

WELFARE INTERCEPT SYSTEM COUNTY TRANSACTION DOCUMENT

COUNTY CODE	YEAR OF TRANSMISSION	WORKER / DISTRICT ID	RECORD TYPE (DO NOT CHECK MULTIPLE BOXES)				
			<input type="checkbox"/> 1=Establish	<input type="checkbox"/> 4=Refund	<input type="checkbox"/> 7=Increase	<input type="checkbox"/> A=Alias Name	
			<input type="checkbox"/> 2=Decrease		<input type="checkbox"/> 8=Suspend	<input type="checkbox"/> B=Address	
			<input type="checkbox"/> 3=Delete		<input type="checkbox"/> 9=Reactivate		

1. SSN	2. CASE I.D.	3. DELINQUENCY DATE(m/d/y)		
4. LAST NAME	5. FIRST NAME	6. MIDDLE INITIAL		
7. C / O NAME	8. STREET ADDRESS			
9. CITY	10. STATE / COUNTRY	11. ZIP CODE	12. JUDGEMENT DEBT	13.

	FTB	TOP
CalWORKs AE	14.	20.
CalWORKs IPV	15.	21.
CalWORKs IHE	16.	22.
Food Stamps AE	17.	23.
Food Stamps IPV	18.	24.
Food Stamps IHE	19.	25.

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