SSN Validation Reminder Report

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RUN DATE: 01/31/2000                NC DEPT OF HEALTH AND HUMAN SERVICES          HWA425-02
COUNTY: 00 XXXXX                    INCOME ELIGIBILITY VERIFICATION SYSTEM        RETENTION:
PROG:  FS                                SSN VALIDATION REMINDER REPORT           TWO MONTHS
-------------------------------------------------------------------------------------------------PAGE 1---------
 L A S T          F I R S T    M     DATE OF          SOC SECURITY     PRG/DST/CASE/VALID
 N A M E          N A M E      I      BIRTH           N U M B E R      DIFF IF VALIDATED
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CTY CASE: 1234567     SYS CASE: 111111111

 DOE              JOHN         R     *02/08/1952      012-23-4568      DOB DOES NOT MATCH

CTY CASE: 2222222     SYS CASE: 222222222

 BOONE            DANIEL       L     09/16/1987       *111-22-3333     SSN NOT IN SSA FILE

CTY CASE: 3333333     SYS CASE: 333333333

 *DOE             SERENA       D     12/22/1976       222-11-1234      NAME DOES NOT MATCH
 *DOE             SAMUEL       L     06/12/1982       222-00-3334      NAME DOES NOT MATCH
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Figure 235-4