

SDX Information Sheet

SDX INFORMATION		TODAY IS 03/13/2000	
		SDX DATE 03/10/2000	
SSN:	XXX-XX-XXXX		
RECIPIENTS NAME:	XXXXXXXXX	XXXXXX	X
DATE OF BIRTH:	09/25/1984		
COUNTY NAME:	01 - ALAMANCE		
PROGRAM:	FS		
DISTRICT NUMBER:	XXX		
CASE ID:	XXXXXXXX X		
COUNTY CASE NUMBER:	XXXXXXXX		
CASE HEAD:	XXXXXXXXXXX		
*PAYEE NAME AND ADDRESS:	XXXXXXXXXXXXX		
	XXXXXXXXXXXXXX.		
	989 OAK AVE		
	Anywhere	NC	
	27215-6642		
HEAD OF HOUSEHOLD IND:	N		
LIVING ARRANGEMENT:	C		
MARITAL STATUS:	3		
TITLE II CLAIM NUMBER:	XXXXXXXXXXC1		
PAY STATUS:			
SSI ELIGIBLE DATE:			
SSI GROSS AMOUNT:	.00		
SSI ASSISTANCE AMOUNT:	.00		
COUNTY	: 01		
SSI GROSS AMOUNT	: .00	.00	.00 .00
SSI ASSIST AMT	: .00	.00	.00 .00
COUNTABLE EARNED	: .00	.00	.00 .00
COUNTABLE UNEARNED:	.00	.00	.00 .00

Figure 605-5