WF700 - DSS-8124, DSS-8125, AND CHECK HISTORY CODES
Change #2-2012
November 1, 2012

WF700.01   CASE LEVEL CODING

Aid Program/Category

AAF	Work First Family Assistance
MAF	Medicaid – Families With Dependent Children
MIC	Medicaid – Infants and Children
MPW	Medicaid – Pregnant Women

Application Type

1	New Application
2	Reapplication
3	Inclusion
6	Add-An-Individual to an Application

Check History

Code	Description	Code	Description
01	CANCEL CKS (CHECK)	43	INDIAN CKS PRIOR MONTH
02	CANCEL CKS STATE ISSUED	44	INDIAN CKS RE-WRITTEN
03	CANCEL CKS CTY ISSUED	46	INDIAN CKS (CTY) ADJUSTED
04	OUTSTANDING CKS (LETTER)	47	INDIAN CKS (CTY) INITIAL
05	OUTSTANDING CKS STATE	48	INDIAN CKS (CTY) MONTHLY
06	OUTSTANDING CKS CTY	49	Crisis Prevention Check (Native Americans in Graham County)
07	REFUNDS SUSPECTED FRAUD	50	INDO-C CKS REGULAR
08	REFUNDS QC OVERPYMT	51	INDO-C CKS REPLACEMENT
09	REFUNDS QC INELIG	52	INDO-C CKS ADJUSTED
10	REFUNDS OTHER (NON-QC)	53	INDO-C CKS PRIOR MONTH
11	ADJUST - STATE OVERPYMT	54	INDO-C CKS RE-WRITTEN
		56	INDO-C CKS (CTY) ADJUSTED

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Code	Description	Code	Description
12	ADJUST - STATE QC INELIG	57	INDO-C CKS (CTY) INITIAL
13	ADJUST - CITY QC OVERPYMT	58	INDO-C CKS (CTY) MONTHLY
14	ADJUST - CTY QC INELIG	59	Crisis Prevention Check for Indo-Chinese
15	ADJUST - JOINT QC OVERPYMT	61	LEGAL PROVIDER - VENDOR PAYMENT
16	ADJUST - JOINT QC INELIG	62	MEDICAL PROVIDER - VENDOR PAYMENT
17	ADJUST - RECIP. QC OVERPYMT	63	THERAPEUTIC PROVIDER - VENDOR PAYMENT
18	ADJUST - RECIP. QC INELIG	68	STATE PENALTY CHECK
19	ADJUST - STATE NON-QC	77	CHARGE - STATE NON-QC
20	ADJUST - CTY NON-QC	78	CHARGE - CTY NON-QC
21	ADJUST - JOINT NON-QC	79	CHARGE - STATE/CTY NON-QC
22	CANCEL CK - FORGERY	80	CHARGE - STATE QC OVERPYMT
23	ADJUST - ADMINISTRATIVE	81	CHARGE - STATE QC INELIG
30	REG CKS REGULAR	82	CHARGE - CTY QC OVERPYMT
31	REG CKS REPLACEMENT	83	CHARGE - CTY QC INELIG
32	REG CKS ADJUSTED	84	CHARGE - JOINT QC OVERPYMT
33	REG CKS PRIOR MONTH	85	CHARGE - JOINT QC INELIG
34	REG CKS RE-WRITTEN	86	CHARGE - RECIP QC OVERPYMT
36	REG CKS (CTY) ADJUSTED	87	CHARGE - RECIP QC INELIG
37	REG CKS (CTY) INITIAL	88	CHARGE - REFUND QC OVERPYMT
38	REG CKS (CTY) MONTHLY	89	CHARGE - REFUND QC INELIG
39	Crisis Prevention Check	90	NET STATE FOR CTY (INDIANS)
40	INDIAN CKS REGULAR	91	NET AFDC IC ELIGIBLE
41	INDIAN CKS REPLACEMENT	92	NET NON-AFDC IC ELIGIBLE
42	INDIAN CKS ADJUSTED	93	REIMBURSE CTY ISSUES/CANCEL

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Child Only Reason (RSN) Code (CDE)

RSN CDE	RSN CDE Definition
SSI	Parent is an SSI Recipient
SAN	Parent is in Sanction
CIT	Parent is an Undocumented Immigrant
REL	Payee is Relative Caregiver or Legal Custodian/Guardian

County Names/Numbers

01 Alamance	26 Cumberland	51 Johnston	76 Randolph
02 Alexander	27 Currituck	52 Jones	77 Richmond
03 Alleghany	28 Dare	53 Lee	78 Robeson
04 Anson	29 Davidson	54 Lenoir	79 Rockingham
05 Ashe	30 Davie	55 Lincoln	80 Rowan
06 Avery	31 Duplin	56 Macon	81 Rutherford
07 Beaufort	32 Durham	57 Madison	82 Sampson
08 Bertie	33 Edgecombe	58 Martin	83 Scotland
09 Bladen	34 Forsyth	59 McDowell	84 Stanly
10 Brunswick	35 Franklin	60 Mecklenburg	85 Stokes
11 Buncombe	36 Gaston	61 Mitchell	86 Surry
12 Burke	37 Gates	62 Montgomery	87 Swain
13 Cabarrus	38 Graham	63 Moore	88 Transylvania
14 Caldwell	39 Granville	64 Nash	89 Tyrrell
15 Camden	40 Greene	65 New Hanover	90 Union
16 Carteret	41 Guilford	66 Northampton	91 Vance
17 Caswell	42 Halifax	67 Onslow	92 Wake
18 Catawba	43 Harnett	68 Orange	93 Warren
19 Chatham	44 Haywood	69 Pamlico	94 Washington
20 Cherokee	45 Henderson	70 Pasquotank	95 Watauga
21 Chowan	46 Hertford	71 Pender	96 Wayne
22 Clay	47 Hoke	72 Perquimans	97 Wilkes
23 Cleveland	48 Hyde	73 Person	98 Wilson
24 Columbus	49 Iredell	74 Pitt	99 Yadkin
25 Craven	50 Jackson	75 Polk	100 Yancey

Disability Indicator

Y	Indicates the individual is age 18 or older and states he/she is disabled.
N	Indicates the individual is age 18 or older and states he/she is not disabled.

Grant Recoupment

A	Agency Errors
H	Inadvertent Household Errors
V	Intentional Program Violation

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Medicaid Classification

C	Categorically Needy
M	Medically Needy - No money payment
N	Categorically Needy - No money payment

Medicaid Status

A	Authorized

Payment Type

1	One Payment Monthly
2	Work First Benefits
4	Four Months Continued Medicaid (Child or Spousal Support)
5	Transitional Medicaid Only
9	Medicaid Only
S	Sanction Only (Efffective 012005)

Special Coverage Group

UP	Unemployed Parent: Enter the Code and the 6-digit date coverage under this option begins

NOTE: The BEGIN DATE for unemployed parents can be no earlier than the month of application.

NOTE: The "UP" Code/Value/Date is no longer valid for AAF effective October 1, 2005.

Special Review

An entry into this field will produce a message on the case management report. This message will appear two months prior, one month prior, and the month of the date entered into the date field.

Code	Message	Date to Enter
1	Delete 1/3 disregard	Month and year disregard is to end
2	Income to begin	Month and year income to begin
3	Income to change (include receipt of seasonal income)	Month and year income to change
4	Income to end	Month and year income to end
6	Reserve to increase	Month and year resource to increase
7	Social Security/SSI (follow-up to application)	Month and year 90 days following application for Social Security/SSI

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Code	Message	Date to Enter
8	Follow-up to temporary age determination	Month and year review is due
9	Follow-up to projected date of final order of adoption	Month and year review is due
B	Baby due	Month and year baby is due
C	Review for contributions	Month and year review is due
D	Delete $30 disregard	Month and year disregard is to end
F	Disregard of full-time student's income ends	Month and year 6 months exclusions of earned income ends
G	Evaluate Grant Recoupment	Month and year Grant Recoupment ends
H	Evaluate Class H & I Felon	Month and Year 6 mos Conviction/Release ends
J	Evaluate 60-Month Hardship	Month and Year 60-Month Hardship Ends
K	Work Exemption to end MMCCYY	Month and Year Work Exemption Ends
L	Review for living with	Month and year review is due
P	Evaluate Work First Benefits	Month and year Eval WFB case
Q	Eval For Sanction Ending MMCCYY	Month and Year Sanction ends
T	Transitional to terminate This is a system generated code	Month and year transition period ends
U	"Medicare Eligible MMCCYY"	Month and Year Medicare Eligible is due
Z	Citizen/Identity Due	Month and year to review/obtain Citizenship/Identity documentation

Special Use Data

This code indicates special characteristics of the family. Enter a Special Use Begin Date (which is always the date of application) and one of the following codes.

IF	Child in foster care. Enter the six-digit date Medicaid eligibility begins.
WD	Family does not have day care
WT	Family does not have transportation
WE	Cannot find employment
WF	Family crisis

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Stepparent Indicator
(Financially Responsible Adults)

0	No financially responsible adult other than those included in the case
1	Stepparent with earned income
2	Stepparent with no earned income
3	Parent or legal guardian of a minor parent with earned income
4	Parent or legal guardian of a minor parent with no earned income
5	Other financially responsible adult with earned income
6	Other financially responsible adult with no earned income

Substitute Caretaker

10	Legal Guardian
12	Caretaker for Protective Payment
14	Clerk of Superior Court (Name of Clerk)
21	Applicable only to two-parent Work First Family Assistance cases

> **NOTE:**   When a substitute caretaker is entered on the DSS-8125, the substitute caretaker's name as well as the caretaker's name is printed on the check.

Veteran Assistance Payment Status

Y   Yes (receiving VA benefits)
N   No (not receiving VA benefits)

WF700.02   INDIVIDUAL LEVEL CODING

Case Status

A	Temporarily Absent From the Home
C	Fleeing Felons
D	Drug Related Felony
E	Family Cap Child
F	Family Cap Exclusion - Individual is excluded from the family cap because he is the first child born to a minor.
H	Misrepresenting Residence
I	Eligible H & I Class Felons
L	Ineligible H & I Class Felons
M	Medicaid Only Recipient in Work First Family Assistance Case
O	Family Cap Exclusion - Individual is excluded from the family cap because he is no longer living with his parents or has been adopted.
R	Recipient

S	Family Cap Exclusion - Individual is excluded from the family cap because of rape, sexual assault, or incest.
T	Family Cap Exclusion - Individual is excluded from the family cap because custody legally transferred.
U	Untimely reporting of child absent from home 90 consecutive days
V	Violating Probation or Parole

Citizenship/Identity

10	Document from chart 1 was used to document citizenship and identity.
25	Document from chart 2 was used to document citizenship and a document from chart 5 was used to document identity.
35	Document from chart 3 was used to document citizenship and a document from chart 5 was used to document identity.
45	Document from chart 4 was used to document citizenship and a document from chart 5 was used to document identity.
50	Medicare, SSI, or Lawful Permanent Resident. These individuals are excluded from documentation of citizenship and identity.
51	Lawful Permanent Resident (LPR).
60	Documentation of Refugee status and identity.
61	Documentation of Asylee status and identity.
62	Documentation of Cuban/Haitian status and identity.
63	Documentation of Amerasian status and identity.
64	Documentation of Trafficking Victim status and identity.
65	Documentation of "SI" (Special Immigrant) status and identity.
66	Documentation of "SQ" (Special Immigrant) status and identity.
97	The applicant has indicated Y-YES for citizenship but the SSA response does NOT indicate citizenship.
98	Individual declares citizenship but there is no documentation in the record.

Disability Indicator

| Y | Indicates the individual is age 18 or older and states he/she is disabled. |
| N | Indicates the individual is age 18 or older and states he/she is not disabled. |

Educational Level

| Y | Indicates the individual is age 19 or younger and satisfactorily attending school. |
| N | Indicates the individual is age 19 or younger and not satisfactorily attending school. |

Education Related to Employment

| Y | Indicates the individual is age 19 or younger and is in education related to employment. |
| N | Indicates the individual is age 19 or younger and is not in education related to employment. |

Employment Training Code - A code used to track employment and training for adults receiving Work First Family Assistance. This is used in tracking the county's employment goal. This is a required field for all changes keyed on an 8125. The date field must also be entered as the CCYY/MM that the adult started employment, training or both. The date may be any prior month and up to one month in the future.

E & T Codes

0	None – The adult is not in any type of employment or training.
1	Employment Only – The adult is employed, with employment defined as any type of work for pay. Enter this information when it is known to the agency. The employment does not have to be verified before entering the data. (Requires income to be entered at the individual level.)
2	Training Only – The adult is in any type of training (vocational training, job readiness, GED, etc.). Enter this information when it known to the agency. The training does not have to meet the definition of a countable work activity for this purpose or be verified before entering the data.
3	Employment and Training – the adult is in a combination of employment and training. (Requires income to be entered at the individual level.)

Family Status

P	Parent (or expectant parent)

  1. The only parent in the case; or

  2. If both parents are in the case, the parent that is not incapacitated; or

  3. A stepparent who receives for his children by a previous marriage; or

  4. Both parents if unemployed parent case and no incapacity involved.

I	Incapacitated Parent

  Describes an incapacitated parent

S	Stepparent

  Describes any individual defined as a stepparent by Work First Family Assistance policy.

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C	Child

Describes any individual defined as a child by Work First Family Assistance policy.

D	Child Custodial Parent

Describes any individual defined as a child by Work First Family Assistance policy who is also a parent. (Teen head of household must be coded 'P'.)

Living Arrangement

This code indicates the household's living arrangement.

10	Private living arrangement (not 1/3 reduction)
12	Living with another Work First Family Assistance Family
13	Living with SSI recipient(s)

Managed Care Waiver Tracking

This field allows entry of up to three types of education at the same time. Update to this field is required at application disposition and at redetermination.

Code	Value	Date
MM	Mail	MMDDCCYY
MG	Group	MMDDCCYY
MF	Face To Face	MMDDCCYY
MP	Phone	MMDDCCYY

Auto-Assign - The provider was automatically assigned to the recipient.

Y = Yes
N = No

Change Codes:

01   Recipient moved or PCP office moved transportation impedes access
02   Recipient's PCP joined CA program recently;
03   Third party insurance conflict;
04   Recipient's medical needs changed (i.e., another provider type needed)
05   Recipient filed complaint against provider and desires to change
06   Recipient is linked to PCP or HMO in error

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07   PCP or HMO disenrolls from program08 Recipient is involuntarily disenrolled by PCP or HMO
09   Other (for waiver tracking and not lock in)
10   Mass Change - from one PCP to another
11   Mass Change - PCP to exempt
12   HMO to HMO.

DISTPV (Distance to Primary Care Provider)

How far is the recipient from the provider?

L = Less Than 30 Miles or 45 Minutes
M = More Than 30 Miles or 45 Minutes

NOTE: Distance is never allowed in Mecklenburg County.

Race – More than one race code may be entered.

A	Asian
B	Black or African American
I	American Indian or Alaska Native
P	Native Hawaiian or Other Pacific Islander
U	Unreported
W	White

Ethnicity

C	Hispanic Cuban
H	Hispanic Other
M	Hispanic Mexican American
N	Not Hispanic/Latino
P	Hispanic Puerto Rican
U	Unreported

Relationship to Payee

Code	Value
A	Spouse
B	Son
C	Daughter
D	Step Son
E	Step Daughter
F	Mother
G	Father
H	Mother-in-law
I	Father-in-law

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J	Grandchild
K	Student
L	Self
M	Brother
N	Sister
O	Nephew
P	Niece
Q	Foster Child
R	Child Under Legal Guardianship/Custody
S	Other
T	Unknown

Language Preference

AR	Arabic	HM	Hmong	PE	Persian
CA	Cambodian	HU	Hungarian	PG	Portuguese
CH	Chinese	IT	Italian	PO	Polish
EN	English	JA	Japanese	RU	Russian
FC	French Creole	KO	Korean	SC	Serbo-Croatian
FR	French	LA	Laotian	SP	Spanish
GE	German	MI	Miao	TA	Tagalog
GR	Greek	MK	Mon-Khmer	TH	Thai
GU	Gujarati	OT	Other	UR	Urdu
HI	Hindi	PC	Portuguese Creole	VI	Vietnamese

Refugee Status

This code indicates the date that the Refugee arrived in the U.S. and which country from which the Refugee is fleeing. The date of arrival in the U.S. must be keyed as MMCCYY.

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AF	Afghanistan	LG	Latvia
AL	Albania	LI	Liberia
AO	Angola	MK	Macedonia
AM	Armenia	ML	Mali
AJ	Azerbaijan	MR	Mauritania
BO	Belarus	MX	Mexico
BN	Benin	MD	Moldova
BT	Bosnia & Herzegovina	NP	Nepal
UV	Burkina FASO (Uvolta)	NU	Nicaragua
BM	Burma	NG	Niger
BY	Burundi	NI	Nigeria
CB	Cambodia	MU	Oman
CM	Cameroon	PK	Pakistan
CT	Central African Republic	PN	Palestine
CD	Chad	PL	Poland
CH	China	RE	Reunion
CO	Colombia	RS	Russia
CF	Congo – Brazzaville	RW	Rwanda
HR	Croatia	SG	Senegal
CU	Cuba	SR	Serbia
CG	Democratic Republic of Congo (formerly Zaire)	SL	Sierra Leone
EG	Egypt	SO	Somalia
ER	Eritrea	SU	Sudan
ET	Ethiopia	TH	Thailand
GA	Gambia	TO	Togo
GH	Ghana	TU	Turkey
GV	Guinea	UR	USSR (old)
HA	Haiti	UG	Uganda
HO	Honduras	UP	Ukraine
IR	Iran	VE	Venezuela
IZ	Iraq	VM	Vietnam
IV	Ivory Coast	YM	Yemen
KZ	Kazakhstan	YO	Yugoslavia (old)
KE	Kenya	ZI	Zimbabwe
LA	Laos	OT	Other

Special Needs

If the applicants identify themselves as Special Needs, use the following code.

Code	Value
4	Self-identified and applicable for AAF

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Sex

F	Female
M	Male

Special Reporting

C	Caretaker of Child (parent is only person in the case; child receives SSI)
D	Disabled Individual
E	Employed
I	Native American on Reservation
L	Legally Designated Unearned Income
M	Minor Mother
U	Principal Wage Earner (No longer valid for AAF effective 10/1/05.)

Special Use Data

AL	Hurricane Katrina Evacuee. Enter **Begin Date** as 082005 and an **End Date.** (End Date should be the Payment Review through date which can be up to 5 months of eligibility or up to 052006.)
DE	Date Employed: Enter in the first 6 spaces the date employed-MMDDYY.
EM	Eight months of $30 disregard exhausted. Enter in the first 4 spaces the month and year (MMYY) the $30 disregard was exhausted. (No Longer valid code for AAF effective 12/1999.)
FM	Four months of $30 and 1/3 disregard exhausted. Enter in the first 4 spaces the month and year (MMYY) the $30 and 1/3 disregard was exhausted. (No longer valid code for AAF effective 12/1999.)
HI	Enter the six-month date (MMYY) from date of conviction/release of felons convicted of a class H or I controlled substance in North Carolina.
LA	Hurricane Katrina Evacuee. Enter **Begin Date** as 082005 and an **End Date.** (End Date should be the Payment Review through date which can be up to 5 months of eligibility or up to 052006.)
LR	Hurricane Rita Evacuee. Enter **Begin Date** as 082005 and an **End Date.** (End Date should be the Payment Review through date which can be up to 5 months of eligibility or up to 052006.)
MS	Hurricane Katrina Evacuee. Enter **Begin Date** as 082005 and an **End Date.** (End Date should be the Payment Review through date which can be up to 5 months of eligibility or up to 052006.)
TX	Hurricane Rita Evacuee. Enter **Begin Date** as 082005 and an **End Date.** (End Date should be the Payment Review through date which can be up to 5 months of eligibility or up to 052006.)

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I E V S Coding	
CR	Enter the code "CR" along with the 6-digit date you are entering the information. The code "CR" is used when an individual has presented his social security card as verification of his number.
SS	Enter the code "SS" along with the 6-digit date the SS-5 or the DSS-8174 is submitted.
VB	Enter the code "VB" along with the 6-digit date you are entering the information. The code "VB" indicates a social security number verified by BENDEX or Third Party Query.
VC	Enter the code "VC" along with the 6-digit date you are entering the information. The code "VC" indicates a social security number verified by MCI when a "V" is present on the validation screen.
VM	Enter the code "VM" along with the 6-digit date of the Enumeration Data Sheet or the date you resolve any discrepancy due to an invalid welfare ID on the Enumeration Error Report or a discrepancy in name, date of birth, and/or sex from the report of social security numbers sent for revalidation.
VS	Enter the code "VS" along with the 6-digit date you are entering the information. The code "VS" indicates a social security number verified by SDX.

Work Registration Codes

Work Eligible Individuals

B	Work eligible caretaker
C	Other individuals assigned to Work First active status
F	Disabled and incapacitated individuals with youngest child age 6 years or older
G	Individuals age 65 or over
H	Unable to participate because assistance with necessary child care and transportation cannot be located or provided
L	Single parent of a child under age 6
O	Disabled or incapacitated individuals with youngest child age 5 years or younger
Q	Mandatory participant whose family has been granted an extension for Work First Family Assistance
W	Mandatory Work First participant who works 30 hours or more per week regardless of the age of the youngest child

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Non-Work Eligible Individuals

D	Child under age 19
I	A parent providing care for a disabled family member living in the home, provided that there is a medical documentation to support the need for the parent to remain in the home to care for the disabled family member.
N	Member of a federally recognized tribe living on a reservation
S	Single custodial parent caring for a child under 1.
Y	Benefit Diversion (system generated)

WF701   APPLICATION DISPOSITION CODES

WF701.01   DENIAL CODES

A.   Benefit Diversion

D9	(Manual Notice Required)

B.   Resources

ALL APPLICATIONS

A0	The value of your family's cash, property, bank accounts, life insurance policies, and vehicles is more than the amount allowed for you to receive Work First Family Assistance.
M4	Your family received a lump-sum payment. (Manual Notice Required)

C.   Income

NEW APPLICATIONS/REAPPLICATIONS

A1	Your family's income is too high for your family to get Work First Family Assistance.
A4	The stepparent's income is too high for your family to receive Work First Family Assistance.
A7	Your sponsor's income is too high for your family to receive Work First Family Assistance.

ADD-AN-INDIVIDUAL APPLICATIONS

C7	Your family's income is too high for your family to get Work First Family Assistance.

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D. Residence

NEW APPLICATIONS/REAPPLICATIONS

A8	Your family does not live in North Carolina.

ADD-ON INDIVIDUAL APPLICATIONS

D2	The individual you asked to be added to your Work First Family Assistance does not live in North Carolina.

E. Citizenship/Alien Status

NEW APPLICATIONS/REAPPLICATIONS

A9	Your family members are not U. S. citizens or aliens who can get Work First Family Assistance.
H9	You have not provided necessary information to document citizenship and/or identity.
N1	NCHC, Medicaid, Work First, Special Assistance denial code: Applicant previously sent to SSA for citizenship verification and citizenship was not verified.

ADD-AN-INDIVIDUAL APPLICATIONS

D1	The individual you asked to be added to your Work First Family Assistance is not an U.S. citizen or an alien who can get Work First Family Assistance.

F. Age

NEW APPLICATIONS/REAPPLICATIONS

B1	Your only child is over age 18 or is 18 and not attending high school.

ADD-AN-INDIVIDUAL APPLICATIONS

D4	The individual you asked to be added to your Work First Family Assistance is over age 18 or is 18 and not attending high school.

G. Work First Work Requirements

NEW APPLICATIONS/REAPPLICATIONS

B5	You refused to be screened for substance abuse. We are continuing to determine your Medicaid eligibility.
C5	Your family is unable to receive Work First Family Assistance because you are in a Job Quit penalty.
D6	Your family did not meet the Work First requirements.

H. Individual Criminal Violations

A2	The only individual(s) you applied for has violated the conditions of his probation or parole.
B0	The only individual(s) you applied for is fleeing to avoid felony criminal prosecution or jail after conviction of a felony.
B3	The only individual(s) you applied for has been convicted of misrepresenting his residence to receive benefits in two or more places.
D3	The only individual(s) you applied for has been convicted of a drug related felony on or after August 23, 1996.

I. Other Requirements

NEW APPLICATIONS/REAPPLICATIONS

	Reason
A3	You failed to sign the Mutual Responsibility Agreement – Core Requirements.
A5	Your family has received 60 months of Work First benefits.
A6	You failed to sign the Mutual Responsibility Agreement – Plan of Action.
B8	Your family is unable to get Work First Family Assistance because the children do not meet kinship requirements.
B9	You refused to provide or apply for a social security number for each member of your family.
C0	You refused to allow us to match your or your family's social security numbers with other agencies' records.
C1	Your family is already receiving Work First Family Assistance in another case.
C2	You did not request Work First Family Assistance for all members of your family.
C3	You were on strike the last day of the month.
C4	You have moved, and we are unable to locate you.
C6	Your family is sponsored by an agency or organization.
H8	There is no eligible child in the home.
K9	You did not keep your appointments for your interview.

ADD-AN-INDIVIDUAL APPLICATIONS

	Reason
E1	The individual you applied for is not related to the payee.
E2	The individual you applied for did not allow us to match his social security number with other agencies' records.
E3	You refused to provide or apply for a social security number for the individual you applied for.
E4	The individual you applied for is already receiving Work First in another case.

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	Reason
E5	The individual you applied for was on strike the last day of the month.
E6	You have moved, and we are unable to locate you.
E7	The individual you applied for is sponsored by an agency or organization.

ALL APPLICATIONS

	Reason
M1	Other (Manual Notice Required)
M5	Administrative Denial (No Manual Notice is required.)
M6	Your family is not eligible for Work First Family Assistance because the only child has been absent more than 30 days. Your eligibility for Medicaid is being evaluated.
M7	You did not apply for UIB which you might be eligible to receive. We are continuing to determine your Medicaid eligibility.
M8	This individual is not eligible for Work First Family Assistance because he/she has been absent more than 30 days. Your eligibility for Medicaid is being evaluated.

WF701.02   WITHDRAWAL CODES

	Reason
W1	You asked that your request for Work First Family Assistance be withdrawn.
W2	You asked that your request for Work First Family Assistance be withdrawn. (Did not wish to comply with child support requirements.)
W4	You asked that your request for Work First Family Assistance be withdrawn. (Did not wish to comply with Work First Work Requirements)
W5	You asked that your request for Work First Family Assistance be withdrawn rather than allow us to match your social security number with other agencies' records.
W9	Benefit Diversion (Manual Notice Required)

WF701.03   APPROVAL CODES

A.   Benefit Diversion Approvals

Use reason code "A9" for Benefit Diversion approvals. The Payment Type must be '1'.

A manual notice is required. Complete the notice section of the Benefit Diversion Agreement.

B.   Ongoing Approvals (Application Types "1", "2", and "6")

The automated notice text is: "This is to notify you that your Work First application has been approved."

"You will receive Work First in the following amount(s) for the following month(s)."

MM/CCYY	$___ is the amount you are eligible for.
$$$	Is the amount of your ongoing Work First Check
MM/CCYY	Is the effective date of your Work First Check
MM/CCYY	Is the date the individual(s) you applied for will receive Medicaid. (Each individual name and Individual ID Number display on the notice. Up to 18 individuals can be displayed on the notice).

If 'Y' is keyed in the Medicare A and/or B field(s) for an individual, the following text will be printed on the approval notice.

"If you receive Medicare, Medicare is responsible for your prescriptions."

1.   Use reason code "A1" for Child Only approvals and "A2" for Child Only add-on approvals with Payment Type '1'.

A1	Your family has been approved because you qualify based on rules in the Work First Manual.
A2	Your family has been approved because you qualify based on rules in the Work First Manual.

2.   Use the following reason codes for Child Only approvals with a Work First Family Assistance sanction. The Payment Type must be 'S'.

A0	Your family is approved for Work First. Your case is in sanction status because you failed to meet requirements as specified in your MRA. Your family will not get a check until you comply.
A6	Your family is approved for Work First. Your case is in sanction status because your child(ren) is not attending school. Your family will not receive a check until you comply.
A7	Your family is approved for Work First. Your case is in sanction status for not getting immunizations or regular medical exams for your child(ren). Your family will not receive a check until you comply.
A8	Your family is approved for Work First. Your case is in sanction status for not cooperating with child support. Your family will not receive a check until you comply.
S2	Your family is sanctioned for not cooperating with child support and for not complying with your MRA. Your Medicaid will end until you cooperate with child support. Your family will not receive a check until you comply.

WF700

3.   Use the following reason codes when approving with a Payment Type '2'.

B6	Your family will not receive a check until you have participated and completed the required hours in a countable activity.
B7	Your family will not receive a check until you have completed requirements stated in the Mutual Responsibility Agreement(s).
S1	Your family has been approved for Work First Family Assistance but an adult in your home failed to comply with the treatment plan. You will not receive cash assistance for that person. He remains eligible for Medicaid and must still comply with other Work First Requirements.

C.   CITIZENSHIP/IDENTITY

Use the approval code 'B8' when approving a Work First case that included an individual with citizenship code "97".

The automated text notice is: "This is to notify you that your Work First Case has been approved."

$$$	Is the amount of your ongoing Work First Check.
MM/CCYY	Is the effective date of your Work First Check.
MM/CCYY	Is the date the following person or persons will receive Medicaid that are being included in your Work First Case.
	The following individual(s) is approved for Medicaid for the months of _____ thru _____. You must provide verification of citizenship and/or identity to continue to receive Medicaid. If documentation is not received, your Medicaid will be terminated.
	First Name ID Number ID Number

NOTE: This code is inapplicable for Benefit Diversion applications.

D.   INCLUSIONS (Application Type "3")

1.   Use reason code "A4" to include an individual(s) with case status "M." The Payment Type may be '1', '2', or 'S'.

The automated text notice is: "This is to notify you that your Work First Case has been revised."

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$$$	Is the amount of your ongoing Work First Check.
MM/CCYY	Is the effective date of your Work First Check.
MM/CCYY	Is the date the following person or persons will receive Medicaid that are being included in your Work First Case.
	First Name Middle Initial Last Name and Individual ID Number (Each individual name and Individual ID Number display on the notice. Up to 18 individuals can be displayed on the notice).
	The above individual or individuals are eligible because they meet the requirements found in the Work First Manual.

If 'Y' is keyed in the Medicare A and/or B field(s) for an individual, the following text will be printed on the approval notice.

"If you receive Medicare, Medicare is responsible for your prescriptions."

2.   Use reason code "A5" to include an individual with case status "E" or "R." Also use "A5" when completing an open/shut inclusion for this individual. The Payment Type may be '1', '2', or 'S'.

The automated notice text is: "This is to let you know that your WORK FIRST FAMILY ASSISTANCE BENEFIT has been REVISED."

"You will receive Work First Family Assistance in the following amounts for the following months:"

$$$	Is the amount of your ongoing Work First Check.
MM/CCYY	Is the effective date of your Work First check.
MM/CCYY	Is the date the following person or persons will receive Medicaid that are being included in your Work First Case.
	First Name Middle Initial Last Name and Individual ID Number (Each individual name and Individual ID Number display on the notice. Up to 18 individuals can be displayed on the notice).
	The above individual or individuals are eligible because they meet the requirements found in the Work First Manual.

If 'Y' is keyed in the Medicare A and/or B field(s) for an individual, the following text will be printed on the approval notice.

"If you receive Medicare, Medicare is responsible for your prescriptions."

WF700

3. Use reason code "D1" when including an adult onto the case because he/she complied with Child Support sanction requirements. This code will ONLY be used to add an adult onto a case after the sanction with Child Support has been lifted. The Payment Type must be '2'.

$$$	Is the amount of your ongoing Work First check.
MM/CCYY	Is the effective date of your Work First check.
MM/CCYY	Is the date the following person or persons will receive Medicaid that are being included in your Work First Case.
	First Name Middle Initial Last Name and Individual ID Number
	Has been approved for Work First Benefits because he/she complied with Child Support requirements. Your family will receive a check when you have completed the requirements stated in the Mutual Responsibility Agreement(s).

If 'Y' is keyed in the Medicare A and/or B field(s) for an individual, the following text will be printed on the approval notice.

"If you receive Medicare, Medicare is responsible for your prescriptions."

When a Termination Code is present, the following text also appears.

"You will not receive Work First Family Assistance after MMYY for the following reason." (Reason based on Termination Code that is present.)

E.   **OPEN/SHUT APPROVALS (Application Types "1," "2," and "6")**

Use reason code "A3" with Payment Types '1', '2', or 'S'.

The automated notice text is: "This is to notify you that your Work First Application has been approved."

$$$	Is the amount of your ongoing Work First Check
MM/CCYY	Is the effective date of your Work First Check
MM/CCYY	Is the date the individual(s) you applied for will receive Medicaid. (Each individual name and Individual ID Number display on the notice. Up to 18 individuals can be displayed on the notice).
	Your family has been approved because you qualify based on rules in the Work First Manual.
MM/CCYY	Is the last date you will receive a Work First Check, for the following reason:

WF700

Reason text printed is based on termination code entered.

If 'Y' is keyed in the Medicare A and/or B field(s) for an individual, the following text will be printed on the approval notice.

"If you receive Medicare, Medicare is responsible for your prescriptions."

WF702   CHANGE CODES

WORK FIRST FAMILY ASSISTANCE CHANGES - DSS-8110A

Based on the change code (adequate or timely) entered on the DSS-8125, EIS produces a notice that says:

"Adequate" or "Timely" in the upper right corner depending on the code.

A reason that corresponds to one of the reasons listed below. Then the sentence, "The State rules supporting this action are found in the Work First Manual."

Adequate If Medicare A and/or B is changed to 'Y' for an individual with another adequate or timely action on the case, the following text will be printed on the notice.

"Now that you are enrolled/receiving Medicare, Medicaid will not pay for your prescriptions. Medicare is responsible for your prescriptions."

> "The change is effective on MMDDYYYY. However, you have until MMDDYYYY, which is 10 days from the date of this letter, to request a hearing."

Timely

> "The change will be effective on MMDDYYYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

A.   Deletions Of Any Members Of The Case (Including Children)

The text reads: $____ THIS IS YOUR REDUCED PAYMENT AMOUNT. MM/CCYY IS THE EFFECTIVE DATE. MM/CCYY IS THE EFFECTIVE DATE THE FOLLOWING FAMILY MEMBER IS BEING REMOVED FROM YOUR WORK FIRST FAMILY ASSISTANCE BENEFIT.

The following statement also displays on the notice:

IF AN INDIVIDUAL(S) BECOMES INELIGIBLE FOR MEDICAID, DO NOT THROW AWAY THE CARD. THE INDIVIDUAL MAY BECOME ELIGIBLE AGAIN AND WILL NEED THE CARD.

WF700

Reason	Adequate	Timely
The family member began receiving SSI. His/her eligibility for Medicaid will continue.	53	10
The family member asked to be/was removed from the Work First Family Assistance benefit.	54	14
The family member is now deceased.	75	
You are no longer the caretaker of your child; therefore, you are being removed from the Work First benefit. Your eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	56	35
The child turned age 18 and will not finish high school by age 19. His/her eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	57	06
You cannot receive WFFA because you are incarcerated. You are being evaluated for Medicaid and will receive a separate notice.	8N	N/A
You cannot receive WFFA because you are in an institution for Mental Diseases. You are being evaluated for Medicaid and will receive a separate notice.	8O	N/A
The child is age 18 and graduated from high school. His/her eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	7S	2S
Your family member will be caretaker for his own Work First Family Assistance case.	58	22
The child no longer lives in your home.	5X	04
This child(ren) has been placed in foster care and is no longer eligible for Work First.	5U	
You have not provided necessary information to document citizenship and/or identity.	6Z	3Z
You did not provide documentation of citizenship and/or identity (Individual(s) previously received benefits while trying to resolve citizenship code "97").	9W	4W

B.   Other Downward Payment Changes

The text reads: $___ THIS IS YOUR REDUCED PAYMENT AMOUNT. MM/CCYY IS THE EFFECTIVE DATE.

Reason	Adequate	Timely
An adult in your home failed to comply with their treatment plan. You will not receive cash assistance for that person. He remains eligible for Medicaid and must still comply with other Work First requirements. (Valid with Payment Type '2')	8A	3A
An individual(s) is fleeing to avoid a felony criminal prosecution or jail after conviction of a felony. He cannot be included in your payment. He will continue receive Medicaid.	6A	21
An individual(s) has been convicted of a drug-related felony on or after August 23, 1996. He cannot be included in your payment. He will continue to receive Medicaid.	6B	32
An individual(s) has been convicted of misrepresenting his residence to receive benefits in two or more places. He cannot be included in your payment. He will continue to receive Medicaid.	6C	46
An individual(s) has violated the conditions of his probation or parole. He cannot be included in your payment. He will continue to receive Medicaid.	6D	47
You did not report timely that your child will be absent for 90 consecutive days. You cannot be included in the payment. You will continue to receive Medicaid.	6E	48
The amount of your special needs allowance has decreased or ended.	79	25
Your family's countable income has increased.	55	15
A new or additional deduction is being made from your Work First Family Assistance benefit to repay your overpayment.	76	27
A family member has been disqualified because of an intentional program violation. He/she remains eligible for Medicaid.	5W	2Z
Other – Requires a manual notice.	73	41
Your Work First Family Assistance will decrease as a result of verified earned income data. (used for National Directory New Hire (NDNH))	6W	2X
Your Work First Family Assistance will decrease as a result of verified Unemployment income data. (use for National Directory New Hire (NDNH))	5M	2Y

WF700

C.   **Upward Payment Changes**

The text reads: $_____THIS IS YOUR INCREASED PAYMENT AMOUNT. MM/CCYY IS THE EFFECTIVE DATE.

Reason	Adequate	Timely
Your family's countable income has decreased.	59	N/A
Your overpayment deduction has decreased or ended.	63	N/A
The individual is being added to your Work First Family Assistance case.	77	N/A
Your Work First sanction has ended.	7V	N//A

D.   **Work First Family Assistance Sanctions –** Payment Type '1' to 'S'

The text reads: "Your family is ineligible for a Work First Family Assistance Payment. Beginning MMCCYY you will no longer receive a Work First Family Assistance check until you comply with the sanction applied to your case."

Reason	Adequate	Timely
You are being sanctioned because the teen parent is not attending school regularly.	6F	4A
You did not keep your appointment with the substance abuse professional. This violates your Mutual Responsibility Agreement		4B
You did not cooperate with child support and did not comply with your MRA. Your children will continue to receive Medicaid, however, you will be evaluated for Medicaid.	61	11
You did not comply with your Mutual Responsibility Agreement.	95	42
You did not get immunizations or regular medical check-ups for your children.	91	43
You did not cooperate with child support. You cannot get Medicaid until you cooperate with child support. Your child will continue to get Medicaid.	92	44
Your family will not receive a check until you have completed your required work hours for each month. You will continue to receive Medicaid.	66	16
You did not keep school age children (through age 17) in school.	93	45

WF700

E.   Work First Benefits

AAF Payment Type '1' or 'S' to '2'

Reason	Adequate	Timely
Your case is now a Work First Benefits case.	9X	4X

F.   Changing Individual Case Status from "M" To "R"

The text reads: YOUR WORK FIRST FAMILY ASSISTANCE BENEFIT WILL INCREASE TO $_____ EFFECTIVE MMYY.

Reason	Adequate	Timely
The individual is being added to your Work First Family Assistance case.	77	N/A

G.   Work First Job Bonus

1. Job Bonus Begins

The text reads:
$____   THIS IS YOUR PAYMENT AMOUNT.
MM/CCYY   IS THE EFFECTIVE DATE.

Reason	Adequate	Timely
Your Work First Family Assistance will remain the same due to receipt of the job bonus.	9J	N/A
Your Work First Family Assistance will increase due to receipt of the job bonus and because of another change in your family's situation.	9K	N/A

> **NOTE:** If you enter either of these change codes on the DSS-8125 and did not key or save the Automated Budget, the system displays message: (C99 Job Bonus must be on budget to use change code).

2. Job Bonus Ends

The text reads:
$____   THIS IS YOUR REDUCED PAYMENT AMOUNT.
MM/CCYY   IS THE EFFECTIVE DATE.

Reason	Adequate	Timely
Your Work First Family Assistance will decrease due to termination of the job bonus.	N/A	3J
Your Work First Family Assistance will decrease due to termination of the job bonus and because of another change in your family's situation.	N/A	3K

WF700

H.   Medicare Change N to Y

Reason	Adequate	Timely
Medicare will pay your prescription drugs	6X	N/A

I.   Redetermination Notices With No Changes In the Case - DSS-8108A

Based on change code "01" entered on the DSS-8125, EIS produces a notice to say:

1.   "You continue to be eligible for Work First Family Assistance in the amount of $_____. Your Medicaid will continue."

2.   "The State rules supporting this action are found in the Work First Manual."

J.   Program Transfer Codes AAF Pay Type 1, 2 or S to MAF, MIC, MPW, AAF Payment Type 4, or AAF Payment Type 5.

Based on the change code (adequate or timely) entered on the DSS-8125, EIS produces a notice that says:

- "Adequate" or "Timely" in the upper right corner depending on the code.

- The Change Which Will Take Place

  Effective on MMDDCCYY.
  MMDDCCYY – After this date you will not receive a Work First check.
  MM/CCYY – This is the last month you will receive a payment. You are eligible for Medicaid for the following months: MMDDCCYY – MMDDCCYY.

- A reason that corresponds to one of the reasons listed below. Then the sentence, "The State rules supporting this action are found in the Work First Manual."

- When the Change Will Be Made:

Timely – "The change will be effective on MMDDYYYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

WF700

1.   AAF TO MAF

Reason	Adequate	Timely
You failed to sign your Mutual Responsibility Agreement.	7A	2A
The only individual in the case has been convicted of a drug felony.	7C	1D
The only individual in the case misrepresented his residence.	7D	1E
The only individual in the case is a fleeing felon.	7E	1F
The only individual in the case violated the conditions of his parole or probation.	7F	1G
You did not help in determining the amount of Unemployment Benefits you might have been able to receive.	7G	1H
You did not request Work First Family Assistance for someone who is required to be included in your case.	7H	1I
Your family is no longer eligible for Work First Family Assistance. You quit a job without good cause or were dismissed due to workplace behavior. Your family will continue to receive Medicaid. (Payment Type '2' to MAFC and can either be worker entry or system generated).	8B	N/A
You failed to meet the requirements of your MRA and will no longer receive Work First Benefits. Your Medicaid will continue. (Payment Type '2' to MAFC and can be either worker entry or system generated).	83	N/A
Your family's benefit diversion certification period has ended.	87	N/A
A family member has been disqualified because of an intentional program violation. He/she remains eligible for Medicaid.	5W	2Z
Because of the New Work First Policy, relatives other than parents or stepparents cannot be included in the Work First Benefit.	6D	28
The only child you were receiving Work First Family Assistance for is age 18 and will not finish high school by age 19.	6E	29
You refused to be screened for substance abuse.	5A	1A
You failed to complete work activities listed on the MRA. (Payment Type '2' to MAFC and can be either worker entry or system generated).	5T	N/A
You failed to comply with Sanction requirements. Your payment will be stopped. Your Medicaid will continue under another category.	6U	N/A

WF700

Reason	Adequate	Timely
You failed to cooperate with substance abuse treatment. (Payment Type '2' to MAFC and can be either worker entry or system generated).	9A	N/A
You did not apply for other benefits which you might be eligible to receive (NOTE: Do not use for UIB).	9O	3O
You did not complete your rehab program; therefore you are no longer eligible for a Work First Check.	9R	3R
You did not register for Work at the Employment Security Commission. We are continuing to determine your Medicaid eligibility.	7Z	1Z
Your Work First Family Assistance is stopping because you do not qualify for at least the minimum payment. However, you will continue to receive Medicaid as long as you are eligible.	6K	2K

2.   AAF to MAF, MIC, or MPW

Reason	Adequate	Timely
Your family's income is too high for your family to get Work First Family Assistance.	65	19
Your family's income is too high for you (your family) to get Work First Family Assistance. (Child Support)	66	20
You no longer meet reserve limits for Work First Family Assistance.	85	39
Your family has reached your 24-month Work First time limit. Contact your local social services for an extension if you believe you have good cause reason to receive additional months of benefits.	88	N/A
Your family has reached your 60-month Work First time limit. Contact your local social services to request an extension if you believe you have good cause reason to receive additional months of benefits.	89	N/A
Your family's projected income is too high for you to receive Work First Family Assistance.	94	34
You failed to provide information which is needed to determine eligibility.	6A	1W
You requested your Work First check to be stopped.	9M	3M
There is no longer a child in your home who is eligible to receive Work First Family Assistance.	9N	3N

WF700

Reason	Adequate	Timely
There is no caretaker for this Work First Family Assistance case.	9Q	3Q
You have now had your baby. You must apply for Work First for the baby within 10 days.	6S	3S
Your earned income is too high for you (your family) to get Work First Family Assistance based on verified earned income data. Your eligibility for Medicaid is being evaluated. (use for National Directory New Hire (NDNH))	6V	1P
Your unearned income is too high for you (your family) to get Work First Family Assistance based on verified Unemployment data. Your eligibility for Medicaid is being evaluated. (use for National Directory New Hire (NDNH))	7B	24
You have failed to provide information regarding employment which is needed to determine eligibility. Your eligibility for Medicaid is being evaluated. (use for National Directory New Hire (NDNH))	7Y	26
You have failed to provide information regarding unemployment benefits which is needed to determine eligibility. Your eligibility for Medicaid is being evaluated. (use for National Directory New Hire (NDNH))	6F	1C

3.   AAF to AAF Payment Type 4

Reason	Adequate	Timely
Your family's child support is too high for your family to receive Work First Family Assistance. (Use for transfers from Pay Type 1, 2, or S to Pay Type 4)	82	38
Use this code when you mail a manual notice.	73	41

4.   AAF to AAF payment Type 5

Reason	Adequate	Timely
Your family is no longer eligible for Work First Benefits due to an increase in earned income. (Payment Type '2' to Payment Type '5')	8M	4M
Your family's earned income has increased based on verified information. (use for National Directory New Hire (NDNH)) (Payment Type '1', '2', or 'S' to Payment type '5')	6Y	1X

WF700

K.   County Transfers

County transfer from AAF payment type "1", "2", or "S" is not allowed. County transfer and aid program transfer to MAF on the same 8125 is not allowed. The case must first be transferred to MAF. The MAF case can then be transferred to the new county after the 8125 processes.

Reason	Adequate	Timely
You have moved to another county. Your Work First Benefit does not transfer. If you wish to continue receiving Work First, you need to reapply in the new county.	6C	27

L.   Automatic System Generated Program Transfer AAF to MAF

52   Failure to return QR by established deadline (AAF to MAF)
83   Failure to meet requirements of MRA (AAF Payment Type '2' to MAF)
5T   Failure to complete work activities listed on MRA (AAF Payment Type '2' to MAF)
8B   Quit a job without good cause or dismissed due to workplace behavior (AAF Payment Type '2' to MAF).
9A   Failure to cooperate with substance abuse treatment (AAF Payment Type '2' to MAF)

M.   Transfer from MAF-C to AAF Pay Type "1"

Reason	Adequate	Timely
You have returned your Quarterly Report.	5L	1L

N.   MAF-C to AAF Pay Type "2" is not allowed and must be a reapplication.

O.   MAF-C to AAF Pay Type "4"

Reason	Adequate	Timely
Your family's child support is too high for your family to receive Medicaid beyond the above dates.	5J	1J

P.   MAF-C to AAF Pay Type "5"

Reason	Adequate	Timely
Your work related disregard has decreased or can no longer be applied to your wages.	67	23
Your family's earned income has increased.	83	39
Other (requires notice override; caseworker will send manual notice)	N/A	41
After this date your earned income disregard ends.	6T	N/A

WF700

Q.   **MAF-C to AAF Pay Type "S" is not allowed and must be a reapplication.**

WF703   TERMINATION CODES – DSS-8110A

Based on the termination code (adequate or timely) entered on the DSS-8125, EIS produces a notice to say:

- "Adequate" or "Timely" in the upper right corner depending on the code.

- MM/CCYY is the effective date that your Work First Family Assistance will be stopped.

- A reason that corresponds to reasons in the Codes Section. Then the sentence, "The rules that support this action are found in the Work First Manual."

- Adequate - "The change is effective on MMDDYYYY. However, you have until MMDDYYYY, which is 10 days from the date of this letter, to request a hearing."

- Timely – "The change will be effective on MMDDYYYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

- The following statement also displays on the notice:

  IF AN INDIVIDUAL(S) BECOMES INELIGIBLE FOR MEDICAID, DO NOT THROW AWAY THE CARD. THE INDIVIDUAL MAY BECOME ELIGIBLE AGAIN AND WILL NEED THE CARD.

    NOTE: THE FOLLOWING TERMINATION CODES MUST BE USED WHEN APPROVING WORK FIRST IN OPEN/SHUT STATUS.

A.   **Resources**

Reason	Timely
The value of your family's resources is too high for your family to receive Work First. Your eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	52

WF700

B.   Income

Reason	Timely
Your family's countable income is too high for you (your family) to get Work First Family Assistance. Your eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid. **NOTE:** Use this reason code when the primary reason for termination is **earned** income and the family has not received assistance for 3 out of 6 months.	51
Your family's countable income is too high for you (your family) to get Work First Family Assistance. Your eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid. **NOTE:** Use this reason code when the primary reason for termination is **unearned** income (including direct child support).	6A

C.   Work First Termination Codes To Terminate Active Cases

Reason	Adequate	Timely
There is no longer a child in your home who is eligible to receive Work First Assistance. Your eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	61	N/A
This child(ren) has been placed in foster care and is no longer eligible for Work First.	6J	N/A
The only child you were receiving Work First Family Assistance for is age 18 and will not finish high school by age 19. Medicaid is being evaluated. You will receive a separate notice about Medicaid.	64	N/A
The individual(s) in the Work First Family Assistance case is/are deceased	66	N/A
You have moved, and we are unable to locate you. You are also ineligible for Medicaid.	69	28
Your family no longer lives in North Carolina. You are not eligible for Work First Family Assistance or Medicaid.	74	13
The individual(s) in the case is/are incarcerated or is a resident of a public institution.	6G	1G
You failed without good cause to cooperate with Child Support Enforcement. Your Medicaid will also end. (Use for caretaker only cases when the eligible child receives SSI and a manual timely notice was sent).	6F	34

WF700

Reason	Adequate	Timely
You requested in writing that your Work First check and Medicaid be stopped.	78	42
The only person receiving Work First Family Assistance has been approved for SSI.	57	N/A
You have not provided necessary information to document citizenship and/or identity.	6Q	2Q
You have failed to provide documentation of citizenship and/or identity (Individual(s) previously received benefits while trying to resolve citizenship code "97").	6R	2R

D. **Automatic EIS Terminations/Program Category Transfer** (system assigned)

49   Transitional Termination
52   Program Transfer due to failure to return QR by established deadline (AAF to MAF)
83   Program Transfer due to failure to meet requirements of MRA (AAF Payment Type '2' to MAF)
67   Program and/or Category Transfer
62   Program Category Transfer due to non-compliance with sanction requirements.
87   Program Category Transfer due to Benefit Diversion period has ended.
5T   Program Transfer due to failure to complete work activities listed on MRA (AAF Payment Type '2' to MAF)
8B   Program Transfer due to Job Quit (AAF Payment Type '2' to MAF).
9A   Program Transfer due to failure to cooperate with substance abuse treatment (AAF Payment Type '2' to MAF)

WF700