FSIS 1200 - FSIS Reports
Change #1-2011
August 1, 2011

1200.01 GENERAL

A number of reports are generated by FSIS and either forwarded to county offices on a regular basis or available on NCXPTR, Report Distribution. NCXPTR instructions are in Section 102. This section describes some of these reports and displays illustrations.

1200.02 REPORT TITLE AND NCXPTR REPORT NUMBER

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A. **Report Title:** Pending Applications and Emergency Cases

Report Number: SLER100-01

Frequency: Weekly

Retention: Retain for 7 years.

Contents: This report lists all pending applications certified as emergency with postponed verification. Two reports are generated to provide one sorted by County, Adm, Application Date, and Worker Number. The other is sorted by County, Adm, Worker Number, and Application Date.

Applications pending over 20 days are identified by one asterisk; those exceeding postponed verification due date are identified by two asterisks. The 'due date' is the 30th day from the date of application. If the 30th day is a state non-workday, the due date is the workday following the 30th day.

For emergency cases with postponed verification, the transaction date of the emergency code '2' entry is listed under the column 'Emergency Date'. These cases do not receive another issuance until postponed verification is received. Emergency cases are not reflected in the summary numbers at the end of the report.

Reopened cases that are in Transaction Code 1 status are listed at the end of the report for monitoring purposes. These are cases entered with an action code of 34 or 35 and the previous application date was reentered. While these do not represent pending applications, further action is necessary to certify (reopen) or deny the case.

Run Date 02/20/06 N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
REPORT DATE 02/20/06 FOOD STAMP INFORMATION SYSTEM REPORT NO: SLER-01
PENDING APPLICATIONS AND EMBERGENCY CASES SORTED RETAIN: SEVEN YEARS

XXXXXX COUNTY DSS 00 00 * OVER 20 DAYS ** EXCEEDS POSTPONED VERIFICATION DUE DATE

FSIS CASE NUMBER	COUNTY CASE NUMBER	EMERGENCY CASE NAME	EMERGENCY DATE	APPL-DATE	DUE-DATE	WFFA 45TH DAY	WORKER NUMBER	TYPE CASE

B. **Report Title:** Notices of Action Taken – Eligibility

Report Number: SLER432-01

Frequency: Daily for all new certifications and recertifications

Retention: Retain for 7 years.

Contents: This report is used as the record copy of notices of eligibility sent to households and displays all information given on the notice that is mailed to the client. The worker who certified the case is identified by the worker number.

```
DATE  02/20/06                    N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES                    PAGE      1
                                        FOOD STAMP INFORMATION SYSTEM                  REPORT NO. SLER432-01
CTY: XXXXXX COUNTY DSS   00 00    NOTICES OF ACTION TAKEN - ELIGIBILITY                RETAIN:  SEVEN YEARS

   CERTIFICATION          PRO-                    >30    >30        OVER 90TH DAY
 FS        CTY        PERIOD          MNTHLY  RATED  WK   VERIFY   RETRO  REG    BEF  EMER-   7    HEARING
CASE ID  CASE ID  CLIENT NAME  FROM  TO  ALLOT  ALLOT  O  PENDNG ADDED  DELAY CERT GENCY  DAYS  REQ
```

C. **Report Title:** Notices of Action Taken – Denial or Pending Status

Report Number: SLER332-01

Frequency: Daily

Retention: Retain for 7 years.

Contents: This report is used as the record copy of notices of denial and pending status sent to households. It identifies by denial code and the denial message on the notice that is mailed to the client. An 'X' indicator is used to show a notice of pending status was mailed.

Both reports contain information to be used in tracking and monitoring processing timeframes. Columns for tracking emergency cases are: 'Verif Pendng', Emergency, and 'Over 7 Days'. If a case is an emergency case, an 'X' is displayed in the column 'Emergency'. If the emergency case is processed later than 7 days from the date of application, an 'X' is displayed in the column 'Over 7 Days'. If the emergency case is certified with verification pending for the second month's issuance, an 'X' is displayed in the column 'Verif Pendng'.

Applications are tracked using column 'Over 30 Days Before Cert'. An 'X' is displayed in this column for each application processed after the thirty day processing timeframe.

```
DATE  02/20/06                    N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES                    PAGE  1
                                        FOOD STAMP INFORMATION SYSTEM                  REPORT NO:  SLER332-01
CTY: XXXXXX                01 00    NOTICES OF ACTION TAKEN (DENIAL OR PENDING)          RETAIN:  SEVEN YEARS

                                          OVER 30    OVER 30   60TH DAY                          OVER    90TH DAY
FSIS CASE   CTY CASE  CLIENT NAME WKR  DENIAL  DAYS REG  DAYS BEF   FOR    PENDING   EMERGENCY    7       FOR HEARING
 ID                                   NBR   CODE    DELAY        DENIAL    CODE 36   NOTICE                DAYS    REQUEST
```

D. **Report Title:** Applications Processed Using Normal Processing Standards

Report Number: SLEM960-01

Frequency: Monthly, end of month

Retention: Retain for 7 years.

Contents: This report is produced along with report SLEM910-01, Workload Report and is distributed to State and Regional staff only.

This report contains statistical data on normal service applications processed during the month and reflects the same cases represented on the Workload Report.

The first page displays a State summary, followed by Team (10 Teams) summaries. Individual county summaries are listed within each team. Columns labeled 'PCT DIFF STATE' indicate differences between team and county percentages compared to the statewide percentage. Minus signs (-) indicate less than statewide and unmarked numbers indicate greater than statewide percentages.

Applications counted in the column 'Processed after 30 days' are listed individually on report SLEMU385-ET (Overdue Applications Processed Using Normal Processing Standards)

RUN DATE 02/20/06 N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM REPORT NO: SLEM960-01
FOR MONTH OF MARCH 2001 APPLICATIONS PROCESSED USING NORMAL PROCESSING STANDARDS RETAIN: SEVEN YEARS

	ALL APPLICATIONS					APPROVED APPLICATIONS				DENIED APPLICATIONS			
	TOTAL PROCESSED		PROCESSED AFTER 30 DYS.		OVERDUE RATE	PCT DIFF STATE	TOTAL	AFTER 30 DYS.	OD RATE	PCT DIFF STATE			
	NO.	PCT	NO.	PCT									
STATE TOTAL													
TEAM01 TOTAL													
TEAM 02 TOTAL													

E. **Report Title:** Overdue Applications Processed Using Normal Processing Standards

Report Number: SLEMU385-ET

Frequency: Monthly, the first part of the month for all cases processed in the prior month

Retention: Retain as long as the report is of administrative value

Contents: This report displays every case identified as over the 30 days processing time. It is a summary of information from the lists of Notice of Action Taken – Eligible, Denied, or Pending. Each case has complete identification along with the assigned worker number and displays the number of processing days.

4/02/01 N.C. DEPARTMENT OF HUMAN RESOURCES PAGE 1
FOR MONTH OF MARCH FOOD STAMP INFORMATION SYSTEM REPORT NO: SLEMU385-ET
COUNTY CODE - 00 00 OVERDUE APPLICATIONS PROCESSED USING NORMAL PROCESSING STANDARDS RETAIN: ADMIN VALUE

WORKER NUMBER	FSIS CASE NUMBER	CTY. CASE NUMBER	LAST NAME	FIRST NAME	MI	NAME SUFFIX	DAYS PENDING BEFORE CERT	BEFORE DENIAL

TOTAL CASES LISTED: TOTAL CERT: TOTAL DENIAL:

F. **Report Title:** Applications Processed Using Emergency Service Standards

Report Number: SLEM960-02

Frequency: Monthly, end of the month

Retention: Retain as long as the report is of administrative value

Contents: This report is produced along with report SLEM910-01, Workload Report and is distributed to State and Regional staff only.

This report contains statistical data on emergency service applications processed during the month and reflects the same cases represented on the Workload report.

The first page displays a State summary, followed by Team (10 Teams) summaries. Individual county summaries are displayed within each team.

Columns labeled 'PCT DIFF STATE' indicate differences between regional and county percentages compared to the statewide percentage. Minus signs (-) indicate less than statewide and unmarked numbers indicate greater than statewide percentages.

Applications displayed in the column "Processed After 7 Days' are listed individually on report SLEM385-01.

RUN DATE 03/30/01 N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES PAGE 1
FOOD STAMP INFORMATION SYSTEM REPORT NO: SLEM960-02
FOR MONTH OF MARCH 2001 APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS RETAIN: ADMIN VALUE

	ALL APPLICATIONS					APPROVED APPLICATIONS				DENIED APPLICATIONS			
	TOTAL PROCESSED		PROCESSED AFTER 7 DYS.		OVERDUE RATE	PCT DIFF STATE	TOTAL		AFTER 7 DYS.		OD RATE	PCT DIFF STATE	
	NO.	PCT	NO.	PCT									
STATE TOTAL													
TEAM01 TOTAL													
TEAM 02 TOTAL													

G. **Report Title:** Overdue Applications Processed Using Emergency Service Standards

Report Number: SLEM385-01

Frequency: Monthly, first of the month for all cases processed in the prior month

Retention: Retain as long as the report is of administrative value

Contents: This report displays every emergency case identified as processed over the 7 day processing timeframe. This is a summary report of information gathered from the lists of Notices of Action Taken – Eligible, Denied, or Pending. Each case has complete identification along with the assigned worker number and displays the number of processing days.

DATE 04/02/01 N.C. DEPARTMENT OF HUMAN RESOURCES PAGE 1
FOR MONTH OF MARCH FOOD STAMP INFORMATION SYSTEM REPORT NO: SLEM385-01
CTY: xxxxxxx 01 00 OVERDUE APPLICATIONS PROCESSED USING EMERGENCY SERVICE STANDARDS RETAIN: ADMIN VALUE

WORKER NUMBER	FSIS CASE NUMBER	CTY CASE NUMBER	LAST NAME	FIRST NAME	NAME MI	SUFFIX	DAYS PENDING BEFORE CERT	BEFORE DENIAL

TOTAL CASES LISTED: TOTAL CERT: TOTAL DENIAL:

H. **Report Title:** Redetermination Due/Review for Change

Report Number: SLER024-01

Frequency: Monthly, the 10th of each month

Retention: This report is documentation that a timely Notice of Expiration was provided to a household. Documentation is also provided by retaining the face sheet of the Notice of Expiration, DSS-8594. If this report is used for documentation purposes rather than the face sheet, retain the report for 3 years. If the face sheet is filed in the case record for documentation, retain this report for as long as the report is of administrative value.

Contents: This report lists all cases due for recertification or change in the following month. All cases listed are identified by the FSIS case ID number, county case number, and worker number.

Cases due for recertification display additional information:

1. Household type (PA or NPA)
2. AFDC (Work First) case number for each Work First payment in the household.
3. An 'X' indicator under the column 'Redet Due'.

4. An 'X' indicator if the household is a PA household (Household Types 1, 3, or 4) and the review for Work First is due the same month as the Food and Nutrition Services redetermination.
5. An 'X' indicator if the household has a boarder or income from SSI or VA.
6. An 'X' indicator if the automatic wage match at redetermination finds wages or unemployment insurance benefits for any Food and Nutrition Services unit member with a dependent relationship code of A, D, E, I, or W. When this indicator is displayed, the member with that income is found on the ESC/UIB Match Report, SLER985-01.
7. An 'X' indicator in the appropriate column if a person in the Food and Nutrition Services unit turns age 18 or age 60 in the second following month. This indicator also appears for any person in any active case who turns age 18 or age 60 in the second following month.
8. The Semi-Annual Recertification (NOE) column displays an R if the case received a DSS-2435R or displays an I or T if the case received a DSS-2435I form.
9. The Recertification Due/Review for Change Report (SLER024-01) is updated to change the semi-annual recertification (SAR) column to Notice of Expiration (NOE). This column displays an indicator identifying which notice is produced. This field displays codes T, R, and I. The code in this column indicates the type of notice created by the system for the Food and Nutrition Services case. A Notice of Expiration is created when the code is T, R, or I. A DSS-2435R form is created when the code is 'R'. A DSS-2435I form is created when the code is I or T.

   The NOE is mailed the 5th work night prior to the end of the month.

Cases needing a review for change display the following information:

1. The review for change month and type code under the column(s) Review 1/Review 2 if the review for change is due for the following month or due in a previous month and the review for change date has not been changed.
2. An 'X' indicator in the appropriate column if a person in the Food and Nutrition Services unit turns age 18 or age 60 in the second following month.

```
RUN DATE  XX/XX/XX                    N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES                PAGE  1
                                      FOOD STAMP INFORMATION SYSTEM                 REPORT NO:  SLER024-01
COUNTY: XXXXXX  00-00  REDETERMINATIONS DUE JAN 08 AND REVIEW FOR CHANGE            RETAIN:  THREE YEAR/ADM

FSIS      COUNTY  WRKR  TYPE  AFDC      REDET  AFDC  HAS   **  HAS INCOME *  REVIEW 1  REVIEW 2  18TH      60TH
CASE NO. NAME     CASE NO.  NO.  CASE  CASE NO.  DUE   DUE  BRDR        SSI VA       DUE – TP   DUE - TP
B/DAY  B/DAY    NOE
```

I. **Report Title:** ESC/UIB Match

Report Number: SLER985-01

Frequency: Monthly, 10th of each month

Retention: Retain for 3 years

Contents: This report is produced as the result of five matches with Employment Security Commission's (ESC) wage and unemployment insurance files.

The five matches with ESC are:

1. Redetermination Due
2. Approved Applications
3. Loss of Wages/Employment
4. UIB Recipient
5. Quarter Match

Each case on this report appears with the head of household displayed first. All other individuals in the case having a match are displayed below the head of household. An 'X' is displayed in each column for which there is a match for the individual listed. Wage and/or UIB data found on ESC's files are listed also by each individual. The report is sorted in alphabetical order by head of household within worker number. Individuals matched with ESC are described by type of match as outlined below:

1. Redetermination Due – All members of each Food and Nutrition Services unit due for redetermination on Redetermination Due/Review for Change Report SLER024-01 are matched with ESC. The head of household and all individuals having a match are displayed.
2. Approved Applications – This match includes all Food and Nutrition Services unit members with a dependent relationship code of A, D, E, F, G, I, or W in all approved applications for the first three months after applications are approved.
3. Loss of Wages/Employment – All Food and Nutrition Services unit members with a dependent relationship code of A, D, E, F, G, I, or W having a reduction in earned income are matched with ESC files for three months after the reduction. FSIS is unable to determine whether or not the reduction in earnings is due to loss of wages or employment or a reduction in hours worked, hourly wage, leave without pay, etc.
4. UIB Recipient – All Food and Nutrition Services unit members with a dependent relationship code of A, D, E, F, G, I, or W who currently receive income from unemployment benefits are matched each month with ESC.
5. Quarter Match – This match consists of all Food and Nutrition Services unit members with a dependent relationship code of A, D, E, F, G, I, or W that were not matched in the previous three months with ESC.

The last three columns on this report contain information extracted from ESC files:

1. Weekly UIB Amount – The amount of weekly benefits for which the individual is potentially eligible.
2. Quarterly Wage Amount – The total wages reported to ESC for the quarter shown.
3. Wage Quarter – The most current quarter in which wages appear on the ESC file.

A single sheet report, SLER985-02, is produced for each individual listed on the SLER985-01 report. The same information is displayed and includes the name and address of all employers displayed in the last quarter showing wages.

```
DATE    04/10/01                N C DEPARTMENT OF HUMAN RESOURCES                    PAGE 1
                                FOOD STAMP INFORMATION SYSTEM                 REPORT NO:  SLER985-01
COUNTY  00 00  YANCEY                ESC/UIB MATCH - MAY      2001            RETAIN:    THREE YEARS
WORKER  227

                    FSIS      CTY            RED   APPR  LOSS   UIB    QTR  WEEKLY  QUARTERLY  WAGE
   NAME            CASE ID    CASE    SSN    DUE   APP   WAGE   REC    MTH  UIB AMT  WAGE AMT   QTR
```

J. **Report Title:** Cases Due for Redetermination

Report Number: SLER940-01

Frequency: Monthly

Retention: Retain as long as the report is of administrative value.

Contents: This report displays the number of cases due for redetermination in the current month and the following 12 months. With 13 months represented, the total number displayed is for active cases at the time the report is run. Active cases for this report are all cases with transaction codes 2, 6, 8, or 9, including suspended cases and expired cases not yet terminated by FSIS. The report is in caseworker number order within supervisor number.

```
RUN DATE  04/16/01              N C DEPARTMENT OF HUMAN RESOURCES                    PAGE      1
COUNTY    00 YANCEY               FOOD STAMP INFORMATION SYSTEM              REPORT NO:  SLER940-01
                                  CASES DUE FOR REDETERMINATION                RETAIN:       ADMIN
VALUE


SUPV/WRKR    APR    MAY    JUNE    JULY    AUG    SEPT    OCT    NOV    DEC    JAN    FEB    MAR    APR
TOTAL



COUNTY
```

K. **Report Title:** Workload Report

Report Number: SLEM910-01

Frequency: Monthly, end of the month

Retention: Retain as long as the report is of administrative value.

Contents: This is an activity report of five types of caseworker actions, new applications, reinstatements, currently eligible cases, recertifications, and miscellaneous changes. Totals are listed at the bottom.

This report does not 'balance' because cases can be represented more than one time on the same report for the same or different caseworker numbers. The report lists the action according to the caseworker number present at the time of the action. For example: Caseworker 001 processes an application (TC1), approves the case (TC2), then makes a change (TC8). This case would be represented on the report four times, once for each action and once as an ongoing eligible case.

The caseworker number present at the time of the action is important if the assigned worker changes. For example: If caseworker 001 processes the TC1 and processes the TC2 with the worker number changed to 002, caseworker 002 is credited with the action. No action is displayed for caseworker 001. To ensure the caseworker receives credit, change the worker number after the TC2 is completed by completing a separate TC8. Temporary caseworker numbers are also displayed on the report.

The following provides more detailed information that is displayed on the report:

1. **Household Type:** 1-PA; 2-NPA; 3-PA; 4-PA

2. **New Application:** A TC1 entry where there is no existing record and FSIS assigns a case number.

3. **Reopen Application:** A TC3 entry with action code 31. Note: Columns 2 and 3 are included in columns 4 through 9 for certified, denied, pending, and clocking of time for average days and 30 days processing time.

4. **Certified Applications:** A monthly cumulative count of applications for which the final disposition is a certified case.

5. **Denied Applications:** A monthly cumulative count of applications for which the final disposition is a denied application.

6. **Pending Applications:** An end of the month count of TC1's when the Action Code is 00 or 31 and TC2's with suspense codes 29, 30, 32, 40, and 47.

7. **Average Days:** The average number of days from the date of application to the transaction effective date reflecting disposition of the application. If a TC1 is entered on the date of application and the case is processed or denied the same day, the average days is zero. Processing time begins the day following the date of application.

8 & 9. **Cert/Denied +30:** The number of cases with more than 30 days from the date of application to the transaction effective date reflecting disposition of the application.

10. **MR Reinstatements:** A monthly cumulative count of all TC3/1's with action code 34 entered and a subsequent TC2 with action code 00. All subsequent TC5's or TC7's with an action code greater than 00 are reflected in 'Misc Actions'.

11. **Other Reinstatements:** A monthly cumulative of TC3/1's with action code 35. And a subsequent TC2 with action code 00. All subsequent TC5's or TC7's with an action code greater than 00 are included in miscellaneous actions.

12. **Reopened Recertifications:** A monthly cumulative count of TC3/1's with action code 50 and a subsequent TC2 with action code 00. All subsequent TC5's or TC7's with an action code greater than 00.

13. **Closed Cases:** A monthly cumulative count of cases in TC2, 6, 8, or 9 status and then closed with a TC7.

14. **Ongoing Cases:** An end of month count of cases in TC2, 6, 8, or 9 status, action code is 00, and a certification thru date of the current month/year or greater.

15. **Closed Redeterminations:** A monthly cumulative count of cases with an attempted TC6 redetermination which resulted in a denied application for recertification.

16. **Recertifications:** A monthly cumulative count of cases with an attempted TC6 redetermination which resulted in a recertified case. The application date and the Cert from or Cert thru date were changed at the time of the TC6.

17. **Miscellaneous Actions:** A monthly cumulative count of all TC8/9 entries. Also, included are:

    a. TC2/6 entries that result in suspense status (action codes 29, 30, 32, 40, or 47).
    b. Reinstatements in columns 10 and 11 that have subsequent TC5 or TC7 with an action code greater than 00.
    c. Reopened recertifications in column 12 that have subsequent TC5 or TC7 with an action code greater than 00.

This report is illustrated on the following page.

```
DATE  03/30/01                    N.C. DEPARTMENT OF HUMAN RESOURCES
YANCEY COUNTY DSS                       FOOD STAMP INFORMATION SYSTEM
FOR MONTH OF  MARCH          COUNTY 00    WORKLOAD REPORT BY WORKER-COUNTY/STATE

          ********************APPLICATIONS*******************************************
                                          ****REINSTATEMENTS****  ***ELIGIBLES*****   ***REDETERMS**  *
                                          OTHER*
                     RECEIVED      DISPOSED OF          AVG   CERT DENIED  MR      OTHER REOPEN  CLOSED
                                          ONGOING                            MISC
WORKER TYPE    NEW  REOPEN   CERT DENIED PEND  DAYS   +30    +30     REINST REINST RECERT  CASES
                                          CASES    CLOSED RECERT  ACTIONS

           1-PA
           2-NPA
           3-PA
           4-PA




CNTY       1-PA
           2-NPA
           3-PA
           4-PA
          TOTAL
```

L. **Report Title:** Case Information Profile

Report Number: SLER800-01

Frequency: Monthly, 18th or 19th of the month

Retention: Retain as long as the report is of administrative value.

Contents: This report lists a variety of statistical data and case characteristics helpful in analyzing the overall county Food and Nutrition Services Program. Most items displayed are self-explanatory. Others are clarified below:

1. Cases Per Mail Cycle – Cycle 0 represents Issuance Type 1, 3, and 4 cases. Cycle 0 with Cycles 1-10 equal the total number of cases.
2. Income Breakdown of Participants – Earned Income – includes codes B, C, D, E, G, H, I, and J.

This report includes cases having these characteristics:

1. Current transaction codes 2, 6, 8, or 9.
2. Action code is 00.
3. Certification Thru Date is the current month/year or greater. Only persons who contain a dependent relationship code of "I" are included when counting individuals in these cases to include on the report.

This report is illustrated on the following pages.

```
RUN DATE   04/19/01          N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES        PAGE        1
                                   FOOD STAMP INFORMATION SYSTEM                 REPORT NO: SLER800-01
        STATE TOTALS             CASE INFORMATION PROFILE                        RETAIN:       ADMIN VALUE

        HH       AVG     PCT OF                      HH       AVG  PCT OF                 HH     AVG    PCT OF
      COUNT      AMT     CASES                     COUNT      AMT  CASES               COUNT  AMT     CASES

RENT                                EARN INC                          EX SHELT DED
TAXES                               INC DED                           EXP DED UNLTD
INSUR                               NET EARN                           EXP DED LTD
UTIL-0                              OTHER INC                         EXP DED TOT
UTIL-STD                            ADJ GROSS INC                     NET ADJ INC
UTIL-ACT                            ADJ INC                           RATE RED
OTH EXP                             DEP CARE                          COUPON BONUS
TOT SHELT                           MED EXP

-------------------------------------------------------CASES PER MAIL CYCLE-----------------------------------------------------------
     0          1          2        3        4        5      6      7      8        9      10    CASES   PARTICIPANTS


                          ----------------------BOOK DENOMINATIONS------------------

                                                                                                          TOTAL BENEFITS

                      ------------------------------------------------------INCOME BREAKDOWN OF PARTICIPANTS-----------------------------------------------
                        -----EARNED INCOME-------------      -----------------AFDC INCOME--------------------------        SOC SEC      SUP. SEC.
                                                                                                                      INCOME       INCOME
                      SELF-EMP          EARNED
                      TYPE L      A,,F,K                    TYPE C   TYPE  M   TYPE A   TYPE F  TYPE H  TYPE K                  TYPE G   TYPE L

ALL PARTICIPANTS
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

              ----------------------------------TYPES OF OTHER INCOME-----------------------------------------------------------------------
              A          B          C          D          E          F          G          H       I       J       K       L     M     N     P

ALL PARTIC
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

              ----------------------------------TYPES OF OTHER INCOME-----------------------------------------------------------------------
              Q          R          S

ALL PARTIC
HEAD OF HH
HOUSEHOLDS
PCT/PARTIC

              ----------------------------------WORK REGISTRATION SUMMARY-------------------------------------------------------------------
              A       B       C       D       E                F       G       H       I       J       K       U       V       W       X
            AGE     DIS-    DEP    16-17   WFIRST                                WORKS STUDENT   GEO   SS/VA   HOM  OTHER   MSFW  PHY/MEN
          EXEMPT  ALBED CARE   H-H  REC/APP         UCB     REHAB   30 HRS  EXEMPT   RMT  DSABLTY  LESS                      COND

ALL PARTIC
HEAD OF HH
PCT/PARTIC


              ---------------------------------------WORK REGISTRATION SUMMARY-------------------------------------------------------------
              Y       Z       L       M       T       R       P,S     01      02      03      04      05      06      07      08
            LACK   EMERG  30 DAY  NOT JOB  VOLNTR  REGSTRD W-FARE  PHY/MEN  DIS-    DEP   INCAP   PREG                          STUDENT
           TRANS    SITU   PARTIC  READY                           COND    ABLED  CARE  PERSON WOMEN UCB  REHAB  EXEMPT

ALL PARTIC
HEAD OF HH
PCT/PARTIC
```

----------WORK REGISTRATION SUMMARY----------

	09 WFIRST REC/APP	10 WORKS 20 HRS	11 WORKS 30 HRS	12 REG ESC PART E&T	13 PART WFARE	14 3=MTH LIMIT	15 2ND TIER
ALL PARTIC							
HEAD OF HH							
PCT/PARTIC							

----------AGE BREAKDOWN OF PARTICIPANTS----------

0 – 5	6 – 11	12- 15	16 – 17	18 – 20	21 – 30	31 – 40	41 – 50	51 – 59	60 – 64	65 AND OVER

----------HEAD OF HOUSEHOLD BY SEX AND ETHNIC GROUP----------

WHITE		HISPANIC		AMER IND OFF RESERVATION		ASIAN OR PAC ISLANDER		BLACK	
M	F	M	F	M	F	M	F	M	F

----------NUMBER OF HOUSEHOLDS BY SIZE---------- TOTAL HSHLD AVERAGE SIZE

1	2	3	4	5	6	7	8	9	10	11-15	16-25	26-39		

----------SPECIAL HOUSEHOLDS----------

	E MIGRANT	H HOMELESS	N OTHER
HOUSEHOLDS			

M. **Report Title:** Work Registration Deregistration for Closed Cases

Report Number: SLENU033-ET

Frequency: Monthly, end of the month

Retention: Retain for 3 years.

Contents: This report is an alphabetical listing by worker of each work registrant who is included in the households which were not redetermined in the 30 day period following expiration of the certification period. These households were closed by FSIS.

The registrant's name, social security number, county Food and Nutrition Services number, and work status code are displayed on the report. One copy of the report is mailed to the county dss. Two copies of the report are sent to ESC for deregistration of these individuals.

```
N.C. DEPARTMENT OF HUMAN RESOURCES                    PAGE
FOOD STAMP INFORMATION SYSTEM                   REPORT NO:  SLENU033-ET
WORK REGISTRATION DEREGISTRATIONS FOR CLOSED CASES      RETAIN: THREE YEARS

                                                                COUNTY    WORK
GEO-COUNTY    ADM-COUNTY    WORKER-NUM          NAME        SSN  CASE NUM   REG
```

N. **Report Title:** Restoration of Lost Benefits

Report Number: SLA006-01

Frequency: Monthly, end of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays all restorations entered in FSIS with a DSS-8593 in the report month.

```
RUNDATE   04/30/01          N.C. DEPARTMENT OF HUMAN RESOURCES          PAGE
COUNTY                      FOOD STAMP INFORMATION SYSTEM          REPORT NO:  SLA006-01
REPORT MONTH =  APRIL          RESTORATION OF LOST BENEFITS        RETAIN:     ADMIN VALUE

WORKER                 LAST       FIRST       MID    SUF       REASON      RESTORATION
NUMBER    ID NUMBER    NAME       NAME        INIT   NAME      CODE        AMOUNT

ADMIN TOTAL

COUNTY TOTAL
```

O. **Report Title:** FSIS County Caseload Listing

Report Number: SLER910-01

Frequency: On request by contacting the DSS Automation staff. Because of the volume of required activity, this report cannot be run at month end.

Retention: Retain only as long as of administrative value.

Contents: This report is produced as a cross-reference between FSIS case ID numbers and county case numbers. Caseloads are as of the date the report is run. The report includes all cases with:

1. A certification thru date of the current month or greater.
2. The current transaction codes of 2, 6, 8, or 9.
3. All individuals included on the case.
4. A suspense code of 29, 30, 32, 40, 47.
5. Expired cases not yet terminated by FSIS.

In addition to identifying information for each case, the following specific data are given for each case:

1. Work Registration – each work registration code displayed on the case.
2. PA/SSI Income – each type code found on the case.
3. Earned Income – each type code found on the case.
4. Other Income – each type code found on the case.
5. Dependent Relationship – each relationship code found on the case.

```
RUN DATE:05/15/01      N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES      PAGE
WORKER:                    FOOD STAMP INFORMATION SYSTEM              REPORT NO: SLER910-01
                           ** FSIS COUNTY CASELOAD LISTING**            RETAIN:  ADMIN VALUE

COUNTY:

 FSIS CASE   COUNTY      NAME      CERT          WORK REG      EARNED     PA/SSI    OTHER INC   DEP REL
      ID      CASE                THRU                          INC        INC
```

P. **Report Title:** FSIS Alphabetical Listing

Report Number: SLER910-02, SLER910-03

Frequency: On request by contacting the DSS Automation staff. Because of the volume of required activity, this report cannot be run at month end.

Retention: Retain only as long as of administrative value.

Contents: These reports are an alphabetical listing of the entire county caseload. Report SLER910-02 is an alphabetical listing of the entire caseload, and Report SLER910-03 is in alphabetical order within the individual worker number. Data displayed is the data as of the date the report is run.

The reports include all cases with:

1. A certification thru date of the current month or greater.
2. Current transaction code is 2, 6, 8, or 9.
3. All individuals included on the case.
4. A suspense code of 29, 30, 32, 40, or 47.
5. Expired cases not yet terminated by FSIS.

Column descriptions are outlined below:

1. MR CD - Quarterly Report Exclusion Code
2. HH Type – Household type 1, 2, 3, or 4
3. R/C CD – Reject/Closure Code which is the two digit action code
4. UT TP – Utility Type Code
5. DEP CR – Dependent Care - An 'X' indicates a dollar amount displayed in the dependent care field.
6. MED DED – Medical Deduction – An 'X' indicates a dollar amount displayed in the Medical Deduction field.
7. CLIN – Claim Indicator – The claim indicator from EPICS.
8. NBR DEP – Number of Dependents for whom dependent care is paid.
9. WR R – Work Registration Code 'R' – An 'X' indicates a person is coded 'R' for the Work Registration field.
10. SE IN – Self-Employment Income – An 'X' indicates a person is coded A, F, K, or L for the earned income type.
11. EM IN – Employment Income – An 'X' indicates a person is coded B, C, D, E, G, H, I or J, for earned income type.
12. ADC INC - Work First Income – An 'X' indicates a PA Income type of C or M.
13. SSI INC – SSI Income – An 'X' indicates a PA Income type of L.
14. SSA INC – SSA Income – An 'X' indicates a dollar amount displayed for social security income (SS).
15. OTHR INC – Other Income – An 'X' indicates a person is coded with an OTHER income type code.

These reports are illustrated on the following page.

```
RUN DATE:05/16/01                N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES                PAGE:
                                          FSIS ALPHABETIC LISTING                 REPORT NO: SLER910-02
COUNTY:                                  OF CASES ON FILE                 RETAIN:            ADMIN
VALUE

NAME - LAST/FIRST/INIT   WKR  COUNTY  FSIS CASE AD MR TR TRAN  CERT  HH  HH R/C  UT  DEP  MED  CL  NBR
WR  SE  EM  AFC  SSI  SSA  OTHR
                          NO    CASE                CD CD CD DATE  THRU  SZ TYPE CD TP   CR   DED  IN   DEP    R
IN   IN   INC  INC  INC      INC
```

```
RUN DATE:05/16/01                N.C. DEPARTMENT OF HEALTH AND HUMAN                          PAGE:
WORKER:                                FSIS ALPHABETIC LISTING                        REPORT NO: SLER910-03
COUNTY:                                BY WORKER NUMBER                          RETAIN:        ADMIN VALUE

NAME - LAST/FIRST/INIT    COUNTY  FSIS CASE AD MR TR TRAN  CERT  HH  HH R/C  UT  DEP  MED  CL  NBR  WR
SE  EM  AFC  SSI  SSA  OTHR
                          CASE                CD CD CD DATE  THRU  SZ TYPE CD TP   CR   DED  IN   DEP    R   IN
IN   INC  INC  INC      INC
```

Q. **Report Title:** Special Issuance Types By Reason

Report Number: SLEMU015-ET

Frequency: Monthly

Retention: Retain only as long as of administrative value.

Contents: This report displays all issuances entered through the Transaction Authorization, DSS-8593.

```
5/01/2001                    N.C. DEPARTMENT OF HUMAN RESOURCES                PAGE
FOR MONTH OF   APRIL              FOOD STAMP INFORMATION SYSTEM
                             SPECIAL ISSUANCE TYPES BY REASON              REPORT NO:  SLEMU015-ET



        REASON   REASON   REASON   REASON   REASON   REASON   REASON  REASON  REASON  ATP
                                    COUNTY
 GEO        D        H        N        O        T        W        Y        Z        R    EXCHANGE   AMT
                                    INITIATED
```

R. **Report Title:** Cases Processed With Regulatory Delay

Report Number: SLA021-1

Frequency: Monthly, end of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays cases that were processed over the 30 day standard but are not counted as overdue because the processing delay was a result of regulatory requirements. The report is distributed to the Program Integrity Representatives. Version SLA021-2 summarizes the number of cases by county.

```
RUN DATE 04/30/01                N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES                PAGE
MONTH OF APRIL                      FOOD STAMP INFORMATION SYSTEM              REPORT NO: SLA021-1
TEAM    COUNTY:   ADM:       CASES PROCESSED WITH REGULATORY DELAY            RETAIN: ADMIN VALUE

FSIS CASE   CTY. CASE   WORKER    CASE    APPLICATION  DISPOSITION   CERTIFIED  DENIED    NO. DAYS      NORM/EMERG
NUMBER      NUMBER      NUMBER    NAME      DATE          DATE                                PROCESSING
```

S. **Report Title:** Reopened Recertifications

Report Number: SLA022-1

Frequency: Monthly, end of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays cases that are recertifications but are handled as reopened cases. These cases were reopened using transaction code 3 with action code 50. The report is distributed to the Program Integrity Representatives.

```
RUN DATE  04/30/01                N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES                PAGE
MONTH OF  APRIL      01                 FOOD STAMP INFORMATION SYSTEM              REPORT NO: SLA022-1
TEAM    CO                                REOPENED RECERTIFICATIONS               RETAIN: ADMIN VALUE

FSIS          COUNTY   WORKER        CASE        APPLICATION   DISPOSITTION     NUM DAYS          TC3/50
CASE          CASE     NUMBER        NAME          DATE          DATE          PROCESSING         ENTRY
NUMBER        NUMBER                                                              TIME             DATE
```

T. **Report Title:** Pending End of the Month EBT Card Replacements Due to Name Change

Report Number: EBT108EP-01

Frequency: Daily

Retention: Retain only as long as of administrative value.

Contents: This report identifies pending EBT card replacements when a name change (first or last name) has been updated for the head of household, authorized representative, or both. This report is created nightly and is cumulative though the end of the month that the change is made. Name changes generated through EIS, Social Security, and worker initiated name changes for authorized representatives are coded by the system to create a replacement card at the end of the month.

When the name of the head of household and the authorized representative is changed the same month, the report displays two separate lines. One line displays the new head of household name with no authorized representative name present. The second line displays the head of household name and the authorized representative's new name.

Off-Line is displayed when changes are made through the nightly update.

On-Line is displayed when changes are made through the SLNC function.

```
5/16/2001                    N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES                PAGE
21.46.42                                  EBTIS SYSTEM
                          PENDING END OF THE MONTH EBT CARD          REPORT NO:  EBT108EP-01
                         REPLACEMENTS DUE TO NAME  CHANGE

COUNTY
WORKER

                                      COUNTY    FSIS
                                       CASE     CASE   BEN        ON-LINE/
HEAD OF HOUSEHOLD NAME     SSN     NUMBER    ID  CYL    OFF-LINE      AUTHORIZED REPRESENTATIVE NAME
```

U. **Report Title:** FSIS Issuances Being Held By EBTIS

Report Number: EBT207-RB

Frequency: Daily

Retention: Retain only as long as of administrative value.

Contents: This report displays EBT benefits that are being held by EBTIS when no account has been set up for the food stamp case ID number. The information remains on the report for 365 days, if an account has not been set up for the Food and Nutrition Services case and the benefits have not been moved to the account during this time-frame, FSIS deletes any cases 365 days and over and no longer displays on this report.

NOTE: Use SLII inquiry to view cases that have been deleted from the report due to exceeding 365 days or more. On the SLII Issuance screen, the cases will display under the column, Status/ATP NO as REJECTED if the case on the report is over 365 days and the amount equals; or the case displays as PART REJ if the case is over 365 days, in ADTC, and the amount does not equal.

Use correct NCXPTR Report to ensure correct display of columns on report.

There is a total amount and total count for each county and there are statewide totals for both the amount and count.

```
DATE  08/01/07          N.C. DEPARTMENT OF HEALTH AND HUMAN RESOURCES          PAGE  1
TIME  22.00.79          ELECTRONIC BENEFITS TRANSFER INTERFACE SYSTEM          REPORT NO. EBT207-01
                                FSIS ISSUANCES BEING HELD BY EBTIS

 COUNTY :  XXX

FSIS CASE        TYPE OF        DATE        BENEFIT        AVAILABLE        ADTC    AMOUNT
AMOUNT
ID               ISSUANCE       WRITTEN     MONTH          DATE             NBR

WORKER:

                                                        TOTAL AMOUNT :
                                                              TOTAL COUNT  :
```

V. **Report Title:** Transactions Attempted On Invalid Cards

Report Number: EBT380-BB

Frequency: Monthly, 5th, 6th, or 7th of the month

Retention: Retain only as long as of administrative value.

Contents: This report displays denied point of sale (POS) transactions. The person's name that is on the invalid card is displayed along with the card number and the retailer name. A summary is displayed at the end of each county report. For more information, please refer to your EBT Manual.

REPORT: 3

NC EBT SYSTEM
TRANSACTIONS ATTEMPTED ON INVALID CARDS

REPORT DATE: 04/02/01 03:37:01 PAGE:
REPORT MONTH: 03/01 COUNTY:

CARD NAME	CASE NUMBER	CARD NUMBER	RETAILER NAME	RETAILER ID	DEVICE	DATE	TIME	REASON

SUMMARY OF REJECTED TRANSACTIONS BY REASON AND DEVICE

REASON	DEVICE	
	POS	ATM
L/D/S CARD		
INVALID PIN		
EXPIRED		
NSF		
TOTAL TRANS.		

W. **Report Title:** Inactive Expungement Report

Report Number: EBT380-BS

Frequency: Daily

Retention: Retain only as long as of administrative value.

Contents: This report displays accounts that have been dormant, inactive, or expunged. This report was formerly called the '60 – 90 day report'. For more information, please refer to your EBT Manual.

```
Report Date: 05/17/01 00:10:42                Report #:

                                        NC EBT SYSTEM                                   Page
                                   Inactive Expungement Report                        COUNTY:

Card Number      Card Name                 Case Number         EDA Number       Type   Ind   Current Balance       ACCOUNT  STATUS
-----------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  --------------------------------------------  --------------------------  --------------------  -----------------  -------  -----  ----------------------  ---------------------------

                                                   Total Amount For County:

                                                   State Total:
```

X. **Report Title**: Cases That Had Been Reopened With A TC 3/35

Report Number: SLA266EP-01

Frequency: Weekly

Retention: Retain only as long as of administrative value.

Contents: This report displays Food and Nutrition Services cases reopened with a Transaction Code 3 and Action Code 35 (reinstated FSU that appeals and was found to have good cause for appealing during the advance notice period and any cases that were closed erroneously).

```
02/17/2006          N.C. DEPARTMENT OF HEALTH AND HUMAN RESOURCES                PAGE     1
                          FOOD STAMP INFORMATION SYSTEM                 REPORT NO: SLA266EP-01
                   CASES THAT HAD BEEN REOPENED WITH A TC3/35            RETAIN: ADMIN VALUE

                          FOR WEEK OF 02/13/2006  TO  02/17/2006

COUNTY: ALAMANCE     01 00

                                                  CK                          COUNTY
 CTY    ADM      WORKER      CASE ID             DGT      CLIENT NAME         CASE ID

  01     00        XXX      9466XXXXX             9     XXXXX W XXXXXX       XXXXXXX
```

Y. **Report Title**: Closed Cases Possibly Requesting EBT Cards Due To SLSE Address Change

Report Number: EBT103EP-01

Frequency: Daily

Retention: Retain for 7 Years.

Contents: This report displays all closed, denied and pending Food and Nutrition Services cases that requested an address change through the SLSE screen and also shows if a new EBT card was or was not requested from eFunds.

```
5/25/2006                N.C. DEPARTMENT OF HEALTH AND HUMAN RESOURCES                PAGE 8
                                FOOD STAMP INFORMATION SYSTEM            REPORT NO: EBT103EP-01
CLOSED CASES POSSIBLY REQUESTING EBT CARDS DUE TO SLSE ADDRESS CHG.     RETAIN: 7 YRS

COUNTY: ALAMANCE     01



WKR              CHK  LAST   FIRST   M TRN  TRANS   STREET  CITY                ZIP          CARD
NBR  CASEID      DGT NAME   NAME    I  CDE   DATE    ADDR    STATE             CODE       REQUESTED?

107 245xxxxxx  4      DOE    JOHN    C   7   20020805  PO BOX  BURLINGTON  NC  27216          Y

107 246xxxxxx  6     SMITH   MARY    J   7   20010504  PO BOX  WAKE        NC  27699          N


TOTAL NUMBER OF CASES IN SLSE ADDR CHANGE FOR WKR NO 107 =        2



TOTAL NUMBER OF CASES IN SLSE ADDR CHANGE FOR CNTY 01 =           2
```

Z. **Report Title**: List of SNAP/NON-SNAP Cases with Duplicate Name and DOB

Report Number: SLA082EP-01

Frequency: Weekly

Retention: Retain for 7 Years.

Contents: This report displays all SNAP & NON-SNAP Food and Nutrition Services cases that have duplicate names and duplicate dates of birth.

```
N.C. DEPARTMENT OF HEALTH & HUMAN SERVICES                    PAGE     1
FOOD STAMP INFORMATION SYSTEM                  REPORT NO:  SLA082EP-01
LIST OF SNAP/NON-SNAP CASES WITH DUPLICATE NAME & DOB     RETAIN: SEVEN YEARS

COUNTY: CUMBERLAND   26



CNTY  CASE     CK                          BIRTH
NO    ID                   NAME            DATE       SSN

26    946xxxxxx  2      DOE   JESSE     19330415    xxxxx7777  SNAP
26    946xxxxxx  7      DOE   JESSE     19330415    xxxxx7777  NON-SNAP
```