Federal Parent Locator Service

Federal Case Registry

Interface Guidance Document

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E.   DATA DICTIONARY

This appendix includes the data definitions and descriptions for the data fields contained in the FCR Input and Output Transaction Layouts. Appendix G defines the Input Transaction Layouts. Appendix H defines the Output Transaction Layouts.

This appendix lists the data fields in alphabetic order. The following information is provided for each data field:

1. **Name** – The name of the field is provided as it appears on the input or output transaction layout description.
2. Type – If the field is an input field, output field or both.
3. Condition – If the field is required for specified inputs. Fields on input transactions are required, conditionally required or optional. Fields on the output transactions are described as required or conditional. Conditional fields are present based on the information received on the input or available on the FCR database.
4. Length –The size of the field on the record layout.
5. Format – If the field is alphabetic, numeric or alphanumeric.
6. Values – The acceptable values for the field.
7. Description –A narrative explanation of the data field.

The following pages include the data fields that are accepted and/or returned by the FCR.

Name	**1099 ACCOUNT CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Response Record
Length	20
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	The payer's account number from the IRS-1099 system.

Name	**1099 AMOUNT 1** through **1099 AMOUNT 12**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Response Record
Length	12
Format	Numeric
Values	000000000000 through 999999999999
Description	The amount of assets being reported for the 1099 Locate. The amount reported is in whole dollars. The 1099 Amount Indicator defines the type of asset amount being reported, and the 1099 Document Code identifies the source form of the information. This field contains all zeroes if amount is not available.

Name	**1099 AMOUNT INDICATOR 1** through **1099 AMOUNT INDICATOR 12**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	2
Format	Alphanumeric
Values	01 – Dividends
	1A – MSA Contributions
	1B – Current Contributions
	1C – Future Contributions
	1D – Rollover MSA Contributions
	1E – Gross Benefits
	1F – Accelerated Benefits Paid
	02 – Interest
	2A – Earnings on Distributive Excess Contributions
	2B – MSA Gross Distributions
	2C – 28% Rate Gain
	2D – Unrecaptured Section 1250 Gain
	2E – Section 1202 Gain
	2F – ROTH Conversion Amount
	03 – Gross Winnings

3A – ROTH IRA Contribution
3B – Education IRA Contribution
3C – Student Loan Interest
3D – Attorney Fees
3E – MSA Fair Market Value
3F – Foreign Tax Paid
04 – Pensions and Annuities
06 – Wages
07 – Allocated Tips
08 – Tax Withheld
09 – FICA Tax Withheld
10 – Taxable FICA Wages
11 – Taxable FICA Tips
12 – Advance Earned Income Credit
13 – Taxable Grants
14 – Unemployment Compensation
15 – Non-employee Compensation
16 – Medical Payments
17 – Fishing Income
18 – Rents
19 – Royalties
20 – Other Income
21 – Winnings from Identical Wager
22 – Savings Bonds
23 – Capital Gains
24 – Non-taxable Distribution
25 – Deferred Compensation
26 – Points Paid
27 – Cash Liquid Distribution
28 – Non-cash Liquid Distributions Dividends Not Qualifying for Exclusion
29 – Refund Overpaid Interest
30 – Substitute Payments for Dividends
31 – Excess Golden Parachute
32 – Business Income
33 – Investment Expense
34 – Medicare Tax Withheld
35 – Property Fair Market Value
36 – Medicare Wages
37 – Total Employee Contributions
38 – Unrealized Appreciation
39 – Other Income
40 – Interest Forfeiture
41 – Ordinary Dividends
42 – Amount of Transaction
43 – Patronage Dividends

44   – Non-patronage Distribution
45   – Retained Allocations
46   – Redemption Amount
47   – Amount of Debt Cancelled
48   – Interest Forgiven Amount
50   – Real Estate Sales
51   – Buyer Real Estate Taxes
52   – Amount of Contract
53   – Original Issue Discount
54   – Agricultural Subsidies
55   – Prior Year Refund
56   – Discharge of Indebtedness
57   – Total CTR Transaction Amount
58   – IRA Contributions
59   – Rollover IRA Contribution
60   – Dependent Care
61   – Stocks and Bonds
62   – Bartering
63   – Aggregate Profit and Loss
64   – Realized Profit and Losses
65   – SEP Contributions
66   – Simple Contribution
67   – Life Insurance Cost (amount of IRA paid to life insurance)
68   – Mortgage Interest
69   – Debt Outstanding
70   – Debt Satisfied
71   – Fair Market Value
72   – Amount of Transaction
73   – Ordinary Income K-1
74   – Real Estate
75   – Other Rental
76   – Guaranteed Payments
77   – Section 179 Expense
78   – Repayments (a negative amount)
79   – Workman's Compensation Offset (a negative amount)
80   – Gross Distributions
81   – Taxable Amount
82   – CMIR
83   – Previous Wages
84   – Code 'Q' Military Pay
85   – Code 'R' Employer's Contribution to Medical Savings Account
86   – Code 'S' Employer's Contribution to Simple Account
87   – Code 'T' Expenses Incurred for Qualified Adoption
88   – Appraisal Value
89   – Eligible Capital Gains
90   – Passive Income

93   – TY Repayments (Most recent available year)
94   – TY Repayments
95   – TY Repayments
96   – TY Repayments (Oldest available year)
97   – Short Term Capital Gain
98   – Long Term Capital Gain
99   – Crop Insurance
Spaces – Information Not Available

Description	This code defines the type of asset being reported on the IRS source document. The IRS source document is identified by the 1099 Document Code.

Name   **1099 DOCUMENT CODE**

Type	Output Field
Condition	Conditional for the following output record: • FCR IRS-1099 Response Record
Length	2
Format	Alphanumeric
Values	15 – Passport
	16 – Greencard
	21 – IRS W-2 Form
	27 – IRS 5498-MSA Form
	28 – IRS 5498 Form
	32 – IRS W-2G Form
	42 – IRS W-4 Form
	59 – IRS 8596 Fed Contractor Form
	61 – IRS 8362 Casino CTR Form
	63 – IRS 4790 CMIR International CTR Form
	64 – IRS 8300 Business Center Form
	65 – IRS K-1 1065 Form
	66 – IRS K-1 1041 Form
	67 – K-1 1120S Form
	75 – IRS 1099-S Form
	79 – IRS 1099-B Form
	80 – IRS 1099-A Form
	81 – IRS 1098 Form
	82 – SSA-1099 Form
	83 – IRS 1098-T Form
	84 – IRS 1098-E Form
	85 – IRS 1099-C Form
	86 – IRS 1099-G Form
	89 – IRS 4789 Bank CTR Form
	91 – IRS 1099-DIV Form
	92 – IRS 1099-INT Form
	93 – IRS 1099-LTC Form
	94 – IRS 1099-MSA Form

95 – IRS 1099 MISC Form
96 – IRS 1099-OID Form
97 – IRS 1099-PATR Form
98 – IRS 1099-R Form
Spaces – Information not available

Description	This code identifies the IRS document that is the source of the information that is provided for the 1099 Locate.

Name	**1099 FIRST NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Response Record
Length	15
Format	Alphanumeric
Values	A through Z, or spaces [not all spaces]
Description	The first 15 characters of the first name of the person that was submitted to the IRS for 1099 Locate.

Name	**1099 LAST NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Response Record
Length	20
Format	Alphanumeric
Values	A through Z, or spaces [not all spaces]
Description	The first 20 characters of the last name of the person that was submitted to the IRS for a 1099 Locate.

Name	**1099 MATCH CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Response Record
Length	2
Format	Numeric
Values	00 – Match made. IRS financial information returned
	06 – Case Type changed from IV-D to Non IV-D, no information returned
	18 – SSN not on IRS File. No financial information returned
	19 – Name submitted by the State does not match with SSA name, no financial information returned
	20 – Information unavailable
	39 – Disclosure Prohibited, person associated with Family Violence
Description	This code identifies the results of the match with IRS-1099 system for the person.

Name	**1099 PAYEE CITY**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	40
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the city of the payee's address from the IRS form that is the source of the information being reported.

Name	**1099 PAYEE NAME 1**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	40
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the payee name from the IRS form that is the source of the information being reported.

Name	**1099 PAYEE NAME 2**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	40
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the second payee name from the IRS form that is the source of the information being reported for the first line of the payee address, for example, the 'In Care of' information on the form.

Name	**1099 PAYEE STATE CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	2
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the State code for the payee's address from the IRS form that is the source of the information being reported.

Name	**1099 PAYEE STREET ADDRESS**
Type	Output Field
Condition	Conditional for the following output record:

- FCR IRS-1099 Locate Response Record

Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the payee's street address or post office box from the IRS form that is the source of the information being reported.

Name	**1099 PAYEE ZIP CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999999 or spaces
Description	This is the payee Zip Code from the IRS form that is the source of the information being reported.

Name	**1099 PAYER CITY-STATE-ZIP**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the payer's city, State code and Zip Code from the IRS form that is the source of the information being reported.

Name	**1099 PAYER EIN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	9
Format	Numeric
Values	0 through 9
Description	This is the payer's Employer Identification Number from the IRS form that is the source of the information being reported.
	If 1099 Payer EIN is not available, this field contains all zeroes.

Name	**1099 PAYER NAME 1**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR IRS-1099 Locate Response Record
Length	40
Format	Alphanumeric
Values	A through Z, or spaces

Description   This is the payer's name from the IRS form that is the source of the
               information being reported.

Name   **1099 PAYER NAME 2**

Type   Output Field
Condition   Conditional for the following output record:
               • FCR IRS-1099 Locate Response Record
Length   40
Format   Alphanumeric
Values   A through Z, or spaces
Description   This is the second payer name from the IRS form that is the source of the
               information being reported or the first line of the payer address, for example,
               the 'In Care of' information on the form.

Name   **1099 PAYER STREET ADDRESS**

Type   Output Field
Condition   Conditional for the following output record:
               • FCR IRS-1099 Locate Response Record
Length   40
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces
Description   This is the payer's street address or post office box from the IRS form that is
               the source of the information being reported.

Name   **ACKNOWLEDGEMENT CODE**

Type   Output Field
Condition   Required for the following output records:
               • FCR Case Acknowledgement/Error Record
               • FCR Person/Locate Request Acknowledgement/Error Record
               • FCR Query Acknowledgement/Error Record
Length   5
Format   Alphanumeric
Values   AAAAA – Transaction accepted
               HOLDS – Transaction pending SSN Verification
               REJCT   – Transaction rejected
Description   This code identifies the record as accepted (AAAAA), pending SSN
               verification (HOLDS) or rejected (REJCT). See Appendix J, "Error
               Messages", for a complete list of the FCR-assigned error codes.
               If the record was rejected, the Error Code will define the specific reason for
               the rejection.

Name   **ACTION TYPE CODE**

Type   Input and Output Field
Condition   Required for the following input records:

- FCR Input Case Record
- FCR Input Query Record
- FCR Input Person/Locate Request Record

Required for the following output records:

- FCR Case Acknowledgement/Error Record
- FCR Query Acknowledgement/Error Record
- FCR Query/Proactive Match Response Record
- FCR Person/Locate Request Acknowledgement/Error Record

Length	1
Format	Alphanumeric
Values	FCR Input Case Record and related Acknowledgement/Error Record:

A – Add a new case to the FCR

C – Change a case previously added to the FCR

D – Delete a case previously added to the FCR

    [Whenever a State closes a case on its system, using valid closure criteria under 45 CFR 303.11, the State must send a Delete Transaction to the FCR indicating the case has been closed.]

FCR Input Person/Locate Request and related Acknowledgement/Error Record:

A – Add a person to a case on the FCR

C – Change a person previously added to the FCR

D – Delete a person from a case previously added to the FCR

L – Initiate a request for Locate processing when a person is not being added to the FCR

T – Terminate an open Locate Request

FCR Input Query Record and related output records:

A – FCR Query Request for all FCR information on the person

F – FCR Query Request for other States' information on the person FCR Query/Proactive Match Response Record:

C – Proactive FCR response for a new case, a change to, or deletion of, an existing case

D – SSA Date of Death File update

F – FCR Query response

P – Proactive FCR response for a new person, a change to, or deletion of, an existing person

Description	For an input transaction, the code indicates the action the FCR System should take for the transaction.

For an Acknowledgement/Error Output Record, this is the value received on the input transaction.

For the FCR Query/Proactive Match Response Record, this code indicates the reason the output transaction is being generated, i.e., a Query Response or Proactive Match results.

Name	**ADDITIONAL FIRST NAME 1** through **ADDITIONAL FIRST NAME 4** or

ADDITIONAL FIRST NAME 1 TEXT through
ADDITIONAL FIRST NAME 4 TEXT

Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Person Reconciliation Record
- FCR Title II Pending Claim Response Record

Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is an Additional First Name that the submitter has associated with the person who was submitted to the FCR, which may be useful in locating or identifying the person.

Name	**ADDITIONAL LAST NAME 1** through **ADDITIONAL LAST NAME 4** or **ADDITIONAL LAST NAME 1 TEXT** through **ADDITIONAL LAST NAME 4 TEXT**
Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Person Reconciliation Record
- FCR Title II Pending Claim Response Record

Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces [No imbedded spaces or special characters other than hyphen (-)]
Description	This is an additional last name that the submitter has associated with the person who was submitted to the FCR, which may be useful in locating or identifying the person.

Name	**ADDITIONAL MIDDLE NAME 1** through **ADDITIONAL MIDDLE NAME 4** or **ADDITIONAL MIDDLE NAME 1 TEXT** through **ADDITIONAL MIDDLE NAME 4 TEXT**

Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Person Reconciliation Record
- FCR Title II Pending Claim Response Record

Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is an Additional Middle Name that the submitter has associated with the person who was submitted to the FCR, which may be useful in locating or identifying the person.

Name	**ADDITIONAL SSN 1 thru ADDITIONAL SSN 2**
Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'C'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Person Reconciliation Record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998, or all spaces [not all sixes]
Description	This is an Additional SSN the submitter has associated with the person who was submitted to the FCR, which may be useful in locating or identifying the person.

Name	**ADDITIONAL SSN 1 VALIDITY CODE(s)** through **ADDITIONAL SSN 2 VALIDITY CODE**
Type	Output Field
Condition	Required for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Person Reconciliation Record

Length	1
Format	Alphanumeric
Values	This field contains one of the following codes to indicate the validity of the Additional SSN(s) submitted:

N – The Additional SSN and Name combination that was submitted for this person was not verified by SSA's SSN Verification Routines, but the Name Matching Routine has identified it as a probable name match.

                    V – The Additional SSN 1or SSN 2 and Name combination submitted was
                          verified by the SSA SSN verification routines.
                    U – The Additional SSN 1or SSN 2 and Name combination submitted was
                          not verified by the SSA SSN verification routines.

Description	This code indicates the results of the SSA SSN Verification for the person's Additional SSN 1 and/or SSN 2 that the submitter has associated with the person who was submitted to the FCR, which may be useful in locating or identifying the person.

Name	**ADDRESS FORMAT INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	C – City, State and Zip Code breakdown
	F – Free Format: Lines separated by a '\' with an isolated Zip Code when present
	X – Fixed Format: Street Address Lines 1 through 4, city, State and Zip Code breakdown
	Space – No address
Description	This code indicates the format of the Street Address Lines 1 through 4, city, State and Zip Code in the Returned Address Field.

Name	**ADDRESS INDICATOR TYPE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Record
Length	1
Format	Alphanumeric
Values	1 – Employer Address
	2 – Employee Address
	3 – Employer Optional Address
	Space – Information not provided
Description	This code indicates whether the address that was provided is the employer's, the employee's or the employer's optional address.

Name	**ADDRESS SCRUB INDICATOR 1**
Type	Output Field
Condition	Required for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	2
Format	Alphanumeric

Values	BA	– Bad address: FINALIST determined it to be an undeliverable address
	CH	– Changed address: The address was corrected and is considered by FINALIST to be deliverable
	EA	– Empty address: No address is present in record. The address was not provided by the Locate source.
	FA	– Foreign Address: There is a value in the foreign country code that is other than spaces or 'US'
	GA	– Good address: FINALIST has determined it to be a deliverable address
	IA	– Unrecognized Address Format Indicator: The Address Format Indicator must be either 'C', 'F' or 'X'. (Applies to FCR Locate Response Records only)
Description	This code indicates the general status of the edited address.
	For FCR Locate Responses, the values are 'BA', 'CH', 'EA', 'FA', 'GA' and 'IA'.
	For NDNH Locate Responses, the values are 'BA', 'CH', 'EA', 'FA' and 'GA'.
	For NDNH Proactive Match Responses, the values are 'CH', 'FA' and 'GA'.

Name	**ADDRESS SCRUB INDICATOR 2** through **ADDRESS SCRUB INDICATOR 3**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	BR – Bad range: House number is out of range for that street
	BU – Bad unit number: The unit number in a multi-dwelling unit has a non-standard format, is out of range or is missing. In PO Box addresses the box number does not match the Zip+4 code. Standardization was attempted.
	BX – Missing State code or missing both State code and Zip Code: Assigning State or Zip Code was attempted
	CA – Correction of a misspelled or non-standard street name was successful
	CC – Correction of a misspelled or non-standard city name was successful
	CZ – Correction of Zip Code was successful
	MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name)
	MX – Mismatched State and Zip Code: Correction of the Zip Code was attempted
	NC – Non-determined city name: Correction of the city name was attempted
	NZ – Non-determined Zip Code: Correction of the Zip Code was attempted but failed
	Spaces – the value is spaces if the Address Scrub Indicator 1 contains 'EA', 'FA', 'GA' or 'IA'

Description   This code gives further detail on the status of the edited address. Also refer to Section 6.7.3.1, "Address Editing of Locate Responses", and Section 6.10.1.1, "Address Editing of Proactive Match Responses".

Name   **ANNUAL SALARY – DoD**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR Locate Response Record
Length   6
Format   Numeric
Values   000000 through 999999
Description   This is the employee's annual salary (dollars only).
               If salary is not available, this field contains zeroes.

Name   **ANNUAL SALARY**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR Locate Response Record
Length   7
Format   Numeric
Values   0000000 through 9999999
Description   The employee's annual salary (dollars only).
               If salary is not available, this field contains zeroes.

Name   **APO-FPO INDICATOR**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR Locate Response Record
Length   1
Format   Alphanumeric
Values   Y – Provided address is an APO or FPO
               Space – Provided address is not an APO or FPO, or information not available
Description   This code indicates that the provided city, State and Zip Code are a military APO or FPO overseas address.

Name   **ASSOCIATED PERSON 1 DATE OF BIRTH** through
               ASSOCIATED PERSON 3 DATE OF BIRTH
Type   Output Field
Condition   Conditional for the following output record:
               • FCR Query/Proactive Match Response Record
Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format or spaces
Description   This is the date of birth of an associated person in a matched case on the FCR.
               If the associated person does not exist, this field is all spaces.

Name	**ASSOCIATED PERSON 1 DATE OF DEATH** through **ASSOCIATED PERSON 3 DATE OF DEATH**
Type	Output Field
Condition	Conditional for the following output record: • FCR Query/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	If applicable, this is the SSA-recorded date of death, for an associated person. If not applicable, the field contains spaces.

Name	**ASSOCIATED PERSON 1 FIRST NAME** through **ASSOCIATED PERSON 3 FIRST NAME**
Type	Output Field
Condition	Conditional for the following output record: • FCR Query/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or all spaces [No imbedded spaces or special characters]
Description	The first name of an associated person in a matched case on the FCR. If the associated person does not exist, this field is all spaces.

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

Name	**ASSOCIATED PERSON 1 MIDDLE NAME** through **ASSOCIATED PERSON 3 MIDDLE NAME**
Type	Output Field
Condition	Conditional for the following output record: • FCR Query/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or all spaces [No imbedded spaces or special characters]
Description	This is the middle name of an associated person in a matched case on the FCR.

If the associated person does not exist, this field is all spaces.

If a middle name is not on file for the associated person, this field is all spaces.

Name	**ASSOCIATED PERSON 1 OTHER STATE/TERRITORY MEMBER ID** through **ASSOCIATED PERSON 3 OTHER STATE/TERRITORY MEMBER ID**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the receiving State's Member ID assigned to the associated person in a matched case on the FCR. If the associated person does not exist, this field is all spaces.

Name	**ASSOCIATED PERSON 1 PARTICIPANT TYPE** through **ASSOCIATED PERSON 3 PARTICIPANT TYPE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	CH – Child
	CP – Custodial Party
	NP – Non-custodial Parent
	PF – Putative Father
	Spaces – The associated person does not exist
Description	This is the Participant Type of an associated person in a matched case on the FCR. If the associated person does not exist, this field is all spaces.

Name	**ASSOCIATED PERSON 1 SEX CODE** through **ASSOCIATED PERSON 3 SEX CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	F – Female
	M – Male
	Space – The associated person does not exist or a Sex Code is not on file.
Description	This is the gender of an associated person on the FCR-matched record. If the associated person does not exist, this field is all spaces. If the Sex Code is not on file for the associated person, this field is all spaces.

Name	**ASSOCIATED PERSON 1 SSN** through **ASSOCIATED PERSON 3 SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This is the verified SSN for an associated person on the FCR matched record. If the associated person does not exist, this field is all spaces.

Name	**ASSOCIATED PERSON 1 STATE MEMBER ID** through **ASSOCIATED PERSON 3 STATE MEMBER ID**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the receiving State's Member ID assigned to an associated person who matched an associated person in the matched case. If the associated person does not exist, this field is all spaces. If this is not in the receiving State's case, this field is all spaces.

Name	**ATTORNEY ADDRESS CITY NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This is the city name for the attorney.

Name	**ATTORNEY ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	1 – The address of the Attorney is in a foreign country
	Space – The address of the Attorney is in the U.S.
Description	This indicates if the attorney address that was provided is a U.S. or foreign address.

Name	**ATTORNEY ADDRESS FOREIGN COUNTRY NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the foreign country name of the address for the attorney.

Name	**ATTORNEY ADDRESS SCRUB 1 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic, A through Z
Values	BA – Bad address: FINALIST determined it to be an undeliverable address. The address is left unchanged.
	CH – Changed address: The address was corrected and is considered by FINALIST to be deliverable.
	EA – Empty address: No address is present in record. The address was not provided by the source.
	FA – Foreign Address: The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or 'U.S'.
	GA – Good address: FINALIST has determined it to be a deliverable address.
Description	This is the Address Scrub Code to indicate the results of the address editing of the address information that is returned in the response.

Name	**ATTORNEY ADDRESS SCRUB 2 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:
	BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.
	BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.
	BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.
	MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a

street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If Attorney Address Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If the Address Scrub 1 Code contains 'EA', 'FA' or 'GA', this field contains spaces.

Description	This is a code that further defines the results of address editing of the address information that is returned in the response.

Name	**ATTORNEY ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for the following output record:

- FCR Insurance Match Response Record – Part 1

Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

MA – Mismatched address. The street name is not found in the city (the

                              address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If Attorney Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If Address Scrub Code 1 is 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this field contains spaces.

Description	This is a code that further defines the results of address editing of the address information that is returned in the response.

Name	**ATTORNEY ADDRESS STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic
Values	Standard State abbreviation value set
Description	This is the State code for the attorney.

Name	**ATTORNEY ADDRESS STREET 1 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric

Values   A through Z, 0 through 9, hyphen (-) or spaces
Description   This is the first line of the street address of the attorney.

Name   **ATTORNEY ADDRESS STREET 2 TEXT**
Type   Output Field
Condition   Optional for the following output record:
                - FCR Insurance Match Response Record – Part 1
Length   40
Format   Alphanumeric
Values   A through Z, 0 through 9, hyphen (-) or spaces
Description   This is the second line of the street address of the attorney.

Name   **ATTORNEY ADDRESS ZIP CODE**
Type   Output Field
Condition   Optional for the following output record:
                - FCR Insurance Match Response Record – Part 1
Length   15
Format   Alphanumeric
Values   A through Z, 0 through 9
Description   This is the Zip code (domestic or foreign) for the attorney.

Name   **ATTORNEY FIRST NAME**
Type   Output Field
Condition   Optional for the following output record:
                - FCR Insurance Match Response Record – Part 1
Length   20
Format   Alphanumeric
Values   A through Z, or spaces
Description   This is the first 20 characters of the first name of the attorney.

Name   **ATTORNEY LAST NAME**
Type   Output Field
Condition   Optional for the following output record:
                - FCR Insurance Match Response Record – Part 1
Length   30
Format   Alphanumeric
Values   A through Z, hyphen (-) or spaces
Description   This is the first 30 characters of the last name of the attorney.

Name   **ATTORNEY PHONE EXTENSION NUMBER**
Type   Output Field
Condition   Optional for the following output record:
                - FCR Insurance Match Response Record – Part 1
Length   6

Format   Numeric
Values   0 through 9
Description   This is the phone number extension of the attorney.

Name   ATTORNEY PHONE NUMBER

Type   Output Field
Condition   Optional for the following output record:
                • FCR Insurance Match Response Record – Part 1
Length   10
Format   Numeric
Values   0 through 9
Description   This is the phone number of the attorney.

Name   BATCH ERROR CODE 1 through BATCH ERROR CODE 5

Type   Output Field
Condition   Conditional for the following output record:
                • FCR Routine Batch Response Header Record
Length   4
Format   Alphanumeric
Values   5000 through 5999 or spaces
Description   This is a numeric code that is returned to the State that identifies the error
                detected with a batch submitted to the FCR. There are two classifications of
                error codes. A warning code indicates an error was detected but it was not
                sufficiently critical to force rejection of the entire batch. A rejection error code
                indicates that a critical error was detected and the batch is rejected.
                See Appendix J, "Error Messages," for a complete list of the FCR assigned
                error codes.

Name   BATCH NUMBER

Type   Input and Output Field
Condition   Required for the following input record:
                • FCR Transmission Header Record
                Required for the following output records:
                • FCR Routine Batch Response Header Record
                • FCR Case Acknowledgement/Error Record
                • FCR Query Acknowledgement/Error Record
                • FCR Person/Locate Request Acknowledgement/Error Record
                • FCR Query/Proactive Match Response Record with Action Type Code 'F'
Length   6
Format   Alphanumeric
Values   000000 through 999999 or spaces
Description   This is unique number that is assigned by the submitter of FCR input
                transactions to identify the batch of transactions submitted. Batch Numbers
                can not be duplicated between transmissions. The submitter's Batch Number
                is returned in the related FCR output records listed above.

For an FCR Query/Proactive Match Response Record with Action Type Code 'C', 'D' or 'P', this field is spaces.

Spaces in the batch number are allowed only on the FCR Query/Proactive Match Response Record.

Note: Do not send more than one FCR transaction batch in a single day unless specifically authorized by OCSE.

Name	**BENEFIT AMOUNT**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	11
Format	Signed Numeric
Values	00000000000 through 99999999999
Description	This is the monetary amount of Unemployment Insurance benefits a person received during a Reporting Period. The last two positions are implied to be to the right of the decimal point.
	If there is no Benefit Amount, this field is always positive, or contains all zeroes.
	If the information is not available, this field is always positive, or contains all zeroes.

Name	**BENEFIT AMOUNT – MBR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	6
Format	Numeric
Values	000000 through 999999
Description	This is the monthly dollar amount of a person's SSA benefit.
	If there is no Benefit Amount – MBR, the amount is always positive or contains all zeroes.
	If the information is not available, this amount is always positive, or contains all zeroes.

Name	**BLACK LUNG ENTITLEMENT CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	D – Death termination
	E – Entitled
	N – Nonpayment
	P – Pending entitlement

T – Terminated (other than death)

Space – No Black Lung entitlement

Description   This is the Title II beneficiary's Black Lung entitlement code.

Name   **BLACK LUNG PAYMENT AMOUNT**

Type   Output Field

Condition   Required for the following output record:
* FCR SVES Title II Locate Response Record

Length   6

Format   Numeric in COBOL format 9(4)V99

Values   0 through 9

Description   This is the Title II beneficiary's Black Lung payment amount.

Name   **CAN and BIC**

Type   Output Field

Condition   Required for the following output record:
* FCR SVES Title II Locate Response Record

Length   12

Format   Alphanumeric

Values   This is the first nine characters of the Claim Account Number (CAN). The last
three characters contain the Beneficiary Identification Code (BIC), or spaces.
BIC codes from SSA are 2-bytes or 3-bytes. Listed below are the 2-byte and
3-byte BIC codes that are returned from SSA:

    &   and O – Combined A and B beneficiary in the same payment

    A   or A00 – Primary claimant

    B   or B00 – Aged wife, age 62 or over (1st claimant)

    B1 or B01 – Aged husband, age 62 or over (1st claimant)

    B2 or B02 – Young wife, with a child in her care (1st claimant)

    B3 or B03 – Aged wife (2nd claimant)

    B4 or B04 – Aged husband (2nd claimant)

    B5 or B05 – Young wife (2nd claimant)

    B6 or B06 – Divorced wife, age 62 or over (1st claimant)

    B7 or B07 – Young wife (3rd claimant)

    B8 or B08 – Aged wife (3rd claimant)

    B9 or B09 – Divorced wife (2nd claimant)

    BA or B10 – Aged wife (4th claimant)

    BD or B13 – Aged wife (5th claimant)

    BG or B16 – Aged husband (3rd claimant)

    BH or B17 – Aged husband (4th claimant)

    BI or B18 – Obsolete code – no longer being used

    BJ or B19 – Aged husband (5th claimant)

    BK or B20 – Young wife (4th claimant)

    BL or B21 – Young wife (5th claimant)

    BN or B23 – Divorced wife (3rd claimant)

    BP or B25 – Divorced wife (4th claimant)

BQ or B26 – Divorced wife (5th claimant)
BR or B27 – Divorced husband, age 62 or older (1st claimant)
BT or B29 – Divorced husband (2nd claimant)
BW or B32 – Young husband (2nd claimant)
BY or B34 – Young husband, with a child in his care (1st claimant)
C1 or C01 – Child (includes minor, student or disabled child)
C2 or C02 – Child (includes minor, student or disabled child)
C3 or C03 – Child (includes minor, student or disabled child)
C4 or C04 – Child (includes minor, student or disabled child)
C5 or C05 – Child (includes minor, student or disabled child)
C6 or C06 – Child (includes minor, student or disabled child)
C7 or C07 – Child (includes minor, student or disabled child)
C8 or C08 – Child (includes minor, student or disabled child)
C9 or C09 – Child (includes minor, student or disabled child)
CA or C10 – Child (includes minor, student or disabled child)
CB or C11 – Child (includes minor, student or disabled child)
CC or C12 – Child (includes minor, student or disabled child)
CD or C13 – Child (includes minor, student or disabled child)
CE or C14 – Child (includes minor, student or disabled child)
CF or C15 – Child (includes minor, student or disabled child)
CG or C16 – Child (includes minor, student or disabled child)
CH or C17 – Child (includes minor, student or disabled child)
CI   or C18 – Child (includes minor, student or disabled child)
CJ   or C19 – Child (includes minor, student or disabled child)
CK or C20 – Child (includes minor, student or disabled child)
CL or C21 – Child (includes minor, student or disabled child)
CM or C22 – Child (includes minor, student or disabled child)
CN or C23 – Child (includes minor, student or disabled child)
CO or C24 – Child (includes minor, student or disabled child)
CP or C25 – Child (includes minor, student or disabled child)
D   or D00 – Aged widow, age 60 or over (1st claimant)
D1 or D01 – Aged widower, age 60 or over (1st claimant)
D2 or D02 – Aged widow (2nd claimant)
D3 or D03 – Aged widower (2nd claimant)
D4 or D04 – Widow (remarried after attainment of age 60) (1st claimant)
D5 or D05 – Widower (remarried after attainment of age 60) (1st claimant)
D6 or D06 – Surviving divorced wife, age 60 or over (1st claimant)
D7 or D07 – Surviving divorced wife (2nd claimant)
D8 or D08 – Aged widow (3rd claimant)
D9 or D09 – Remarried widow (2nd claimant)
DA or D10 – Remarried widow (3rd claimant)
DC or D12 – Surviving divorced husband, age 60 or over (1st claimant)
DD or D13 – Aged widow (4th claimant)
DG or D16 – Aged widow (5th claimant)
DH or D17 – Aged widower (3rd claimant)
DJ   or D19 – Aged widower (4th claimant)

DK or D20 – Aged widower (5th claimant)
DL or D21 – Remarried widow (4th claimant)
DM or D22 – Surviving divorced husband (2nd claimant)
DN or D23 – Remarried widow (5th claimant)
DP or D25 – Remarried widower (2nd claimant)
DQ or D26 – Remarried widower (3rd claimant)
DR or D27 – Remarried widower (4th claimant)
DS or D28 – Surviving divorced husband (3rd claimant)
DT or D29 – Remarried widower (5th claimant)
DV or D31 – Surviving divorced wife (3rd claimant)
DW or D32 – Surviving divorced wife (4th claimant)
DX or D33 – Surviving divorced husband (4th claimant)
DY or D34 – Surviving divorced wife (5th claimant)
DZ or D35 – Surviving divorced husband (5th claimant)
E   or E00 – Mother (widow) (1st claimant)
E1 or E01 – Surviving divorced mother (1st claimant)
E2 or E02 – Mother (widow) (2nd claimant)
E3 or E03 – Surviving divorced mother (2nd claimant)
E4 or E04 – Father (widower) (1st claimant)
E5 or E05 – Surviving divorced father (widower) (1st claimant)
E6 or E06 – Father (widower) (2nd claimant)
E7 or E07 – Mother (widow) (3rd claimant)
E8 or E08 – Mother (widow) (4th claimant)
E9 or E09 – Surviving divorced father (widower) (2nd claimant)
EA or E10 – Mother (widow) (5th claimant)
EB or E11 – Surviving divorced mother (3rd claimant)
EC or E12 – Surviving divorced mother (4th claimant)
ED or E13 – Surviving divorced mother (5th claimant)
EF or E15 – Father (widower) (3rd claimant)
EG or E16 – Father (widower) (4th claimant)
EH or E17 – Father (widower) (5th claimant)
EI or E18 – Obsolete code – no longer being used
EJ or E19 – Surviving divorced father (3rd claimant)
EK or E20 – Surviving divorced father (4th claimant)
EM or E22 – Surviving divorced father (5th claimant)
F1 or F01 – Parent (father)
F2 or F02 – Parent (mother)
F3 or F03 – Parent (stepfather)
F4 or F04 – Parent (stepmother)
F5 or F05 – Parent (adopting father)
F6 or F06 – Parent (adopting mother)
F7 or F07 – Parent (2nd alleged father)
F8 or F08 – Parent (2nd alleged mother)
G1 or G01 – Claimants of lump-sum death benefits
G2 or G02 – Claimants of lump-sum death benefits
G3 or G03 – Claimants of lump-sum death benefits

G4   or G04   – Claimants of lump-sum death benefits

G5   or G05   – Claimants of lump-sum death benefits

G6   or G06   – Claimants of lump-sum death benefits

G7   or G07   – Claimants of lump-sum death benefits

G8   or G08   – Claimants of lump-sum death benefits

G9   or G09   – Claimants of lump-sum death benefits

J1   or J01   – Primary Prouty entitled to Health Insurance Benefits (HIB) (less than three qualifying quarters QQs)) (General Fund)

J2   or J02   – Primary Prouty entitled to HIB (more than two QQs) (Retirement and Survivors Insurance (RSI) Trust Fund)

J3   or J03   – Primary Prouty not entitled to HIB (less than three QQs) (General Fund)

J4   or J04   – Primary Prouty not entitled to HIB (more than two QQs) (RSI Trust Fund)

K1   or K01   – Prouty wife entitled to HIB (less than three QQs) (General Fund) (1st claimant)

K2   or K02   – Prouty wife entitled to HIB (more than two QQs) (RSI Trust Fund) (1st claimant)

K3   or K03   – Prouty wife not entitled to HIB (less than three QQs) (General Fund) (1st claimant)

K4   or K04   – Prouty wife not entitled to HIB (more than two QQs) (RSI Trust Fund) (1st claimant)

K5   or K05   – Prouty wife entitled to HIB (less than three QQs) (General Fund) (2nd claimant)

K6   or K06   – Prouty wife entitled to HIB (more than two QQs) (RSI Trust Fund) (2nd claimant)

K7   or K07   – Prouty wife not entitled to HIB (less than three QQs) (General Fund) (2nd claimant)

K8   or K08   – Prouty wife not entitled to HIB (less than three QQs) (RSI Trust Fund) (2nd claimant)

K9   or K09   – Prouty wife entitled to HIB (less than three QQs) (General Fund) (3rd claimant)

KA   or K10   – Prouty wife entitled to HIB (more than two QQs) (RSI Trust Fund) (3rd claimant)

KB   or K11   – Prouty wife not entitled to HIB (less than three QQs) (General Fund) (3rd claimant)

KC   or K12   – Prouty wife not entitled to HIB (more than two QQs) (RSI Trust Fund) (3rd claimant)

KD   or K13   – Prouty wife entitled to HIB (less than three QQs) (General Fund) (4th claimant)

KE   or K14   – Prouty wife entitled to HIB (more than two QQs) (RSI Trust Fund) (4th claimant)

KF   or K15   – Prouty wife not entitled to HIB (less than three QQs) (General Fund) (4th claimant)

KG   or K16   – Prouty wife not entitled to HIB (more than two QQs) (RSI Trust Fund) (4th claimant)

KH or K17 – Prouty wife entitled to HIB (less than three QQs) (General Fund) (5th claimant)

KJ or K19 – Prouty wife entitled to HIB (more than two QQs) (RSI Trust Fund) (5th claimant)

KL or K21 – Prouty wife not entitled to HIB (less than three QQs) (General Fund) (5th claimant)

KM or K22 – Prouty wife not entitled to HIB (more than two QQs) (RSI Trust Fund) (5th claimant)

M or M00 – Uninsured beneficiary (not qualified for automatic HIB)

M1 or M01 – Uninsured beneficiary (qualified for automatic HIB but requests only Supplemental Medical Insurance Benefits (SMIB))

T or T00 – Fully insured beneficiaries who have elected entitlement only to HIB (usually, but not always, with SMIB), or Uninsured beneficiary or renal disease beneficiary only, or Deemed insured (hospital insurance only)

T2 or T02 – MQGE (*CDB) (2nd claimant)

T3 or T03 – MQGE (CDB) (3rd claimant)

T4 or T04 – MQGE (CDB) (4th claimant)

T5 or T05 – MQGE (CDB) (5th claimant)

T6 or T06 – MQGE (CDB) (6th claimant)

T7 or T07 – MQGE (CDB) (7th claimant)

T8 or T08 – MQGE (CDB) (8th claimant)

T9 or T09 – MQGE (CDB) (9th claimant)

TA or T10 – Medicare Qualified Government Employment (MQGE) primary beneficiary

TB or T11 – MQGE aged spouse (1st claimant)

TC or T12 – MQGE childhood disability benefits (CDB) (1st claimant)

TD or T13 – MQGE aged widow(er) (1st claimant)

TE or T14 – MQGE young widow(er)(1st claimant)

TF or T15 – MQGE parent (male)

TG or T16 – MQGE aged spouse (2nd claimant)

TH or T17 – MQGE aged spouse (3rd claimant)

TJ or T19 – MQGE aged spouse (4th claimant)

TK or T20 – MQGE aged spouse (5th claimant)

TL or T21 – MQGE aged widow(er) (2nd claimant)

TM or T22 – MQGE aged widow(er) (3rd claimant)

TN or T23 – MQGE aged widow(er) (4th claimant)

TP or T25 – MQGE aged widow(er) (5th claimant)

TQ or T26 – MQGE parent (female)

TR or T27 – MQGE young widow(er) (2nd claimant)

TS or T28 – MQGE young widow(er) (3rd claimant)

TT or T29 – MQGE young widow(er) (4th claimant)

TU or T30 – MQGE young widow(er) (5th claimant)

TV or T31 – MQGE disabled widow(er) (1st claimant)

TW or T32 – MQGE disabled widow(er) (1st claimant)

TX or T33 – MQGE disabled widow(er) (2nd claimant)
TY or T34 – MQGE disabled widow(er) (3rd claimant)
TZ or T35 – MQGE disabled widow(er) (4th claimant)
W   or W00 – Disabled widow, age 50 or over (1st claimant)
W1 or W01 – Disabled widower, age 50 or over (1st claimant)
W2 or W02 – Disabled widow (2nd claimant)
W3 or W03 – Disabled widower (2nd claimant)
W4 or W04 – Disabled widow (3rd claimant)
W5 or W05 – Disabled widower (3rd claimant)
W6 or W06 – Disabled surviving divorced wife (1st claimant)
W7 or W07 – Disabled surviving divorced wife (2nd claimant)
W8 or W08 – Disabled surviving divorced wife (3rd claimant)
W9 or W09 – Disabled widow (4th claimant)
WB or W11 – Disabled widower (4th claimant)
WC or W12 – Disabled surviving divorced wife (4th claimant)
WF or W15 – Disabled widow (5th claimant)
WG or W16 – Disabled widower (5th claimant)
WJ or W19 – Disabled surviving divorced wife (5th claimant)
WR or W27 – Disabled surviving divorced husband (1st claimant)
WT or W29 – Disabled surviving divorced husband (2nd claimant)
Note: Some BICs may be displayed as a three-position code (For example,
'B01', 'C01', and 'D09' can be interpreted as 'B1', 'C3' and 'D9'.
If the 2nd and 3rd characters in the BIC are zero, these zeroes can be
interpreted as spaces (For example, 'B00' can be interpreted as 'B'.))

Description	This is the Claim Account Number and Beneficiary Identification Code that are assigned to the Title II beneficiary.

Name	**CASE CHANGE TYPE**
Type	Output Field
Condition	Conditional for the following output record: • FCR Query/Proactive Match Response Record with Action Type Code 'C'
Length	1
Format	Alphanumeric
Values	1 – Case Type change (Non IV-D to IV-D) 2 – Case ID change 3 – Order Indicator change ('N' to 'Y') 4 – Case is closed or person is deleted Spaces – Information not available
Description	This is the type of case change that initiated the generation of a Proactive Match Response Record with Action Type Code 'C'. For an FCR Query/Proactive Match Response Record with Action Type Code 'F' or 'P', this field contains spaces.

Name	**CASE ID**
Type	Input and Output Field

Condition	Required for the following input records:
	• FCR Input Case Record
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'D'
	• FCR Input Query Record
	Conditionally required for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'L'
	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'T'
	Required for the following output records:
	• FCR DMDC/Proactive Match Response Record
	• FCR IRS-1099 Locate Response Record
	• FCR Data Inconsistency File Record
	• FCR MSFIDM Response Record
	• FCR Case Reconciliation Record
	• FCR Person Reconciliation Record
	Conditional for the following output records:
	• FCR Case Acknowledgement/Error Record
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Query Acknowledgement/Error Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or all spaces
Description	This is the submitter's assigned identifier for a IV-D case or a Non IV-D order, which is to be added to the FCR, or received from the Federal Offset File, or the submitter's assigned identifier on a Locate Request when the person is not added to the FCR. The Case ID submitted to the FCR should be unique for the submitter and should link to the case or order information stored on the submitter's system.
	If present, it must not be all zeroes, contain an asterisk or backslash and the first position cannot be a space.

Name	**CASE RECORDS ACCEPTED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of accepted FCR Case Acknowledgement/Error Records included in the FCR batch response. Accepted records are identified with an Acknowledgement Code of 'AAAAA'.

Name	**CASE RECORDS PENDING**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Case Acknowledgement/Error Records included in the FCR batch response with an Acknowledgement Code of 'HOLDS' to indicate the acceptance or rejection of the case record submitted is pending the SSN verification or identification of a related Person Record or Records.

Name	**CASE RECORDS RECEIVED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Input Case Records received by the FCR in the batch.

Name	**CASE RECORDS REJECTED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Case Acknowledgement/Error Records included in the FCR batch response with a FCR Acknowledgement Code of 'REJCT'.

Name	**CASE RECORDS RETURNED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Reconciliation/Data Inconsistency File Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Case Reconciliation Records (with a Record Identifier of 'RD') that are contained on the file.

Name	**CASE TYPE**
Type	Input and Output Field

Condition	Required for the following input record:
	• FCR Input Case Record with Action Type Code 'A'
	Optional for the following input record:
	• FCR Input Case Record with Action Type Code 'C'
	Conditional for the following output records:
	• FCR Case Acknowledgement/Error Record
	• FCR Case Reconciliation Record
Length	1
Format	Alphanumeric
Values	F – IV-D
	N – Non IV-D
	Space – Information not available
Description	This code indicates whether the child support case submitted to the FCR is a IV-D case or a Non IV-D order.

Name	**CATEGORY OF ASSISTANCE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	A – Aged
	B – Blind
	C – AFDC
	D – Disabled
	F – Food Stamps
	H – Health Maintenance
	I – Income Maintenance
	J – AFDC and/or Food Stamps
	K – Food Stamps and Medicaid
	N – Title XIX Medicaid Eligibility
	P – Child Support Enforcement
	S – Statement of Consent
	U – Unemployment Compensation
	Space – None
Description	This is the Title II beneficiary's State exchange categorical assistance code.

Name	**CH FIRST NAME**
Type	Output field
Condition	Required for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This contains the first name of the child that was provided by the submitter

and was recorded on the FCR.

Name	**CH LAST NAME**
Type	Output field
Condition	Required for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than hyphen (-)]
Description	This contains the last name of the child that was provided by the submitter and was recorded on the FCR.

Name	**CH MEDICAL COVERAGE BEGIN DATE**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces.
Description	This field, supplied by DMDC, contains the date that the child became eligible for medical coverage.
	If DMDC does not have a CH Medical Coverage Begin Date for a child, this field contains spaces.

Name	**CH MEDICAL COVERAGE END DATE**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces.
Description	This field, supplied by DMDC, contains the date that the child's medical coverage ended, or will end (this can be a future date).
	If DMDC does not have a CH Medical Coverage End Date for a child, this field contains spaces.

Name	**CH MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Required for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	Y – The child has current medical coverage.
	N – The child does not have current medical coverage.

Description   This contains a value to show if DMDC records indicate that the child has
               medical coverage.

Name   **CH MEDICAL COVERAGE SPONSOR CODE**
Type   Output field
Condition   Required for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   1 – The NCP is, or was, the sponsor for the child's current, or previous
                    medical coverage.
               2 – The CP is, or was, the sponsor for the child's current, or previous medical
                    coverage.
               3 – The PF is, or was, the sponsor for the child's current, or previous medical
                    coverage.
               4 – Someone other than the NCP, CP or PF is, or was, providing the child's
                    current or previous medical coverage.
Description   This contains a value that indicates the child's medical coverage sponsor.

Name   **CH MEMBER ID**
Type   Output field
Condition   Conditional for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces [not all spaces]
Description   This contains the State-assigned Member ID that is stored on the FCR for the
               child.

Name   **CH MIDDLE NAME**
Type   Output field
Condition   Conditional for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [No imbedded spaces or special characters]
Description   This contains the middle name of the child that was provided by the submitter
               and was recorded on the FCR.

Name   **CH SSN**
Type   Output field
Condition   Required for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   9

Format   Alphanumeric
Values   000000001 through 999999998 or all spaces [not all sixes]
Description   This contains the SSN that is stored on the FCR as the child's primary SSN or
              a verified multiple SSN.

Name   **CH SSN VERIFIED INDICATOR**

Type   Output field
Condition   Required for the following output record:
              • FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   Y – SSN/Name was verified.
              N – SSN/Name was unverified.
Description   This contains an indicator that identifies if the child's SSN was verified or
              unverified on the FCR.

Name   **CITY**

Type   Output Field
Condition   Conditional for the following output records:
              • FCR Locate Response Record
              • FCR NDNH Locate/Proactive Match Response Record
Length   30
Format   Alphanumeric
Values   A through Z, hyphen (-) or spaces
Description   This is the name of the city for the person or person's employer in the format
              designated by the Address Format Indicator. See Returned Address for format
              examples.

Name   **CITY OF BIRTH**

Type   Input and Output Field
Condition   Optional for the following input record:
              • FCR Input Person/Locate Request Record with Action Type Code of 'A',
                'C' or 'L'
              Conditional for the following output record:
              • FCR Person/Locate Request Acknowledgement/Error Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [no imbedded spaces]
Description   This is the name of the city where a person was born. This information is
              provided for a person when the submitter wants SSA to identify an SSN for
              that person. This information is used to identify the SSN but is not stored in
              the FCR.

Name   **CLAIMANT ADDRESS CITY NAME**

Type   Output Field

Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This is the city name for the claimant.

Name	**CLAIMANT ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	1 – The address of the Claimant is in a foreign country
	Space – The address of the Claimant is in the U.S.
Description	This field indicates if the claimant address provided is a U.S. or foreign address.

Name	**CLAIMANT ADDRESS FOREIGN COUNTRY NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	The foreign country name of the address for the claimant contact.

Name	**CLAIMANT ADDRESS INFORMATION**
Type	Output Field
Condition	Required for the following output record:
	• FCR Title II Pending Claim Response Record
Length	240
Format	Alphanumeric
Values	Spaces – This field is not available at this time.
Description	This is reserved for claimant address information. Currently, this field is not available from SSA and contains spaces on the Title II Pending Claim.

Name	**CLAIMANT ADDRESS SCRUB 1 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic, A through Z
Values	BA – Bad address: FINALIST determined it to be an undeliverable address. The address is left unchanged.

        CH – Changed address: The address was corrected and is considered by FINALIST to be deliverable.

        EA – Empty address: No address is present in record. The address was not provided by the source.

        FA – Foreign Address: The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or 'U.S'.

        GA – Good address: FINALIST has determined it to be a deliverable address.

Description	This is the Address Scrub Code is used to indicate the results of the address editing of the address information returned in the response.

Name	**CLAIMANT ADDRESS SCRUB 2 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

        BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.

        BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

        BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

        MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

        MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

        NC – Non-determined city name. Correction of the city name was attempted.

        NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If Claimant Address Scrub Code 1 is 'CH', this field contains one of these codes:

        BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

        BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

        CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

        CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If the Address Scrub 1 Code contains 'EA', 'FA' or 'GA', this field contains spaces.

Description	This contains a code to further define the results of address editing of the address information that is returned in the response.

Name	**CLAIMANT ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for the following output record:

- FCR Insurance Match Response Record – Part 1

Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If Claimant Address Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city

> name was successful.
>
> CZ – Corrected Zip Code. Correction of the Zip Code was successful.
>
> MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).
>
> MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.
>
> NC – Non-determined city name. Correction of the city name was successful.
>
> If the Address Scrub 1 Code contains 'BA' or 'CH', and a third address scrub code was not generated by the address editor, this field contains spaces.

Description	This code further defines the results of address editing of the address information that is returned in the response.

Name	**CLAIMANT ADDRESS STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic
Values	Standard State abbreviation value set
Description	This is the State code for the claimant.

Name	**CLAIMANT ADDRESS STREET 1 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the first line of the street address of the claimant.

Name	**CLAIMANT ADDRESS STREET 2 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the second line of the street address of the claimant.

Name	**CLAIMANT ADDRESS ZIP CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	15

Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the zip code (domestic or foreign) for the claimant.

Name	**CLAIMANT BIRTH DATE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	8
Format	Numeric
Values	Valid date in CCYYMMDD format
Description	This is the date of birth of the claimant owner from the insurer data match.

Name	**CLAIMANT BUSINESS PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	10
Format	Numeric
Values	0 through 9
Description	This is the business phone number of the claimant.

Name	**CLAIMANT BUSINESS PHONE EXTENSION NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	6
Format	Numeric
Values	0 through 9
Description	This is the business phone number extension of the claimant.

Name	**CLAIMANT CELL PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	10
Format	Numeric
Values	0 through 9
Description	This is the cell phone number of the claimant.

Name	**CLAIMANT DRIVER LICENSE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1

Length	20
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the driver license number of the claimant.

Name	**CLAIMANT DRIVER LICENSE STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphabetic
Values	Standard State abbreviation value set
Description	This is the State code for the claimant's driver's license.

Name	**CLAIMANT FIRST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	20
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the first 20 characters of the first name of the claimant.

Name	**CLAIMANT GENDER CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	F – Female
	M – Male
	Space – Information Not Available
Description	This contains the code that indicates the gender of the claimant.

Name	**CLAIMANT HOME PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	10
Format	Numeric
Values	0 through 9
Description	This is the phone number of the claimant.

Name	**CLAIMANT ITIN NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	9
Format	Numeric
Values	000000000-999999999
Description	This is the Individual Taxpayer Identification Number for the claimant.

Name	**CLAIMANT LAST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This is the first 30 characters of the last name of the claimant.

Name	**CLAIMANT MIDDLE NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	16
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the first 16 characters of the middle name of the claimant.

Name	**CLAIMANT OCCUPATION TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the occupation of the claimant.

Name	**CLAIMANT PROFESSIONAL LICENSE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the professional license number of the claimant.

Name	**CLAIM TYPE CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Title II Pending Claim Response Record
Length	2
Format	Alphanumeric
Values	AU – Auxiliary
	DI – Disability
	RI – Retirement
	SU – Survivor Benefits
	Spaces – if the claim type is unavailable.
Description	This field contains a code that identifies the beneficiary's claim type on the Title II Pending Claim.

Name	**CLAIM UPDATE INDICATOR**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	1 – Updated information on previously provided insurance claim match
	Space – New insurance claim match
Description	This indicates if this is an update to previously provided information on a claim. It is set by the Insurance Match system.

Name	**CORRECTED/ADDITIONAL/MULTIPLE SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This is the SSN that was used in the NDNH search if the SSN that matched with the NDNH record was a corrected, additional or multiple SSN. The SSN Match Indicator contains the code to indicate if the SSN was corrected or is an additional or multiple.

Name	**COUNTY CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	3
Format	Alphanumeric
Values	This is the three-character county FIPS Code for the county that is responsible

for any mandatory or optional supplemental payment. The code represents the Title II beneficiary's county of residence unless another county has jurisdiction.

Description	The Title II beneficiary's county code for the jurisdiction responsible for payment.

Name	**CP DEATH INDICATOR**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	N – CP is not deceased.
	Y – CP is deceased.
Description	This field, supplied by DMDC, contains a value that shows if DMDC records indicate that the CP is deceased.

Name	**CP FIRST NAME**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [no imbedded spaces or special characters]
Description	This contains the first name of the CP that was provided by the submitter and recorded on the FCR.

Name	**CP LAST NAME**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than a hyphen (-)]
Description	This contains the last name of the CP that was provided by the submitter and recorded on the FCR.

Name	**CP MEDICAL COVERAGE INDICATOR**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	N –The CP is not in the military as active duty, retiree or special civilian.

| | Y –The CP is in the military as active duty, retiree or special civilian. |
| Description | This contains a value that shows if DMDC records indicate that the CP has medical coverage. |

Name	**CP MEMBER ID**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces [not all spaces]
Description	This contains the State-assigned Member ID that is stored on the FCR for the CP.

Name	**CP MIDDLE NAME**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [no imbedded spaces or special characters]
Description	This field contains the middle name of the CP that was provided by the submitter and recorded on the FCR.

Name	**CP SSN**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This field contains the SSN that is stored on the FCR as the CP's primary SSN or a verified multiple SSN.

Name	**CP SSN VERIFIED INDICATOR**
Type	Output field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	N – SSN/Name was unverified.
	Y – SSN/Name was verified.
Description	This field contains a value that identifies if the CP SSN was verified or unverified on the FCR.

Name	**CURRENT PAYMENT STATUS CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	3
Format	Alphanumeric
Values	The current SSI code from the values in the Payment Status Code Field
Description	This is the Title XVI recipient's current payment status code.

Name	**CUSTODY CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	3
Format	Alphanumeric
Values	AGY – Social agency
	CHD – Natural, adopted or stepchild (as payee for a parent)
	ESP – Essential person is payee
	FDM – Federal mental institution
	FDO – Federal non-mental institution
	FIN – Financial organization
	FTH – Natural or adoptive father
	GPR – Grandparent
	MTH – Natural or adoptive mother
	NPM – Nonprofit mental institution
	NPO – Nonprofit non-mental institution
	OFF – Public official
	OTH – Other
	PRM – Proprietary mental institution
	PRO – Proprietary non-mental institution
	PYE – Payee has custody
	REL – Other relative (includes in-laws)
	RPD – Representative payee is being developed
	SEL – Living by self
	SFT – Stepfather
	SLM – State/local mental institution
	SLO – State/local non-mental institution
	SMT – Stepmother
	SPO – Spouse
	Spaces – Not applicable
Description	This is the indicator of who has physical custody of the Title XVI recipient.

Name	**DATE OF ADDRESS**
Type	Output Field
Condition	Required for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Length	8
Format	Alphanumeric
Values	A valid date in the format indicated by the Date of Address Format Indicator
	00000000 – Date not available
Description	This is the date of the address provided by the Locate source.

Name	**DATE OF ADDRESS FORMAT INDICATOR**
Type	Output Field
Condition	Required for the following output record:

- FCR Locate Response Record

Conditional for the following output record:

- FCR NDNH Locate/Proactive Match Response Record

Length	1
Format	Alphanumeric
Values	0 – 00000000, date not available
	1 – CCYYMM00, century, year, month
	2 – CCYYQ000, century, year, quarter
	3 – CCYY0000, century, year
	4 – CCYYMMDD, century, year, month, day
Description	This code indicates the format of the Date of Address.

Name	**DATE OF BIRTH**
Type	Input and Output Field
Condition	Conditionally required for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'L'

Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'C'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Locate Source Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Data Inconsistency File Record
- FCR Person Reconciliation Record

Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces. If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the Date of Birth (DOB) for a person being added to the FCR or who is the subject of a Locate Request. The DOB that is in the FCR Locate Request Response Record and the FCR NDNH Locate/Proactive Match Response Record is the DOB residing in the Locate source's records.
	If the information is not available, this field is all spaces.

Name	**DATE OF CONFINEMENT**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces. If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the prisoner's initial date of confinement, as reported to SVES by the prison.

Name	**DATE OF CURRENT TITLE II ENTITLEMENT**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the date that the Title II beneficiary was initially eligible for Title II benefits for the current period of entitlement.

Name	**DATE OF DEATH**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Locate Response Record
	• FCR Person Reconciliation Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the person's Date of Death on the FCR Locate Response Record or the Date of Death resident in the Locate source's records.
	If Date of Death is not applicable to the person, is not available, or is invalid, this field contains spaces.

Name	**DATE OF DEATH SOURCE CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	1
Format	Alphanumeric

Values	1 – SSA District Office (DO) notification or manual adjustment
	2 – Electronic Death Registration Notification (completed by doctor, hospital, funeral director, etc)
	3 – Master Beneficiary Record (MBR) Notification
	4 – Treasury returned check notification
	5 – Returned check from Treasury with no date of death shown (Date of Death Field contains the date of transaction)
	6 – State notification
	Space – Not applicable
Description	This is the source of the Title XVI recipient's date of death.

Name	**DATE OF HIRE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	This is the date the employee was hired.

Name	**DATE OF INITIAL TITLE II ENTITLEMENT**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the date that the Title II beneficiary was initially eligible for Title II benefits.

Name	**DATE OF TITLE II SUSPENSION OR TERMINATION**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the date that the event which caused the suspension or termination of Title II benefits for this beneficiary occurred.

Name	**DATE OF TITLE XVI APPEAL**
Type	Output Field

Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	If applicable, this field contains the most recent appeal action date for the Title XVI recipient.

Name	**DATE OF TITLE XVI ELIGIBILITY**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	If applicable, this field contains the application date, final onset date or date that the Title XVI recipient attained the age of 65 years, whichever is later.

Name	**DATE STAMP**
Type	Input and Output Field
Condition	Required for the following input record:
	• FCR Transmission Header Record
	Required for the following output records:
	• FCR Routine Batch Response Header Record
	• FCR Reconciliation/Data Inconsistency File Header Record
	• FCR Pending Resolution Batch Response Header Record
	• FCR Locate Response Batch Header Record
Length	8
Format	Numeric
Values	A valid date in CCYYMMDD format
Description	This is the date the submitter is sending the batch of input transactions to the FCR or the date the FCR is sending the batch of output transactions to the submitter. Submitters must ensure that the date stamp in the FCR Transmission Header is the current date. Transmissions should not be pre- or post-dated.
	Note: Do not send multiple FCR transaction batches in a single day unless specifically authorized by OCSE.

Name	**DEFERRED PAYMENT DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6

Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the Title II beneficiary's initial date on which the first or next deferred payment can be made.

Name	**DIRECT DEPOSIT INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
	• FCR SVES XVI Locate Response Record
Length	1
Format	Alphabetic
Values	C – Checking
	E – Electronic Benefits Transfer (This additional value is for Title II only)
	S – Savings
	Space – None
Description	This is the method that is used to send direct deposit payments to the Title II or Title XVI beneficiary.

Name	**DISTRICT OFFICE MAILING ADDRESS LINE 1** through **DISTRICT OFFICE MAILING ADDRESS LINE 4** or **DISTRICT OFFICE MAILING ADDRESS LINE 1 TEXT** through **DISTRICT OFFICE MAILING ADDRESS LINE 4 TEXT**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
	• FCR Title II Pending Claim Response Record
Length	22
Format	Alphanumeric
Values	Alphanumeric characters
Description	This field contains the SSA's District Office mailing address that appears for the recipient.
	If no address is being returned, these fields are spaces.

Name	**DISTRICT OFFICE MAILING ADDRESS CITY** or **DISTRICT OFFICE MAILING ADDRESS CITY NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
	• FCR Title II Pending Claim Response Record
Length	28
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This field contains the city name that is associated with the SSA District

Office Address.
If not applicable, this field contains spaces.

Name	**DISTRICT OFFICE MAILING ADDRESS STATE** or **DISTRICT OFFICE MAILING ADDRESS STATE CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
	• FCR Title II Pending Claim Response Record
Length	2
Format	Alphanumeric
Values	A two-character alphabetic FIPS State code
Description	This field contains the two-character State abbreviation that is associated with the District Office mailing address.
	If not applicable, this field contains spaces.

Name	**DISTRICT OFFICE MAILING ADDRESS ZIP CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
	• FCR Title II Pending Claim Response Record
Length	9
Format	Alphanumeric or spaces
Values	A two-character alphabetic ZIP State code
Description	This field contains the ZIP code that is associated with the SSA District Office Mailing Address.
	If not applicable, this field contains spaces.

Name	**DoD AGENCY STATUS INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	A – Active duty employee
	C – Civilian employee
	R – Reserve employee
	Space – QW or W-4 not reported by DoD or information not available
Description	This is code indicates a DoD employee's employment type.

Name	**DoD PAY GRADE/RANK**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record

Length	4
Format	Alphanumeric
Values	Military pay grades/ranks:
	ME01 through ME09 – Enlisted Grades
	W01 through W04 – Warrant Officer Grades
	O01 through O10 – Officer Grades
	Civilian or Reserve pay grades/ranks:
	MO – Navy Canal Zone Manual (Non-supervisory)
	MS – Navy Canal Zone Manual (Supervisory)
	NM – Navy Canal Zone Non-Manual
	NU – Navy Foreign Nationals Ungraded
	AG – Navy Foreign Nationals Graded
	MG – DMA Canal Zone Wage Grade
	Spaces – DoD Pay Grade/Rank not supplied
Description	This is the military pay grade/rank or the civilian or reserve pay grade for the person. Military personnel is a single letter code (rank), followed by two digits that identify the grade. Civilian or reserve personnel pay grades is a two-letter code followed by two digits that identify the grade. The additional codes are defined in the *OPM's Guide to Personnel Data*, located at: http://www.opm.gov

Name	**DoD SERVICE/AGENCY CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	4
Format	Alphanumeric
Values	AR – Army
	AF – Air Force
	CG – Coast Guard
	CR – Civil Service Retired
	DD – Other DoD
	NF – Non-Appropriated Funds
	JB – Judicial Branch
	EX – EXOP
	NO – NOAA
	NV – Navy
	PH – Public Health
	ZZ – Unknown Agency
	MC – Marine Corps
	1TNF – AAFES NAF
	2ZNF – AFMWR NAF
	3GNF – ARMY NAF
	4PNF – BUPERS NAF
	5XNF – NEXCOM NAF
	6MNF – Marine Corps NAF

Spaces – Information Not Available

| Description | This is the service branch or agency within DoD where the person is employed. If the DoD Status Code is equal to '7', this field contains a four-character code as defined in the *OPM's Guide to Personnel Data*. |

Name   **DoD STATUS CODE**

Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	1 – Civilian DoD
	2 – Active duty military
	3 – Retired military (pay status)
	4 – Reserve military (pay status)
	6 – Administrative Office of U.S. Courts (AOUSC)
	7 – Civilian Non-DoD
	8 – Civilian retiree
	B – Executive Office of the President (EXOP) employee
	E – Retired military (non-pay status)
	F – Reserve military (non-pay status)
	G – Army Non-Appropriated Fund (Army NAF) employee
	M – Marine Corps Non-Appropriated Fund (Marine Corps NAF) employee
	P – Bureau of Personnel Non-Appropriated Fund (BUPERS NAF)
	T – Army and Air Force Exchange Service (AAFES)
	X – Navy Exchange Commission Non-Appropriated Fund (NEXCOM)
	Y – Navy Non-Appropriated Funds (Navy NAF) employee
	Z – Air Force Moral Welfare Recreation (AFMWR NAF)
	Space – Information is not available
Description	This is the status of the person's employment with DoD.

Name   **EMPLOYER ADDRESS CITY NAME**

Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	30
Format	Alphabetic
Values	A through Z, hyphen (-) or spaces
Description	This is the city name for the employer.

Name   **EMPLOYER ADDRESS FOREIGN COUNTRY INDICATOR**

Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	1

Format	Alphanumeric
Values	1 – The address of the employer is in a foreign country
	Space – The address of the employer is in the U.S.
Description	This field indicates if the employer address that is provided is a U.S. or foreign address.

Name	**EMPLOYER ADDRESS FOREIGN COUNTRY NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the foreign country name of the address for the employer.

Name	**EMPLOYER ADDRESS SCRUB 1 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	2
Format	Alphabetic, A through Z
Values	BA – Bad address: FINALIST determined it to be an undeliverable address. The address is left unchanged.
	CH – Changed address: The address was corrected and is considered by FINALIST to be deliverable.
	EA – Empty address: No address is present in record. The address was not provided by the source.
	FA – Foreign Address: The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or 'U.S'.
	GA – Good address: FINALIST has determined it to be a deliverable address.
Description	This is the Address Scrub Code that indicates the results of the address editing of the address information that is returned in the response.

Name	**EMPLOYER ADDRESS SCRUB 2 CODE**
Type	Output
Condition	Optional for the following output record:
	FCR Insurance Match Response Record – Part 2
Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:
	BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.
	BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the

> box number does not match the Zip+4 code. Standardization was attempted.
>
> BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.
>
> MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).
>
> MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.
>
> NC – Non-determined city name. Correction of the city name was attempted.
>
> NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.
>
> If Employer Address Scrub Code 1 is 'CH', this field contains one of these codes:
>
> BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.
>
> BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.
>
> CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.
>
> CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.
>
> CZ – Corrected Zip Code. Correction of the Zip Code was successful.
>
> MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).
>
> MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.
>
> NC – Non-determined city name. Correction of the city name was successful.
>
> If the Address Scrub 1 Code contains 'EA', 'FA' or 'GA' this field contains spaces.

Description	This field contains a code that further defines the results of address editing of the address information that is returned in the response.

Name	**EMPLOYER ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

> BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.
>
> BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-

standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If Attorney Address Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If the Address Scrub 1 Code contains 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this field contains spaces.

Description	This field contains a code that further defines the results of address editing of the address information that is returned in the response.

Name	**EMPLOYER. ADDRESS STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	2
Format	Alphabetic
Values	Standard State abbreviation value set
Description	This is the State code for the employer.

Name	**EMPLOYER ADDRESS STREET 1 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the first line of the street address of the employer.

Name	**EMPLOYER ADDRESS STREET 2 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the second line of the street address of the employer.

Name	**EMPLOYER ADDRESS POSTAL CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the Zip code (domestic or foreign) for the employer.

Name	**EMPLOYER NAME**
Type	Input and Output Field
Condition	Optional for the following input record:
	• Insurance Match Standard Interface Record
	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	45
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphens, or spaces
Description	This is the name of the person's employer as found on the NDNH QW or W-4 files, or as associated with an Insurance Claimant.

Name	**EMPLOYER PHONE EXTENSION NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	6
Format	Numeric
Values	0 through 9
Description	This field is the phone number extension of the employer's contact.

Name	**EMPLOYER PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 2
Length	10
Format	Numeric
Values	0 through 9
Description	This field is the phone number of the employer's contact.

Name	**EMPLOYMENT INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	P – Permanent
	T – Temporary
	C – Consultant
	I – Independent contractor
	Space – Not available
Description	The code to indicate a person's FBI or NSA employment type.

Name	**EMPLOYMENT STATUS**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	A – Active
	L – On Annual Leave
	M – On Military Leave
	I – Inactive
	R – Retired
	V – Vacation
	Space – Not available
Description	This code indicates a person's FBI or NSA employment status.

Name	**ERROR CODE 1** through **ERROR CODE 5**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Case Acknowledgement/Error Record
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query Acknowledgement/Error Record

Length	5
Format	Alphanumeric
Values	LE001 through LE999 – Rejection errors identified for a request for Locate

        PE001 through PE999 – Rejection errors identified for a person or case record

        QE001 through QE999 – Rejection errors identified for a Query

        TE001 through TE999 – Rejection errors identified during input transaction verification

        LW001 through LW999 – Warning codes identified for a request for Locate

        PW001 through PW999 – Warning codes identified for a person or case record

        QW001 through QW999 – Warning codes identified for a query

        TW001 through TW999 – Non-critical errors identified during input transaction verification

        Spaces – No rejection error or warning code identified

Description	This is a code that is returned to the State to identify the types of errors that were detected in processing the transaction received from the submitter. There are two classifications of error codes: warning and rejection. A warning code indicates an error was detected but that it was not sufficiently critical to force rejection of the record. The rejection error code indicates that a critical error was detected and the record is rejected. The second position of the code is a 'W' for warning codes and an 'E' for rejection errors.

        See Appendix J, "Error Messages", for a complete list of the error codes.

Name	**ESTIMATED SELF EMPLOYMENT AMOUNT**
Type	Output Field
Condition	Required for the following output record:

- FCR SVES XVI Locate Response Record

Length	6
Format	Numeric, in COBOL format 9999V99
Values	0 through 9
Description	This is the Title XVI recipient's self-employment estimated net income.

Name	**FAMILY VIOLENCE**
Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record for records with Action Type Code 'A' or 'C'

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Person Reconciliation Record

Length   2
Format   Alphanumeric
Values   FV – Designate the person as associated with child abuse or domestic
                      violence
                XX – Remove the designation that the person is associated with child abuse or
                      domestic violence
                Spaces – No indication of Family Violence
Description   This code is used by the State to indicate whether or not there is reasonable
                evidence that the related person is associated with family violence. The value
                of 'FV' is used to prevent the release of information for the associated person.
                A Family Violence Indicator may be overridden by a court order, with
                information on the person being released in conjunction with the court order.

Name   **FATHER'S FIRST NAME**

Type   Input and Output Field
Condition   Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C'
  or 'L'

                Conditional for the following output record:

- FCR Person/Locate Request Acknowledgement/Error Record

Length   16
Format   Alphanumeric
Values   A through Z, or spaces [No imbedded spaces or special characters]
Description   This is the first name of the father of the person being submitted to the FCR.
                This information is provided for a person when a submitter wants SSA to
                provide an SSN for that person. This information is used to identify the SSN
                but is not stored in the FCR.

Name   **FATHER'S LAST NAME**

Type   Input and Output Field
Condition   Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C'
  or 'L'

                Conditional for the following output record:

- FCR Person/Locate Request Acknowledgement/Error Record

Length   16
Format   Alphanumeric
Values   A through Z, hyphen (-), or spaces [No imbedded spaces or special characters
                other than hyphen (-)]
Description   This is the surname of the father of the person being submitted to the FCR.
                This information is provided for a person when a submitter wants SSA to
                provide an SSN for that person. This information is used to identify the SSN

but is not stored in the FCR.

Name	**FATHER'S MIDDLE INITIAL**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	1
Format	Alphanumeric
Values	A through Z, or space [No special characters]
Description	This is the middle initial of the father of the person being submitted to the FCR. This information is provided for a person when a submitter wants SSA to provide an SSN for that person. This information is used to identify the SSN but is not stored in the FCR.

Name	**FCR PRIMARY FIRST NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
	Required for the following output records:
	• FCR Data Inconsistency File Record
	• FCR Person Reconciliation Record
Length	16
Format	Alphanumeric
Values	A through Z or spaces [No imbedded spaces or special characters]
Description	This is the first name that is stored on the FCR as the person's primary first name based on the SSN and Name combination verification process.
	If the Person Record is rejected because an SSN was not provided and could not be found for the person, this field contains spaces.

Name	**FCR PRIMARY LAST NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
	Required for the following output records:
	• FCR Data Inconsistency File Record
	• FCR Person Reconciliation Record
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than hyphen(-)]
Description	This is the last name stored on the FCR as the person's primary last name based on the SSN and Name combination verification process.

If the Person Record is rejected because an SSN was not provided and could not be found for the person, this field contains spaces.

Name	**FCR PRIMARY MIDDLE NAME**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Data Inconsistency File Record
	• FCR Person Reconciliation Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the middle name stored on the FCR as the person's primary middle name based on the SSN and Name combination verification process.
	If the Person Record is rejected because an SSN was not provided and could not be found for the person, this field contains spaces.

Name	**FCR PRIMARY SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
	Required for the following output records:
	• FCR Data Inconsistency File Record
	• FCR Person Reconciliation Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This is the SSN stored on the FCR as the person's primary SSN based on the SSN and Name combination verification process.
	If the Person Record is rejected because an SSN was not provided and could not be found for the person, this field contains spaces.

Name	**FCR QUERY/PROACTIVE MATCH RESPONSE RECORDS**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Query/Proactive Match Response Records returned in the batch from the FCR.

Name	**FCR QUERY RECORDS ACCEPTED**
Type	Output Field

Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Query Acknowledgement/Error Records included in the FCR batch response with an Acknowledgement Code of 'AAAAA' to indicate the record was accepted for processing.

Name	**FCR QUERY RECORDS RECEIVED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Input Query Records included in the batch submitted to the FCR.

Name	**FCR QUERY RECORDS REJECTED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Query Acknowledgement/Error Records included in the FCR batch response with an FCR Acknowledgement Code of 'REJCT'.

Name	**FEDERAL OFFSET FILE LOCAL CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR MSFIDM Response Record
Length	3
Format	Alphanumeric
Values	0 through 9, or spaces
Description	This is the State-assigned Local Code for the case from the Federal Offset File. The field may include a valid FIPS county code or another code assigned by the State.

Name	**FEDERAL OFFSET FIRST NAME**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	15

Format   Alphanumeric
Values   A through Z, special characters, or spaces [not all spaces]
Description   This is the person's first name from the Federal Offset File. The field may
              include hyphens or imbedded spaces.
              Note: The First Name currently available from the Federal Offset File is only
              10 positions. This field has been defined as 15 positions to be consistent with
              the specifications for submission of Federal Offset records.

Name   **FEDERAL OFFSET LAST NAME**
Type   Output Field
Condition   Required for the following output record:
              • FCR MSFIDM Response Record
Length   20
Format   Alphanumeric
Values   A through Z, special characters, or spaces [not all spaces]
Description   This is the person's last name from the Federal Offset File. The field may
              include hyphens.

Name   **FEIN**
Type   Output Field
Condition   Conditional for the following output records:
              • FCR Locate Response Record
              • FCR NDNH Locate/Proactive Match Response Record
Length   9
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces
Description   This is the employer's Federal Employer Identification Number as reported
              from the Federal agency or NDNH QW or W-4 file.
              If the information is not available, this field contains all spaces.

Name   **FIPS COUNTY CODE**
Type   Input and Output Field
Condition   Optional for the following input records:
              • FCR Input Case Record
              • FCR Input Person/Locate Request Record
              • FCR Input Query Record
              Conditional for the following output records:
              • FCR Case Acknowledgement/Error Record
              • FCR DMDC/Proactive Match Response Record
              • FCR Locate Response Record
              • FCR IRS-1099 Locate Response Record
              • FCR NDNH Locate/Proactive Match Response Record
              • FCR Person/Locate Request Acknowledgement/Error Record
              • FCR Query Acknowledgement/Error Record

- FCR Query/Proactive Match Response Record
- FCR Case Reconciliation Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record
- FCR Title II Pending Claim Response Record

Length	3
Format	Alphanumeric
Values	001 through 999 or spaces
Description	Positions 3 through 5 of the FIPS Code for the county within the submitting State where the FCR case is managed. Refer to the Department of Commerce FIPS Code Manual, *National Institute of Standards and Technology FIPS PUB 6-4 titled Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas*, for a list of these codes. FIPS Codes may also be found on the Internet at http://www.itl.nist.gov

Name	**FIRST NAME** or **FIRST NAME TEXT**
Type	Input and Output Field
Condition	Required for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A' or 'L'
	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'C'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Locate Response Record
	Required for the following output records:
	• FCR NDNH Locate/Proactive Match Response Record
	• FCR Query/Proactive Match Response Record
	• FCR Title II Pending Claim Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the first name of the person who is being added to or changed on the FCR, or who is the subject of a request for Locate. The person's First Name and Last Name must be present when changing the person's SSN on the FCR or adding an Additional SSN for the person.

Name	**FOREIGN COUNTRY CODE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record

Length	2
Format	Alphanumeric
Values	The two-digit alphabetic FIPS Code for a foreign country or spaces
Description	This is the alphabetic FIPS Code of the foreign country for a person or the person's employer in the format designated by the Address Format Indicator. Refer to Returned Address for examples of the formats.

Name	**FOREIGN COUNTRY NAME**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-), or spaces
Description	This is the name of the foreign country for a person or the person's employer in the format designated by the Address Format Indicator. Refer to Returned Address for examples of the formats.

Name	**FPLS NAME SENT/MATCHED INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	1 – First Name, Middle Name, Last Name
	2 – Additional First Name 1, Additional Middle Name 1, Additional Last Name 1
	3 – Additional First Name 2, Additional Middle Name 2, Additional Last Name 2
	Space – The Name or Additional Names did not match the name on the Locate source, or information is not available. (Only for Locate Response Codes '06', '10' and '39'.)
Description	This code indicates which name was sent to the external Locate source and whether a match was found.

Name	**FPLS RESPONSE RECORDS**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FPLS Locate Response Records returned in the batch from the FCR.

Name	**HEALTH INSURANCE BENEFIT INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	F – Family
	I – Individual
	Space – Not available
Description	This code indicates the type of health insurance coverage held by an FBI or NSA employee.

Name	**HI OPTION CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	C – None (Cessation of disability)
	D – None (Coverage Denied)
	E – Yes (Automatic; no premium necessary)
	F – None (Invalid enrollment terminated)
	G – Yes (Good cause)
	H – None (Not eligible or did not enroll)
	N – Obsolete
	P – Railroad Board has jurisdiction
	R – None (Refused coverage)
	S – None (No longer under renal disease provision)
	T – None (Terminated for nonpayment of premiums)
	W – None (Withdrawal)
	X – None (Title II termination)
	Y – Supplemental insurance (Part B) is payable
	Space – Not applicable
Description	This is the Title II beneficiary's Health Insurance (HI) Option code.

Name	**HI START DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	This is a valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	The date that the Title II beneficiary became eligible for health insurance (HI).

Name	**HI STOP DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	This is a valid date in CCYYMM format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.
Description	The date that the Title II beneficiary's health insurance (HI) benefits ended.

Name	**INSURANCE CLAIM BENEFICIARY INDICATOR**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	Y – Yes, a beneficiary is associated with this insurance claim.
	N – No, a beneficiary is not associated with this insurance claim.
Description	An indicator specifying whether a beneficiary is associated with this claim.

Name	**INSURANCE CLAIM PAYOUT FREQUENCY CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	1 – One-Time
	2 – Weekly
	3 – Bi-Weekly
	4 – Monthly
	5 – Quarterly
	6 – Annually
	7 – Other
Description	A code that is associated with the frequency of the insurer claim payout.

Name	**INSURANCE CLAIM REPORTED DATE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	8
Format	Alphanumeric
Values	CCYYMMDD
Description	The date the claim was reported by the claimant to the insurer.

Name	**INSURANCE CLAIM STATUS CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	1
Format	Alphanumeric
Values	0 – Matched claim open at the time of the match by the Insurance Matcher.
	1 – Matched claim closed at the time of the match by the Insurance Matcher.
	9 – The Insurer did not report the status of the matched claim.
Description	The status of the claim.

Name	**INSURANCE CLAIM STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphanumeric
Values	Standard State abbreviation value set
Description	The alphabetic code for the State in which the insurance loss occurred.

Name	**INSURANCE PRODUCT CLAIM TYPE**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphanumeric
Values	00 – Life
	01 – Automobile
	02 – Automobile – No Fault
	03 – Automobile – Medical
	04 – Property Liability
	05 – Workers' Compensation
	06 – Personal Injury
	07 – General Liability
	08 – Homeowners Liability
	09 – Medical Premise/Owners Policy
	10 – Product Liability
	11 – Slip, Trip and Fall
	12 – Other
	13 – Unknown
Description	The type of claim matched by the Insurance Matcher

Name	**INSURER ADDRESS STATE CODE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	2
Format	Alphanumeric
Values	Standard State abbreviation value set
Description	The State code for the insurer's contact.

Name	**INSURER ADDRESS STREET 1 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	The first line of the street address of the insurer's contact.

Name	**INSURER ADDRESS STREET 2 TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the second line of the street address of the insurer's contact.

Name	**INSURER ADDRESS CITY NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	• 30
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	The city name of the insurer's contact.

Name	**INSURANCE CLAIM LOSS DATE**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	The date of the insurance claim loss by the claimant.

Name	**INSURER CLAIM NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	The insurance claim number.

Name	**INSURER CONTACT EMAIL TEXT**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, period (.) or @
Description	The e-mail address of the insurer's contact.

Name	**INSURER CONTACT FAX NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	10
Format	Alphanumeric
Values	0 through 9
Description	This field is the fax number for the insurer's contact.

Name	**INSURER CONTACT FIRST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	20
Format	Alphanumeric
Values	A through Z, or spaces
Description	The first 20 characters of the first name of the insurer's contact.

Name	**INSURER CONTACT LAST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	30
Format	Alphanumeric
Values	A through Z, or spaces

Description   The first 30 characters of the last name of the insurer's contact.

Name	**INSURER CONTACT PHONE EXTENSION NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	6
Format	Alphanumeric
Values	0 through 9
Description	The phone number extension of the insurer's contact.

Name	**INSURER CONTACT PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	10
Format	Alphanumeric
Values	0 through 9
Description	The phone number of the insurer's contact.

Name	**INSURER NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	45
Format	Alphanumeric
Values	Variable, A through Z, 0 through 9, or spaces
Description	The name of the insurer where the insurance claim is maintained, and to whom the State is directed to send the insurance intercept request for processing.

Name	**INSURER PROVIDED SSN**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record – Part 1
Length	9
Format	Alphanumeric
Values	000000001 through 999999998, or all spaces
Description	The SSN provided by the insurer.
	If the SSN is different from the SSN populated in the Obligor SSN field, this data is populated on the output record.

Name	**INSURER RESPONSE DATE**
Type	Output Field
Condition	Mandatory for the following output record:

    • FCR Insurance Match Response Record – Part 1

Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	The date that the insurer record was created or updated by the insurer.

Name	**INSURER IDENTIFIER**
Type	Output Field
Condition	Optional for the following output record:

    • FCR Insurance Match Response Record – Part 1

Length	9
Format	Alphanumeric
Values	000000000 through 999999999
Description	The valid nine-digit Taxpayer Identification Number assigned to the insurer. This identifier is also known as the Federal Employer Identification Number (FEIN).

Name	**IRS-1099**
Type	Input and Output Field
Condition	Optional for the following input record:

    • FCR Input Person/Locate Request with Action Type Code 'A', 'C' or 'L'

Conditionally required for the following input record:

    • FCR Input Person/Locate Request with Action Type Code 'T'

Conditional for the following output record:

    • FCR Person/Locate Request Acknowledgement/Error Record

Length	1
Format	Alphanumeric
Values	Y – Send a request for Locate to IRS-1009
	Space – Do not send a request for Locate to IRS-1099
Description	An indicator used to request the IRS-1099 as an external Locate source.
	Note: In order to receive IRS information, submitters must have an agreement on file with OCSE that they will adhere to IRS requirements for the security and use of the 1099 data. IRS regulations require that 1099 data not be combined with any other Locate Response information.

Name	**IRS-1099 RECORDS**
Type	Output Field
Condition	Required for the following input record:

    • FCR Response Trailer Record

Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of IRS-1099 Locate Response Records returned in the FCR Locate Response Batch.

Name	**IRS 2nd NAME RETURNED**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	62
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces
Description	This is the name of the person subject to the Locate as found on the IRS joint tax return. The format varies as indicated by the IRS 2nd Name Returned Format Indicator.

- Free Format: Name returned, format unknown (62).
- Fixed Format, single name: First Name (16), Middle Name (16), Last Name + Suffix (30).
- Free Format, joint name: First Name + Middle Initial & First Name + Middle Initial (32), Last Name + Suffix (30). Example: Joe E. & Mary Smith.

Name	**IRS 2nd NAME RETURNED FORMAT INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – No Name
	1 – Name in Free Format
	2 – Fixed format, single name
	3 – Free format, joint name
	Space – Locate Source does not have the SSN on file
Description	This is the format of the IRS 2nd Name Returned.

Name	**IRS NAME CONTROL**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	6
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces
Description	This is the first six (6) positions of the name returned by the IRS for a Locate search.
	If the information is not available, this field contains spaces.

Name	**IRS-U SSN**
Type	Input and Output Field
Condition	Conditionally required for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'L'

Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'C'

Conditional for the following output record:

- FCR Person/Locate Request Acknowledgement/Error Record

Length	9
Format	Alphanumeric
Values	000000001 through 999999999 or all spaces
Description	This is the SSN of a spouse of the person being submitted to the FCR. This information is provided for a person when a submitter wants the IRS-U process to provide an SSN for that person, and the spouse whose SSN is entered is the custodial parent. This information is used to identify the SSN but is not stored in the FCR.

Name	**IW001 WARNING CODE COUNT**
Type	Output Field
Condition	Required for the following output record:
	• FCR Reconciliation/Data Inconsistency File Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the FCR Data Inconsistency File that contained warning code **IW001** – The Participant Type is 'PF' and the Order Indicator is 'Y'.

Name	**IW002 WARNING CODE COUNT**
Type	Output Field
Condition	Required for the following output record:
	• FCR Reconciliation/Data Inconsistency File Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the FCR Data Inconsistency File that contained warning code **IW002** – The Participant Type is 'CP', 'NP' or 'PF' and the participant age is less than 11 years.

Name	**IW003 WARNING CODE COUNT**
Type	Output Field
Condition	Required for the following output record:
	• FCR Reconciliation/Data Inconsistency File Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the FCR Data Inconsistency File that

contained warning code **IW003** – The Sex Code is not 'F' or 'M'.

Name	**IW004 WARNING CODE COUNT**
Type	Output Field
Condition	Required for the following output record:
	• FCR Reconciliation/Data Inconsistency File Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of records on the FCR Data Inconsistency File that contained warning code **IW004** – The Participant Type is 'PF' and the Sex Code is 'F'.

Name	**LAF CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	2
Format	Alphanumeric
Values	This field contains a value for the Ledger Account File Code (LAF), which reflects the MBR (Master Beneficiary Record (Title II)), payment status for this beneficiary. LAF values are:

A – Withdrawal for adjustment

AA – Adjusted to split PICs (Payment Identification Code) in advance file status

AC – PIA (Primary Insurance Amount) Correction

AD – Adjusted for dual entitlement

AE – Withdrawn for recomputation under Section 142 (Japanese internment credits)

AF – Transferred to another program service center or OIO (Office of International Operations). This code is no longer valid since the implementation of the national MBR. Adjusted to cancel worker's compensation offset.

AJ – Worker's compensation offset/public disability benefits cancelled

AM – Withdrawn from HIB (Health Insurance Benefits)-only status

AP – Withdrawn for change of PIC or post-entitlement action adjusted simultaneous entitlement

AR – Withdrawal of a beneficiary from LAF-S or T to place in current payment status

AS – Adjusted for simultaneous entitlement

AW – Withdrawn to impose worker's compensation offset/public disability benefits

A& – Withdrawn from suspense or deferred status to be placed in current payment status

A – Withdrawn from current payment status to be placed in suspense or

deferred status

A0 – Withdrawn to adjust reduction factor

A1 – Withdrawn for recomputation under Section 229 (non-contributory
     military credits after 1956)

A2 – Withdrawn for 1965 or 1968 recomputation

A3 – Withdrawn for recomputation under Sections 217 and 229 (non-
     contributory military credits before and after 1956)

A4 – Withdrawn for disability offset recomputation

A5 – Withdrawn for recomputation not separately defined

A6 – Withdrawn to recalculate PIA to include disability freeze

A7 – Withdrawn for recomputation under Section 217(non-contributory
     military credits before 1957)

A8 – Record transferred from OIO to another program service center. This
     code is no longer valid since the implementation of the national MBR.

A9 – Withdrawn for adjustment action not separately defined

B   – Abatement status

C   – Current payment status (except railroad payment)

D   – Deferred payment status

DP – Deferred because of Public Assistance

DW – Deferred for Worker's Compensation/public disability benefit offset

D1 – Deferred for Foreign work test

D2 – Deferred for annual retirement test

D3 – Deferred as an auxiliary because the primary beneficiary is LAF-D2

D4 – Deferred for no child-in-care

D5 – Deferred as an auxiliary because the primary beneficiary is in LAF-D1

D6 – Deferred to recover overpayments not separately defined

D9 – Deferred for reasons not separately defined

E   – Current payment certified to Railroad Retirement Board (RRB)

F   – Advanced filing for current payment through RRB

J   – Advance file current pay case

K   – Advanced filing for deferred payment

L   – Advanced filing for conditional payment

N   – Disallowed claim

ND – Denied claim

P   – Delayed claim (adjudication pending)

PB – Delayed claim (beneficiary's claim not finally adjudicated)

PF – Used with delayed claims to indicate the beneficiary is to be placed in
     conditional payment status (LAF S) upon final adjudication. The
     second position character (subscript) has the same meaning as the
     subscript for S LAF.

PH – Used with delayed claims to indicate the beneficiary is to be placed in
     conditional payment status (LAF S) upon final adjudication. The
     second position character (subscript) has the same meaning as the
     subscript for S LAF.

PJ – Used with delayed claims to indicate the beneficiary is to be placed in
     conditional payment status (LAF S) upon final adjudication. The

second position character (subscript) has the same meaning as the
subscript for S LAF.

PK – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

PL – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

PM – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

PP – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

PT – Claim has been terminated from delayed claims status

PW – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

P0-P9 – Used with delayed claims to indicate the beneficiary is to be placed in
conditional payment status (LAF S) upon final adjudication. The
second position character (subscript) has the same meaning as the
subscript for S LAF.

R – Kill Credit

Sx – Conditional/Suspended statuses

SB – Benefits due but not paid (less than $1.00)

SD – Technical Dual Entitlement, either the beneficiary is entitled on another
claim, or the disability family maximum provision has reduced the
MBA to zero

SF – Prouty beneficiary fails to meet residency requirement

SH – Prouty beneficiary receiving government pension

SJ – Alien suspension

SK – Deportation

SL – Beneficiary is in a barred payment country

SM – Refused old age insurance benefits to get Medicare-only coverage (prior
to 01/1981)

SP – Prouty beneficiary receiving public assistance

SS – Nonpayment to post secondary students during summer months

SW – Worker's Compensation/public disability benefit offset

S0 – Pending determination of continuing disability

S1 – Beneficiary worked outside the United States

S2 – Beneficiary worked inside the United States

S3 – Suspended because the primary beneficiary worked in the U.S.

S4 – Failed to have child-in-care

S5 – Primary beneficiary worked outside the United States

S6 – Development of a better (correct) address for mail or direct deposit, as appropriate

S7 – Prisoner suspension, suspension due to extended trial work period (EPE SGA); or suspension for refusing vocational rehabilitation (VR) services

S8 – Payee is being determined

S9 – Miscellaneous suspension

TX – Terminated status

TA – Advance filing claim terminated before maturity

TB – Mother/father benefits terminated because beneficiary is entitled to disabled widow(er)'s benefits

TC – Disabled widow attained age 62 and is not entitled as an aged widow

TJ – Advance filed claim terminated after maturity

TL – Termination of post-secondary student

TP – Terminated for change of payment identification code (PIC) on post-entitlement actions

TX – DIB (Disability Insurance Benefit) attained age 65 (also used for auxiliary beneficiaries)

T& – Claim was withdrawn

T- – Disability benefits terminated because of conversion to retirement benefits upon attainment of age 65

T0 – Benefits payable by some other agency

T1 – Death of beneficiary

T2 – Dependent terminated due to death of primary beneficiary

T3 – Beneficiary divorce, marriage or remarried

T4 – Child beneficiary terminated because of attainment of age 18 or 19 and not disabled; mother/father terminated based on last child's attainment of age 16

T5 – Entitled to other benefits

T6 – Child beneficiary is no longer attending school on full-time basis and is between ages 18 and 19, or a disabled child is no longer under a disability. Termination of a mother/father because of death or marriage of the last remaining child entitled to receive benefits

T7 – Child terminated because of adoption, mother/father terminated because last entitled child adopted

T8 – Primary Disability Insurance Benefit (DIB) no longer disabled; mother/father terminated because child no longer disabled

T9 – Terminated for reasons not separately defined

U – Active uninsured status

W – Withdrawal before entitlement

Xx – Adjusted/suspended/terminated/uninsured status

XD – Withdrawal for adjustment

XF – Entitlement transferred to another program service center or OIO

(Office of International Operations)
XK – Beneficiary deported
X+ – SMI withdrawn; beneficiary entitled only to SMI
X0 – Claim transferred to RRB (Railroad Retirement Board)
X1 – Death of beneficiary
X5 – Entitled to other benefits
X7 – Health insurance benefits (HIB)/Supplemental Medical Insurance
　　　Benefits (SMIB) terminated
X8 – Payee being developed
X9 – Entitlement has been interrupted for reasons not separately defined

Description　This is the Title II beneficiary's Ledger Account File Code.

Name　　**LAST NAME** or **LAST NAME TEXT**
Type　　　　Input and Output Field
Condition　　Required for the following input record:
- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'L'

Optional for the following input record:
- FCR Input Person/Locate Request Record with Action Type Code 'C'

Required for the following output records:
- FCR NDNH Locate/Proactive Match Response Record
- FCR Query/Proactive Match Response Record

Conditional for the following output record:
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Locate Response Record
- FCR Title II Pending Claim Response Record

Length　　　30
Format　　　Alphanumeric
Values　　　A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than hyphen (-)]
Description　This is the last name of the person who is being added to, or changed on, the FCR, or who is the subject of a request for Locate. The person's First Name and Last Name must be present when changing the person's SSN on the FCR or adding an Additional SSN for the person.

Name　　**LOCATE CLOSED INDICATOR**
Type　　　　Output Field
Condition　　Conditional for the following output records:
- FCR IRS-1099 Locate Response Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	1
Format	Alphabetic
Values	C – This is the last Locate Response for this person for this requestor.
	Space – This is not the last Locate Response for this person for this requestor.
Description	This code indicates if this Locate response is the last response for this Locate Request.

Name	**LOCATE REQUEST TYPE**
Type	Input and Output Field
Condition	Required for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'L' or 'T'

Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'C'

Conditional for the following output records:

- FCR NDNH Locate/Proactive Match Response Record
- FCR Person/Locate Request Acknowledgement/Error Record

Required for the following output record:

- FCR Locate Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	2
Format	Alphanumeric
Values	AD – Request for Adoption or Foster Care purposes
	CS – Request for IV-D purposes
	CV – Request for Custody and Visitation Establishment or Enforcement Purposes
	LC – Request for Locate Only for Child Support purposes
	PK – Request for Parental Kidnapping purposes
	Spaces – Information Not Available
Description	This code indicates the purpose for the Locate Request. This code determines the information that can be returned to the submitter from the NDNH and the FPLS external Locate sources. Refer to Chart 6-14, "Types of Locate Requests" for an explanation of the authorization required for each Locate Request Type and the information available.
	If the response is due to a Proactive Match, this field contains spaces.

Name	**LOCATE RESPONSE CODE**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Required for the following output records:
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record
- FCR Title II Pending Claim Response Record

Length	2
Format	Alphanumeric
Values	02 – Beneficiary or person deceased (FBI, NSA or SSA)
	03 – Beneficiary suspended (SSA)
	05 – SSN identified, no IRS address (IRS)
	06 – FCR Case Type changed from IV-D to Non IV-D, IV-D case was closed, or person was deleted while Locate Request was pending: no information returned (All Locate Sources except Title II Pending Claim)
	08 – The submitted SSN for SVES Locate could not be verified by SVES (SVES). This Locate Response Code is not returned to the Submitter and is an internal FCR code.
	09 – The source's database is off-line or in maintenance status and is not accessible (SVES)
	10 – Locate source does not have the SSN on file (All Locate Sources except Title II Pending Claim)
	12 – Submitted name does not agree with Locate source name (DoD, DVA, FBI, IRS, NSA or SSA)
	19 – Address not on the SSA automated system (SSA)
	22 – Good SSN, no record of earnings (SSA)
	28 – Address not available from Locate Source (DoD, SSA, FBI)
	30 – SSN matched, no address returned (DoD, FBI, NDNH)
	39 – Disclosure prohibited, person associated with family violence (All Locate Sources except Title II Pending Claim. The Locate Response Code 39 is not returned to submitter for a Title II Pending Claim)
	40 – SSN Identified, address provided (IRS)
	46 – SSN matched, Locate Source name different from submitted name (NDNH)
	47 – SSN matched, Locate Source name incomplete or missing (NDNH)
	Space – Address returned to State (All Locate Sources). On the Title II Pending Claim Response the Locate Response Code field contains spaces.
Description	A code that further clarifies the responses received from the Locate source.

Name	**LOCATE SOURCE 1** through **LOCATE SOURCE 8**
Type	Input and Output Field
Condition	Conditionally required for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'L' or 'T'

Optional for the following input record:
- FCR Input Person/Locate Request Record with Action Type Code 'A' or 'C'

Conditional for the following output record:
- FCR Person/Locate Request Acknowledgement/Error Record

Length	3
Format	Alphanumeric
Values	ALL – Send search request to all available Locate sources (Does not Include IRS-1099)
	A01 – Send a search request to the DoD. This code also sends a search request to the OPM
	A02 – Send a search request to the FBI for their employees
	A03 – Send a search request to NSA
	C01 – Send a search request to the IRS (non-1099)
	E01 – Send a search request to the SSA
	F01 – Send a search request to the DVA
	H01 – Request a search of the NDNH
	Spaces – Information not available
Description	A code that indicates the sources to be searched for a request for Locate. The Locate Source codes must be entered consecutively (for example, Locate Source 2 must contain an entry if Locate Source 3 contains an entry.) The Locate Source Codes do not need to be entered in the alphanumeric sequence shown above.

Name	**LOCATE SOURCE RESPONSE AGENCY CODE**
Type	Output Field
Condition	Required for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record
- FCR Title II Pending Claim Response Record

Length	3
Format	Alphanumeric
Values	A01 – Response from DoD
	A02 – Response from FBI
	A03 – Response from NSA
	C01 – Response from IRS
	E01 – Response from SSA
	E04 – FCR Title II Pending Claim Response Record
	E05 – FCR SVES Title II Locate Response Record
	E06 – FCR SVES Title XVI Locate Response Record
	E07 – FCR SVES Prisoner Locate Response Record

E10 – FCR SVES Not Found Response Record

F01 – Response from DVA

H01 – Response from NDNH – NDNH data not available (Only for NDNH Match Type 'L' when the Locate Response Code equals '06', '10' or '39')

H97 – Response from NDNH UI

H98 – Response from NDNH QW

H99 – Response from NDNH W-4

Description   A code that indicates the source of the Locate information returned in the Locate Response Record.

Name   **LOCATE SOURCE SPECIFIC INFORMATION**

Type   Output Field

Condition   Required for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Length   220

Format   Alphanumeric

Values   A through Z, 0 through 9, hyphen (-), or spaces

Description   A field that contains subset fields of specific information received from the Locate sources. The format of this field varies by each specific Locate source as indicated by the Locate Source Response Agency Code.

Name   **MATCHED CASE ID**

Type   Output Field

Condition   Required for the following output record:

- FCR Query/Proactive Match Response Record

Length   15

Format   Alphanumeric

Values   A through Z, 0 through 9, or special characters

Description   The State Case ID on the FCR for the matched record.

Name   **MATCHED CASE ORDER INDICATOR**

Type   Output Field

Condition   Required for the following output record:

- FCR Query/Proactive Match Response Record

Length   1

Format   Alphanumeric

Values   Y – The State system has a record of the existence of a support order for a child, or a parent with whom the child is living, that is applicable to this case

N – The State system has no record of the existence of support order applicable to this case

Space – If Action Type Code = 'D'

Description   This is the Order Indicator on the FCR for the matched record.

Name	**MATCHED CASE STATE/TERRITORY CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Query/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The numeric FIPS State or territory code
Description	This is the two-position numeric FIPS Code for the State or territory on the matched record.

Name	**MATCHED CASE TYPE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Query/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	F – IV-D Case
	N – Non IV-D Case
	Space – If Action Type Code = 'D'
Description	This is the Case Type of the matched case on the FCR.

Name	**MATCHED FCR CASE REGISTRATION DATE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Query/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format
Description	This is the date that the matched record was added to the FCR.

Name	**MATCHED FCR FIPS COUNTY CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	3
Format	Alphanumeric
Values	A numeric FIPS County Code or spaces
Description	This is the FIPS County Code on the FCR for the matched record.
	For the FCR Query response when the FIPS County Code is not present on the FCR for the person, this field contains spaces.

Name	**MATCHED MEMBER ID**
Type	Output Field

Condition   Required for the following output record:
     • FCR Query/Proactive Match Response Record
Length   15
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces [not all spaces]
Description   This is the State Member ID of the person matched on the FCR.

Name   **MATCHED PARTICIPANT TYPE**

Type   Output Field
Condition   Required for the following output record:
     • FCR Query/Proactive Match Response Record
Length   2
Format   Alphanumeric
Values   CH – Child
     CP – Custodial Party
     NP – Non-custodial Parent
     PF – Putative Father
     Spaces – If Action Type Code = 'D'
Description   This is the Participant Type of the person matched on the FCR.

Name   **MATCHED PERSON ADDITIONAL FIRST NAME 1** through
     MATCHED PERSON ADDITIONAL FIRST NAME 4

Type   Output Field
Condition   Conditional for the following output record:
     • FCR Query/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [No imbedded spaces or special characters]
Description   This is an Additional First Name recorded on the FCR for the matched person.
     If an Additional First Name is not present on the FCR for the matched person,
     this field contains spaces.

Name   **MATCHED PERSON ADDITIONAL LAST NAME 1** through
     MATCHED PERSON ADDITIONAL LAST NAME 4

Type   Output Field
Condition   Conditional for the following output record:
     • FCR Query/Proactive Match Response Record
Length   30
Format   Alphanumeric
Values   A through Z, hyphen (-) or spaces [No imbedded spaces or special characters
     other than hyphen (-)]
Description   This is an additional Last Name recorded on the FCR for the matched person.
     If an Additional Last Name is not present on the FCR for the matched person,
     this field contains spaces.

Name	**MATCHED PERSON ADDITIONAL MIDDLE NAME 1** through **MATCHED PERSON ADDITIONAL MIDDLE NAME 4**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z or spaces [No imbedded spaces or special characters]
Description	This is an Additional Middle Name recorded on the FCR for the matched person.
	If Additional Middle Name is not present on the FCR for the matched person, this field contains spaces.

Name	**MATCH TYPE CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Title II Pending Claim Response Record
Length	1
Format	Alphanumeric
Values	N – Title II Pending Claim-to-FCR proactive response for new information that is added to the Title II Pending Claim File.
Description	This code indicates the action that initiated the generation of the Title II Pending Claim-to- FCR

Name	**MATCHED PERSON DATE OF DEATH**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	8
Format	Alphanumeric
Values	A valid date
	99999999 – SSA removed an erroneous date of death
	Spaces – A valid date of death is not applicable to the matched person or a valid date of death is not available.
Description	This is the date of death, in CCYYMMDD format, for the person matched in the FCR.

Name	**MBC AMOUNT 1** through **MBC AMOUNT 8**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Numeric in COBOL format 9999V99
Values	0 through 9
Description	This is the Title II beneficiary's first through eighth Monthly Benefit Credited

(MBC) amounts. The monthly Title II benefit is due after any appropriate dollar rounding but prior to the actual collection of any obligation of the beneficiary. This amount may appear after an individual dies. States must check the LAF CODE and MBC TYPE to determine if payment was issued. If not applicable, this field is spaces.

Name	**MBC DATE 1** through **MBC DATE 8**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces. If this field does not have a properly-formatted valid date, it contains spaces.
Description	This is the Title II beneficiary's first through eighth Monthly Benefit Credited (MBC) dates. The MBC Amount is paid in the month after this date.

Name	**MBC NUMBER OF ENTRIES**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Numeric
Values	0 through 8
Description	This is the Title II beneficiary's number of MBC amount, date, and type fields.

Name	**MBC TYPE 1** through **MBC TYPE 8**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	C – Benefits Paid (Credited)
	E – Benefits not paid (not credited), due to delayed/pending or suspense
	N – Benefits not Paid (not credited)
	Space – Benefits not paid (not credited) or not applicable
Description	This is the Title II beneficiary's first through eighth Monthly Benefit Credited (MBC) benefit type.

Name	**MEMBER ID**
Type	Input and Output Field
Condition	Required for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'D'
	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'L'

Conditionally required for the following input record:

- FCR Input Query Record

Required for the following output records:

- FCR Data Inconsistency File Record
- FCR Person Reconciliation Record

Conditional for the following output records:

- FCR IRS-1099 Locate Response Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query Acknowledgement/Error Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record
- FCR Title II Pending Claim Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the submitter's unique identifier for a person who is a participant in a case that is present on or is being added to the FCR, or who is the subject of a Locate Request.

Name	**MIDDLE NAME** or **MIDDLE NAME TEXT**
Type	Input and Output Field
Condition	Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'

Conditional for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query/Proactive Match Response Record
- FCR Title II Pending Claim Response Record

Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the middle name of the person who is being added to, or changed on, the FCR or the subject of a request for Locate.
	If the Middle Name is present, First and Last Name must be present also.

Name	**MOTHER'S FIRST NAME**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	16
Format	Alphanumeric
Values	A through Z or spaces [No imbedded spaces or special characters]
Description	This is the given name of the mother of the person being submitted to the FCR. This information is provided for a person when a submitter wants SSA to provide an SSN for that person. This information is used to identify the SSN but is not stored in the FCR.

Name	**MOTHER'S MAIDEN NAME**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error/ Record
Length	16
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than hyphen (-)]
Description	This is the maiden name of the mother of the person being submitted to the FCR. This information is provided for a person when a submitter wants SSA to provide an SSN for that person. This information is used to identify the SSN but is not stored in the FCR.

Name	**MOTHER'S MIDDLE INITIAL**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output record:
	• Person/Locate Request Acknowledgement/Error Record
Length	1
Format	Alphanumeric
Values	A through Z, or space [No special characters]
Description	This is the middle initial of the mother of the person being submitted to the FCR. This information is provided for a person when a submitter wants SSA to provide an SSN for that person. This information is used to identify the SSN but is not stored in the FCR.

Name	**MSFI ACCOUNT BALANCE**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	7
Format	Signed numeric
Values	0000000 through 9999999
Description	This is the whole dollar balance or value of the matched MSFI account. The account balance may be a negative amount. The last position of the field is signed. Brokerage firms reporting margin accounts may report the balance as either the value of the payee's equity position or the value of the account less any borrowed amount. Zeros indicate the account was closed or the MSFI elected not to provide the balance of the account. The MSFI Account Balance Indicator is '0' if the MSFI elected not to provide the balance of the account.

Name	**MSFI ACCOUNT BALANCE INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	0 – The account balance was not provided by the MSFI
	1 – The average account balance was provided (whether daily, monthly, etc.)
	2 – The account balance provided was as of the day of the MSFIDM
Description	This code defines the content of the MSFI Account Balance Field as it was provided by the MSFI.

Name	**MSFI ACCOUNT FULL LEGAL TITLE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	100
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the full title associated with the payee's account matched by the MSFI. The MSFI may provide this information for trust accounts or accounts with other legal titles (i.e., Law Office of…) to assist in the processing of lien/levy requests. This field may include special characters (hyphen) or imbedded spaces.

Name	**MSFI ACCOUNT TYPE**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record

Length   2
Format   Alphanumeric
Values   00 – Not Applicable
            01 – Savings Account
            04 – Checking Demand Deposit Account
            05 – Term Deposit Certificate
            06 – Collateral account
            11 – Money Market Account
            12 – IRA/Keogh Account
            14 – ERISA Plan Account
            16 – Cash Balances
            17 – Compound Account, includes investment accounts where portions of the
                 balance are in differing funds – stocks, money market funds, bonds, etc.
            18 – Other
Description This code defines the type of account that was matched by the MSFI.

Name   **MSFI ADDRESS SCRUB INDICATOR 1**
Type   Output Field
Condition   Required for the following record:
            • FCR MSFIDM Response Record
Length   2
Format   Alphanumeric
Values   GA – Good address
Description This code describes the status of the edited address.

Name   **MSFI ADDRESS SCRUB INDICATOR 2** through
            MSFI ADDRESS SCRUB INDICATOR 3
Type   Output Field
Condition   Optional for the following record:
            • FCR MSFIDM Response Record
Length   2
Format   Alphanumeric
Values   Spaces
Description This is reserved for future use.

Name   **MSFI CITY**
Type   Output Field
Condition   Required for the following output record:
            • FCR MSFIDM Response Record
Length   29
Format   Alphabetic
Values   A through Z, or spaces [not all spaces]
Description This is the city where the MSFI has requested the States to direct the request
            for liens/levies for MSFIDM responses. This field may include imbedded
            blanks.

Name	**MSFI FOREIGN COUNTRY INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	1 – The address of the MSFI is in a foreign country
	Space – The address of the MSFI is in the U.S.
Description	This code indicates the MSFI address is in a foreign country.

Name	**MSFI MATCHED ACCOUNT 2ND PAYEE SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or spaces
Description	This is the SSN of a secondary account holder on the MSFI matched account.

Name	**MSFI MATCHED ACCOUNT FOREIGN COUNTRY INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	1 – The address of the payee is in a foreign country
	Space – The address of the payee is in the U.S.
Description	This code indicates the payee address is in a foreign country.

Name	**MSFI MATCHED ACCOUNT LOCATION STATE CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	2
Format	Alphabetic
Values	A through Z
Description	This is the valid two position State code for the State where the matched MSFI account resides or was originally opened. The State where the account is located can be used to identify the State or States authorized to submit lien/levy requests to the MSFI.

Name	**MSFI MATCHED ACCOUNT NAME**
Type	Output Field

Condition   Required for the following output record:
                   • FCR MSFIDM Response Record
Length   40
Format   Alphanumeric
Values   A through Z, special characters, or spaces [not all spaces]
Description   This is the payee's name on the matched MSFI account. The MSFI Payee
                   Indicator indicates if the name in this field is the primary account owner or a
                   secondary account owner. The name is returned in the format stored by the
                   MSFI for the account (e.g., last name and first name, or, first name, middle
                   initial, and last name). The field may include special characters (comma, dash,
                   etc.) or imbedded spaces.

Name	**MSFI MATCHED ACCOUNT PAYEE ADDRESS SCRUB INDICATOR 1**

Type   Output Field
Condition   Required for the following output record:
                   • FCR MSFIDM Response Record
Length   2
Format   Alphanumeric
Values   BA – Bad address: FINALIST determined it to be an undeliverable address
                   CH – Changed address: The address was corrected and is considered by
                          FINALIST to be deliverable
                   EA – Empty address: No address is present in record. The address was not
                          provided by the MSFI.
                   FA – Foreign Address: There is a value in the foreign count code that is other
                          than spaces or 'US'
                   GA – Good address: FINALIST has determined it to be a deliverable address
Description   This code indicates the general status of the edited address.

Name	**MSFI MATCHED ACCOUNT PAYEE ADDRESS SCRUB INDICATOR 2** through **MSFI MATCHED ACCOUNT PAYEE ADDRESS SCRUB INDICATOR 3**

Type   Output Field
Condition   Conditional for the following record:
                   • FCR MSFIDM Response Record
Length   2
Format   Alphanumeric
Values   BR – Bad range: House number is out of range for that street
                   BU – Bad unit number: The unit number in a multi-dwelling unit has a non-
                          standard format, is out of range or is missing. In PO Box addresses the
                          box number does not match the Zip+4 code. Standardization was
                          attempted.
                   BX – Missing State code or missing both State code and Zip Code: Assigning
                          State or Zip Code was attempted
                   CA – Correction of a misspelled or non-standard street name was attempted

CC – Correction of a misspelled or non-standard city name was attempted

CZ – Correction of Zip Code was attempted

MA – Mismatched address: Street name is not found in city (the address may
be deliverable because some addresses do not require a street name)

MX – Mismatched State and Zip code: Correction of the Zip Code was
attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code

Spaces – MSFI Matched Account Payee Address Scrub Indicator 1 contains
'EA', 'FA' or 'GA'

Description	This code gives further detail on the status of the edited address. Also refer to Section 10.1.4, "Address Editing of MSFIDM Responses".

Name	**MSFI MATCHED ACCOUNT PAYEE CITY**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	29
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of a payee's address on the matched MSFI account. This field may include imbedded spaces.
	If the MSFI has the address of the MSFI Matched SSN, it is in this field.
	If the MSFI does not have the address of the MSFI Matched SSN, it may return the address of the other account owner.

Name	**MSFI MATCHED ACCOUNT PAYEE DATE OF BIRTH**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or zeros
Description	The date of birth of the MSFI matched account owner. All zeros indicate that a date of birth was not provided by the MSFI.

Name	**MSFI MATCHED ACCOUNT PAYEE STATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	2
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the two position State code of a payee's address on the matched MSFI account. If the MSFI has the address of the MSFI Matched SSN, it is in this

field.

If the MSFI does not have the address of the MSFI Matched SSN, it may return the address of the other account owner.

If the MSFI Matched Account Foreign Country Indicator is a space, the MSFI Matched Account Payee State is in the United States. If the MSFI Matched Account Foreign Country Indicator is a '1', the MSFI Matched Account Payee State is in a foreign country.

Name	**MSFI MATCHED ACCOUNT PAYEE STREET ADDRESS**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the payee's street address on the matched MSFI account. The field may include special characters or imbedded spaces.
	If the MSFI has the address of the MSFI Matched SSN, it is in this field.
	If the MSFI does not have the address of the MSFI Matched SSN, it may return the address of the other account owner.

Name	**MSFI MATCHED ACCOUNT PAYEE ZIP CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	9
Format	Alphanumeric
Values	0 through 9, or spaces
Description	This is the Zip Code of a payee on the matched MSFI account. The Zip Code is broken into two parts. The first five positions contain the high-level postal Zip Code. The last four positions further define the postal location. The last four positions may be spaces.
	If the MSFI has the address of the MSFI Matched SSN, it is in this field.
	If the MSFI does not have the address of the MSFI Matched SSN, it may return the address of the other account owner.
	If a '1' is present in the MSFI Foreign Country Indicator, the Zip Code may include alphabetic characters.

Name	**MSFI MATCHED ACCOUNT PRIMARY SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or spaces

Description   This is the SSN of the primary owner of the MSFI matched account if the
               primary owner is not the MSFI Matched SSN and the information is provided
               by the MSFI.

Name   **MSFI MATCHED ACCOUNT STATUS INDICATOR**
Type   Output Field
Condition   Required for the following output record:
               • FCR MSFIDM Response Record
Length   1
Format   Numeric
Values   0 – Matched account open at the time of the MSFI match
               1 – Matched account closed at the time of the MSFI match
               2 – Matched account inactive at the time of the MSFI match
               9 – MSFI did not report the status of the matched account
Description   This code describes the status of the payee's account.

Name   **MSFI MATCHED SSN**
Type   Output Field
Condition   Required for the following output record:
               • FCR MSFIDM Response Record
Length   9
Format   Numeric
Values   000000001 through 999999998
Description   This is the SSN from the Federal Offset File that was sent to the MSFI and
               matched to a payee account on the MSFI Database.

Name   **MSFI MATCH YEAR/MONTH**
Type   Output Field
Condition   Required for the following output record:
               • FCR MSFIDM Response Record
Length   6
Format   Numeric
Values   A valid date in CCYYMM format
Description   The century, year and month the quarterly MSFIDM Inquiry File was
               generated for the MSFI.

Name   **MSFI NAME**
Type   Output Field
Condition   Required for the following output record:
               • FCR MSFIDM Response Record
Length   40
Format   Alphanumeric
Values   A through Z, 0 through 9, special characters, or spaces [not all spaces]
Description   This is the name of the institution where the account resides for the MSFI
               responding to the MSFIDM. The name is used by the States to direct the

request for liens/levies for MSFIDM responses. This field may include special characters (hyphen) or imbedded spaces.

Name	**MSFI NAME MATCH FLAG**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	0 – The MSFI was unable or elected not to match to the payee's last name
	1 – The first four positions of the matched account's payee last name matched the first four positions of the last name on the MSFIDM Inquiry File
	2 – The first four positions of the matched account's payee last name did not match to the first four positions of the last name on the MSFIDM Inquiry File
Description	This code indicates if in addition to the SSN match the MSFI successfully matched the first four positions of the last name from the Inquiry File to the matched account on the MSFI Database.

Name	**MSFI OTHER PAYEE ACCOUNT NAME**
Type	Output field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	40
Format	Alphanumeric
Values	A through Z, special characters, or spaces
Description	This is the name of a secondary or other payee associated with a matched MSFI account if the MSFI Matched SSN is the primary account owner. This field may include special characters (comma, dash, etc.) or imbedded spaces. If the MSFI Matched SSN is not the primary account owner, this field may contain the name of the primary account owner. The name is returned in the format stored by the MSFI for the account (e.g., last name and first name, or, first name, middle initial and last name).

Name	**MSFI PAYEE ACCOUNT NUMBER**
Type	Output field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	20
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces [not all spaces]
Description	This is the unique number assigned to the payee's account by the MSFI. This field may include special characters (hyphens) or imbedded spaces.

Name	**MSFI PAYEE INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	0 – The SSN matched the account owner who is the sole owner of the account
	1 – The SSN matched the secondary account owner
	2 – The SSN matched the primary account owner and there is a secondary owner(s) on the account
Description	This code defines the SSN's ownership on the account matched by the MSFI.

Name	**MSFI PAYEE LAST NAME CONTROL**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	4
Format	Alphabetic
Values	A through Z, or spaces
Description	This is the first four positions of the MSFI account holder's name that the MSFI compared to the name submitted on the MSFIDM Inquiry File.

Name	**MSFI SECOND FINANCIAL INSTITUTION NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR MSFIDM Response Record
Length	40
Format	Alphabetic
Values	A through Z, 0 through 9, special characters, or spaces
Description	This is the name or company designation that is used to indicate a location to which to route requests should be sent.

Name	**MSFI STATE**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	2
Format	Alphabetic
Values	A valid alphabetic FIPS State code
Description	This is the State where the MSFI has requested the States to direct the request for liens/levies for MSFIDM responses.
	If the MSFI Foreign Country Indicator is a space, the State entered is in the United States.
	If the MSFI Foreign Country Indicator is a '1', the State entered is in a foreign

country.

Name	**MSFI STREET ADDRESS**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces [not all spaces]
Description	This is the street address where the MSFI has requested the States to direct the request for liens/levies for MSFIDM data matches. This field may include special characters (hyphens) or imbedded spaces.

Name	**MSFI TIN**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	9
Format	Numeric
Values	000000001 through 999999999
Description	This is the Federal Tax Identification Number for the Multistate Financial Institution where the account resides.

Name	**MSFI TRUST FUND INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	1
Format	Alphanumeric
Values	0 – Not a registered trust/escrow account or the account is closed
	1 – UTMA/UGMA Account
	2 – IOLTA Account
	3 – Mortgage Escrow Account
	4 – Security Deposits (including Real Estate)
	5 – Other Trust/Escrow
	6 – Information not available
Description	This code indicates if the MSFI matched account is a registered escrow or trust account.

Name	**MSFI ZIP CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR MSFIDM Response Record
Length	9
Format	Alphanumeric

Values   A through Z, 0 through 9, or spaces [not all spaces]
Description   This is the Zip Code where the MSFI has requested the States to direct the
              request for liens/levies for MSFIDM data matches. The Zip Code is broken
              into two parts. The first five positions contain the high level postal Zip Code,
              and the last four positions further define the postal location. The last four
              positions may be spaces.
              If a '1' is present in the MSFI Foreign Country Indicator, the Zip Code may
              include alphabetic characters.

Name   **MSFIDM RESPONSE DATE**

Type   Output Field
Condition   Required for the following output record:
              • FCR MSFIDM Response Record
Length   8
Format   Numeric
Values   A valid date in CCYYMMDD format
Description   This is the century, year, month and day that the FCR MSFIDM Response
              Record was created for a MSFI's quarterly match to the Federal Offset File.

Name   **MSFIDM RESPONSE RECORDS**

Type   Output Field
Condition   Required for the following output record:
              • FCR Response Trailer Record
Length   8
Format   Numeric
Values   00000000 through 99999999
Description   The total number of MSFIDM Locate Response Records returned in the batch
              from the FCR.

Name   **MULTIPLE SSN**

Type   Output Field
Condition   Conditional for the following output records:
              • FCR SVES Title II Locate Response Record
              • FCR SVES Title XVI Locate Response Record
              • FCR SVES Prison Locate Response Record
              • FCR SVES Not Found Locate Response Record
Length   9
Format   Alphanumeric
Values   000000001 through 999999998 (not all sixes)
              Spaces – The original SSN was used for this Locate Request.
Description   This is the multiple SSN, as provided by the FCR, which was used for this
              Locate Request.

Name	**MULTIPLE SSN INDICATOR**
Type	Output Field
Condition	Conditional for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	1
Format	Alphanumeric
Values	M – Additional/multiple SSN
	X – Multiple SSN from a corrected SSN
	Space – The original SSN was used for this search
Description	This code indicates if a multiple SSN was used for this Locate Request. If this field is an 'M' or 'X', the SSN that was used in the match is in the Multiple SSN field.

Name	**MULTIPLE SSN 1** through **MULTIPLE SSN 3**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Person Reconciliation Record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This is the additional valid SSN that SSA's records have associated with the person. The FCR will accept and store from the SSA process up to three additional valid SSNs for a person. Spaces will indicate that valid multiple SSNs were not found for the person.

Name	**NAME MATCHED CODE**
Type	Output Field
Condition	Required for the following output record:

- FCR Title II Pending Claim Response Record

Length	1
Format	Alphanumeric
Values	1 – First letter of First Name, first four letters of Last Name
	2 – First letter of Additional First Name 1, first four letters of Additional Last Name 1
	3 – First letter of Additional First Name 2, first four letters of Additional Last Name 2
	Space – The Name or Additional Names did not match the name on the Title II Pending Claim record
Description	This code indicates which FCR name matched the Title II Pending Claim record's name.

Name	**NAME RETURNED**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Length	62
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [No imbedded spaces or special characters other than hyphen (-)]
Description	This is the name that was returned by the Locate source. The format varies as denoted by the Name Returned Indicator. The formats are:

- Free format: 62 positions for any name or names
- Fixed format, single name: 16 position first name, 16 position middle name, 30 position last name and suffix
- Free format, joint name: 32-position first name, middle initial & first name, middle initial, 30 position last name and suffix. Example: Joe E. & Mary Smith.

If the Locate Response Code is '06' or '10', this field contains spaces.

Name	**NAME RETURNED INDICATOR**
Type	Output Field
Condition	Required for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Length	1
Format	Alphanumeric
Values	0 – No name returned
	1 – Free format name, arrangement of name fields unknown
	2 – Fixed format name, single name
	3 – Free format name, joint name (surname appears in fixed location)
Description	This code indicates the format of the Name Returned Field.

Name	**NCP DEATH INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:

- FCR DMDC/Proactive Match Response Record

Length	1
Format	Alphanumeric
Values	N – NCP is not deceased.
	Y – NCP is deceased.
Description	This field, supplied by DMDC, contains a value that shows if DMDC records indicate that the NCP is deceased.

Name   **NCP FIRST NAME**

Type   Output Field
Condition   Conditional for the following output record:
  - FCR DMDC/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [no imbedded spaces or special characters]
Description   This field contains the first name of the NCP that was provided by the
              submitter and recorded on the FCR.

Name   **NCP LAST NAME**

Type   Output Field
Condition   Conditional for the following output record:
  - FCR DMDC/Proactive Match Response Record
Length   30
Format   Alphanumeric
Values   A through Z, hyphen (-), or spaces [no imbedded spaces or special characters
              other than a hyphen (-)]
Description   This field contains the last name of the NCP that was provided by the
              submitter and recorded on the FCR.

Name   **NCP MEDICAL COVERAGE INDICATOR**

Type   Output Field
Condition   Conditional for the following output record:
  - FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   N –The NCP is not in the military as active duty, retiree or special civilian.
              Y –The NCP is in the military as active duty, retiree or special civilian.
Description   This field contains a value that shows if DMDC records indicate that the NCP
              has medical coverage.

Name   **NCP MEMBER ID**

Type   Output Field
Condition   Conditional for the following output record:
  - FCR DMDC/Proactive Match Response Record
Length   15
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces [not all spaces]
Description   This field contains the State-assigned Member ID that is stored on the FCR for
              the NCP.

Name   **NCP MIDDLE NAME**

Type   Output Field

Condition   Conditional for the following output record:
                • FCR DMDC/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [no imbedded spaces or special characters]
Description   This field contains the middle name of the NCP that was provided by the
                submitter and recorded on the FCR.

Name   **NCP SSN**
Type   Output Field
Condition   Conditional for the following output record:
                • FCR DMDC/Proactive Match Response Record
Length   9
Format   Alphanumeric
Values   000000001 through 999999998 or all spaces [not all sixes]
Description   This field contains the SSN that is stored on the FCR as the Non Custodial
                Parent's primary SSN or a verified multiple SSN.

Name   **NCP SSN VERIFIED INDICATOR**
Type   Output Field
Condition   Conditional for the following output record:
                • FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   N – SSN/Name was unverified
                Y – SSN/Name was verified.
Description   This field contains a value that identifies if the NCP SSN was verified or
                unverified on the FCR.

Name   **NDNH MATCH TYPE**
Type   Output Field
Condition   Required for the following output record:
                • FCR NDNH Locate/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   L – NDNH Locate Request Response
                N – NDNH-to-FCR Proactive Response for new information added to the
                    NDNH
                P – FCR-to-NDNH Proactive Response for a new person or a change to an
                    existing person on the FCR, or a change in Case Type on the FCR from
                    Non IV-D to IV-D
Description   This code indicates the action that initiated the generation of the FCR NDNH
                Locate/Proactive Match Response Record.

Name	**NDNH NAME SENT/MATCHED INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	1 – First letter of First Name, first four letters of Last Name
	2 – First letter of Additional First Name 1, first four letters of Additional Last Name 1
	3 – First letter of Additional First Name 2, first four letters of Additional Last Name 2
	4 – Name from QW incomplete, or missing name not used in the match
	Space – The Name or Additional Names did not match the name on an NDNH record
Description	This code indicates the name that was sent to the NDNH or the name that matched the NDNH record.

Name	**NDNH RESPONSE RECORDS**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the total number of NDNH Locate Response Records returned in the batch from the FCR.

Name	**NET MONTHLY TITLE II BENEFIT**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Numeric in COBOL format 9999V99
Values	0 through 9
Description	This is the Title II beneficiary's net (of all deductions) monthly benefit.

Name	**NEW MEMBER ID**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'C'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or spaces

Description   This field is used to change the Member ID for a person who has been added
               on the FCR. Refer to Member ID for a further explanation of this field.

Name   **OBLIGOR MATCH CODE**

Type   Input and Output Field
Condition   Optional for the following input record:
               - Insurance Match Standard Interface Record
               Mandatory for the following output record:
               - FCR Insurance Match Response Record – Part 1
Length   2
Format   Numeric
Values   00 – Name and Address
               01 – Name and DOB
               02 – Name and SSN
               03 – SSN
               04 – SSN and Address
               05 – SSN and DOB
               06 – Name, SSN, and Address
               07 – Name, SSN, and DOB
               08 – SSN, Address, and DOB
               09 – Name, SSN, Address, and DOB
Description   This code shows the result of the insurer match of the obligor's identifying
               information against insurance claim data as performed by the Insurance
               Matcher.

Name   **ORDER INDICATOR**

Type   Input and Output Field
Condition   Required for the following input records:
               - FCR Input Case Record with Action Type Code 'A'
               Optional for the following input record:
               - FCR Input Case Record with Action Type Code 'C'
               Conditional for the following output record:
               - FCR Case Acknowledgement/Error Record
               Required for the following output records:
               - FCR Case Reconciliation Record
               - FCR Data Inconsistency File Record
               - FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   N – The State system has no record of the existence of a support order
                   applicable to this case.
               Y – The State system has a record of the existence of a support order for a
                   child, or a parent with whom the child is living, which is applicable to
                   this case.
               Space – Information not available

Description   This code indicates whether there is a known support order associated with
               this case.

Name   **OTHER NAME**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR SVES Title XVI Locate Response Record
Length   6
Format   Alphanumeric
Values   A through Z, or spaces
Description   The other name that is used by the Title XVI recipient.

Name   **OTHER SSN**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR Title II Pending Claim Response Record
Length   9
Format   Alphanumeric
Values   000000001 through 999999998, or all spaces [not all sixes]
Description   This is the additional and/or multiple SSN that is associated with the person
               who was submitted to the FCR, and was used in the match process.
               If the SSN Match Code is an 'M', this field contains the Additional/Multiple
               SSN that was used in the match. The SSN in this field is different from the
               SSN in the SSN field on FCR Title II Pending Claim Response Record.

Name   **PARTICIPANT TYPE** or **PARTICIPANT TYPE CODE**
Type   Input and Output Field
Condition   Required for the following input record:
               • FCR Input Person/Locate Request Record with Action Type Code 'A'
               Optional for the following input record:
               • FCR Input Person/Locate Request Record with Action Type Code 'C'
               Conditional for the following output records:
               • FCR Person/Locate Request Acknowledgement/Error Record
               • FCR NDNH Locate/Proactive Match Response Record
               Required for the following output records:
               • FCR Data Inconsistency File Record
               • FCR Person Reconciliation Record
               • FCR SVES Title II Locate Response Record (on FCR-to-SVES proactive
                 matches)
               • FCR SVES Title XVI Locate Response Record (on FCR-to-SVES
                 proactive matches)
               • FCR SVES Prisoner Locate Response Record (on FCR-to-SVES proactive
                 matches)
               • FCR Title II Pending Claim Response Record

Length   2
Format   Alphanumeric
Values   CH – Child
                CP – Custodial Party
                NP – Non-custodial Parent
                PF   – Putative Father (allowed for IV-D cases only)
                Spaces – Information Not Available
Description   This code defines the participant's relationship in the child support case.

Name   **PAYEE ADDRESS SCRUB INDICATOR 1**
Type   Output Field
Condition   Required for the following record:
                - FCR IRS-1099 Locate Response Record
                - FCR SVES Title XVI Locate Response Record
Length   2
Format   Alphanumeric
Values   BA – Bad address: FINALIST determined it to be an undeliverable address
                CH – Changed address: The address was corrected and is considered by
                       FINALIST to be deliverable
                EA – Empty address: No address is present in the record. The address was not
                       provided by the IRS
                GA – Good address. FINALIST has determined it to be a deliverable address
Description   This code indicates the general status of the edited address.

Name   **PAYEE ADDRESS SCRUB INDICATOR 2** through
                PAYEE ADDRESS SCRUB INDICATOR 3
Type   Output Field
Condition   Conditional for the following record:
                - FCR IRS-1099 Locate Response Record
                - FCR SVES Title XVI Locate Response Record
Length   2
Format   Alphanumeric
Values   BR – Bad range: House number is out of range for that street
                BU – Bad unit number: The unit number in a multi-dwelling unit has a non-
                       standard format, is out of range or is missing. In PO Box addresses, the
                       box number does not match the Zip+4 code. Correction was attempted.
                BX – Missing State code, or missing both State code and Zip Code: Assigning
                       State or Zip Code was attempted
                CA – Correction of a misspelled or non-standard street name was attempted
                CC – Correction of a misspelled or non-standard city name was attempted
                CZ – Correction of Zip Code was attempted
                MA – Mismatched address: The street name is not found in the city (the
                       address may be deliverable because some addresses do not require a
                       street name)
                MX – Mismatched State and Zip Code : Correction of the Zip Code was

attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code: Correction of the Zip Code was attempted
but failed

Spaces – Payee Address Scrub Indicator 1 contains 'EA' or 'GA'

Description	This code gives further detail on the status of the edited address. Also refer to Section 6.7.3.1, "Address Editing of Locate Responses".

Name	**PAYEE COUNTY OF JURISDICTION**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	3
Format	Alphanumeric
Values	A three-character FIPS county code, or spaces
Description	This is the Title XVI payee's county of jurisdiction responsible for payment. The code represents the Title XVI payee's county of residence unless another county has jurisdiction.

Name	**PAYEE DISTRICT OFFICE CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	3
Format	Alphanumeric
Values	Alphanumeric characters
Description	This is the code for the SSA District Office (DO) that services the Title XVI recipient's claim.

Name	**PAYEE MAILING ADDRESS CITY**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	16
Format	Alphanumeric
Values	This field contains the city that is associated with the payee's mailing address. If not applicable, this field contains spaces.
Description	This is the Title XVI payee's city of residence.

Name	**PAYEE MAILING ADDRESS LINE 1** through **PAYEE MAILING ADDRESS LINE 3**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	40

Format	Alphanumeric
Values	Alphanumeric characters
Description	This field contains the payee name and mailing address that appears for the recipient or their representative payee. This field contains the edited street address that was supplied by SVES. The three edited street address lines are top justified as follows:

- Payee name and non-standard address lines (if present in the input address) followed by:
- The urbanization name for Puerto Rican addresses (if present in the input address and if requiring URB) followed by:
- The standardized and scrubbed street address line.

If no address is being returned, these fields are spaces.

Name	**PAYEE MAILING ADDRESS STATE**
Type	Output Field
Condition	Conditional for the following output record:

- FCR SVES Title XVI Locate Response Record

Length	2
Format	Alphanumeric
Values	A two-character alphabetic FIPS State code
Description	This field contains the two-character alphabetic FIPS State code that is associated with the payee's mailing address.

If not applicable, this field contains spaces.

Name	**PAYEE STATE OF JURISDICTION**
Type	Output Field
Condition	Conditional for the following output record:

- FCR SVES Title XVI Locate Response Record

Length	2
Format	Alphanumeric
Values	A two-character FIPS State code, or spaces
Description	This is the Title XVI recipient's State of jurisdiction responsible for payment. The code represents the Title XVI recipient's State of residence unless another State has jurisdiction.

Name	**PAYEE ZIP CODE**
Type	Output Field
Condition	Required for the following output records:

- FCR SVES Title XVI Locate Response Record

Length	9
Format	Alphanumeric
Values	Nine numeric digits, or five numeric characters followed by spaces
Description	This is the five-character numeric Zip Code that contains the Title XVI recipient's mailing address Zip Code.

If available, the last four positions is the Zip Plus Four portion. Otherwise, the

last four positions are spaces.

Name	**PAYMENT STATUS CODE**

Type   Output Field

Condition   Conditional for the following output record:
- FCR SVES Title XVI Locate Response Record

Length   3

Format   Alphanumeric

Values   The following descriptions, 'C' through 'T' apply to the first position of the code:

C   – Indicates the recipient is eligible for SSI/State Supplement payments

E   – Indicates eligibility for Federal and/or State benefits based on the Eligibility computation, but no payment is due based on the Payment computation

H   – Indicates a case in "hold" status, final disposition is pending

M   – Indicates a case is under manual control. Case is known as "forced Payment" although payment may not be involved

N   – Indicates the applicant is not eligible for SSI/State Supplement payments or that a previously eligible recipient is no longer eligible

P   – Provisional, possible reinstatement (obsolete)

S   – Indicates recipient may still be eligible for SSI/State Supplement payments, but payment is being withheld

T   – Indicates SSI/State Supplement eligibility is terminated.

Second and third positions are the reason for the status. Specific codes are:

C01 – Current Pay

E01 – Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation

E02 – First month of eligibility for claims filed on or after 08/22/96. Claimant is eligible for a payment in that month but is *not* due a payment

H10 – Living arrangement change is in progress

H20 – Marital status change is in progress

H30 – Resource change is in progress

H40 – Student status change is in progress

H50 – Head of household change is in progress

H60 – Hold pending receipt of date of death

H70 – Hold pending transmission of one-time payment data

H80 – Early input

H90 – Systems limitation involved. A Social Security District Office (DO) must manually compute and input payment amounts

M01 – Force Payment (Recipient may be in payment or non-payment status)

M02 – Force Payment (Recipient may be in payment or non-payment status)

N01 – Non-pay (Countable income exceeds Title XVI Federal benefit rate)

N02 – Non-pay (Recipient is inmate of public institution)

N03 – Non-pay (Recipient is outside of the U.S.)

N04 – Non-pay (Recipient's non-excludable resources exceed Title XVI limitations)

N05 – Non-pay (Unable to determine if eligibility exists)
N06 – Non-pay (Recipient failed to file for other benefits)
N07 – Non-pay (Cessation of the recipient's disability)
N08 – Non-pay (Cessation of the recipient's blindness)
N09 – Non-pay (Recipient refused vocational rehabilitation without good
        cause)
N10 – Non-pay (Recipient refused treatment for drug addiction)
N11 – Non-pay (Recipient refused treatment for alcoholism)
N12 – Non-pay (Recipient voluntarily withdrew from program)
N13 – Non-pay (Not a citizen or an eligible alien)
N14 – Non-pay (Aged claim denied for age)
N15 – Non-pay (Blind claim denied. Applicant not blind)
N16 – Non-pay (Disability claim denied. Applicant not disabled)
N17 – Non-pay (Failure to pursue claim by the applicant)
N18 – Non-pay (Failure to cooperate)
N19 – Non-pay (Recipient has voluntarily terminated participation in the SSI
        program)
N20 – Non-pay (Recipient fails to furnish a required report)
N22 – Non-pay (Inmate of a penal institution)
N23 – Non-pay (Not a U.S. resident)
N24 – Non-pay (Convicted of felony of fraudulently misrepresenting
        residence in two or more States (effective through 11/99)).Non-pay –
        Administrative sanctions penalty imposed because claimant has
        provided false or misleading Statements to obtain benefits (effective
        12/99 until present)
N25 – Non-pay (Claimant is fleeing to avoid prosecution for, or custody or
        confinement after conviction for, a crime which is a felony (or in New
        Jersey a high misdemeanor) under the laws of the place from which
        he/she flees, or is violating a condition of probation or parole imposed
        under Federal or State law)
N27 – Non-pay (Disability terminated due to a substantial gainful activity)
N30 – Non-pay (Slight impairment – medical consideration alone, no visual
        impairment)
N31 – Non-pay (Capacity for substantial gainful activity – customary past
        work, no visual impairment)
N32 – Non-pay (Capacity for substantial gainful activity – other work, no
        visual impairment)
N33 – Non-pay (Engaging in substantial gainful activity despite impairment,
        no visual impairment)
N34 – Non-pay (Before 03/09/91: Impairment no longer severe at time of
        adjudication and did not last 12 months, no visual impairment effective
        03/09/91: Child under age 18, impairment(s) disabling for a period of
        less than 12 months)
N35 – Non-pay (Impairment is severe at time of adjudication but not expected
        to last twelve months, no visual impairment)
N36 – Non-pay (Insufficient or no medical data furnished)

N37 – Non-pay (Failure or refusal to submit to consultative examination)

N38 – Non-pay (Applicant does not want to continue development of the claim)

N39 – Non-pay (Applicant willfully fails to follow prescribed treatment)

N40 – Non-pay (Impairment(s) does not meet or equal listing (disabled child under age 18 only), no visual impairment)

N41 – Non-pay (Slight impairment – medical condition alone, visual impairment)

N42 – Non-pay (Capacity for substantial gainful activity – customary work, visual impairment)

N43 – Non-pay (Capacity for substantial gainful activity other work, visual impairment)

N44 – Non-pay (Before 03/09/91: Engaging in substantial gainful activity (SGA) despite impairment, visual impairment Effective 03/09/91: Child under 18, impairment not severe

N45 – Non-pay (Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment or denial of child's claim)

N46 – Non-pay (Impairment is severe at time of adjudication but not expected to last twelve months, visual impairment)

N47 – Non-pay (Insufficient, or no, medical evidence furnished, visual impairment)

N48 – Non-pay (Failure, or refusal, to submit consultative examination, visual impairment)

N49 – Non-pay (Applicant does not want to continue development of the claim, visual impairment)

N50 – Non-pay (Applicant willfully fails to follow prescribed treatment, visual impairment)

N51 – Non-pay (Before 03/09/91: Impairment does not meet or equal listing (disabled child under age 18 only), visual impairment effective 03/09/91: Child under 18. Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity, visual impairment)

N52 – Non-pay (Deleted from the State rolls before 01/73 payment)

N53 – Non-pay (Deleted from the State rolls after 01/73 payment)

N54 – Non-pay (A Social Security District Office unable to locate applicant)

N55 – Impairment due to DAA (non-visual impairment)

N56 – Impairment due to DAA (visual impairment)

P01 – Possible reinstatement pending development by SGA (obsolete)

S0 – Suspended (Suspension of payments due to report of death by Treasury, potential automated death case)

S01 – Suspended (Suspension of payments due to report of death by Treasury, potential automated death case)

S04 – Suspended (System is awaiting disability determination (system generated)

S05 – Suspended (Substantial gainful activity decision pending)

S06 – Suspended (Recipient's address unknown)

S07 – Suspended (Returned check for other than death, address, payee

                    change, or death of representative payee)
          S08 – Suspended (Representative payee development pending)
          S09 – Suspended (Temporary Institutionalized Suspense (system-generated))
          S10 – Suspended (Recipient has a bank account and refuses to receive
                    payments via direct deposit)
          S20 – Suspended (Potential rollback case or disability decision made prior to
                    July 1973)
          S21 – Suspended (The recipient is presumptively disabled or blind and has
                    received six months payments (system-generated))
          S90 – Suspended (PR1 change in process because SSR was established under
                    the incorrect SSN (this condition is extremely rare)
          S91 – Suspended (PR1 change in process because SSR was established under
                    the incorrect SSN (this condition is extremely rare)
          T01 – Terminated (Death of the recipient)
          T20 – Terminated (received payment under two different account numbers)
          T22 – Terminated (received payment under two different accounts,
                    Termination resulted from electronic screening)
          T30 – Terminated (Manual termination (payment previously made), change in
                    record composition requires termination of existing record)
          T31 – Terminated (System-generated termination (payment previously made
                    or refund on record))
          T32 – Terminated (Automated systems termination of a paid record that has
                    exceeded certain size limitation)
          T33 – Terminated (Manual termination (through Modernized SSI Claims
                    System (MSSICS))
          T50 –Terminated (Manual termination (no previous payment made))
          T51 – Terminated (System-generated termination (no previous payment
                    made))
          *   – Data transmitted in error

Description	This is a three-position alphanumeric display comprised of two elements; the first position of which reflects the status of the Title XVI recipient's SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status. If not applicable, this field contains spaces.

Name	**PAYMENT STATUS DATE**
Type	Output Field
Condition	Required for the following output record: • FCR SVES Title XVI Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces. If this field does not have a properly-formatted valid date, it contains spaces.
Description	If applicable, this is the date of the last change to the Title XVI recipient's Payment Status Code.

Name	**PERSON DELETE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	C – Proactive Match initiated when the case for the person was deleted by the matched State
	P – Proactive Match initiated when the person was deleted from the case by the matched State
	Space – Proactive Match was not the result of a Case or Person Delete Transaction
Description	This code indicates the person was deleted from the FCR and whether it was a case deletion or a person deletion.

Name	**PERSON/LOCATE RECORDS ACCEPTED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Person/Locate Request Acknowledgement/Error Records that are included in the FCR batch response with an Acknowledgement Code of 'AAAAA' for accepted.

Name	**PERSON/LOCATE RECORDS PENDING**
Type	Output Field
Condition	Required for the following output record:
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999
Description	This is the number of FCR Case Acknowledgement/Error Records that are included in the FCR batch response with an Acknowledgement Code of 'HOLDS' to indicate the Person Record is pending SSN verification.

Name	**PERSON/LOCATE RECORDS RECEIVED**
Type	Output Field
Condition	Required for the following output record:
	• FCR Routine Batch Response Header Record
	• FCR Response Trailer Record
Length	8
Format	Numeric
Values	00000000 through 99999999

Description   This is the number of FCR Input Person/Locate Request Records that were
               submitted to the FCR in the batch.

Name   **PERSON/LOCATE RECORDS REJECTED**
Type   Output Field
Condition   Required for the following output record:
               • FCR Response Trailer Record
Length   8
Format   Numeric
Values   00000000 through 99999999
Description   This is the number of FCR Case Acknowledgement/Error Records that are
               included in the FCR batch response with an Acknowledgement Code of
               'REJCT' for rejected.

Name   **PERSON RECORDS RETURNED**
Type   Output Field
Condition   Required for the following output record:
               • FCR Reconciliation/Data Inconsistency File Trailer Record
Length   8
Format   Numeric
Values   00000000 through 99999999
Description   This field contains the number of FCR Person Reconciliation Records (with a
               Record Identifier of 'RS') or the number of FCR Data Inconsistency File
               Records (Record Identifier of 'RC') that are contained on the file.

Name   **PF DEATH INDICATOR**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   1
Format   Alphanumeric
Values   N – PF is not deceased.
               Y – PF is deceased
Description   This field, supplied by DMDC, contains a value that shows if DMDC records
               indicate that the PF is deceased.

Name   **PF FIRST NAME**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR DMDC/Proactive Match Response Record
Length   16
Format   Alphanumeric
Values   A through Z, or spaces [no imbedded spaces or special characters]
Description   This field contains the first name of the PF that was provided by the submitter
               and recorded on the FCR.

Name	**PF LAST NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-), or spaces [no imbedded spaces or special characters other than a hyphen (-)]
Description	This field contains the last name of the PF that was provided by the submitter and recorded on the FCR.

Name	**PF MEDICAL COVERAGE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	N –The PF is not in the military as active duty, retiree or special civilian.
	Y –The PF is in the military as active duty, retiree or special civilian.
Description	This field contains a value that shows if DMDC records indicate that the PF has medical coverage.

Name	**PF MEMBER ID**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces [not all spaces]
Description	This field contains the State-assigned Member ID that is stored on the FCR for the PF.

Name	**PF MIDDLE NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [no imbedded spaces or special characters]
Description	This field contains the middle name of the PF that was provided by the submitter and recorded on the FCR.

Name	**PF SSN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This field contains the SSN that is stored on the FCR as the PF's primary SSN or a verified multiple SSN.

Name	**PF SSN VERIFIED INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR DMDC/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	N – SSN/Name was unverified.
	Y – SSN/Name was verified.
Description	This field contains a value that identifies if the PF SSN was verified or unverified on the FCR.

Name	**PHIST-NUMBER OF ENTRIES**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Numeric
Values	0 through 8
Description	This is the number of occurrences of the Title XVI recipient's payment history (PHIST). These fields, PHIST-Number Of Entries, PHIST-Payment Date 1 through PHIST-Payment Date 8, and PHIST-Payment Pay Flag 1 through PHIST-Payment Pay Flag 8, comprise the Payment History Table.

Name	**PHIST-PAYMENT DATE 1** through **PHIST-PAYMENT DATE 8**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format, or spaces.
Description	If applicable, this is the first through eighth dates of payment to, or recovery from, the Title XVI recipient.
	If this field does not have a properly-formatted valid date, it contains spaces.

Name	**PHIST-PAYMENT PAY FLAG 1** through **PHIST-PAYMENT PAY FLAG 8**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – No payment made
	1 – Recurring payment dated the first of the month
	2 – Regular daily payment (underpayment)
	3 – Supplemental payment dated the first of the month
	4 – One-time payment
	5 – Advance payment or overpayment recovered (amount recovered shown in check amount column)
	6 – No receipt indicator for recurring payment (overlays code '1')
	7 – No receipt indicator for regular daily payment (underpayment) (overlays code '2')
	8 – No receipt indicator for special supplemental payment (overlays code '3')
	9 – Replacement check issued as a result of no receipt claim for original check with the same date, and code '6' or '8'. For checks issued prior to 11/01/86, both the original check and substitute have been cashed. For checks issued after 11/01/86, both original and substitute checks have been cashed if Pay Flag 3 = spaces or 'U'
	A – Recurring payment returned by FO and Treasury
	B – Regular daily payment (underpayment) returned by FO and Treasury
	C – Special supplemental payment returned by FO and Treasury
	D – OTP returned by FO and Treasury
	J – Recurring payment returned by FO only
	K – Regular daily payment (underpayment) returned by FO only
	L – Special supplemental payment returned by FO only
	M – OTP returned by FO only
	S – Regular daily payment (underpayment) returned by Treasury only
	T – Special supplemental payment returned by Treasury only
	U – OTP returned by Treasury only
	V – Recovery action voided
	/ – Recurring payment returned by Treasury only
Description	If applicable, this is the first through ninth payment codes for the Title XVI recipient.

Name	**PREVIOUS CASE ID**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Case Record with Action Type Code 'C'
	Conditional for the following output records:
	• FCR Case Acknowledgement/Error Record

- FCR Query/Proactive Match Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters, or all spaces
Description	This is the submitter-assigned identifier for the child support case or Non IV-D order that was originally used to add the case to the FCR. This element is only submitted when the State wants to change the Case ID on the FCR. If present, it must not be all spaces, all zeroes, contain an asterisk or backslash and the first position cannot be a space.

Name	**PREVIOUS SSN**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'C'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This field indicates the SSN for the person on the FCR when submitting a change to the person's SSN. SSN changes should be submitted when the original FCR Person/Locate Request Acknowledgement/Error Record for the person was returned with a warning message indicating the SSN was unverified.

Name	**PRISON REPORTED DATE OF BIRTH**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format, or spaces.
Description	This is the prisoner's date of birth as reported to SVES by the prison. If this field does not have a properly-formatted valid date, it contains spaces.

Name	**PRISON REPORTED FIRST NAME**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	15
Format	Alphanumeric
Values	A through Z
Description	This is the first name of the prisoner as reported to SVES by the prison.

Name	**PRISON REPORTED LAST NAME**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	20
Format	Alphanumeric
Values	A through Z, hyphen
Description	This is the last name of the prisoner as reported to SVES by the prison.

Name	**PRISON REPORTED MIDDLE NAME OR MIDDLE INITIAL**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR SVES Prison Locate Response Record
Length	15
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the middle initial or name of the prisoner as reported to SVES by the prison.

Name	**PRISON REPORTED SEX CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	1
Format	Alphabetic
Values	F – Female
	M – Male
	U – Unknown
Description	This is the prisoner's gender as reported to SVES by the prison.

Name	**PRISON REPORTED SUFFIX**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	4
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the suffix name of the prisoner as reported to SVES by the prison.

Name	**PRISON/FACILITY ADDRESS LINE 1**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	40

Format	Alphanumeric
Values	Valid alphanumeric characters
Description	This is the first line of the address of the prison/facility where the prisoner is confined.

Name	**PRISON/FACILITY ADDRESS LINE 2** through **PRISON/FACILITY ADDRESS LINE 4**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	40
Format	Alphanumeric
Values	Valid alphanumeric characters, or spaces
Description	If applicable, these are the additional lines of the address of the prison/facility where the prisoner is confined.

Name	**PRISON/FACILITY ADDRESS SCRUB INDICATOR 1**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	2
Format	Alphanumeric
Values	BA – Bad original address, scrubbing could not correct the address
	CH – Original address was corrected in the address scrubbing process
	EA – An address is not included in the response
	GA – Original address was correct as provided by the Locate source
Description	This is the general status of the prison/facility address.

Name	**PRISON/FACILITY ADDRESS SCRUB INDICATOR 2**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	2
Format	Alphanumeric
Values	If the prison/facility Address Scrub Indicator 1 is equal to 'BA' this field contains one of the following codes:
	BR – Bad range: House number is out of range for that street
	BU – Bad unit number: The unit number in a multi-dwelling unit has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Correction was attempted.
	BX – Missing State code, or missing both State code and Zip Code: Assigning State or Zip Code was attempted
	CA – Correction of a misspelled or non-standard street name was attempted
	CC – Correction of a misspelled or non-standard city name was attempted
	CZ – Correction of Zip Code was attempted

MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name)

MX – Mismatched State and Zip Code: Correction of the Zip Code was attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code: Correction of the Zip Code was attempted but failed

Description	If the Prison/Facility Address Scrub Indicator 1 is equal to 'EA' or 'GA', this field contains spaces. A second and further description of the results of scrubbing the prison/facility address.

Name	**PRISON/FACILITY ADDRESS SCRUB INDICATOR 3**
Type	Output Field
Condition	Conditional for the following output record: • FCR SVES Prison Locate Response Record
Length	2
Format	Alphanumeric
Values	If the Prison/Facility Address Scrub Indicator 1 is 'BA', this field contains one of these codes:

BR – Bad range: House number is out of range for that street

BU – Bad unit number: The unit number in a multi-dwelling unit has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Correction was attempted.

BX – Missing State code, or missing both State code and Zip Code: Assigning State or Zip Code was attempted

CA – Correction of a misspelled or non-standard street name was attempted

CC – Correction of a misspelled or non-standard city name was attempted

CZ – Correction of Zip Code was attempted

MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name)

MX – Mismatched State and Zip Code: Correction of the Zip Code was attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code: Correction of the Zip Code was attempted but failed

Spaces – No additional errors were detected

Description	If the Prison/Facility Address Scrub Indicator 1 contains 'EA' or 'GA' this field is spaces. A third and further definition of the results of scrubbing the prison/facility address.

Name	**PRISON/FACILITY CITY**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	19
Format	Alphanumeric
Values	Valid alphabetic characters
Description	This is the city that is associated with the prison/facility address.

Name	**PRISON/FACILITY CONTACT NAME**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	35
Format	Alphanumeric
Values	Alphanumeric characters, or spaces
Description	This is the name of the contact person for the prison/facility.

Name	**PRISON/FACILITY FAX NUMBER**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	10
Format	Alphanumeric
Values	0 through 9, or spaces
Description	This is the area code and phone number for the prison/facility FAX machine. If unavailable, this field contains spaces.

Name	**PRISON/FACILITY NAME**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	60
Format	Alphanumeric
Values	Valid alphanumeric characters
Description	This is the name of the prison/facility where the prisoner is confined.

Name	**PRISON/FACILITY PHONE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	10
Format	Alphanumeric
Values	0 through 9, or spaces

Description   This is the area code and phone number for the prison/facility.

Name   **PRISON/FACILITY STATE**
Type   Output Field
Condition   Required for the following output record:
                  • FCR SVES Prison Locate Response Record
Length   2
Format   Alphanumeric
Values   A valid two-character FIPS alphabetic code
Description   This is the State that is associated with the prison/facility address.

Name   **PRISON/FACILITY TYPE**
Type   Output Field
Condition   Required for the following output record:
                  • FCR SVES Prison Locate Response Record
Length   2
Format   Alphanumeric
Values   01   – State Prison
                  02   – County Prison
                  03   – Federal Correctional Institute
                  04   – Mental Correctional Institute
                  05   – Boot Camp
                  06   – Medical Correctional Institute
                  07   – Work Camp
                  08   – Detention Center
                  09   – Juvenile Detention Center
                  10   – Half-way House
                  11   – City Prison
Description   This is the type of prison or facility where the prisoner is confined.

Name   **PRISON/FACILITY ZIP CODE**
Type   Output Field
Condition   Required for the following output record:
                  • FCR SVES Prison Locate Response Record
Length   9
Format   Alphanumeric
Values   Numeric, or five numeric characters followed by spaces
Description   This is the Zip Code that is associated with the prison/facility address. A five-
                  character numeric Zip Code.
                  If available, the last four positions is the Zip Plus Four portion. Otherwise, the
                  last four positions is spaces.

Name   **PRISONER ID NUMBER**
Type   Output Field
Condition   Conditional for the following output record:

- FCR SVES Prison Locate Response Record

Length	10
Format	Alphanumeric
Values	Alphanumeric characters (including hyphens or periods), or spaces
Description	This is the prisoner's ID number as reported to SVES by the prison.

Name **PRISONER REPORTER NAME**

Type	Output Field
Condition	Conditional for the following output record:

- FCR SVES Prison Locate Response Record

Length	60
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the name of the source that provided the prisoner information to SSA.

Name **PROVIDED/CORRECTED SSN**

Type	Output Field
Condition	Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Person Reconciliation Record

Length	9
Format	Alphanumeric
Values	000000001 through 999999999 or all spaces
Description	This is the identified or corrected SSN found for the person during the SSN verification process. The FCR may identify an SSN for a person when one was not submitted by the State but additional personal identification information was provided by the State. The SSN may be corrected when the SSN/Name combination submitted was not consistent with SSA's records, but the additional information provided allowed for the identification of the correct number. The SSN provided in this field is used to store the person on the FCR and/or to initiate the Locate for the person. Spaces indicate that an SSN change was not identified for the person and the submitted SSN is used to store the person on the FCR and/or to initiate a Locate for the person.

Name **RACE CODE**

Type	Output Field
Condition	Conditional for the following output record:

- FCR SVES Title XVI Locate Response Record

Length	1
Format	Alphanumeric
Values	A – Asian
	B – Black
	H – Hispanic
	I – North American Indian
	N – Negro

O – Other
U – Not determined
W – White
Space – Not Provided

Description	This is the Title XVI recipient's race.

Name	**RAILROAD INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	A – Active claim
	T – Terminated claim
	S – Currently suspended
	Space – No railroad claim
Description	This is the Title II beneficiary's railroad claim indicator.

Name	**RECORD COUNT**
Type	Input Field
Condition	Required for the following input record:
	• FCR Input Trailer Record
Length	8
Format	Numeric
Values	00000001 through 99999999
Description	This is the total number of records in a batch that was submitted to the FCR including the FCR Transmission Header Record, all the detailed FCR input records, plus the FCR Input Trailer Record.

Name	**RECORD ESTABLISHMENT DATE**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES XVI Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces.
Description	This is the date that the SSI Record was established for this Title XVI recipient.
	If this field does not have a properly-formatted valid date, it contains spaces.

Name	**RECORD IDENTIFIER**
Type	Input and Output Field
Condition	Required for the following input records:
	• FCR Transmission Header Record
	• FCR Input Case Record

- FCR Input Person/Locate Request Record
- FCR Input Query Record
- FCR Input Trailer Record

Required for the following output records:

- FCR Routine Batch Response Header Record
- FCR Pending Resolution Batch Response Header Record
- FCR Case Acknowledgement/Error Record
- FCR Reconciliation/Data Inconsistency File Header Record
- FCR Data Inconsistency File Record
- FCR Reconciliation/Data Inconsistency File Trailer Record
- FCR Case Reconciliation Record
- FCR Person Reconciliation Record
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query Acknowledgement/Error Record
- FCR IRS-1099 Locate Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record
- FCR Response Trailer Record
- FCR Locate Response Batch Header Record
- FCR Query/Proactive Match Response Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR MSFIDM Response Record
- FCR Title II Pending Claim Response Record
- FCR Insurance Match Response Record (Parts 1 and 2)

Length	2
Format	Alphanumeric
Values	FA – FCR Transmission Header Record
	FB – FCR Routine Batch Response Header Record
	FC – FCR Input Case Record
	FD – FCR Case Acknowledgement/Error Record
	FE – FCR Pending Resolution Batch Response Header Record
	FF – FCR Locate Response Record
	FG – FCR Query Acknowledgement/Error Record
	FH – FCR IRS-1099 Locate Response Record
	FK – FCR SVES Title II Locate Response Record
	FK – FCR SVES Title XVI Locate Response Record
	FK – FCR SVES Prison Locate Response Record
	FK – FCR SVES Not Found Locate Response Record
	FK – FCR Title II Pending Claim Response Record
	FL – FCR Locate Response Batch Header Record
	FN – FCR NDNH Locate/Proactive Match Response Record

FP – FCR Input Person/Locate Request Record
FR   – FCR Input Query Record
FS   – FCR Person/Locate Request Acknowledgement/Error Record
FT   – FCR Query/Proactive Match Response Record
FX   – FCR Response Trailer Record
FW   – FCR DMDC/Proactive Match Response Record
FZ   – FCR Input Trailer Record
IM   – FCR Insurance Match Response Record (Parts 1 and 2)
MC   – FCR MSFIDM Response Record
RB   – FCR Reconciliation File/Data Inconsistency Header Record
RC   – FCR Data Inconsistency File Record
RD   – FCR Case Reconciliation Record
RS   – FCR Person Reconciliation Record
RX   – FCR Reconciliation File/Data Inconsistency Trailer Record

Description	The Record Identifier code defines the type of input record being submitted or the type of output record being sent by the FCR.

Name	**RECORD SEQUENCE NUMBER**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record –Parts 1 and 2
Length	3
Format	Numeric
Values	000 through 999
Description	This field indicates the sequence of an insurance match that is provided on the FCR Insurance Match Response Record for a given SSN on a specific file creation date.

Name	**REGISTERED DATE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Case Reconciliation Record
	• FCR Person Reconciliation Record
Length	8
Format	Alphanumeric
Values	A valid date
Description	This contains the date, in CCYYMMDD format, that the case or person was added to the database.

Name	**RELEASE DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Prison Locate Response Record
Length	8
Format	Alphanumeric

Values   A valid date in CCYYMMDD format, or spaces.
Description   This is the date that the prisoner was released, as reported to SVES by the
               prison.
               If the prisoner is still confined, this field contains spaces.
               If this field does not have a properly-formatted valid date, it contains spaces.

Name   **REPORT DATE**
Type   Output Field
Condition   Required for the following output record:
               • FCR SVES Prison Locate Response Record
Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format or spaces.
Description   This is the date that this prisoner's information was reported to SVES by the
               prison.
               If this field does not have a properly-formatted valid date, it contains spaces.

Name   **REPORTING FEDERAL AGENCY**
Type   Output Field
Condition   Conditional for the following output records:
               • FCR Locate Response Record
               • FCR NDNH Locate/Proactive Match Response Record
Length   9
Format   Alphanumeric
Values   A through Z, 0 through 9, or spaces
Description   This code identifies the Federal agency that reported the data.
               If the data was reported by a State, territory or if the information is not
               available, this is spaces.

Name   **REPORTING QUARTER**
Type   Output Field
Condition   Conditional for the following output record:
               • FCR NDNH Locate/Proactive Match Response Record
Length   5
Format   Alphanumeric
Values   A valid date in CCYYQ format:
               CC – Century
               YY – Year
               Q   – Reporting quarter:
                        1 – January 1 through March 31
                        2 – April 1 through June 30
                        3 – July 1 through September 30
                        4 – October 1 through December 31
               Space – Information not available
Description   This is the time period of the reported NDNH QW or UI data.

Name	**REPORTING STATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The FIPS State or territory code or spaces
Description	This is the 2-digit FIPS Code of the State or territory that submitted QW, UI or W-4 data to the NDNH.
	If the QW or W-4 data was submitted to the NDNH by a Federal agency, this field is spaces.

Name	**REPRESENTATIVE PAYEE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Alphanumeric
Values	Y – There is a representative payee
	N – There is not a representative payee
	Space – Not applicable
Description	This code indicates the presence or absence of a representative payee for the Title XVI recipient's benefits.

Name	**REQUEST TYPE CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Reconciliation/Data Inconsistency File Header Record
Length	1
Format	Alphanumeric
Values	I – Request for the FCR Data Inconsistency File
	Space – Request for the FCR Reconciliation File
Description	This code indicates the type of request that initiated the generation of the record.

Name	**RESIDENCE ADDRESS CITY**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR SVES Title II Locate Response Record
	• FCR SVES Title XVI Locate Response Record
Length	16
Format	Alphanumeric
Values	The Title II or Title XVI recipient's city of residence
Description	This field contains the city that is associated with the Title II or Title XVI

recipient's residence address.

If not applicable, this field contains spaces.

Name	**RESIDENCE ADDRESS LINE 1** through **RESIDENCE ADDRESS LINE 3**
Type	Output Field
Condition	Conditional for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record

Length	40
Format	Alphanumeric
Values	Alphanumeric characters
Description	These fields contain the edited street address supplied by SVES. They are top-justified as follows:

- Recipient's name and non-standard address information (if present in the input address) followed by:
- The urbanization name for Puerto Rican addresses (if present in the input address and if requiring URB) followed by:
- The standardized and scrubbed street address line.

If no address is being returned, these fields are spaces.

Name	**RESIDENCE ADDRESS SCRUB INDICATOR 1**
Type	Output Field
Condition	Required for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record

Length	2
Format	Alphanumeric
Values	BA – Bad original address, scrubbing could not correct the address
	CH – Original address was corrected in the address scrubbing process
	EA – An address is not included in the response
	GA – Original address was correct as provided by the Locate source
Description	This is the general status of the residence address.

Name	**RESIDENCE ADDRESS SCRUB INDICATOR 2**
Type	Output Field
Condition	Conditional for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record

Length	2
Format	Alphanumeric
Values	If the Residence Address Scrub Indicator 1 is equal to 'BA' this field contains one of the following codes:
	BR – Bad range: House number is out of range for that street
	BU – Bad unit number: The unit number in a multi-dwelling unit has a non-

standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Correction was attempted.

BX – Missing State code, or missing both State code and Zip Code: Assigning State or Zip Code was attempted

CA – Correction of a misspelled or non-standard street name was attempted

CC – Correction of a misspelled or non-standard city name was attempted

CZ – Correction of Zip Code was attempted

MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name)

MX – Mismatched State and Zip Code: Correction of the Zip Code was attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code: Correction of the Zip Code was attempted but failed

Description	If the Residence Address Scrub Indicator 1 is equal to 'EA' or 'GA', this field contains spaces.
	A second and further description of the results of scrubbing the Title II or Title XVI residence address.

Name	**RESIDENCE ADDRESS SCRUB INDICATOR 3**
Type	Output Field
Condition	Conditional for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record

Length	2
Format	Alphanumeric
Values	This field contains one of the following codes to further define the results of the scrubbing for the residence address information returned in the response:

If Residence Address Scrub Indicator 1 is 'BA', this field contains one of these codes:

BR – Bad range: House number is out of range for that street

BU – Bad unit number: The unit number in a multi-dwelling unit has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Correction was attempted.

BX – Missing State code, or missing both State code and Zip Code: Assigning State or Zip Code was attempted

CA – Correction of a misspelled or non-standard street name was attempted

CC – Correction of a misspelled or non-standard city name was attempted

CZ – Correction of Zip Code was attempted

MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name)

MX – Mismatched State and Zip Code: Correction of the Zip Code was attempted

NC – Non-determined city name: Correction of the city name was attempted

NZ – Non-determined Zip Code: Correction of the Zip Code was attempted
        but failed

Spaces – No additional errors were detected

Description	If Residence Address Scrub Indicator 1 contains 'EA' or 'GA' this field is spaces.
	A third and further definition of the results of scrubbing the Title II or Title XVI recipient's address.

Name	**RESIDENCE ADDRESS STATE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR SVES Title II Locate Response Record
	• FCR SVES Title XVI Locate Response Record
Length	2
Format	Alphanumeric
Values	A two-character alphabetic FIPS State code, or spaces
Description	This is the Title II or Title XVI recipient's State of residence. This field contains the two-character alphabetic FIPS State code that is associated with the recipient's residence address.
	If not applicable, this field contains spaces.

Name	**RESIDENCE ZIP CODE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR SVES Title II Locate Response Record
	• FCR SVES Title XVI Locate Response Record
Length	9
Format	Alphanumeric
Values	Numeric, or five numeric characters followed by spaces
Description	This is the Title II or Title XVI residence Zip Code. If applicable, it is a five-character numeric Zip Code.
	If available, the last four positions are the Zip Plus Four portion. Otherwise, the last four positions are spaces.

Name	**RESPONSE CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Query/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	MA – Match was made to one or more cases on the FCR for the person, and one to three persons were associated to the matched case
	MM – Match was made to one or more cases on the FCR for the person, and more than three persons were associated to the matched case
Description	This code indicates the results of FCR Query or the Proactive Match.

Response Code 'MA' indicates that the person who is the subject of an FCR Query or an FCR Proactive Match matched a person on one or more cases and that, because there are fewer than four persons associated with the case in this Response Record, only a single Response Record is sent for it. Response Code 'MM' indicates that the person who is the subject of an FCR Query or an FCR Proactive Match matched to a person on one or more cases and that multiple Response Records is sent for this case because there are four or more persons associated with it.

Name	**RESPONSE DATE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Title II Pending Claim Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	This is the date the response was returned to FCR.

Name	**RESPONSE RECORD COUNT**
Type	Output Field
Condition	Required for the following output records:
	• FCR Response Trailer Record
	• FCR Reconciliation/Data Inconsistency Trailer Record
Length	11
Format	Numeric
Values	00000000001 through 99999999999
Description	This is the total number of records in a batch that is sent by the FCR, including the FCR Batch Response Header Record or FCR Reconciliation/Data Inconsistency File Header Record, all the detailed Response Records, plus the FCR Response Trailer Record or the FCR Reconciliation/Data Inconsistency File Trailer Record.

Name	**RETURNED ADDRESS**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	234
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-) or spaces
Description	This is the address of the person or the person's employer. The format of this field varies based on the Address Format Indicator as follows:
	C – City, State and Zip Code breakdown
	F – Free Format: Lines separated by a '/' with an isolated Zip Code when present
	X – Fixed Format: Street Address Lines 1 through 4, City, State, Zip Code

breakdown

Space – Address not available

Name	**RETURNED FIRST NAME TEXT**
Type	Output Field
Condition	Required for the following output records:
	• FCR Title II Pending Claim Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the first name of the person on the Title II Pending Claim Record.

Name	**RETURNED MIDDLE NAME TEXT**
Type	Output Field
Condition	Conditionally required for the following output records:
	• FCR Title II Pending Claim Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the middle name of the person on the Title II Pending Claim Record. If no middle name this field contains spaces.

Name	**RETURNED LAST NAME TEXT**
Type	Output Field
Condition	Required for the following output records:
	• FCR Title II Pending Claim Response Record
Length	16
Format	Alphanumeric
Values	A through Z, or spaces [No imbedded spaces or special characters]
Description	This is the last name of the person on the Title II Pending Claim Record.

Name	**SEX CODE**
Type	Input and Output Field
Condition	Conditionally required for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Data Inconsistency File Record
	• FCR Person Reconciliation Record
Length	1
Format	Alphanumeric
Values	F – Female
	M – Male

Space - Unknown

Description	This is the gender of the person being added to the FCR.

Name	**SMI OPTION CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	1
Format	Alphanumeric
Values	C – No (Cessation of disability)
	D – No (Coverage Denied)
	F – No (Invalid enrollment terminated)
	G – Yes (Good cause)
	N – No (Puerto Rican beneficiary not entitled; also dually/technically-entitled beneficiary not entitled to SMI; No response)
	P – Railroad Board has jurisdiction
	R – No (Refused coverage)
	S – No (No longer under the renal disease provision)
	T – No (Terminated for non-payment of premiums)
	W – No (Withdrawal from coverage)
	Y – Yes
	Space – Not applicable
Description	This is the Title II beneficiary's Supplemental Medical Insurance (SMI) code.

Name	**SMI START DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces.
Description	This is first month that the Title II beneficiary became eligible for SMI.
	If this field does not have a properly-formatted valid date, it contains spaces.

Name	**SMI STOP DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces
Description	This is the last month of coverage for the Title II beneficiary's SMI benefits.
	If this field does not have a properly-formatted valid date, it contains spaces.

Name	**SORT STATE CODE**
Type	Output Field
Condition	Required for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Query/Proactive Match Response Record
- FCR MSFIDM Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	2
Format	Alphanumeric
Values	The numeric FIPS State or territory Code
Description	This is the two-digit numeric FIPS Code of the State or territory that is receiving data from the FCR. The FCR uses the Sort State Code to sort all Response Records so each Response Record is returned to the correct State.

Name	**SSA CITY OF LAST RESIDENCE**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query/Proactive Match Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of the person's last residence based on SSA's death records. If a valid Zip Code is not available, this field cannot be provided and contains spaces.

Name	**SSA CITY OF LUMP SUM PAYMENT**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query/Proactive Match Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the city of the person's lump sum benefit payment was sent based on SSA's death records. If a valid Zip Code is not available, this field cannot be provided and contains spaces.

Name	**SSA CORP DIV**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	4
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This code indicates the employee's corporate division within SSA.

Name	**SSA CYCLE DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	7
Format	Alphanumeric
Values	0 through 9 or all spaces
Description	This SSA Cycle date field contains the Year and Week the record was updated at SSA. The format is CCYYwww where www is 001 thru 053. Example of date format: 2008001 would indicate that the record was updated during the first week of year 2008.

Name	**SSA DATE OF BIRTH INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	1
Format	Alphanumeric
Values	N – The Date of Birth that was submitted is within one year of the Date of Birth in SSA's records
	Y – The Date of Birth was changed to agree with SSA's records
	Spaces – Information Not Available
Description	This code indicates whether the Date of Birth submitted for the person is consistent with SSA's records.
	If the code is 'Y', the SSA date is returned in the Date of Birth Field.
	If Warning Code **PW010** is returned in a Change Person Transaction, this field contains a 'Y'.

Name	**SSA DATE OF DEATH INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	1
Format	Alphabetic
Values	A – DOD received from SSA's records

C – Previously reported DOD from SSA's records is being changed
D – Previously reported DOD from SSA's records is being deleted

Description	This code indicates that the DOD Field is being added, changed, or deleted when the Action Type Code is equal to 'D'.

Name	**SSA EMPLOYMENT TYPE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	FCR Locate Response Record
Length	2
Format	Alphanumeric
Values	SE – Self Employed
	Spaces –
Description	The code to indicate the employee's employment type.

Name	**SSA STATE OF LAST RESIDENCE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Query/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The alphabetic FIPS State or territory Code, or spaces
Description	This is the State of the person's last residence based on SSA's death records. If a Zip Code is not available or the Zip Code provided by the Death Master File was not validated by FINALIST, this field cannot be provided and contains spaces.

Name	**SSA STATE OF LUMP SUM PAYMENT**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Query/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The alphabetic FIPS State or territory code, or spaces
Description	This is the State where the person's lump sum benefit payment was sent based on SSA's death records. If a Zip Code is not available or the Zip Code provided by the Death Master File was not validated by FINALIST, this field cannot be provided and contains spaces.

Name	**SSA WAGE AMOUNT**
Type	Output Field
Condition	Conditional for the following output record:

FCR Locate Response Record

Length	9
Format	Alphanumeric
Values	000000000 through 999999999 or all spaces
Description	This is the SSA wage amount.

Name   **SSA ZIP CODE OF LAST RESIDENCE**

Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Query Proactive Match Response Record
	• FCR Person Reconciliation Record
Length	5
Format	Alphanumeric
Values	00001 through 99999 or spaces
Description	This is the Zip Code for the person's last known residence from SSA's death records.

Name   **SSA ZIP CODE OF LUMP SUM PAYMENT**

Type	Output Field
Condition	Conditional for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Query Proactive Match Response Record
	• FCR Person Reconciliation Record
Length	5
Format	Alphanumeric
Values	00001 through 99999 or spaces
Description	This is the Zip Code from SSA's death records where the lump sum death benefit payment for the person was sent.

Name   **SSI MONTHLY ASSISTANCE AMOUNT 1** through
                SSI MONTHLY ASSISTANCE AMOUNT 8

Type	Output Field
Condition	Required for the following output record:
	• FCR SVES XVI Locate Response Record
Length	7
Format	Numeric in COBOL format S9(5)V99
Values	Zero or a signed numeric value that can be a positive or negative value
Description	This is the first through eighth SSI Monthly Assistance Amounts paid to the Title XVI recipient.

Name   **SSN**

Type	Input and Output Field
Condition	Required for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'T'

Conditionally required for the following input records:

- FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
- FCR Input Query Record

Optional for the following input record:

- FCR Input Person/Locate Request Record with Action Type Code 'D'

Required for the following output records:

- FCR IRS-1099 Locate Response Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Conditional for the following output records:

- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query Acknowledgement/Error Record
- FCR Title II Pending Claim Response Record

Length	9
Format	Alphanumeric
Values	000000001 through 999999998 or all spaces [not all sixes]
Description	This is the Social Security Number of the person being added to the FCR or who is the subject of an FCR Query, Locate Request or Proactive Match. The FCR verifies the submitted SSN using the SSA SSN verification routines.
	If an SSN is not present on the FCR Input Person/Locate Request Record, the FCR will attempt to identify an SSN for the person using other information in the input record.
	If the submitted SSN does not verify, the FCR will attempt to identify an SSN for the person using other information in the input record.
	If a verified SSN cannot be found for a person, the input record is rejected and returned to the submitter.

Name	**SSN MATCH CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR Title II Pending Claim Response Record
Length	1
Format	Alphanumeric
Values	M – The Other SSN (Additional/Multiple SSN) was used in match.
	V – The SSN was used in the match.
Description	This code indicates if the SSN that is contained in the record is the State-submitted SSN, or a corrected, additional or multiple SSN.

Name	**SSN MATCH INDICATOR**
Type	Output Field
Condition	Required for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	C – Corrected SSN
	M – Additional/Multiple SSN
	V – State-submitted verified SSN
	X – Multiple found from corrected SSN
Description	This code indicates if the SSN contained in the record is the State-submitted SSN, or a corrected, additional or multiple SSN.

Name	**SSN REPORTED BY PRISON**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Prison Locate Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 (not all sixes), or spaces
Description	The prisoner's SSN as reported to SVES by the prison.

Name	**SSN VALIDITY CODE**
Type	Output Field
Condition	Required for the following output records:
	• FCR Person/Locate Request Acknowledgement/Error Record
	• FCR Person Reconciliation Record
Length	1
Format	Alphanumeric
Values	C – The SSN submitted for this person was corrected.
	E – The SSN and Name combination submitted for this person could not be verified or corrected, but the additional person data provided identified an SSN for this person using SSA's ESKARI routines.
	N – The SSN and Name combination that was submitted for this person was not verified by SSA's SSN Verification Routines, but the Name Matching Routine has identified it as a probable name match.
	P – The SSN was not submitted, but the additional person data submitted identified an SSN for this person without manual intervention and is provided; or the SSN that was submitted did not pass verification edits but an SSN was identified using SSA's alpha search.
	R – The person data submitted identified multiple possible SSNs for the person. The provided SSN was selected via the Requires Manual Review process.
	S – The person data submitted identified an SSN for the person using the IRS-U SSN and IRS records.

V – The SSN and Name combination submitted was verified by the SSA SSN verification routines.

Space – The SSN provided could not be verified or there was no SSN provided. An SSN could not be identified using the information submitted. See the Error Code 1 through 5 fields for a more specific explanation of the condition.

Description   This code indicates the results of the SSA's SSN Verification for the person. The verification process uses the SSN and Name combination and/or person identification information submitted in an attempt to identify a verified SSN for the person.

Note: If this field equals a space on the output record and the Acknowledgement Code equals 'AAAAA', the person has been accepted by the FCR as an unverified person and is not available for FCR Query, Proactive Matching or Locate processing.

If a State identifies a new SSN or additional name information that can be used to verify the SSN, States submit the new SSN or additional name information as a 'Change' Transaction.

If the Acknowledgement Code equals 'REJCT', the person has been rejected by the FCR and this field is a space.

If the State finds a new SSN for the rejected person, the person must be resent as an 'Add' Transaction.

Name	**STATE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The numeric FIPS State or territory code or 'AA', 'AE' or 'AP' to indicate an overseas military address or spaces
Description	This is the State or overseas military code for the address in the Returned Address Field in the format designated by the Address Format Indicator.

Name	**STATE CODE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	2
Format	Alphanumeric
Values	A two-character FIPS State code
Description	This is the Title II beneficiary's State code for the jurisdiction responsible for payment. This is the two-character FIPS State code of the State that is responsible for any mandatory or optional supplementation payment. The code represents the Title II beneficiary's State of residence unless another State has

jurisdiction.

Name	**STATE EIN**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	12
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the employer's State Employer Identification Number as reported on an NDNH QW or W-4 record.
	If the State EIN is not available, this is spaces.

Name	**STATE MEMBER ID**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Query/Proactive Match Response Record
Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the State Member ID submitted on the FCR Input Query Record.
	If the FCR Input Query Record did not contain a State Member ID and a match could not be made using the information provided, spaces is in this field.
	For the Proactive Match Response, this field contains the person's Member ID for the matched case.

Name	**STATE OF HIRE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	2
Format	Alphanumeric
Values	The alphabetic FIPS State or territory code or spaces
Description	This is the State or territory where the employee was hired.

Name	**STATE OR COUNTRY OF BIRTH**
Type	Input and Output Field
Condition	Optional for the following input record:
	• FCR Input Person/Locate Request Record with Action Type Code 'A', 'C' or 'L'
	Conditional for the following output record:
	• FCR Person/Locate Request Acknowledgement/Error Record
Length	4
Format	Alphanumeric

Values	The FIPS State, country or country and province code or spaces
Description	This is the two-character alphabetic FIPS Code for the State of birth, two character alphabetic FIPS Code for the country of birth and an asterisk or the four-character alphanumeric FIPS Code for the country and province of birth. This information is provided for a person when a submitter wants SSA to provide an SSN for that person. This information is used to identify the SSN but is not stored in the FCR.

Name	**STATE SORT CODE**
Type	Output Field
Condition	Required for the following output records:
	• FCR Title II Pending Claim Response Record
Length	2
Format	Alphanumeric
Values	The numeric FIPS State or territory Code
Description	This is the two-digit numeric FIPS Code of the State or territory that is receiving data from the FCR. The FCR uses the State Sort Code to sort all of the Response Records so each Response Record is returned to the correct State.

Name	**STREET ADDRESS LINE 1** through **STREET ADDRESS LINE 4**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
Length	40
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-), back slash (\), or spaces
Description	This is the address of an employer or employee.

Name	**STREET ADDRESS LINES 1** through **4, CITY, STATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	192
Format	Alphanumeric
Values	A through Z, 0 through 9, hyphen (-), back slash (\), or spaces
Description	This is the address of an employer or employee.

Name	**SUB RECORD INDICATOR**
Type	Output Field
Condition	Mandatory for the following output record:
	• FCR Insurance Match Response Record –Parts 1 and 2
Length	1
Format	Alphanumeric

Values   1 – First of two corresponding records
                2 – Second of two corresponding records
Description   This field indicates the record format that is used for the two-part Insurance
                Match record. This indicator is set by the Insurance Match system as each
                record is created.

Name   **SUBMITTED DATE OF BIRTH**
Type   Output Field
Condition   Required for the following output records:
                • FCR SVES Title II Locate Response Record
                • FCR SVES Title XVI Locate Response Record
                • FCR SVES Not Found Locate Response Record
Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format
Description   This is the date of birth of the person that was submitted to SVES on a Locate
                Request.

Name   **SUBMITTED CASE ID**
Type   Output Field
Condition   Required for the following output record:
                • FCR Query/Proactive Match Response Record
Length   15
Format   Alphanumeric
Values   A through Z, 0 through 9, special characters, or spaces
Description   This is the State Case ID submitted on the FCR Query record. Spaces are in
                this field for the Proactive Match Responses.

Name   **SUBMITTED FIRST NAME**
Type   Output Field
Condition   Required for the following output records:
                • FCR SVES Title II Locate Response Record
                • FCR SVES Title XVI Locate Response Record
                • FCR SVES Prison Locate Response Record
                • FCR SVES Not Found Locate Response Record
Length   12
Format   Alphanumeric
Values   A through Z
Description   This is the first name of the person that was submitted to SVES on a Locate
                Request.

Name   **SUBMITTED LAST NAME**
Type   Output Field
Condition   Required for the following output records:

- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	19
Format	Alphanumeric
Values	A through Z, hyphen
Description	This is the last name of the person that was submitted to SVES on a Locate Request.

Name	**SUBMITTED/MATCHED SSN**
Type	Output Field
Condition	Required for the following output record: • FCR Query/Proactive Match Response Record
Length	9
Format	Alphanumeric
Values	000000001 through 999999998 [not all sixes]
Description	For a response to an FCR Query, either the SSN submitted on the FCR Query/Proactive Match Response Record or an SSN identified if no SSN was submitted. For a Proactive Match Response, the SSN used for the Proactive Match.

Name	**SUBMITTED MIDDLE INITIAL**
Type	Output Field
Condition	Conditional for the following output records: • FCR SVES Title II Locate Response Record • FCR SVES Title XVI Locate Response Record • FCR SVES Prison Locate Response Record • FCR SVES Not Found Locate Response Record
Length	1
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the middle initial of the person that was submitted to SVES on a Locate Request.

Name	**SUBMITTING OFFICE NUMBER**
Type	Output Field
Condition	Conditional for the following output record: • FCR Locate Response Record
Length	4
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the Personnel Office Identifier (POI) from the Office of Personnel Management. This code is used in conjunction with the DoD Status Code '1',

'7' and 'B' to further define a person's employment status.
If the information is not available, this field is all spaces.

Name	**SVES MATCH TYPE**
Type	Output Field
Condition	Required for the following output record:
	• FCR NDNH Locate/Proactive Match Response Record
Length	1
Format	Alphanumeric
Values	L – SVES Locate Request Response
	P – FCR-to-SVES Proactive Response for a new person, or a change to an existing person on the FCR, or a change in Case Type on the FCR from Non IV-D to IV-D
Description	This code indicates the action that initiated the generation of the FCR SVES Title II, Title XVI, Prisoner, and/or FCR SVES Not Found Response Record. For FCR-to-SVES Proactive matches, the FCR SVES Not Found Response (Locate Source Response Agency Code of 'E10') is not returned.

Name	**TAX YEAR**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Locate Response Record
	• FCR IRS-1099 Response Record
Length	4
Format	Alphanumeric
Values	A valid year in CCYY format or spaces
Description	This is the year of the joint tax return filed with the IRS or the year of the IRS-1099 related form.
	If the information is not available, this field is all spaces.

Name	**TELEPHONE NUMBER**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	10
Format	Alphanumeric
Values	0 through 9, or spaces
Description	This is the Title XVI recipient's telephone number.

Name	**TERMINATION DATE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	8
Format	Alphanumeric

Values	A valid date in CCYYMMDD format or spaces
Description	This is the date that the FBI or NSA employee terminated employment. If the employee has not terminated, this field is spaces. If the date is not available, this field is spaces.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS CITY NAME**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This is the city name for the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS FOREIGN COUNTRY INDICATOR**
Type	Output Field
Condition	Mandatory for the following output record: • FCR Insurance Match Response Record –Part 2
Length	1
Format	Alphanumeric
Values	1 – The address of the Third Party Administrator is in a foreign country Space – The address of the Third Party Administrator is in the U.S.
Description	This field indicates if the Third Party Administrator address that was provided is a U.S. or foreign address.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS FOREIGN COUNTRY NAME**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	25
Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the foreign country name of the address for the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS SCRUB 1 CODE**
Type	Output
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	2
Format	Alphabetic, A through Z
Values	BA – Bad address: FINALIST determined it to be an undeliverable address. The address is left unchanged.

CH – Changed address: The address was corrected and is considered by FINALIST to be deliverable.

EA – Empty address: No address is present in record. The address was not provided by the source.

FA – Foreign Address: The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or 'U.S'.

GA – Good address: FINALIST has determined it to be a deliverable address.

Description	This is the Address Scrub Code indicates the results of the address editing of the address information that is returned in this response.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS SCRUB 2 CODE**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If the Third Party Administrator Address Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If the Address Scrub 1 Code contains 'EA', 'FA' or 'GA', this field contains spaces.

Description	This field further defines the results of address editing of the address information that is returned in the response.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS SCRUB 3 CODE**
Type	Output
Condition	Optional for the following output record:

• FCR Insurance Match Response Record –Part 2

Length	2
Format	Alphabetic, A through Z
Values	If Address Scrub Code 1 is 'BA', this field contains one of these codes:

BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was attempted.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was attempted.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was attempted.

NC – Non-determined city name. Correction of the city name was attempted.

NZ – Non-determined Zip Code. Correction of the Zip Code was attempted but failed.

If the Third Party Administrator Address Scrub Code 1 is 'CH', this field contains one of these codes:

BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range or is missing. In PO Box addresses, the box number does not match the Zip+4 code. Standardization was successful.

BX – Missing State code or missing State code and Zip Code. Assigning a State or Zip Code was successful.

CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the Response Record.

CC – Corrected city name. Correction of the misspelled or non-standard city

name was successful.

CZ – Corrected Zip Code. Correction of the Zip Code was successful.

MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).

MX – Mismatched State and Zip Code. Correction of the Zip Code was successful.

NC – Non-determined city name. Correction of the city name was successful.

If the Address Scrub 1 Code contains 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this field contains spaces.

Description	This field further defines the results of address editing of the address information that is returned in the response.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS STATE CODE**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	2
Format	Alphabetic
Values	Standard State abbreviation value set
Description	This is the State code for the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS STREET 1 TEXT**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	40
Format	Alphanumeric
Values	A through X, 0 through 9
Description	This is the first line of the street address of the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS STREET 2 TEXT**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	40
Format	Alphanumeric
Values	A through X, 0 through 9
Description	This is the second line of the street address of the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR ADDRESS ZIP CODE**
Type	Output Field
Condition	Optional for the following output record: • FCR Insurance Match Response Record –Part 2
Length	15

Format	Alphanumeric
Values	A through Z, 0 through 9
Description	This is the Zip code (domestic or foreign) for the Third Party Administrator.

Name	**THIRD PARTY ADMINISTRATOR COMPANY NAME**
Type	Output
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	40
Format	Alphabetic
Values	A through Z
Description	This is the name of the Third Party Administrator's (TPA) company.

Name	**THIRD PARTY ADMINISTRATOR FIRST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	20
Format	Alphanumeric
Values	A through Z, or spaces
Description	This is the first 20 characters of the first for the Third Party Administrator's contact.

Name	**THIRD PARTY ADMINISTRATOR LAST NAME**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	30
Format	Alphanumeric
Values	A through Z, hyphen (-) or spaces
Description	This is the first 30 characters of the last name of the Third Party Administrator's contact.

Name	**THIRD PARTY ADMINISTRATOR PHONE EXTENSION NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	6
Format	Numeric
Values	0 through 9
Description	This field is the phone number extension of the Third Party Administrator's contact.

Name	**THIRD PARTY ADMINISTRATOR PHONE NUMBER**
Type	Output Field
Condition	Optional for the following output record:
	• FCR Insurance Match Response Record –Part 2
Length	10
Format	Numeric
Values	0 through 9
Description	This is the phone number of the Third Party Administrator's contact.

Name	**THIRD PARTY INSURANCE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Alphanumeric
Values	A – Third party liability does exist but applicant refuses to assign rights
	F – Disabled/Blind child living overseas, ineligible for Medicaid, and living with a parent who is a member of the military.
	N – Third party liability does not exist (1634 State only)
	Q – Medicaid qualifying trust may exist
	R – Failure to cooperate in providing third party
	Y – Third party liability does exist (1634 State only) and applicant agrees to assign rights
	Space – Not applicable
Description	The indicator shows third party liability for the Title XVI recipient's health care expenses. This field is not updated after the initial posting.

Name	**TITLE II DATE OF BIRTH**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title II Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces.
Description	This is the Title II beneficiary's date of birth.
	If this field does not have a properly-formatted valid date, it contains spaces.

Name	**TITLE II DATE OF DEATH**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES Title II Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format, or spaces.
	If this field does not have a properly-formatted valid date, it contains spaces.

Description   This is the Title II beneficiary's date of death. The FCR returns '01' in the day portion of the Title II Date of Death Field if SSA's records contain '00' in the day portion of the date.

Name   **TITLE II FIRST NAME**
Type   Output Field
Condition   Required for the following output record:
               • FCR SVES Title II Locate Response Record
Length   10
Format   Alphanumeric
Values   A through Z, hyphen (-), no imbedded spaces or special characters
Description   This is the first name of the Title II beneficiary.

Name   **TITLE II LAST NAME**
Type   Output Field
Condition   Required for the following output record:
               • FCR SVES Title II Locate Response Record
Length   12
Format   Alphanumeric
Values   A through Z, hyphen, no imbedded spaces or special characters
Description   This is the last name of the Title II beneficiary.

Name   **TITLE II MIDDLE INITIAL**
Type   Output Field
Condition   Conditional for the following output records:
               • FCR SVES Title II Locate Response Record
Length   1
Format   Alphanumeric
Values   A through Z, or spaces
Description   This is the middle initial of the Title II beneficiary.

Name   **TITLE II SEX CODE**
Type   Output Field
Condition   Required for the following output record:
               • FCR SVES Title II Locate Response Record
Length   1
Format   Alphanumeric
Values   F – Female
               M – Male
               U – Unknown
Description   This is the Title II beneficiary's gender.

Name   **TITLE XVI APPEAL CODE**
Type   Output Field

Condition   Conditional for the following output record:
- FCR SVES XVI Locate Response Record

Length   1
Format   Alphanumeric
Values   A – Appeal Council Review
             C – Court Case
             D – Decision Review Board
             F – Federal Regional Office Review
             H – Hearing
             I   – Initial Determination Review
             O – Class Action
             R – Reconsideration
             Space – Not applicable
Description This code indicates the Title XVI recipient's level of appeal.

Name   **TITLE XVI DATE OF BIRTH**

Type   Output Field
Condition   Conditional for the following output record:
- FCR SVES Title XVI Locate Response Record

Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format, or spaces.
Description This is the Title XVI recipient's date of birth.
             If this field does not have a properly-formatted valid date, it contains spaces.

Name   **TITLE XVI DATE OF DEATH**

Type   Output Field
Condition   Conditional for the following output record:
- FCR SVES Title XVI Locate Response Record

Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format, or spaces
Description This is the Title XVI recipient's date of death. The day of actual death is
             shown when available. The FCR returns '01' in the day portion of the Title
             XVI Date of Death Field if SSA's records contain '00' in the day portion of
             the date.
             If the date of death is posted from a returned check, the day will reflect '01' or
             the date the returned check was processed.
             If this field does not have a properly-formatted valid date, it contains spaces.
             If not applicable, this field contains spaces.

Name   **TITLE XVI DENIAL DATE**

Type   Output Field
Condition   Conditional for the following output record:
- FCR SVES XVI Locate Response Record

Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format, or spaces
Description   This is the date that the Title XVI applicant was denied SSI benefits or State
                supplementation.
                If this field does not have a properly-formatted valid date, it contains spaces.

Name   **TITLE XVI FIRST NAME**
Type   Output Field
Condition   Required for the following output record:
                • FCR SVES Title XVI Locate Response Record
Length   10
Format   Alphanumeric
Values   A through Z, hyphen (-), no imbedded spaces or special characters
Description   This is the first name of the Title XVI recipient.

Name   **TITLE XVI LAST NAME**
Type   Output Field
Condition   Required for the following output record:
                • FCR SVES Title XVI Locate Response Record
Length   19
Format   Alphanumeric
Values   A through Z, hyphen (-), no imbedded spaces or special characters
Description   This is the Title XVI recipient's last name.

Name   **TITLE XVI LAST REDETERMINATION DATE**
Type   Output Field
Condition   Conditional for the following output record:
                • FCR SVES XVI Locate Response Record
Length   8
Format   Alphanumeric
Values   A valid date in CCYYMMDD format, or spaces
Description   This is the date that all of the required redetermination actions for the Title
                XVI recipient were completed.
                If this field does not have a properly-formatted valid date, it contains spaces.

Name   **TITLE XVI MIDDLE INITIAL**
Type   Output Field
Condition   Conditional for the following output record:
                • FCR SVES Title XVI Locate Response Record
Length   1
Format   Alphanumeric
Values   A through Z, or spaces
Description   This is the Title XVI recipient's middle initial.

Name	**TITLE XVI SEX CODE**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	1
Format	Alphabetic
Values	F – Female
	M – Male
	U – Unknown
Description	This is the Title XVI recipient's gender.

Name	**TRANSMITTER STATE/TERRITORY CODE**
Type	Input and Output Field
Condition	Required for the following input record:
	• FCR Transmission Header Record
	Required for the following output records:
	• FCR DMDC/Proactive Match Response Record
	• FCR Routine Batch Response Header Record
	• FCR Reconciliation/Data Inconsistency File Header Record
	• FCR Pending Resolution Batch Response Header Record
	• FCR Locate Response Batch Header Record
	• FCR IRS-1099 Locate Response Record
	• FCR Locate Response Record
	• FCR NDNH Locate/Proactive Match Response Record
	• FCR Query/Proactive Match Response Record
	• FCR SVES Title II Locate Response Record
	• FCR SVES Title XVI Locate Response Record
	• FCR SVES Prison Locate Response Record
	• FCR SVES Not Found Locate Response Record
	• FCR Title II Pending Claim Response Record
Length	2
Format	Alphanumeric
Values	The numeric FIPS State and territory Code
Description	This is the two-digit numeric FIPS Code of the State or territory that is transmitting data to the FCR or receiving data from the FCR.

Name	**TYPE OF PAYEE CODE**
Type	Output Field
Condition	Required for the following output records:
	• FCR SVES Title XVI Locate Response Record
Length	3
Format	Alphanumeric
Values	AGY – Social agency
	CHD – Natural, adopted or stepchild (as payee for a parent)

ESP   – Essential person is payee
FDM – Federal mental institution
FDO – Federal non-mental institution
FIN   – Financial organization
FTH – Natural or adoptive father
GPR – Grandparent
INP   – Legally incompetent, but no representative payee has been selected
MTH – Natural or adoptive mother
NPM – Nonprofit mental institution
NPO – Nonprofit non-mental institution
OFF   – Public official
OTH – Other
PRM – Proprietary mental institution
PRO – Proprietary non-mental institution
PYE   – Recipient previously had payee, but is now receiving direct payments
REL   – Other relative (includes in-laws)
RPD   – Representative payee is being developed
SEL   – Beneficiary is own payee
SFT   – Stepfather
SLM   – State/local mental institution
SLO   – State/local non-mental institution
SMT   – Stepmother
SPO   – Spouse
Space – Beneficiary is own payee

Description	This code indicates who received the Title XVI benefit.

Name	**TYPE OF RECIPIENT**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES Title XVI Locate Response Record
Length	2
Format	Alphanumeric
Values	AI – Aged Individual
	AS – Aged Spouse
	BC – Blind Child
	BI – Blind Individual
	BS – Blind Spouse
	DC – Disabled Child
	DI – Disabled Individual
	DS – Disabled Spouse
	EP – Essential Person
	XF – Ineligible Father
	XM – Ineligible Mother
	XP – Ineligible Person
	XS – Ineligible Spouse
Description	This code indicates the type of Title XVI recipient.

Name	**UNEARNED INCOME NUMBER OF ENTRIES**
Type	Output Field
Condition	Required for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Numeric
Values	0 through 9
Description	This field contains the number of occurrences of the unearned income fields: Unearned Income Type Code, Unearned Income Verification Code, Unearned Income Start Date, and Unearned Income Stop Date.

Name	**UNEARNED INCOME START DATE 1** through **UNEARNED INCOME START DATE 9**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces
Description	If applicable, these fields contain the first occurrence of the date that the one-time unearned income payment was received by the Title XVI recipient or the date that the unearned income was started if the payment is made monthly. If this field does not contain a properly-formatted valid date, it contains spaces.

Name	**UNEARNED INCOME STOP DATE 1** through **UNEARNED INCOME STOP DATE 9**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	6
Format	Alphanumeric
Values	A valid date in CCYYMM format, or spaces
Description	If applicable, this field contains the termination date of the first occurrence of monthly unearned income. In situations where the unearned income amount changes, this field contains the last date that the previous rate, or a one-time payment was received. If this field does not contain a properly-formatted valid date, it contains spaces.

Name	**UNEARNED INCOME TYPE CODE 1** through **UNEARNED INCOME TYPE CODE 9**
Type	Output Field
Condition	Conditional for the following output record:

- FCR SVES XVI Locate Response Record

Length	1
Format	Alphanumeric
Values	A – Social Security
	B – Black Lung
	C – VA compensation (not based on need)
	D – RRB
	E – VA (based on need)
	F – Assistance based on need and not excluded from unearned income
	G – Retroactive Title II benefits posted as if paid when due, used in Title XVI offset computation
	H – In-kind support and maintenance
	I – Ineligible child allocation (not income)
	J – Value of one-third (1/3) reduction for Living Arrangement Code B
	K – Blind countable income (conversion cases)
	L – Military retired pay
	M – Federal Civil Service pension
	N – Support payments received from absent parent
	O – Income based on need from private sources
	P – Employment-related pension (state or local government retirement, private pension)
	Q – Worker's Compensation
	R – Rents, interest, dividends, royalties
	S – Other
	T – Alaska Longevity bonus
	U – Concurrent and Title II only attorney's fees allocated over months were Type 'A, 'G' or 'W' unearned income is present
	V – Manually computed deemed income
	W – Retroactive Title II benefits posted as if paid when due, used in the Title II Offset computation
	X – Minimum income level amount (not income)
	Y – Special need reduction (applies to a Federal countable minimum income level) (not income)
	Z – State countable income
	Space – Not applicable
Description	If applicable, this code indicates the type of unearned income the Title XVI recipient is or was receiving.

Name	**UNEARNED INCOME VERIFICATION CODE 1** through **UNEARNED INCOME VERIFICATION CODE 9**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR SVES XVI Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – Number and income have not been verified

        1 – Number has been verified, amount has not been verified

        2 – Number and income amount have been verified

        3 – VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month

        4 – Same as '3' above, except the overlaid amount was not the same as the amount shown for the prior month

        5 – For type 'A', same as '3' above except verification code was '2' before the MBR Interface. If type 'X', Federal countable MIL transmitted by FO in conjunction with T30/T50 procedures

        6 – For type 'A', one-time payment from the MBR in which there was no pre-existing entry on the SSR before the interface. If type 'X', special Federal countable MIL Systems generated Special MIL established by the system which does not consider 'N' frequency code for Title II payments received in the first quarter of 1974. When this code is present, the 01/74 MIL is frozen and the system will not recalculate For 01/74

        7 – Federal countable MIL – systems generated. This is the standard type 'X' income

        8 – State countable MIL or income transmitted by FO (applicable to Vermont only)

        9 – State countable MIL or income (code '8') adjusted by the system (applicable to Vermont only)

        I – Identification number and amount verified, and that Title II being paid in installments because of DAA provisions

        Space – Not applicable

Description	This code indicates if the Title XVI recipient's income allegations have been verified.

Name	**UPDATE DATE**
Type	Output Field
Condition	Conditional for the following output records:
	• FCR Case Reconciliation Record
	• FCR Person Reconciliation Record
Length	8
Format	Alphanumeric
Values	Any valid date in CCYYMMDD format
Description	This field contains the date of the last update to the Case Record.

Name	**USER FIELD**
Type	Input and Output Field
Condition	Optional for the following input records:
	• FCR Input Case Record with Action Type Code 'A', 'C' or 'D'
	• FCR Input Query Record
	• FCR Input Person/Locate Request Record
	Conditional for the following output records:
	• FCR Case Acknowledgement/Error Record

- FCR IRS-1099 Locate Response Record
- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record
- FCR Query Acknowledgement/Error Record
- FCR Person/Locate Request Acknowledgement/Error Record
- FCR Query/Proactive Match Response Record
- FCR SVES Title II Locate Response Record
- FCR SVES Title XVI Locate Response Record
- FCR SVES Prison Locate Response Record
- FCR SVES Not Found Locate Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, special characters or spaces
Description	This is free-format information that was provided by the submitter of an input transaction that is returned on the outputs listed above. This field can be used to include information that is needed to facilitate routing of information in the submitter's system.

Name	**VA ACTIVE RESERVE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – Veteran not active duty
	1 – Veteran active duty
	2 – Veteran active duty
	Space – Information not available
Description	This code indicates if the person is on active duty in VA reserves.

Name	**VA AMOUNT OF AWARD**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	6
Format	Numeric
Values	000000 through 999999
Description	This is the monthly amount, expressed in whole dollars, that was awarded to a person for the type of benefit indicated by the VA Benefit Indicator.
	If there is no award amount, or the information is unavailable, the field contains all zeroes.

Name	**VA BENEFIT INDICATOR**
Type	Output Field

Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	1 – Compensation and Pension
	2 – Education
	Space – Information not available
Description	This code indicates the type of VA benefits in the VA Amount of Award.

Name	**VA EFFECTIVE**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	8
Format	Alphanumeric
Values	A valid date in CCYYMMDD format or spaces
Description	This is the date the VA Benefit Award began.

Name	**VA INCARCERATION INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – Released
	1 – Incarcerated
	Space – Information not available
Description	This code indicates the incarceration status as resident in the VA's records.

Name	**VA RETIREMENT PAY INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1
Format	Alphanumeric
Values	0 – Not eligible to receive retirement pay
	1 – Eligible or is receiving retirement pay
	Space – Information not available
Description	This code indicates the status of a person's VA retirement pay.

Name	**VA SUSPENSE INDICATOR**
Type	Output Field
Condition	Conditional for the following output record:
	• FCR Locate Response Record
Length	1

Format	Alphanumeric
Values	0 – Receiving payments
	1 – Payments temporarily stopped
	Space – Information not available
Description	This code indicates the status of a person's VA Amount of Award.

Name	**VERSION CONTROL NUMBER**
Type	Input and Output Field
Condition	Required for the following input record:

- FCR Transmission Header Record

Required for the following output records:

- FCR Routine Batch Response Header Record
- FCR Pending Resolution Batch Response Header Record
- FCR Locate Response Batch Header Record

Length	5
Format	Alphanumeric
Values	01.00 – initial release of the FCR transaction layouts
Description	This code indicates the version of the FCR transaction layouts being submitted to or received from the FCR system. The first two positions of the code indicate the major release associated with the record formats. The last two positions of the code indicate the minor modification release associated with the record formats.

Name	**WAGE AMOUNT**
Type	Output Field
Condition	Conditional for the following output record:

- FCR NDNH Locate/Proactive Match Response Record

Length	11
Format	Signed Numeric
Values	00000000000 through 99999999999
Description	This is the amount of a person's wages during a Reporting Quarter. The last two positions are implied to be to the right of the decimal point.

Name	**WARNING CODE 1** through **WARNING CODE 3**
Type	Output Field
Condition	Required for the following output record:

- FCR Data Inconsistency File Record

Conditionally required for the following output record:

- FCR Person Reconciliation Record

Length	5
Format	Alphanumeric
Values	**LE001** – Disclosure prohibited. If the Family Violence indicator is a space, this code indicates family violence has been placed on the person. Associated with the FCR Person Reconciliation Record.
	TW102 – SSN/Name combination unverified. The SSN Validity Code

contains a space. Associated with the FCR Person Reconciliation Record.

IW001 – The Participant Type is PF' (Putative Father) and the Order Indicator is 'Y' (child support order exists for the case). Associated with the FCR Data Inconsistency File Record.

IW002 – The Participant Type is 'CP' (Custodial Party), 'NP' (Non-custodial Parent) or 'PF' and the participant age is less than 11 years. Associated with the FCR Data Inconsistency File Record.

IW003 – The Sex Code is not 'F' (female) or 'M' (male). Associated with the FCR Data Inconsistency File Record.

IW004 – The Participant Type is 'PF' and the Sex Code is 'F'. Associated with the FCR Data Inconsistency File Record.

Spaces – No warning applicable

Description This code identifies the type of warning issued.

Name	**ZIP CODE**
Type	Output Field
Condition	Conditional for the following output records:

- FCR Locate Response Record
- FCR NDNH Locate/Proactive Match Response Record

Length	15
Format	Alphanumeric
Values	A through Z, 0 through 9, or spaces
Description	This is the Zip Code for the Returned Address in the format designated by the Address Format Indicator. Refer to the Returned Address for format examples. If the U.S. Zip Code is used, this is the 5/4 format. If it is a foreign Zip Code, this may be up to 15 characters.