C. DATA DICTIONARY

This appendix includes the data definitions and descriptions for the data fields contained in the Federal Offset Program Record Layouts. Appendix E, “Input Record Specifications,” defines the input transaction layouts and Appendix F, “Output Record Specifications,” defines the output transaction layouts.

This appendix lists the data fields in alphabetic order. The following information is provided for each data field:

1. **Name** – The name of the field is provided as it appears on the input or output transaction layout description.
2. **Type** – Indicates if the field is an input field, output field or both.
3. **Condition** – Indicates if the field is required for specified inputs. Fields on input transactions are required, conditionally required or optional. Fields on the output transactions are described as required or conditional. Conditional fields are present based on the information received on the input or that is available on the OCSE data base.
4. **Length** –The size of the field on the record layout.
5. **Format** – Indicates if the field is alphabetic, numeric or alphanumeric.
6. **Values** – The acceptable values for the field.
7. **Description** –A narrative explanation of the data field.

The following pages include the data fields that are accepted and/or returned by the Federal Offset Program.

Name: Type: Condition: Length: Format: Values: Description:	ADJUSTMENT AMOUNT Output field Conditional for the following output record: Monthly Collection and Adjustment Record 11 Numeric 00000000001 through 99999999999 The dollar amount of the adjustment made. If the Adjustment Amount field contains a dollar amount greater than zero, the Collection Amount field must be equal to zero. The Adjustment Amount is a signed positive dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	ADJUSTMENT YEAR Output field Conditional for the following output record: Monthly Collection and Adjustment Record 4 Numeric Numbers 0 through 9 The adjustment year in which the offset originated. If the Collection Amount is greater than zero this field is zero filled. The date must be in the Year 2000-compliant format of CCYY.
Name: Type: Condition: Length: Format: Values: Description:	ARREARAGE AMOUNT Input and Output fields Conditional for the following input and output records: Case Submission And Update Record (length 8) Rejected Case Submission and Update Record (length 8) Unaccountable Missing Address Record (length 11) 8 or 11 Numeric 00000001 through 99999999 The dollar amount, in whole dollars only, that the obligor is in the arrears. For requirements based on the Transaction Type, refer to Chart E-2, “Case Submission and Update Record Layout”.

Name: Type: Condition: Length: Format: Values: Description:	CASE ID Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 15 Alphanumeric Letters A through Z, numbers 0 through 9, special characters or spaces The identification number for the case submitted. The field is used by the States only. OCSE does not use this field. The information is stored on the case master file. States must space fill if not used.
Name: Type: Condition: Length: Format: Values: Description:	CASE TYPE INDICATOR Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 1 Alphabetic A - TANF/foster care N - Non-TANF An indicator depicting if the case type is TANF or Non-TANF.
Name: Type: Condition: Length: Format: Values: Description:	CERTIFIED ARREARAGE AMOUNT Output field Conditional for the following output record: Monthly Collection and Adjustment Record 11 Numeric 00000000001 through 99999999999 The Certified Arrearage Amount at the time of the certification. The Certified Arrearage Amount is a signed dollar amount with an assumed two place decimal.

Name: Type: Condition: Length: Format: Values: Description:	COLLECTION AMOUNT Output field Conditional for the following output record: Monthly Collection and Adjustment Record 11 Numeric 00000000001 through 99999999999 The dollar amount of the offset collected. If the collection amount contains a dollar amount greater than zero, the adjustment amount must be equal to zero. The collection amount is a signed numeric dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	CORRECTED SSN Output field Conditional for the following output record: Unaccountable Missing Address Record 9 Alphanumeric Numbers 0 though 9 or spaces A valid corrected SSN for error code 31 or spaces for error codes 18, 19 or 20.
Name: Type: Condition: Length: Format: Values: Description:	DATE ISSUED Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 8 Alphanumeric Numbers 0 through 9 The date the Pre-Offset Notice was mailed. If OCSE issues the notice, OCSE will fill in the date. If the State issues the notice, the State will fill in the date. The date must be in the Year 2000-compliant format of CCYYMMDD. For requirements based on the Transaction Type, refer to Chart E-2, “Case Submission and Update Record Layout”.
Name: Type: Condition: Length: Format: Values: Description:	EXTENSION 1 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 4 Numeric Numbers 0 through 9 The extension to Telephone Number 1. (i.e., 1234.)

Name: Type: Condition: Length: Format: Values: Description:	EXTENSION 2 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 4 Numeric Numbers 0 through 9 The extension to Telephone Number 2. (i.e., 1234.)
Name: Type: Condition: Length: Format: Values: Description:	LOCAL CODE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record State/Local Contact Phone And Address Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 3 Alphanumeric Numbers 000 through 999 A valid three-digit numeric code for county or other local jurisdictions. The field must contain spaces if not used. A valid local code on the State/Local Contact Phone and Address file or FIPS Code is recommended. For requirements based on the Transaction Type, refer to Chart E-2, “Case Submission and Update Record”. For requirements based on key data, refer to Chart E-3, “State/Local Contact Phone Address and Record Layout”.
Name: Type: Condition: Length: Format: Values: Description:	NAME CONTROL Output field Conditional for the following output record: Unaccountable Missing Address Record 4 Alphabetic Letters A through Z The first four characters of the obligor’s last name that was sent to OCSE on the Case Submission and Update file.

Name: Type: Condition: Length: Format: Values: Description:	NON-TANF ACCEPTED Output field Conditional for the following output record: Rejected Case Submission and Update Control Record 9 Numeric Numbers 0 through 9 The total number of Non-TANF records accepted by OCSE that were on the Case Submission and Update file.
Name: Type: Condition: Length: Format: Values: Description:	NON-TANF REJECTED Output field Conditional for the following output record: Rejected Case Submission and Update Control Record 9 Numeric Numbers 0 through 9 The total number of Non-TANF records rejected by OCSE that were on the Case Submission and Update file.
Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR ADDRESS LINE 1 Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 30 Alphanumeric Letters A through Z, numbers 0 through 9 or spaces The first address line of the Non-custodial Parent's mailing address. Required if a State issues the Pre-Offset Notices. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".
Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR ADDRESS LINE 2 Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 30 Alphanumeric Letters A through Z, numbers 0 through 9 or spaces The second address line of the Non-custodial Parent's mailing address, if necessary. Optional if a State issues the Pre-Offset Notices. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".

Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR CITY Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 25 Alphabetic Letters A through Z or spaces The city of the Non-custodial Parent's mailing address. Required if a State issues the Pre-Offset Notices. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".
Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR FIRST NAME Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 15 Alphabetic Letters A through Z or spaces [must contain at least one alphabetic character] The Non-custodial Parent's first name.
Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR LAST NAME Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 20 Alphabetic Letters A through Z, hyphen (-) or spaces [No imbedded spaces or special characters except a hyphen(-)] The Non-custodial Parent's last name.

Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR STATE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 2 Alphabetic Letters A through Z The State of the Non-custodial Parent's mailing address. The valid two-character alphabetic postal abbreviation for the State or territory. Required if a State issues the Pre-Offset Notices.
Name: Type: Condition: Length: Format: Values: Description:	OBLIGOR ZIP CODE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 9 Numeric Numbers 0 through 9 The Zip Code of the Non-custodial Parent's mailing address. The Zip Code is broken into two parts. The first five positions contain the high-level postal Zip Code. The last four positions further define the postal location. The last four positions may be zero filled. Required if a State issues the Pre-Offset Notices. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".

Name: Type: Condition: Length: Format: Values: Description:	OFFSET EXCLUSION INDICATOR Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 40 Alphabetic ADM - Exclude all Administrative Offsets (RET, SAL,VEN) RET - Exclude Federal Retirement VEN - Exclude Vendor Payment/Miscellaneous SAL - Exclude Federal Salary (Future Enhancement) TAX - Exclude Tax Refund Offset PAS - Exclude Passport Denial FIN - Exclude Financial Institution Data Match (FIDM) Spaces - Remove all existing exclusion indicators Field is required if the Transaction Type is 'R'. An indicator depicting a reason for exclusion. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".
Name: Type: Condition: Length: Format: Values: Description:	OFFSET TYPE Output field Conditional for the following output record: Monthly Collection and Adjustment Record 3 Alphabetic ADM - Administrative Offsets (RET, SAL,VEN) RET - Federal Retirement VEN - Vendor Payment/Miscellaneous SAL - Federal Salary (future enhancement) TAX - Tax Refund Offset Identifies the type of offset or adjustment that was applied to the obligor.
Name: Type: Condition: Length: Format: Values: Description:	OFFSET YEAR Output field Conditional for the following output record: Monthly Collection and Adjustment Record 4 Numeric Numbers 0 through 9 The current processing year. The date must be in the Year 2000-compliant format of CCYY.

Name: Type: Condition: Length: Format: Values: Description:	ORIGNIAL CERTIFIED ARREARAGE AMOUNT Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 11 Numeric Numbers 0 though 9 The Original Certified Arrearage Amount for the case. The Original Certified Arrearage Amount is a signed dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	PAYMENT CITY AND STATE Output field Conditional for the following output record: Monthly Collection and Adjustment Record 25 Alphabetic Letters A through Z The payment city and State sent to OCSE on the FMS Payment record.
Name: Type: Condition: Length: Format: Values: Description:	PAYMENT NAME Output field Conditional for the following output record: Monthly Collection and Adjustment Record 35 Alphabetic Letters A through Z or spaces The name on the FMS payment record. May contain both obligor and/or non-obligor name(s). If the adjustment amount is greater than zero this field contains spaces.
Name: Type: Condition: Length: Format: Values: Description:	PAYMENT STREET ADDRESS Output field Conditional for the following output record: Monthly Collection and Adjustment Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 or spaces The payment street address sent to OCSE on the FMS Payment record.

Name: Type: Condition: Length: Format: Values: Description:	PAYMENT ZIP CODE Output field Conditional for the following output record: Monthly Collection and Adjustment Record 9 Numeric Numbers 0 through 9 The payment Zip Code sent to OCSE on the FMS Payment record
Name: Type: Condition: Length: Format: Values: Description:	PROCESS YEAR Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 4 Alphanumeric Numbers 0 through 9 The year tax refund or administrative payment was offset when reporting State payments. The date must be within the previous seven years of the current year and in the Year 2000-compliant format of CCYY. For requirements based on the Transaction Type, refer to Chart E-2, “Case Submission and Update Record Layout”.
Name: Type: Condition: Length: Format: Values: Description:	REJECT CONTROL Output field Conditional for the following output record: Rejected Case Submission and Update Control Record 3 Alphabetic CTL The constant letters ‘CTL’ are entered to identify this record as the Reject Control Record.
Name: Type: Condition: Length: Format: Values: Description:	REJECTED ERROR CODES Output field Conditional for the following output record: Rejected Case Submission and Update Record 12 Alphanumeric Two-digit error codes A two-digit error code. Up to six error codes can be given. Refer to Chart G-1, “Rejected Case Submission and Update Errors,” for a complete list of possible rejected error codes.

Name: Type: Condition: Length: Format: Values: Description:	RETURN INDICATOR Output field Conditional for the following output record: Monthly Collection and Adjustment Record 1 Alphabetic 'Y' = Yes or 'N' = No Identifies if the return is a joint return or not a joint return.
Name: Type: Condition: Length: Format: Values: Description:	SSN Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 9 Numeric This field must be numeric. The first three digits must be less than 729. The Social Security Number of the person for the certified case.
Name: Type: Condition: Length: Format: Values: Description:	STATE AGENCY ADDRESS LINE 1 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 and spaces Additional reference information to the State Agency Name (i.e., State Office Building, Suite A) or continuation of the mailing address, if necessary.
Name: Type: Condition: Length: Format: Values: Description:	STATE AGENCY ADDRESS LINE 2 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 and spaces Additional street address information of the State Agency, if necessary.

Name: Type: Condition: Length: Format: Values: Description:	STATE AGENCY ADDRESS LINE 3 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 and spaces Additional street address information of the State Agency, if necessary.
Name: Type: Condition: Length: Format: Values: Description:	STATE AGENCY ADDRESS LINE 4 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 and spaces The city, State and Zip Code of the State Agency.
Name: Type: Condition: Length: Format: Values: Description:	STATE AGENCY NAME Input field Conditional for the following input record: State/Local Contact Phone And Address Record 35 Alphanumeric Letters A through Z, numbers 0 through 9 and spaces The name of the contact office. (i.e., Bureau of Child Support Enforcement). A reference to “Child Support” or “Family Support” must be included in this field. Do not use reference to ‘IRS’ or ‘FMS’ or specific names of contact persons in any of the State Agency name or address fields.

Name: Type: Condition: Length: Format: Values: Description:	SUBMITTING STATE CODE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record State/Local Contact Phone And Address Record Rejected Case Submission and Update Record Rejected Case Submission and Update Control Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record Monthly Collection and Adjustment Control Record 2 Alphabetic Letters A through Z The State Code must be a valid two-character alphabetic postal abbreviation. Refer to Appendix H, "State and Territory Abbreviations and FIPS Codes," or Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov.
Name: Type: Condition: Length: Format: Values: Description:	TANF ACCEPTED Output field Conditional for the following output record: Rejected Case Submission and Update Control Record 9 Numeric Numbers 0 through 9 The total number of TANF records accepted by OCSE that were on the Case Submission and Update file.
Name: Type: Condition: Length: Format: Values: Description:	TANF REJECTED Output field Conditional for the following output record: Rejected Case Submission and Update Control Record 9 Numeric Numbers 0 through 9 The total number of TANF records rejected by OCSE that were on the Case Submission and Update file.

Name: Type: Condition: Length: Format: Values: Description:	TELEPHONE NUMBER 1 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 14 Alphanumeric Numbers 0 through 9, spaces, hyphens or parenthesis The area code and phone number of the State or local Agency contact. (i.e., (301) 555-1212)
Name: Type: Condition: Length: Format: Values: Description:	TELEPHONE NUMBER 2 Input field Conditional for the following input record: State/Local Contact Phone And Address Record 14 Alphanumeric Numbers 0 through 9, spaces, hyphens or parenthesis The In-State Toll-free or collect number that will be designated on the Pre-Offset notice. (i.e., (800) 555-1212)
Name: Type: Condition: Length: Format: Values: Description:	TOTAL ADJUSTMENT AMOUNT Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 11 Numeric Numbers 0 though 9 The accumulated Adjustment Amount for the month. The Total Adjustment Amount is a signed dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	TOTAL ADJUSTMENTS Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 15 Numeric Numbers 0 though 9 The total number of adjustments that were processed for the month.

Name: Type: Condition: Length: Format: Values: Description:	TOTAL CERTIFIED ARREARAGE AMOUNT Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 11 Numeric Numbers 0 though 9 Contains the original certified arrearage amount for the case.
Name: Type: Condition: Length: Format: Values: Description:	TOTAL COLLECTION AMOUNT Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 11 Numeric Numbers 0 though 9 The accumulated collection amount for the month. The Total Collection Amount is a signed dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	TOTAL COLLECTIONS Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 15 Numeric Numbers 0 though 9 The total number of collections that were processed for the month.
Name: Type: Condition: Length: Format: Values: Description:	TOTAL CONTROL Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 9 Alphabetic TOTAL The constant letters ‘TOTAL’ are entered to identify this record as the Monthly Collection and Adjustment Control Record.

Name: Type: Condition: Length: Format: Values: Description:	TOTAL NET AMOUNT Output Field Conditional for the following input and output records: Monthly Collection and Adjustment Control Record 11 Numeric Numbers 0 though 9 The total offset amount collected amount for the month. The Total Net Amount is a signed dollar amount with an assumed two place decimal.
Name: Type: Condition: Length: Format: Values: Description:	TRANSACTION TYPE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record 1 Alphabetic Space - Initial Processing Year Submission (Entire Case Load) A - Add a new case D - Delete an existing case L - Change submitting State local code M - Modify amount owed (can be increased or decreased). R - Replace existing offset exclusion indicator(s) S - State payment (accumulated amount) T - Transfer for administrative review to State with the order A code depicting the type of transaction.

Name: Type: Condition: Length: Format: Values: Description:	TRANSFER LOCAL CODE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 3 Alphanumeric Letters A through Z or numbers 000 through 999 Field is used if the Transaction Type is 'T'. The State is submitting a transfer or the transfer State is updating the case. A valid three-digit alphabetic or numeric FIPS Code for county or spaces. Only required if a State submits a transfer or a transfer State updates a case. A valid FIPS code is recommended. Refer to Appendix H, "State and Territory Abbreviations and FIPS Codes," or Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".
Name: Type: Condition: Length: Format: Values: Description:	TRANSFER STATE CODE Input and Output fields Conditional for the following input and output records: Case Submission And Update Record Rejected Case Submission and Update Record Unaccountable Missing Address Record Monthly Collection and Adjustment Record 2 Alphabetic Letters A through Z The State is submitting a transfer or the transfer State is updating the case. The State Code must be the valid two-character alphabetic postal abbreviation of the State or territory. Refer to Appendix H, "State and Territory Abbreviations and FIPS Codes," or Department of Commerce FIPS Code Manual, National Institute of Standards and Technology, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. For requirements based on the Transaction Type, refer to Chart E-2, "Case Submission and Update Record Layout".

Name:	UNACCOUNTABLE ERROR CODE
Type:	Output field
Condition:	Conditional for the following output record: Unaccountable Missing Address Record
Length:	2
Format:	Alphanumeric
Values:	Letters A through Z, numbers 0 through 9
Description:	A two-digit error code identifying the reason the Case Submission and Update Record is unaccountable. For a list of the possible error codes and messages, refer to Chart G-2, “Unaccountable Missing Address Case Errors”.