

DEPARTMENT OF SOCIAL SERVICES

44 P Street, Sacramento, CA 95814
(916) 323-6341



November 13, 1986

ALL-COUNTY INFORMATION NOTICE I-102-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLL SYSTEM (IHSS/CMIPS) AUTOMATED SHARES OF COST

REFERENCE: IHSS/CMIPS TRAINING MANUAL

CMIPS was designed to automate the Shares of Cost (SOC) for most IHSS income eligible recipients. At the time of state-wide implementation - beginning January 1986 - only part of the SOC automation was completed. All of the automation is now working.

For any IHSS recipient for which the automated Share of Cost computation is used on the SOC 293 "In-Home Supportive Services Assessment," it is not necessary to also complete a SOC 294A or C "IHSS Income Eligibility - Adult or Child". The normal deductions and formulas have been factored into CMIPS automation.

Please refer to the CMIPS field by field descriptions to assist in completion of SOC 293 Shares of Cost fields. Those instructions are found on pages C14 through C18, fields J1 through K3. Make corrections, as appropriate to the following instructions:

Field J1 - Link

- B. It is necessary to enter one code 1 through 5.

Field J2 - Dep

- B. The number of minor legal dependents to be considered in the automatic computation of countable income for an adult with a non-linked spouse or an IHSS child whose parent(s) income must be considered.

Field I2, J3, K2, L2 - Source/Income/Deduct

B. It is necessary to enter one or more codes 1 through 9.

1 - Retirement, Survivors, Disability Insurance (RSDI) -
Recipient, Spouse/Parent (List each RSDI separately)

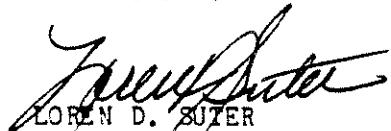
3 - Spouse/Parent - unearned, other than RSDI

Field J4 - Benefit Code/Level

D. For a couple, both of whom are IHSS recipients and share their net countable income, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I3. Enter the appropriate code below for the Share of Cost computation:

Attached are additional special instructions for Share of Cost computation and some examples. File the attachments in your IHSS/CMIPS Instruction Manual under "Share of Cost Computations - SOC 293".

If you have any questions or concerns please call Roberta Christensen at (916) 323-6341 or ATSS 8-473-6341.



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

Share of Cost Computations - SOC 293

CMIPS is designed to compute most shares of cost for IHSS income eligible recipients. The notable exception is when there is more than one IHSS recipient in the household: CMIPS does not cross-reference case records. Whether using CMIPS to fully or partially automate shares of cost, entries must be made in the shares of cost fields to assure a correct Notice of Action process. Refer to the SOC 293 Field by Field Descriptions for additional definitions.

Please use one of the following procedures:

A. Fully Automated Share of Cost Computation and Notice of Action;

All of the following fields must be completed:

- A3 Aid Code - must be 18, 28 or 68
- I1 Share of Cost Date - this may be a present or future date. Except for a new application, always use the first of the month, i.e., 09/01/86.
- I2 Source/Income/Deduct - if there is an income source 1-9
- J1 Link - appropriate code 1-5
- J2 Dep - if there is a nonlinked spouse (not aged, blind or disabled) and minor dependents, enter number of minor dependents.
- J3 Source/Income/Deduct - if additional income source must be input 1-9
- J4 Benefit Code - only the Supplemental Security Income/State Supplementary Program (SSI/SSP) benefit code*
- K2 Source/Income/Deduct - if additional income source must be input 1-9
- L2 Source/Income/Deduct - if additional income source must be input 1-9

From the input to the above fields an automated Countable Income (I3) minus Benefit Level (J4) will equal Share of Cost (K3).

The Share of Cost information will automate the Notice of Action Share of Cost fields and carry into the segment fields M, N or O6, if applicable.**

* When doing the computation of the Share of Cost for Link 3 - IHSS Individual/Nonlinked Spouse - Calculations will be done for both the IHSS individual only and the IHSS individual/nonlinked spouse. The higher of the Countable Incomes and the related Benefit Code will be used to determine the correct Share of Cost. The Social Service worker shall always enter the Couple Benefit Code in field J4; CMIPS will select the appropriate benefit level. The correlations are:

```

8 = 1
9, 10 = 2
11, 12 = 4
13 = 5
14 = 7

```

B. Partial Automated Share of Cost Computation and Notice of Action:

The social service worker must complete a manual computation to determine the recipient's countable income. Use either a SOC 294 A or C for that purpose. Then complete the following fields:

- A3 Aid Code - must be 18, 28, or 68
- I1 Share of Cost Date - this may be a present or future date. Except for a new application, always use the first of the month, i.e., 09/01/86.
- I3 Countable Income - countable income after calculating appropriate deductions
- J4 Benefit Code - Only the SSI/SSP Benefit Code

From the input to the above fields a Share of Cost will be computed.

The Share of Cost information will automate the NOA SOC fields and carry into the segment fields M, N or 06, if applicable.**

C. Partial Automated Share of Cost Computation and Notice of Action for Couples, both of whom are IHSS Recipients

Although CMIPS does not have the capacity to cross-reference case records and prorate two IHSS recipients' income, you can use the partial automated Share of Cost computation and Notice of Action for an IHSS couple.

The social service worker must complete a manual computation to determine each recipient's countable income. Use a SOC 294 A for that purpose. Then complete the following fields:

- A3 Aid Code - must be 18, 28 or 68
- I1 Share of Cost Date - this may be a present or future date. Except for a new application, always use the first of the month, i.e., 09/01/86.
- I3 Countable Income - countable income after calculating appropriate deductions
- J4 Benefit Code - use benefit code 15, 16, 17, 18, 19, 20 or 21 which is the per person amount of an SSI/SSP couple benefit

From the input to the above fields, a Share of Cost will be computed.

The SOC information will automate the Notice of Action Share of Cost fields and carry into the segment fields M, N or 06 if applicable.**

D. Partial Automated Share of Cost Computation and Notice of Action for a Parent(s) and Child(ren), all of whom are IHSS Recipients.

Although CMIPS does not have the capacity to cross-reference case records and prorate two IHSS recipients' income, you can use the partial automated Share of Cost computation and Notice of Action for the parent(s) - see B above - and the fully automated Share of Cost computation and Notice of Action for the child(ren) - see A above with the following modifications:

- A3 Aid Code - must be 28 or 68
- I1 Share of Cost Date - this may be a present or future date. Except for a new application, always use the first of the month, i.e., 09/01/86.
- I2 Source/Income/Deduct - if there is an income source 1-7
- J1 Link - Code 1
- J3 Source/Income/Deduct - if additional income source must be input 1-7
- J4 Benefit Code - only the SSI/SSP benefit code 2, 3, 5 or 6
- K2 Source/Income/Deduct - if additional income source must be input 1-7
- L2 Source/Income/Deduct - if additional income source must be input 1-7

From the input to the above fields an automated Countable Income (I3) minus Benefit Level (J4) will equal Share of Cost (K3).

The Share of Cost information will automate the Notice of Action Share of Cost fields and carry into the segment fields M, N or 06, if applicable.**

E. Change of Income Only:

When changing information regarding Share of Cost, remember to:

- Change the Share of Cost date field I1 for A, B, C or D
- And all other fields as noted in A, B, C or D

When changing from income eligible to status eligible remember to:

- Change aid code field A3 to 10, 20 or 60
- Change to effective date in field I1 Share of Cost date
- For A and D enter 0 in fields:
 - I2 Source only - if there is an income source
 - J1 Link
 - J2 Dep - if applicable
 - J3 Source only - if additional income source
 - K2 Source only - if additional income source
 - L2 Source only - if additional income source
- For B and C enter 0 in field:
 - I3 Countable Income

F. Eligibility Segments

There may be occasion to directly enter the Share of Cost in M, N or 06:

1. If there is no information entered in the Share of Costs fields using one of the processes A-D, the social service worker must complete a manual computation to determine the recipient's countable income and Share of Cost. Use either a SOC 294 A or C for that purpose. Complete the following field:

M, N or 06 Share of Cost

The above process is similar to the IHSS payroll process that has been in effect since 1980. The social service worker will be responsible for completing and mailing the correct Notice of Action to the recipient.

- ** 2. When there is a mixed-mode of service delivery, Notice of Action Codes 533 and 534 will suppress showing the Share of Cost in fields M, N or 06. If, however, part of the Share of Cost is to be paid to an Individual Provider, directly enter that amount in M, N or 06.

When the only delivery mode is Individual Provider, but Shares of Cost are paid to the County Welfare Department, use NOA Code 533 to suppress showing the Share of Cost in fields M, N or 06.

This is particularly significant if the Share of Cost is not to be printed on the Individual Provider's timesheet.

THIS RELB C 0512345679
NEXT RELC C 0512345679

WHITE, BLACK

SOC DATE	09 22 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS
IND/LINK	5	DEF 02 1 1 \$ 150.00 \$ 0.00	COUNTABLE INCOME \$ 430.00
MODE	RATE HOURS	2 7 \$ 450.00 \$ 100.00	BENEFIT LEVEL 03 \$ 422.00
IP	\$ 3.77 101.3	3 8 \$ 500.00 \$ 0.00	SHARE OF COST \$ 8.00
	\$ 0.00 0.0	4 9 \$ 1200.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE PAY	OPTIONS	MEALS
10 01 86	06 30 87		\$ 381.90	101.3	\$ 8.00	N	P	
09 22 86	09 30 86		\$ 114.61	30.4	\$ 8.00	N	P	
00 00 00	00 00 00		\$ 0.00	0.0	\$ 0.00			

APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
09 22 86	01	01 01 87	TESTING SOC
			S E R V I C E W O R K E R
DISTRICT OFFICE	01	NAME ROBERTA C	# 8888 PHONE # (888) 888 - 8888

	BIRTHDATE										
	CNTY (1)	RECIPIENT # (1)	CD (2)	SEQ. # (2)	AID CODE (3)	SOCIAL SECURITY NO. (4)	SEX (5)	MONTH (6)	DAY (6)	YEAR (6)	
A	04	1575428			68		M	F			
B	LAST NAME (1)				FIRST NAME (2) SAN					MI (3)	
C	STREET (1)				CITY (2)			STATE (3)	ZIP CODE / CT (4)		
D	TELEPHONE # (1)				GUARDIAN / CONSERVATOR (2)						
E	STREET (1)				CITY (2)			STATE (3)	ZIP CODE / CT (4)		
F	STATUS (1) R I E L D X		REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)		
G	SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L / A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

MOBILITY IN MOBILITY OUT CLIMBING STAIRS REACHING LIFTING FEED SELF BATHING DRESSING GROOMING TRANSFER POWELL BLADDER HEARING SEEING BREATHING MEMORY ORIENTATION COOPERATION DECISION W/O IHSS NEED PROV H (1)

SHARE OF COST DATE			SOURCE	INCOME	DEDUCT	COUNTABLE INCOME	
I (1)	10/01/86		(2) 1	610 100	1.	(3)	
J (1)	LINK (1)	DEP (2)	(3) 7	580 100	1.	BENEFIT CODE / LEVEL (4) 04	
K (1)	MODE (1)	RATE (2)	HOURS (3)	(2)	1.	(3)	
L (1)	MODE (1)	RATE (2)	HOURS (3)	(2)	1.	SHARE OF COST (3)	
						RECOVERY	

ACTION (1)	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1)	DEL (2)	(3)	(4)	1.	(5)	(6)	(7) S N (8) R P M
O (1)	DEL (2)	(3)	(4)	1.	(5)	(6)	(7) S N (8) R P M

APPLICATION DATE (1)				REF (2)	ASSESSMENT DATE (3)	COUNTY USE (4)			
D / O (1)	SERVICE WORKER NAME (2) ANN CORI PPO					SW. # (3) ACAC	SERVICE WORKER PHONE # (4) (387) 483-9274		

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION:
DATE: REMARKS:T VALIDATION:
DATE: REMARKS:

THIS RELS I 0415754282
NEXT RELC I 0415754282

FRANCISCO, SAN

SOC DATE	10 01 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS
IND/LINK	1 # DEP 00	1 1 \$ 610.90 \$ 0.00	COUNTABLE INCOME \$ 822.50
MODE	RATE HOURS	2 7 \$ 580.00 \$ 25.00	BENEFIT LEVEL 04 \$ 421.00
IP	\$ 3.61 147.9	3 0 \$ 0.00 \$ 0.00	SHARE OF COST \$ 401.50
	\$ 0.00 0.0	4 0 \$ 0.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE	PAY	OPTIONS	MEALS
	10 01 86	12 31 86	\$ 533.92	147.9	\$ 401.50	✓ N			P
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				

APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
10 01 86	01	10 01 86	
		S E R V I C E	W O R K E R
STRICT OFFICE 01	NAME ANN CORIPPO		* ACAC PHONE # (387) 483 - 9274

BIRTHDATE

A (1) 04	RECIPIENT # 0055128	CD (2)	SEQ. # (3) 18	AID CODE (4)	SOCIAL SECURITY NO. (4)	SEX (5) M F	MONTH (6)	DAY	YEAR		
LAST NAME DICTIONARY					FIRST NAME WEBSTER MI (3)						
B (1)	STREET			CITY (2)			STATE (3)	ZIP CODE / CT (4)			
TELEPHONE # (1)					GUARDIAN / CONSERVATOR (4)						
D (1)	STREET			CITY (2)			STATE (3)	ZIP CODE / CT (4)			
F (1) R I E L D X	STATUS (2)	REFUGEE (3)	ETHNIC (4)	LANG. (5)	OTH/COV (6)	SSNV (7)	HIC. / R.R. # (8)	FBU. # (8)			
G (1)	SPOUSE / PARENT (2)	# HH (3)	# RCP (4)	RES (5)	L/A (6)	# ROOMS (7)	YARD (7) Y N	WASHER (8) Y N	DRYER (8) Y N	STOVE (8) Y N	REFRIG. (8) Y N

MOBILITY IN (1)	MOBILITY OUT (2)	CLIMBING STAIRS (3)	REACHING (4)	LIFTING (5)	FEED SELF (6)	BATHING (7)	DRESSING (8)	GROOMING (9)	TRANSFER (10)	BOWEL/BLADEER (11)	HEARING (12)	SEEING (13)	BREATHING (14)	MEMORY (15)	ORIENTATION (16)	COOPERATION (17)	DECISION (18)	WHO/HSS (19)	NEED PROV (20)
-----------------	------------------	---------------------	--------------	-------------	---------------	-------------	--------------	--------------	---------------	--------------------	--------------	-------------	----------------	-------------	------------------	------------------	---------------	--------------	----------------

I (1)	SHARE OF COST DATE 10/01/86		SOURCE (2) 1	INCOME (3) 945 100	DEDUCT (4)	COUNTABLE INCOME (5) (3)
J (1)	LINK (2) /	DEP (3) 5	302 100 (4)			BENEFIT CODE / LEVEL (5) 01 (4)
K (1)	MODE (2)	RATE (3)	HOURS (4)			SHARE OF COST (5) (3)
L (1)	MODE (2)	RATE (3)	HOURS (4)			RECOVERY (5) (3)

M (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

P (1)	APPLICATION DATE (2)	REF (3)	ASSESSMENT DATE (4)	COUNTY USE			
Q (1) D/O 01	SERVICE WORKER NAME ANN CORIPPO			SW. # (3) ACAC	SERVICE WORKER PHONE # (4) (464) 545-1565		

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION:

DATE:

REMARKS:

T VALIDATION:

DATE:

REMARKS:

THIS RELB I 0400551269
NEXT RELC I 0400551289

DICTIONARY, WEBSTER

SDC DATE	10	01	86	SOURCE /	INCOME / DEDUCT	MONTHLY TOTALS		
IND/LINK	1	#	DEF	00	1 1 \$ 945.00	0.00	COUNTABLE INCOME	\$ 1227.00
MODE	RATE	HOURS	2 5	\$	302.00	\$ 0.00	BENEFIT LEVEL	01 \$ 533.00
IP	\$ 3.61	283.6	3 0	\$	0.00	\$ 0.00	SHARE OF COST	\$ 694.00
	\$ 0.00	0.0	4 0	\$	0.00	\$ 0.00	RECOVERY AMOUNT	\$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE PAY	OPTIONS	MEALS
	10 01 86	12 31 86	\$ 1023.80	283.6	\$ 694.00	S	P	
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00			
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00			

APPLICATION DATE REF ASSESSMENT DATE COUNTY USE

10 01 86 01 10 01 86

S E R V I C E W O R K E R

STRICT OFFICE 01 NAME ANN CORIPPO # ACAC PHONE # (464) 545 - 1565

						BIRTHDATE					
CNTY	RECIPIENT #	CD	SEQ. #	AID CODE	SOCIAL SECURITY NO.	SEX	MONTH	DAY	YEAR		
A (1) 04	6684231	(2)	(3) 18	(4)	(5) M F	(6)					
LAST NAME						FIRST NAME			MI		
B (1) DREAMS	(2) SWEET						(3)				
STREET						CITY		STATE	ZIP CODE / CT		
(1)						(2)		(3)	(4)		
TELEPHONE #						GUARDIAN / CONSERVATOR					
D (1)	(2)	(3)	(4)								
STREET						CITY		STATE	ZIP CODE / CT		
E (1)	(2)						(3)	(4)			
STATUS		REFUGEE	ETHNIC	LANG.	OTH/COV	SSNV	HIC. / R.R. #		FBU. #		
F (1) R I E L D X	(2)	(3)	(4)	(5)	(6)	(7)			(8)		
SPOUSE / PARENT		# HH	# RCP	RES	L/A	# ROOMS	YARD	WASHER	DRYER	STOVE	REFRIG.
G (1)	(2)	(3)	(4)	(5)	(6)	(7) Y N	(8) Y N	Y N	Y N	Y N	Y N

MOBILITY IN	MOBILITY OUT	CLIMBING STAIRS	REACHING	LIFTING	FEED SELF	BATHING	DRESSING	GROOMING	TRANSFER	TOILET	BLADDER	HEARING	SEEING	BREATHING	MEMORY	ORIENTATION	COOPERATION	DECISION	W/O HSS	NEED PROV
H (1)																				

SHARE OF COST DATE			SOURCE	INCOME	DEDUCT	COUNTABLE INCOME	
I (1) 10/01/86	(2) 1	(3) 1	(4) 851 100	(5)	(6) 1	(7) 1	(8) 1
LINK			DEP	(3) 1	(4) 257 100	(5) 1	(6) 1
J (1) Z	(2)	(3) 1	(4) 2	(5) 257 100	(6) 1	(7) 1	(8) 08
MODE	RATE	HOURS	(2) 5	(3) 740 100	(4) 1	(5) 1	(6) 1
K (1)	RATE	HOURS	(2) 5	(3) 740 100	(4) 1	(5) 1	(6) 1
L (1)	RATE	HOURS	(2) 4	(3) 1	(4) 1	(5) 1	(6) 1

ACTION	BEGINNING DATE	ENDING DATE	GROSS AMOUNT	HOURS	SHARE OF COST	TYPE	PAY OPTION
M (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE			REF	ASSESSMENT DATE	COUNTY USE			
P (1)	(2)	(3)	(4)					
D/O		SERVICE WORKER NAME			SW. #	SERVICE WORKER PHONE #		
Q (1) 01	(2) ANN CORI PPO				(3) ACAC	(4) (387) 483-7948		

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION:

DATE:

REMARKS:

T VERIFICATION

DATE:

REMARKS:

THIS RELE I 0466842317
NEXT RELC I 0466842317

DREAMS, SWEET

SOC DATE	10 01 86	SOURCE /	INCOME /	DEDUCT	MONTHLY TOTALS
IND/LINK	2 # DEP	00 1 1	\$ 851.00	\$ 0.00	COUNTABLE INCOME \$ 1828.00
MODE	RATE	HOURS	2 1	\$ 257.00	BENEFIT LEVEL 08 \$ 989.00
IP	\$ 3.61	283.6	3 5	\$ 740.00	SHARE OF COST \$ 839.00
	\$ 0.00	0.0	4 0	\$ 0.00	RECOVERY AMOUNT \$ 0.00
SEGMENT SELECT 1					
ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST TYPE PAY OPTIONS MEALS
	10 01 86	12 31 86	\$ 1023.80	283.6	\$ 839.00 S P
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00
APPLICATION DATE	REF	ASSESSMENT DATE			COUNTY USE
10 01 86	01	10 01 86			
S E R V I C E W O R K E R					
STRICT OFFICE 01	NAME ANN CORIPPO				# ACAC PHONE # (387) 483 - 7948

A (1)	RECIPIENT # 04 2933118	CD (2)	SEQ. # (3)	AID CODE 68	SOCIAL SECURITY NO. (4)	SEX (5) M F	BIRTHDATE			
							MONTH (6)	DAY	YEAR	
LAST NAME B (1) MORN					FIRST NAME TUESDAY			MI (3)		
STREET C (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
TELEPHONE # D (1)					GUARDIAN / CONSERVATOR (2)					
STREET E (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
STATUS F (1) RIELDX		REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)		
SPOUSE / PARENT G (1)	# HH (2)	# RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

MOBILITY IN MOBILITY OUT CLIMBING REACHING LIFTING FEED SELF BATHING DRESSING GROOMING TRANSFER BOWEL/BLADE HEARING SEEING BREATHING MEMORY ORIENTATION COOPERATION DECISION W/O IHSS NEED PROV	H (1)
--	-------

SHARE OF COST DATE I (1) 10/01/86			SOURCE (2) 1	INCOME 488 00	DEDUCT	COUNTABLE INCOME (3)
LINK J (1) Z			DEP (2)	(3) 8 500 00		BENEFIT CODE / LEVEL (4) 08
MODE K (1)	RATE (2)	HOURS (3)	(2) 9 1000 00			SHARE OF COST (3)
MODE L (1)	RATE (2)	HOURS (3)	(2) 9 1000 00			RECOVERY (3)

ACTION M (1) DEL 5	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE P (1)				REF (2)	ASSESSMENT DATE (3)	(4)	COUNTY USE		
D/O Q (1) 01	SERVICE WORKER NAME ANN CORIPPO				SW. # (3) ACAC	SERVICE WORKER PHONE # (4) (464) 551-5455			

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION:

DATE:

REMARKS:

T VALIDATION:

DATE:

REMARKS:

THIS RELB I 0429331184
NEXT RELC I 0429331184

MORN, TUESDAY

SOC DATE	10 01 86	SOURCE /	INCOME / DEDUCT	MONTHLY TOTALS
IND/LINK	2 # DEP	00 1 1 \$	488.00 \$ 0.00	COUNTABLE INCOME \$ 1435.50
MODE	RATE HOURS	2 8 \$	500.00 \$ 0.00	BENEFIT LEVEL 08 \$ 989.00
IP	\$ 3.61 256.6	3 9 \$	1000.00 \$ 0.00	SHARE OF COST \$ 446.50
	\$ 0.00 . 0.0	4 0 \$	0.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE PAY	OPTIONS MEALS
10 01 86	06 30 87		\$ 926.33	256.6	\$ 446.50	S P	
00 00 00	00 00 00		\$ 0.00	0.0	\$ 0.00		
00 00 00	00 00 00		\$ 0.00	0.0	\$ 0.00		

APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
10 01 86	01	10 01 86	
			S E R V I C E W O R K E R
DISTRICT OFFICE 01	NAME ANN CORIPPO		# ACAC PHONE # (464) 551 - 5455

A (1)	RECIPIENT # 01	CD (2)	SEQ. (3)	AID CODE 28	SOCIAL SECURITY NO. (4)	SEX (5) M F	BIRTHDATE MONTH (6) DAY (7) YEAR				
	LAST NAME SUM				FIRST NAME WIN			MI (8)			
B (1)	STREET				CITY		STATE (3)	ZIP CODE / CT (4)			
C (1)											
D (1)	TELEPHONE #		GUARDIAN / CONSERVATOR								
E (1)	STREET				CITY		STATE (3)	ZIP CODE / CT (4)			
F (1)	STATUS R I E L D X	REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)			
G (1)	SPOUSE / PARENT (2)	# HH (3)	* RCP (4)	RES (5)	L / A (6)	# ROOMS (7) Y N	YARD (8) Y N	WASHER Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

H (1)	MOBILITY IN	MOBILITY OUT	CLIMBING	PEACHING	LIFTING	FEED SELF	BATHING	DRESSING	GROOMING	TRANSFER	BOWEL	BLADDER	HEARING	SEEING	BREATHING	MEMORY	ORIENTATION	COOPERATION	DECISION	W/O IHSS	NEEO PROV
																			(2)	(3)	

SHARE OF COST DATE I (1) 10/01/86			SOURCE (2) 1	INCOME 900 100	DEDUCT 1	COUNTABLE INCOME (3)		
LINK J (1) 3		DEP (2) 02	(3) 8	300 100	1	BENEFIT CODE / LEVEL (4) 10		
MODE K (1)		RATE (2)	HOURS (3)	1100 100	1	SHARE OF COST (3)		
MODE L (1)		RATE (2)	HOURS (3)	1	1	RECOVERY (3)		

ACTION M (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	1	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	1	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	1	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE P (1)			REF (2)	ASSESSMENT DATE (3)	(4)	COUNTY USE		
D/O Q (1) 99		SERVICE WORKER NAME R CHRISTENSEN			SW. # (3) ROBE	SERVICE WORKER PHONE # (4) (916) 636-7280		

ALERT MESSAGE			NOA MESSAGE		
S AUTHORIZATION:			DATE:	REMARKS:	
T VALIDATION:			DATE:	REMARKS:	

THIS RELB I 0770076669
NEXT RELC I 0770076669

SUM, WIN

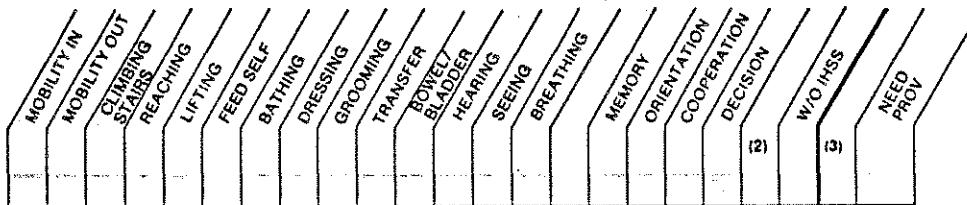
SOC DATE 10 01 86		SOURCE / INCOME / DEDUCT		MONTHLY TOTALS		
IND/LINK 3	* DEF 02	1 1	\$ 900.00	\$ 0.00	COUNTABLE INCOME	\$ 1379.50
MODE RATE	HOURS	2 8	\$ 300.00	\$ 0.00	BENEFIT LEVEL 10	\$ 1096.00
IP \$ 3.61	213.8	3 9	\$ 1100.00	\$ 0.00	SHARE OF COST	\$ 283.50
\$ 0.00	0.0	4 0	\$ 0.00	\$ 0.00	RECOVERY AMOUNT	\$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE	PAY	OPTIONS	MEALS
	10 01 86	12 31 86	\$ 771.82	213.8	\$ 283.50	S	P		
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				

APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE			
09 25 86	01	09 25 86				
S E R V I C E W O R K E R						
STRICT OFFICE 99 NAME R CHRISTENSEN				# ROBE PHONE #	(916) 636 - 4286	

A	CNTY (1)	RECIPIENT # 4564561	CD (2)	SEQ. # (3) 28	AID CODE (4)	SOCIAL SECURITY NO. (4)	SEX (5) M F	BIRTHDATE (6) (7) (8)			
	LAST NAME (1) BOYE					FIRST NAME (2) BILLIE			MI (3)		
B	STREET (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
C	TELEPHONE # (1)					GUARDIAN / CONSERVATOR (2)					
D	(1) (2) (3) (4)										
E	STREET (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
F	STATUS (1) RIELD X		REFUGEE (2)		ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)	
G	SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N



SHARE OF COST DATE I (1) 10/01/86			SOURCE (2) 1	INCOME 1. 450 100	DEDUCT 1.	COUNTABLE INCOME 1. (3)		
LINK J (1) 3			DEP (2) 01	SOURCE (3) 2	INCOME 2. 240 100	DEDUCT 2.	BENEFIT CODE / LEVEL 2. (4) 10	
MODE K (1)			RATE (2)	HOURS (3)	SOURCE (2) 7	INCOME 3. 300 100	DEDUCT 3.	SHARE OF COST 3. (3)
MODE L (1)			RATE (2)	HOURS (3)	SOURCE (2) 8	INCOME 4. 600 100	DEDUCT 4.	RECOVERY 4. (3)

ACTION M (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE P (1)				REF (2)	ASSESSMENT DATE (3)	COUNTY USE (4)		
D/O Q (1) 99		SERVICE WORKER NAME (2) CHRISTENSEN			SW. # (3) RC	SERVICE WORKER PHONE # (4) (916) 636-4280		

R ALERT MESSAGE
NOA MESSAGE
S AUTHORIZATION:
DATE: REMARKS:
T VALIDATION:
DATE: REMARKS:

THIS RELB C 1945645610
NEXT RELC C 1945645610

BOYE, BILLIE

SOC DATE	10 01 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS
IND/LINK 3 *	DEF 01	1 1 \$ 450.00 \$ 0.00	COUNTABLE INCOME \$ 787.50
MODE RATE	HOURS	2 2 \$ 240.00 \$ 0.00	BENEFIT LEVEL 10 \$ 597.00
IP \$ 3.72	275.2	3 7 \$ 300.00 \$ 0.00	SHARE OF COST \$ 190.50
\$ 0.00	0.0	4 8 \$ 600.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00
SEGMENT SELECT 1			
ACT	BEG DATE	END DATE	GROSS AMT HOURS SHR/COST TYPE PAY OPTIONS MEALS
	10 01 86	12 31 86	\$ 1023.74 275.2 \$ 190.50 S P
	00 00 00	00 00 00	\$ 0.00 0.0 \$ 0.00
	00 00 00	00 00 00	\$ 0.00 0.0 \$ 0.00
APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
09 25 86	01	09 25 86	
S E R V I C E W O R K E R			
STRICT OFFICE 99 NAME CHRISTENSEN * RC PHONE # (916) 636 - 4280			

A	CNTY (1)	RECIPIENT # 9841321	CD (2)	SEQ. # (3)	AID CODE 68	SOCIAL SECURITY NO. (4)	SEX (5) M F	MONTH (6)	DAY	YEAR	BIRTHDATE
	LAST NAME Cloud					FIRST NAME Stormy					Mi (3)
B	STREET					CITY			STATE (3)	ZIP CODE / CT (4)	
C	(1)					(2)					
D	TELEPHONE #		(2)		(3)		GUARDIAN / CONSERVATOR (4)				
E	STREET (1)					CITY (2)			STATE (3)	ZIP CODE / CT (4)	
F	STATUS R I E L D X		REFUGEE (2)		ETHNIC (3)		LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)
G	SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L / A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

MOBILITY IN (1)	MOBILITY OUT (2)	CLIMBING STAIRS (3)	REACHING (4)	LETTING (5)	FEED SELF (6)	BATHING (7)	DRESSING (8)	GROOMING (9)	TRANSFER (10)	BLADDER (11)	HEARING (12)	SEEING (13)	BREATHING (14)	MEMORY (15)	ORIENTATION (16)	COOPERATION (17)	DECISION (18)	W/O HSS (19)	NEED PROV (20)
--------------------	---------------------	------------------------	-----------------	----------------	------------------	----------------	-----------------	-----------------	------------------	-----------------	-----------------	----------------	-------------------	----------------	---------------------	---------------------	------------------	-----------------	-------------------

SHARE OF COST DATE I (1) 10/01/86			SOURCE (2) 1	INCOME 650 00	DEDUCT	COUNTABLE INCOME (3)
LINK J (1) 3		DEP (2)	(3) 9	650 00		BENEFIT CODE / LEVEL (4) 08
MODE K (1)	RATE (2)	HOURS (3)				SHARE OF COST (4)
MODE L (1)	RATE (2)	HOURS (3)				RECOVERY (4)

ACTION M (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE P (1)				REF (2)	ASSESSMENT DATE (3)	COUNTY USE (4)			
D / O Q (1) 99		SERVICE WORKER NAME R Christensen			SW. # (3) ROBE	SERVICE WORKER PHONE # (4) (916) 636-4280			

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION: _____ DATE: _____ REMARKS: _____

T VALIDATION: _____ DATE: _____ REMARKS: _____

THIS RELB I 5598413218
NEXT RELC I 5598413218

CLOUD, STORMY

SOC DATE	10 01 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS
IND/LINK 3 *	DEP 00	1 1 \$ 650.00 \$ 0.00	COUNTABLE INCOME \$ 630.00
MODE RATE	HOURS	2 9 \$ 650.00 \$ 0.00	BENEFIT LEVEL 08 \$ 533.00
IP \$ 3.72	135.9	3 0 \$ 0.00 \$ 0.00	SHARE OF COST \$ 97.00
\$ 0.00	0.0	4 0 \$ 0.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00

SEGMENT SELECT 1

ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE PAY	OPTIONS	MEALS
	11 01 86	12 31 86	\$ 505.55	135.9	\$ 97.00	N	P	
	10 01 86	10 31 86	\$ 512.99	137.9	\$ 97.00	N	P	
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00			

APPLICATION DATE	REF	ASSESSMENT DATE	COUNTY USE
09 25 86	01	09 25 86	

S E R V I C E W O R K E R

STRICT OFFICE 99 NAME CHRISTENSEN, R # ROBE PHONE # (916) 636 - 4280

A CNTY (1) 04		RECIPIENT # (1) 6543210	CD (2)	SEQ. # (2)	AID CODE (3) 68	SOCIAL SECURITY NO. (4)	SEX (5) M F	MONTH (6) 09	DAY (7) 01	YEAR (8) 19 0	BIRTHDATE
LAST NAME (1) Wall (2) Alan MI (3)											
STREET (1)					CITY (2)			STATE (3)	ZIP CODE / CT (4)		
TELEPHONE # (1)					GUARDIAN / CONSERVATOR (2)						
STREET (1)					CITY (2)			STATE (3)	ZIP CODE / CT (4)		
STATUS (1) R I E L D X		REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)			
SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L / A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER (9) Y N	STOVE (10) Y N	REFRIG. (11) Y N	

MOBILITY IN (1)	MOBILITY OUT (2)	CLIMBING STAIRS (3)	REACHING (4)	LIFTING (5)	FEED SELF (6)	BATHING (7)	DRESSING (8)	GROOMING (9)	TRANSFER (10)	POPPED BLADDER (11)	HEARING (12)	SEEN (13)	BREATHING (14)	MEMORY (15)	ORIENTATION (16)	COOPERATION (17)	DECISION (18)	W/O IHSS (19)	NEED PROV (20)
--------------------	---------------------	------------------------	-----------------	----------------	------------------	----------------	-----------------	-----------------	------------------	------------------------	-----------------	--------------	-------------------	----------------	---------------------	---------------------	------------------	------------------	-------------------

SHARE OF COST DATE (1) 09/01/86			SOURCE (2) 6	INCOME (3) 133 34	DEDUCT (4)	COUNTABLE INCOME (5)		
LINK (1) 4		DEP (2) 01	1.	(3) 9	1500 00	2.	BENEFIT CODE / LEVEL (4) 03	
MODE (1)		RATE (2)	HOURS (3)				SHARE OF COST (4)	
MODE (1)		RATE (2)	HOURS (3)				RECOVERY (4)	

ACTION (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE (1)			REF (2)	ASSESSMENT DATE (3)	COUNTY USE (4)			
D / O (1) 01 SERVICE WORKER NAME (2) Ann Corippo					SW. # (3) ACAC	SERVICE WORKER PHONE # (4) (948) 464-5455		

R ALERT MESSAGE

NOA MESSAGE

S AUTHORIZATION:

DATE:

REMARKS:

T VALIDATION:

DATE:

REMARKS:

THIS RELB I 0465432102
NEXT RELC I 0465432102

WALL, ALAN

SOC DATE	09 01 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS						
IND/LINK 4 *	DEP 01	1 6 \$ 133.34 \$ 0.00	COUNTABLE INCOME \$ 688.34						
MODE RATE HOURS	2 9 \$ 1500.00 \$	0.00	BENEFIT LEVEL 03 \$ 422.00						
IP \$ 3.61 126.2	3 0 \$ 0.00 \$	0.00	SHARE OF COST \$ 266.34						
\$ 0.00 0.0	4 0 \$ 0.00 \$	0.00	RECOVERY AMOUNT \$ 0.00						
SEGMENT SELECT 1									
ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE	PAY	OPTIONS	MEALS
	09 01 86	12 31 86	\$ 455.58	126.2	\$ 266.34	S	P		
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00				
APPLICATION DATE	REF	ASSESSMENT DATE						COUNTY	USE
08 21 86	01	08 21 86							
				S E R V I C E	W O R K E R				
STRICT OFFICE 01				NAME ANN CORIPPO	* ACAC PHONE * (948) 464 - 5455				

BIRTHDATE											
A (1) 02	RECIPIENT # 7651231	CD (2)	SEQ. # (3) 28	AID CODE (4)	SOCIAL SECURITY NO.	SEX (5) M F	MONTH (6) 08	DAY 18	YEAR 1974		
LAST NAME GLASS					FIRST NAME OWEN MI (3)						
STREET					CITY		STATE (3)	ZIP CODE / CT (4)			
					(2)						
TELEPHONE #					GUARDIAN / CONSERVATOR						
D (1)	(2)	(3)	(4)								
STREET					CITY		STATE (3)	ZIP CODE / CT (4)			
E (1)	(2)						(3)	(4)			
STATUS RIELDX		REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)			
SPOUSE / PARENT (1)		# HH (2)	# RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N

MOBILITY IN	MOBILITY OUT	CLIMBING STAIRS	REACHING	LIFTING	FEED SELF	BATHING	DRESSING	GROOMING	TRANSFER	BLADDER	HEARING	SEEING	BREATHING	MEMORY	ORIENTATION	COOPERATION	DECISION	W/O HSS (2)	NEED PROV (3)
-------------	--------------	-----------------	----------	---------	-----------	---------	----------	----------	----------	---------	---------	--------	-----------	--------	-------------	-------------	----------	-------------	---------------

H (1)

SHARE OF COST DATE 09/01/86			SOURCE (2) 9	INCOME 2000.00	DEDUCT	COUNTABLE INCOME (3)	
LINK J (1) 4		DEP (2) 02	(3)	(4)	(5)	BENEFIT CODE / LEVEL (6) 02	
MODE K (1)		RATE (2)	HOURS (3)	(4)	(5)	SHARE OF COST (6) (7) (8)	
MODE L (1)		RATE (2)	HOURS (3)	(4)	(5)	RECOVERY (6) (7) (8)	

ACTION M (1) DEL	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O (1) DEL	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE P (1)			REF (2)	ASSESSMENT DATE (3)	COUNTY USE (4)			
D/O Q (1) 01 SERVICE WORKER NAME (2) ANN CORIPPO					SW. # (3) ACA	SERVICE WORKER PHONE # (4) (456) 451-5655		

R ALERT MESSAGE
NOA MESSAGE
S AUTHORIZATION: DATE: REMARKS:
T VALIDATION: DATE: REMARKS:

THIS RELB I 0476512314
NEXT RELC I 0476512314

GLASS, OWEN

SOC DATE	09 01 86	SOURCE / INCOME / DEDUCT	MONTHLY TOTALS					
IND/LINK 4 #	DEP 02	1 9 \$ 2000.00 \$ 0.00	COUNTABLE INCOME \$ 887.00					
MODE	RATE HOURS	2 0 \$ 0.00 \$ 0.00	BENEFIT LEVEL 02 \$ 597.00					
IF	\$ 3.61 44.0	3 0 \$ 0.00 \$ 0.00	SHARE OF COST \$ 290.00					
	\$ 0.00 0.0	4 0 \$ 0.00 \$ 0.00	RECOVERY AMOUNT \$ 0.00					
SEGMENT SELECT 1								
ACT	BEG DATE	END DATE	GROSS AMT	HOURS	SHR/COST	TYPE PAY	OPTIONS	MEALS
	09 01 86	12 31 86	\$ 158.84	44.0	\$ 290.00	N	P	
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00			
	00 00 00	00 00 00	\$ 0.00	0.0	\$ 0.00			
APPLICATION DATE	REF	ASSESSMENT DATE					COUNTY USE	
08 31 86	01	08 31 86						
				S E R V I C E	W O R K E R			
STRICT OFFICE 01 NAME ANN CORIPPO				# ACA	PHONE # (456) 451 - 5655			

								BIRTHDATE		
A CNTY (1) OS	RECIPIENT # (1) 1234567	CD (2)	SEQ. # (2)	AID CODE (3) 68	SOCIAL SECURITY NO. (4)	SEX (5) M F	MONTH (6) 07	DAY (7) 04	YEAR (8) 69	
LAST NAME (1) WITE					FIRST NAME (2) BLACK MI (3)					
STREET (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
TELEPHONE # (1)			GUARDIAN / CONSERVATOR (2)							
STREET (1)					CITY (2)		STATE (3)	ZIP CODE / CT (4)		
STATUS (1) RIELD X		REFUGEE (2)	ETHNIC (3)	LANG. (4)	OTH/COV (5)	SSNV (6)	HIC. / R.R. # (7)	FBU. # (8)		
SPOUSE / PARENT (1)	# HH (2)	# RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER (9) Y N	STOVE (10) Y N	REFRIG. (11) Y N

MOBILITY IN (1)	MOBILITY OUT (2)	CLIMBING (3)	REACHING (4)	LIFTING (5)	FEED SELF (6)	BATHING (7)	DRESSING (8)	GROOMING (9)	TRANSFER (10)	BOWEL (11)	BLADDER (12)	HEARING (13)	SEEING (14)	BREATHING (15)	MEMORY (16)	ORIENTATION (17)	COOPERATION (18)	DECISION (19)	W/O IHSS (20)	NEED PROV (21)
--------------------	---------------------	-----------------	-----------------	----------------	------------------	----------------	-----------------	-----------------	------------------	---------------	-----------------	-----------------	----------------	-------------------	----------------	---------------------	---------------------	------------------	------------------	-------------------

SHARE OF COST DATE (1) 9/22/86			SOURCE (2) 1	INCOME (3) 150 00	DEDUCT (4)	COUNTABLE INCOME (5) (3)
LINK (1) 5		DEP (2) 02	(3) 1	450 00	100 00	BENEFIT CODE / LEVEL (4) 03
MODE (1)	RATE (2)	HOURS (3)	(2) 8	500 00	(4)	SHARE OF COST (5) (3)
MODE (1)	RATE (2)	HOURS (3)	(2) 9	1200 00	(4)	RECOVERY (5) (3)

ACTION DEL (1)	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	HOURS (5)	SHARE OF COST (6)	TYPE (7) S N	PAY OPTION (8) R P M
N DEL (1)	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M
O DEL (1)	(2)	(3)	(4)	(5)	(6)	(7) S N	(8) R P M

APPLICATION DATE (1)			REF (2)	ASSESSMENT DATE (3)	(4)	COUNTY USE		
D/O (1) 01 SERVICE WORKER NAME (2) ROBERTA C					SW. # (3) 8888	SERVICE WORKER PHONE # (4) (888) 888-8888		

R ALERT MESSAGE
NOA MESSAGE
S AUTHORIZATION: DATE: REMARKS:
T VALIDATION: DATE: REMARKS: