FS SEPARATE DETERMINATION SCREEN	PA CASE NO.		FS CASE TYPE		FS CASE NUMBER	FISC. DIST.
	AUTH. NO.		TRANSACTION TYPE			

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FS SEPARATE DETERMINATION INPUT FORM

CASE NAME				OFFICE CODE	UNIT ID	WORKER ID
REASON CODE	NOTICE IND.	NOTICE NUMBER	LAN CODE	TRANS		
FS AUTH. PERIOD	FROM	TO	REP CODE	TOP	SP CD	RESP FOR CASE
RESIDENCE ADDRESS						
CITY/ TOWN	ST	ZIP CODE	PHO. NO.			
CARE OF						
MAILING ADDRESS						
CITY/ TOWN	ST	ZIP CODE				

CO-OP CASE NOS.

LOCAL DATA			
15	16	17	18

LINE NO.	REL	EMPL CODE	FS INDIV	IND. STAT	FS INDIVIDUAL EFFECTIVE DATE	CARD CODE	EBICS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

ANTICIPATED FUTURE ACTION									
LINE NO.	CODE	MO	DAY	YR	LINE NO.	CODE	MO	DAY	YR
1					4				
2					5				
3					6				

OTHER NAMES				
LINE NO.	C D	FIRST NAME	MI	LAST NAME

	ACT	PAY TYPE	METH	AMOUNT	ISSU	PAY SCH	PK UP	PERIOD DATE FROM	PERIOD DATE TO	IND LN	SPC CLM	VENDOR ID	CHECK/FSB/VOUCHER NUMBER
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

LOCAL DISTRICT INFORMATION													
1	2	3	4	5	6	7	8	9	10	11	12	13	14

ASSOCIATED NAMES				
	LN NO	CODE	NOT. IND	NAME
A	RESIDENCE ADDRESS			
	CITY/TOWN	STATE	ZIP CODE	
B	LN NO	CODE	NOT. IND	NAME
	RESIDENCE ADDRESS			
	CITY/TOWN	STATE	ZIP CODE	CANADIAN POSTAL CODE

	A	B	C	D	E
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

RECOUP-MENT	PAY LN	AMOUNT	PAY LN	AMOUNT	PAY LN	AMOUNT	HEAP VENDOR ID	CUSTOMER ACCOUNT NO.
							VENDOR ID	CUSTOMER ACCOUNT NO.

DATE	WORKER	DATE	AUTHORIZED BY