

SEE ATTACHED

AUTHORIZATION / INSTRUCTION SHEET

SEE OTHER SIDE

RECORD NUMBER	CAT/PGM	NAME

DATE	PREPARED BY WORKER	WORKER ID	CASELOAD #
ROUTE TO:		CASELOAD #	
ASSIGN TO:			

<input type="checkbox"/> APP REG	CAT						INIT	
<input type="checkbox"/> CASE INIT	CAT						INIT	

NOTES:

<input type="checkbox"/> EBT CARD ISSUANCE	<input type="checkbox"/> CENTRAL	<input type="checkbox"/> CAO
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> RE-PIN
<input type="checkbox"/> AUTHORIZED REPRESENTATIVE - AR FORM ATTACHED		
ISSUANCE CODE	FEE OVERRIDE	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECIPIENT #:		
SSN:	<input type="checkbox"/> HISTORY	

<input type="checkbox"/> CASH NON-RECURRING	<input type="checkbox"/> (CCCOTI)			
<input type="checkbox"/> SNAP NON-RECURRING	<input type="checkbox"/> (CCFSCK) <input type="checkbox"/> (CCFOTI)			
CAT/GG	AMOUNT	REASON	LINE #	DESCRIPTION
RECOUP		FROM		THRU
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> CAO	<input type="checkbox"/> PICK-UP	TIME:	<input type="checkbox"/> MAIL
<input type="checkbox"/> CHECK #	<input type="checkbox"/> BENEFIT #	<input type="checkbox"/> EXPEDITED		
ENDORSEMENT:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DUAL	DATE:	
PAYEE 1				
PAYEE 2				
ADDRESS	<input type="checkbox"/> CLIENT	<input type="checkbox"/> VENDOR	<input type="checkbox"/> OTHER	
CITY, STATE, ZIP				

<input type="checkbox"/> CASH NON-RECURRING	<input type="checkbox"/> (CCCOTI)			
<input type="checkbox"/> SNAP NON-RECURRING	<input type="checkbox"/> (CCFSCK) <input type="checkbox"/> (CCFOTI)			
CAT/GG	AMOUNT	REASON	LINE #	DESCRIPTION
RECOUP		FROM		THRU
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> CAO	<input type="checkbox"/> PICK-UP	TIME:	<input type="checkbox"/> MAIL
<input type="checkbox"/> CHECK #	<input type="checkbox"/> BENEFIT #	<input type="checkbox"/> EXPEDITED		
ENDORSEMENT:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DUAL	DATE:	
PAYEE 1				
PAYEE 2				
ADDRESS	<input type="checkbox"/> CLIENT	<input type="checkbox"/> VENDOR	<input type="checkbox"/> OTHER	
CITY, STATE, ZIP				

AUTHORIZED SIGNATURES			
_____	_____	_____	_____
CASEWORKER'S SIGNATURE	WORKER ID	DATE	SUPERVISOR'S SIGNATURE
_____	_____	_____	_____
CLERK'S SIGNATURE	DATE	ISSUING OFFICER'S SIGNATURE	DATE

FOR CONTROLLED DOCUMENT PICKUP	_____	_____	_____
	RECIPIENT'S SIGNATURE	DATE	ID PROVIDED

<input type="checkbox"/> BENEFIT HOLD (CCHOLD)		
RECIPIENT #	BENEFIT ISSUANCE #	BENEFIT AMOUNT

<input type="checkbox"/> ACCESS CARD (CCIPAC)					
LINE #					
ISSUA. CODE.					

<input type="checkbox"/> CASH RECURRING BENEFIT		
CAT/GG		
VENDOR #		
RENT AMOUNT		
ARREARS AMOUNT		

<input type="checkbox"/> MEDICARE BUY-IN	
SSN #	EFF. DATE
CLAIM #	<input type="checkbox"/> OPEN (061)
<input type="checkbox"/> DELETE <input type="checkbox"/> DELETE (81-SSI) <input type="checkbox"/> DELETE (53-DEATH)	

<input type="checkbox"/> PENNSYLVANIA TEMPORARY ACCESS CARD		<input type="checkbox"/> EXPEDITED ISSUANCE
<input type="checkbox"/> MAIL	<input type="checkbox"/> PICKUP	<input type="checkbox"/> EXPIRATION DATE <input type="text"/>
NAME:		
LINE #	RECIPIENT #	
SSN:	CARD ISSUE #	
NAME:		
LINE #	RECIPIENT #	
SSN:	CARD ISSUE #	

<input type="checkbox"/> FACILITY / WAIVER PLACEMENT CODE		
	<input type="checkbox"/> CCIFAC	<input type="checkbox"/> CCMWAI
LINE #		
FACILITY/WAIVER CODE		
CO/DIST. WHERE PLACED		
BEGIN DATE		
DISCHARGE DATE		
DISCHARGE CODE		

<input type="checkbox"/> CCCASE	LINE #:								
CASE NAME:			VER:		SSN:			LP:	
CASE NAME - LINE #2:			CODE:						
CASE ADDRESS:								VER:	
CITY:			STATE:					ZIP:	
SCHOOL DISTRICT:			CIVIL SUB DIV.:					TELEPHONE:	

<input type="checkbox"/> CCINDL												
LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER		VOTER REG CODE	DATE OF DEATH	SRC CODE		
LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER		VOTER REG CODE	DATE OF DEATH	SRC CODE		
LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER		VOTER REG CODE	DATE OF DEATH	SRC CODE		

NOTES: