

							BIRTHDATE				
A	CNTY	RECIPIENT #	CD	SEQ #	AID CODE	SOCIAL SECURITY NO.	SEX	MONTH	DAY	YEAR	
	36	1234567	8		68	000-00-0000	0	0	0	0	
B	LAST NAME				FIRST NAME				MI.		
	Doe				John						
C	STREET			CITY			STATE	ZIP CODE / CT			
	12345 Main Street			Anytown			CA	0			
D	TELEPHONE #		DIS. PREP.	GUARDIAN / CONSERVATOR							
			ZZD								
E	STREET			CITY			STATE	ZIP CODE / CT			
F	STATUS	PRIM.DIAG.	CITIZEN	ETHNIC	LANG	OTH. / COV.	SSNV	HIC. / RR.#			FBU #
	E			1	7						101
G	SPOUSE / PARENT	# HH	# RCP	RES	L/A	# ROOMS	YARD	WASHER	DRYER	STOVE	REFRIG.
	00	1	1	02	01	4	N	Y	Y	Y	Y

H	Housework	Laundry	Shopping & Errands	Meal Prep & Clean-Up	Mobility Inside	Bathing & Grooming	Dressing	Bowel, Bladder & Menstrual	Transfer	Eating	Respiration	Memory	Orientation	Judgment	Functional Index	Functional Index-Hours	W/O IHSS	Need Provider
	4	4	5	4	3	3	3	3	3	1	1	1	1	1	0	0	0	0
I	SHARE OF COST DATE		LINK	DEP	SOURCE	INCOME			DEDUCT	COUNTABLE INCOME								
	11/1/12		D	1	1	\$925.00												
J	SOURCE	INCOME	DEDUCT						BENEFIT CODE / LEVEL									
									1									
K										SHARE OF COST								
L	MODE	RATE	HOURS	MODE	RATE	HOURS	RECOVERY											

M	ACT	BEG DATE	ENDING DATE	GROSS AMOUNT	MODE	RATE	HOURS	SHARE OF COST	TYPE	PAY OPT.
	D									
N	D									
O	D									

P	APPLICATION DATE	REF	FACE TO FACE DATE	COUNTY USE		
	11/1/12		11/19/12	ELIG		
Q	D / O	SERVICE WORKER NAME		SW. #	SERVICE WORKER PHONE #	
				-	135	909-383-9709

R ALERT MESSAGE  
NOA MESSAGE

S AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_ Approval \_\_\_\_\_

T VALIDATION: \_\_\_\_\_ DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_