

### DISQUALIFIED RECIPIENT REPORT

*SEE INSTRUCTIONS ON REVERSE SIDE*

1. STATE CODE <input style="width: 40px; text-align: center;" type="text" value="0"/>	2. COUNTY FIPS CODE <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>	3. ACTIVITY CODE <input style="width: 20px; text-align: center;" type="text"/> 1 = ADD 2 = REVISION 3 = DELETE
4. SOCIAL SECURITY NUMBER <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> - <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> - <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>	5. DATE OF BIRTH M M D D Y Y Y Y <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>	6. SEX CODE <input style="width: 20px; text-align: center;" type="text"/> "M" or "F"
7. NAME A. LAST NAME <input style="width: 100%; height: 20px;" type="text"/> B. FIRST NAME <input style="width: 100%; height: 20px;" type="text"/> C. M.I. <input style="width: 20px; height: 20px;" type="text"/> D. KNOWN TO USE ALIAS <input type="checkbox"/> CHECK IF YES ALIAS(ES):		
8. DATE DISQUALIFICATION WAS RENDERED M M D D Y Y Y Y <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>	9. DISQUALIFICATION OFFENSE <input type="checkbox"/> 1. FIRST OFFENSE <input type="checkbox"/> 2. SECOND OFFENSE <input type="checkbox"/> 3. THIRD OFFENSE	
10. LENGTH OF DISQUALIFICATION <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> 06 = 6 MONTHS 12 = 12 MONTHS (1 YEAR) 24 = 24 MONTHS (2 YEARS) 48 = 48 MONTHS (4 YEARS) 60 = 60 MONTHS (5 YEARS) 97 = 120 MONTHS (10 YEARS) 99 = PERMANENT OTHER = ENTER NUMBER OF MONTHS	11. EFFECTIVE DATE OF DISQUALIFICATION M M D D Y Y Y Y <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>	
12. COUNTY REFERENCE DATA CO. <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> CASE NO. <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> FBU <input style="width: 20px; text-align: center;" type="text"/> MISC. <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/> <input style="width: 20px; text-align: center;" type="text"/>		13. PROGRAM CODE (CHECK ONLY ONE) <input type="checkbox"/> Food Stamps <input type="checkbox"/> CalWORKs
14. PREPARED BY _____ TELEPHONE NUMBER _____ DATE PREPARED _____ _____ (_____) _____ EXT _____ / / AREA CODE		

## FIELD INSTRUCTIONS

ITEMS 1 - 5, 7A, 7B, 8-11, 13 AND 14 ARE MANDATORY ON ALL DOCUMENTS

### 2. County FIPS Code:

001 Alameda	031 Kings	061 Placer	091 Sierra
003 Alpine	033 Lake	063 Plumas	093 Siskiyou
005 Amador	035 Lassen	065 Riverside	095 Solano
007 Butte	037 Los Angeles	067 Sacramento	097 Sonoma
009 Calaveras	039 Madera	069 San Benito	099 Stanislaus
011 Colusa	041 Marin	071 San Bernardino	101 Sutter
013 Contra Costa	043 Mariposa	073 San Diego	103 Tehama
015 Del Norte	045 Mendocino	075 San Francisco	105 Trinity
017 El Dorado	047 Merced	077 San Joaquin	107 Tulare
019 Fresno	049 Modoc	079 San Luis Obispo	109 Tuolumne
021 Glenn	051 Mono	081 San Mateo	111 Ventura
023 Humboldt	053 Monterey	083 Santa Barbara	113 Yolo
025 Imperial	055 Napa	085 Santa Clara	115 Yuba
027 Inyo	057 Nevada	087 Santa Cruz	
029 Kern	059 Orange	089 Shasta	

### 3. Activity Code: Enter the proper code for the function being reported.

- 1 = Add - Use this code to add a new IPV not previously listed on the computerized disqualification network.
- 2 = Revision - Use this code to change one or more items on an existing report for a disqualified individual. However, the original social security number shown on the existing report must be entered.
- 3 = Delete - Use this code to delete an existing report on a disqualified individual; for example, when a court has reversed the decision on the case, or the wrong SSN was used to establish an individual on the file. When deleting a record ALL fields must be completed to match exactly the record to be deleted.

### 7. Name:

Name Field: Item 7a, 7b & 7c insert ONLY letters and numbers -NO periods, commas, dashes, etc. Leave one space between last name and title (such as Jr).

Aliases: Check this box if the individual being reported is known to use assumed names.

### 8. Date Disqualification Decision was Rendered: Enter the Month, Day, and Year of the disqualification decision.

### 9. Disqualification Offense:

- 1 = First Offense
- 2 = Second Offense
- 3 = Third Offense

### 10. Length of Disqualification: Enter the number of months using two digits, i.e., 06 = six months. There may be situations where other than the standard 06, 12, 24, 48, 60, 97 or 99 will be entered.

### 11. Effective Date of Disqualification: Enter the date the disqualification started. If the disqualification has not started for a CalWORKs IPV, enter all 9's.

### 12. County Reference Data:

- County Code = Two Digits
- Case Number = Seven Digits
- FBU = One Digit
- Misc.(County Reference Number) = Nine Digits

### 13. Program Code: CHECK ONLY "ONE" PROGRAM PER DOCUMENT.