Interstate Case Reconciliation State Extract File Record Format

Field Name	Pos.	Len.	A/N	Comments
Case Number	1-15	15	A/N	Your state's Case Number
Initiating/Responding Indicator	16	1	A/N	Your state's I/R Indicator I – Initiating R – Responding
FIPS Code	17-21	5	N	Your state and county FIPS Code
FIPS Code Positions 6-7	22-23	2	A/N	Positions 6-7 of the FIPS Code for states that use them (if they are not used, the positions will be blank)
SSN	24-32	9	N	Your state's SSN
Member ID	33-47	15	A/N	Your state's Member ID
Participant Type	48-49	2	A/N	Your state's Participant Type: NP – Noncustodial Parent CP – Custodial Party PF – Putative Father CH – Child
Case Status	50	1	A/N	Your state's Case Status: O – Open C – Closed
Last Name	51-80	30	A/N	Your state's participant Last Name
First Name	81-96	16	A/N	Your state's participant First Name
Middle Name	97-112	16	A/N	Your state's participant Middle Name
Date of Birth	113-120	8	A/N	Your state's participant Date of Birth in MMDDYYYY format
Sex	121	1	A/N	Your state's participant Sex Code: M – Male F – Female O – Other
Other State Case Number	122-136	15	A/N	The Other State Case Number stored on your State's CSE system
Other State Initiating/Responding Indicator	137	1	A/N	The Other State I/R Indicator: I – Initiating R – Responding
Other State FIPS Code	138-144	7	N	The FIPS Code for the other state's case
Other State Member ID	145-159	15	A/N	The Member ID for the person in the other state's case
Other State Participant Type	160-161	2	A/N	The Participant Type in the other state's case: NP – Noncustodial Parent CP – Custodial Party PF – Putative Father CH – Child
Contact Name	162-201	40	A/N	The contact name or worker ID for the person assigned to this case in your state

Field Name	Pos.	Len.	A/N	Comments
Contact Phone Number	202-211	10	A/N	The phone number for the contact or caseworker assigned to this case in your state
Contact E-Mail	212-241	30	A/N	The e-mail address for the contact or caseworker assigned to this case in your state
Filler	242-550	309	A/N	Future use

ICR Reconciliation Matching Results File Record Format

Please note that the matching results records are participant-based records. States will receive a response record back for each participant that is included in the matching of their extract file against other state extracts and FCR-derived extracts. Case data will be redundantly displayed in each participant record associated with the case in question.

Field Name	Pos.	Len.	A/N	Comments
Case Number	1-15	15	A/N	Your state's Case Number
Initiating/Responding Indicator	16	1	A/N	Your state's I/R indicator: I – Initiating R- Responding
FIPS Code	17-21	5	N	Your state and county FIPS Code
FIPS Code Positions 6-7	22-23	2	A/N	Positions 6-7 of the FIPS Code for states that use them (if they are not used, the positions will be blank)
SSN	24-32	9	N	Your state's SSN
Member ID	33-47	15	A/N	Your state's Member ID
Participant Type	48-49	2	A/N	Your state's Participant Type: NP – Noncustodial Parent CP - Custodial Party PF - Putative Father CH - Child
Case Status	50	1	A/N	Your state's Case Status: O - Open C - Closed
Last Name	51-80	30	A/N	Your state's participant Last Name
First Name	81-96	16	A/N	Your state's participant First Name
Middle Name	97-112	16	A/N	Your state's participant Middle Name
Date of Birth	113-120	8	A/N	Your state's participant Date of Birth in MMDDYYYY format
Sex	121	1	A/N	Your state's participant Sex Code: M – Male F – Female O – Other
Other State Case Number	122-136	15	A/N	The Other State Case Number stored on your state's CSE system
Other State Initiating/Responding Indicator	137	1	A/N	The Other State I/R Indicator: I – Initiating R - Responding
Other State FIPS Code	138-144	7	N	The FIPS Code for the other state's case
Other State Member ID	145-159	15	A/N	The Member ID for the person in the other state's case
Other State Participant Type	160-161	2	A/N	The participant type in the other state's case: NP – Noncustodial Parent CP - Custodial Party PF - Putative Father

Field Name	Pos.	Len.	A/N	Comments
				CH - Child
Contact Name	162-201	40	A/N	The contact name or worker ID for the person assigned to this case in your state
Contact Phone Number	202-211	10	A/N	The phone number for the contact or caseworker assigned to this case in your state
Contact E-Mail	212-241	30	A/N	The e-mail address for the contact or caseworker assigned to this case in your state
FCR-Supplied Indicator	242	1	A/N	Indicates that the other state did not participate in the ICR project and the FCR was used to provide the information in this record: Y – FCR record match, State not participating in ICR N – Extract record match, State participating in ICR
Reason Code 1	243-244	2	A/N	Code for explanation of the match results
Reason Code 2	245-246	2	A/N	Code for explanation of the match results
Reason Code 3	247-248	2	A/N	Code for explanation of the match results
Reason Code 4	249-250	2	A/N	Code for explanation of the match results
Reason Code 5	251-252	2	A/N	Code for explanation of the match results
Reason Code 6	253-254	2	A/N	Code for explanation of the match results
Reason Code 7	255-256	2	A/N	Code for explanation of the match results
Reason Code 8	257-258	2	A/N	Code for explanation of the match results
Reason Code 9	259-260	2	A/N	Code for explanation of the match results
Reason Code 10	261-262	2	A/N	Code for explanation of the match results
Reason Code 11	263-264	2	A/N	Code for explanation of the match results
Reason Code 12	265-266	2	A/N	Code for explanation of the match results
New Case Number	267-281	15	A/N	This field contains the Other State Case Number if it is different than what was submitted by your state. Otherwise, this field is spaces.
New FIPS Code	282-288	7	A/N	This field contains the other state's FIPS Code if it is different than what was provided by your state. If the FIPS Codes match, this field will contain spaces.
Other State SSN	289-297	9	A/N	This field contains the Other State SSN for this participant, if it is different than the SSN in your state. If the SSNs match, this field will contain spaces.
New Member ID	298-312	15	A/N	This field contains the other state Member ID for this participant if it is different than the Member ID in your state. If the Member IDs match, this field will contain spaces.
New Participant Type	313-314	2	A/N	This field contains the other state

Field Name	Pos.	Len.	A/N	Comments
				Participant Type, if it is different than the Participant Type in your state. If the Participant Type matches, this field will contain spaces.
Other State Last Name	315-344	30	A/N	This field contains the Other State Last Name for the participant, if it is different that your state's Last Name. If the Last Names match, this field will contain spaces.
Other State First Name	345-360	16	A/N	This field contains the Other State First Name for the participant, if it is different from your state's First Name. If the First Names match, this field will contain spaces.
Other State Middle Name	361-376	16	A/N	This field contains the Other State Middle Name for the participant, if it is different your state's Middle Name. If the Middle Names match, this field will contain spaces.
Other State Date of Birth	377-384	8	A/N	This field contains the Other State Date of Birth for the participant, if it is different from your state's Date of Birth. If the Dates of Birth match, this field will contain spaces.
Other State Sex	385	1	A/N	This field contains the Other State Sex code for the participant, if it is different from the Sex code in your state. If the Sex codes match, this field will contain spaces.
Number of Adults From Submitting State	386-387	2	N	This field contains the number of participants in the submitting state's case that have a participant type of NP, CP or PF.
Number of Adults From Other State	388-389	2	N	This field contains the number of participants in the Other State's case that have a participant type of NP, CP or PF.
Number of Adults Matched	390-391	2	N	This field contains the number of participants that matched and have a participant type of NP, CP or PF.
Number of Children from Submitting State	392-393	2	N	This field contains the number of participants in the submitting state that have a participant type of CH.
Number of Children from the Other State	394-395	2	N	This field contains the number of participants in the Other State's case that have a participant type of CH.
Number of Children Matched	396-397	2	N	This field contains the number of participants that matched and have a participant type of CH.

Field Name	Pos.	Len.	A/N	Comments
Other State Contact Name	398-437	40	A/N	This field contains the contact name or worker ID for the person assigned to this case in the other state.
Other State Contact Phone Number	438-447	10	A/N	This field contains the phone number for the contact or caseworker assigned to this case in the other state.
Other State Contact E-Mail	448-477	30	A/N	This field contains the e-mail address for the contact or caseworker assigned to this case in the other state
Filler	478-550	73	A/N	Future use