Date						JNL		Dept/Off				Transaction			
M	M	D	D	Y	Y							Code			T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						4	0	4	4	5	0	1	0	5	

Social Security Number	RIC	State		County			LAST NAME
17 — 25	26	27	28	29	30	31	32 — 50

First Name	MI	Welfare Identification Number	Type Appl
51 — 60	61	62 — 83	84 85

Date of Birth	CENT	SEX	RACE	Date of Application	State Supplement Effective Date	Pay Status	MAR	State Supplement Amount (Eligible)	State Supplement Amount (Actual)	SSI
86 — 91	92	93	94	95 — 100	101 — 106	107-109	110	111 — 115	116 — 120	121

Federal SSI Payment	AUTH	BLKS
122 — 126	127	128

DSB-7222 (07/81)