DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0250

June 17, 1976

ALL-COUNTY LETTER NO. 76-87

TO: COUNTY WELFARE DIRECTORS
DISTRICT ATTORNEYS
COUNTY AUDITORS
WELFARE FISCAL SUPERVISORS
ADMINISTRATIVE SERVICE OFFICERS
DATA PROCESSING OFFICERS

SUBJECT: SUPPLEMENTAL CLAIMING INSTRUCTIONS FOR THE CHILD SUPPORT ENFORCEMENT PROGRAM

REFERENCE: ALL-COUNTY LETTER NUMBERS 76-44, and 76-23

This letter is to provide instructions and specifications for the optional use of computer-generated magnetic tape in submitting fiscal claiming data to the state under the IV-D Child Support Program. It does not cancel or modify any previous instructions except to the extent that it gives counties the option of substituting magnetic tape for paper documents in submitting CS 801 data.

The above-referenced All-County Letters provide instructions for submitting necessary fiscal claiming data using manually prepared forms. Many counties have developed, or are developing, computer systems to generate this data. For their convenience, and for advance planning purposes to counties contemplating future development of such systems, specifications are attached for use in submitting CS 801 Payroll Data on magnetic tape. A county may elect to generate a magnetic tape and submit it in place of the currently used CS 801 documents, if it feels that this is more economical or more convenient. Use of tape is at the option of the county, but may become mandatory (to automated counties) at a later date. You may begin sending tape with the August claim; but please notify Computer Services, Mail Station 19-13, 744 P Street, Sacramento 95814 30 days prior to sending tape. As a parallel test, we request you submit the paper CS 801 documents for the first month along with the magnetic tape. If requested, your tape will be returned to you after processing.

Optional use of magnetic tape applies to the CS 801 Payroll (detail) data only. Please continue to submit the summary data on the CS 800 form now in use. Corrections, adjustments, cancellations, etc., may be submitted on tape or may be prepared manually and submitted with the magnetic tape data.

As the purpose of the tape is to serve as a substitute for the CS 801 document, data element definitions are identical to those provided in the above-referenced

All-County Letters for use in the existing manual system, with two exceptions. Data element numbers 14 and 15, "Interstate Responding Agency Case Number" and "Interstate Day of Collection" (see attached Data Element definitions), are new. These fields are for use in interstate cases only, and are optional, for the convenience of the out-of-state collecting agency. These fields have been included in anticipation of possible future federal requirements for this information. If and when these data elements become mandatory, instructions on their use will be forthcoming from Financial Planning Bureau. If the information is not available, these fields should be left blank.

Tapes should be sent, with the signed CS 800 form, to:

CLAIMS AUDIT & CONTROL
CALIFORNIA DEPARTMENT OF BENEFIT PAYMENTS
MAIL STATION 19-15
744 P STREET
SACRAMENTO, CA 95814

As with the current manual forms, the data is due the eighth working day of the month following the claim month.

If you have any questions on the attached specifications, please contact Computer Services, Systems Analysis Bureau at (916) 445-0250.

GARY G. ADAMS
Deputy Director

Attachments

cc: CWDA

CHILD SUPPORT
CS 801
PAYROLL TAPE
SPECIFICATIONS
May 7, 1976

TRANSMITTAL

Please include the following information on your tape transmittal document:

COUNTY
CLAIM MONTH
TAPE CREATION DATE
NUMBER OF REELS
REEL NUMBER(S)
RECORD COUNT
RETURN ADDRESS (if tape return is desired)

EXTERNAL LABEL

Each reel must be affixed with an external label containing the following information:

"IV-D CHILD SUPPORT CS 801 PAYROLL TAPE"
REEL _____ OF _____.
COUNTY OF _____.
CLAIM MONTH/YEAR _____.
CREATING COMPUTER ____(Make and Model)____.
RECORDING DENSITY ____(800) (1600)____.
TRACK _____(7) (9)_____.
INTERNAL LABEL ___(USASI) (STANDARD)___.

INTERNAL LABEL

Please use USASI (ANSI) labels if possible. Otherwise, use your system's standard labels. Do not send unlabelled tapes. If you cannot write a USASI label on an EBCDIC - coded tape (as with some IBM-OS systems) write your system's standard label. Data must be in EBCDIC.

RECORDING DENSITY

Please use 9-track 1600 BPI if possible. Please advise us (Computer Services Child Support Unit, 1021 "J" Street, Sacramento) if you are unable to submit 9-track 1600 BPI tape.

BLOCKING FACTOR

Block data to a maximum of 15 records (3,150 characters) to the block. Use Fixed Length (210 character) records only.

DATA USAGE

Data must be written in EBCDIC (or BCD if you must use seven track tape). Use DISPLAY (External Decimal) characters only. Do not use Internal (Packed)

Decimal, or Computational digits. Signed fields, used to indicate negative amounts for adjustments, cancellations, etc., must have the sign in the left half of the low-order byte (see Data Elements 15-25).

Note to Honeywell users: If you are able to submit nine track EBCDIC tape, please write it "UNBANNERED." If you cannot write ANSI (USASI) labels, use Honeywell standard labels. If you are unable to send an IBM-compatible tape, we can accept a Honeywell tape meeting the following specifications:

Honeywell formatted, bannered
Standard labels
7-track, 556 BPI
Odd parity
2500 bytes/block maximum

CS 801
CHILD SUPPORT
PAYROLL TAPE DATA ELEMENTS
May 7, 1976

DATA ELEMENT	POSITION	SIZE	TYPE	DEFINITION
1. Record I.D.	1-3	3	N	Constant, for identification purposes. This field should always contain "259".
2. Initiating Agency Code	4-8	5	N	Five digit Federal Information Processing Standards (FIPS) code (Ref: All-County Letter 75-207). The first two positions (4-5) represent the initiating state (in our case 06 for California). The remaining three digits (pos. 6-8) are the initiating county (your) FIPS identification number.
3. Responding Agency Code	9-13	5	AN	Five digit FIPS code for the responding, or collecting agency. Pos. 9-10 are the state code and 11-13 are the local agency code. If, in the case of an interstate collection by a state administered collecting agency, a local agency is not involved, enter zeros in pos. 11-13.
4. Claim Month	14-17	4	N	Year and month (YYMM) in which distribution of the child support collection is made. (The claim is due the eighth working day of the following month.)
5. "Filler"	18-20	3	AN	For possible future expansion. This field should contain SPACES
6. Adjustment	21	1	AN	Use a "1" to indicate that this record is an adjustment or correction of a previously-submited record.
7. Non-Fed BHI Flag	22	1	AN	Use to indicate a non-Fed BHI case. Use a "1" to indicate non-Fed BHI; otherwise use SPACE.
8. Unassigned Flag	23	1	AN	Use "1" to indicate Unassigned-Support-Rights case. Otherwise fill wih SPACE.

DATA ELEMENT	POSITION	SIZE	TYPE	DEFINITION
9. State Case Number	24-34	11	AN	Welfare case number: County, pos. 24-25; Aid Code, 26-27; Serial Number, 28-34.
10. "Filler"	35-37	3	AN	For possible future expansion. Fill with SPACES.
11. Payee Name				Name of Payee, or custodian of child(ren). Left justify in First and Last Name Fields.
(Last)	38-56	19	AN	
(First)	57-66	10	AN	
(M.I.)	67	1	AN	
12. Absent Parent Name				Name of absent parent from whom collection was made. Left justify in First and Last Name Fields.
(Last)	68-86	19	AN	
(First)	87-96	10	AN	
(M.I.)	97	1	AN	
13. Absent Parent SSAN	98-106	9	N	Social Security Account Number of absent parent. Fill with zeros if none or not known.
14. Interstate Responding Agency Case Number	107-121	15	AN	Only to be used where the collection was made in another state. Enter the collecting, or responding, agency's Case Number, if known. Right justify. If not known, or the collection was made in California, fill this field with SPACES.
15. Interstate Day of Collection	122-127	6	AN	YYMMDD. Only to be used where the collection was made in another state. Enter the year, month and day the above amount was collected from the absent parent, if known (should be reported by collecting agency). If "Amount Collected" is the sum of more than one collection, enter the most recent collection date. If unknown, or collection was made in California, fill with SPACES.

DATA ELEMENT	POSITION	SIZE	TYPE	DEFINITION
16. Amount Collected	128-133	6	N	Total collections made this month. 9(4)V99. Dollars and Cents; if rounded to the dollar, include 00 cents. For compatibility purposes, this must be a signed DISPLAY or external decimal field. Do not use internal or packed decimal. The sign (positive, hex C or octal 2; negative, hex D or octal 4) must be in the left half of the low-order byte. On most Burroughs equipment this may be accomplished using PICTURE J9(4)V99 USAGE DISPLAY. On most IBM and UNIVAC equipment the standard S9(4)V99 will suffice.
17. Current Month Collection	134-139	6	N	9(4)V99. Amount collected on the Current Month's Obligation. Dollars and Cents. Signed DISPLAY Field: see Data Element 16.
18. Prior Month Collection	140-145	6	N	9(4)V99. Amount collected on arrearages. Dollars and Cents. Signed DISPLAY Field: see Data Element 16.
19. Disregard	146-149	4	N	9(2)V99. Dollars and Cents. Up to 40 percent of the first $50 paid on the current support obligation. Maximum of $20 total per case (from all absent parents). If there is no Disregard, enter zeros. Signed DISPLAY Field: see Data Element 16.
20. Pass-On	150-155	6	N	9(4)V99. Dollars and Cents. Amount of Collection-on-Current-Child-Support-Obligation remaining after deducting Disregard and Recoupment. Signed DISPLAY Field: see Data Element 16.
21. Excess	156-161	6	N	9(4)V99. Dollars and Cents. Amount of Total Collection remaining after deducting all Current and Prior Month Recoupments, Disregard and Pass-On. Signed DISPLAY Field: see Data Element 16.
22. Recoupment A-1	162-167	6	N	9(4)V99. Dollars and Cents. Current-month recoupment at 25 percent federal SEIF. Signed DISPLAY Field: see Data Element 16.

DATA ELEMENT	POSITION	SIZE	TYPE	DEFINITION
23. Recoupment A-2	168-173	6	N	9(4)V99. Dollars and Cents. Current-month recoupment at ten percent federal SEIF. Signed DISPLAY Field: Data Element 16.
24. Month of Collection	174-177	4	N	Year and Month (YYMM) that the child support collection was received by the collection agency in your county.
25. Recoupment B-1	178-183	6	N	9(4)V99. Dollars and Cents. Prior-month recoupment at 25 percent federal SEIF. Signed DISPLAY Field: see Data Element 16.
26. Recoupment B-2	184-189	6	N	9(4)V99. Dollars and Cents. Prior-month recoupment at ten percent federal SEIF. Signed DISPLAY Field: Data Element 16.
27. "Filler"	190-210	31	AN	For future expansion. Fill with SPACES.

State of California - Health and Welfare Agency

Department of Social Welfare

RECORD LAYOUT Job Name CHILD SUPPORT Record Name CS 801 TAPE Record Size 210 Blocking Factor 15 Programmer _____ Date 5/4/76

0.

Des.	RECORD I.D. "259"	INITIATING AGENCY CODE (STATE / COUNTY)	RESPONDING AGENCY CODE (STATE / COUNTY)	CLAIM MONTH (YEAR / MONTH)	FILLER	ADJUSTMENT	NON-FED D.H.I.	UNASSIGNED	STATE CASE NUMBER (COUNTY / AID CODE / SERIAL)	FILLER	PAYEE NAME (SURNAME / FIRST NAME / M.I.)	ABSENT PARENT NAME (SURNAME / FIRST NAME / M.I.)
Mod.	999	X(5)	X(5)	9(4)	X(4)	X	X	X	X(11)	X(3)	X(19) X(10) X	X(19) X(10) X
Pos.	1	5	10	15	20				25 30	35	40 45 50 55 60 65	70 75 80 85 90 95
No.	1	2	3	4	5	6	7	8	9	10	11	12

1.

Des.	ABSENT PARENT SEAN	INTERSTATE RESPONDING AGENCY CASE NUMBER	INTERSTATE DAY OF COLLECTION (YEAR / MONTH / DAY)	AMOUNT COLLECTED ($ ¢)	CURRENT MONTH COLLECTION ($ ¢)	PRIOR MONTH COLLECTION ($ ¢)	DISREGARD ($ ¢)	PASS-ON ($ ¢)	EXCESS ($ ¢)	RECOUPMENT A-1 ($ ¢)	RECOUPMENT A-2 ($ ¢)	MONTH OF COLLECTION (YEAR / MONTH)	RECOUPMENT B-1 ($ ¢)	RECOUPMENT B-2 ($ ¢)	FILLER
Mod.	9(9)	X(15)	X(6)	9(4)V99	9(4)V99	9(4)V99	99V99	9(4)V99	9(4)V99	9(4)V99	9(4)V99	9(4)	9(4)V99	9(4)V99	X(21)
Pos.	1 5	10 15 20	25	30	35	40 45		50 55	60	65	70	75	80	85	90 95
No.	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27

2.

Des.	FILLER
Mod.	
Pos.	1 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95
No.	

3.

Des.	
Mod.	
Pos.	1 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95
No.	

4.

Des.	
Mod.	
Pos.	1 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95
No.	

DPS 44 (10/73)