

County Collection File Specification Document

Version 1.0

CalSAWS

Contents

OVERVIEW	3
FILE LAYOUT.....	3
FILE #1: RECOVERY ACCOUNT	4
FILE #2: RECOVERY ACCOUNT RESPONSIBLE PARTY	6
FILE #3: RECOVERY ACCOUNT REPAYMENT TERM	9
FILE #4: RECOVERY ACCOUNT OVERPAYMENT	11
FILE #5: RECOVERY ACCOUNT TRANSACTION	12
FILE #6: RECOVERY ACCOUNT TRANSACTION DETAIL.....	14
FILE #7: RECOVERY ACCOUNT CASE NOTES	15
APPENDIX CT18 - PROGRAM CODE	16
APPENDIX CT116 - REPAYMENT TERM FREQUENCY.....	18
APPENDIX CT117 - REPAYMENT TERM TYPE.....	19
APPENDIX CT118 - RECOVERY ACCOUNT CAUSE.....	20
APPENDIX CT119 - RECOVERY ACCOUNT REASON.....	23
APPENDIX CT120 - RECOVERY ACCOUNT STATUS	29
APPENDIX CT184 - AID CODE.....	30
APPENDIX CT372 - TRANSACTION DELIVERY TYPE.....	43
APPENDIX CT405 - RECOVERY ACCOUNT TYPE CODE	44
APPENDIX CT409 - RECOVERY ACCOUNT INVESTIGATION TYPE.....	45
APPENDIX CT412 - TRANSACTION TYPE.....	46
APPENDIX CT10230 - POSTED STATUS REASON	51

Overview

The purpose of this document is to provide the list of data fields needed for CalSAWS to collect on claims. This document specifies the four “fixed-length” flat files, to be provided by each county, to convert county collections data into CalSAWS.

This document will guide the counties in the creation of the four “fixed-length” flat files by:

- Describing each file layout, data fields, and code values.
- Corresponding data fields from the “County Collection Interface Workbook” are described in the ‘Data Item Name’ column.
- CalSAWS codes are provided in the Appendences for the data fields requiring a code value.

File Layout

#	Row number identifier
Field Name	Header for each column
Data Type	Data type of the data for the column
Required	If data field is required
Length	Maximum Length of data field
Required Format	Specific pattern of the data field
Notes	Description of the data field
Data Item Name	Corresponding data field name from “County Collection Interface Workbook” version 1.0

File #1: Recovery Account

File Name	Notes
##_Recov_Acct	<p>This file will contain information related to the recovery account, including but not limited to Case Number, Program, and Reason for Recovery Account. Please see below for specific fields and data formats.</p> <p>Parent File: N/A Relationship: N/A</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim	Claim Number
2	Case Number	String	Y	7		CalWIN Case Number	CalWIN Case Number
3	Organization Name	String	Y	40		Provide Organization name. In SAWS, Org would be Provider, CBOs, etc	Business Name
4	Organization ID	String	Y	9		Unique system identifier for the Org Name provided above	Provider Number
5	Priority Number	Numeric	Y	4	0000	Priority number to determine which Recovery Account to collect against first	
6	Program Code	String	Y	2		CT18 - Program Code. See Appendix CT18	Program ID
7	Type Code	String	Y	2		CT405. Recovery Account Type Code. LRS defaulted this to 'RE' - Regular. See Appendix CT405	
8	Expire Date	String	N	10	mm/dd/yyyy	Date that the Recovery Account can no longer be collected	
9	Discovery Date	String	N	10	mm/dd/yyyy	Date of discovery of the overpayment	Date of Discovery
10	Staff ID	String	Y	4		Unique Worker ID. Only allows for 1 worker.	CalWIN Case Worker ID
11	Status Reason Code	String	Y	2		CT413 - Recovery Account Status Reason. See Appendix CT413	
12	Reason Code	String	Y	2		CT119 - Recovery Account Reason. See Appendix CT119	

County Collection
File Specification Document

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
13	Investigation Code	String	N	2		CT409 - Recovery Account Investigation Type. See Appendix CT409	
14	Current Balance	Numeric	Y	10	000000.00	Current Balance on recovery account. Cannot be Negative.	Outstanding Balance
15	Cause Code	String	Y	2		CT118 - Recovery Account Cause. Recoupment % will be based on Cause Code. See Appendix CT118	
16	Cause Date	String	N	10	mm/dd/yyyy	Date when the Cause Code was changed or created	Claim Established Date
17	Final demand Notice Date	String	N	10	mm/dd/yyyy	Date when the final notice was sent. Null Date '12/01/9999' if no final notice sent	
18	Closed CalWIN Case Identifier	String	Y	1	Y/N	Use to determine if a new case should be created or linked to an existing CalWIN case	

File #2: Recovery Account Responsible Party

File Name	Notes
##_Recov_Acct_Resp_Party	<p>This file will contain information related to the Responsible Party of the Recovery Account, including but not limited to the Responsible Party's contact information, status date, and debtor type. Please see below for specific fields and data formats. All fields are justified left.</p> <p>Parent File: ##_Recov_Acct Relationship: 1 to 1-Many</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim	Claim Number
2	Case Number	String	Y	7		CalWIN Case Number	Case Number
3	Person Identifier	String	Y	9		CalWIN identifier for the responsible person	CWIN Number
4	Organization ID	String	Y	9		Unique system identifier for the Organization Name provided in File #1 Recovery Account.	Provider Number
5	Status Code	String	Y	2		CT120 - Recovery Account Status. Default value 'AC'. status for responsible party (Active/Inactive). See Appendix CT120	Claim Status
6	Adjustment Indicator	String	Y	1		Default value 'Y'. Indicator whether or not to do any benefit adjustments for responsible party. 'Y' or 'N' Only	
7	Bill Indicator	String	Y	1		Default value 'Y'. Indicator whether or not to bill the responsible party. 'Y' or 'N' Only	

County Collection
File Specification Document

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
8	Tax Intercept Indicator	String	Y	1		Default value 'Y'. indicator whether or not to tax intercept the responsible party. 'Y' or 'N' Only	
9	Status Date	String	N	10	mm/dd/yyyy	The date when the responsible party status code was set to Active. Refer to line #5 above.	
10	Delinquent Date	String	N	10	mm/dd/yyyy	Date when recovery account was delinquent	
11	Debtor Type	String	Y	1		C for Company, I for Individual. Used for matching Responsible party.	
12	Responsible Party First Name	String	Y	25		Used for matching Responsible party.	Case First Name
13	Responsible Party Middle Name	String	Y	1		Used for matching Responsible party.	Case Middle Initial
14	Responsible Party Last Name	String	Y	25		Used for matching Responsible party.	Case Last Name
15	Responsible Party Suffix	String	N	5		Possible values: I, II, III, IV, IX, Jr., Sr., V, VI, VII, VIII, X. Used for matching Responsible party.	Case Name Suffix
16	Responsible Party Status	String	Y	2		AC - Active; IN - Inactive. Used for matching Responsible party.	
17	Company Name	String	N	60		Used for matching Responsible party.	
18	AKA First Name	String	N	30		Used for matching Responsible party.	
19	AKA Middle Name	String	N	30		Used for matching Responsible party.	
20	AKA Last Name	String	N	30		Used for matching Responsible party.	
21	AKA Suffix	String	N	5		Used for matching Responsible party.	
22	Co-responsible Flag	String	Y	1		Used for matching Responsible party.	
23	Mailing Address- Line 1 Address	String	Y	8		Used for matching Responsible party.	Street Number

County Collection
File Specification Document

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
24	Mailing Address- Line 2 Address	String	Y	30		Used for matching Responsible party.	Street Name
25	Mailing Address - City Name	String	Y	30		Used for matching Responsible party.	City
26	Mailing Address- State Code	String	Y	2		Used for matching Responsible party.	State
27	Mailing Address - Zip Code	String	Y	5		Used for matching Responsible party.	Zip
28	Residential Mailing Address- Line 1 Address	String	N	50		Used for matching Responsible party.	
29	Residential Mailing Address- Line 2 Address	String	N	50		Used for matching Responsible party.	
30	Residential Mailing Address - City Name	String	N	50		Used for matching Responsible party.	
31	Residential Mailing Address- State Code	String	N	2		Used for matching Responsible party.	
32	Residential Mailing Address - Zip Code	String	N	10		Used for matching Responsible party.	
33	Phone Number - Area Code	String	Y	3		Used for matching Responsible party.	
34	Phone Number	String	Y	7		Used for matching Responsible party.	
35	Phone Extension Number	String	N	4		Used for matching Responsible party.	
36	Responsible Party Date of Birth	String	Y	8		Used for matching Responsible party.	
37	Responsible Party SSN	String	Y	9		Used for matching Responsible party.	
38	Responsible Party Driver License Number	String	N	15		Used for matching Responsible party.	

File #3: Recovery Account Repayment Term

File Name	Notes
##_Recov_Acct_Repay_Term	<p>This file will contain information related to the repayment terms of the Recovery Account, including but not limited to the repayment amount, frequency of repayments, and type of repayment term. Please see below for specific fields and data formats.</p> <p>Parent File: ##_Recov_Acct Relationship: 1 to 0-1</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim.	Claim Number
2	Case Number	String	Y	7		CalWIN Case Number	Case Number
3	Person Identifier	String	N	9		CalWIN identifier for the responsible person	CWIN Number
4	Organization ID	String	Y	9		Unique system identifier for the Organization Name provided in file #1 Recovery Account	Provider Number
5	Override Cause Indicator	String	Y	1		This indicator will be used to override the percentage repayment specified by the cause code on the recovery account and use the amount or percentage specified on the repayment term instead. 'Y' or 'N' Only	
6	Repay Percent	Numeric	Y	3	000	This number captures the agreed percentage of the customer's monthly grant that will be applied to the recovery account balance. If REPAY_PERCENT > 0%, then REPAY_AMT must be = \$0.	
7	Repay Amount	Numeric	Y	10	00000000.00	The dollar amount that is agreed upon and scheduled for repayments. If REPAY_AMT > \$0, then REPAY_PERCENT must be = 0%.	

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
8	Frequency Code	String	Y	2		CT116 - Repayment Term Frequency. See Appendix CT116	
9	Begin Date	String	N	10	mm/dd/yyyy	Beginning date of the repayment term. Defaults to conversion date, if not provided.	
10	Type Code	String	Y	2		CT117 - Repayment Term Type. See Appendix CT117	
11	End Date	String	N	10	mm/dd/yyyy	End date of the repayment term. Default value High Date value of '12/31/9999', if not provided.	

File #4: Recovery Account Overpayment

File Name	Notes
##_Recov_Acct_Overpayment	<p>This file will contain information related to the overpayment of the recovery account, including but not limited to the overpayment amount. Please see below for specific fields and data formats.</p> <p>Parent File: ##_Recov_Acct Relationship: 1 to 0-Many</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim	Claim Number
2	Overpayment Amount	Numeric	Y	10	00000000.00	The overpayment amount. (Original Amount – Corrected Amount = Overpayment Amount).	Original Overpayment Amount
3	Effective Date	String	Y	10	mm/dd/yyyy	Set to benefit month when the overpayment occurred	
4	Original Amount	Numeric	Y	10	00000000.00	Original payment amount. Cannot be negative.	
5	Correct Amount	Numeric	Y	10	00000000.00	Corrected payment amount. Cannot be negative.	
6	Aid Code	String	Y	2		CT184 - Aid Code of the program for which overpayment is recorded. See Appendix CT184	Aid Code of Overpayment

File #5: Recovery Account Transaction

File Name	Notes
##_Recov_Acct_Trans	<p>This file will contain information related to the transaction of the recovery account, including but not limited to the transaction amount. Please see below for specific fields and data formats. This File is optional, if no transactions are provided a generic transaction will be created to offset original overpayment and current balance.</p> <p>Parent File: ##_Recov_Acct Relationship: 1 to 0-Many</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim.	Claim Number
2	Transaction Number Identifier	String	Y	10		Unique system identifier for the transaction.	
3	Transaction Amount	Numeric	Y	10	00000000.00	The amount being deducted from or added to the recovery account.	
4	Transaction Type Code	String	Y	3		This can be from a benefit reduction, cash or check received from the Customer, etc. Examples of this code are: Benefit Reduction, Cash, Check, Money Order. See Appendix CT412	
5	Transaction Delivery Type Code	String	Y	3		This column captures how the money was received. Examples of this code are: Hand, Mail, System. See Appendix CT372	
6	Effective Date	Date	Y	9	mm/dd/yyyy	This attribute pertains to the actual month when the transaction is effective which can be different from when the payment is posted or sent.	

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
7	Posted Date	Date	Y	9	mm/dd/yyyy	The date the payment was posted to the recovery account. This date can differ from the received date of the associated receipt.	
8	Backed Out Indicator	String	N	1	Y/N	Indicates the Transaction has been backed out. Transaction amount does not impact recovery account balance	
9	Posted Status Code	String	N	3		This column will store how the customer wants to receive the money, I.E. Mail or Pickup. See Appendix CT10230	

File #6: Recovery Account Transaction Detail

File Name	Notes
##_Recov_Acct_Trans_Dtl	<p>This file will contain information related to the transaction detailed description of the recovery account. Please see below for specific fields and data formats. This table is optional a generic description will be used if none is provided.</p> <p>Parent File: ##_Recov_Acct_Trans Relationship: 1 to 0-Many</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim.	Claim Number
2	Transaction Number Identifier	String	Y	10		Unique system identifier for the transaction.	
3	Transaction Description	String	Y	2000		This column will store the staff-entered description of the adjustment such as who made the payment.	

File #7: Recovery Account Case Notes

File Name	Notes
##_Recov_Acct_Case_Note	<p>This file will contain case note information related to the recovery account. This is an optional file. Please see below for specific fields and data formats. This File is optional.</p> <p>Parent File: ##_Recov_Acct Relationship: 1 to 0-Many</p>

Note: ## = County Code

#	Field Name	Data Type	Required	Length	Required Format	Notes	Data Item Name
1	Legacy Account Number Identifier	String	Y	10		Unique system identifier for the claim	Claim Number
2	Note Description	String	Y	2000		Case Note Description	This is a text field describing a case note entry
3	Date Notes Entered	String	Y	19	Mm/dd/yy/mm:hh:ss	Date case note was entered. MM:HH:SS (24HR format)	Date that the Note(s) were entered into the system. Used to determine order of Notes

Appendix CT18 - Program Code

The program code for the recovery account.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT18 Description	CalSAWS CODE
1	Adoptions Assistance Program	AA
2	Adult Protective Services	AS
3	CalFresh	FS
4	CalFresh Employment & Training	FT
5	California Food Assistance Program	CF
6	Cal-Learn	CL
7	CalWORKs	CW
8	CalWORKs for Foster Care	CA
9	Cash Assistance Program for Immigrants	CP
10	Child Care	CC
11	Child Protective Services	CS
12	Child Support	CH
13	Diversion	DV
14	Food Distribution	FD
15	Foster Care	FC
16	General Assistance/General Relief	GA
17	GROW	GW
18	Homeless	HO
19	Homeless Assistance - Permanent	HP
20	Homeless Assistance - Temporary	HT
21	Immediate Need	IN
22	In Home Supportive Services (IHSS)	IH
23	IV-D Child Support	IV
24	Kin-GAP	KG

#	CT18 Description	CalSAWS CODE
25	Linkages Adult Services	LS
26	Low Income Health Plan	LI
27	Medi-Cal	MC
28	Multipurpose Senior Services	MS
29	Non-Assistance CalFresh	NA
30	Nutrition Benefit	NB
31	Other County	OT
32	Personal Care Services Program	PE
33	Public Assistance CalFresh	PA
34	Refugee Cash Assistance	RC
35	Refugee Employment Program	RE
36	SSI Only	SI
37	SSI/SSP	SS
38	SSP Only	SP
39	Tribal TANF	TT
40	Welfare to Work	WT
41	WrapAround	WA

Appendix CT116 - Repayment Term Frequency

The repayment term frequency that was agreed upon by the county and the customer.
Please use the CalSAWS CODE that matches closest to the **Description**

#	CT116 Description	CalSAWS CODE
1	Bi-Monthly	BM
2	Bi-Weekly	BW
3	Lump Sum/One Time	LS
4	Monthly	MO
5	Weekly	WE
6	Yearly	YR

Appendix CT117 - Repayment Term Type

The repayment term type that was agreed upon by the county and the customer.
Please use the CalSAWS CODE that matches closest to the **Description**

#	CT117 Description	CalSAWS CODE
1	Benefit Reduction	BR
2	Minimum Payment	EP
3	Payment Reduction	PR
4	Tax Intercept - FTB	ST
5	Tax Intercept - IRS	FT
6	Wage Garnishment	WG

Appendix CT118 - Recovery Account Cause

The cause of the Recovery Account. Recoupment percentage is based on cause code.
Please use the CalSAWS CODE that matches closest to the **Description**

#	CT118 Description	CalSAWS CODE
1	Bounce Check Charges	BL
2	CalFresh - Admin Caused (after 3/2000)	AQ
3	CalFresh - Admin Caused (prior to 3/2000)	AP
4	CalFresh - IHE (Customer Caused)	AR
5	CalFresh - IPV (ADH)	AU
6	CalFresh - IPV (Court)	AV
7	CalFresh - IPV (waiver)	AT
8	CalFresh - Potential IPV	AS
9	CAPRI Recoverable	CR
10	Care and Maintenance Fund	CM
11	Cash - Admin Caused	AI
12	Cash - Customer Caused	AJ
13	Cash - IPV (ADH)	AM
14	Cash - IPV (Court)	AN
15	Cash - IPV (waiver)	AL
16	Cash - Late QR7	AO
17	Cash - Late SAR7	BM
18	Cash - Potential IPV	AK
19	Child Care - Agency Caused (provider responsible)	AX
20	Child Care - Agency Caused (recipient responsible)	AW
21	Child Care - Provider Caused	AZ
22	Child Care - Recipient Caused	AY
23	Collection Fee	CF
24	Court Filing Fees	BJ
25	Foster Care - Admin Caused - ET Responsible	BA

#	CT118 Description	CalSAWS CODE
26	Foster Care - Admin Caused - SW Responsible	BB
27	Foster Care - Customer Caused	BC
28	Foster Care - Institution Responsible	BD
29	Foster Care Trust Fund	FC
30	GR - Admin Caused	GA
31	GR - Customer Causes	GC
32	GR - IPV(ADH)	GH
33	GR - IPV(Court)	GT
34	GR - IPV(Waiver)	GW
35	GR - Late QR7	GQ
36	GR - NSA	GN
37	GR - Potential IPV	GP
38	GR Recoverable	GR
39	GROW-Ancillary Books/Supplies/Fees	AB
40	GROW-Ancillary Clothing/Shoes	AC
41	GROW-Ancillary Guard Card	AG
42	GROW-Ancillary Haircut	AH
43	GROW-Ancillary Shower	SH
44	GROW-Ancillary Tattoo Removal	TR
45	GROW-Ancillary Tools	TO
46	GROW-Ancillary Uniform	UF
47	GROW-Transportation Bus Pass	BP
48	GROW-Transportation Bus Token	BT
49	GROW-Transportation Bus Transfer	TT
50	Levy	BI
51	Sheriff Service Fees	BK
52	Supplemental Nutrition Benefit - Admin Caused	NA
53	Supplemental Nutrition Benefit - Customer Caused	NB

#	CT118 Description	CalSAWS CODE
54	Transitional Nutrition Benefit - Admin Caused	NC
55	Transitional Nutrition Benefit - Customer Caused	ND
56	Welfare to Work - Ancillary	BE
57	Welfare to Work - Education	BF
58	Welfare to Work - Parking	BU
59	Welfare to Work - Transportation	BG
60	Welfare to Work - Vehicle Repairs	BH

Appendix CT119 - Recovery Account Reason

The reason for the Recovery Account.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT119 Description	CalSAWS CODE
1	Act to Misreprsnt/Withld Fcts	AM
2	Admin Caused	AC
3	Administrative Error	AE
4	Aid Paid Pending - State Hearing	AP
5	Batch Process	BP
6	Birthdate Change	BD
7	Bounce Check Charge	BC
8	Budget Factor Missing	BM
9	Budget/Voucher STP Date Discr	VD
10	Change Clothing	CG
11	Change in Housing Cost - Unreported	CH
12	Change in Living Arrangements/Household Composition	CL
13	Change in Status (SSI)	CS
14	Change Income	CI
15	Child Care	CC
16	Child Care - Child Stopped Attending	CA
17	Child Care - Inaccurate Billing	IB
18	Child Care - Increase / Change in Income	I6
19	Child Care - No County-Approved Activity	NC
20	Child Care - Not an Eligible Provider	NA
21	Child Care - Not Eligible to CalWORKS	NE
22	Child Care - Not in an approved activity	NL
23	Child Care - Over Billing	OB
24	Child Care - Wrong Provider Paid	WP
25	Child Care - Wrong Rate Paid	WR

#	CT119 Description	CalSAWS CODE
26	Child Support Collections	CD
27	Child Support Cooperation	CP
28	Clothing B/F Missing	CM
29	Collection Fee	CE
30	Convicted Drug Felon	CF
31	Convicted FS-Trafficking	CN
32	Convicted-Trading FS Cpns	TS
33	Court Fees	CT
34	Court Order	CR
35	Court Ordered Restitution	CO
36	Customer Caused	CU
37	Deceased Child	DD
38	Decreased Special Needs	DS
39	DIB	DI
40	DMV Fees	DM
41	Duplicate CalFresh Received	DF
42	Duplicate Child Support Disregard / Pass On	DC
43	Duplicate Payment,Clothing	DT
44	Duplicate Payment,Placement	DL
45	Duplicate Payments Issued	DP
46	Duplicate Warrants Cashed	DW
47	EBT Error	EB
48	Eligible Person / Child Out of Home	EP
49	Emergency Assistance Foster Care	EA
50	Exceed 48 Mths Time Limit	EM
51	Excess Child Care	EC
52	Excess Homeless Assistance	EH
53	Excess Personal Property (Good Faith)	EO
54	Excess Personal Property (Not Good Faith)	EN

#	CT119 Description	CalSAWS CODE
55	Excess Real Property (Good Faith)	ER
56	Excess Real Property (Not Good Faith)	EF
57	Failed to Provide Receipt	RF
58	Failed to Report - Other Parent in Home	FR
59	Failure to Provide Essential Information	FP
60	Financial Sanction Penalty Not Done Timely	FN
61	Fleeing Felon	FF
62	Foster Care	FC
63	Foster Care Social Security	FS
64	Fraud Benefits Betwn 2K-5K	FU
65	Fraud Benefits Less than 2K	FL
66	Fraud Referral	FE
67	Fraudulent Benefits Over 10K	FB
68	Full Time Employment	FT
69	Gain Child Care	GC
70	General Assistance / General Relief	GA
71	Hearing Decision	HD
72	Homeless Assistance - Permanent Recipient	HP
73	Homeless Assistance - Temporary Applicant	HA
74	Homeless Assistance - Temporary Recipient	HR
75	IEVS - Duplicate Aid PARIS	I4
76	IEVS - New Hire	IE
77	IEVS - Unreported Income BEER	I1
78	IEVS - Unreported Income Other	I2
79	IEVS - Unreported Income PVS	I3
80	IEVS - Unreported Property Asset Match	I5
81	Immediate Need	IN
82	In Home Supportive Services (IHSS)	IH
83	Increased / Changed Earned Income	IC

#	CT119 Description	CalSAWS CODE
84	Increased / Changed In-Kind Income	II
85	Increased / Changed Other Income	IO
86	Increased / Changed Stepparent Income	IS
87	Intake Recomp	IR
88	Interim Assistance	IA
89	Invalid,All Plmt B/F Cancelled	IP
90	Levy	LY
91	Lien	LI
92	Lump Sum Income	LS
93	Made False/Misleading Stmt	MS
94	Medical Expense	ME
95	Misapplication of Regs	MR
96	Multiple Aid-Falsified Resid	MF
97	Multiple Aid-Multiple Apps	MA
98	New Income	NI
99	No Deprivation	ND
100	No State Residence	NR
101	Other	OH
102	Out of County	OC
103	Overpayment Transferred In	OT
104	Parole Violator	PV
105	Payment Issued/Computer Error	PI
106	Personal Income Tax	PT
107	Personal Property	PP
108	Placement Amount Change	PA
109	Placement Start Date Change	PC
110	Placement Stop Date Change	PS
111	Plmt Contract Vendor Change	CV
112	Probation Violator	PB

#	CT119 Description	CalSAWS CODE
113	Real Property	RE
114	Recipient Did Not Meet Reporting Responsibilities	RR
115	Recoverable Aid	RA
116	Refugee Cash Assistance	RC
117	Refused Potentially Avail Inc	RP
118	Relationship	RL
119	RISP	RI
120	RR Benefits	RB
121	School Attendance	SL
122	Sheriffs Service Fee	SS
123	Special Allowance Change	SA
124	Special Circumstances	SC
125	Sponsored Alien	SP
126	SS Benefits	SB
127	SSI Approved	SI
128	SSN	SN
129	Support from Prsn In Home	PH
130	Support from Prsn Outside Home	PO
131	TANF State FG	TF
132	TANF State U	TU
133	Technical Overpayment	TO
134	Third Fraudulent Act	TA
135	Third Party Loss - Court Order	TP
136	Timing Out/Time Limits	TL
137	Transportation	TR
138	UIB	UB
139	Unearned Income & HH Change	UI
140	Unreported Child Support	UC
141	Unreported Income - IEVS	IU

#	CT119 Description	CalSAWS CODE
142	Unreported Income - Other	UE
143	Utility Expenses	UT
144	VA Benefits	VA
145	Voluntary Repay (Abatement)	VR
146	Warrant Not Held	WN
147	Work Registration	WK
148	Worker's Comp Benefits	WB
149	Workfare	WO

Appendix CT120 - Recovery Account Status

The Recovery Account Status.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT120 Description	CalSAWS CODE
1	Suspended	SU
2	Transferred Out	TO
3	Voided	VO
4	Active	AC
5	Closed	CL
6	Pending	PE
7	Uncollectible	UF
8	Terminated	TE
9	New	NE
10	Pending Approval	AP
11	Pending Agreement	PA

Appendix CT184 - Aid Code

The aid code associated to the program at the time the Recovery Account is created.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT184 Description	CalSAWS Code
1	(Newly Eligible) Title XIX, Medi-Cal No Share of Cost (SOC) County Compassionate Release/Medical Probation Program Inmates Citizen/SIS.	K6
2	(Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Non-SIS.	K7
3	(Not Newly Eligible) Title XIX, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Citizen/SIS. disabled/blind.	K8
4	(Not Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Non-SIS.	K9
5	OD - MCAP Pregnant Woman-213-322% FPL	OD
6	OE - Pregnant Women 213 - 322%	OE
7	OG - MCAP Pregnant Woman - 213 - 322% FPL	OG
8	10 - Aid to the Aged - SSI/SSP	10
9	100 % - Child - Full Scope.	7A
10	100 % Child - OBRA - ESO	7C
11	100% Child - Excess Property - ESO	8T
12	100% Child - Excess Property - Full Scope	8R
13	133 % Child - Citizen/LPR/ PRUCOL - Full Scope	72
14	133 % Child - Undocs/Non Immigrants - ESO	74
15	133% Child - Excess Property - ESO	8N
16	133% Child - Excess Property - Full Scope	8P
17	19-64 Year Old County Inmate - 0-138% - Limited Scope - No SOC	N7

#	CT184 Description	CalSAWS Code
18	19-64 Year Old County Inmate - 0-138% - Restricted Scope - No SOC	N8
19	19-64 Year Old State Inmate - 0-138% - Limited Scope - No SOC	N5
20	19-64 Year Old State Inmate - 0-138% - Restricted Scope - No SOC	N6
21	1931(b) Foster Care	4L
22	20 - Blind - SSI/SSP	20
23	250% Working Disabled - Full Scope	6G
24	2A - Abandoned Baby	2A
25	2P - ARC only	2P
26	2R - ARC only for NMDs	2R
27	2S - ARC with federal CalWORKs	2S
28	2T - ARC with State CalWORKs	2T
29	2U - ARC with State CalWORKs for NMDs	2U
30	43 - FC Extended (State) beyond age 18	43
31	49 - FC Extended (Federal) beyond age 18	49
32	4N - Extended CalWORKs for Non Minor Dependents	4N
33	4P - CW Family Reunification-All Families	4P
34	4R - CW Family Reunification-Two Parent	4R
35	5J - SB87 Pending SP-DDSD - No SOC - Restricted	5J
36	5R - SB87 Pending SP-DDSD - SOC	5R
37	60 - Disabled - SSI/SSP	60
38	60-Day Postpartum - Pregnancy Related Services	76
39	6J - SB87 Pending SP-DDSD - No SOC	6J
40	6R - SB87 Pending SP-DDSD - SOC	6R
41	90 - General Assistance	90
42	91 - General Assistance	91
43	92 - General Assistance	92

#	CT184 Description	CalSAWS Code
44	93 - General Assistance	93
45	AFDC Medically Needy - No SOC	34
46	AFDC Medically Needy - SOC	37
47	AFDC-1931(B) - Emergency/Pregancy Services Only	3V
48	AFDC-1931(B) Full Scope	3N
49	AFDC-Foster Care (Federal)	42
50	AFDC-Foster Care (State Only)	40
51	Accelerated Enrollment of Children	8E
52	Access for Infants and Mothers 200-300 percent	0C
53	Additional Transitional Medi-Cal (Second 6 months)	59
54	Adoption Assistance - Extended - Federal	07
55	Adoption Assistance - Federal	03
56	Adoption Assistance - State Only	04
57	Aid to Adoptions - Out of State Adoption	4A
58	Aid to Disabled - Medically Needy - SOC	67
59	Aid to Disabled - Pickle Eligible	66
60	Aid to Disabled Widow/ ers	36
61	Aid to the Aged - Long Term Care	13
62	Aid to the Aged - Medically Needy - No SOC	14
63	Aid to the Aged - Medically Needy - SOC	17
64	Aid to the Aged - Pickle Eligibles	16
65	Aid to the Blind - Long Term Care	23
66	Aid to the Blind - Medically Needy - No SOC	24
67	Aid to the Blind - Medically Needy- SOC	27
68	Aid to the Blind - Pickle Eligibles	26
69	Aid to the Disabled - Medically Needy - No SOC	64
70	Anti-Rejection Medicine - State Only	77
71	CAP - Aged	1A
72	CAP - Non Qualified	6K

#	CT184 Description	CalSAWS Code
73	CAPI - Sponsored	6M
74	CAPI-LimitedTerm	6T
75	CHDP	8Y
76	CHDP Gateway Deemed Infant - NO SOC	8U
77	CHDP Gateway Deemed Infant - SOC	8V
78	CHDP Gateway HF	8X
79	CHDP Gateway Medi-Cal	8W
80	CMSP - Full Scope - No Share of Cost	84
81	CMSP - Full Scope - Share of Cost	85
82	CMSP - Long Term Care	8F
83	CMSP - Non-Fed - Full Scope - No Share of Cost	88
84	CMSP - Non-Fed - Share of Cost	89
85	CMSP - Restricted Benefits	50
86	CalFresh Trafficking and Crime Victims Assistance Program	R2
87	CalWORKs - Diversion -All Families (State Only)	3X
88	CalWORKs - Safety Net/Fleeing Felon/Long-Term WTW Sanction - Non-Two Parent	K1
89	CalWORKs - Safety Net/Fleeing Felon/Long-Term WTW Sanction - Two Parent	3F
90	CalWORKs - TANF - Timed Out (State)	3W
91	CalWORKs - Timed Out - Safety Net Two Parent (Prior to 12/2013)	3C
92	CalWORKs - Timed Out Safety Net All Families (Prior to 12/2013)	3A
93	CalWORKs -All Families (Mixed)	3E
94	CalWORKs -All Families- Exempt MAP (Federal)	3P
95	CalWORKs -Diversion -All Families (Federal)	3J
96	CalWORKs -Diversion -Two Parent (Federal)	3K
97	CalWORKs -Diversion -Two Parent (State Only)	3Y
98	CalWORKs -TANF Timed Out - All Families (Fed)	30

#	CT184 Description	CalSAWS Code
99	CalWORKs -TANF Timed Out -All Families (State)	32
100	CalWORKs -Two Parent (Federal)	35
101	CalWORKs -Two Parent (State)	3U
102	CalWORKs -Two Parent - State Only	3M
103	CalWORKs -Zero Parent (Federal)	33
104	CalWORKs -Zero Parent (Mixed)	3H
105	CalWORKs -Zero Parent (State Only)	3G
106	CalWORKs -Zero Parent - Exempt MAP (Federal)	3R
107	CalWORKs All Families (State Only)	3L
108	CalWORKs Trafficking and Crime Victims Assistance Program	R1
109	Child 1-19 ACA CHIP Premium Full Scope	E5
110	Child 1-6 - 0-142% - Citizen - Full Scope	P7
111	Child 1-6 - 0-142% - Undocumented - Restricted Scope	P8
112	Child 1-6 - 142-160% - Citizen - Full Scope	T4
113	Child 1-6 - 142-160% - Undocumented - Restricted Scope	T9
114	Child 1-6 - 160-266% - Citizen - Full Scope	T3
115	Child 1-6 - 160-266% - Undocumented - Restricted Scope	T8
116	Child 6-19 - 0-133% - Citizen - Full Scope	P5
117	Child 6-19 - 0-133% - Undocumented - Restricted Scope	P6
118	Child 6-19 - 108-133% - Citizen - Full Scope	M5
119	Child 6-19 - 108-133% - Undocumented - Restricted Scope	M6
120	Child 6-19 - 130-160% - Undocumented - Restricted Scope	T7
121	Child 6-19 - 133-160% - Citizen - Full Scope	T2
122	Child 6-19 - 160-266% - Citizen - Full Scope	T1
123	Child 6-19 - 160-266% - Undocumented - Restricted Scope	T6
124	Citizen/Lawfully Present Adult 19 through 64 Years with Person Disability Indicator	L6
125	Compassionate Release LTC Aged County Full Scope	J5
126	Compassionate Release LTC Aged County Restricted	J6

#	CT184 Description	CalSAWS Code
127	Compassionate Release LTC Disabled County Full Scope	J7
128	Compassionate Release LTC Disabled County Restricted	J8
129	Compassionate Release No SOC County Full Scope	J1
130	Compassionate Release No SOC State Restricted	G9
131	Compassionate Release SOC County Full Scope	J2
132	Continuing TMC (Second 6 Months)-Emergency/Pregnan	5T
133	Continuous Eligibility for Children	7J
134	Continuous Eligibility for Children - ESO	7K
135	County Funded Foster Care	45
136	County Juvenile Inmate Inpatient Hospital+ Inpatient MH	G5
137	County Juvenile Inmate Undoc, ESO Inpatient Hospital, MH & Pregnancy	G6
138	County Juvenile Inmate Undoc, SOC, ESO Inpatient Hospital, MH & Pregnancy	G8
139	County Juvenile Inmate, SOC Inpatient Hospital & Inpatient MH	G7
140	County Medical Probation No SOC Restricted	J3
141	County Medical Probation SOC Restricted	J4
142	Covered CA Above 400% FPL	X7
143	Covered CA CSR Only	X6
144	Covered CA Cost Sharing 100-300%	X5
145	Covered CA MC Ineligible Under 100%	X8
146	Covered CA Narrow Bridge	X9
147	Covered CA Subsidized 100-150%	X2
148	Covered CA Subsidized 151-200%	X3
149	Covered CA Subsidized 201-250%	X4
150	Covered CA Subsidized 250-400%	X1
151	Craig Continued Eligibility for the Aged	1E
152	Craig Continued Eligibility for the Blind	2E

#	CT184 Description	CalSAWS Code
153	Craig Continued Eligibility for the Disabled	6E
154	DDS Waiver - No SOC	6V
155	DDS Waiver - SOC	6W
156	Dialysis/Dialysis Supplement	71
157	Disabled Adult Child(ren) - Blind	6A
158	Disabled Adult Child(ren) - Disabled	6C
159	Edwards v. Kizer Continuing Medi-Cal Eligibility	38
160	Electronic Theft Replacement Cash Benefit (ETRCB) Aid Code	99
161	Emergency Assistance - Foster Care	5K
162	F0 - HCCI - LIHP	F0
163	F3 - MC County Inmate Inpatient Hospital Only - No SOC	F3
164	F4 - MC Undoc County Inmates - No SOC	F4
165	F5 - MCE ST Inmates	F5
166	F6 - MCE CO Inmates	F6
167	F7 - MCE Existing	F7
168	F8 - LIHP - MCE	F8
169	F9 - HCCI LIHP - CI	F9
170	FPL - Disabled - ESO/Pregnancy	6U
171	FPL 19-64 Year Old at or below 138% Full Scope	M1
172	FPL 19-64 Year Old at or below 138% Restricted Scope	M2
173	FPL Child 1-6 -142% Full Scope	H7
174	FPL Child 1-6 143-266% Full Scope	H9
175	FPL Child 6-19 - 0-133% Full Scope	H8
176	FPL Child 6-19 133-266% Full Scope	H0
177	FPL Disabled - Full Scope .	6H
178	FPL Infant - Above 267-322% Full Scope	E7
179	FPL Infant 209-266% Full Scope	H6
180	Federal AAP Cash Subsidy from Out-of-State	06

#	CT184 Description	CalSAWS Code
181	Federal Poverty Level - Aged- Emergency Services	1U
182	Federal Poverty Level - Aged- Full Scope - No SOC	1H
183	Federal Poverty Level -Blind- Full Scope - No SOC	2H
184	Federally Funded FC Benefits from Out-of-State	46
185	Foster Care - Cuban/Haitian-Entrants	08
186	Foster Care Continuing Medi-Cal	4M
187	HFP to Medi-Cal Transitional PE-No Premium	5C
188	HFP to Medi-Cal Transitional PE-Premium Payment	5D
189	Hospital PE Adults - 0-138%	P3
190	Hospital PE Infant - 0-208%	P1
191	Hospital PE Parent Caretaker Relatives - 0-109%	P2
192	Hospital PE Pregnant Women - 0-213%	P4
193	IE Medi-Cal Member - Non Sneed MFBU	IE
194	IHSS Plus Waiver	2L
195	IHSS Residual	2N
196	IHSS-Community First Choice Option	2K
197	In Home Operations Waiver - No SOC	6X
198	In Home Operations Waiver - SOC	6Y
199	Income Disregard - 200% -Infant Full Scope	47
200	Income Disregard - 200% OBRA	69
201	Income Disregard 200% - Pregnant Women - Undocs	48
202	Income Disregard 200% - Pregnant Women -Citizen/PR	44
203	Infant - 0-208% - Citizen - Full Scope	P9
204	Infant - 0-208% - Undocumented - Restricted Scope	P0
205	Infant - 208-266% - Citizen - Full Scope	T5
206	Infant - 208-266% - Undocumented - Restricted Scope	T0
207	Infant-19 ACA CHIP Lawful Citizen Full Scope	E2
208	Infant-19 ACA CHIP Undocumented Restricted Scope	E4
209	Initial Transitional Medi-Cal	39

#	CT184 Description	CalSAWS Code
210	Initial Transitional Medi-Cal (First 6 months)	3T
211	Kin-GAP (Federal)	4T
212	Kin-GAP (State Only)	4F
213	Kin-GAP (State Only) for children beyond age 18 due to a disability	4G
214	Kin-GAP Extended (Federal)	4S
215	Kin-GAP Extended (State)	4W
216	Long Term Care - Aged - SOC - Undocs and Non Immigrants	D3
217	Long Term Care - Aged - no SOC - Undocs and Non Immigrants	D2
218	Long Term Care - Blind - No SOC - Undocs and Non Immigrants	D4
219	Long Term Care - Blind - SOC - Undocs and Non Immigrants	D5
220	Long Term Care - Disabled	63
221	Long Term Care - Disabled - No SOC - Undocs and Non Immigrants	D6
222	Long Term Care - Disabled - SOC - Undocs and Non Immigrants	D7
223	Long Term Care - MI - Undocs and Non Immigrants	55
224	MC Four Month Continuing - Emergency/Pregnancy Ser	5W
225	MC No SOC State Inmates	F1
226	MC SOC State Inmates	G1
227	MC Targeted Low Income FPL Child 1-6 133-150%	H2
228	MC Targeted Low Income FPL Child 1-6 150-250% Premium	H3
229	MC Targeted Low Income FPL Child 6-19 100-150%	H4
230	MC Targeted Low Income FPL Child 6-19 150-250% Premium	H5
231	MI - Child - SOC	83
232	MI - Child No SOC	82
233	MI - Confirmed Pregnancy - No SOC	86
234	MI - Confirmed Pregnancy - SOC	87

#	CT184 Description	CalSAWS Code
235	MSSP with a SOC	1Y
236	MSSP without a SOC	1X
237	Medi-Cal County Inmate SOC Inpatient Hospital Only	G3
238	Medi-Cal County Inmate Undoc SOC Inpatient Hospital Pregnancy+ ESO	G4
239	Medi-Cal Four Month Continuing	54
240	Medi-Cal Targeted Low Income FPL for Infants	H1
241	Medically Indigent - Child - No SOC - Undocs and Non Immigrants	C9
242	Medically Indigent - Child - SOC - Undocs and Non Immigrants	D1
243	Medically Indigent - Long Term Care	53
244	Medically Indigent - Pregant Women - No SOC - Undocs & Non Immigrants	D8
245	Medically Indigent - Pregant Women - SOC - Undocs & Non Immigrants	D9
246	Medically Needy - AFDC - No SOC - Undocs and Non Immigrants	C5
247	Medically Needy - AFDC - SOC - Undocs and Non Immigrants	C6
248	Medically Needy - Aged - No SOC - Undocs and Non Immigrants	C1
249	Medically Needy - Aged - SOC - Undocs and Non Immigrants	C2
250	Medically Needy - Blind - No SOC - Undocs and Non Immigrants	C3
251	Medically Needy - Blind - SOC - Undocs and Non Immigrants	C4
252	Medically Needy - Disabled - No SOC - Undocs and Non Immigrants	C7
253	Medically Needy - Disabled - SOC - Undocs and Non Immigrants	C8
254	Minor Consent (12 -21) Family Planning	7M
255	Minor Consent (12 -21) Outpatient Mental Health	7P

#	CT184 Description	CalSAWS Code
256	Minor Consent (under 12) Sexual Assault	7R
257	Minor Consent (under 21) Pregnancy	7N
258	N0 - County Inmate LIHP/MCE Transition to Medi-Cal	N0
259	New Adult Group LTC	E3
260	No SOC MC for Undocumented State Inmates	F2
261	Non Assistance CalFresh	09
262	One-Month Healthy Families Bridge - Child	7X
263	One-Month Healthy Families Bridge - Unverified Citizenship Child	E1
264	One-Month Healthy Families Bridge -Adult	7Y
265	Parent Caretaker Relative - at or below 125% - Citizen - Full Scope	M3
266	Parent Caretaker Relative - at or below 125% - Restricted Scope	M4
267	Parental Hyperalimantation/TPN Supplement	73
268	Personal Care Services	2M
269	Pregnant Women - 60% - Citizen/Lawful - Full Scope	M7
270	Pregnant Women - 60% - Undocumented - Limited Scope	M8
271	Pregnant Women - 60-213% - Citiz/Lawful - Limited	M9
272	Pregnant Women - 60-213% - Undocumented - Limited Scope	M0
273	Presumptive Eligibility for Former Foster Care Children	4E
274	Probation Emergency Assistance	4K
275	Qualified Individual 1 - 135%	8D
276	Qualified Medicare Beneficiary	80
277	Qualified Working Disabled Individuals Program	8A
278	R4 - Work Incentive Nutrisional Supplement	R4
279	R5 - Work Incentive Nutrisional Supplement	R5
280	R6 - Work Incentive Nutrisional Supplement	R6
281	R7 - Work Incentive Nutrisional Supplement	R7

#	CT184 Description	CalSAWS Code
282	R8 - Work Incentive Nutrisional Supplement	R8
283	R9 - Work Incentive Nutrisional Supplement	R9
284	RR Medi-Cal Member - Sneede MBU	RR
285	Refugee Cash Assistance - Exempt MAP	01
286	Refugee Cash Assistance Trafficking and Crime Victims Assistance Program	1V
287	Refugee/Entrant Medical Assistance	02
288	SOC MC for Undocumented State Inmates	G2
289	Seriously Emotionally Disturbed - Non Emergency As	05
290	Simplified Qualified Medicare Beneficiary	8C
291	Terminated as of 10/1/2003 - Extended TMC(2nd Year) 19 & older - Emergency/Pregnancy	5Y
292	Terminated as of 10/1/2003 - Extended TMC(2nd Year) 19 & older - Full Scope	5X
293	Title XIX, CalFRESH Parents aged 19 through 64 years of age, not blind or disabled, without Medi-Cal or LIHP	7S
294	Title XIX, CalFresh adults from 19 through 64 years of age who are citizens or lawfully present and neither blind nor disabled with no Share of Cost (SOC)	7U
295	Title XIX, children under age 19 not blind or disabled, full scope no cost Medi-Cal, no Share of Cost (SOC)	7W
296	Trafficking/Crime Program no SOC	5V
297	Trafficking/Crime Program with a SOC	7V
298	Trafficking/Crime Victim no SOC	2V
299	Trafficking/Crime Victim with a SOC	4V
300	Transitional CalFresh	0F
301	Transitional Nutrition Benefit	0H
302	Tuberculosis Treatment Program	7H
303	Undocumented Adult 19 through 64 Years with Person Disability Indicator	L7

#	CT184 Description	CaSAWS Code
304	Voluntary Placement	4C

Appendix CT372 - Transaction Delivery Type

The delivery type for the Recovery Account Transactions.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT372 Description	CalSAWS CODE
1	Court/DA	CD
2	Fraud	FR
3	Hand	HA
4	Mail	MA
5	OCA	OC
6	Probation	PR
7	Replacement	RE
8	SSA	SS
9	System	SY
10	TTC	TC

Appendix CT405 - Recovery Account Type Code

The type of Recovery Account when recovering money owed from Overpayments.
Please use the CalSAWS CODE that matches closest to the **Description**

#	CT405 Description	CalSAWS CODE
1	Care and Maintenance Fund	CM
2	Foster Care Trust Fund	FC
3	General Relief	GR
4	Levy	LY
5	Regular	RE

Appendix CT409 - Recovery Account Investigation Type

The Special Investigation type on a Recovery Account.

Please use the CaSAWS CODE that matches closest to the **Description**

#	CT409 Description	CaSAWS CODE
1	Court	CC
2	Dismissed	FD
3	Felony	EF
4	Investigations	BI
5	Misdemeanor	DM
6	None	AN

Appendix CT412 - Transaction Type

The type of transaction for the Recovery Account Transaction.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT412 Description	CalSAWS Code
1	AP- USCB OCA	US
2	AP-Linebarger OCA	LB
3	Advance Refund	AV
4	Back Out	BO
5	Bad Check	BC
6	Benefit Reduction	BR
7	CalFresh Coupons	FS
8	Cash	CH
9	Check	CK
10	Child Support Collection	CI
11	Claims Against Other Benefits/Settlements	BS
12	Collection Fee - DPSS	CD
13	Collection Fee - Treasure Tax Collector	CT
14	Compromised	CO
15	Courtesy Adjustment from Another County	CC
16	Credit Card	CR
17	Credit Card/Debit Card	DB
18	Dedicated Amount	DA
19	Dual County Payment	DC
20	EBT - CalFresh	EF
21	EBT - Cash	EC
22	Earned Interest	EI
23	Electronic Check	EL
24	Equitable Estoppel	EE

#	CT412 Description	CalSAWS Code
25	Expungement	EX
26	External Refund	AR
27	F/C Abatement	FC
28	F/C Payment	FP
29	F/C SSA	FA
30	F/C SSI	FI
31	F/C UIB	FU
32	F/C VA Benefits Reduction	FV
33	F/C Workmans Comp	FW
34	ICT In from another County	II
35	ICT Out to new County	IO
36	Installment Payments	IP
37	Judgement	JD
38	Levy Payment	LP
39	Lien	LE
40	Lost Adjustment	LA
41	Money Order	MO
42	Offset	OF
43	Offset Payment	OP
44	Other Agency Collection	OA
45	Other Agency Collection - DPSS	OD
46	Other Agency Collection - Treasure Tax Collector	OT
47	Overpayment Adjustment Transaction	OV
48	PayPal	PP
49	Payment Reduction	PR
50	Payment Reduction	PR
51	Period of Ineligibility Recoupment	PO
52	Prior Collection	PL
53	Prior Conversion	PC

#	CT412 Description	CalSAWS Code
54	Recoveries of Aid-SSI	RA
55	Refund	RF
56	Refund Reversal	RS
57	Reimbursement of Aid	RI
58	Returned Warrant	RW
59	Revenue & Reimbursement Collection	RP
60	Revenue & Reimbursement Refund	RR
61	SSA Offset Adjustment	AA
62	SSA Payment	SA
63	SSI Offset Adjustment	IA
64	SSI Payment	SP
65	Spend Down	SD
66	TTC 545 - IRS (17.5%)	T17
67	TTC 547 - IRS (82.5%)	T82
68	Tax Intercept - FTB (65%)	FT
69	Tax Intercept - FTB (CalFresh)	TF
70	Tax Intercept - FTB (cash)	TC
71	Tax Intercept - IRS (35%)	TI
72	Tax Intercept - IRS (65%)	TR
73	Tax Intercept - Process Refund	TS
74	Tax Intercept - Process Refund	TS
75	Tax Intercept Reversal	TV
76	Terminated	TE
77	Transfer	TN
78	Transfer to General Fund	TG
79	Void	VO
80	Wage Garnishment	WG
81	Written Off	WO

Appendix CT413 - Recovery Account Status Reason

The Recovery Account status reason.

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT413 Description	CalSAWS CODE
1	AAP - do not collect	AP
2	Active	AC
3	Admin Decision	AD
4	Admin Error	AE
5	Admin Hearing	AH
6	Bankruptcy	BR
7	Bass v. Anderson	BA
8	Cash - Under \$35 - Admin Error	CU
9	CF - \$125 or Less Admin Error	FS
10	CF - \$35 or Less Admin Error	FT
11	Collection Agency	CA
12	Community Service	CS
13	Compromised (Lomeli)	CL
14	Cost	CO
15	Deceased	DE
16	Expired Statute	ES
17	Foster Care - do not collect	FC
18	In-Process	IP
19	Nutrition Benefit - Do not collect	NB
20	Paid in Full	PF
21	Pending Bankruptcy	PB
22	Pending Fraud Prosecution	PP
23	Prison	PR
24	Returned Warrant	RW
25	Social Security	SS

#	CT413 Description	CaSAWS CODE
26	Tax Intercept	TI
27	Transferred In	TR
28	Transferred Out	TO
29	Unable to Locate	UL
30	Uncollectible	UC
31	Write-Off	WO

Appendix CT10230 - Posted Status Reason

The posted status used for Recovery Account Transaction

Please use the CalSAWS CODE that matches closest to the **Description**

#	CT10230 Description	CalSAWS CODE
1	Exception	EX
2	Pending	PE
3	Processed	PR