50-DCT REDETERM?	1	417	N	1,2,3,9	MUST HAVE ENTRY.	3=NA
ITEM 51-REDETERM DATE					MAY OR MAY NOT HAVE ENTRY.	
MONTH	2	418-419	N	1-12,SPACES,99	MUST HAVE ENTRY IF AND ONLY IF ITEM 50=2(NO).	
YEAR	2	420-421	N	84-85,SPACES		
CHILD SUPPORT REFERRAL ITEM 52-CS REFERRAL?	1	422	N	1,2,9,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 53-CHILDREN REFER			N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRIES.	
PARENT-A	2	423-424	N	1-8,99,SPACES	MUST HAVE ENTRY IN PARENT A	
PARENT-B	2	425-426	N	1-8,99,SPACES	IF AND ONLY IF ITEM 52=1(YES).	
PARENT-C	2	427-428	N	1-8,99,SPACES	IF PARENT B OR PARENT C HAVE ENTRIES, THEN ITEM 52=1(YES).	
NON-PARENT RELATIVES ITEM 54-NON-PARENT REL						
STATUS	1	429	N	1,2,9,space	MUST HAVE ENTRY.	
A-NO OF CHILDREN	2	430-431	N	1-5,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 54=1(YES).	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 55-PLACEMENT AUTH					MAY OR MAY NOT HAVE ENTRIES.	
					MUST HAVE AT LEAST ONE ENTRY	
					IF AND ONLY IF ITEM 54=1(YES).	
A-COURT ORDER	1	432	N	1,SPACE		
NO OF CHILDREN	2	433-434	N	1-5,99,SPACES		
B-VOL PLACEMENT	1	435	N	1,SPACE		
NO OF CHILDREN	2	436-437	N	1-5,99,SPACES		
C-LEGAL GUARDIAN	1	438	N	1,SPACE		
NO OF CHILDREN	2	439-440	N	1-5,99,SPACES		
D-OTHER-DSS	1	441	N	1-9,SPACES	TO HAVE ENTRY IF AND ONLY IF ITEM 55D IS CHECKED.	REFER TO ANALYST FOR CODES.
OTHER	1	442	N	1,SPACE		
NO OF CHILDREN	2	443-444	N	1-5,99,SPACES		
ITEM 56-YOUAKIM CASE					MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IF AND ONLY IF	
STATUS	1	445	N	1,2,SPACE	ITEM 55A IS CHECKED.	
A-NO OF CHILDREN	2	446-447	N	1-5,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IF AND ONLY IF	
					ITEM 56=1(YES).	
ITEM 57-CHILD INCOME	2	448-449	N	0-5,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
					TO HAVE ENTRY IF AND ONLY IF	
					ITEM 54=1(YES).	
ITEM 58-INCOME SOURCES					MAY OR MAY NOT HAVE ENTRIES.	
A-DSS	2	450-451	N	1-10,99,SPACES	MUST HAVE ENTRY IF AND ONLY IF	
AMOUNT	1	452-455	N	1-9999,SPACES	ITEM 57=1-99	
B-DSS	2	456-457	N	1-10,99,SPACES	IF THERE IS AN ENTRY, THEN	
AMOUNT	1	458-461	N	1-9999,SPACES	ITEM 57=1-99.	
FOOD STAMPS						
ITEM 59-CERT FOR FS	1	462	N	1,2	MUST HAVE ENTRY.	
					TO BE NO IF AND ONLY IF	
					ITEMS 60-67 ARE BLANK.	
					TO BE YES IF AND ONLY IF	
					ITEMS 60-63 HAVE ENTRIES.	
ITEM 60-FS CLASS	1	463	N	1,2	MAY OR MAY NOT HAVE ENTRY.	PA IS FOOD STAMP HOUSEHOLDS IN WHICH ALL PERSONS INCLUDED ARE ALSO RECEIVING FEDERALLY FUNDED AFDC. (IF ITEM 60=PA, THEN ITEM 12HH=AU AND ITEM 16 HAS NO NONFEDERAL PERSONS).
ITEM 61-NO IN FS HH	2	464-465	N	1-20,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	ENTRY CANNOT BE GREATER THAN ITEM 12-HH.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 62-COUPON ALLOT	3	466-468	N	1-600,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 63-CA7 CHANGE?	1	469	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. IF NO, THEN ITEMS 64-67 MUST BE BLANK.	
ITEM 64-CHANGE TYPE					MUST HAVE AT LEAST ONE ENTRY IN ITEM 64A-E IF AND ONLY IF ITEM 63=1(YES).	
A-AFDC GRANT	1	470	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-EARNED INCOME	1	471	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-UNEARNED INC	1	472	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D-HH SIZE	1	473	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
E-OTHER-OSS	2	474-475	N	1-99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 64E IS CHECKED.	REFER TO ANALYST FOR CODES.
E-OTHER	1	476	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 65-FS ELIG IN NOV	1	477	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 63=YES. IF NO, THEN ITEMS 66,67 MUST BE BLANK.	
ITEM 66-ALLOTMENT CHG	1	478	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65=YES.	
ITEM 67-AMOUNT OF CHG					MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IN ITEM 63A OR B IF AND ONLY IF ITEM 66=YES.	
A-INCREASE	3	479-481	N	1-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-DECREASE	3	482-484	N	1-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
FILLER		485-500		SPACES	MUST BE BLANK.	

AFDC Quarterly Characteristics Survey

Codes for Standard Half

Item 5c - refer to analyst for codes

Item 6 - Other (basis for deprivation)

01 Illegal alien parents unemployment
02 Deported
03 Incarceration
04 Institutionalized

Item 21e - Other (cash contributions from persons not in AU)

01 Illegal alien parent contribution
02 SSI Parent contribution
03 Minor's parent contribution
04 Gift (aunt, grandmother, etc.) church donation
05 Mother contribution-sanctioned-not cooperation with the DA
06 Adult child contribution
07 GA contribution
08 Grant from another state
09 UIB from parent not in AU
10 Contribution from excluded parent

Item 22 - Other Cash Income

01 Room & Board
02 V.A. Benefits
03 Rental income
04 Interest
05 Workman's Comp. (disability)
06 Union Retirement
07 Federal or state income tax refund
08 Sale of property
09 Training Allowance
10 Note or loan repaid
11 Extra money from absent parent going directly to AU
12 Trust fund
13 SDI
14 Spouse support
15 Lump sum remainder
16 General assistance

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN
APRIL 1985 SURVEY

The appropriate entry for a ☐ is a cross ☒; for a [ ] it is a number [3,3]. Round all numbers - no spaces are allowed for cents.
PLEASE COMPLETE IN NO. 2 LEAD PENCIL.

A. COUNTY | C. CASE NUMBER (CO / AID / SERIAL) | B. CASE NAME (LAST, FIRST) | D. STATE USE | E. STATE USE | F. STATE

BASIS OF DEPRIVATION
(Check all items applicable to "This Assistance Unit")

1. Parent(s) absent but not dead, deported or institutionalized ☐ 1
2. Parent(s) deceased ☐ 2
3. Incapacitated parent(s) in home
   a. Incapacitated parent(s) recipient "This AU" ☐ 3
   b. Incapacitated parent(s) not a recipient "This AU" ☐ 4
4. Unemployment deprivation based on: *(Principal earner parent)*
   a. FATHER'S unemployment ☐ 5
   b. MOTHER'S unemployment ☐ 6
5. Case did not meet FEDERAL definition of "Unemployed Parent" *(designated in 4)* because:
   a. Parent not attached to labor force *(work experience lacking or insufficent by federal law)* ☐ 7
   b. Pregnant woman *(no other children/not in last trimester)* ☐ 8
   c. Other *(specify)* [ ] (DSS) ☐ 9
6. Other *(specify)* [ ] (DSS) ☐ 10

ADDITIONAL CASE INFORMATION
(Check all items applicable to "This Assistance Unit")

7. Unrelated Adult Male in home ☐ 1
8. Stepparent in home
   a. Stepparent recipient "This AU" ☐ 2
   b. Stepparent not a recipient "This AU" ☐ 3
9. Unmarried parent recipient "This AU" ☐ 4
10. Multiple Grant Household
    a. SSI/SSP ☐ 5
    b. Another AFDC-AU ☐ 6
    c. Cash General Assistance ☐ 7
11. Nonneedy Relative is the Caretaker ☐ 8

HOUSEHOLD AND AU COMPOSITION

	HOUSEHOLD	AU
12. Number of persons		
13. Number of adults		
14. Number of children		
15. Unborn child		

16. Assistance Unit NAMES	PERSON NUMBER	CHECK ONE FED	NON-FED	ESST PER	AGE (YEARS)	SEX	CITIZEN
ADULTS Mother	50	☐1	☐2	☐3			☐1 YES ☐2 NO
Father	60	☐1	☐2	☐3			☐1 YES ☐2 NO
OTHER Adult	70	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
CHILDREN (LIST OLDEST FIRST)	01	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	02	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	03	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	04	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	05	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	06	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
	07	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
TOTAL PERSONS							

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD

17. Not applicable - no income *(check box and skip to 33)* ☐
18. Total gross earnings of AU *(enter here and in 27)*

	PERSON NUMBER	HOURS WORKED	GROSS EARNINGS
a.			
b.			

19. Social Security
20. UIB *(person number(s) [ ] [ ])*
21. Cash contributions from persons who are not recipients in this AU:
    a. Absent parent(s)
    b. Unemployed parent
    c. Unrelated Adult Male
    d. Stepparent
    e. Other *(specify)* [ ] (DSS)
22. Other cash income *(specify)* [ ] (DSS)
23. Income in-kind
24. Total income *(total of 18 through 23)*

NET INCOME USED TO COMPUTE APRIL GRANT

25. Late CA-7, income disregards not allowed *(check box and enter 0 in 28a, b and c)* ☐
26. 4-month limit expired, $30 + 1/3 not allowed *(check box and enter person number(s) not allowed $30 + 1/3)* ☐
    a. [ ] b. [ ]
27. Total gross earnings of AU *(same as 18)*
28. Income disregards allowed:
    a. Standard work expense
    b. Dependent care
    c. $30 and 1/3
    d. Total deductions *(total of a + b + c)*
29. Net non-exempt earnings *(27 minus 28d)*
30. Other cash income *(total of 19 + 20 + 21 + 22)*
31. Income in-kind *(same as 23)*
32. Total Net Non-exempt income *(total of 29 + 30 + 31)*

GRANT COMPUTATION (Letters refer to CA 30)

33. Maximum Aid Payment (A)
34. Total Net Non-exempt income *(same as 32)* (A.2.)
35. Basic grant or income in excess of maximum aid *(33 minus 34)*
36. Overpayment Adjustment in basic grant (C)
37. Total *(35 minus 36)*
38. Special Needs *(Check box for type(s) and enter total paid)* a. Pregnancy ☐ b. Recurring ☐ c. Nonracurring ☐ (H)
39. Monthly Aid Payment *(37 plus 38)* (D)

WIN — COMPLETE FOR ALL FBU MEMBERS AGE 16 + ✓

40. Not applicable - not a WIN county *(check box and skip to 42)* ☐
41. Check the WIN registration status for each AU member 16 and older. If exempt, use codes on back under "WIN" to indicate reason for e

PERSON NUMBER	REGISTERED MANDATORY	REGISTERED VOLUNTARY	STATUS PENDING	CURRENTLY EXEMPT	REASON FOR EXEMPTION (USE CODES)	CURRENT EMPLOYMENT STATUS EMPLOYED	CURRENT EMPLOYMENT STATUS NOT EMPLOYED	IF NOT EMPLOYED NUMBER OF MONTHS SINCE LAST EMPLOYED	IF NOT EMPLOYED NEVE
50	☐1	☐2	☐3	☐4		☐1	☐2		
60	☐1	☐2	☐3	☐4		☐1	☐2		
70	☐1	☐2	☐3	☐4		☐1	☐2		
01	☐1	☐2	☐3	☐4		☐1	☐2		
02	☐1	☐2	☐3	☐4		☐1	☐2		

NOTICE OF ACTION

42. Was the AU sent a negative notice of action in February 1985? ☐1 YES ☐2 NO
(If No, skip to Item 44)
IF YES:
43. For each notice of action sent indicate the following:

NOTICE NUMBER	REASON(S)/ACTION(S)	DID THE RECIPIENT REQUEST A HEARING? YES	NO	DID THEY RECEI AID PAID PENDI YES	NO
1	(DSS)	☐1	☐2	☐1	
2		☐1	☐2	☐1	
3		☐1	☐2	☐1	
4		☐1	☐2	☐1	

CHILD AND/OR SPOUSAL SUPPORT DISREGARD PAYMENT

Complete this section if Item 1 is checked.
(Otherwise skip to Item 48)
44. Did the AU receive a child and/or spousal support disregard payment from the CWD in February 1985? ☐1 YES ☐2 NO
(If No, skip to Item 46)
IF YES:
45. What was the amount of the disregard payment? [ ] AMOUNT
46. Did the AU receive a child and/or spousal support payment directly from an absent parent in February 1985? ☐1 YES ☐2 NO
(If No, skip to Item 48)
IF YES:
47. How much of the payment was disregarded in the April 1985 grant computation? [ ] AMOUNT

EARNED INCOME ✓

Complete this section if there is an entry in Item 18.
(Otherwise skip to Item 50)
48. Was any part of the earned income an advance earned income credit payment? ☐1 YES ☐2 NO
(If No, skip to Item 50)
IF YES:
49. What was the amount of the advanced earned income credit? [ ] AMOUNT

SHELTER ARRANGEMENT

50. What was the most recent date of application? M
51. Did the AU have shelter at the time of application? Y
52. Does the AU currently have shelter? Y
(If No, skip to Item 55)
IF YES:
53. Does the AU live in a:
    a. House or apartment with a shared living arrangement?
    b. House or apartment with no shared living arrangement?
    c. Other *(specify)* [ ] (DSS)
54. How much does the AU pay per month for shelter?

JOINT CUSTODY

55. Are any of the children in the AU under a joint custody order? ☐ YES
(If No, skip to Item 59)
IF YES:
56. How many of the children are under the joint custody order? NUM
57. Did the second parent of the children in joint custody also apply for aid for them? ☐ YES
58. What is the joint custody arrangement? CHI
    a. half weeks with each parent
    b. every other week with each parent
    c. every other month with each parent
    d. other *(specify)* [ ] (DSS)
59. YOUR NAME *(PLEASE PRINT)* TELEPHONE (AREA CO

INSTRUCTIONS — AID TO FAMILIES WITH DEPENDENT CHILDREN SURVEY

PURPOSE

In order to analyze and estimate the effect of court cases, proposed legislation and regulations, to prepare the[illegible]get and to facilitate decision-making, it is necessary to have complete, accurate and timely [illegible]tion on the socio-economic characteristics of AFDC recipients.

/ MONTH

. 1985 is the study month. This means that we want to gather information on this case to see what was happening, or had been happening, to affect the amount of the April AFDC grant. Who was in the family; were they all on AFDC; what was the maximum aid; what income was deducted to arrive at the April grant, etc? If there were earnings deducted, how much were the work-related expenses for those particular earnings?

GENERAL INSTRUCTIONS

All money entries on this survey form are to be in whole dollars. Drop the cents if 49 cents or less, add a dollar if 50 cents or more. When entering the amounts in the spaces provided, enter the number to the far right, like this $ | 1 6 9 |. The appropriate entry for e ☐ is a cross X

ITEM INSTRUCTIONS

Identification Section, Items A through C:
Enter the information requested. The case number Item C, consists of four parts: the county code, the aid code, the case serial number, and, in the last position, the number assigned to the AU.

Basis of Deprivation (Items 1 - 6)
Read down the entire list and check any and all statements that as far as you know, were true of this Assistance Unit (AU) in the study month.

1 **Parent Absent** — To answer here, one or more of the children in the AU must have an absent parent, but not because of death, imprisonment or institutionalized. (EAS 41-450)

2. **Death** — If a child(ren) in the AU is deprived of parental support because either parent is deceased, check here. (EAS 41-420)

3 **Incapacity** — If either parent or both parents are physically or mentally incapacitated, check here. Indicate whether the incapacitated parent(s) is a member of the AU. (EAS 41-430)

4 **Unemployment Deprivation** — Indicate which parent is establishing the basis of deprivation due to unemployment (EAS 41-440)

5. **Not Eligible For Federal Participation** — If the case does not meet the Federal definition of "Unemployed Parent", indicate reason for ineligibility. (EAS 41-440.4)

Other — If a child(ren) is deprived for any other reason than listed above,please specify the reason he child(ren) was eligible for AFDC.

[illegible]ional Case Information — Read down the entire list and if any statements, as far as you know, [illegible]re true of this Assistance Unit (AU) in the study month, check them.

7 **Unrelated Adult Male** — Check here if there is a man in the household who is unrelated by blood, marriage or adoption to anyone in the AU. (EAS 43-109.2)

8 **Legal Stepparent** — To answer here, the stepparent must be married to the parent of one or more of the children in the AU but not be their natural parent Indicate whether the stepparent is a recipient in this AU. (EAS 44-133.6)

9 **Unmarried Parent** — Check here if the parant of at least one child in the AU is not married to the child's other natural parent and is a recipient in this AU. (EAS 44-203.331)

10. **Multiple Grant Household** — If another grant is being received by a member or members of the household, check which type of aid(s) is being received. Check "general assistance" only if the grant is made entirely from county monies, i.e., county supplementation of a categorical aid grant is not considered to be general assistance. (Use the comment section if you have any doubts.)

11 **Nonneedy Relative is the Caretaker** — Use the definition in EAS 44-115.71 which states that the following are not nonneedy relatives — natural or adoptive parents, stepparents, or other adults whose needs are being met through any categorical aid program.

12 — 15 **Household Composition** — This item classifies the people in the Household and AU and their number in a variety of ways. Enter the number of persons in each category. Everyone living in the household should appear in some category of the household column. Members of "This AU" should appear in the AU column and should also be included in the household counts. Unborn children should be considered persons for the household counts.

16. **Assistance Unit** — Enter the names of the persons in this AU who are receiving an AFDC grant. Enter Mother's name by person number 50, Father's name by person number 60, Other Adult, person 70, could be a grandmother, aunt, etc. Enter the children's names on the following lines, listing oldest child first, next oldest, etc.

Federal Eligibility/Essential Persons — For each person in the AU, indicate whether he is eligible, ineligible or considered an essential person for federal financial participation. (EAS 44-209)

Age — Enter the age of each recipient as of the first of the study month. Enter zero for children under one year of age, one for children one year but less than two years of age, etc. If age is unknown, make an estimate.

Sex — Indicate the sex of Other Adult and each child.

Citizen — Indicate the citizenship (U.S.) status of each member of the AU. (EAS 42-430)

Total Income Received in the Budget Period (Items 17-24) — Amounts entered here should be the income received in the budget period that was actually used to compute the grant. It may be actual income received in a prior month or the estimated amount of income for the study month.

17. **Not Applicable — No Income** — Check the box if the AU had no income, in cash or in-kind, to be considered when determining the AFDC aid payment. (EAS 44-101)

18. **Gross Earnings** — Enter the total amount of gross earnings of the AU. Indicate who earns the wages by using the person number from Item 16 and the number of hours worked and amount earned. Do not enter earnings of children who qualify for the student exemption. (EAS 44-111.22) Include amounts of advance Earned Income Credit, received or assumed.

19. **OASDI** — Enter the total amount of OASDI benefits received by members of the AU.

20. **UIB** — Unemployment Insurance Benefits shall be entered in this item only if the person receiving the benefits is a member of this AU. If the person receiving UIB is not a grant recipient but is contributing part of his/her UIB to this AU, enter the amount contributed in Item 21b (if a parent) or Item 21e (if a person other than the parent).

21. **Cash Contributions From Persons Who Are Not Recipients In This AU**

a. **Absent Parent(s)** — This item is limited to cases in which the absent parent's contribution is going directly to the family and the amount deducted as income when the grant is computed.

b. **Unemployed Parent** — If an unemployed parent is excluded from the AU, enter that portion of his income, including UIB, that is considered income to the AU. (EAS 44-133.3)

c. **Unrelated Adult Male** — Enter the amount of the actual contribution made by the UAM. (EAS 44-113.5)

d. **Stepparent** — Enter the actual amount made available to the AU by a stepparent. (EAS 44-133.6)

e. **Other (Specify)** — Specify the relationship to the AU of the contributor (i.e. minor mother's parents, unmarried father) and the amount contributed.

22. **Other Cash Income (Specify Type or Source)** — List amounts of any income not entered above and specify the source. For example, veteran's benefits, income from boarder or roomer, or income from property would be entered in this item.

23. **In-Kind Income** — Income in-kind refers to living expenses that are provided free and, by regulation, are deducted as income. (EAS 44-101.8)

24. **Total Income** — Enter the sum of Items 18 through 23.

25. **Late CA-7, Income Disregards Not Allowed** — If the AU failed to return a timely CA-7 as required by EAS 40-181.22 and the income disregards were not allowed, check the box and enter "0"in Item 28 b, c, and d.

26. **4-Month Limit Expired** — If any person in the AU hed earnings and received the $30 and 1/3 exemption for four consecutive months and is no longer eligible for it, check box and enter their person number(s). (EAS 44-111.232)

27. **Total Gross Earnings of AU** — Enter the amount of gross earnings of the AU. This item should be the seme as item 18.

28. **Income Disregards Allowed** — Enter the amounts used to compute net nonexempt earnings.

a. **Standerd Work Expense** — Enter the amount allowable undar EAS 44-113.214.

b. **Dependent Care** — Enter the total emount of the dependent care allowed for this AU. (EAS 44-113.215).

c. **$30 & 1/3 Exemption** — Enter the $30 and one-third disregard. (EAS 44-113.216)

d. **Total Deductions** — Enter the sum of 28 a+b+c.

29. **Net Nonexempt Earnings** — Subtract Item 28d from Item 27.

30. **Other Cash Income** — Enter the sum of Items 19, 20, 21 and 22.

31. **In-Kind Income** — As in Item 23, in-kind income refers to living expenses that are provided frea and are deducted as income. (EAS 44-101.8)

32. **Total Net Non-Exempt Income** — The total net income used in computing the AFDC grant should equal the sum of Items 29, 30, and 31. If not, please explain in the comment section.

Grant Computation (Items 33-39) - These items correspond in content to items on the AFDC Budget Worksheet, State Form CA 30. The letters in parentheses refer to the Form CA 30 (for example, Item A, Maximum Aid Payment). If items do not balance, explain in comments, i.e., overpayment occurred in the study month.

33. **Maximum Aid Peyment** — Enter the maximum eid for the number of recipients in the AU from the Maximum Aid Table. (Same as Item A, Maximum Aid.) (EAS 44-315.411)

34. **Total Net Non-Exempt Income** — Enter the emount of net nonexempt income. This should equal Item 32.

35. **Basic Grant or Income in Excess of Maximum Aid** — Subtract Item 34 from Item 33. Enter the difference.

36. **Overpayment Adjustment in Basic Grant** — If the basic grant was edjusted to compensate for prior months overpayment(s) and/or underpayment(s), anter the amount of the adjustment.

37. **Total** — Subtract Item 36 from Item 35. Enter the result of the subtraction.

38. **Special Needs** — Indicate the type of special needs by checking the appropriate box and enter the amount received. If more then one, enter the total. (EAS 44-211)

39. **Monthly Aid Payment** — Enter the sum of Items 37 and 38. This is the total amount of aid paid.

40.—**WIN** — Indicate in this section for each AU member (mother and/or father end th[illegible]
41. years of age and older) the WIN registration status, current employment sta[illegible] AU member is not employed, the number of months since last employment or wh[illegible] never been employed. If your county is not a WIN county, check the box in Ite[illegible] to Item 42. If any member is currently exempt from WIN registration, use[illegible] codes to indicate the reason for exemption.

CODES

01 A child 16, 17 or 18 years of age who is a full-time student in an elementa[illegible] school, vocational, or technical school.

02 Ill or injured, when determined that the illness or injury is serious enough[illegible] prevent entry into employment or training.

03 Age 65 or older.

04 Incapacitated, when determined that a physical or mental impairment, by it[illegible] junction with age, prevents the individual from engaging in employment or[illegible] WIN.

05 Residing in a location which is so remote from a WIN office or service uni[illegible] participation in the program is precluded.

06 A caretaker whose presence in the home is required on a substantially co[illegible] because of the physical or mental impairment of another member of the househ[illegible]

07 The parent or other relative of a child under six who is personally providin[illegible] for the child with only very brief and infrequant absences from the child.

08 The caretaker parent or other caretaker relative of a child when one parent[illegible] registered and has not refused to participate in the program or to accept empl[illegible] good cause.

09 Essential person.

10 Not eligible for federal financial participation in the aid payment.

42.—**Notice of Action** — Complete this section if the AU was sent a negative n[illegible]
43. (NOA) in February 1985. A negative NOA is any NOA for which the AU is pot[illegible] to receive aid paid pending, i.e. overpayments, discontinuances and decrea[illegible] negative NOA which was sent, state the reason(s)/action(s) for each NOA, [illegible] the recipient requested a hearing, and whether or not they received aid paid pend[illegible]

44.—**Child and/or Spousal Support Disregard Payment** — Complete this section [illegible]
47. Basis of Deprivation is checked. Otherwise, skip to Item 48 Questions 44 t[illegible] self-explanatory.

48.—**Earned Income** — Complete this section if there is an entry in Item [illegible]
49. Income Received in the Budget Period. Otherwise, skip to Item 50. Questi[illegible] are self-explanatory.

50.—**Shelter Arrangement** — For each AU, indicate in this section the most recent [illegible]
54. tion, whether the AU had shelter at the time of application, if the AU[illegible] shelter, the type of shelter and living arrangement, and how much they [illegible] for shelter. For the purpose of this survey, a shared and non-shared living [illegible] defined as follows:

Shared Living Arrangement — An AU is considered living in a shared livin[illegible] if they share shelter with another person who is not a member of the AU[illegible] member of the immediate family. An immediate family member is a mother,[illegible] sister or spouse.
Non-Shared Living Arrangement — An AU is considered living in a no[illegible] arrengement if they are living alone or with immediate family members w[illegible] cluded in the AU.

55.—**Joint Custody** — Complete this section if any of the children in the AU are[illegible]
58. custody order. Otherwise skip to Item 59. Items 55 through 58 are self-explanator[illegible]

59. **Your Name** — Please print your name in the space provided.

Telephone Number — We may have questions about the case and will need the tele[illegible] where we can reach you. Give the office number as well as any extension.

Thank you for filling out this form.

Comments _____

JOB NAME: APRIL 1985 QUARTERLY AFDC CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE: 120
DPS NO. 120
FREQUENCY: ONE-TIME
REQUESTER NAME: DIANE YAMAMOTO
DATE ORIGINATED:
REVISION DATES:

FILE IDENTIFICATION: BPPSB.QAFDC.P0485
BLOCKING FACTOR: 7
RECORD LENGTH: 500
SOURCE DOCUMENT FORM NO.: CA 1000(4/85)

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM C-CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-58		VERIFY WITH ITEM A.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30 IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
FAU	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM D-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM E-REGION CODE	1	14	N	1-5	MUST HAVE NON-ZERO ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
BASIS OF DEPRIVATION						
ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID-30,THEN ITEM 1,2,3, OR 6 MUST HAVE ENTRY.	
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AU	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B-INCAP PAR-NOT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 4A OR 4B IS CHECKED, THEN ITEM 5A,B OR C MAY OR MAY NOT BE CHECKED. BUT IF ITEM 5A,B, OR C IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED. IF AID=30, THEN ITEM 4A AND B MUST NOT BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5A-NOT ATTACHED	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5H-PREGNANT MOM	1	22	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF THIS BOX IS CHECKED,IT MUST BE A ONE-PERSON MOM AU.
ITEM 5C-STATE USE	2	23-24	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5C IS CHECKED.	REFER TO ANALYST FOR CODES.
ITEM 5C-OTHER NONFED	1	25	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF REASON ENTERED IS UNEMPLOYED LESS THAN 30 DAYS, REFER TO ANALYST.
ITEM 6-OTHER STATE USE	2	26-27	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 6 IS CHECKED.	IF DEPRIVATION BASED ON ILLEGAL ALIEN PARENTS' UNEMPLOYMENT WHO AREN'T INCLUDED IN THE AU,CODE=01
ITEM 6-OTHER DEPRIV	1	28	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	6	29-34				
ADDITIONAL CASE INFO						
ITEM 7-UAM	1	35	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A-STEPPAR IN AU	1	36	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B-STPPAR NOT AU	1	37	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B-ANOTHER AU	1	40	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 11-NONNEEDY REL	1	42	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	43-47				
HH & AU COMPOSITION					IF ITEM 12-AU=1 AND ITEM 13-AU=1, THEN ITEM 15-HH MUST HAVE A NONZERO ENTRY.	ITEM 12=ITEM 13+14+15 FOR AU AND HH COLS. ITEM 12(ITEMS 13+14+15) BOTH COLUMNS HH ENTRY MUST BE GREATER THAN OR EQUAL TO AU ENTRY. AT LEAST ONE ADULT MUST BE IN THE HH TO CARE FOR THE CHILDREN. IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8A,10, OR 11, THEN ITEM 12-HH MUST BE GREATER THAN ITEM 12-AU.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 12-HH	2	48-49	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 12-AU	2	50-51	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-HH	2	52-53	N	1-10	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-AU	2	54-55	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-HH	2	56-57	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-AU	2	58-59	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 15-HH	2	60-61	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	62-66				If a line is filled out for a person, then all items in the line must be filled in.
ITEM 16-AU						
PERSON 50-MOTHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	MOTHER OR FEMALE RELATIVE CARETAKER.
PERSON 50-ELIG	1	69	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS. AID CODE 30 CASES CAN HAVE
PERSON 50-AGE	2	70-71	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	NONFED PERSONS,BUT MUST BE MOM
PERSON 50-CITIZEN	1	72	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	ONLY AUS.
PERSON 60-FATHER	2	73-74	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS.
PERSON 60-AGE	2	76-77	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-CITIZEN	1	78	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-01 ADULT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-AGE	2	82-83	N	0-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-SEX	1	84	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-CITIZEN	1	85	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 01 IS BLANK, THEN ITEM 15 MUST HAVE A NON-ZERO ENTRY.	
PERSON 01-ELIG	1	88	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	89-90	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	91	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	92	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 02	2	93-94	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	96-97	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	98	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	99	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	103-104	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	105	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	106	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	110-111	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	112	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	113	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1-3,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	117-118	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	119	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	120	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-ELIG	1	123	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	124-125	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	126	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	127	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-ELIG	1	130	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-AGE	2	131-132	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-SEX	1	133	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	134	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-ELIG	1	137	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-AGE	2	138-139	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-SEX	1	140	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	141	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-ELIG	1	144	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-AGE	2	145-146	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-SEX	1	147	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-CITIZEN	1	148	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-ELIG	1	151	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	152-153	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	154	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-CITIZEN	1	155	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-ELIG	1	158	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-AGE	2	159-160	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-SEX	1	161	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-CITIZEN	1	162	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-ELIG	1	165	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-AGE	2	166-167	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	168	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-CITIZEN	1	169	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY.	TOTAL PERSONS=FED+NONFED+ESST PERS TOTAL PERSONS=ITEM 12-AU.
FILLER	28	172-199				
TOTAL INC BUDGET PER ITEM 17-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 17 TO BE CHECKED IF AND ONLY IF ITEMS 18-32 ARE BLANK.	
ITEM 18-GROSS EARNINGS	4	201-204	N	0-2000,SPACE	MAY OR MAY NOT HAVE ENTRY.	ITEM 18=ITEMS 18A+18B(GROSS EARN) ITEM 18=ITEM 27.
ITEM 18A-PERS NUMBER	2	205-206	N	01-70,SPACE	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS HAS AN ENTRY AND GROSS EARNINGS HAS A NONZERO ENTRY.	
ITEM 18A-HRS WORKED	3	207-209	N	0-~~180~~ 250,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IS FOR EIC.
ITEM 18A-EARNINGS	4	210-213	N	1-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 18B-PERS NUMBER	2	214-215	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS HAS AN ENTRY AND GROSS EARNINGS HAS A NONZERO ENTRY.	
ITEM 18B-HRS WORKED	3	216-218	N	0-250,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IS ITEM 18 IF FOR EIC.
ITEM 18B-EARNINGS	4	219-222	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 19-SOC SECURITY	4	223-226	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF ITEM 19 IF GREATER THAN 0, THERE SHOULD BE AN ENTRY IN ITEMS 2,3A OR 3B--IF NOT,REFER TO ANALYST
ITEM 20-UIB						ONLY UIB RECEIVED BY AU MEMBERS
ITEM 20-PERSON NO 1	2	227-228	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 20-AMT HAS A NON-ZERO ENTRY.	SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB,THE AMT SHOULD BE ENTERED IN ITEM 21B.
ITEM 20-PERSON NO 2	2	229-230	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY, ITEM 20(AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 20-UIB AMT	4	231-234	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21A-ABS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21A HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 21B-UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21C-UAM	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 21D-STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21D HAS A NON-ZERO ENTRY, THEN ITEM 8B MUST BE CHECKED AND ITEM C=30.	
ITEM 21E-STATE USE	2	251-252	N	1-15,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21F-OTHER CONT	4	253-256	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 21E HAS NON-ZERO ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 22-STATE USE	2	257-258	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 22-OTHER CASH	4	259-262	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 22 HAS NON-ZERO ENTRY.	EXAMPLES: ROOM AND BOARD OR RENTAL FEES SHOULD BE INCLUDED IN THIS ITEM.
ITEM 23-INCOME INKIND	4	263-266	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 23=ITEM 31.
ITEM 24-TOTAL INCOME	4	267-270	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 24=ITEMS 18+19+20+21A+21B+21C +21D+21E+22+23.
FILLER	7	271-277				
NET INC FOR APR GRANT ITEM 25-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 18 HAS A NON-ZERO ENTRY AND ITEM 28A-C ARE ZERO.	
ITEM 26-4-MO TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 26A-PERS NUMBER	2	280-281	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 26 IS CHECKED.	
ITEM 26B-PERS NUMBER	2	282-283	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 26 MUST BE CHECKED.	
ITEM 27-GROSS EARNINGS	4	284-287	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 27=ITEM 18.
ITEM 28A-STD WRE	4	288-291	N	75,150,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28A HAS AN ENTRY, THEN IT MUST BE 75 OR 150 AND ITEM 27 MUST HAVE A NON-ZERO ENTRY.	IF AMOUNT IS NOT $75 OR $150, THEN SEND CASE THROUGH THE EDITS (FOR OTHER EDIT CHECKS) AND RESUBMIT WITH THIS EDIT LIFTED. IF CASE HAD 30+1/3 AND NOT WRE, REFER TO ANALYST.
ITEM 28B-DEP CARE	4	292-295	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28B HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE AU FOR PERSONS WORKING 100 HRS OR MORE.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 28C-$30+1/3	4	296-299	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28C HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 18A AND/OR 18B HAVE NON-ZERO ENTRIES, AND ITEM 26 IS CHECKED, ITEM 28C=BLANK OR 30.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER WRE AND DEPENDENT CARE ARE DEDUCTED. VERIFY WITH CONVERSION TABLES. CROSS CHECK WITH ITEMS 18A AND 18B.
ITEM 28D-TOTAL DEDUCT	4	300-303	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 28D=ITEMS 28A+B+C
ITEM 29-NET NONEX EARN	4	304-307	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 29=ITEMS 27-28D
ITEM 30-OTHER CASH INC	4	308-311	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 30=ITEMS 19+20+21A+21B+21C+ 21D+21E+22
ITEM 31-INCOME INKIND	4	312-315	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 31=ITEM 23
ITEM 32-TOTAL NET NONX	4	316-319	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 32=ITEM 29+30+31
FILLER	15	320-334				
GRANT COMPUTATION ITEM 33-MAXIMUM AID	4	335-338	N	272-1176	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IFF AND ONLY IF(IFF) MAP=272 AU=2 IFF MAP=448 AU=3 IFF MAP=555 AU=4 IFF MAP=660 AU=5 IFF MAP=753 AU=6 IFF MAP=847 AU=7 IFF MAP=929 AU=8 IFF MAP=1013 AU=9 IFF MAP=1094 AU=10 OR MORE IFF MAP=1176.	SEE MAP TABLE.
ITEM 34-TOTAL NET NONX	4	339-342	N	0-2500,SPACES	MUST HAVE ENTRY.	ITEM 34=ITEM 32. IF ITEM 32=BLANK, RECODE ITEM 34 TO 0000.
ITEM 35-BASIC GRANT	4	343-346	N	1-1176	MUST HAVE NON-ZERO ENTRY.	ITEM 35=ITEM 33-34 DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES. GRANT COMPUTATION MUST REFLECT CORRECT GRANT.
ITEM 36-OVERPAY ADJ	4	347-350	N	0-1176	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 37-TOTAL	4	351-354	N	1-1176	MUST HAVE NON-ZERO ENTRY.	ITEM 37=ITEM 35-36.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 38-SPECIAL NEEDS					MUST HAVE ENTRY IN THE AMOUNT FIELD AND AT LEAST ONE ENTRY IN THE TYPE.	SHOULD NOT EXCEED $15, EXCEPT IF ITEM 15 HAS A NON-ZERO ENTRY- THEN IT MAY BE $70.
A-PREGNANCY	1	355	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF NECESSARY.
B-RECURRING	1	356	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	357	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	358-361	N	0-7085	MUST HAVE ENTRY.	
ITEM 39-TOTAL AMT PAID	4	362-365	N	1-1200	MUST HAVE ENTRY.	ITEM 39=ITEM 37+38.
WIN						
ITEM 40-NOT APPLICABLE	1	366	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF NON-WIN COUNTY(2,3,5,6,8,9,11,14,17, 18,22,23,25,26,28,29,31,32,35, 45-47,51-53,55,58).	
ITEM 41-WIN STATUS					MAY OR MAY NOT HAVE ENTRIES. MUST HAVE ENTRIES IF AND ONLY IF ITEM 40 IS BLANK.	MUST HAVE ONE ENTRY FOR EACH AU MEMBER AGED 16+. IF THE PERSON IS EXEMPT, CROSS CHECK REASON WHENEVER POSSIBLE WITH ITEM 16, E.G.,PARENT OF CHILD UNDER 6, ETC.
PERSON 50					TO HAVE ENTRIES IF AND ONLY IF ITEM 16-PERSON 50 HAS ENTRIES.	
PERSON NUMBER	2	367-368	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WIN STATUS	1	369	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY.	
EXEMPT REASON	2	370-371	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF WIN REG STATUS=4(EXEMPT).	
EMPLOYMENT STAT	1	372	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY. EMPLOYMENT STATUS=2(NO) IF AND ONLY IF MONTHS SINCE LAST EMPLOYED OR NEVER EMPLOYED HAS AN ENTRY.	
MONTHS	3	373-375	N	1-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
NEVER EMPLOYED	1	376	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60					TO HAVE ENTRIES IF AND ONLY IF ITEM 16-PERSON 60 HAS ENTRIES.	
PERSON NUMBER	2	377-378	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WIN STATUS	1	379	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY.	
EXEMPT REASON	2	380-381	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF WIN REG STATUS=4(EXEMPT).	
EMPLOYMENT STAT	1	382	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY. EMPLOYMENT STATUS=2(NO) IF AND ONLY IF MONTHS SINCE LAST EMPLOYED OR NEVER EMPLOYED HAS AN ENTRY.	
MONTHS	3	383-385	N	1-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
NEVER EMPLOYED	1	386	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 70				03	TO HAVE ENTRIES IF AND ONLY IF ITEM 16-PERSON 70 HAS ENTRIES.	
PERSON NUMBER	2	387-388	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WIN STATUS	1	389	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY.	
EXEMPT REASON	2	390-391	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF WIN REG STATUS=4(EXEMPT).	
EMPLOYMENT STAT	1	392	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY. EMPLOYMENT STATUS=2(NO) IF AND ONLY IF MONTHS SINCE LAST EMPLOYED OR NEVER EMPLOYED HAS AN ENTRY.	
MONTHS	3	393-395	N	1-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
NEVER EMPLOYED	1	396	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01					TO HAVE ENTRIES IF AND ONLY IF ITEM 16-PERSON 01 HAS ENTRIES.	
PERSON NUMBER	2	397-398	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WIN STATUS	1	399	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY.	
EXEMPT REASON	2	400-401	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF WIN REG STATUS=4(EXEMPT).	
EMPLOYMENT STAT	1	402	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY. EMPLOYMENT STATUS=2(NO) IF AND ONLY IF MONTHS SINCE LAST EMPLOYED OR NEVER EMPLOYED HAS AN ENTRY.	
MONTHS	3	403-405	N	1-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
NEVER EMPLOYED	1	406	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02					TO HAVE ENTRIES IF AND ONLY IF ITEM 16-PERSON 02 HAS ENTRIES.	
PERSON NUMBER	2	407-408	N	02,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WIN STATUS	1	409	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY.	
EXEMPT REASON	2	410-411	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF WIN REG STATUS=4(EXEMPT).	
EMPLOYMENT STAT	1	412	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY. EMPLOYMENT STATUS=2(NO) IF AND ONLY IF MONTHS SINCE LAST EMPLOYED OR NEVER EMPLOYED HAS AN ENTRY.	
MONTHS	3	413-415	N	1-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
NEVER EMPLOYED	1	416	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
NOTICE OF ACTION ITEM 42-NOA IN 2-85?	1	417	N	1,2	MUST HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 43-NOA					MAY OR MAY NOT HAVE ENTRIES. TO HAVE ENTRY IF AND ONLY IF ITEM 42=1(YES).	
NOTICE #1	1	418	N	1,SPACE	NOTICE #1 TO HAVE ENTRY IF AND ONLY IF REASONS, AND HEARING REQUEST HAVE ENTRIES. NOTICE #1 MUST HAVE ENTRY IF AND ONLY IF ITEM 42=1(YES).	
REASON	2	419-420	N	1-26,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
HEARING REQUEST?	1	421	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AID PAID PENDING?	1	422	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF REQUEST FOR HEARING=1(YES).	
NOTICE #2	1	423	N	2,SPACE	NOTICE #2 TO HAVE ENTRY IF AND ONLY IF REASONS AND HEARNG REQUEST HAVE ENTRIES.	
REASON	2	424-425	N	1-26,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
HEARING REQUEST?	1	426	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AID PAID PENDING?	1	427	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF REQUEST FOR HEARING=1(YES).	
NOTICE #3	1	428	N	3,SPACE	NOTICE #3 TO HAVE ENTRY IF AND ONLY IF REASONS AND HEARING REQUEST HAVE ENTRIES.	
REASON	2	429-430	N	1-26,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
HEARING REQUEST?	1	431	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AID PAID PENDING?	1	432	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF REQUEST FOR HEARING=1(YES).	
NOTICE #4	1	433	N	4,SPACE	NOTICE #4 TO HAVE ENTRY IF AND ONLY IF REASONS AND HEARING REQUEST HAVE ENTRIES.	
REASON	2	434-435	N	1-26,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
HEARING REQUEST?	1	436	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AID PAID PENDING?	1	437	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF REQUEST FOR HEARING=1(YES).	
CHILD/SPOUSAL SUPPORT					ITEMS 44 AND 46 TO HAVE IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 44-CWD PAYMENT	1	438	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 45-DISREGARD	3	439-441	N	1-50,99 SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 44=1(YES).	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 46-DIRECT PAYMENT	1	442	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 47-DISREGARD	3	443-445	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 46=1(YES).	
EARNED INCOME						
ITEM 48-EIC?	1	446	N	1,2 SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 18=1-9998.	
ITEM 49-EIC AMOUNT	3	447-449	N	1-600,999,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 48=1(YES).	
SHELTER ARRANGEMENT						
ITEM 50-APPL DATE					MUST HAVE ENTRY.	
MONTH	2	450-451	N	1-12,99		
YEAR	2	452-453	N	55-85,99		
ITEM 51-SHELTER AT APP	1	454	N	1,2,9	MUST HAVE ENTRY.	
ITEM 52-SHELTER CURR	1	455	N	1,2,9	MUST HAVE ENTRY.	
ITEM 53-SHELTER						
DSS	1	456	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 53C IS CHECKED.	
TYPE	1	457	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 52=1(YES).	
ITEM 54-PAYMENT	4	458-461	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 52=1(YES).	
JOINT CUSTODY						
ITEM 55-JOINT CUSTODY?	1	462	N	1,2,9	MUST HAVE ENTRY.	
ITEM 56-NO OF CHILDREN	2	463-464	N	1-10,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 55=1(YES).	
ITEM 57-OT PARENT AID	1	465	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 55=1(YES).	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 58-ARRANGEMENT DSS	1	466	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 58D IS CHECKED.	
TYPE	1	467	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ONLY ONE ENTRY IF AND ONLY IF ITEM 55=1(YES).	
FILLER		468-500		SPACES	MUST BE BLANK.	

AFDC Quarterly Characteristics Survey

Codes for Standard Half

Item 5c - refer to analyst for codes

Item 6 - Other (basis for deprivation)

01 Illegal alien parents unemployment
02 Deported
03 Incarceration
04 Institutionalized

Item 21e - Other (cash contributions from persons not in AU)

01 Illegal alien parent contribution
02 SSI Parent contribution
03 Minor's parent contribution
04 Gift (aunt, grandmother, etc.) church donation
05 Mother contribution-sanctioned-not cooperation with the DA
06 Adult child contribution
07 GA contribution
08 Grant from another state
09 UIB from parent not in AU
10 Contribution from excluded parent

Item 22 - Other Cash Income

01 Room & Board
02 V.A. Benefits
03 Rental income
04 Interest
05 Workman's Comp. (disability)
06 Union Retirement
07 Federal or state income tax refund
08 Sale of property
09 Training Allowance
10 Note or loan repaid
11 Extra money from absent parent-going directly to AU
12 Trust fund
13 SDI
14 Spouse support
15 Lump sum remainder
16 General assistance

13/4/85

April '85 Q-AFDC Survey
Variable half codes

Item 43. Reason NOA sent

01	Food stamp discont./change
02	Increase in net non-exempt income
03	Incomplete CA7/incorrect CA7
04	CA-7 not returned
05	pending verification
06	W/D suspend
07	grant decrease
08	AFDC discont. - father fully employed
09	delete person from AU
10	overpayment deduction
11	failure to comply w/yearly redetermination
12	absent parent returned - no deprivation
13	failure to provide verification of employment
14	denial of fed. financial participation
15	failure to register for work
16	Balderas notice
17	whereabouts unknown
18	no verification of 16 yr. olds school enrollment
19	failure to cooperate w/ EDD - WIN
20	pregnancy special need discontinued
21	failed to keep appt.
22	failure to provide verification of tax return filing
23	failure to cooperate
24	income exceeds MAP

(over)

26 - denial application
27 - medical discount

12/9/85

Update '85 G-AFDC Survey
Variable half codes

Item 53c Other shelter

1	trailer, mobile home, camper
2	motel
3	group home
4	free housing

Item 58d. Other custody arrangement

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN

OCTOBER 1985 SURVEY

The appropriate entry for a ☐ is a cross ☒; for a [ ] it is a number [3,3]. Round all numbers - no spaces are allowed for cents.
PLEASE COMPLETE IN NO. 2 LEAD PENCIL.

A. COUNTY | C. CASE NUMBER (CO / AID / SERIAL) | B. CASE NAME (LAST, FIRST) | D. STATE USE | E. STATE USE | F. STATE USE

OF DEPRIVATION
(all items applicable to "This Assistance Unit")

1. Parent(s) absent but not dead, deported or institutionalized ☐
2. Parent(s) deceased ☐
3. Incapacitated parent(s) in home
   a. Incapacitated parent(s) recipient "This AU" ☐
   b. Incapacitated parent(s) not a recipient "This AU" ☐
4. Unemployment deprivation based on: *(Principal earner parent)*
   a. FATHER'S unemployment ☐
   b. MOTHER'S unemployment ☐
5. Case did not meet FEDERAL definition of "Unemployed Parent" *(designated in 4)* because:
   a. Parent not attached to labor force *(work experience lacking or insufficient by federal law)* ☐
   b. Pregnant woman *(no other children/not in last trimester)* ☐
   c. Other *(specify)* ____ DSS ☐
6. Other *(specify)* ____ DSS ☐

ADDITIONAL CASE INFORMATION
(Check all items applicable to "This Assistance Unit")

7. Unrelated Adult Male in home ☐
8. Stepparent in home
   a. Stepparent recipient "This AU" ☐
   b. Stepparent not a recipient "This AU" ☐
9. Unmarried parent recipient "This AU" ☐
   Multiple Grant Household
   a. SSI/SSP ☐
   b. Another AFDC-AU ☐
   c. Cash General Assistance ☐
11. Nonneedy Relative is the Caretaker ☐

HOUSEHOLD AND AU COMPOSITION

	HOUSEHOLD	AU
12 Number of persons		
13. Number of adults		
14. Number of children		
15. Unborn child		

16 Assistance Unit NAMES	PERSON NUMBER	CHECK ONE FED	NON-FED	ESST PER	AGE (YEARS)	SEX	CITIZEN
ADULTS Mother	50	☐1	☐2	☐3			☐1 YES ☐2 NO
Father	60	☐1	☐2	☐3			☐1 YES ☐2 NO
OTHER Adult	70	☐1	☐2	☐3		☐1 M ☐2 F	☐1 YES ☐2 NO
CHILDREN (LIST OLDEST FIRST)	01	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	02	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	03	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	04	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	05	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	06	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
	07	☐1	☐2			☐1 M ☐2 F	☐1 YES ☐2 NO
TOTAL PERSONS							

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD

17. Not applicable - no income *(check box and skip to 33)* ☐
18. Total gross earnings of AU *(enter here and in 27)*

	PERSON NUMBER	HOURS WORKED	GROSS EARNINGS
a.			
b.			

19. Social Security
20. UIB *(person number(s))*
21. Cash contributions from persons who are not recipients in this AU:
    a. Absent parent(s)
    b. Unemployed parent
    c. Unrelated Adult Male
    d. Stepparent
    e. Other *(specify)* ____ DSS
22. Other cash income *(specify)* ____ DSS
23. Income in-kind
24. Total income *(total of 18 through 23)*

NET INCOME USED TO COMPUTE OCTOBER GRANT

25. Late CA-7, income disregards not allowed *(check box and enter 0 in 28a, b, c and d)* ☐
26. 4-month limit expired, $30 + 1/3 not allowed *(check box and enter person number(s) not allowed $30 + 1/3)* ☐
    a. [ ] b. [ ]
27. Total gross earnings of AU *(same as 18)*
28. Income disregards allowed:
    a. Standard work expense
    b. Dependent care
    c. 630 and 1/3
    d. 630
    e. Total deductions *(total of a + b + c + d)*
29. Net non-exempt earnings *(27 minus 28e)*
30. Other cash income *(total of 19 + 20 + 21 + 22)*
31. Income in-kind *(same as 23)*
32. Total Net Non-exempt income *(total of 29 + 30 + 31)*

GRANT COMPUTATION (Letters refer to CA 30)

33. Maximum Aid Payment (A)
34. Total Net Non-exempt income *(same as 32)* (A.2.)
35. Basic grant (if less than $10, enter 0) *(33 minus 34)*
36. Overpayment Adjustment in basic grant (C)
37. Total *(35 minus 36)*
38. Special Needs *(Check box for type(s) and enter total paid)* a. Pregnancy ☐ b. Recurring ☐ c. Nonrecurring ☐ (A.1)
39. Monthly Aid Payment *(37 plus 38)* (D)

ABSENT PARENT(S) SUPPORT

Complete this section if Item 1 is checked and there is an entry in Item 14 AU. *(Otherwise skip to Item 46)*

40. Has a child support obligation been established for any child(ren) in this AU? ☐1 YES ☐2 NO
    (If NO, skip to Item 46)
    IF YES:
41. Number of children in this AU obligated to support — ABSENT PARENT | ABSENT PARENT | ABSENT PARENT
42. Support obligation *(check one)*:
    a. Court ordered ☐1 ☐2
    b. Parent's agreement *(voluntary)* ☐1 ☐2
43. Amount of support ordered or agreed
44. Amount actually paid in October 1985
    If entry in Item 44 is greater than zero: *(Otherwise skip to Item 46)*
45. To whom paid *(check one)*:
    a. County agency ☐1 ☐2
    b. Directly to family ☐1 ☐2

WIN — Complete For All AU Members Age 16+

46. Not applicable — not a WIN county *(check box and skip to 54)* ☐
47. Are any members of the AU age 16+ registered for WIN? ☐1 YES ☐2 NO
    (If NO, skip to Item 54)
    IF YES:
48. Number that are WIN registered
49. Do any of the registrants in Item 48 speak only a non-English language? ☐1 YES ☐2 NO
    (If NO, skip to Item 52)
    IF YES:
50. Number of non-English speaking registrants
51. Language spoken *(specify)* * ____ DSS
52. Are any of the WIN registrants in Item 48 deferred from participation? ☐1 YES ☐2 NO
    (If NO, skip to Item 54)
    IF YES:
53. Number deferred by reason for deferral:
    a. Taking at least 12 units of school and have a child under age six
    b. Other *(specify)* ____ DSS

CHILD AND/OR SPOUSAL SUPPORT DISREGARD PAYMENT

Complete this section only if Item 1 is checked. *(Otherwise skip to Item 58)*

54. Did the AU receive a child and/or spousal support disregard payment from the CWD in October 1985? ☐1 YES ☐2 NO
    (If NO, skip to Item 56)
    IF YES:
55. What was the amount of the disregard payment? AMOUNT
56. Did the AU receive a child and/or spousal support payment directly from an absent parent in August 1985? ☐1 YES ☐2 NO
    (If NO, skip to Item 58)
    IF YES:
57. How much of the payment was disregarded in the October 1985 grant computation? AMOUNT

LUMP SUM INCOME

Since January 1985:

58. Has this AU received a lump sum payment?
    (If NO, skip to Item 60)
    IF YES:
59. Specify, for each occurrence, the source, amount, month received, whether the lump sum was considered a "windfall" pursuant to the Stephens court order.

	SOURCE	DSS	AMOUNT	MONTH REC'D
a.				
b.				

STANDARD FILING UNIT

NOTE: DO NOT COMPLETE THIS SECTION UNTIL YOU HAVE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM FOR ITEMS 60 THROUGH 68

60. In August 1985, did any children in the AU have income which was used in the October 1985 grant computation?
    (If NO, skip to Item 63)
    IF YES:
61. Number of children in Item 60
62. Specify, by person number from Item 16, the source and amount of income in the grant computation. Also indicate whether the child was added after January 31, 1985.

	PERSON NUMBER OF PERS	SOURCE	DSS	AMOUNT
a.				
b.				

63. In August 1985, did any children in the AU have an unaided sibling living in the household who had income which was used in the October 1985 grant computation?
    (If NO, skip to Item 66)
    IF YES:
64. Number of unaided siblings in Item 63
65. Specify for each unaided sibling the source and amount of income in the grant computation.

UNAIDED SIBLING	SOURCE	DSS
A		
B		

66. In August 1985, did any of the children in the AU or their unaided siblings have an unaided natural or adoptive parent living in the household who had income which was used in the October 1985 grant computation?
    (If NO, skip to Item 69)
    IF YES:
67. Number of unaided parents in Item 66
68. Specify for each unaided parent the source and amount of income in the grant computation.

UNAIDED PARENT	SOURCE	DSS
A		
B		

69. YOUR NAME *(PLEASE PRINT)* | TELEPHONE NUMBER ( ) AREA CODE

INSTRUCTIONS — AID TO FAMILIES WITH DEPENDENT CHILDREN SURVEY

PURPOSE

In order to analyze and estimate the effect of court cases, proposed legislation and regulations, to prepare the budget and to facilitate decision-making, it is necessary to have complete, accurate and timely information on the socio-economic characteristics of AFDC recipients.

UDY MONTH

ber 1985 is the study month. This means that we want to gather information on this case see what was happening, or had been happening, to affect the amount of the October AFDC grant. Who was in the family, were they all on AFDC; what was the maximum aid; what income was deducted to arrive at the October grant, etc? If there were earnings deducted, how much were the work-related expenses for those particular earnings?

GENERAL INSTRUCTIONS

All money entries on this survey form are to be in whole dollars. Drop the cents if 49 cents or less, add a dollar if 50 cents or more. When entering the amounts in the spaces provided, enter the number to the far right, like this $ | | 6 | 9 | The appropriate entry for a ☐ is a cross X

ITEM INSTRUCTIONS

Identification Section, Items A through C:
Enter the information requested. The case number Item C, consists of four parts: the county code, the aid code, the case serial number, and, in the last position, the number assigned to the AU.

Basis of Deprivation (Items 1 - 6)
Read down the entire list and check any and all statements that as far as you know, were true of this Assistance Unit (AU) in the study month

1 **Parent Absent** — To answer here, one or more of the children in the AU must have an absent parent, but not because of death, imprisonment or institutionalized. (EAS 41-450)

2 **Death** — If a child(ren) in the AU is deprived of parental support because either parent is deceased, check here. (EAS 41-420)

3. **Incapacity** — If either parent or both parents are physically or mentally incapacitated, check here. Indicate whether the incapacitated parent(s) is a member of the AU. (EAS 41-430)

4 **Unemployment Deprivation** — Indicate which parent is establishing the basis of deprivation due to unemployment. (EAS 41-440)

5 **Not Eligible For Federal Participation** — If the case does not meet the Federal definition of "Unemployed Parent", indicate reason for ineligibility. (EAS 41-440.4)

6 **Other** — If a child(ren) is deprived for any other reason than listed above,please specify the reason the child(ren) was eligible for AFDC.

ional Case Information — Read down the entire list and if any statements, as far as you know, ue of this Assistance Unit (AU) in the study month, check them.

Unrelated Adult Male — Check here if there is a man in the household who is unrelated by blood, marriage or adoption to anyone in the AU. (EAS 43-109 2)

8 **Legal Stepparent** — To answer here, the stepparent must be married to the parent of one or more of the children in the AU but not be their natural parent. Indicate whether the stepparent is a recipient in this AU. (EAS 44-133 6)

9 **Unmarried Parent** — Check here if the parent of at least one child in the AU is not married to the child's other natural parent and is a recipient in this AU. (EAS 44-203.331)

10. **Multiple Grant Household** — If another grant is being received by a member or members of the household, check which type of aid(s) is being received. Check "general assistance" only if the grant is made entirely from county monies, i.e., county supplementation of a categorical aid grant is not considered to be general assistance. (Use the comment section if you have any doubts.)

11 **Nonneedy Relative is the Caretaker** — Use the definition in EAS 44-115.71 which states that the following are not nonneedy relatives — natural or adoptive parents, stepparents, or other adults whose needs are being met through any categorical aid program.

12 –15 **Household Composition** — This item classifies the people in the Household and AU and their number in a variety of ways. Enter the number of persons in each category. Everyone living in the household should appear in some category of the household column. Members of "This AU" should appear in the AU column and should also be included in the household counts. Unborn children should be considered persons for the household counts.

16 **Assistance Unit** — Enter the names of the persons in this AU who are receiving an AFDC grant Enter Mother's name by person number 50 and Father's name by person number 60. Other Adult, person number 70, could be a grandmother, aunt, etc. Enter the children's names on the following lines, listing oldest child first, next oldest, etc.

Federal Eligibility /Essential Persons — For each person in the AU, indicate whether he is eligible, ineligible or considered an essential person for federal financial participation (EAS 44-209)

Age — Enter the age of each recipient as of the first of the study month. Enter zero for children under one year of age, one for children one year but less than two years of age, etc. If age is unknown, make an estimate.

ex — Indicate the sex of Other Adult and each child

Citizen — Indicate the citizenship (U.S.) status of each member of the AU. (EAS 42-430)

Total Income Received in the Budget Period (Items 17-24) — Amounts entered here should be the income received in the budget period that was actually used to compute the grant. It may be actual income received in a prior month or the estimated amount of income for the study month.

17. **Not Applicable — No Income** — Check the box if the AU had no income, in cash or in-kind, to be considered when determining the AFDC aid payment. (EAS 44-101)

18. **Gross Earnings** — Enter the total amount of gross earnings of the AU. Indicate who earned the wages by using the person number from Item 16, the number of hours worked and the amount earned. Do not enter earnings of children who qualify for the student exemption. (EAS 44-111.22) Include amounts of advance Earned Income Credit, received or assumed.

19. **Social Security** — Enter the total amount of Social Security benefits received by members of the AU.

20. **UIB** — Unemployment Insurance Benefits shall be entered in this item only if the person receiving the benefits is a member of this AU. If the person receiving UIB is not a grant recipient but is contributing part of his/her UIB to this AU, enter the amount contributed in Item 21b (if a parent) or Item 21e (if a person other than the perent).

21. **Cash Contributions From Persons Who Are Not Recipients In This AU**

a. **Absent Parent(s)** — This item is limited to cases in which the absent perent's contribution is going directly to the family and the amount deducted as income when the grant is computed.

b. **Unemployed Parent** — If an unemployed parent is excluded from the AU, enter that portion of his income, including UIB, that is considered income to the AU. (EAS 44-133.3)

c. **Unrelated Adult Male** — Enter the amount of the actual contribution made by the UAM. (EAS 44-113.5)

d. **Stepparent** — Enter the actual amount made available to the AU by a stepparent. (EAS 44-133.6)

e. **Other (Specify)** — Specify the relationship of the contributor (i.e. minor parent's, senior parent(s) or legal guardian(s)) to the AU and the amount contributed.

22. **Other Cash Income (Specify Source)** — List amounts of any income not entered above and specify the source. For example, veteran's benefits, income from boarder or roomer, or income from property would be entered in this item.

23. **In-Kind Income** — Income in-kind refers to living expenses that are provided free and, by regulation, are deducted as income. (EAS 44-101.8)

24. **Total Income** — Enter the sum of Items 18 through 23.

25. **Late CA-7, Income Disregards Not Allowed** — If the AU failed to return a timely CA-7 as required by EAS 40-181.22 and the income disregards were not allowed, check the box and enter "0"in Item 28 a, b, c, and d.

26. **4-Month Limit Expired** — If any person in the AU had earnings and received the $30 and 1/3 exemption for four consecutive months and is no longer eligible for it, check box and enter their person number(s). (EAS 44-111.232)

27. **Total Gross Earnings of AU** — Enter the amount of gross earnings of the AU. This item should be the same as Item 18.

28. **Income Disregards Allowed** — Enter the amounts used to compute net nonexempt earnings.

a. **Standard Work Expense** — Enter the amount allowable under EAS 44-113.214.

b. **Dependent Care** — Enter the total amount of the dependent care allowed for this AU. (EAS 44-113.215).

c. **$30 & 1/3 Exemption** — Enter the $30 and 1/3 disregard. (EAS 44-113.216)

d. **$30** — Enter the $30 disregard (EAS 44-113.217).

e. **Total Daductions** — Enter the sum of 28 a+b+c+d.

29. **Net Non-Exempt Earnings** — Subtract Item 28e from Item 27. Enter the difference.

30. **Other Cash Income** — Enter the sum of Items 19, 20, 21 and 22.

31. **In-Kind Income** — As in Item 23, in-kind income refers to living expenses that are provided free and are deducted as income. (EAS 44-101.8)

32. **Total Net Non-Exempt Income** — The total net income used in computing the AFDC grant should equal the sum of Items 29, 30, and 31. If not, please explain in the comment section.

Grant Computation (Items 33-39) - These items correspond in content to items on the AFDC Budget Worksheet, State Form CA 30. The letters in parentheses refer to the Form CA 30 (for example, Item A, Maximum Aid Payment). If items do not balance, explain in comments, i.e., proration occurred in the study month.

33. **Maximum Aid Payment** — Enter the maximum aid for the number of recipients in the AU from the Maximum Aid Table. (Same as Item A, Maximum Aid.) (EAS 44-315.411)

34. **Total Net Non-Exempt Income** — Enter the amount of net non-exempt income. This should equal Item 32.

35. **Basic Grant (if less than $10, enter 0)** — Subtract Item 34 from Item 33. Enter the difference.

36. **Overpayment Adjustment in Basic Grant** — If the basic grant was adjusted to compensate for prior months overpayment(s), enter the amount of the adjustment.

37. **Total** — Subtract Item 36 from Item 35. Enter the difference.

38. **Special Needs** — Indicate the type of special needs by checking the appropriate box and enter the amount received. If more than one, enter the total. (EAS 44-211)

39. **Monthly Aid Payment** — Enter the sum of Items 37 and 38. This is the total amount of aid paid.

40.—**Absent Parent(s) Support** — Complete this section for each absent parent of
45. AU. If a child support obligation has been established for any child(ren)
"YES" in Item 40 and enter the number of children obligated to supp
Items 42-44 indicate whether the support obligation was court ordered or
of support ordered or agreed and the amount actually paid in October 19
not paid in October enter zero in Item 44 and skip to Item 46 If the
greater than zero, complete Item 45 indicating to whom support was paid

46.—**WIN** — If your county is not a WIN county, check the box in Item 46 an
53. If your county is a WIN county, indicate in Item 47 whether or not any
age 16+ are registered for WIN If any members of the AU are
enter the number registered in Item 48 and indicate in Item 49 whether an
speak **only** a non-English language. If Item 49 is "YES", enter the
English speaking registrants and the specific language spoken in It
Indicate in Item 52 whether any of the registrants in Item 48 are
participation. If Item 52 is "YES", enter the number of deferred reg
for deferral in Item 53.

54.—**Child and/or Spousal Support Disregard Payments** — Complete this sec
57. under Basis of Deprivation is checked. Otherwise, skip to Item 58. If
disregard payment from the CWD in the study month of October 198
in Item 54 and enter the amount of the disregard in Item 55. If the AU
payment directly from an absent parent in August 1985, answer "YES
enter in Item 57 the amount that was disregarded in the October 1985 grant

58.—**Lump Sum Income** — If this AU has received a lump sum payment sin
59. answer "YES" in Item 58. In Item 59 specify for each occurrence, the
the month in which the lump sum was received and whether it was consi
pursuant to the Stephens court order. Clarified information regarding the
the Stephens court order was transmitted in All-County Letter 85-67

60.—**Standard Filing Unit** — This section collects data on those persons (pa
68. who are required to be included in the AU. **Items 60 through 62** — I
any child in the AU had income which was used in the October 1985
answer "YES" in Item 60 and enter the number of children in Item 61 i
by person number, the source, amount of income used in the grant comput
the child was added to the AU after January 31, 1985

Items 63 through 65 — This set of questions collects information on
of children in the AU The following persons, if they are living in the s
aided child but are not included in the AU, shall be considered unaid
natural or adoptive brother, half-brother, sister or half-sister who are them
eligible for aid. **DO NOT** include siblings who are undocumented aliens
an unaided sibling, per the above definition, was living in the same house
child and had income in August 1985 which was used in the October 19
"YES" in Item 63 and enter the number of those uneided siblings in Iten
for each unaided sibling, indicate the source and amount of income use
grant computation.

Items 66 through 68 — These items gather information on unaided natural
who are living in the household with their aided or unaided children. For th
section only natural or adoptive unaided parents are to be considered when
66-68. **DO NOT** include stepparents, senior parents, legal guardians
alien parents. In August 1985, if an unaided natural or adoptive pare
the household with their aided or unaided child and they had income wh
the October 1985 grant computation, answer "YES" in Item 66 Enter
number of unaided parents reported in Item 66. In Item 68 indicate,
parent, the source and amount of income which was used to compute the Octo

69. **Your Name and Telephone Number** — Please print your name in the space
have questions about the case which was surveyed Therefore, please pu
number in the space provided giving your office extension if necessary.

Thank you for filling out this survey form.

Comments _____

may 31, 1985

JOB NAME: OCTOBER 1985 QUARTERLY AFDC CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE: 120
DPS NO. 120
FREQUENCY: ONE-TIME
REQUESTER NAME: DIANE YAMAMOTO
DATE ORIGINATED:
REVISION DATES:

FILE IDENTIFICATION: BPPSB.QAFDC.P1085
BLOCKING FACTOR:
RECORD LENGTH: 500
SOURCE DOCUMENT FORM NO.: CA 1000(10/85)

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM C-CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-58		VERIFY WITH ITEM A.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30 IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
FBU	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM D-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM E-REGION CODE	1	14	N	1-5	MUST HAVE NON-ZERO ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
BASIS OF DEPRIVATION						
ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=30,THEN ITEM 1,2,3, OR 6 MUST HAVE ENTRY.	
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AU	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B-INCAP PAR-NOT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=35, THEN ITEM 4A OR 4B MUST BE CHECKED. IF ITEM 4A OR 4B IS CHECKED, THEN ITEM 5A,B OR C MAY OR MAY NOT BE CHECKED. BUT IF ITEM 5A,B, OR C IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5A-NOT ATTACHED	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5B-PREGNANT MOM	1	22	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 5B IS CHECKED THEN ITEM 12(AU=1 AND ITEM 16(MOTHER) HAS ENTRIES.	IF THIS BOX IS CHECKED,IT MUST BE A ONE-PERSON MOM AU.
ITEM 5C-STATE USE	2	23-24	N	1-15,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5C IS CHECKED.	REFER TO ANALYST FOR CODES.
ITEM 5C-OTHER NONFED	1	25	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	IF REASON ENTERED IS UNEMPLOYED LESS THAN 30 DAYS, REFER TO ANALYST.
ITEM 6-OTHER STATE USE	2	26-27	N	1-15,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 6 IS CHECKED.	CODES: 01-ILLEGAL ALIEN PARENT'S UNEMPLOYMENT (NOT TO BE USED AFTER 10/85) 02-DEPORTED 03-INCARCERATED 04-INSTITUTIONALIZED 05-98 SEE ANALYST
ITEM 6-OTHER DEPRIV	1	28	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	6	29-34				
ADDITIONAL CASE INFO						
ITEM 7-UAM	1	35	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A-STEPPAR IN AU	1	36	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B-STPPAR NOT AU	1	37	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B-ANOTHER AU	1	40	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 11-NONNEEDY REL	1	42	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	43-47				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
HH & AU COMPOSITION					IF ITEM 12AU=1 AND ITEM 13AU=1, THEN ITEM 15HH MUST HAVE A NON-ZERO ENTRY.	FOR HH COLUMN, ITEM 12=13+14+15. FOR AU COLUMN, ITEM 12=13+14. ENTRIES IN HH COLUMN FOR ITEMS 12-14 MUST BE GREATER THAN OR EQUAL TO ENTRIES IN AU COLUMN FOR ITEMS 12-14. AT LEAST ONE ADULT MUST BE IN THE HH TO CARE FOR THE CHILDREN. IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8B,10, OR 11, THEN ITEM 12-HH MUST BE GREATER THAN ITEM 12-AU.
ITEM 12-HH	2	48-49	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 12-AU	2	50-51	N	1-20	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-HH	2	52-53	N	1-10	MUST HAVE NON-ZERO ENTRY.	
ITEM 13-AU	2	54-55	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-HH	2	56-57	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 14-AU	2	58-59	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY. TO BE ZERO IF AND ONLY IF ITEM 16(PERSON 01) IS BLANK.	
ITEM 15-HH	2	60-61	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
FILLER	5	62-66				
ITEM 16-AU					ELIGIBILITY STATUS TO HAVE ENTRY IF AND ONLY IF THE REST OF THE LINE(AGE,SEX(IF APPLICABLE), AND CITIZEN STATUS) HAVE ENTRIES.	
PERSON 50-MOTHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	MOTHER OR FEMALE RELATIVE CARETAKER.
PERSON 50-ELIG	1	69	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS.
PERSON 50-AGE	2	70-71	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	AID CODE 30 CASES CAN HAVE NONFED PERSONS,BUT MUST BE MOM
PERSON 50-CITIZEN	1	72	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	ONLY AUS.
PERSON 60-FATHER	2	73-74	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	FATHER OR MALE RELATIVE CARETAKER.
PERSON 60-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	ONLY UNEMPLOYED STEPPARENTS CAN BE ESSENTIAL PERSONS.
PERSON 60-AGE	2	76-77	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 60-CITIZEN	1	78	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 70-OT ADULT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-AGE	2	82-83	N	1-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-SEX	1	84	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-CITIZEN	1	85	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 01 IS BLANK, THEN ITEM 15 MUST HAVE A NON-ZERO ENTRY OR ITEM 10A MUST BE CHECKED.	
PERSON 01-ELIG	1	88	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	89-90	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	91	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	92	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02	2	93-94	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	96-97	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	98	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	99	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	103-104	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	105	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	106	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	110-111	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	112	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	113	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	117-118	N	0-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	119	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	120	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-ELIG	1	123	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	124-125	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	126	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	127	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-ELIG	1	130	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-AGE	2	131-132	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-SEX	1	133	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	134	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-ELIG	1	137	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-AGE	2	138-139	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-SEX	1	140	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	141	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-ELIG	1	144	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-AGE	2	145-146	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-SEX	1	147	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-CITIZEN	1	148	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-ELIG	1	151	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	152-153	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	154	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-CITIZEN	1	155	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-ELIG	1	158	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-AGE	2	159-160	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-SEX	1	161	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-CITIZEN	1	162	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-ELIG	1	165	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-AGE	2	166-167	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	168	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-CITIZEN	1	169	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY.	TOTAL PERSONS=FED+NONFED+ESST PERS TOTAL PERSONS=ITEM 12AU.
FILLER	28	172-199				
TOTAL INC BUDGET PER ITEM 17-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 17 TO BE CHECKED IF AND ONLY IF ITEMS 18-32 ARE BLANK.	
ITEM 18-GROSS EARNINGS	4	201-204	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 18=ITEMS 18A+18B(GROSS EARN) ITEM 18=ITEM 27.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 19A-PERS NUMBER	2	205-206	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	
ITEM 18A-HRS WORKED	3	207-209	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR EIC.
ITEM 18A-EARNINGS	4	210-213	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 18B-PERS NUMBER	2	214-215	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. PERSON NUMBER MUST HAVE NON-ZERO ENTRY IF AND ONLY IF HRS AND GROSS EARNINGS HAVE NON-ZERO ENTRIES.	
ITEM 18B-HRS WORKED	3	216-218	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE 0 IF ITEM 18 IF FOR EIC.
ITEM 18B-EARNINGS	4	219-222	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	AMT MUST BE LESS THAN 150% OF THE MBSAC FOR THIS AU PLUS THE AMT OF SPECIAL NEEDS ENTERED IN ITEM 38.
ITEM 19-SOC SECURITY	4	223-226	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	IF ITEM 19 IF GREATER THAN 0, THERE SHOULD BE AN ENTRY IN ITEMS 2,3A OR 38--IF NOT,REFER TO ANALYST
ITEM 20-UIB						ONLY UIB RECEIVED BY AU MEMBERS
ITEM 20-PERSON NO 1	2	227-228	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 20-AMT HAS A NON-ZERO ENTRY.	SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB,THE AMT SHOULD BE ENTERED IN ITEM 21B.
ITEM 20-PERSON NO 2	2	229-230	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY, ITEM 20(AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 20-UIB AMT	4	231-234	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 21A-ABS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 21A HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 21B-UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 21C-UAM	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY, IF ITEM 21C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 21D-STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY, IF ITEM 21D HAS A NON-ZERO ENTRY, THEN ITEM 88 MUST BE CHECKED.	
ITEM 21E-STATE USE	2	251-252	N	1-15,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01=ILLEGAL ALIEN PARENT CONTRIBUTION 02-SSI PARENT CONTRIBTUION 03-MINOR'S PARENT CONTRIBUTION 04-GIFT(AUNT,GRANDMOTHER,ETC), CHURCH DONATION 05-MOTHER CONTRIBUTION-SANCTIONED-NOT COOPERATION WITH THE DA 06-ADULT CHILD CONTRIBUTION 07-GA CONTRIBUTION 08-GRANT FROM ANOTHER STATE 09-UIB FROM PARENT NOT IN AU 10-CONTRIBUTION FROM EXCLUDED PARENT 11=EXCLUDED CHILD CONTRIBUTION 12-98 SEE ANALYST
ITEM 21E-OTHER CONT	4	253-256	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 21E HAS NON-ZERO ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 22-STATE USE	2	257-258	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01-ROOM & BOARD 02-VA BENEFITS 03-RENTAL INCOME 04-INTEREST 05-WORKMAN'S COMPOSITION (DISABILITY) 06-UNION RETIREMENT 07-FEDERAL OR STATE INCOME TAX REFUND 08-SALE OF PROPERTY 09-TRAINING ALLOWANCE 10-NOTE OR LOAN REPAID 11-EXTRA MONEY FROM ABSENT PARENT GOING DIRECTLY TO THE AU 12-TRUST FUND 13-SDI 14-SPOUSAL SUPPORT 15-LUMP SUM REMAINDER 16-GENERAL ASSISTANCE 17-98 SEE ANALYST
ITEM 22-OTHER CASH	4	259-262	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 22 HAS NON-ZERO ENTRY.	
ITEM 23-INCOME INKIND	4	263-266	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 23=ITEM 31.
ITEM 24-TOTAL INCOME	4	267-270	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 24=ITEMS 18+19+20+21A+21B+21C+21D+21E+22+23.
FILLER	7	271-277				
NET INC FOR OCT GRANT ITEM 25-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 18 HAS A NON-ZERO ENTRY AND ITEM 28A-D ARE ZERO.	
ITEM 26-4 MO TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 26A-PERS NUMBER	2	280-281	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 26 IS CHECKED.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 26B-PERS NUMBER	2	282-283	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 26 MUST BE CHECKED.	
ITEM 27-GROSS EARNINGS	4	284-287	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 27=ITEM 18.
ITEM 28A-STD WRE	4	288-291	N	75,150,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28A HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	IF AMOUNT IS NOT $75 OR $150, SEND CASE THROUGH FOR OTHER EDIT CHECKS AND REFER TO ANALYST. IF CASE HAD 30+1/3 OR 30 AND NOT WRE, REFER TO ANALYST.
ITEM 28B-DEP CARE	4	292-295	N	0-225,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28B HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE AU FOR PERSONS WORKING 100 HRS OR MORE.
ITEM 28C-$30+1/3	4	296-299	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28C HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 18A AND/OR 18B HAVE NON-ZERO ENTRIES, AND ITEM 26 IS CHECKED, ITEM 28C MUST BE BLANK.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER WRE, AND DEPENDENT CARE DEDUCTIONS ARE DEDUCTED. VERIFY WITH CONVERSION TABLES. CROSS CHECK WITH ITEMS 18A AND 18B.
ITEM 28D-$30	4	300-303	N	0,30,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 28D HAS A NON-ZERO ENTRY, ITEM 27 MUST HAVE A NON-ZERO ENTRY.	
ITEM 28E-TOTAL DEDUCT	4	304-307	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF THERE IS AT LEAST ONE NON-ZERO ENTRY IN ITEMS 28A-D.	ITEM 28E=ITEMS 28A+B+C+D
ITEM 29-NET NONEX EARN	4	308-311	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 29=ITEMS 27-28E
ITEM 30-OTHER CASH INC	4	312-315	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 30=ITEMS 19+20+21A+21B+21C+21D+21E+22
ITEM 31-INCOME INKIND	4	316-319	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 31=ITEM 23
ITEM 32-TOTAL NET NONX	4	320-323	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	ITEM 32=ITEM 29+30+31
FILLER	11	324-334				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
GRANT COMPUTATION ITEM 33-MAXIMUM AID	4	335-338	N	288-1243	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IF AND ONLY IF(IFF) MAP=288 AU=2 IFF MAP=474 AU=3 IFF MAP=587 AU=4 IFF MAP=698 AU=5 IFF MAP=796 AU=6 IFF MAP=895 AU=7 IFF MAP=982 AU=8 IFF MAP=1071 AU=9 IFF MAP=1156 AU=10 OR MORE IFF MAP=1243.	
ITEM 34-TOTAL NET NONX	4	339-342	N	0-2500,SPACES	MUST HAVE ENTRY.	ITEM 34=ITEM 32. IF ITEM 32=BLANK, RECODE ITEM 34 TO 0000.
ITEM 35-BASIC GRANT	4	343-346	N	1-1243	MUST HAVE NON-ZERO ENTRY.	ITEM 35=ITEM 33-34 DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES. GRANT COMPUTATION MUST REFLECT CORRECT GRANT.
ITEM 36-OVERPAY ADJ	4	347-350	N	0-1243	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 37-TOTAL	4	351-354	N	1-1243	MUST HAVE NON-ZERO ENTRY.	ITEM 37=ITEM 35-36.
ITEM 38-SPECIAL NEEDS					MUST HAVE ENTRY IN THE AMOUNT FIELD. TO HAVE NON-ZERO ENTRY IF AND ONLY IF THERE IS AT LEAST ONE ENTRY IN THE TYPE FIELD.	SHOULD NOT EXCEED $15, EXCEPT IF ITEM 15 HAS A NON-ZERO ENTRY- THEN IT MAY BE $70.
A-PREGNANCY	1	355	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-RECURRING	1	356	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	357	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	358-361	N	0-70	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 39-TOTAL AMT PAID	4	362-365	N	1-1350	MUST HAVE ENTRY.	ITEM 39=ITEM 37+38.
ABSENT PARENT SUPPORT ITEM 40-OBLIG ESTAB?	1	366	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE AN ENTRY IF AND ONLY IF ITEM 1 IS CHECKED AND THERE IS A NON-ZERO ENTRY IN ITEM 14AU.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 41-NO OF CHILDREN						
PARENT A	2	367-368	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 40=YES.	ENTRY CANNOT BE GREATER THAN ITEM 14AU.
PARENT B	2	369-370	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	ENTRY CANNOT BE GREATER THAN ITEM 14AU.
PARENT C	2	371-372	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	ENTRY CANNOT BE GREATER THAN ITEM 14AU.
ITEM 42-OBLIGATION						
PARENT A	1	373	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 40=YES.	
PARENT B	1	374	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	
PARENT C	1	375	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	
ITEM 43-AGREED SUPPORT						
PARENT A	4	376-379	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 40=YES.	
PARENT B	4	380-383	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	
PARENT C	4	384-387	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	
ITEM 44-SUPPORT PAID						
PARENT A	4	388-391	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 40=YES.	
PARENT B	4	392-395	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	
PARENT C	4	396-399	N	0-1000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 40=YES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 45-TO WHOM PAID						
PARENT A	1	400	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 44A HAS A NON-ZERO ENTRY.	
PARENT B	1	401	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 44B MUST HAVE A NON-ZERO ENTRY.	
PARENT C	1	402	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 44C MUST HAVE A NON-ZERO ENTRY.	
WIN ITEM 46-NA-NO WIN	1	403	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF COUNTY=2,3,5,6,8,9,11,14,17,18,22,23,25,26,28,29,31,32,35,45-47,51-53,55,58).	
ITEM 47-WIN STATUS	1	404	N	1,2,3,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 46 IS BLANK. ITEM 47=3(NA) IF AND ONLY IF ITEM 46 IS BLANK AND ITEM 13(AU)=0.	
ITEM 48-REGISTRANTS	1	405	N	1-8,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 47=YES.	
ITEM 49-NO ENGLISH?	1	406	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 47=YES.	
ITEM 50-NUMBER NO ENG	2	407-408	N	1-20,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 49=YES.	
ITEM 51-LANGUAGE	2	409-410	N	1-~~10~~ 20,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 49=YES.	
ITEM 52-WIN DEFERRED	1	411	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 47=YES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 53-DEFERRAL REAS						
A-SCHOOL	1	412	N	1-8,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 52=YES.	
B-OTHER						
DSS	2	413-414	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 53B IS CHECKED.	
NO. DEFERRED	1	415	N	1-8,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 52=YES.	
CHILD/SPOUSAL SUPPORT ITEM 54-DISRGRD PAYMNT	1	416	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 55-DISREGARD AMT	3	417-419	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 54=YES.	
ITEM 56-DIRECT PAYMENT	1	420	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 1 IS CHECKED.	
ITEM 57-DIRECT AMOUNT	3	421-423	N	0-50,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 56=YES.	
LUMP SUM INCOME ITEM 58-LUMP SUM?	1	424	N	1,2	MUST HAVE ENTRY.	
ITEM 59-LUMP SUM TYPE						
A-DSS	2	425-426	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 58=YES, AND ITEM59A-AMT, MONTH REC'D, AND "WINDFALL" LUMP SUM HAVE ENTRIES.	
AMOUNT	4	427-430	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTH RECEIVED	2	431-432	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WINDFALL STATUS	1	433	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-DSS	2	434-435	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM59B-AMT HAS AN ENTRY, THEN ITEM 58=YES, MONTH REC'D, AND "WINDFALL" LUMP SUM MUST HAVE ENTRIES.	
AMOUNT	4	436-439	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTH RECEIVED	2	440-441	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
WINDFALL STATUS	1	442	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
STANDARD FILING UNIT						
ITEM 60-KIDS W/INCOME	1	443	N	1,2	MUST HAVE ENTRY.	
ITEM 61-NUMBER OF KIDS	1	444	N	1-8,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 60=YES.	
ITEM 62-SOURCE						
A-NO OF CHILDREN	2	445-446	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 60=YES AND ITEM 62A-DSS, AMOUNT, AND AFTER 1/31/85 HAVE ENTRIES.	
DSS	2	447-448	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	449-452	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
AFTER 1/31/85	1	453	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-NO OF CHILDREN	2	454-455	N	1-10,SAPCES	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 60=YES AND ITEM 62B-DSS, AMOUNT, AND AFTER 1/31/85 MUST HAVE ENTRIES	
DSS	2	456-457	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY.	
AMOUNT	4	458-461	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
AFTER 1/31/85	1	462	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 63-UNAIDED SIBLNG	1	463	N	1,2	MUST HAVE ENTRY.	
ITEM 64-NUMBER UNAIDED	2	464-465	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 63=YES.	
ITEM 65-UNAIDED SOURCE						
A-DSS	2	466-467	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 63=YES AND ITEM 65A AMOUNT HAS AN ENTRY.	
AMOUNT	4	468-471	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-DSS	2	472-473	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 63=YES AND ITEM 65B AMOUNT MUST HAVE ENTRY.	
AMOUNT	4	474-477	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 66-UNAIDED PARENT	1	478	N	1,2	MUST HAVE ENTRY.	
ITEM 67-NUMBER UNAIDED	1	479	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST HAVE ENTRY IF AND ONLY IF ITEM 66=YES.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 68-UNAIDED SOURCE						
A-DSS	2	480-481	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY, MUST HAVE ENTRY IF AND ONLY IF ITEM 66=YES AND ITEM 68A AMOUNT HAS AN ENTRY.	
AMOUNT	4	482-485	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY,	
B-DSS	2	486-487	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY, IF THERE IS AN ENTRY, THEN ITEM 66=YES AND ITEM 68B AMOUNT MUST HAVE ENTRY.	
AMOUNT	4	488-491	N	1-1000,SPACES	MAY OR MAY NOT HAVE ENTRY,	
FILLER	9	492-500		SPACES	MUST BE BLANK,	

AFDC Quarterly Characteristics Survey

Codes for Standard Half

Item 5c - refer to analyst for codes

Item 6 - Other (basis for deprivation)

01 Illegal alien parents unemployment
02 Deported
03 Incarceration
04 Institutionalized

Item 21e - Other (cash contributions from persons not in AU)

01 Illegal alien parent contribution
02 SSI Parent contribution
03 Minor's parent contribution
04 Gift (aunt, grandmother, etc.) church donation
05 Mother contribution-sanctioned-not cooperation with the DA
06 Adult child contribution
07 GA contribution
08 Grant from another state
09 UIB from parent not in AU
10 Contribution from excluded parent

Item 22 - Other Cash Income

01 Room & Board
02 V.A. Benefits
03 Rental income
04 Interest
05 Workman's Comp. (disability)
06 Union Retirement
07 Federal or state income tax refund
08 Sale of property
09 Training Allowance
10 Note or loan repaid
11 Extra money from absent parent going directly to AU
12 Trust fund
13 SDI
14 Spouse support
15 Lump sum remainder
16 General assistance

10/85 Quarterly AFDC Survey - Variable half codes

Item 51 - Language Spoken

01 Spanish ✓
02 Vietnamese ✓
03 Vietnamese/Chinese
04 Chinese ✓
05 Dari
06 Laotian ✓
07 Hmong
08 Korean ✓
09 Armenian
10 Cambodian ✓
11 Russian
12 Polish
13 Iranian
14 Portuguese
15 Afghani
16 Mien
17 Ethiopian
18 Persian

Item 53 - Reason WIN deferred

01 medical problem
02 remoteness
03 care for SSI child
04 language barrier w/ workshop program
05 undocumented - NO SSN
06 family crisis
07 last semester of training
08 employed 15-30 hrs a week - part-time ee
09 pregnancy
10 child care problems
11 drinking problem
12 win sanction
13 [illegible]
14 illegal principal PW earner
15 registered in another office participation deferred while reinvestigation takes place

10/85 Quarterly AFDC Survey - Variable help codes

Item 59. Source of lump sum

04 SSA
05 injury settlement
06 disability
07 SSI/SSP
10 - insurance settlement on home fire
11 - pension for deceased person

Item 62. Child in the AU - income

01 SSA
02 Child Support

Item. 65. Unaided siblings income

01 SSA

Item 68. unaided parents income

01 Earnings - employment
02 UIB

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN

April 1986 Survey

A SE NUMBER — AID — SERIAL — AU | B DSS | C DSS

D COUNTY | E CASE NAME (LAST FIRST)

BASIS OF DEPRIVATION ("x" all that apply)

1 Parent(s) absent but not dead, deported incarcerated or institutionalized ☐1
2 Parent(s) deceased ☐2
3 Incapacitated parent(s) in home:
a Recipient in this AU ☐3
b Not a recipient in this AU ☐4
4 Unemployment deprivation based on:
a. Father who is the principal earner ☐5
b. Mother who is the principal earner ☐6
5 Other (specify) _____ ☐7 DSS
6 If case did not meet FEDERAL definition of "Unemployed Parent" (item 4) designate reason:
a Parent not attached to labor force (work experience lacking or insufficent by federal law) ☐8
b Pregnant woman (no other children/not in last trimester) ☐9

ADDITIONAL CASE INFORMATION ("x" all that apply)

7. Unrelated Adult Male in home ☐1
8 Stepparent in home:
a Recipient in this AU ☐2
Not a recipient in this AU ☐3
9 Unmarried parent recipient in this AU ☐4
10 Multiple Grant Household
a. SSI/SSP ☐5
b Another AFDC-AU ☐6
c Cash General Assistance ☐7
d Other (specify) _____ ☐8 DSS
11 Nonneedy Relative is the Caretaker ☐9

HOUSEHOLD AND AU COMPOSITION

For each category enter number of.

	UNBORN CHILD	ADULTS	CHILDREN	TOTAL PERSONS
12 Household composition		+	+	=
13 AU composition		+	+	=

14 Assistance Unit — For all members of the AU enter name and "x" the appropriate box in each category	PERSON NUMBER	FEDERAL ELIG FED 1	NON FED 2	ESST PERS 3	SEX M 1	F 2	CITIZEN YES 1	NO 2	AGE (YRS)
NAMES									
MOTHER	50								
FATHER	60								
OTHER ADULT	70								
CHILDREN (OLDEST FIRST)	01								
	02								
	03								
	04								
	05								
	06								
	07								
	08								
	09								
	10								
TOTAL PERSONS									

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD

15. No income received in the budget period ("x" box and skip to item 31) ☐1
16. Total gross earnings of AU:
a. Person number
b. Hours worked
c. Gross earnings
17. UIB (Enter person(s) number(s) and total amount received)
18. Social Security
19 Cash contributions from persons who are not recipients in this AU:
a Absent parent(s)
b. Unemployed parent
c. Unrelated Adult Male
d Stepparent
e Other (specify): _____ DSS
20 Other cash income (specify): _____ DSS
21 Income in-kind
22. Total income (total of items 16 - 21)

NET INCOME USED TO COMPUTE THE APRIL GRANT

23 Late CA-7, income disregards not allowed ("x" box and enter 0 in items 26a-d) ☐1
24 4-month limit expired, $30 + 1/3 not allowed ("x" box and enter person(s) number(s)) ☐1
25. Total gross earnings of AU (same as amount in item 16c)
26. Income disregards allowed
a. Standard work expense
b. Dependent care
c. $30 and 1/3
d. $30
e. Total deductions (total of a - d)
27. Net non exempt earnings (item 25 minus 26e)
28 Other cash income (total of items 17 — 20)
29 Income in-kind (same as amount in item 21)
30 Total Net Non exempt income (total of items 27 — 29)

GRANT COMPUTATION (Letters next to boxes refer to the CA 30)

31. Maximum Aid Payment (A)
32. Total Net Nonexempt income (same as amount in item 30) (A.2)
33. Basic grant (if less than $10, enter 0) (Item 31 minus 32)
34 Overpayment Adjustment in basic grant (C)
35. Total (Item 33 minus 34)
36 Special Needs (A.1)
Type of special need:
a. Pregnancy ☐1
b. Recurring ☐2
c. Nonrecurring ☐3
37 Monthly Aid Payment (total of items 35 and 36) (D)

SOCIAL SERVICES

38. Indicate whether there was a request or referral for social services at the most recent application or redetermination and specify type. ("x" all that apply)

	NONE	CHDP	FAMILY PLANNING	OTHER SERVICES
a. Requested	☐1	☐2	☐3	☐4
b. Referred	☐1	☐2	☐3	☐4

MINOR PARENT

39. Is there a minor parent in this AU? (If NO, skip to item 43) If YES. YES ☐1 NO ☐2
40. Is the minor parent attending school? YES ☐1 NO ☐2
41. In February 1986, was the minor parent living with a senior parent (legal guardian who was not a member of the AU? (If NO, skip to item 43) If YES: YES ☐1 NO ☐2
42. Enter the amount of net nonexempt income the senior parent(s)/legal guardian(s) contributed to the AU in the budget period for the April, 1986 grant

OVERPAYMENTS

In the past 12 months.
43. Was this AU overpaid for any reason? (If NO, skip to item 55) If YES: YES ☐1 NO ☐2
44. Reason for the most recent overpayment: ("x" all that apply)
a. Administrative error ☐1
b. Applicant/recipient error ☐2
c. Other (specify) _____ ☐3 OSS
45. If overpayment in item 44 was due to excess property, specify by type of property, the net market value, number of months retained, and whether the CWD recorded a lien

	REAL PROPERTY	PERSONAL PROPERTY
a. Net market value		
b. Number of months retained		
c. Did the CWD record a lien?	YES ☐1 NO ☐2	YES ☐1 NO ☐2

FOR OVERPAYMENT IN ITEM 44:
46. Was the case referred to the Special Investigative Unit? YES ☐1 NO ☐2
47. Number of months the overpayment occurred
48. What was the total amount to be recouped?
49. Amount that has been recouped
50. Number of months the recoupment has occurred
51. Was an adjustment made to the April 1986 grant to recoup for the overpayment? (If NO, skip to item 53) If YES: YES ☐1 NO ☐2
52. Enter the amount of each source used to compute the recoupment:
a. Grant amount before recoupment
b. Gross earned income
c. Net nonexempt earned income
d. Other net nonexempt income
e. Liquid resources
53. Have other recoupment methods been used to collect this overpayment? (If NO, skip to item 55) If YES: YES ☐1 NO ☐2
54. Enter the amount of recoupment by method:
a. Balancing against underpayment
b. Voluntary grant offset
c. Cash settlement
d. Civil judgement
e. Other (specify) _____ OSS

UNDOCUMENTED ALIENS

55. Are any aliens living in this household who are excluded from this AU because they are undocumented? (If NO, skip to item 64) If YES. YES
56. Enter number excluded who are:
a Parents of children aided in this AU
b Other children of excluded parents
(If item 56a is blank skip to item 62)
57 Did the excluded parent(s) have earned income in the April 1986 budget period? YES
(If NO and item 56b is blank, skip to item 64)
(If NO and item 56b has an entry, skip to item 62)
If YES, enter amount of
58 Total gross earnings
59. Standard work expense
60. Dependent care expense
61. Verified recurring special needs
62. Did the excluded child(ren) have income in the budget period for April, 1986? (If NO, skip to item 64) If YES: YES
63. Specify source and amount received:
a. _____
b _____

CHILD CARE ARRANGEMENTS IN APRIL OTHER TH

64. Not applicable — child was cared for by their parent/caretaker relative who was not working or in training
(If item 64 has an "x", skip to item 67)
65. Child care arrangement:

	NUMBER OF CHILDREN	HOURS	DAYS	MO. COS
a. Child cares for self				
b Parent/caretaker relative cares for child while working				
c Care provider cares for child in AU's home				
d. Child cared for out of home in				

ENTER TOTAL FOR CHILDREN RECEIVING CARE IN APRIL

(1) Foster family home
Foster family home is. (CHECK ONE)
Licensed ☐1
Unlicensed ☐2
License status unknown ☐3
(2) Preschool/ child care center
(3) Other (specify) _____
e. Other (specify) _____

66. If child care cost is zero in item 65c, d, or e, indicate reason
a. Administrative expense of:
(1) State Department of Education ☐1
(2) County Welfare Department ☐2
(3) Other public/private agency (specify) _____ ☐3
b Child care is subsidized by federal funds ☐4
c. Care provider does not charge for care ☐5
d. Other (specify) _____ ☐6

67 YOUR NAME (PLEASE PRINT) | TELEPHONE NUMBER ( ) AREA CODE

INSTRUCTIONS — AID TO FAMILIES WITH DEPENDENT CHILDREN SURVEY

PURPOSE

In order to analyze and estimate the effect of court cases, proposed legislation and regulations, to prepare the budget and to facilitate decision-making, it is necessary to have complete, accurate and timely information on the socio-economic characteristics of AFDC recipients.

MONTH

.86 is the study month. This means we want to gather information to see what was or ...een happening to affect the status of the Assistance Unit (AU) during the study month of April Unless otherwise specified on the survey schedule, all items should reflect the status of "This AU" during the study month

GENERAL INSTRUCTIONS

PLEASE COMPLETE THIS FORM IN NO. 2 PENCIL. The appropriate entry for a ☐ is ☒. All money entries are to be in whole dollars There are no spaces allowed for cents. When entering numbers in the spaces provided, enter the number to the far right like this | | |3|3|

ITEM INSTRUCTIONS

Identification Section (Items A - E) — Enter the information requested The case number (Item A) consists of four parts the county code, the aid code, the case serial number, and the AU number. Verify that all these numbers correspond to the numbers listed on the sample list for this case. If there is a discrepancy, please provide an explanation in the comments section of this form Items B and C are for "state use only"

Basis of Deprivation (Items 1 - 6) — Read down the entire list and "X" any and all statements that as far as you know, were true of "This AU" during the study month

1. **Parent Absent** — To answer here, one or more of the children in the AU must have an absent parent, but not because of death, deportation, incarceration or institutionalization. (EAS 41-450)
2. **Death** — If a child(ren) in the AU is deprived of parental support because either parent is deceased, "X" here (EAS 41-420)
3. **Incapacity** — If either parent or both parents are physically or mentally incapacitated, "X" here. Indicate whether the incapacitated parent(s) is a member of the AU (EAS 41-430)
4. **Unemploymant Deprivation** — Indicate which parent is establishing the basis of deprivation due to unemployment (EAS 41-440)
5. **Other** — If a child(ren) is deprived for any other reason than listed above,please specify the reason the child(ren) was eligible for AFDC
6. **Not Eligible For Federal Participation** — If the case does not meet the Federal definition of "Unemployed Parent", indicate reason for ineligibility. (EAS 41-440.4)

...al Case Information (Items 7 - 11) — Read down the entire list and "X" any and all statements that as far as you know, were true of "This AU" during the study month

...nrelated Adult Male — Indicate here if there is a man in the household who is unrelated by blood, marriage or adoption to anyone in the AU (EAS 43 109 2)

8. **Stepparent** — To answer here, the stepparent must be married to the parent of one or more of the children in the AU but not be their natural parent Indicate whether the stepparent is a recipient in this AU (EAS 43-103.3)
9. **Unmarried Parent** — Answer here if the parent of at least one child in the AU is not married to the child's other natural parent and is a recipient in this AU (EAS 43 103 4)
10. **Multiple Grant Household** — If another grant is being received by a member or members of the household, "X" which type of aid(s) is being received Indicate "general assistance" only if the grant is made entirely from county monies, i.e., county supplementation of a categorical aid grant is not considered to be general assistance Specify in Item 10d any grant(s) being received other than those listed in Items 10a, b, or c
11. **Nonneedy Relative is the Caretaker** — Use the definition in EAS 44-115 71 which states that the following are not nonneedy relatives — natural or adoptive parents, stepparents, or other adults whose needs are being met through any categorical aid program

12 - 14. **Household and AU Composition** — This section classifies the number of people in the Household and AU in a variety of ways For each category, enter the number of people in the appropriate item Everyone living in the household should appear in some item of the household category. All members of the AU should appear in some item of the AU category and should also be included in the household counts.

Assistance Unit — Enter the names of all the persons included in the AU Enter Mother's name by person number 50 and Father's name by person number 60 Other Adult, person 70, could be a grandmother, aunt, etc Enter the children's names on the following lines listing the oldest first, next oldest second, etc.

Federal Eligibility/Essential Persons — For each person in the AU, indicate whether they are eligible, ineligible or considered an essential person for federal financial participation. (EAS 44-209)

Sex — Indicate the sex of Other Adult and each child

...tizen — Indicate the citizenship (U.S.) status of each member of the AU. (EAS 42-430)

...e — Enter the age of each recipient as of the first of the study month. Enter zero for children ...der one year of age, one for children one year but less than two years of age, etc. If age is unknown, make an estimate.

Total Income Received in the Budget Period (Items 15-22) — Amounts entered here should be the income received in the budget period that was actually used to compute the grant It may be actual income received in a prior month or the estimated amount of income for the study month.

15. **No income received in the budget period** — If the AU had no income, in cash or in-kind, to be considered when determining the AFDC aid payment, "X" the box and skip to Item 31. (EAS 44-101)
16. **Gross Earnings** — Enter the total amount of gross earnings of the AU. Indicate who earned the wages by using the person number from Item 14, the number of hours worked and the amount earned. Do not enter earnings of children who qualify for the student exemption. (EAS 44-111.22) Include amounts of advance Earned Income Credit, received or assumed.
17. **UIB** — Unemployment Insurance Benefits shall be entered in this item only if the person receiving the benefits is a member of this AU. If the person receiving UIB is not a grant recipient but is contributing part of his/her UIB to this AU, enter the amount contributed in Item 19b (if a parent) or Item 19e (if a person other than the parent).
18. **Social Security** — Enter the total amount of Social Security benefits received by members of the AU
19. **Cash Contributions From Persons Who Are Not Recipients in This AU**
    a. **Absent Parent(s)** — This item is limited to cases in which the absent parent's contribution is going directly to the family and the amount deducted as income when the grant is computed.
    b. **Unemployed Parent** — If an unemployed parent is excluded from the AU, enter that portion of his income, including UIB, that is considered income to the AU. (EAS 44-133.3)
    c. **Unrelated Adult Male** — Enter the amount of the actual contribution made by the UAM. (EAS 44-113.5)
    d. **Stepparent** — Enter the actual amount made available to the AU by a stepparent. (EAS 44-133.6)
    e. **Other (Specify)** — Specify the relationship of the contributor (i.e. minor parent's, senior parent(s) or legal guardian(s)) to the AU and the amount contributed.
20. **Other Cash Income (Specify)** — List amounts of any income not entered above and specify the source. For example, veteran's benefits, income from a boarder or roomer, or income from property would be entered in this item.
21. **In-Kind Income** — Income in-kind refers to living expenses that are provided free and, by regulation, are deducted as income. (EAS 44-101.8)
22. **Total Income** — Enter the sum of Items 16 through 21.
23. **Late CA-7, Income Disregards Not Allowed** — If the AU failed to return a timely CA-7 as required by EAS 40-181.22 and the income disregards were not allowed, "X" the box and enter "0"in Item 26 a, b, c, and d.
24. **4-Month Limit Expired** — If any person in the AU had earnings and received the $30 and 1/3 exemption for four consecutive months and is no longer eligible for it, "X" the box and enter their person number(s) from Item 14. (EAS 44-111.232)
25. **Total Gross Earnings of AU** — This entry should be the same as the entry for total gross income in Item 16 c
26. **Income Disregards Allowed** — Enter the amounts used to compute net nonexempt earnings.
    a **Standard Work Expense** — Enter the amount allowable under EAS 44-113 214.
    b **Dependent Care** — Enter the total amount of the dependent care allowed for this AU (EAS 44-113 215).
    c. **$30 & 1/3 Exemption** — Enter the $30 and 1/3 disregard. (EAS 44-113.216)
    d **$30** — Enter the $30 disregard (EAS 44-113.217)
    e **Total Deductions** — Enter the sum of Item 26a through 26d.
27. **Net Nonexempt Earnings** — Subtract Item 26e from Item 25 Enter the difference.
28. **Other Cash Income** — Enter the sum of Items 17 through 20.
29. **Income In-Kind** — This entry should be the same as the entry in Item 21.
30. **Total Net Nonexempt Income** — The total net income used in computing the AFDC grant should equal the sum of Items 27, 28, and 29. If not, please explain in the comment section.

Grant Computation (Items 31 - 37) — These items correspond in content to items on the AFDC Budget Worksheet, State Form CA 30. The letters in parentheses refer to the Form CA 30 (for example, Item A, Maximum Aid Payment). If items do not balance, explain in comments, i.e., proration occurred in the study month.

31. **Maximum Aid Payment** — Enter the maximum aid for the number of recipients in the AU from the Maximum Aid Table. (Same as Item A, Maximum Aid.) (EAS 44-315.411)
32. **Total Net Nonexempt Income** — Enter the amount of net nonexempt income. This entry should be the same as the entry in Item 30.
33. **Basic Grant (if less than $10, enter 0)** — Subtract Item 32 from Item 31. Enter the difference.
34. **Overpayment Adjustment in Basic Grant** — If the basic grant was adjusted to compensate for prior months overpayment(s), enter the amount of the adjustment.
35. **Total** — Subtract Item 34 from Item 33. Enter the difference.
36. **Special Needs** — Enter the total amount received and indicate the type(s) of special needs by putting an "X" in the appropriate box(es) (EAS 44-211)
37. **Monthly Aid Payment** — Enter the sum of Items 35 and 36. This is the total amount of aid paid.
38. **Social Services** — Indicate in this section whether the AU requested or was re... services at the time of their most recent application or redetermination I... referral for social services was indicated on either the CA2 (Social Service... 6) or the CA20 (page 2, Item 13), specify the type of social services requested or ...

39. - 42. **Minor Parent** — A Minor Parent is a parent who is less than 19 years o... minor parent also includes a pregnant woman less than 19 years of age wh... children in the home. If there is a minor parent in this AU, answer "YES" ... indicate in Item 40 whether the minor parent is attending school. If in F... the minor parent was living with a senior parent/legal guardian who was n... the AU, answer "YES" in Item 41. In Item 42, enter the amount of net non... contributed to the AU by the senior parent/legal guardian during the ba... the April, 1986 grant.

43. - 54. **Overpayments** — Indicate in this section whether this AU was overpaid ... in the past 12 months (May, 1985 - April, 1986). If any overpayment occu... once during this period, answer Items 44-54 for the most recent incident ... within this section are self-explanatory, however, please note these speci... for Item 45. Item 45 gathers information regarding overpayments that o... excess real and/or personal property. If the net market value of the real/pe... fluctuated during the time it was in excess (i.e., stocks, bonds, etc.) ent... what the amount of the net market value was at its highest point

55. - 63. **Undocumented Aliens** — If there are any aliens living with the members o... are excluded because they cannot provide documentation for eligibility pu... "YES" in Item 55. In Item 56 enter the number of excluded parents of ... this AU and the number of other excluded children of the excluded parents ... not documented. Answer whether the excluded parents had earned income that ... in the budget period for the April grant in Item 57. If the excluded pare... income, enter the amounts requested in Items 58-61 using the budget comp... April, 1986 grant. Answer in Item 62 whether the excluded child(ren) had ... budget period for the April grant and, if "YES" enter the source and amo... come in Item 63.

64. - 66. **Child Care Arrangements In April Other Than School** — If in April the p... relative provided care for the child(ren) in the home because they were ... in training, "X" the box in Item 64 and skip to Item 67 Otherwise, indi... how care for the child(ren) was provided while parent/caretaker relative w... in training. Enter the number of children according to who provided the ca... appropriate boxes, enter the total number of hours, days and total cost ... the AU. If the child care in April was provided at no cost to the AU, indi... the reason there was no charge

67. **Your Name and Telephone Number** — Please print your name in the space pr... have questions about the case which was surveyed. Therefore, please put ... number in the space provided giving your office extension if necessary

Thank you for filling out this survey form

Comments _____

STATISTICAL SERVICES — SAS JOB VALUES AND PROCEDURE

JOB NAME: APRIL 1986 QUARTERLY AFDC CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE: ~~12400~~
CPS NO. ~~12500~~
FREQUENCY: ONE-TIME
REQUESTER NAME: JUDY LEE
DATE ORIGINATED:
REVISION DATES:

FILE IDENTIFICATION: BPPSB.CAFCC.P048E
BLOCKING FACTOR:
RECORD LENGTH: 600
SOURCE DOCUMENT FORM NO.: CA 1000(04/86)

Computer edit

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM A-CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-58		VERIFY WITH ITEM D.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30 IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
AL	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM B-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM C-REGION CODE	1	14	N	1-5	MUST HAVE NON-ZERO ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
BASIS OF DEPRIVATION						
ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=30,THEN ITEM 1,2,3, OR 5 MUST HAVE ENTRY.	
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AU	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B-INCAP PAR-NCT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=35, THEN ITEM 4A OR 4B MUST BE CHECKED. IF ITEM 6A OR 6B IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5-OTHER DEPRIV	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5-DSS	1	22	N	2-8, SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5 IS CHECKED.	CODES: 1-ILLEGAL ALIEN PARENT'S UNEMPLOYMENT (NOT TO BE USED AS OF 10/85) 2-DEPORTED 3-INCARCERATED 4-INSTITUTIONALIZED 5-8 SEE ANALYST
ITEM 6A-NOT ATTACHED	1	23	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 6B-PREGNANT MOM	1	24	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 6B IS CHECKED THEN ITEM 13-TOTAL PERSONS=1 AND ITEM 14 (MOTHER) HAS ENTRIES.	
FILLER	10	25-34				
ADDITIONAL CASE INFO ITEM 7-UAM	1	35	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A-STEPPAR IN AU	1	36	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B-STPPAR NOT AU	1	37	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B-ANOTHER AU	1	40	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10D-OTHER	1	42	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10E-DSS	1	43	N	1-8, SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 10D IS CHECKED.	CODES: 1-FOSTER CARE
ITEM 11-NONNEEDY REL	1	44	N	1, SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	3	45-47				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
HH & AL COMPOSITION					IF ITEM 13-TOTAL PERSONS=1 AND ITEM 13-ADULTS=1, THEN ITEM 12-UNBORN CHILD MUST HAVE A NON-ZERO ENTRY. ITEM 12 TOTAL EQUALS ITEM 12 UNBORN+ADULTS+CHILDREN. ITEM 13 TOTAL EQUALS ITEM 13 ADULTS +CHILDREN. ITEM 12 ENTRIES IN ALL CATEGORIES GREATER THAN OR EQUAL ITEM 13 CATEGORIES. IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8B,10 OR 11, THEN ITEM 12-TOTAL PERSONS MUST BE GREATER THAN ITEM 13-TOTAL PERSONS.	
ITEM 12-HH COMP						
UNBORN CHILD	2	48-49	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ADULTS	2	50-51	N	1-10,SPACES	MUST HAVE NON-ZERO ENTRY.	
CHILDREN	2	52-53	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	54-55	N	1-20,SPACES	MUST HAVE A NON-ZERO ENTRY.	
ITEM 13-AL COMP						
ADULTS	2	56-57	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
CHILDREN	2	58-59	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	60-61	N	1-20,SPACES	MUST HAVE NON-ZERO ENTRY.	
FILLER	5	62-66				
ITEM 14-AU					ELIGIBILITY STATUS TO HAVE ENTRY IF AND ONLY IF THE REST OF THE LINE(SEX(IF APPLICABLE), CITIZEN STATUS AND AGE) HAVE ENTRIES.	
PERSON 50-MOTHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 50-ELIG	1	69	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS, ITEM 8A MUST BE CHECKED.	
PERSON 50-CITIZEN	1	70	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 50-AGE	2	71-72	N	12-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 6C-FATHER	2	73-74	N	60,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 6C-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS, ITEM 6A MUST BE CHECKED.	
PERSON 6C-CITIZEN	1	76	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 6C-AGE	2	77-78	N	12-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 7L-OT ADLLT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 7C-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 7C-SEX	1	82	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 7C-CITIZEN	1	83	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 7C-AGE	2	84-85	N	18-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 01 IS BLANK, THEN ITEM 12-UNBORN MUST HAVE NON-ZERO ENTRY OR ITEM 10A MUST BE CHECKED.	
PERSON 01-ELIG	1	88	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	89	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	90	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	91-92	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02	2	93-94	N	02,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	96	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	97	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	98-99	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	103	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	104	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	105-106	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	110	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	111	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	112-113	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	117	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	118	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	119-120	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-ELIG	1	123	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	124	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	125	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	126-127	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-ELIG	1	130	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-SEX	1	131	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	132	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-AGE	2	133-134	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-ELIG	1	137	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-SEX	1	138	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	139	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-AGE	2	140-141	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-ELIG	1	144	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-SEX	1	145	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-CITIZEN	1	146	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-AGE	2	147-148	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-ELIG	1	151	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	152	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-CITIZEN	1	153	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	154-155	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-ELIG	1	158	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-SEX	1	159	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-CITIZEN	1	160	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-AGE	2	161-162	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-ELIG	1	165	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	166	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-CITIZEN	1	167	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-AGE	2	168-169	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY. TOTAL PERSONS=ITEM 13 TOTAL PERSONS.	TOTAL PERSONS=FED+NONFED+ESST PERS
FILLER	28	172-199				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
TOTAL INC BUDGET PER ITEM 15-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 15 TO BE CHECKED IF AND ONLY IF ITEMS 16-30 ARE BLANK.	
ITEM 16A-PERS NBR-CCL1	2	201-202	N	~~01-70~~ 50,60,70,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16A (COL1) MUST HAVE NON-ZERO ENTRY IF AND ONLY IF ITEMS 16B (COL1) AND 16C (COL1) HAVE NON-ZERO ENTRIES.	
ITEM 16A-PERS NBR-CCL2	2	203-204	N	~~01-70~~ 50,60,70,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16A (CCL2) MUST HAVE NON-ZERO ENTRY IF AND ONLY IF ITEMS 16B (COL2) AND 16C (CCL2) HAVE NON-ZERO ENTRIES.	
ITEM 16B-HRS WORK-CCL1	3	205-207	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE ZERO IF ITEM 16C(COL 1) IS FOR EIC.
ITEM 16B-HRS WORK-CCL2	3	208-210	N	0-180,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE ZERO IF ITEM 16(COL 1) IS FOR EIC.
ITEM 16C-EARNINGS-CCL1	4	211-214	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16C (CCL1) TO HAVE NON-ZERO ENTRY.IF AND ONLY IF ITEM 16C (CCL3) HAS A NON-ZERO ENTRY.	
ITEM 16C-EARNINGS-CCL2	4	215-218	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 16C (COL2) HAS A NON-ZERO ENTRY, THEN ITEM 16C (CCL3) MUST HAVE A NON-ZERO ENTRY.	
ITEM 16C-EARNINGS-CCL3	4	219-222	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16C(COL3)=ITEMS 16C(CCL1)+16C(CCL2).	
ITEM 17-UIB						
ITEM 17-PERSON NO 1	2	223-224	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 17-AMT HAS A NON-ZERO ENTRY.	ONLY UIB RECEIVED BY AU MEMBERS SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB, THE AMT SHOULD BE ENTERED IN ITEM 19B.
ITEM 17-PERSON NO 2	2	225-226	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY, ITEM 17 (AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 17-UIB AMOUNT	4	227-230	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 18-SOC SECURITY	4	231-234	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ~~IF ITEM 18 HAS A NON-ZERO ENTRY, THEN ITEM 2 OR 3 MUST HAVE AN ENTRY.~~	deleted 10/86

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 19A-ABS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19 HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 19B-UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 19C-UAM	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 19D-STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19D HAS A NON-ZERO ENTRY, THEN ITEM 88 MUST BE CHECKED.	
ITEM 19E-OTHER	4	251-254	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 19E-DSS HAS NON-ZERO ENTRY.	
ITEM 19E-DSS	2	255-256	N	1-8,10-15,99, SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01-ILLEGAL ALIEN PARENT CONTRIBUTION 02-SSI PARENT CONTRIBTUION 03-MINOR'S PARENT CONTRIBUTION 04-GIFT(AUNT,GRANDMOTHER,ETC), CHURCH DONATION 05-MOTHER CONTRIBUTION-SANCTIONED-NOT COOPERATION WITH THE DA 06-ADULT CHILD CONTRIBUTION 07-GA CONTRIBUTION 08-GRANT FROM ANOTHER STATE 09-DO NOT USE AS OF 10/85 10-CONTRIBUTION FROM EXCLUDED PARENT 11-EXCLUDED CHILD CONTRIBUTION 12-98 SEE ANALYST

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 20-OTHER CASH	4	257-260	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 20-DSS HAS NON-ZERO ENTRY.	
ITEM 20-DSS	2	261-262	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01-ROOM & BOARD 02-VA BENEFITS 03-RENTAL INCOME 04-INTEREST 05-WORKMAN'S COMPOSITION (DISABILITY) 06-UNION RETIREMENT 07-FEDERAL OR STATE INCOME TAX REFUND 08-SALE OF PROPERTY 09-SCHOOL/TRAINING ALLOWANCE 10-NOTE OR LOAN REPAID 11-EXTRA MONEY FROM ABSENT PARENT GOING DIRECTLY TO THE AU 12-TRUST FUND 13-SDI 14-SPOUSAL SUPPORT 15-LUMP SUM REMAINDER 16-GENERAL ASSISTANCE 17-SB SEE ANALYST
ITEM 21-INCOME INKIND	4	263-266	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 21=ITEM 29.	
ITEM 22-TOTAL INCOME	4	267-270	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 22=ITEMS 16C TOTAL+17+18+19A+19B+19C+19D+19E+20+21.	
FILLER	7	271-277				
NET INC FOR APR GRANT ITEM 23-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 16C-TOTAL HAS A NON-ZERO ENTRY AND ITEMS 26A-C ARE ZERO.	
ITEM 24-4 MO TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 24-PERS NER-COL 1	2	280-281	N	~~01-70~~,SPACES 50,60,70	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 24-4MO TIME LIMIT IS CHECKED.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 24-PERS NBR-CCL 2	2	282-283	N	~~01-70~~,SPACES 50,60,70	MAY OR MAY NOT HAVE ENTRY. IF ITEM 24(CCL2) HAS A NON-ZERO ENTRY, ITEM 24-4MO TIME LIMIT MUST BE CHECKED AND ITEM 24(CCL1) MUST HAVE A NON-ZERO ENTRY.	
ITEM 25-GROSS EARNINGS	4	284-287	N	0-2000,SPACES 0	MAY OR MAY NOT HAVE ENTRY. ITEM 25=ITEM 16C.	
ITEM 26A-STD WRE	4	288-291	N	75,150,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26A HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	
ITEM 26B-DEP CARE	4	292-295	N	0-320,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE AU FOR PERSONS WORKING 100 HRS OR MORE.
ITEM 26C-$30+1/3	4	296-299	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26C HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 16C(CCL3) HAS A NON-ZERO ENTRY AND ITEM 24-4 MO TIME LIMIT IS CHECKED, ITEM 26C MUST BE BLANK.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER STANDARD WRE, AND DEPENDENT CARE DEDUCTIONS ARE DEDUCTED. CROSS CHECK WITH ITEM 16C.
ITEM 26D-$30	4	300-303	N	0,30,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26C HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	
ITEM 26E-TOTAL DEDUCT	4	304-307	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 26E=ITEMS 26A+B+C+D. TO HAVE NON-ZERO ENTRY IF AND ONLY IF THERE IS AT LEAST ONE NON-ZERO ENTRY IN ITEMS 26A-D.	
ITEM 27-NET NONEX EARN	4	308-311	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 27=ITEMS 25-26E	
ITEM 28-OTHER CASH INC	4	312-315	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 28=ITEMS 17+18+19A+19B+19C+19D+19E+20.	
ITEM 29-INCOME INKIND	4	316-319	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 30-TOTAL NET NONX	4	320-323	N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 30=ITEM 27+28+29	
FILLER	11	324-334				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
GRANT COMPUTATION						
ITEM 31-MAXIMUM AID	4	335-338	N	288-1243	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IF AND ONLY IF(IFF) MAP=288 AU=2 IFF MAP=474 AU=3 IFF MAP=587 AU=4 IFF MAP=698 AU=5 IFF MAP=796 AU=6 IFF MAP=895 AU=7 IFF MAP=982 AU=8 IFF MAP=1071 AU=9 IFF MAP=1156 AU=10 OR MORE IFF MAP=1243.	
ITEM 32-TOTAL NET NONX	4	339-342	N	0-2500,SPACES	MUST HAVE ENTRY. ITEM 32=ITEM 30.	IF ITEM 30=BLANK, RECODE ITEM 32 TO 0000.
ITEM 33-BASIC GRANT	4	343-346	N	1-1243	MUST HAVE NON-ZERO ENTRY. ITEM 33=ITEM 31-32.	DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES.
ITEM 34-OVERPAY ADJ	4	347-350	N	0-1243	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 35-TOTAL	4	351-354	N	1-1243	MUST HAVE NON-ZERO ENTRY. ITEM 35=ITEM 33-34.	
ITEM 36-SPECIAL NEEDS					TO HAVE NON-ZERO ENTRY IF AND ONLY IF THERE IS AT LEAST ONE ENTRY IN THE TYPE FIELD.	
AMOUNT	4	355-358	N	0-70	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
A-PREGNANCY	1	359	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-RECURRING	1	360	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	361	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 37-TOTAL AMT PAID	4	362-365	N	1-1350	MUST HAVE ENTRY. ITEM 37=ITEM 35+36.	
SOCIAL SERVICES ITEM 38A-REQUESTED					MUST HAVE AT LEAST ONE ENTRY.	
NONE	1	366	N	1,SPACE		
CHDP	1	367	N	1,SPACE		
FAMILY PLAN	1	368	N	1,SPACE		
OTHER SERVS	1	369	N	1,SPACE		

right to 1

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 38B-REFERRED					MUST HAVE AT LEAST ONE ENTRY.	
NONE	1	370	N	1,SPACE		
CHDP	1	371	N	1,SPACE		
FAMILY PLAN	1	372	N	1,SPACE		
OTHER SERVS	1	373	N	1,SPACE		
MINOR PARENT						
ITEM 39-MIN PAR IN AU?	1	374	N	1,2	MUST HAVE ENTRY.	
ITEM 40-ATTENDING SCH?	1	375	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 39=YES.	
ITEM 41-LIV W/ SR PAR?	1	376	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 39=YES.	
ITEM 42-SR PAR CONTRIB	4	377-380	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 41=YES.	
OVERPAYMENTS						
ITEM 43-AU OVERPAID?	1	381	N	1,2	MUST HAVE ENTRY.	
ITEM 44-REASON					MAY OR MAY NOT HAVE ENTRY. MUST HAVE AT LEAST ONE ENTRY IN ITEM 44A-C IF AND ONLY IF ITEM 43=YES.	
A-ADMIN	1	382	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-APPLICANT	1	383	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-OTHER	1	384	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-OSS	1	385	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 44C (OTHER), IS CHECKED.	CODES TO BE ESTABLISHED.
ITEM 45-EXCESS PROP					MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY IN ITEM 45A (COL 1 OR 2), THEN ITEM 43=YES(1).	
A-VAL REAL PROP	4	386-389	N	0-4000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 45A REAL PROPERTY TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 45B REAL PROPERTY HAS A NON-ZERO ENTRY AND ITEM 45C REAL PROPERTY IS CHECKED.	
A-VAL PER PROP	4	390-393	N	0-4000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 45A PERSONAL PROPERTY TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 45B PERSONAL PROPERTY HAS A NON-ZERO ENTRY AND ITEM 45C PERSONAL PROPERTY IS CHECKED.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 45-CONTINUED						
B-MC REAL PROP	2	394-395	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
E-MC PER PROP	2	396-397	N	1-12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
C-CWC LIEN REAL	1	398	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
D-CWC LIEN PER	1	399	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 46-SIGT	1	400	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 47-MO OVERPAYMENT	2	401-402	N	1-~~12~~ 24,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 48-AMT TO RECOUP	4	403-406	N	1-~~3000~~ 9000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 49-AMT RECOUPED	4	407-410	N	0-3000,9999,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 50-MO OCCURRED	2	411-412	N	0-~~12~~ 24,99,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 51-ADJ APR GRANT	1	413	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 43=YES. ITEM 51=YES IF AND ONLY IF ITEM 34 HAS NON-ZERO ENTRY.	
ITEM 52-SOURCE AMOUNT					MAY OR MAY NOT HAVE ENTRIES. TO HAVE ENTRIES IF AND ONLY IF ITEM 51=YES.	
A-GRANT AMOUNT	4	414-417	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 52A ENTRY MUST BE EQUAL TO ENTRIES IN ITEM 33 AND ITEM 36.	ZERO FILL IF BLANK AND ITEM 51=YES./
B-GROSS EARNED	4	418-421	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 51=YES.
C-NET NONX EARN	4	422-425	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 51=YES.
D-OTHER NONX	4	426-429	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 51=YES.
E-CIO RESOURCES	4	430-433	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 51=YES.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 53-OTHER METHODS	1	434	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 43=YES.	
ITEM 54-AMT OF RECOUP					MAY OR MAY NOT HAVE ENTRIES. TO HAVE ENTRIES IF AND ONLY IF ITEM 53=YES.	
A-BALANCING	4	435-438	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 53=YES.
B-VOL OFFSET	4	439-442	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 53=YES.
C-CASH SETTLMENT	4	443-446	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 53=YES.
D-CIVIL JUDGEMT	4	447-450	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 53=YES.
E-OTHER	4	451-454	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY.	ZERO FILL IF BLANK AND ITEM 53=YES.
E-DSS	1	455	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 54E-OTHER HAS ENTRY.	CODES TO BE ESTABLISHED.
UNDOCUMENTED ALIENS						
ITEM 55-ALIEN N/IN AL	1	456	N	1-2	MUST HAVE ENTRY. IF ITEM 55=YES, THEN THERE	
ITEM 56-NUMBR EXCLUDED					MUST BE AT LEAST ONE NON-ZERO ENTRY IN ITEMS 56A OR B.	
A-PARENTS	1	457	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-OTHER CHILDREN	2	458-459	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 57-EXCL PAR INC?	1	460	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 56A HAS A NON-ZERO ENTRY.	
ITEM 58-TOTAL GROSS	4	461-464	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 57=YES.	ZERO FILL IF BLANK AND ITEM 57=YES
ITEM 59-SWE	3	465-467	N	0,75,150,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 57=YES.	ZERO FILL IF BLANK AND ITEM 57=YES
ITEM 60-DEPENDENT CARE	3	468-470	N	0-320,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 57=YES.	ZERO FILL IF BLANK AND ITEM 57=YES
ITEM 61-SPECIAL NEEDS	3	471-473	N	0-30,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 57=YES.	ZERO FILL IF BLANK AND ITEM 57=YES

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 62-EXCL CHILD INC	1	474	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 56B HAS A NON-ZERO ENTRY.	
ITEM 63-SOURCE/AMOUNT						
A-AMOUNT	4	475-478	N	1-2000,SPACES	MAY OR MAY NOT HAVE NON-ZERO ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 62=YES.	
A-OSS	1	479	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 63A AMOUNT HAS NON-ZERO ENTRY.	CODES TO BE ESTABLISHED.
B-AMOUNT	4	480-483	N	1-2000,SPACES	MAY OR MAY NOT HAVE NON-ZERO ENTRY. IF ITEM 63B AMOUNT HAS NON-ZERO ENTRY THEN ITEM 63A-AMOUNT MUST HAVE NON-ZERO ENTRY.	
B-OSS	1	484	N	1-9,SPACES	MAY OR MAY NOT HAVE NON-ZERO ENTRY. TO HAVE AN ENTRY IF AND ONLY IF ITEM 63B-AMOUNT HAS A NON-ZERO ENTRY.	CODES TO BE ESTABLISHED.
CHILD CARE ARRANGEMENT						
ITEM 64-NOT APPLICABLE	1	485	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEMS 65 AND 66 ARE BLANK.	
ITEM 65-CHLD CAR ARR					NUMBER OF CHILDREN COLUMN TO HAVE NON-ZERO ENTRY ONLY IF ITEM 13 "CHILDREN" HAS NON-ZERO ENTRY. ENTRY IN ITEM 65A-E "CHILDREN" COLUMN CANNOT BE GREATER THAN ENTRY IN ITEM 13 "CHILDREN".	
A-CHLD CARE SELF	2	486-487	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
B-PAR CARE CHILD	2	488-489	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
C-CARE PROVIDER						
NO OF CHILDREN	2	490-491	N	1-10,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65C HOURS, DAYS AND MONTHLY COST HAVE ENTRIES.	
HOURS	3	492-494	N	1-800,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	
DAYS	2	495-496	N	1-31,99,SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTHLY COST	4	497-500	N	10-640,999,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INST
ITEM 65C-OUT HOME CARE						
1-FOSTER FAMILY					MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF THERE IS AT LEAST ONE ENTRY IN THE TYPE FIELD (I.E., LICENSED, UNLICENSED, UNKNOWN).	
NO OF CHILDREN	2	501-502	N	1-10, SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65D(1) HOURS, DAYS AND MONTHLY COST HAVE ENTRIES.	
HOURS	3	503-505	N	1-800, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
DAYS	2	506-507	N	1-31, 99, SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTHLY COST	4	508-511	N	0-640, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
HOME TYPE	1	512	N	1, 2, 3	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65D1-NO OF CHILDREN HAS A NONZERO ENTRY.	
2-PRESCHOOL						
NO OF CHILDREN	2	513-514	N	1-10, SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65D(2) HOURS, DAYS AND MONTHLY COST HAVE ENTRIES.	
HOURS	3	515-517	N	1-800, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
DAYS	2	518-519	N	1-31, 99, SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTHLY COST	4	520-523	N	0-640, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
3-OTHER						
NO OF CHILDREN	2	524-525	N	1-10, SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65D(3) HOURS, DAYS, MONTHLY COST, AND "OSS" HAVE ENTRIES.	
HOURS	3	526-528	N	1-800, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
DAYS	2	529-530	N	1-31, 99, SPACES	MAY OR MAY NOT HAVE ENTRY.	
MONTHLY COST	4	531-534	N	0-640, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
OSS	1	535	N	1-9, SPACE	MAY OR MAY NOT HAVE ENTRY.	CODES TO BE ESTABLISHED.
ITEM 65E-OTHER						
NO OF CHILDREN	2	536-537	N	1-10, SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65E HOURS, DAYS, MONTHLY COST, AND OSS HAVE ENTRIES.	
HOURS	3	538-540	N	1-800, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
DAYS	2	541-542	N	1-31, 99, SPACES	MAY OR MAY NOT HAVE ENTRY.	
COST	4	543-546	N	0-640, 999, SPACES	MAY OR MAY NOT HAVE ENTRY.	
OSS	1	547	N	1-9, SPACE		CODES TO BE ESTABLISHED.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INST
ITEM 66-CHD COST ZERO					MAY OR MAY NOT HAVE ENTRY. MUST HAVE AT LEAST ONE ENTRY IF ITEM 65 C,D OR E "MONTHLY COST" EQUALS ZERO.	
A-ADMIN EXP						
1-EDUCATION	1	548	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
2-CWD	1	549	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
3-OTHER	1	550	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
3-OSS	1	551	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 66A(3) OTHER HAS ENTRY.	CODES TO BE ESTABLISHED.
B-FEDERAL FUNDS	1	552	N	1,SPACE	MAY OR MAY NOT ENTRY.	
C-NO CHARGE	1	553	N	1,SPACE	MAY OR MAY NOT ENTRY.	
D-OTHER	1	554	N	1,SPACE	MAY OR MAY NOT ENTRY.	
D-OSS	1	555	N	1-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 66D OTHER HAS ENTRY.	CODES TO BE ESTABLISHED.
FILLER	45	556-600			MUST BE BLANK.	

April 1986 - Variable Half Codes

Item 44c

[illegible]

Item 65d (3)

code 1 - family day care home

code 2 - [illegible]

Item 65e - code 1 - unknown care arrangement

Standard Half Codes

Item 10d

code 1 - foster care

E OF CALIFORNIA — HEALTH AND WELFARE AGENCY
RTMENT OF SOCIAL SERVICES

AID TO FAMILIES WITH DEPENDENT CHILDREN
OCTOBER 1986 SURVEY

A CASE NUMBER | B | C
CO. COUNTY | AID | SERIAL | AU | DSS | DSS
E CASE NAME (LAST FIRST)

BASIS OF DEPRIVATION ("x" all that apply)

1. Parent(s) absent but not dead, deported incarcerated or institutionalized ☐1
2. Parent(s) deceased ☐2
3. Incapacitated parent(s) in home.
   a. Recipient in this AU ☐3
   b. Not a recipient in this AU ☐4
4. Unemployment deprivation based on.
   a. Father who is the principal earner ☐5
   b. Mother who is the principal earner ☐6
5. Other (specify) ☐7 DSS
6. If case did not meet FEDERAL definition of "Unemployed Parent" (Item 4) designate reason.
   a. Parent not attached to labor force (work experience lacking or insufficient by federal law) ☐8
   b. Pregnant woman (no other children/not in last trimester) ☐9

ADDITIONAL CASE INFORMATION ("x" all that apply)

7. Unrelated Adult Male in home ☐1
8. Stepparent in home.
   a. Recipient in this AU ☐2
   b. Not a recipient in this AU ☐3
9. Unmarried parent recipient in this AU ☐4
10. Multiple Grant Household:
    a. SSI/SSP ☐5
    b. Another AFDC-AU ☐6
    c. Cash General Assistance ☐7
    d. Other (specify) ☐8 DSS
11. Nonneedy Relative is the Caretaker ☐9

HOUSEHOLD AND AU COMPOSITION

For each category enter number of:

	UNBORN CHILD	ADULTS	CHILDREN	TOTAL PERSONS
12. Household composition	+	+	=	
13. AU composition	+	+	=	

14. **Assistance Unit** — For all members of the AU enter name and "x" the appropriate box in each category

NAMES	PERSON NUMBER	FEDERAL ELIG: FED 1	NON FED 2	ESST PERS 3	SEX: M 1	F 2	CITIZEN: YES 1	NO 2	AGE (YRS)
MOTHER	50								
FATHER	60								
OTHER ADULT	70								
CHILDREN (OLDEST FIRST)	01								
	02								
	03								
	04								
	05								
	06								
	07								
	08								
	09								
	10								
TOTAL PERSONS									

CA 1000 (10 86)

TOTAL INCOME RECEIVED IN THE BUDGET PERIOD

15. No income received in the budget period ("x" box and skip to Item 31) ☐1
16. Total gross earnings of AU:
    a. Person number
    b. Hours worked
    c. Gross earnings
17. UIB (Enter person(s) number(s) and total amount received)
18. Social Security
19. Cash contributions from persons who are not recipients in this AU:
    a. Absent parent(s)
    b. Unemployed parent
    c. Unrelated Adult Male
    d. Stepparent
    e. Other (specify)
20. Other cash income (specify)
21. Income in-kind
22. Total income (total of Items 16 - 21)

NET INCOME USED TO COMPUTE THE OCTOBER GRANT

23. Late CA-7, income disregards not allowed ("x" box and enter 0 in Items 26a-d) ☐1
24. 4-month limit expired, $30 + 1/3 not allowed ("x" box and enter person(s) number(s)) ☐1
25. Total gross earnings of AU (same as amount in Item 16c)
26. Income disregards allowed:
    a. Standard work expense
    b. Dependent care
    c. $30 and 1/3
    d. $30
    e. Total deductions (total of a - d)
27. Net nonexempt earnings (Item 25 minus 26e)
28. Other cash income (total of Items 17 — 20)
29. Income in-kind (same as amount in Item 21)
30. Total Net Nonexempt income (total of Items 27 — 29)

GRANT COMPUTATION (Letters next to boxes refer to the CA 30)

31. Maximum Aid Payment (A)
32. Total Net Nonexempt income (same as amount in Item 30) (A.2)
33. Basic grant (if less than $10, enter 0) (Item 31 minus 32)
34. Overpayment Adjustment in basic grant (C)
35. Total (Item 33 minus 34)
36. Special Needs (A.1)
    Type of special need:
    a. Pregnancy ☐1
    b. Recurring ☐2
    c. Nonrecurring ☐3
37. Monthly Aid Payment (total of Items 35 and 36) (D)

INCONSEQUENTIAL INCOME

38. During the months of June, July, and August, 1986, did any member(s) of the AU receive inconsequential income? YES ☐1 NO ☐2
    (If NO, skip to Item 40) If YES:
39. Enter the total amount received by the AU

LOANS

40. During August, 1986, did this AU have any outstanding loans? YES ☐1 NO ☐2
    (If NO, skip to Item 42) If YES:
41. Enter the original amount of the loan. AMOUNT
    a. Need item
    b. School loan:
       1) Graduate
       2) Undergraduate
    c. Other (specify) DSS

LITERACY

42. What is the primary language of the payee for this AU? (specify) DSS
43. Can the payee read his/her primary language? YES ☐1 NO ☐2 UNK ☐9
44. Can the payee write his/her primary language? YES ☐1 NO ☐2 UNK ☐9

OUT—OF—STATE RESIDENCY

45. During the twelve month period preceeding the most recent case opening for this AU, did this family live in another state? YES ☐1 NO ☐2 UNK ☐9
    (If NO, skip to Item 48) If YES:
46. Specify state DSS
47. Was the family receiving AFDC in that state? YES ☐1 NO ☐2 UNK ☐9

LENGTH OF TIME ON AID

	MONTH	DAY	YEAR
48. Date of initial case opening			
49. Date of most recent application			
50. Date most recent application was approved			
51. Date aid began for most recent application approval			
52. Date first payment was issued for most recent approval			

53. Number of prior case openings
54. Total number of months on aid prior to most recent case opening
55. Date of most recent termination
    IF ITEM 55 HAS AN ENTRY: (Otherwise, skip to Item 58)
56. Reason for termination: ("X" one box)
    a. Incomplete CA-7 returned to CWD ☐1
    b. Required CA-7 not returned to CWD ☐2
    c. Recipient failed to take some action which resulted in noncompliance (specify) ☐3
    d. Other (specify) ☐4 DSS
    IF ITEM 56a HAS AN "X": (Otherwise, skip to Item 58)
57. Reason CA-7 was incomplete: ("X" all that apply)
    a. Form was not complete/correct ☐1
    b. Verification of earnings was not provided ☐2
    c. Days/hours worked not provided ☐3
    d. Proof of expenses was not provided ☐4
    e. Other (specify) ☐5 DSS

LUMP SUM INCOME

Since January, 1985:

58. Has this AU received a lump sum payment?
    (If NO, skip to Item 60) If YES:
59. Specify, for each occurence, the source, amount and month in which the payment was received

	SOURCE	AMOUNT	MO.
a.			
b.			

ETHNIC ORIGIN OF PAYEE

60. Indicate the ethnic origin of the payee for this AU: ("X" one)
    a. White
    b. Hispanic
    c. Black
    d. Asian or Pacific Islander
    e. American Indian or Alaskan Native
    f. Filipino
    g. Unknown

NON—RECURRING SPECIAL NEEDS

61. During the three months preceeding the study month, did the AU request a non-recurring special need allowance?
    (If NO, skip to Item 65) If YES:
62. Was the request approved?
    (If NO, skip to Item 64) If YES:
63. Enter the amount of the allowance. AMOUNT
    a. Fire
    b. Flood
    c. Earthquake
    d. Other (specify)
64. Reason denied: ("X" one box)
    a. Not considered an emergency ☐01
    b. Other (specify) ☐

GENERAL INFORMATION

65. Since April, 1986, has the AU reported a change of address?
    (If NO, skip to Item 70) If YES:
66. Number of times AU reported a change of address
67. Is the AU enrolled in a prepaid health plan?
68. Does the AU have nonexcludable real property that the CWD has placed a lien against?
69. Is the payee for this AU a time-eligible refugee?

FOOD STAMPS

70. Was the AU cartified to participate in the Food Stamp Progrem in October?
    (If NO, skip to Item 74) If YES:
71. Household classification
72. Did the household report any change on the September CA-7?
    (If NO, skip to Item 74) If YES:
73. What was the change? ("X" all that apply)
    a. Change in AFDC grant
    b. Change in earned income
    c. Change in unearned income
    d. Change in household size
    e. Change in shelter costs
    f. Other (specify)

74. YOUR NAME (PLEASE PRINT)

TELEPHONE NUMBER ( ) AREA CODE

alyze and estimate the effect of court cases, proposed legislation and regulations, to prepare nd to facilitate decision-making, it is necessary to have complete, accurate and timely n the socio-economic characteristics of AFDC recipients.

NTH

6 is the study month. This means we want to gather information to see what was or happening to affect the status of the Assistance Unit (AU) during the study ctober. Unless otherwise specified on the survey schedule, all items should reflect "This AU" during the study month.

NSTRUCTIONS

)MPLETE THIS FORM IN NO. 2 PENCIL. The appropriate entry for a ☐ is ☒. ntries are to be in whole dollars. There are no spaces allowed for cents. When entering he spaces provided, enter the number to the far right like this | | |3|3|

TUCTIONS

n Section (Items A - E) — Enter the information requested. The case number (Item A) con- parts the county code, the aid code, the case serial number, and the AU number. Verify numbers correspond to the numbers listed on the sample list for this case. If there is y, please provide an explanation in the comments section of this form. Items B and C are only".

privation (Items 1 - 6) — Read down the entire list and "X" any and all statements that know, were true of "This AU" during the study month.

Absent — To answer here, one or more of the children in the AU must have an absent but not because of death, deportation, incarceration or institutionalization. (EAS 41-450)

If a child(ren) in the AU is deprived of parental support because either parent is deceased, (EAS 41-420)

city — If either parent or both parents are physically or mentally incapacitated, "X" here. whether the incapacitated parent(s) is a member of the AU. (EAS 41-430)

loyment Deprivation — Indicate which parent is establishing the basis of deprivation unemployment. (EAS 41-440)

If a child(ren) is deprived for any other reason than listed above,please specify the reason d(ren) was eligible for AFDC.

igible For Federal Participation — If the case does not meet the Federal definition mployed Parent", indicate reason for ineligibility. (EAS 41-440.4)

Case Information (Items 7 - 11) — Read down the entire list and "X" any and all state- s far as you know, were true of "This AU" during the study month.

ed Adult Male — Indicate here if there is a man in the household who is unrelated by marriage or adoption to anyone in the AU. (EAS 43-109.2)

rent — To answer here, the stepparent must be married to the parent of one or f the children in the AU but not be their natural parent. Indicate whether the step- is a recipient in this AU. (EAS 43-103.3)

ried Parent — Answer here if the parent of at least one child in the AU is not married to d's other natural parent and is a recipient in this AU. (EAS 43-103.4)

e Grant Household — If another grant is being received by a member or members of the ld, "X" which type of aid(s) is being received. Indicate "general assistance" only if the made entirely from county monies, i.e., county supplementation of a categorical aid grant nsidered to be general assistance. Specify in Item 10d any grant(s) being received other se listed in Items 10a, b, or c.

dy Relative is the Caretaker — Use the definition in EAS 44-115.71 which states that the g are not nonneedy relatives — natural or adoptive parents, stepparents, or other adults needs are being met through any categorical aid program.

hold and AU Composition — This section classifies the number of people in the old and AU in a variety of ways. For each category, enter the number of people in the ate item. Everyone living in the household should appear in some item of the house- tegory. All members of the AU should appear in some item of the AU category and also be included in the household counts.

nca Unit — Enter the names of all the persons included in the AU. Enter Mother's y person number 50 and Father's name by person number 60. Other Adult, person 70, a grandmother, aunt, etc. Enter the children's names on the following lines listing st first, naxt oldest second, etc.

Eligibility/Essential Persons — For each person in the AU, indicate whether they are ineligible or considerad an essential person for federal financial participation. (EAS 44-209)

Indicate the sex of Other Adult and each child.

- Indicate the citizenship (U.S.) status of each member of the AU. (EAS 42-430)

Enter the age of each recipient as of the first of the study month. Enter zero for children ne year of age, one for children one year but less than two years of age, etc. If age is n, make an estimate.

e Received in the Budget Period (Items 15-22) — Amounts entered here should be the ved in the budget period that was actually used to compute the grant. It may be actual ved in a prior month or the estimated amount of income for the study month.

15. **No income received in the budget period** — If the AU had no income, in cash or in-kind, to be considered when determining the AFDC aid payment, "X" the box and skip to Item 31. (EAS 44-101)
16. **Gross Earnings**'— Enter the total amount of gross earnings of the AU. Indicate who earned the wages by using the person number from Item 14, the number of hours worked and the amount earned. Do not enter earnings of children who qualify for the student exemption. (EAS 44-111.22) Include amounts of advance Earnad Income Credit, received or essumed.
17. **UIB** — Unemployment Insurance Benefits shall be entered in this item only if the person receiving the benefits is a member of this AU. If the person receiving UIB is not a grant recipient but is contributing part of his/her UIB to this AU, enter the amount contributed in Item 19b (if a parent) or Item 19e (if a person other than the parent).
18. **Social Security** — Enter the total amount of Social Security benefits received by members of the AU.
19. **Cash Contributions From Persons Who Are Not Recipients In This AU**
    a. **Absent Parent(s)** — This item is limited to cases in which the absent parent's contribution is going directly to the family and the amount deducted as income when the grant is computed.
    b. **Unemployed Parent** — If an unemployed parent is excluded from the AU, enter that portion of his income, including UIB, that is considered income to the AU. (EAS 44-133.3)
    c. **Unrelated Adult Male** — Enter the amount of the actual contribution made by the UAM. (EAS 44-113.5)
    d. **Stepparent** — Enter the actual amount made available to the AU by a stepparent. (EAS 44-133.6)
    e. **Other (Specify)** — Specify the relationship of the contributor (i.e. minor parent's, senior parent(s) or legal guardien(s)) to the AU and the amount contributed.
20. **Other Cash Income (Specify)** — List amounts of any income not entered above and specify the source. For example, veteran's benefits, income from a boarder or roomer, or income from property would be entered in this item.
21. **In-Kind Income** — Income in-kind refers to living expenses that are provided free and, by regulation, are deducted as income. (EAS 44-101.8)
22. **Total Income** — Enter the sum of Items 16 through 21.
23. **Late CA-7, Income Disregards Not Allowed** — If the AU failed to return a timely CA-7 as required by EAS 40-181.22 and the income disregards were not allowed, "X" the box and enter "0"in Item 26 a, b, c, and d.
24. **4-Month Limit Expired** — If any person in the AU had earnings and received the $30 and 1/3 exemption for four consecutive months and is no longer eligible for it, "X" the box and enter their person number(s) from Item 14. (EAS 44-111.232)
25. **Total Gross Earnings of AU** — This entry should be the same as the entry for total gross income in Item 16 c.
26. **Income Disregards Allowed** — Enter the amounts used to compute net nonexempt earnings.
    a. **Standard Work Expense** — Enter the amount allowable under EAS 44-113.214.
    b. **Dependent Care** — Enter the total amount of the dependent care allowed for this AU. (EAS 44-113.215).
    c. **$30 & 1/3 Exemption** — Enter the $30 and 1/3 disregard. (EAS 44-113.216)
    d. **$30** — Enter the $30 disregard (EAS 44-113.217).
    e. **Total Daductions** — Enter the sum of Item 26a through 26d.
27. **Net Nonexempt Earnings** — Subtract Item 26e from Item 25. Enter the difference.
28. **Other Cash Income** — Enter the sum of Items 17 through 20.
29. **Income In-Kind** — This entry should be the same as the entry in Item 21.
30. **Total Net Nonexempt Income** — The total net income used in computing the AFOC grant should equal the sum of Items 27, 28, and 29. If not, please explain in the comment section.

Grant Computation (Items 31 - 37) — These items correspond in content to items on the AFDC Budget Worksheet, State Form CA 30. The letters in parentheses refer to the Form CA 30 (for example, Item A, Maximum Aid Payment). If items do not balance, explain in comments, i.e., proration occurred in the study month.

31. **Maximum Aid Payment** — Enter the maximum aid for the number of recipients in the AU from the Maximum Aid Table. (Same as Item A, Maximum Aid.) (EAS 44-315.411)
32. **Total Net Nonexempt Income** — Enter the amount of net nonexempt income. This entry should be the same as the entry in Item 30.
33. **Basic Grant (if less than $10, enter 0)** — Subtract Item 32 from Item 31. Enter the difference.
34. **Overpayment Adjustment in Basic Grant** — If the basic grant was adjusted to compensate for prior months overpayment(s), enter the amount of the adjustment.
35. **Total** — Subtract Item 34 from Item 33. Enter the difference.
36. **Special Needs** — Enter the total amount received and indicate the type(s) of special needs by putting an "X" in the appropriate box(es). (EAS 44-211)
37. **Monthly Aid Payment** — Enter the sum of Items 35 and 36. This is the total amount of aid paid.
38. **Inconsequential Income** - Items within this section are self-explanatory
39. Reference EAS Manual Section 44-101.4.
40. **Loans** - Items within this section are self-explanatory. Reference
41. EAS Manual Section 44-113.13 for definitions of loans for current need items.
42. **Literacy** - Items within this section are self-explanatory.
44.
45. **Out-of-State Residency** - Items within this section are self-explanatory.
47.

Length of Time on Aid (Items 48 - 57)

48. **Date of Initial Case Opening** - Enter the date when this case first received AFDC in California. Estimate the year if the exact date is unknown. Consider AFDC-FG and U as one category.
49. **Date of Most Recent Application** - Enter date when the payee for this case last applied for AFDC. Do not consider redeterminations, aid category changes, or inter-county transfers
50. **Date Most Recent Application Was Approved** - Enter the date the most recent application was approved for aid.
51. **Date Aid Began for the Most Recent approval** - Enter the date that aid payment began for the most recent application approval in Item 50.
52. **Date First Payment Was Issued for the Most Recent Approval** - Enter the date the first aid payment was issued for the most recent application approval.
53. **Number of Prior Case Openings** - Enter the number of times a case opening has taken place for this AU. Do not count the most recent case opening. Consider AFDC-FG and U as one category.
54. **Total Number of Months on Aid Prior to Most Recent Case Opening** - Enter the total number of months the payee received AFDC prior to the date entered in Item 50. Do not include months on aid after the most recent case opening.
55. **Date of Most Recent Termination** - Enter the date this case was last terminated from AFDC. If this case has not had a termination enter zeros. Do not include inter-county transfers. Consider AFDC-FG and U as one category.
56. **Reason for Termination** - Specify the reason this case was terminated as of the date in Item 55.
57. **Reason CA-7 Was Incomplete** - If Item 56 has an "X", specify reason(s) CA-7 was incomp
58. **Lump Sum Income** - Items within this section are self-explanatory.
59. Reference EAS Manual Section 44-207.4.
60. **Ethnic Origin of Payee** - Use the following definitions when determining the payee's ethnic origin.
    a. **White (Not of Hispanic Origin)** - Include all persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
    b. **Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
    c. **Black (Not of Hispanic Origin)** - All persons having origins in any of the black racial groups of Africa.
    d. **Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa.
    e. **American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
    f. **Filipino** - All persons having origins in the original peoples of the Philippine Islands.
    g. **Unknown** - "X" here only if no information on the ethnic origin of a person is available.
61. **Non-Recurring Special Needs** - Items within this section are self-explanatory.
64. Reference EAS Manual Section 44-211.3.
65. **General Information** - Items within this section are self-explanatory. For Item 69, an AFDC
69. time-eligible person is someone who has been in this country for 31 months or less.
70. **Food Stamps** - For purposes of this section, "Household" refers to all members of the
73. Food Stamp Household of which this AU is part of if others are living in the home Items within the section are self-explanatory.
74. **Your Name and Telephone Number** - Please print your name in the space provided. We may have questions about the cese which was surveyed. Therefore, please put your telephone number in the space provided giving your office extension if necessary.

Thank you for filling out this form.

Comments _____

SAS

STATISTICAL SERVICES — JOB VALUES AND PROCEDURE

JOB NAME: OCTOBER 1986 CPS
CHARACTERISTICS SURVEY
JOB NUMBER: 256
CHARGE:
CPS NO.: 12607
FREQUENCY: ONE TIME
REQUESTER NAME: JUDY LEE
DATE ORIGINATED:
REVISION DATES:

FILE IDENTIFICATION: BPPSB.CAPCC.PI0EE
BLOCKING FACTOR: 10
RECORD LENGTH: 600
SOURCE DOCUMENT FORM NO.: CA 1000(10/86)

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM A CASE NUMBER					MUST HAVE NON-ZERO ENTRY.	
COUNTY	2	1-2	N	1-58		VERIFY WITH ITEM D.
AID	2	3-4	N	30,35		IF AID=32,CHANGE TO 30 IF AID=33,CHANGE TO 35.
SERIAL	7	5-11	N	0-9999999		RIGHT JUSTIFY,CHANGE ALPHAS TO 1, ZERO FILL IF NECESSARY.
AL	1	12	N	0-9		IF BLANK OR ALPHA,ENTER 0(ZERO).
ITEM B-SAMPLE TYPE	1	13	N	1,2	MUST HAVE NON-ZERO ENTRY.	1=REGULAR SAMPLE 2=SUPPLEMENTAL SAMPLE.
ITEM C-REGION CODE	1	14	N	1-5	MUST HAVE NON-ZERO ENTRY.	CHECK COUNTY LIST FOR REGION CODE.
BASIS OF DEPRIVATION						
ITEM 1-ABSENT PARENTS	1	15	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=30,THEN ITEM 1,2,3, OR 5 MUST HAVE ENTRY.	
ITEM 2-PARENT DECEASED	1	16	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3A-INCAP PAR-AL	1	17	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 3B INCAP PAR-NOT	1	18	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 4A-FATHERS UNEMP	1	19	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF AID=35, THEN ITEM 4A OR 4B MUST BE CHECKED.	
					IF ITEM 6A OR 6B IS CHECKED, THEN ITEM 4A OR B MUST BE CHECKED.	
ITEM 4B-MOTHERS UNEMP	1	20	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 5-OTHER DEPRIV	1	21	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 5 DSS	1	22	N	2-9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 5 IS CHECKED.	CODES: 1-ILLEGAL ALIEN PARENT'S UNEMPLOYMENT (NOT TO BE USED AS OF 10/85) 2-DEPORTED 3-INCARCERATED 4-INSTITUTIONALIZED 5-6 SEE ANALYST
ITEM 6A NOT ATTACHED	1	23	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 6B-PREGNANT MOM	1	24	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ITEM 6B IS CHECKED THEN ITEM 13-TOTAL PERSONS=1 AND ITEM 14 (MOTHER) HAS ENTRIES.	
FILLER	10	25-34				
ADDITIONAL CASE INFO						
ITEM 7-CLAM	1	35	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8A STEPPAR IN AD	1	36	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 8B STEPPAR NOT AD	1	37	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 9-UNMARRIED PAR	1	38	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10A-SSI/SSP	1	39	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10B ANOTHER AD	1	40	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10C-CASH GA	1	41	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10D-OTHER	1	42	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 10E DSS	1	43	N	1-8,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 10D IS CHECKED.	CODES: 1-FOSTER CARE
ITEM 11-RUNNEDY REL	1	44	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
FILLER	3	45-47				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
FF & AL COMPOSITION					IF ITEM 13-TOTAL PERSONS=1 AND ITEM 13-ADULTS=1, THEN ITEM 12-UNBORN CHILD MUST HAVE NON-ZERO ENTY OR 10A CHECKED. ITEM 12 TOTAL EQUALS ITEM 12 UNBORN+ADULTS+CHILDREN. ITEM 13 TOTAL EQUALS ITEM 13 ADULTS +CHILDREN. ITEM 12 ENTRIES IN ALL CATEGORIES GREATER THAN OR EQUAL ITEM 13 CATEGORIES. IF THERE IS AT LEAST ONE ENTRY IN ITEMS 7,8B,10 OR 11, THEN ITEM 12-TOTAL PERSONS MUST BE GREATER THAN ITEM 13-TOTAL PERSONS.	
ITEM 12 FF COMP						
UNBORN CHILD	2	48-49	N	0-2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ADULTS	2	50-51	N	1-10,SPACES	MUST HAVE NON-ZERO ENTRY.	
CHILDREN	2	52-53	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	54-55	N	1-20,SPACES	MUST HAVE A NON-ZERO ENTRY.	
ITEM 13-AD COMP						
ADULTS	2	56-57	N	0-10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
CHILDREN	2	58-59	N	0-15,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	60-61	N	1-20,SPACES	MUST HAVE NON-ZERO ENTRY.	
FILLER	5	62-66				
ITEM 14-AD					ELIGIBILITY STATUS TO HAVE ENTRY IF AND ONLY IF THE REST OF THE LINE(SEX(IF APPLICABLE), CITIZEN STATUS AND AGE) HAVE ENTRIES.	
PERSON 50 NEITHER	2	67-68	N	50,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 50 ELIG	1	69	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	
PERSON 50 CITIZEN	1	70	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 50-AGE	2	71-72	N	12-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	

TABLE OF FIELDS	LENGTH	FIELD POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 00-FATHER	2	73-74	N	00,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 00-ELIG	1	75	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY. IF ELIG=ESST PERSONS,ITEM 8A MUST BE CHECKED.	
PERSON 00-CITIZEN	1	76	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 00-AGE	2	77-78	N	12-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-OT ADULT	2	79-80	N	70,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-ELIG	1	81	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-SEX	1	82	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-CITIZEN	1	83	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 70-AGE	2	84-85	N	18-90,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01	2	86-87	N	01,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 01 IS BLANK, THEN ITEM 12-UNBORN MUST HAVE NON-ZERO ENTRY OR ITEM 10A MUST BE CHECKED.	
PERSON 01-ELIG	1	88	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-SEX	1	89	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-CITIZEN	1	90	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 01-AGE	2	91-92	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02	2	93-94	N	02,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-ELIG	1	95	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-SEX	1	96	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-CITIZEN	1	97	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 02-AGE	2	98-99	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03	2	100-101	N	03,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-ELIG	1	102	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-SEX	1	103	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-CITIZEN	1	104	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 03-AGE	2	105-106	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04	2	107-108	N	04,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-ELIG	1	109	N	1-3,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-SEX	1	110	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-CITIZEN	1	111	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 04-AGE	2	112-113	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05	2	114-115	N	05,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-ELIG	1	116	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-SEX	1	117	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-CITIZEN	1	118	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 05-AGE	2	119-120	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
PERSON 06	2	121-122	N	06,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-RELIG	1	123	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-SEX	1	124	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-CITIZEN	1	125	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 06-AGE	2	126-127	N	0-13,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07	2	128-129	N	07,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-RELIG	1	130	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07 SEX	1	131	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07-CITIZEN	1	132	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 07 AGE	2	133-134	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08	2	135-136	N	08,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-RELIG	1	137	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08 SEX	1	138	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08-CITIZEN	1	139	N	1,2,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 08 AGE	2	140-141	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09	2	142-143	N	09,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09-RELIG	1	144	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09 SEX	1	145	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09 CITIZEN	1	146	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 09 AGE	2	147-148	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10	2	149-150	N	10,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-RELIG	1	151	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-SEX	1	152	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10 CITIZEN	1	153	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 10-AGE	2	154-155	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11	2	156-157	N	11,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11-RELIG	1	158	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11 SEX	1	159	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11 CITIZEN	1	160	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 11 AGE	2	161-162	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12	2	163-164	N	12,SPACES	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-RELIG	1	165	N	1-2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12-SEX	1	166	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12 CITIZEN	1	167	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY.	
PERSON 12 AGE	2	168-169	N	0-18,SPACES	MAY OR MAY NOT HAVE ENTRY.	
TOTAL PERSONS	2	170-171	N	1-20	MUST HAVE NON-ZERO ENTRY. TOTAL PERSONS=ITEM 13 TOTAL PERSONS.	TOTAL PERSONS=FED+NONFED+ESST PERS
FILLER	28	172-199				

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
TOTAL INC BUDGET PER ITEM 15-NO INCOME	1	200	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. ITEM 15 TO BE CHECKED IF AND ONLY IF ITEMS 16-30 ARE BLANK.	
ITEM 16A PERS PER-COL1	2	201-202	N	~~01-70,~~ 50,60,70 SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16A (COL1) MUST HAVE NON-ZERO ENTRY IF AND ONLY IF ITEMS 16B (COL1) AND 16C (COL1) HAVE NON-ZERO ENTRIES.	
ITEM 16A PERS PER COL2	2	203-204	N	~~01-70,~~ 50,60,70 SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16A (COL2) MUST HAVE NON-ZERO ENTRY IF AND ONLY IF ITEMS 16B (COL2) AND 16C (COL2) HAVE NON-ZERO ENTRIES.	
ITEM 16B HRS WORK COL1	3	205-207	N	~~0-168,999~~ 0-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE ZERO IF ITEM 16C(COL 1) IS FOR EIC.
ITEM 16B HRS WORK-COL2	3	208-210	N	~~0-168,999~~ 0-999,SPACES	MAY OR MAY NOT HAVE ENTRY.	MAY BE ZERO IF ITEM 16(COL 1) IS FOR EIC.
ITEM 16C EARNINGS COL1	4	211-214	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16C (COL1) TO HAVE NON-ZERO ENTRY. IF AND ONLY IF ITEM 16C (COL3) HAS A NON-ZERO ENTRY.	
ITEM 16C EARNINGS COL2	4	215-218	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 16C (COL2) HAS A NON-ZERO ENTRY, THEN ITEM 16C (COL3) MUST HAVE A NON-ZERO ENTRY.	
ITEM 16C EARNINGS-COL3	4	219-222	N	0-2000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 16C(COL3)=ITEMS 16C(COL1)+16C(COL2).	
ITEM 17-UIB						
ITEM 17-PERSON NO 1	2	223-224	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 17-AMT HAS A NON-ZERO ENTRY.	ONLY UIB RECEIVED BY AU MEMBERS SHOULD BE ENTERED HERE. IF PERSON IS NOT IN THE AU BUT CONTRIBUTES PART OF HIS UIB, THE AMT SHOULD BE ENTERED IN ITEM 18B.
ITEM 17-PERSON NO 2	2	225-226	N	01-70,SPACES	MAY OR MAY NOT HAVE ENTRY. IF PERSON 2 HAS ENTRY. ITEM 17 (AMT) MUST HAVE A NON-ZERO ENTRY.	
ITEM 17-UIB AMOUNT	4	227-230	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 18-SOC SECURITY	4	231-234	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 19A-ABS PARENTS	4	235-238	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19 HAS A NON-ZERO ENTRY, THEN ITEM 1 MUST BE CHECKED.	
ITEM 19B UNEMP PARENT	4	239-242	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 19C VA	4	243-246	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19C HAS A NON-ZERO ENTRY, THEN ITEM 7 MUST BE CHECKED.	
ITEM 19D STEPPARENT	4	247-250	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 19D HAS A NON-ZERO ENTRY, THEN ITEM 8B MUST BE CHECKED.	
ITEM 19E OTHER	4	251-254	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 19E-OSS HAS NON-ZERO ENTRY.	
ITEM 19E-OSS	2	255-256	N	1-8,10-15,99, SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01-ILLEGAL ALIEN PARENT CONTRIBUTION 02-SSI PARENT CONTRIBTION 03-MINOR'S PARENT CONTRIBUTION 04-GIFT(AUNT,GRANDMOTHER,ETC), CHURCH DONATION 05-MOTHER CONTRIBUTION-SANCTIONED-NOT COOPERATION WITH THE DA 06-ADULT CHILD CONTRIBUTION 07-GA CONTRIBUTION 08-GRANT FROM ANOTHER STATE 09-DO NOT USE AS OF 10/85 10-CONTRIBUTION FROM EXCLUDED PARENT 11-EXCLUDED CHILD CONTRIBUTION 12-98 SEE ANALYST

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 20-OTHER CASH	4	257-260	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE NON-ZERO ENTRY IF AND ONLY IF ITEM 20-DSS HAS NON-ZERO ENTRY.	
ITEM 20-DSS	2	261-262	N	1-50,SPACES	MAY OR MAY NOT HAVE ENTRY.	CODES: 01-ROOM & BOARD 02-VA BENEFITS 03-RENTAL INCOME 04-INTEREST 05-WORKMAN'S COMPOSITION (DISABILITY) 06-UNION RETIREMENT 07-FEDERAL OR STATE INCOME TAX REFUND 08-SALE OF PROPERTY 09-SCHOOL/TRAINING ALLOWANCE 10-NOTE OR LOAN REPAID 11-EXTRA MONEY FROM ABSENT PARENT GOING DIRECTLY TO THE AU 12-TRUST FUND 13-SDI 14-SPOUSAL SUPPORT 15-LUMP SUM REMAINDER 16-GENERAL ASSISTANCE 17-98 SEE ANALYST
ITEM 21-INCOME INKIND	1	263-266	N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 21=ITEM 29.	
ITEM 22-TOTAL INCOME	5	267-270	N	1-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 22=ITEMS 16C TOTAL+17+18+19A+19B+19C+19D+19E+20+21.	
FILLER	7	271-277				
NET INC FOR APR GRANT ITEM 23-LATE CA-7	1	278	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY. MUST BE CHECKED IF ITEM 16C-TOTAL HAS A NON-ZERO ENTRY AND ITEMS 26A-D ARE ZERO.	
ITEM 24-4 MO TIME LIM	1	279	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 25-PERS NBR-COL	2	280-281	N	50,60,70 ~~61-70~~,SPACES	MAY OR MAY NOT HAVE ENTRY. MUST HAVE A NON-ZERO ENTRY IF AND ONLY IF ITEM 24-4MO TIME LIMIT IS CHECKED.	

NAME OF FIELD	LENGTH	FCS	TLN	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 24 PERS MPR COL 2	1	282 283		N	~~01-70~~,SPACES 50,60,70	MAY OR MAY NOT HAVE ENTRY. IF ITEM 24(COL2) HAS A NON-ZERO ENTRY. ITEM 24-4MO TIME LIMIT MUST BE CHECKED AND ITEM 2,(COL1) MUST HAVE A NON-ZERO ENTRY.	
ITEM 25-GROSS EARNINGS	4	284-287		N	0-2000,SPACES 0-9999	MAY OR MAY NOT HAVE ENTRY. ITEM 25=ITEM 16C.	
ITEM 26A-STD WRE	4	288 291		N	~~75-150~~,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26A HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	
ITEM 26B DEP CARE	4	292-295		N	0-320,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26B HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	MAXIMUM AMT IS $160/DEPENDENT IN THE HU FOR PERSONS WORKING 100 HRS OR MORE.
ITEM 26C $30+1/3	4	296 299		N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26C HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY. IF ITEMS 16C(COL3) HAS A NON-ZERO ENTRY AND ITEM 24-4 MO TIME LIMIT IS CHECKED, ITEM 26C MUST BE BLANK.	$30+1/3 IS CALCULATED SEPARATELY FOR EACH PERSON WITH EARNINGS AND DEDUCTED AFTER STANDARD WRE, AND DEPENDENT CARE DEDUCTIONS ARE DEDUCTED. CROSS CHECK WITH ITEM 16C.
ITEM 26D $30	4	300-303		N	0,30,SPACES	MAY OR MAY NOT HAVE ENTRY. IF ITEM 26D HAS A NON-ZERO ENTRY, ITEM 25 MUST HAVE A NON-ZERO ENTRY.	
ITEM 26E-TOTAL DEDUCT	4	304-307		N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 26E=ITEMS 26A+B+C+D.	
ITEM 27 NET MONEY EARN	4	308-311		N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 27=ITEMS 25-26E	
ITEM 28 OTHER CASH INC	4	312-315		N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 28=ITEMS 17+18+19A+19B+19C+19D+19E+20.	
ITEM 29 INCOME INKIND	4	316-319		N	0-1000,SPACES	MAY OR MAY NOT HAVE ENTRY.	
ITEM 30-TOTAL NET MONEY	4	320-323		N	0-2500,SPACES	MAY OR MAY NOT HAVE ENTRY. ITEM 30=ITEM 27+28+29	
FILLER	12	324-335					

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
GRANT COMPUTATION				0-9999		
ITEM 31-MAXIMUM AID	4	335-338	N	~~289-1243~~	MUST HAVE NON-ZERO ENTRY. FOR EACH OF THE FOLLOWING AU SIZES, THE CORRESPONDING MAP MUST BE CODED: AU=1 IF AND ONLY IF(IFF) MAP=303 AU=2 IFF MAP=498 AU=3 IFF MAP=617 AU=4 IFF MAP=734 AU=5 IFF MAP=837 AU=6 IFF MAP=941 AU=7 IFF MAP=1032 AU=8 IFF MAP=1126 AU=9 IFF MAP=1215 AU=10 OR MORE IFF MAP=1306.	
ITEM 32 TOTAL NET MONX	4	339-342	N	0-2500,SPACES	MUST HAVE ENTRY. ITEM 32=ITEM 30.	IF ITEM 30=BLANK, RECODE ITEM 32 TO 0000.
ITEM 33 BASIC GRANT	4	343-346	N	1-~~1243~~ 1306	MUST HAVE NON-ZERO ENTRY. ITEM 33=ITEM 31-32.	DO NOT PROCESS ZERO BASIC GRANT OR ZERO GRANT CASES.
ITEM 34-LEVERAGE ADJ	4	347-350	N	0-~~1243~~ 1306	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
ITEM 35 TOTAL	4	351-354	N	1-~~1243~~ 1306	MUST HAVE NON-ZERO ENTRY. ITEM 35=ITEM 33-34.	
ITEM 36-SPECIAL NEEDS					TO HAVE NON-ZERO ENTRY IF AND ONLY IF THERE IS AT LEAST ONE ENTRY IN THE TYPE FIELD.	
AMOUNT		355-358	N	0-750	MUST HAVE ENTRY.	ZERO FILL IF NECESSARY.
A-PREGNANCY	1	359	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-NURSING	1	360	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-NON-RECURRING	1	361	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
ITEM 37-TOTAL SPT PMTS	4	362-365	N	1-~~1256~~ 1376	MUST HAVE ENTRY. ITEM 37=ITEM 35+36.	
INCONSEQUENTIAL INCOME						
ITEM 38-RECD INCONSEQ	1	366	N	1,2	MUST HAVE ENTRY.	
ITEM 39-AMOUNT	4	367-370	N	0-~~750~~ 9999,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 38=YES.	
FILLER						

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 40-DO YOU HAVE LOANS?	1	371	N	1,2	MUST HAVE ENTRY.	
ITEM 41-AMOUNT						
A-NEED ITEM	4	372-375	N	1-~~5000~~ 5000,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY ~~IF AND~~ ONLY IF ITEM 40=YES.	
B1-GRADUATE		376-379	N	1-~~5000~~ 5000,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY ~~IF AND~~ ONLY IF ITEM 40=YES.	
B2-UNDERGRAD	4	380-383	N	1-~~3000~~ 5000,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY ~~IF AND~~ ONLY IF ITEM 40=YES.	
C-OTHER	4	384-387	N	1-2000,SPACE 0-9999	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY ~~IF AND~~ ONLY IF ITEM 40=YES.	
C-OTHER-DSS	2	388-389	N	01-99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 41-OTHER HAS ENTRY.	
LITERACY						
ITEM 42-PRIM LANG DSS	2	390-391	N	01-99	MUST HAVE ENTRY.	
ITEM 43-PAYEE READ?	1	392	N	1,2,9	MUST HAVE ENTRY.	
ITEM 44-PAYEE WRITE?	1	393	N	1,2,9	MUST HAVE ENTRY.	
OUT OF STATE RESIDENT						
ITEM 45-LIVE OUT OF ST	1	394	N	1,2,9	MUST HAVE ENTRY.	
ITEM 46-STATE-DSS	2	395-396	N	1-50,99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 45=YES.	
ITEM 47-REC AFDC IN ST	1	397	N	1,2,9,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 45=YES.	
LENGTH OF TIME ON AID						
ITEM 48-OPENING DATE					MUST HAVE ENTRY. SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEMS 50 AND 51.	
MONTH	2	398-399	N	1-12,99		
DAY	2	400-401	N	1-31,99		
YEAR	2	402-403	N	30-86,99		
ITEM 49-APPL DATE					MUST HAVE ENTRY. SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEMS 50, 51, AND 52.	
MONTH	2	404-405	N	1-12,99		
DAY	2	406-407	N	1-31,99		
YEAR	2	408-409	N	30-86,99		

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 50-APPROVAL DATE					MUST HAVE ENTRY. SHOULD BE PRIOR TO OR THE SAME AS THE DATES IN ITEM 52.	
MONTH	2	410-411	N	1-12,99		
DAY	2	412-413	N	1-31,99		
YEAR	2	414-415	N	30-86,99		
ITEM 51-BEGIN AID DATE					MUST HAVE ENTRY. SHOULD BE PRIOR TO OR THE SAME AS DATE IN ITEM 52.	
MONTH	2	416-417	N	1-12,99		
DAY	2	418-419	N	1-31,99		
YEAR	2	420-421	N	30-86,99		
ITEM 52-PAYMENT DATE					MUST HAVE ENTRY.	
MONTH	2	422-423	N	1-12,99		
DAY	2	424-425	N	1-31,99		
YEAR	2	426-427	N	30-86,99		
ITEM 53-# FOR OPENINGS	2	428-429	N	0-10,99	MUST HAVE ENTRY.	
ITEM 54-PRIOR MONTHS	3	430-432	N	0-999	MUST HAVE ENTRY.	
ITEM 55-TERM. DATE					MUST HAVE ENTRY. SHOULD BE PRIOR TO DATE IN ITEM 51.	
MONTH	2	433-434	N	0-12,99		
DAY	2	435-436	N	0-31,99		
YEAR	2	437-438	N	30-86,99		
ITEM 56-TERM. REASON	1	439	N	1-4,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 55 HAS A NON-ZERO ENTRY.	
ITEM 56-OTHER-OSS	2	440-441	N	1-20,99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 56=3 OR 4. IF ITEM 56=3, THEN ITEM 56-OSS MUST EQUAL 1-40,99. IF ITEM 56=4, THEN ITEM 56-OSS MUST EQUAL 11-20,99.	

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 57-INCOME CAT					MAY OR MAY NOT HAVE ENTRY. MUST HAVE AT LEAST ONE ENTRY IF AND ONLY IF ITEM 56=1.	

A-NOT COMPLETE	1	442	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.
B-EARN VERIF	1	443	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.
C-PAYSTUBS VERIF	1	444	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.
D-EMPLOYER VERIF	1	445	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.
E-OTHER	1	446	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.
F-OTHER DSS	2	447-448	N	01-20,99,SPACE	TO HAVE ENTRY IF AND ONLY IF ITEM 57E-OTHER IS CHECKED.
LUMP SUM INCOME					
ITEM 58-REC LUMP SUM?	1	449	N	1,2	MUST HAVE ENTRY.
ITEM 59-SPECIFY					
A-AMOUNT	4	450-453	N	1-9999,SPACE	MAY OR MAY NOT HAVE ENTRY.
MONTH RECEIVED	2	454-455	N	1-12,SPACE	MAY OR MAY NOT HAVE ENTRY.
SOURCE-DSS	2	456-457	N	1-20,99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 58=YES AND ITEM 59A-AMOUNT AND MONTH RECEIVED HAVE ENTRIES.
B-AMOUNT	4	458-461	N	1-5000,SPACE	MAY OR MAY NOT HAVE ENTRY.
MONTH RECEIVED	2	462-463	N	1-12,SPACE	MAY OR MAY NOT HAVE ENTRY.
SOURCE-DSS	2	464-465	N	1-20,99,SPACE	MAY OR MAY NOT HAVE ENTRY. IF THERE IS AN ENTRY, THEN ITEM 58=YES AND ITEM 59B AMOUNT AND MONTH RECEIVED MUST HAVE ENTRIES.
ETHNIC ORIGIN OF PAYEE					
ITEM 60-ETHNIC ORIGIN	1	466	N	1-6,SPACES	MUST HAVE ENTRY.
NON-RECUR SPECIAL NEED					
ITEM 61-REC SPECL NEED	1	467	N	1,2	MUST HAVE ENTRY.
ITEM 62-REC APPROVED?	1	468	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 61=YES.
ITEM 63 AMOUNT					MAY OR MAY NOT HAVE ENTRIES. TO HAVE ENTRIES IF AND ONLY IF ITEM 62=YES.
A-FIRE	4	469-472	N	1-1000,SPACE	MAY OR MAY NOT HAVE ENTRY.
B-FLOOD	4	473-476	N	1-1000,SPACE	MAY OR MAY NOT HAVE ENTRY.
C-EARTHQUAKE	4	477-480	N	1-1000,SPACE	MAY OR MAY NOT HAVE ENTRY.
D-OTHER	4	481-484	N	1-1000,SPACE	MAY OR MAY NOT HAVE ENTRY.
D-OTHER-DSS	2	485-486	N	1-20,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 63D-OTHER HAS ENTRY.
ITEM 64-REASON DENIED	2	487-488	N	01-99,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 62=NO.
GENERAL INFORMATION					
ITEM 65-ADDRESS CHG?	1	489	N	1,2	MUST HAVE ENTRY.

NAME OF FIELD	LENGTH	POSITION	TYPE	VALID ITEM VALUES	COMPUTER EDITS	MANUAL CODING AND EDITING INSTRUCTIONS
ITEM 66-NUMBER	2	490-491	N	1-15,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 65 EQUAL YES.	
ITEM 67-HEALTH PLAN?	1	492	N	1,2	MUST HAVE ENTRY.	
ITEM 68-PROPERTY LIEN?	1	493	N	1,2	MUST HAVE ENTRY.	
ITEM 69 TIME ELIG REF FOOD STAMPS	1	494	N	1,2	MUST HAVE ENTRY.	
ITEM 70-CERT FOR FS?	1	495	N	1,2	MUST HAVE ENTRY.	
ITEM 71-HH CLASSIFY	1	496	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 70=YES.	
ITEM 72-CHNG CHANGE	1	497	N	1,2,SPACE	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 70=YES.	
ITEM 73 CHANGE TYPE					MAY OR MAY NOT HAVE ENTRY. MUST HAVE AT LEAST ONE ENTRY IF AND ONLY IF ITEM 72=YES.	
A-AFDC GRANT	1	498	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
B-EARNED INCOME	1	499	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
C-UNEARNED INCOME	1	500	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
D-HH SIZE	1	501	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
E-SHELTER COSTS	1	502	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
F-OTHER	1	503	N	1,SPACE	MAY OR MAY NOT HAVE ENTRY.	
F-OTHER DSC	2	504-505	N	1-20,SPACES	MAY OR MAY NOT HAVE ENTRY. TO HAVE ENTRY IF AND ONLY IF ITEM 73F-OTHER IS CHECKED.	
FILLER	20	506-525			MUST BE BLANK.	

October 1986 AFDC Survey

Item 56c. (use 01-20)

	code: 01	failed to appear for annual renewal appt.
[illegible] to provide [illegible]	02	failed to register for WIN
[illegible]	03	failed to keep DA child support appt.
[illegible] failed to appear [illegible]	04	failure to cooperate

Item 56d. (use 21-)

	code. 21	excess income
35. change of [illegible]	22	parent employed
36. [illegible]	23	moved out-of-state
37. [illegible]	24	moved out-of-county
AFDC [illegible]	25	whereabouts unknown
38. [illegible]	26	recipient requested discontinuance
[illegible]	27	excess personal property
39. [illegible]	28	eligible child no longer in home
40. [illegible]	29	parents reconciled
in [illegible]	30	parent incarcerated
41. [illegible]	31	State-U expired
	32	lost fairing hearing
	99 ~~33~~	unknown
	34	failure to provide essential information

[illegible] Survey

Item 41.

Trade/Technical School

Code: 01 National ~~Business Institute~~

02 Vehicle

03 [illegible]

04 [illegible]

~~[illegible]~~

Item 42.

Code: 01 English

02 Spanish

03 Vietnamese

04 Cambodian

05 Laotian

06 Hmong

07 Khmer

08 Ethiopian

09 Afganistan

10 Chinese/Cantonese

11 [illegible]

12 [illegible]

13 [illegible]

14 [illegible]

15 [illegible]

16 [illegible]

17 Rumanian

18 Filipino

Item 46.

Code 01-50 - corresponding to alphabetical listing of states. (attached)

October 19[illegible] AFDC Survey

Stem 75A.

code: 01 moved out-of-county
02 attending college/school
03 [illegible] account balance
04 started working
05 received school grant
06 change of address
07 rebate of school tuition
08 detention work
09 child [illegible]
10 client [illegible]
11 [illegible] detention work
12 [illegible]
13 full time [illegible]
14 change in property
15 new phone [illegible]
16 [illegible] case suspended
17 failed to supply essential info.
18 child started school
19 All member incapacitated

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Item 57c.

Code: 01 didnt provide proof of VIB
02 failure to provide [illegible]
[illegible]

Item 59

Code: 01 insurance settlement
02 social security
03 SDI
04 tax refund
05 EIC
06 Calif. State Lottery winnings
07 inheritance
08 damage [illegible] settlement

Item 63d.

Item 64b