

REFERENCE GUIDE FOR THE DSS-8114 CODES

SEX- Field 8a

F - Female
M - Male

RACE-Field 8b

A - Asian
B - Black or African American

I - American Indian or Alaska Native
P - Native Hawaiian or Other Pacific Islander
U - Unreported
W - White

ETHNICITY-Field 8c

C - Hispanic Cuban
H - Hispanic Other
M - Hispanic Mexican American
N - Not Hispanic/Latino
P - Hispanic Puerto Rican
U - Unreported

LANGUAGE-Field 8d

AR	Arabic	HM	Hmong	PE	Persian
CA	Cambodian	HU	Hungarian	PG	Portuguese
CH	Chinese	IT	Italian	PO	Polish
EN	English	JA	Japanese	RU	Russian
FC	French Creole	KO	Korean	SC	Serbo-Croatian
FR	French	LA	Laotian	SP	Spanish
GE	German	MI	Miao	TA	Tagalog
GR	Greek	MK	Mon-Khmer	TH	Thai
GU	Gujarati	OT	Other	UR	Urdu
HI	Hindi	PC	Portuguese Creole	VI	Vietnamese

PA/SSI-Field 36

C - Household member receives Work First
L - Household member receives SSI
M - Household member receives Work First and is not a payee

RELATIONSHIP-Field 39

A - Ineligible alien
B - Boarder
C - In care of another individual
E - Eligible
O - Other
S - Substitute Payee

VULNERABILITY-Field 27

1 - Vulnerable
2 - Not Vulnerable

FUEL TYPE- Field 28

C - Coal
E - Electricity

F - Fuel Oil
L - LP Gas
K - Kerosene
N - Natural Gas
W - Wood

MEDICAL INSURANCE- Field 34

A - None
E - \$85 per specified person

Standard Income Deduction-Field 16

1-50	\$10
51-100	\$20
101-150	\$30
151-200	\$40
201-300	\$60
301-400	\$80
401-up	20%

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SCREENED-OUT CODES

- A - The income of everyone in your home was not available.
- D - Your household's income could not be verified.
- O - Your household's heating costs could not be verified.
- U - You do not have any heating costs.
- W - Applicant not responsible for heating costs.

CHILD CARE COSTS

Allow the amount used to determine the October Food and Nutrition Services benefit or payment up to the full amount paid by the recipient to the day care provider.

DENIAL CODES

- B - The payee is deceased.
- C - Your household does not contain a US citizen or eligible alien.
- E - Your income is higher than the amount allowed for this program.
- F - Your resources are higher than the amount allowed for this program.
- G - There is no eligible individual in the household.
- H - You did not provide the information to determine your eligibility.
- I - Information to determine eligibility cannot be verified.
- J - The agency was unable to contact you.
- K - Your household has already applied or received energy assistance.
- L - You withdrew your application.
- M - You live in public housing and the rent covers your full heating costs.
- N - You live in an institution.
- S - Your household moved but left no forwarding address.
- X - The food stamp household is not responsible for heating costs.

INCOME CHART	
<u># in Household</u>	<u>Maximum Income Limit</u>
1	993
2	1,337
3	1,679
4	2,022
5	2,365
6	2,707
7	3,050
8	3,394
9	3,736
10	4,079
11	4,422
12	4,764
13	5,107