FOOD AND NUTRITION SERVICES
CLIENT RECORD

DSS-8590LF (rev. 09/07)
ECONOMIC SERVICES

CASE NUMBER	CHK DIG	COUNTY GEO	COUNTY ADM	ESMERERV	TRANS CODE	ACTION CODE	APPLICATION DATE	TRANSACTION EFFECTIVE DATE	CERTIFICATION DATE MO FROM YR	CERTIFICATION DATE MO THRU YR		RECERT	START ISSUANCE MO YR	FNSU	TYPE	ISS	MRAN	CASE LOAD NBR	WORKER NBR	TEMP WORKER NBR	CLIENT RECORD NBR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

PHONE NUMBER	CODE	TYPE	WFFA COUNTY CASE NO.1		WFFA COUNTY CASE NO.2		WFFA COUNTY CASE NO.3		FNS COUNTY CASE NO.	VUL/ TYPE	E/T	NO. IN HOME
22			23	24	25	26	27	28	29	30	31	32

ADDRESS LINE 1	ADDRESS LINE 2	CITY AND STATE	ZIP CODE	NO. IN FNS CASE # REQ MBRS	FNSU	PA RECIPIENTS
33	34	35	36	37	38	38A

FNSU RESOURCES	PRORATED ALLOTMENT	DEL PROC	PROJ CD		NO PRO	RENT/ MORTGAGE	REAL ESTATE TAXES	HOUSEHOLD INSURANCE	UTILITIES	TYPE	OTHER EXPENSE	TOTAL SHELTER		
39	39A	39B	39C	39D	40	41 +	42 +	43 +	44	45 +	46 =	47	47A	47B

TOTAL EARNED INCOME	EARNED INCOME DEDUCTION	NET EARNED INCOME	TOTAL UNEARNED INCOME	ADJUSTED GROSS INCOME	STANDARD DEDUCTION	ADJUSTED INCOME	DEPENDANT CARE	MEDICAL	EXCESS SHELTER	EXPENSE DEDUCTION	NET ADJUSTED INCOME	CI LN AD
48	49 −	50 =	51 +	52 =	53 −	54 =	55	56	57	58	59	60

TFP	BENEFIT REDUCTION	RETRO ADJUSTMENT	RSN CODE	CLAIM COLLECTION	ALLOTMENT	DENOMINATIONS $2	$7	$10	$40	$50	$65	REVIEW FOR CHANGE DATE 1	TYPE	DATE 2	TYPE		PREVIOUS CASE NUMBER	AAG
61	62 −	63 +	64	65 −	66 =	67	68	69	70	71	72	73	74	75	76	77	78	79

80 - HOUSEHOLD INFORMATION

A MEMBER	B SSN	VER	C NAME	D DATE OF BIRTH	MED EXP	E W/R	F EARNED INCOME	TYPE	G PA/SSI INCOME	TYPE	H SS INCOME	I	J OTHER INCOME	TYPE	K DEP REL

WORKER SIGNATURE	DATE SIGNED	WORKER INITIALS	PAGE NUMBER	DATE PRINTED