

New York City Reports Manual

Table of Contents

CNS00000 - CENTER REPORT COVER SHEET	15
CNS00001 - CLIENT NOTICES NOT GENERATED - WMS TRANSACTIONS WITH M3E INDICATOR = T OR A.....	17
CNS00003 - BATCH NOTICE RECORDS IN ERROR.....	19
CNS00005 - MANUAL CLIENT NOTICE REQUIRED - NOTICE INCLUDES REASON CODE OF OTHER.....	21
CNS00006 - CLIENT NOTICES NOT GENERATED - TRANSACTION DOES NOT REQUIRE A NOTICE	23
CNS00008 - MANUAL CLIENT NOTICE REQUIRED - MA FINANCIAL REASON USED; NO BUDGET AVAILABLE.....	25
CNS00009 - MANUAL CLIENT NOTICE REQUIRED - ERROR IDENTIFIED IN CNS PROCESSING	27
CNS00014 – ERROR IN TEXT PROCESSING.....	29
CNS00017 - RECOUPMENT RECORDS IN ERROR	31
CNS00120 - CENTER ADDRESS REPORT	33
CNS00130 - WORKER NAME / TELEPHONE	35
CNS00135 - WORKER NAME / TELEPHONE	37
WINR0001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE) – (MONTHLY)	39
WINR0005 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTRAL OFFICE)	41
WINR0006 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTER/WORKER)	43
WINR0027 - PA/FS BUDGET SUMMARY	45
WINR0033 – F-15 MASTER LISTING	47
WINR0033 – PA CASES SENT MAILERS.....	49
WINR0036 – PROCESSING ERRORS.....	51
WINR0043 – CYCLIC PULLDOWN CONTROL TOTALS.....	53

WINR0044 - SINGLE ISSUE PULL DOWN CONTROL TOTALS	55
WINR0045 – BENEFIT ISSUANCE CONTROL TOTALS	57
WINR0047 – HRA ISSUANCE CONTROL REPORT	60
WINR0048 – EXPIRING PA AND FS BUDGETS	62
WINR0049 - DISBURSEMENT - ISSUANCE DISCREPANCY REPORT	64
WINR0050 – DOCUMENT NUMBER INSERTION CONTROL REPORT	66
WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT	69
WINR0053 – ISSUANCE CALENDAR	72
WINR0055 – REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE MM/DD/YYYY	74
WINR0059 – CHECK RECONCILIATION DISCREPANCY REPORT	76
WINR0060 – RECONCILIATION UPDATE CONTROL REPORT	78
WINR0072 – FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE	80
WINR0076 – NPA FOOD STAMP CERTIFICATION SCHEDULE	82
WINR0077 – F15 DISCREPANCY LIST	84
WINR0078 - STATISTICAL REPORT	86
WINR0083 – RECURRING BENEFITS NEEDS > \$1999.98	92
WINR0084 – RECURRING BENEFITS SKIPPED REPORT	94
WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA CASES	96
WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA CASES	98
WINR0087 – CONTROL TOTALS FOR PA RECOUPMENT NOTICES	101
WINR0089 – RECONCILIATION UPDATE DISCREPANCY REPORT	103
WINR0091 – CHECK RECONCILIATION CONTROL REPORT	105
WINR0100 – PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS	108
WINR0103 – SDX UPDATE STATISTICS	110
WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT	112

WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT	116
WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT	120
WINR0110 – MANAGEMENT INFORMATION I.....	123
WINR0111 – MANAGEMENT INFORMATION II.....	126
WINR0115 - CYCLIC RECOUPMENT STATUS - NUMBER CHANGE	128
WINRC115 – CYCLIC RECOUPMENT STATUS – NUMBER CHANGE	130
WINR0116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS	132
WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS.....	134
WINR0119 – NEGATIVE BALANCE ON RECOUPMENTS.....	137
WINR0125 - ERROR REPORT	139
WINR0126 - DAILY DISPOSITION REPORT	142
WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE - APP/REG REPORT I	145
WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE - APP/REG REPORT I SUMMARY	149
WINR0136 - WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER 25 DAYS OLD - APP/REG REPORT II	152
WINR0146 - SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION	154
WINR0147 - WITHDRAWN APPLICATIONS EXCEPTION REPORT	156
WINR0153 - FOOD STAMP BUDGET CALCULATION FOR NPA & NPA-SSI CASES	158
WINR0154 - FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES	160
WINR0156 – WMS APPLICATION REGISTRATION AGING REPORT BY UNIT.....	162
WINR0159 – WMS APPLICATION REGISTRATION AGING REPORT - APPLICATIONS IN DRD/DEF.....	164
WINR0160 - WMS APPLICATION REGISTRATION SUMMARY REPORT BY SECTION	166
WINR0161 - WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT	168
WINR0163 - FORCED CLOSINGS REPORT	170

WINR0174 - CLEARANCE REPORT	172
WINR0184 - WRS HIGH INCOME SUMMARY	175
WINR0187 – MA SEPARATE DETERMINATIONS (ROSENBERG) RECERTIFICATION REPORT	177
WINR0190 – NPA REFERRAL REPORT	179
WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE TYPE XXXX	181
WINR0192 – MILESTONE DATES BY CENTER AND CASE TYPE	184
WINR0193 – CASE STATUS BY CENTER BY CASE TYPE – PARTS A & B	186
WINR0194 – NEW CASES NO PREVIOUS ASSISTANCE	188
WINR0196 – NEW ACCEPTS PREVIOUS ASSISTANCE SAME CATEGORY	190
WINR0197 – NEW ACCEPTS PREVIOUS ASSISTANCE DIFF CATEGORY	192
WINR0203 – SOCIAL SECURITY VALIDATION	194
WINR0204 - EPFT PULL.....	196
WINR0206 – CHANGE IN CATEGORY FROM SNFP	198
WINR0207 – CHANGE IN CATEGORY FROM HRPG OR SNCA TO FA OR SNFP	200
WINR0214 – HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER MM/DD/YY OR UNREPORTED CHILDREN BORN IN A PRIOR QUARTER	202
WINR0215 – ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE ADULTS (MONTH).....	204
WINR0216 – DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING ONE OR NO ADULTS (MONTH).....	206
WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING PUBLIC ASSISTANCE	208
WINR0218 - MEDICAL ASSISTANCE BUDGET CALCULATION.....	212
WINR0226 – BONUS PAYMENT REPORT MM/YYYY	214
WINR0229 – FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST	217
WINR0230 – FA/SNFP CLOSING SELECTED LIST 2	219
WINR0231 – PUBLIC ASSISTANCE UNDERCARE CASELOAD.....	221
WINR0233 – PUBLIC ASSISTANCE ACTIVITY MONTH/YEAR.....	223

WINR0234 – CASES CLOSED BY REASONS FOR CASE TYPE XXXX	226
WINR0236 – XXXX APPLICATIONS ACCEPTED BY REASONS.....	229
WINR0241 - TOTAL BENHST (BENEFIT HISTORY) RECORDS OFF-LOADED	231
WINR0242 - FILE TOTALS - PROGRAM TOTALS (BENHST-AREA OFF-LOADED).....	233
WINR0243 - PA RECURRING – SPECIAL CONTROL TOTALS	235
WINR0244 - PA-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY	237
WINR0245 - FS-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY.....	239
WINR0246 – FS RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT X.....	241
WINR0247 - PA RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT XX.....	243
WINR0249 – NUMBER OF REMVC5 ACTIONS	245
WINR0250 – CLOSED CASES WITH UTILITY GUARANTEE INDICATOR.....	247
WINR0253 – NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR (MONTH).....	249
WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR.....	251
WINR0256 – NPA/PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MONTH YEAR.....	254
WINR0257 – PA FOODSTAMPS COMPLETED RECOUPMENTS FOR MONTH	256
WINR0262 – PARTICIPATION IN NPA PROGRAM BY ETHNICITY.....	258
WINR0263 – MONTHLY LANGUAGE REPORT	260
WINR0269 – TOP TEN ERRORS BY PROGRAM	263
WINR0273 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.....	265
WINR0274 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER.....	267
WINR0275 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM	269
WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY DETERMINATION WORKSHEET	271
WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY	275
WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY	278
WINR0291 – CUMULATIVE PENDING TRANSACTION ERROR REPORT	281

WINR0298 – SSI CASES CLOSING THIS MONTH	283
WINR0300 - 60 DAY FH/AC STATUS 2 REPORT	285
WINR0301 - 60 DAY FH/AC STATUS 2 REPORT	287
WINR0303 - MA FH/AC STATUS 2 REPORT	289
WINR0304 - MA FH/AC STATUS 2 DATE ORDER REPORT	291
WINR0308 - FH AID CONTINUING CASES 120 DAYS	293
WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY SYSTEM	295
WINR0311 – DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED BILLS OF MM/DD/YY	298
WINR0312 – DIRECT VENDOR CASES.....	300
WINR0313 – SDX EXCEPTION REPORT	302
WINR0322 – SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS	304
WINR0338 – SDX STENSON CASE RECERTIFICATION SCHEDULE - MA EXTENSIONS	306
WINR0339 – SDX STENSON MA EXTENSTIONS - MASTER LIST.....	308
WINR0340 – CASELOAD LIST – ACTIVE PAYEES BY CENTER, GROUP AND WORKER	310
WINR0341 – CASELOAD DISTRIBUTION IN IM CENTER XXX/SUMMARY	312
WINR0342 – CASELOAD DISTRIBUTION OF LESA IN IM CENTER XXX.....	315
WINR0349 – OUTSTANDING ERRORS – REPORT BY CENTER/JOB TYPE	317
WINR0352 - CASE TRANSACTION REPORT STATUS (DAILY).....	320
WINR0352 - CASE TRANSACTION REPORT STATUS (CUMULATIVE)	323
WINR0364 - SUMMARY OF MASS RE-BUDGETING (CENTER/DIRECTOR).....	325
WINR0370 – NYC SHELTER SUPPLEMENT PAYMENTS REPORT	327
WINR0379 – MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES	329
WINR0383 – NEW YORK CITY MEDICAL ASSISTANCE PROGRAM QUALITY CONTROL SAMPLE CASE REPORT FOR IS/CED/HED/HOMECARE	332
WINR0386 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY CENTER.....	334
WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY PROGRAM	336

WINR0388 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – SUMMARY	339
WINR0395 – AIRS/AIR UPDATE CONTROL REPORT	341
WINR0396 – AIRS/AIR UPDATE ERROR REPORT	343
WINR0397 – AIRS/AIR PAYMENTS AUDIT REPORT	345
WINR0399 – SDX CLEARANCE MATCH REPORT	347
WINR0400 – CANCEL INAPPROPRIATE SDX CLOSINGS	349
WINR0402 – SDX TRANSACTIONS FOR CENTER 588 NOT UPDATING WMS.....	351
WINR0403 – PROCESSING ERRORS.....	353
WINR0404 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF INCOMING APPLICATIONS.....	355
WINR0405 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – PENDING APPLICATIONS ROSTER BY HOSPITAL	358
WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE).....	360
WINR0407 – HOMELESS PA AND NPA CASES	364
WINR0409 - AREA INITIALIZED (BENHST)	366
WINR0410 - OFF-LOADED DATE CURRENT DATE OFF-LOADED AREA - ORIG MASTER TOTALS BACKUP MASTER TOTALS.....	368
WINR0411 – TOP TEN ERRORS BY CENTER	370
WINR0416 – BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT	372
WINR0419 – COMPLETED FOOD STAMP DISQUALIFICATIONS	375
WINR0420 – FOOD STAMP DISQUALIFICATION REPORT	377
WINR0422 – FOOD STAMP WORK REGISTRANTS	379
WINR0427 – BENEFIT BYPASS REPORT	381
WINR0428 – RUN STATUS REPORT.....	383
WINR0435 – UNIT WORKER ERRORS BY SUBSYSTEM	385
WINR0437 – CITYWIDE SUMMARY REPORT – UNIT WORKER ERRORS BY SUBSYSTEM	387
WINR0440 - ALTERNATE FS SINGLE ISSUE PAYMENTS	389
WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL CENTERS	391

WINR0450 – FS RECURRING SUMMARY REPORT.....	394
WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING.....	396
WINR0452 – ERROR REPORT – CASES NOT REBUDGETED	399
WINR0453 – ROSENBERG INDIVIDUAL CLOSINGS REPORT	401
WINR0454 – WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT	403
WINR0460 – FS DUPLICATE BENEFITS WITHIN HOUSEHOLD.....	405
WINR0461 – CASES TRANSFERRED REPORT – CASES TRANSFERRED FROM YOUR CENTER.....	407
WINR0462 - CASES TRANSFERRED REPORT – CASES TRANSFERRED TO YOUR CENTER.....	409
WINR0464 – SDX LOAD STATISTICS	411
WINR0465 – PART B: PCP NON-GUARANTEE CLOSING LIST.....	413
WINR0468 - CASE CLOSING BY REASON.....	415
WINR0470 – TWELVE MONTH SUMMARY – ELAPSED DAYS FROM INFRACTION TO M3H.....	417
WINR0471 - TWELVE MONTH SUMMARY OF CLOSING ACTION	419
WINR0476 – FS RECURRING SEVEN DIGITS MATCH.....	421
WINR0489 – TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION.....	423
WINR0502 – MONTHLY PA RECERT REPORT	425
WINR0503 – SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH.....	427
WINR0505 – MA RECIPIENTS WITH MA COVERAGE CODE 09.....	429
WINR0506 – REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION	431
WINR0507 – APPLICATION WEEKLY STATISTICS BY SITE	433
WINR0508 – ELIGIBILITY MAILOUT STATUS FOR MM/YY AS OF MM/DD/YY.....	436
WINR0510 – AUTOMATED EMERGENCY CHECK SUBSYSTEM - MONTHLY BANK RECONCILIATION.....	438
WINR0521 – GEOGRAPHIC DISTRIBUTION OF CLIENTS.....	440
WINR0526 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES	442

WINR0535 – WMS APPLICATION REGISTER – APP / REG REPORT I	444
WINR0537 – EMERGENCY CHECK AUTHORIZATION DAILY REPORT	446
WINR0538 – FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS X DAYS AS OF MM/DD/YY	448
WINR0540 – STATISTICAL REPORT – BY LOCATION – NUMBER OF CASES SCHEDULED FOR RECERTIFICATION	450
WINR0541 – SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT	452
WINR0542 – MA CLIENTS IN D. A. B. CATEGORIES.....	454
WINR0543 – UNMATCHED ITEMS FROM ROLL PRINT	456
WINR0544 – MAP HED MONTHLY STATISTICAL SUMMARY REPORT / MUNICIPAL COVERAGE TYPE AT ELIGIBILITY	458
WINR0545 – SUMMARY OF REASONS FOR ACCEPTANCES BY CATEGORIES.....	460
WINR0547 – MA CASELOAD BY MA RESPONSIBLE AREA	462
WINR0548 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS.....	464
WINR0549 – MEDICAID ELIGIBILITY PROGRAM - DURATION OF ACTIVE CASES.....	466
WINR0550 – EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR TRANSITIONAL BENEFITS	468
WINR0553 – INCOMPLETE APPLICATIONS REPORT – INDIVIDUAL HOSPITAL	470
WINR0559 – HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS REPORT – RANKING BY HOSPITAL.....	472
WINR0561- CLIENT DEMOGRAPHICS FOR MA CASE TYPE	474
WINR0562 – CLIENT DEMOGRAPHICS FOR MSSI CASE TYPE	476
WINR0563 – CLIENT DEMOGRAPHICS FOR PA PROGRAM – MEDICAID RECIPIENTS.....	478
WINR0567 – NYC MEDICAID ELIGIBILITY PROGRAM - HOSPITAL ELIGIBILITY DIVISION - PATIENT ELIGIBILITY STATUS REPORT	480
WINR0569 – MSSI CLIENTS IN D. A. B. CATEGORIES	482
WINR0570 – CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX.....	484
WINR0571 – CASES WITH TRANSFER OF ASSETS PENALTY	486
WINR0572 – CLIENT DEMOGRAPHICS FOR MSSI CASE TYPE BY AGE AND SEX	488
WINR0573 – CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY AGE AND SEX	490
WINR0588 – EPFT LOCAL PULLS	492

WINR0589 – INVALID PULL TRANSACTIONS.....	494
WINR0591 – MEDICAID ELIGIBILITY PROGRAM CASE OPENINGS AND CLOSINGS BY ORIGIN OF APPLICATION.....	496
WINR0592 – MEDICAID ELIGIBILITY PROGRAM COMMUNITY ELIGIBILITY DECISIONS	498
WINR0593 – NAUTHMERGE SUMMARY – EBT DAILY TRANSACTIONS.....	500
WINR0594 – CLIENT COUNT BY CATEGORIES OF ASSISTANCE.....	502
WINR0597 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT.....	504
WINR0599 – NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT.....	506
WINR0603 – PRINCIPAL PROVIDER DAILY ERROR REPORT.....	508
WINR0608 - WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – HOSPITAL ELIGIBILITY—34 TH ST	510
WINR0609 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SSN NOT ON SSA FILE (B.C.F.I.).....	512
WINR0612 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SUMMARY OF SSA FAILURE REASONS BY CENTER	514
WINR0614 – CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR: MM/YY.....	516
WINR0615 – WEEKLY SSN VALIDATION EXCEPTION REPORT - SUMMARY OF SSA FAILURE REASONS BY CENTER	518
WINR0616 – HR/HRPG SUFFIXES RECLASSIFIED TO ESSENTIAL ADC CATEGORY.....	520
WINR0619 - MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION FREQUENCY BY CENTER AND TYPE	522
WINR0620 - MA CENTER SUMMARY (DIVISION NAME) FOR RFI ERROR RESOLUTIONS FOR THE PERIOD MM/DD/YY – MM/DD/YY	524
WINR0628 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT	526
WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION	528
WINR0631 - PA CLIENTS NO LONGER ELIGIBLE FOR REFUGEE MA	530
WINR0632 – PUBLIC ASSISTANCE OVERDUE CASE LIST.....	532
WINR0633 – RECOUPMENT OF LAST ISSUANCE (OFFENSE SUBTYPE 88)	534
WINR0634 – HR CASES WITH PREGNANCY INDICATORS AS OF MM/DD/YY	536
WINR0637 – WMS CONVERSION CASE AGING REPORT BY UNIT – INSTITUTIONAL SERVICES DIVISION	538
WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED.....	540
WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED.....	543

WINR0642 – HR RECOUPMENT AT 15%.....	546
WINR0643 – NPA-FS OVERDUE RECERTIFICATION LIST	548
WINR0651 – EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT	550
WINR0653 – CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION MERGE FOR CONTROL DATE MM/DD/YYYY	552
WINR0655 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT	554
WINR0656 - NYC REPORTING SYSTEM – PERIODIC MAILER AND CONTACT LETTER REPORT - WORKER DETAIL	556
WINR0659 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT) WEEKLY	558
WINR0660 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT) WEEKLY	561
WINR0661 – CASES REPORTING OTHER CHANGES ON MAILOUT OF MM/YY	563
WINR0666 – CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF MM/YY	565
WINR0667 – CASES UNDELIVERABLE WITH AN EXCUSE, MAILOUT OF MM/YY	567
WINR0668 – CASES UNDELIVERABLE WITH NO EXCUSE, MAILOUT OF MM/YY	569
WINR0669 – CASES WITH NO CHANGE ON MAILOUT OF MM/YY	571
WINR0680 – SSI/ADC PAYMENT COORDINATION – NYC	573
WINR0688 – OVERDUE PA RECERT REPORT – CITYWIDE COMPOSITE.....	575
WINR0689 – PA FAIR HEARING DISPOSITION REPORT – PA CASES NOT UPDATED WITH FHS STATUS TRANSACTION FOR REDUCTIONS	577
WINR0701 – PA RECERTIFICATION FORECASTING REPORT.....	579
WINR0702 – ACME REPORT A – 18/19 YEAR OLD ONLY DC	582
WINR0702 – ACME REPORT B – 18/19 YEAR OLD WITH OTHER DC	584
WINR0703 – ACME REPORT A – 18/19 YEAR OLD ONLY DC.....	586
WINR0704 – ACME REPORT A - 18/19 YR OLDS ONLY DC; ACME REPORT B - 18/19 YR OLDS & OTHER DC; ACME REPORT C – SUMMARY TOTALS.....	588
WINR0706 – OVERDUE PA RECERT REPORT	591
WINR0711 - UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED PAYMENT	593
WINR0713 – RECOUPMENT HISTORY ARCHIVE REPORT	596
WINR0716 – TRANSACTION DISPOSITION HISTORY ARCHIVE REPORT	599

WINR0730 – PCAP CASES EXCLUDED FROM AUTO CLOSE PROCESS	601
WINR0733 – CASES WITH SSA INCOME UNABLE TO BE PROCESSED.....	603
WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT – PAYMENT TYPE: PA.....	605
WINR0737 – SI HIGH DOLLARS REPORT FOR CURRENT ON-LINE BENEFIT HISTORY	609
WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS	611
WINR0742 – CASES WITH POSSIBLE BENDEX RETRO ACTIVE PAYMENTS.....	614
WINR0750 – PA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS.....	616
WINR0751 – NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS.....	618
WINR0752 – GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT	620
WINR0754 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE) MONTHLY	622
WINR0755 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE) MONTHLY.....	624
WINR0756 - SI INTERCEPT – PA CASES ON CASE-CONTROL FILE.....	626
WINR0760 – ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS – CASES IN CLOCKDOWN STATUS.....	628
WINR0761 – ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST.....	630
WINR0761 – NPA/FS CITYWIDE CENTER SUMMARY – CASES IN CLOCKDOWN STATUS	632
WINR0762 - PNOR E-CHECK DISPOSITION REPORT	634
WINR0762 - PNOR E-CHECK DISPOSITION REPORTS - SUMMARY PAGES	638
WINR0765 - EBT RECONCILIATION UPDATE REPORT	641
WINR0771 – VOLUNTARY PAYMENTS POSTED TO RTIS.....	645
WINR0775 – EXPIRING WAIVERS REPORT	647
WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING DATE (DAILY)	650
WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD (MONTHLY).....	652
WINR0785 – EEDSS AGING OR PENDING APPLICATIONS	654
WINR0786 – EBT DAILY UNCASHABLE BENEFIT REPORT	659
WINR0790 – (SNCA TO SNCC EXCEPTION REPORT).....	661

WINR0794 - RECOUPMENT/RESTRICTED VARIANCE REPORT – SGC40	663
WINR0795 – NON RECOUPMENT REPORT – SGC41	665
WINR0796 – NEWBORN DAILY UPDATE REPORT	667
WINR0801 – EBT FOOD STAMP VOLUNTARY REPAYMENTS POSTED TO CLAIMS	669
WINR0805 - BENEFITS ISSUED - NO ELIGIBILITY CASES WITHIN 7 DAYS	671
WINR0806 – SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) OR MOVED OUT OF CITY (MOC).....	673
WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX.....	675
WINR0808 – NEWBORN DAILY UPDATE REPORT – DECEASED NEWBORNS.....	677
WINR0809 - SPECIAL GRANT CODE MANUAL E-CHECKS PROCESSED WITHOUT APPROVAL	679
WINR0815 – SAFETY NET 60 MONTH CONVERSION EXCEPTION REPORT.....	681
WINR0817 - SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES 52-53-54-55.....	683
WINR0824 – SEPDET EXCEPTION REPORT	687
WINR0825 - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION	689
WINR0825A - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION – WMS DAILY SUMMARY REPORT	691
WINR0826 – NUMBER OF CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION	693
WINR0827 – PENDING FOOD STAMP SEPARATE DETERMINATION CASES.....	695
WINR0827A – PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS DAILY SUMMARY REPORT	697
WINR0828 – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES	699
WINR0828A – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT	701
WINR0829 – WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES	703
WINR0830 – MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES.....	705
WINR0831 – MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE DETERMINATION CASES	707
WINR0832 – NEWBORN DAILY HOSPITAL REPORT	709
WINR0834 – SYSTEM-GENERATED SEPARATE DETERMINATION CASES.....	711
WINR0834A – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT	713

WINR0835 – SYSTEM-GENERATED SEPARATE DETERMINATION CASES.....	715
WINR0838 – DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE UPDATE.....	717
WINR0843 - NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT	719
WINR0844 – SDX AGED CLEARANCE MATCH REPORT.....	721
WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER CLOSINGS.....	723
WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – EXCEPTION LISTING OF PRISONER CLOSINGS.....	725
WINR4401 – EXCESS CHILD SUPPORT-ELIGIBLE REPORT	727
WINR4402 – EXCESS CHILD SUPPORT-EXCEPTION REPORT.....	729
WINR5214 – LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS.....	731

CNS00000 - CENTER REPORT COVER SHEET

REPORT DATE 07/14/2008	NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES	PAGE 1
	1 CENTER REPORT COVER SHEET	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2 PERIOD COVERED BY REPORT: AS OF - 07/14/2008	WMS REPORT CNS00000	
CENTER: 044 3	4 DISTRIBUTION: DISTRICT MANAGEMENT	5 REFERENCE NO 1
EACH REPORT NAME YOU WILL RECEIVE IS FOLLOWED BY AN X - IF BLANK, NO REPORT WILL BE SENT		
6	CNS00001 CNS00002 CNS00003 X CNS00004 CNS00005 CNS00006 CNS00007 CNS00008 X CNS00009 X CNS00014 CNS00017	
** END OF REPORT CNS00000 **		

CNS00000 Report Sample

CNS00000 - CENTER REPORT COVER SHEET

REPORT TITLE Center Report Cover Sheet		REPORT NUMBER CNS00000	FILE NAME nnn-CNS00000 (nnn = Center Number)
PURPOSE – NOTES This report lists all possible Client Notices System (CNS) reports, with an 'X' next to each report generated for that center. A blank next to the report means that the center did not have any cases in that category and no report is available. This cover page is produced every day, even if no other reports were created.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The reports that were produced for this date for this center	
3. Center		Center	
4. Distribution		The report's recipients	
5. Reference No.		Page number	
6. Report Numbers		The CNS report number is followed by an 'X' if the report was produced.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

CNS00001 – CLIENT NOTICES NOT GENERATED - WMS TRANSACTIONS WITH M3E INDICATOR = T OR A

CNS00001 - CLIENT NOTICES NOT GENERATED - WMS TRANSACTIONS WITH M3E INDICATOR = T OR A

REPORT DATE 07/19/2008 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES PAGE 3

1 CLIENT NOTICES NOT GENERATED
WMS TRANSACTIONS WITH M3E INDICATOR = T OR A
FOR DISTRICT, BY OFFICE/UNIT/WORKER

2 PERIOD COVERED BY REPORT: AS OF - 07/19/2008 WMS REPORT CNS00001

3 DISTRIBUTION: DISTRICT MANAGEMENT 4 REFERENCE NO 3

5 LOCAL OFFICE: 028 6 UNIT: 7 WORKER: 00012

8 CASE #	9 TYPE	10 NAME	11 NOTICE NO.	12 AUTH NO.	13 TX TYPE	14 DATE	15 PA R/C	16 FS R/C	17 MA R/C	18 M3E
001234567F	16	KXXX MXXXXXXXX		99898048	07	07182008	Y67	Y45	Y67	A
002345678I	17	RXX WXXXXXXXX		99897914	08	07182008		E30		A
003456789E	11	PXXXX EXXX		99897961	05	07182008				A
004567890I	11	MXXXXX MXXXX		99897851	02	07182008	Y67	Y45	Y67	A
009876543C	11	MXXXXXXXX MXXXX		99899303	02	07182008	A20	Y45		A
008765432B	16	JXXXXX BXXXX		99897857	02	07182008	Y67	Y45	Y67	A

<< report edited for formatting >>

** END OF REPORT CNS00001 **

CNS00001 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00001 – CLIENT NOTICES NOT GENERATED - WMS TRANSACTIONS WITH M3E
INDICATOR = T OR A**

CNS00001 - CLIENT NOTICES NOT GENERATED - WMS TRANSACTIONS WITH M3E INDICATOR = T OR A

REPORT TITLE Client Notices Not Generated - WMS Transactions with M3E Indicator = T or A		REPORT NUMBER CNS00001	FILE NAME nnn-CNS00001 (nnn = Center Number)
PURPOSE – NOTES This report lists every case for which no Client Notices were produced because the WMS transaction had an M3E Indicator value of 'T' or 'A'. "T" is for timely, manual notice; "A" is for adequate, manual notice.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Local Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Case Number	
9. Type		Case Type (numeric value)	
10. Name		Case Name	
11. Notice No.		Notice Number	
12. Auth No.		Authorization Number	
13. Tx Type		Transaction Type	
14. Date		Transaction Date	
15. PA R/C		Public Assistance Reason Code	
16. FS R/C		Food Stamps Reason Code	
17. MA R/C		Medical Assistance Reason Code	
18. M3E		M3E Indicator – T=Timely Manual Notice, A=Adequate Manual Notice	

CNS00003 - BATCH NOTICE RECORDS IN ERROR

1

```

REPORT DATE 99/99/9999                                NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES                                PAGE 1
                                                                 1 CLIENT NOTICES NOT GENERATED
                                                                 2 BATCH NOTICE RECORDS IN ERROR
                                                                 3 FOR CENTER, BY OFFICE/UNIT/WORKER
PERIOD COVERED BY REPORT: AS OF - 99/99/9999          WMS REPORT CNS00003
                                                                 4 DISTRIBUTION: DISTRICT MANAGEMENT
                                                                 5 CENTER: 999
                                                                 6 LOCAL OFFICE: 028
                                                                 7 UNIT:
                                                                 8 WORKER: 00021
*****
* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *
*****
4 REFERENCE NO 1

CASE #   BATCH #   CATEGORY   REASON   DATA   ERROR
 9     10     11     12     13     14
-----
999999999X  99999    99      XXX     XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

<< report edited for formatting >>
    
```

CNS00003 Report Sample

CNS00003 - BATCH NOTICE RECORDS IN ERROR

REPORT TITLE Batch Notice Records in Error		REPORT NUMBER CNS00003	FILE NAME nnn-CNS00003 (nnn = Center Number)
PURPOSE – NOTES This report lists Case Numbers for each Center that were entered on the Batch Notice screen and did not meet batch notice criteria data (e.g., case status not active). As a result, Client Notices were not generated for these transactions and Manual Notices will be required.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Center		Responsible Center Code	
5. Reference No.		Page Number	
6. Local Office		Responsible Center Code	
7. Unit		Alphanumeric code identifying the unit	
8. Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Case #		Case number containing error(s)	
10. Batch #		Batch number in which the errored transaction occurred	
11. Category			
12. Reason			
13. Data			
14. Error			

CNS00005 - MANUAL CLIENT NOTICE REQUIRED - NOTICE INCLUDES REASON CODE OF OTHER

REPORT DATE 07/19/2008
 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
 PAGE 1

1 MANUAL CLIENT NOTICE REQUIRED
 NOTICE INCLUDES REASON CODE OF OTHER
 FOR DISTRICT, BY OFFICE/UNIT/WORKER

2 PERIOD COVERED BY REPORT: AS OF - 07/19/2008
 WMS REPORT CNS00005

3 DISTRIBUTION: DISTRICT MANAGEMENT

4 REFERENCE NO 1

5 LOCAL OFFICE: 028
 6 UNIT:
 7 WORKER: 00011

8 CASE #	9 TYPE	10 NAME	11 NOTICE NO.	12 AUTH NO.	13 TX TYPE	14 DATE	15 PA R/C	16 FS R/C	17 MA R/C
005647383G	16	BXXXXX GXXXXX		99897949	02	07182008	Y39		

<< report edited for formatting >>
 ** END OF REPORT CNS00005 **

CNS00005 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00005 - MANUAL CLIENT NOTICE REQUIRED - NOTICE INCLUDES REASON
CODE OF OTHER**

CNS00005 - MANUAL CLIENT NOTICE REQUIRED - NOTICE INCLUDES REASON CODE OF OTHER

REPORT TITLE Manual Client Notice Required - Notice Includes Reason Code of Other		REPORT NUMBER CNS00005	FILE NAME nnn-CNS00005 (nnn = Center Number)
PURPOSE – NOTES This report lists cases with Reason Code Y77, Y92, Y98, or Y99 (Other – Manual Notice Required) on the TAD. As a result, Client Notices were not generated, and Manual Notices will be required.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS Worker	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Local Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Case Number	
9. Type		Case Type (numeric value)	
10. Name		Case Name	
11. Notice No.		Notice Number	
12. Auth No.		Authorization Number	
13. Tx Type		Transaction Type	
14. Date		Transaction Date	
15. PA R/C		Public Assistance Reason Code	
16. FS R/C		Food Stamps Reason Code	
17. MA R/C		Medical Assistance Reason Code	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

CNS00006 - CLIENT NOTICES NOT GENERATED - TRANSACTION DOES NOT REQUIRE A NOTICE

CNS00006 - CLIENT NOTICES NOT GENERATED - TRANSACTION DOES NOT REQUIRE A NOTICE

REPORT DATE 07/19/2008		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES						PAGE 1		
		<p>1 CLIENT NOTICES NOT GENERATED TRANSACTION DOES NOT REQUIRE A NOTICE FOR DISTRICT, BY OFFICE/UNIT/WORKER</p>						<p>***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****</p>		
2 PERIOD COVERED BY REPORT: AS OF - 07/19/2008		WMS REPORT CNS00006						4 REFERENCE NO 1		
		3 DISTRIBUTION: DISTRICT MANAGEMENT								
		5 LOCAL OFFICE: 028		6 UNIT:		7 WORKER: 00021				
8 CASE #	9 TYPE	10 NAME	11 NOTICE NO.	12 AUTH NO.	13 TX TYPE	14 DATE	15 PA R/C	16 FS R/C	17 MA R/C	18 T/A
009786756I	17	PXXXX JXXXX		99897976	05	07182008	Y95			N
<< report edited for formatting >>										
** END OF REPORT CNS00006 **										

CNS00006 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00006 - CLIENT NOTICES NOT GENERATED - TRANSACTION DOES NOT
REQUIRE A NOTICE**

CNS00006 - CLIENT NOTICES NOT GENERATED - TRANSACTION DOES NOT REQUIRE A NOTICE

REPORT TITLE Client Notices Not Generated - Transaction Does Not Require a Notice		REPORT NUMBER CNS00006	FILE NAME nnn-CNS00006 (nnn = Center Number)
PURPOSE – NOTES This report lists transactions that do not require a Client Notice to be generated.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS Worker	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Local Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Case Number	
9. Type		Case Type (numeric value)	
10. Name		Case Name	
11. Notice No.		Notice Number	
12. Auth No.		Authorization Number	
13. Tx Type		Transaction Type	
14. Date		Transaction Date	
15. PA A/C		Public Assistance Reason Code	
16. FS A/C		Food Stamps Reason Code	
17. MA A/C		Medical Assistance Reason Code	
18. T/A		T=Timely Manual Notice, A=Adequate Manual Notice (relates to M3E Indicator)	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00008 - MANUAL CLIENT NOTICE REQUIRED - MA FINANCIAL REASON USED;
NO MA BUDGET AVAILABLE**



Office of Temporary and Disability Assistance

MARCH 27, 2009

CNS00008 - MANUAL CLIENT NOTICE REQUIRED - MA FINANCIAL REASON USED; NO BUDGET AVAILABLE

REPORT DATE 07/19/2008 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES PAGE 1

1 MANUAL CLIENT NOTICE REQUIRED
 MA 2 FINANCIAL REASON USED; NO BUDGET AVAILABLE
 FOR DISTRICT, BY OFFICE/UNIT/WORKER

PERIOD COVERED BY REPORT: AS OF - 07/19/2008 WMS REPORT CNS00008

3 DISTRIBUTION: DISTRICT MANAGEMENT 4 REFERENCE NO 1

5 LOCAL OFFICE: 028 6 UNIT: 7 WORKER: 00033

8 CASE #	9 TYPE	10 NAME	11 NOTICE NO.	12 AUTH NO.	13 TX TYPE	14 DATE	15 MA R/C
001029384I	11	RXXXXX L	N031ZS9999	99897987	02	07182008	B02

** END OF REPORT CNS00008 **

CNS00008 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00008 - MANUAL CLIENT NOTICE REQUIRED - MA FINANCIAL REASON USED;
NO MA BUDGET AVAILABLE**

MARCH 27, 2009

CNS00008 - MANUAL CLIENT NOTICE REQUIRED - MA FINANCIAL REASON USED; NO BUDGET AVAILABLE

REPORT TITLE Manual Client Notice Required - MA Financial Reason Used; No Budget Available		REPORT NUMBER CNS00008	FILE NAME nnn-CNS00008 (nnn = Center Number)
PURPOSE – NOTES This report lists transactions for MA closings which require budget data but no budget is available. A Manual Client Notice is required.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS Worker	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Local Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Case Number	
9. Type		Case Type (numeric value)	
10. Name		Case Name	
11. Notice No.		Notice Number	
12. Auth No.		Authorization Number	
13. Tx Type		Transaction Type	
14. Date		Transaction Date	
15. MA R/C		Medical Assistance Reason Code	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**CNS00009 – MANUAL CLIENT NOTICE REQUIRED -ERROR IDENTIFIED IN CNS
PROCESSING**

CNS00009 - MANUAL CLIENT NOTICE REQUIRED - ERROR IDENTIFIED IN CNS PROCESSING

```

REPORT DATE 07/17/2008                                NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES                                PAGE 1
                                                                 1
                                                                 MANUAL CLIENT NOTICE REQUIRED
                                                                 ERROR IDENTIFIED IN CNS PROCESSING
                                                                 FOR DISTRICT, BY OFFICE/UNIT/WORKER
                                                                 *****
                                                                 * THIS REPORT CONTAINS *
                                                                 * CONFIDENTIAL INFORMATION *
                                                                 * FOR INTERNAL USE ONLY *
                                                                 *****
PERIOD COVERED BY REPORT: AS OF - 07/17/2008                                2                                WMS REPORT CNS00009
                                                                 3
                                                                 DISTRIBUTION: DISTRICT MANAGEMENT
                                                                 4 REFERENCE NO 1
                                                                 5
                                                                 LOCAL OFFICE: 028
                                                                 6
                                                                 UNIT:
                                                                 7
                                                                 WORKER: 00021
                                                                 8
                                                                 9
                                                                 10
                                                                 11
                                                                 12
                                                                 13
CASE #          TYPE    TX TYPE    AUTH NO.    NOTICE NO.    ERROR MESSAGE
-----
000879865I    17      01          -----    N081Z99999    INCORRECT INDIV STATUS

<< report edited for formatting >>

** END OF REPORT CNS00009 **
    
```

CNS00009 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

CNS00009 – MANUAL CLIENT NOTICE REQUIRED -ERROR IDENTIFIED IN CNS PROCESSING



Office of Temporary and Disability Assistance

MARCH 27, 2009

CNS00009 - MANUAL CLIENT NOTICE REQUIRED - ERROR IDENTIFIED IN CNS PROCESSING

REPORT TITLE Manual Client Notice Required - Error Identified in CNS Processing		REPORT NUMBER CNS00009	FILE NAME nnn-CNS00009 (nnn = Center Number)
PURPOSE – NOTES This report lists Client Notices which had data errors during processing that prevented generation of an accurate notice. A Manual Notice is required.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS Worker	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Local Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Case Number	
9. Type		Case Type (numeric value)	
10. Tx Type		Transaction Type	
11. Auth No.		Authorization Number	
12. Notice No.		Notice Number	
13. Error Message		-	

CNS00014 – ERROR IN TEXT PROCESSING

1

```

REPORT DATE 99/99/9999                                NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES                                PAGE 1
                                                    1
                                                    MANUAL CLIENT NOTICE REQUIRED
                                                    ERROR IDENTIFIED IN NOTICE TEXT PROCESSING
                                                    FOR CENTER, BY OFFICE/UNIT/WORKER
                                                    *****
                                                    * THIS REPORT CONTAINS *
                                                    * CONFIDENTIAL INFORMATION *
                                                    * FOR INTERNAL USE ONLY *
                                                    *****
PERIOD COVERED BY REPORT: AS OF - 99/99/9999          WMS REPORT CNS00014
                                                    2
                                                    3 DISTRIBUTION: DISTRICT MANAGEMENT
                                                    4 REFERENCE NO 1
                                                    5 CENTER: 999
                                                    6 LOCAL OFFICE: 028
                                                    7 UNIT:
                                                    8 WORKER: 00021
CASE #          TYPE          NOTICE NO.          ERROR MESSAGE
  9            10            11                12
-----
999999999X     99          N999999999          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
<< report edited for formatting >>
    
```

CNS00014 Report Sample

CNS00014 - ERROR IN TEXT PROCESSING

REPORT TITLE Error in Text Processing		REPORT NUMBER CNS00014	FILE NAME nnn-CNS00014 (nnn = Center Number)
PURPOSE – NOTES This report lists transactions that could not have a Client Notice produced, because of errors in the paragraph request or text processing program. A Manual Notice is required.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Center		Responsible Center Code	
5. Reference No.		Page Number	
6. Local Office		Responsible Center Code	
7. Unit		Alphanumeric code identifying the unit	
8. Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Case #		Case number containing error(s)	
10. Type		Case Type (numeric value)	
11. Notice No.			
12. Error Message			

CNS00017 - RECOUPMENT RECORDS IN ERROR

1

```

REPORT DATE 99/99/9999                                NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES                                PAGE 1
                                                                 1
                                                                 CLIENT NOTICES NOT GENERATED
                                                                 RECOUPMENT RECORDS IN ERROR
                                                                 FOR CENTER, BY OFFICE/UNIT/WORKER
                                                                 2
PERIOD COVERED BY REPORT: AS OF - 99/99/9999          WMS REPORT CNS00017
                                                                 3
                                                                 DISTRIBUTION: DISTRICT MANAGEMENT
                                                                 4
                                                                 REFERENCE NO 1
                                                                 5
                                                                 CENTER: 999
                                                                 6
LOCAL OFFICE: 028                                     7
UNIT:                                                 8
WORKER: 00021

CASE #        SUFFIX    AUTH/RTI    DATE        NOTICE TYPE    RECOUP TYPE    ERROR
  9          10         11         12         13            14            15
-----
999999999X   99         999999999  99999999   9             9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

<< report edited for formatting >>
  
```

CNS00017 Report Sample

CNS00017 - RECOUPMENT RECORDS IN ERROR

REPORT TITLE Recoupment Records in Error		REPORT NUMBER CNS00017	FILE NAME nnn-CNS00017 (nnn = Center Number)
PURPOSE – NOTES This program lists Recoupment transactions that resulted with errors.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Worker		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (only if produced as a result of that night's processing)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Center		Responsible Center Code	
5. Reference No.		Page Number	
6. Local Office		Responsible Center Code	
7. Unit		Alphanumeric code identifying the unit	
8. Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Case #		Case number containing error(s)	
10. Suffix		Number identifying the unit of assistance (suffix).	
11. Auth/RTI			
12. Date		Date of error	
13. Notice Type			
14. Recoup Type			
15. Error		Error message	

CNS00120 - CENTER ADDRESS REPORT

REPORT DATE 06/28/2008		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES		PAGE 1
		1	CENTER ADDRESS REPORT	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY REPORT: AS OF - 06/28/2008		2	WMS REPORT CNS00120	
		3	DISTRIBUTION: DISTRICT MANAGEMENT	4
5	6	7	8	REFERENCE NO 1
OFFICE	UNIT	PROG. AREA	ADDRESS	9
-----	-----	-----	-----	TELEPHONE NUMBERS
053		PA	QUEENS MODEL OFFICE (053) 32-28 NORTHERN BLVD	GENERAL 718-752-7017 CONFERENCE 718-784-6896 FAIR HEARING 718-784-6896 RECORD ACCESS 718-784-5919 CTHP 888-692-8662 FS CALL-IN 718-752-7017 EMPLOYMENT 212-420-7835 FS REPAYMENT 718-722-4656 (UNUSED) 000-000-0000 (UNUSED) 000-000-0000
			LIC 11101-0000-00	
** END OF REPORT CNS00120 **				

CNS00120 Report Sample

CNS00120 - CENTER ADDRESS REPORT

REPORT TITLE Center Address Report		REPORT NUMBER CNS00120	FILE NAME nnn-CNS40120 (nnn = Center Number)
PURPOSE – NOTES This report lists all district records, including address and all telephone numbers for each record.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Program Area		BREAKS	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No		Page number	
5. Office		Responsible Center Id	
6. Unit		Alphanumeric code identifying the unit	
7. Prog Area		Program Area managed at this center: PA, FS, or MA	
8. Address		Responsible Center Address	
9. Telephone Numbers		Department telephone numbers for this center	

CNS00130 - WORKER NAME / TELEPHONE

REPORT DATE 06/28/2008
NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
PAGE 1

1
WORKER NAME / TELEPHONE

2
PERIOD COVERED BY REPORT: AS OF - 06/28/2008

3
WMS REPORT CNS00130

4
REFERENCE NO 1

5 6 7 8 9 10
PROGRAM OFFICE UNIT WORKER WORKER NAME TELEPHONE NUMBER

PROGRAM	OFFICE	UNIT	WORKER	WORKER NAME	TELEPHONE NUMBER
	053		0001		718-555-3905
<< report edited for formatting >>					
	053		00020	K.MXXX	718-555-7005
	053		00021	M.AXXXX	718-555-3908
	053		00040	N.LXXXX	718-555-4901
	053		00042	F.FXXXX	718-555-4859
	053		00043	R.GXXXX	718-555-4838

** END OF REPORT CNS00130 **

CNS00130 Report Sample

CNS00130 - WORKER NAME / TELEPHONE

REPORT TITLE Worker Name / Telephone		REPORT NUMBER CNS00130	FILE NAME nnn-CNS40125 (nnn = Center Number)
PURPOSE – NOTES This report lists all worker records, including telephone number, stored for a given District.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE Office/Unit/Program Area/Worker Name		BREAKS	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Program		Program Area managed at this center: PA, FS, or MA	
6. Office		Responsible Center Id	
7. Unit		Alphanumeric code identifying the unit	
8. Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Worker Name		Worker's Name	
10. Telephone Number		Worker's Telephone Number	

CNS00135 - WORKER NAME / TELEPHONE

REPORT DATE 06/28/2008		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES			PAGE 1
		1			
		WORKER NAME / TELEPHONE			
PERIOD COVERED BY REPORT: AS OF - 06/28/2008		WMS REPORT CNS00135			***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		3			
		DISTRIBUTION: DISTRICT MANAGEMENT			4
					REFERENCE NO 1
5	6	7	8	9	10
PROGRAM	OFFICE	UNIT	WORKER	WORKER NAME	TELEPHONE NUMBER
-----	-----	-----	-----	-----	-----
	053		0001		718-555-3905
			<< report edited for formatting >>		
	053		00051	A.CXXXXX	718-555-4143
	053		00030	B.PXXXXX	718-555-3920
	053		00204	B.TXXXXX	718-555-4964
	053		00012	E.CXXXXXX	718-555-7004
	053		00205	S.RXXXXX	718-555-4716
	053		00050	S.SXXXXX	718-555-4287
** END OF REPORT CNS00135 **					

CNS00135 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE)
 (QUARTERLY)**

CNS00135 - WORKER NAME / TELEPHONE

REPORT TITLE Worker Name / Telephone		REPORT NUMBER CNS00135	FILE NAME nnn-CNS50135 (nnn = Center Number)
PURPOSE – NOTES			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE		RETENTION	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report		The report was produced for this date for this district	
3. Distribution		The report's recipients	
4. Reference No.		Page Number	
5. Program		Program Area managed at this center: PA, FS, or MA	
6. Office		Responsible Center Id	
7. Unit		Alphanumeric code identifying the unit	
8. Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Worker Name		Worker's Name	
10. Telephone Number		Worker's Telephone Number	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE)
(MONTHLY)**

WINR001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE) - (MONTHLY)

1

REPORT DATE 11/08/2008		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1		
PROGRAM: RB1005		WELFARE MANAGEMENT SYSTEM								
REPORT: WINR0001		MONTHLY NYCHA MRB						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
MODE: UPDATE		GRANT CHANGED DUE TO MASS REBUDGETING								
AUTH NUMBER	CASE	PA FS SUFFIX	CASE NAME	CYCLE DATE	PA BENEFIT BEFORE	PA BENEFIT AFTER	PA AMT OF CHANGE	FS BENEFIT BEFORE	FS BENEFIT AFTER	FS AMT OF CHANGE
99991026	000398893I	01 01	PXXXXXX JUANITA	12/A/2008	304.00	356.50	52.50	583.00	552.00	-31.00
99991026	000399285G	01 01	MXXXXXXI DAWN	12/A/2008	300.00	356.50	56.50	585.00	552.00	-33.00
99991026	000400410H	01 01	MXXXXX SAMORA	12/A/2008	184.00	222.00	38.00	323.00	323.00	.00
MODE: UPDATE		GRANT UNCHANGED AFTER MASS REBUDGETING								
AUTH NUMBER	CASE	PA FS SUFFIX	CASE NAME	CYCLE DATE	PA BENEFIT	FS BENEFIT				
99991026	000491665G	01 01	FXXXXXX RAYMOND	12/A/2008	311.50	579.00				
99991026	000613394G	01 01	MXXXXXXX MARY	12/A/2008	125.00	176.00				
99991026	000630178C	01 01	GXXXX SYLVIA	12/A/2008	0.00	285.00				
		GRANT SUMMARY DUE TO MASS REBUDGETING								
PARAMETER INPUT CARDS :										
INCOME SELECT		SOURCE		PER CENTAGE AMOUNT		FLAT AMOUNT		SELECTION CODES		
DATE		97		CYCLE DATE - 12/2008/A		NUMBER OF PASS - 2				
AUTHORIZATION (COMBINATION)		NUMBER - 99991026		PA CODE - 910		FS CODE - 991				
RB CODE - 30		AUTH NUMBER - 99991026		PA CODE - 910		FS CODE - 991				
TOTAL NUMBER OF CASE/SUFFIXES		14 7979								
TOTAL NUMBER OF CASES		15 7979								
TOTAL NUMBER OF PAGES		16 401								
<< report edited for formatting >>										

WINR0001 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE)
(MONTHLY)**

WINR0001 - GRANT CHANGED DUE TO MASS RE-BUDGETING (CENTRAL OFFICE) – (MONTHLY)

REPORT TITLE Grant Changed Due to Mass Re-Budgeting (Central Office)		REPORT NUMBER WINR0001	FILE NAME PCS750PCSRPT
PURPOSE – NOTES This Mass Re-Budgeting report lists cases that were re-budgeted due to changes in programs such as Supplemental Security Income (SSI), Social Security Administration (SSA), Veterans Administration (VA), and IV-D Child Support benefits. It also indicates whether case benefits have been increased, reduced, or terminated; or if a case is on Monthly Reporting and therefore not re-budgeted. This report is available on request.			
SOURCE RB1004 RunID = PCS750	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE Case Number		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Auth Number		The number that identifies the type of mass re-budgeting change for cases meeting the re-budgeting criteria.	
3. Case		The case number that identifies the case or suffix being re-budgeted.	
4. PA/FA Suffix		Indicates the PA/FS suffix of the case whose budget is being recalculated.	
5. Case Name		Name of the payee of the suffix.	
6. Cycle Date		Indicates the budget effective date.	
7. PA Benefit Before		Indicates the PA grant amount prior to the budget recalculation.	
8. PA Benefit After		Indicates the PA grant amount after the budget recalculation.	
9. PA Amt of Change		Indicates the difference between the PA benefit before and after amounts.	
10. FS Benefit		Indicates the Food Stamp allotment total per month prior to the budget recalculation.	
11. FS Benefit After		Indicates the Food Stamp allotment total per month after the budget recalculation.	
12. FS Amt of Change		Indicates the difference between the FS benefit before and after amounts.	
13. Parameter Input Cards		Specifies the criteria used to select the cases for mass re-budgeting.	
14. Total Number of Case/Suffixes		Specifies the number of suffixes re-budgeted in this Mass Re-budgeting run.	
15. Total Number of Cases		Specifies the number of cases re-budgeted in this Mass Re-budgeting run.	
16. Total Number of Pages		Specifies the number of pages generated during this production of WINR0001.	

WINR0005 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTRAL OFFICE) 1

REPORT DATE 11/08/2008
 PROGRAM: RB1012
 REPORT: WINR0005
 MODE: UPDATE

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 PRODUCTION SYSTEM
 MONTHLY NYCHA MRB-FIA
 ERROR REPORT - CASES NOT REBUDGETED

PAGE 00001

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION*
 * FOR INTERNAL USE ONLY *

CASE	PA FS SUFFIX	CASE NAME	ERROR CODE	ERROR MESSAGE	SHELT TYPE	PRG CD	TENANT SHARE
2	3	4	5	6	7	8	9
000036740J	01 01	VXXXX FREDDY	A0015	BUDGETING A CLOSED CASE			
000126039H	01 01	SXXXXXXXXX HELENA	A0015	BUDGETING A CLOSED CASE			
009860248F	01 01	EXXXXXX SYBIL	A0015	BUDGETING A CLOSED CASE			
009864635J	01 01	MXXXXXXXX MARGARITA	A0015	BUDGETING A CLOSED CASE			

PARAMETER INPUT CARDS :

10	INCOME	SOURCE	PER CENTAGE	AMOUNT	FLAT AMOUNT
	SELECT	SELECTION CODES			
		97			
	DATE	CYCLE DATE - 12/2008/A		NUMBER OF PASS - 2	
	AUTHORIZATION (COMBINATION)	NUMBER - 99991026	PA CODE - 910	FS CODE - 991	
	RB CODE - 30	AUTH NUMBER - 99991026	PA CODE - 910	FS CODE - 991	
11	TOTAL NUMBER OF CASE/SUFFIXES	515			
12	TOTAL NUMBER OF CASES	515			
13	TOTAL NUMBER OF PAGES	27			

<<report edited for formatting>>

WINR0005 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0005 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTRAL OFFICE)**

WINR0005 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTRAL OFFICE)

REPORT TITLE Error Report – Cases Not Re-Budgeted (Central Office)		REPORT NUMBER WINR0005	FILE NAME PCS800PCSRPT
PURPOSE – NOTES This Mass Re-Budgeting report lists all those cases on the WMS data base that are not re-budgeted because of changes in service- and non-service-related benefits, such as SSI (Supplemental Security Income), RSDI, SSA (Social Security Administration), VA (Veterans Administration), and IV-D (Child Support) benefits. This report is available on request.			
SOURCE RB1012 RunID = PCS800	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION One copy each: <ul style="list-style-type: none"> • IM Centers • FS Sites • Deputy Director of IM Operations, 250 Church St., 9th Floor, NYC • Director of FS Operations, 253 Broadway, NYC • Assistant Director of NYS Economic Security, 80 Maiden Lane, 15th Floor, NYC VIA COURIER 	
SEQUENCE Case Number		BREAKS None	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case		The case number that identifies the case or suffix being re-budgeted.	
3. PA/FA Suffix		Indicates the PA/FS suffix of the case whose budget is being recalculated.	
4. Case Name		Name of the payee of the suffix.	
5. Error Code		The unique number assigned to the error message indicating why the case was not re-budgeted.	
6. Error Message		Indicates the reason why the case was not re-budgeted.	
7. Shelt Type			
8. PRG Code			
9. Tenant Share			
10. Parameter Input Cards		Specifies the criteria used to select the cases for mass re-budgeting.	
11. Total Number of Case/Suffixes		Specifies the number of suffixes re-budgeted in this Mass Re-budgeting run.	
12. Total Number of Cases		Specifies the number of cases re-budgeted in this Mass Re-budgeting run.	
13. Total Number of Pages		Specifies the number of pages generated during this production of WINR0005.	

WINR0006 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTER/WORKER)

1

< INSERT REPORT TEXT HERE >

WINR0006 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0006 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTER/WORKER)**

WINR0006 - ERROR REPORT – CASES NOT RE-BUDGETED (CENTER/WORKER)

REPORT TITLE Error Report – Cases Not Re-Budgeted (Center/Worker)		REPORT NUMBER WINR0006	FILE NAME PCS800PCTR00
PURPOSE – NOTES This Mass Re-Budgeting report lists all those cases on the WMS data base that are not re-budgeted because of changes in service and non-service – related benefits. This report is center/worker specific. This report is available upon request.			
SOURCE RB1012 RunID = PCS800	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE Worker/Center/Case Number		BREAKS Worker/Center	
FREQUENCY / SCHEDULE Quarterly/On Request		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Identifies the responsible center for the case.	
3. Worker		Identifies the worker responsible for the cases not re-budgeted.	
4. Case		The case number that identifies the case or suffix being re-budgeted.	
5. PA/FA Suffix		Indicates the PA/FS suffix of the case whose budget is being recalculated.	
6. Case Name		Name of the payee of the suffix.	
7. Error Code		The unique number assigned to the error message indicating why the case was not re-budgeted.	
8. Error Message		Indicates the reason why the case was not re-budgeted.	
9. Total Number of Cases for Worker		Indicates the number of cases not re-budgeted for the specified worker.	
10. Total Number of Cases for Office		Indicates the number of cases not re-budgeted for the specified office.	
14. Parameter Input Cards		Specifies the criteria used to select the cases for mass re-budgeting.	
15. Total Number of Case/Suffixes		Specifies the number of suffixes re-budgeted in this Mass Re-budgeting run.	
16. Total Number of Cases		Specifies the number of cases re-budgeted in this Mass Re-budgeting run.	
17. Total Number of Pages		Specifies the number of pages generated during this production of WINR0006.	

WINR0027 - PA/FS BUDGET SUMMARY

1

Page 3-2

REPORT DATE 10/20/08 (F) NEW YORK CITY HUMAN RESOURCES ADMINISTRATION 10/20/08
CASE NUMBER 0034567898 WELFARE MANAGEMENT SYSTEM PAGE 1 OF 1
BUDGET NUMBER 00001 (PEND/SAVED) WMS REPORT WINR0027 PA OFFICE WORKER
BUDGET EFFECTIVE DATE 10/A/08 - // BUDGET ENTRY SUPERVISOR SUMMARY FS OFFICE F01 WORKER FGHIJ
CASE NAME WILLIAMS BRENDA

MONTHLY CASE LEVEL ENTRIES		MONTHLY SUFFIX LEVEL ENTRIES		MONTHLY INDIVIDUAL LEVEL ENTRIES		
MONTHLY FS CALC		SUFFIX DATA ENTRIES		INDIVIDUAL DATA ENTRIES		
FR CODE	U			LN ID	01	02
NO. LRR				SUF ID	01	01
PRO IND				CIN	ZZ22345A	ZZ22346B
SHELT TY	01			IND CAT		ZZ22347C
ACT. SHELT	300.00			PA/FS STAT	AP	AP
NO. BDRMS				DOB	06/17/1969	01/01/1990
WATER AMT				NAME	BRENDA W	JAMES WIL
FSUA IND		FS SUF ID	01	A/D		JOANNE WIR
HEAT TYPE		STATUS	AP	EDC DTE	/ /	/ /
FSUA AMT		NO. IN SUF	3	SPEC/REL CD	/ /	/ /
FSUT IND		CE CODE	N			
FSUT AMT						
DISP AMT						
PHONE IND						
PHONE AMT						
INST TYPE						
INST AMT						
GROSS INC	225.00					
LESS: DED	144.00					
ADJ. INC	81.00					
SHELT EXP	300.00					
U/P EXP						
H/U/P EXP	577.00					
PHONE EXP						
OTHER EXP						
TOTAL EXP	877.00					
EXCESS						
SHELT	446.00					
ADJ. INC	81.00					
LESS:						
EXCESS	446.00					
NET INC						
COUPON	463.00					
LESS:RECUF						
ADJ. COUP	463.00					

RESULTS / MESSAGE SECTION

MONTHLY INCOME/NEEDS/DEDUCTIONS						
LN ID	01	SRC	36	SRC		
HW	AMT	325.00	AMT	PROG		
INV	PROG	F	AMT			
EVI	U		SRC			
EMF	CD		PROG			
MED	AMT		AMT			
END	AMT		SRC			
TYP			PROG			
AMT	SRC		AMT			
DOB	AMT		SRC			
TYP	PROG		PROG			
AMT	U		AMT			
DOB	CD		SRC			
TYP	AMT		PROG			
AMT	AMT		AMT			
DOB	SRC		SRC			
TYP	SRC		PROG			
AMT	AMT		AMT			
DOB	PROG		SRC			
DEDUCTION	U		PROG			
TY	78		CD			
AMT 100.00	AMT		AMT			
TY	AMT		PROG			
AMT			AMT			

WINR0027 Report Sample

WINR0027 - PA/FS BUDGET SUMMARY

REPORT TITLE PA/FS Budget Summary		REPORT NUMBER WINR0027	FILE NAME PIQD00PRPT (Batch Budget Summary)
PURPOSE – NOTES This report provides the worker with PA and/or FS budget results and is printed on request. For detailed information, refer to the Budgeting Manual NPA Food Stamp Program at the following link: http://otda.state.nyenet/dta/Manuals/NPAFSBudgeting.pdf and/or the Budgeting Manual Public Assistance Program at the following link:: http://otda.state.nyenet/dta/Manuals/PABudgeting.pdf .			
SOURCE EX1002 (EX1073 Batch) RunID = PIQD00 (Batch)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Online		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	

WINR0033 – F-15 MASTER LISTING 1

Report Date: 09/16/2008	New York City Human Resources Administration	Page 1
	1	
	2	
Period Covered By Report Nov, 2008	F-15 Master Listing	
	3	
Center: F15	WMS Report WINR0033	
4	5	
6	7	8
9	10	
00003128720E	KXXXXXXXX YAKOV	VT64880R 9999 E 18 ST 1G BKLYN NY 11229
00000147660F	AXXXXXXXX JESUS	WX13388R 99-99 164 STREET 2B JAMAICA NY 11432
<<report edited for formatting>>		
<hr/>		
Report Date: 09/16/2008	New York City Human Resources Administration	Page 110
	1	
	2	
Period Covered By Report Nov, 2008	F-15 Master Listing	
	3	
Center: F15	WMS Report WINR0033	
4	5	
6	7	8
9	10	
00009893099D	ZXXXXXX ROBERT	RT54404T 9999 AVENUE K 3P BKLYN NY 11230
Total Number of Cases for Center F15 is 2508 11		
Grand Total of All Listed Centers Printed is: 2508 12		
Report Completed		

WINR0033 Report Sample

WINR0033 - F-15 MASTER LISTING

REPORT TITLE F-15 Master Listing		REPORT NUMBER WINR0033	FILE NAME PRC110PVENDR
PURPOSE – NOTES This report lists the Cheshire Labels printed for mailing recertification applications to NPA-FS recipients from the F15 Center.			
SOURCE RC1012 RunID = PRC110	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Center F15 Director via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Center		Center Number	
4. Case Number		Number that uniquely identifies the case.	
5. Case Name		Name of the payee of the suffix/case.	
6. CIN-#		Client Identification Number	
7. Address			
8. City			
9. State			
10. Zip			
11. Total Number of Cases for Center XXX is			
12. Grand Total of ALL Listed Centers Printed is			

WINR0033 – PA CASES SENT MAILERS

1

REPORT DATE 11/08/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PERIOD COVERED BY REPORT Dec, 2008		PA CASES SENT MAILERS		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
CENTER 013	BY REPORT	WMS REPORT WINR0033		
UNIT/ WORKER	CASE NUMBER	CASE NAME	COMMENTS	
00200	000018539H	CXXXXXXXXX DAVID		
00202	000018979F	WXXXXXXXX KHRIYA		
00901	000025106G	RXXXXXXXX YANET		
00912	000030004G	PXXXXXXXX JOSEPH		
00913	000325164C	LXX FREDERICK		
00034	000328441B	RXXXXXXXXX GARY		
00055	000342962I	KXXXXX FRANCES		
00901	000371524A	RXXX JEFFREY		
00056	000382759J	SXXXXXXXX MONICA		
<< report edited for formatting >>				
REPORT CONTINUED				

WINR0033 Report Sample

WINR0033 – PA CASES SENT MAILERS

REPORT TITLE PA Cases Sent Mailers		REPORT NUMBER WINR0033	FILE NAME PRC180PRPT1
PURPOSE – NOTES This report lists the PA cases that were sent FFR (Face to Face Recertification) Notices.			
SOURCE RC1019 RunID = PRC180	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Center		Center Number	
4. Unit/Worker		Identifies the worker responsible for the cases	
5. Case Number		Number that uniquely identifies the case.	
6. Case Name		Name of the payee of the suffix/case.	
7. Comments			

WINR0036 – PROCESSING ERRORS 1

REPORT-DATE 02/03/09	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1069	PROCESSING ERRORS	*****
TIME 00:19	WMS REPORT WINR0036	* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

(2) PAY	(3) CASE NO.	(1) PROCESSING ERRORS
ST	CASE NO.	(4) CASE NAME
---	-----	---
		(5) DOB
		(6) PRIME SSN
		(7) TX
		DATE

** NO DATA IN ERROR **		
END OF REPORT		

WINR0036 Report Sample

WINR0036 – PROCESSING ERRORS

REPORT TITLE Processing Errors		REPORT NUMBER WINR0036	FILE NAME PEI690PERR
PURPOSE – NOTES This report lists cases that contained processing errors. If no errors were found, the message “No Data In Error” is generated.			
SOURCE EI1069 RunID = PEI690	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. PAY ST		SSI pay status	
3. Case No.		Number that uniquely identifies the case.	
4. Case Name		Name of the payee of the suffix/case.	
5. DOB		Date of Birth	
6. Prime SSN		Social Security Number of the payee of the suffix/case.	
7. TX Date		Transaction date	

WINR0043 – CYCLIC PULLDOWN CONTROL TOTALS

1

REPORT DATE 10-06-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1001	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 010,2008	WMS REPORT WINR0043	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
TOE DIGIT: 0	CYCLIC PULLDOWN CONTROL TOTALS	
CYCLE: B		
MONTH: 10		
	5 NO.OF OPEN PA AND PA/FS SUFFIXES: 15720	
	6 NO.OF CLOSED PA SUFFIXES PULLED : 148	
	7 NO.OF OPEN FS ONLY SUFFIXES : 0	
	8 TOTAL PA BENEFITS AMOUNT : 4179118.52	
	9 TOTAL FS BENEFITS AMOUNT : 0.00	
	10 NO.OF SUFFIXES PROCESSED : 381521	
	11 NO.OF SUFFIXES NOT PULLED : 365355	
	12 NO.OF RECORDS IN CYCLIC ISSUANCE EXTRACT FILE: 16011	
	13 NO.OF RECORDS IN PA RECOUPMENT EXTRACT FILE : 4742	
	14 NO.OF RECORDS IN FS RECOUPMENT EXTRACT FILE : 0	
	15 NO.OF RECORDS IN RECUR BENEFIT SKIPPED FILE : 4	

WINR0043 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0043 – CYCLIC PULLDOWN CONTROL TOTALS**

WINR0043 – CYCLIC PULLDOWN CONTROL TOTALS

REPORT TITLE Cyclic Pulldown Control Totals		REPORT NUMBER WINR0043	FILE NAME PBP02*PRPT43 * = Cycle Toe Digit
PURPOSE – NOTES This report provides record counts related to the pulldown for the toe digit being reported.			
SOURCE BP1001 RunID = PBP02* (* = Cycle Toe Digit)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA Programming Staff	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit			
4. Cycle and Month		-	
5. No. of Open PA and PA/FS Suffixes			
6. No. of Closed PA Suffixes Pulled			
7. No. of Open FS Only Suffixes			
8. Total PA Benefits Amount			
9. Total FS Benefits Amount			
10. No. of Suffixes Processed			
11. No. of Suffixes not Pulled			
12. No. of Records in Cyclic Issuance Extract File			
13. No. of Records in PA Recoupment Extract File			
14. No. of Records in FS Recoupment Extract File			
15. No. of Records in Recur Benefit Skipped File			

WINR0044 - SINGLE ISSUE PULL DOWN CONTROL TOTALS

REPORT DATE 07-18-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE	1
PROGRAM: BP1002	WELFARE MANAGEMENT SYSTEM	*****	
PERIOD COVERED BY THIS REPORT 007,2007	1	* THIS REPORT CONTAINS *	
	WMS REPORT WINR0044	* CONFIDENTIAL INFORMATION *	
	SINGLE ISSUE PULL DOWN CONTROL TOTALS	* FOR INTERNAL USE ONLY *	
CYCLE: B MONTH: 07	2	*****	
PROCESSING DATES : 2007 07 18	3		
	4		
	5	6	7
	SINGLE ISSUE TYPE	RECORD COUNT	ISSUANCE AMT
	PA	3586	1052044.99
	PA-PWP	0	0.00
	FS	2617	475092.00
	PA-HEP	8	2060.00
	CONV FS SI TO PA	0	0.00
	TOTAL	6211	1529196.99
CONTROL TOTALS :	8		
NO.OF RECORDS PULLED :	9	6211	
NO.OF RECORDS NOT PULLED :		826	
NO.OF DATABASE RECORDS PROCESSED :		7037	

WINR0044 Report Sample

WINR0044 - SINGLE ISSUE PULL DOWN CONTROL TOTALS

REPORT TITLE Single Issue Pull Down Control Totals		REPORT NUMBER WINR0044	FILE NAME PSI200PRPT44
PURPOSE – NOTES			
SOURCE BP1002 RunID = PSI200	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA Programming Staff via email	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Cycle and Month		-	
4. Processing Date		-	
5. Single Issue Type		-	
6. Record Count		-	
7. Issuance Amount		-	
8. Total		Total Record Count and Issuance Amount	
9. Control Totals		Number of records pulled, not pulled, and data base records processed	

WINR0045 – BENEFIT ISSUANCE CONTROL TOTALS

1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1		
PROGRAM: BP1003	1 WELFARE MANAGEMENT SYSTEM						
PERIOD COVERED BY THIS REPORT 009,2008	2				*****		
	WMS REPORT WINR0045				* THIS REPORT CONTAINS *		
	BENEFIT ISSUANCE CONTROL TOTALS				* CONFIDENTIAL INFORMATION *		
3 TOE DIGIT: 1	4 MONTH: 09	5 CYCLE: A	6	7	8	9	* FOR INTERNAL USE ONLY *
	TOTAL PULLED AMOUNT	TOTAL PREPAID AMOUNT	TOTAL RECOUPED AMOUNT	RESTRICTED AMOUNTS / FS RECALC	TOTAL AMOUNT ISSUED		*****
	RECURRING PA 4081190.25	0.00	115324.71	2704888.82	1269745.64		
	RECURRING FS 13701115.00	0.00	7713.14	17110.00	13662228.00		
	10 TOTAL PULLED AMOUNT	11 TOTAL MANUAL AMOUNT	12 TOTAL CASH AMOUNT	13 TOTAL REPLACEMENT AMOUNT	14 TOTAL DEF RECURRING AMOUNT	15 TOTAL OTHER AMOUNT	
	SINGLE ISSUE PA 0.00	0.00	0.00	0.00	0.00	0.00	
	SINGLE ISSUE FS 0.00			0.00	0.00	0.00	
				CASH	MANUAL	REDUCED TO ZERO	
16	TOTAL DISBURSEMENT RECORDS		96577	0	0	2925	
17	TOTAL PA AND FS SINGLE ISSUE RECORDS		0	0	0	0	
18	TOTAL PA AND FS RECURRING ISSUE RECORDS		96076			2925	
19	TOTAL REPLACED ISSUANCE RECORDS		0				
20	TOTAL CLOSED CASE ISSUE RECORDS		501				
21	TOTAL RECOUPMENT NOTICE RECORDS		777				
22	TOTAL EXPIRING BUDGET RECORDS		144				

WINR0045 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0045 – BENEFIT ISSUANCE CONTROL TOTALS**

WINR0045 – BENEFIT ISSUANCE CONTROL TOTALS

REPORT TITLE Benefit Issuance Control Totals		REPORT NUMBER WINR0045	FILE NAME PBP03*PRPT45 / PBP03#PRPT45 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides various dollar amount control totals for recurring PA, recurring FS, single issue PA, and single issue FS benefits, and total record counts. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E). Note: The cycle version has been discontinued.			
SOURCE BP1003 RunID = PBP03* / PBP03# * = Toe Digit / Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA Programming Staff	
SEQUENCE Toe Digit/Month/Cycle		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case (0 – 9)	
4. Month and Cycle		Cycle = A, B, C, D, or E	
For Recurring PA and FS:			
5. Total Pulled Amount			
6. Total Prepaid Amount			
7. Total Recouped Amount			
8. Restricted Amount / FS Recalc			
9. Total Amount Issued			
For Single Issue PA and FS:			
10. Total Pulled Amount		Pulled Record count, Cash records, Manual records, number of records Reduced to Zero	
11. Total Manual Amount		Manual Record count, Cash records, Manual records, number of records	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0045 – BENEFIT ISSUANCE CONTROL TOTALS**

	Reduced to Zero
12. Total Cash Amount	Cash Record count, Cash records, Manual records, number of records Reduced to Zero
13. Total Replacement Amount	Replacement Record count, Cash records, Manual records, number of records Reduced to Zero
14. Total Recurring Amount	Recurring Record count, Cash records, Manual records, number of records Reduced to Zero
15. Total Other Amount	Other Record count, Cash records, Manual records, number of records Reduced to Zero
Total Record Counts:	
16. Total Disbursement Records	Disbursement Record count, Cash records, Manual records, number of records Reduced to Zero
17. Total PA and FS Single Issue Records	PA and FS Single Issue Record count, Cash records, Manual records, number of records Reduced to Zero
18. Total PA and FS Recurring Issue Records	PA and FS Recurring Issue Record count, Cash records, Manual records, number of records Reduced to Zero
19. Total Replaced Issuance Records	Replaced Issuance Record count, Cash records, Manual records, number of records Reduced to Zero
20. Total Closed Case Issue Records	Closed Case Issue Record count, Cash records, Manual records, number of records Reduced to Zero
21. Total Recoupment Notice Records	Recoupment Notice Record count, Cash records, Manual records, number of records Reduced to Zero
22. Total Expiring Budget Records	Expiring Budget Record count, Cash records, Manual records, number of records Reduced to Zero

WINR0047 – HRA ISSUANCE CONTROL REPORT

1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PROGRAM: BP1006	1	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 009,2008	2	HRA ISSUANCE CONTROL REPORT	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
TOE DIGIT: 1 CYCLE: A MONTH: 09	3	WMS REPORT WINR0047	
	4		
5	EXTERNAL RECURR DISBURSEMENT IN (WMS)	29949	EXTERNAL RECURR DISB IN AMT (WMS) 3974634.46
6	EXTERNAL SI DISBURSEMENT IN (WMS)	0	EXTERNAL SI DISBURSEMENT IN AMT (WMS) 0.00
7	PRIOR GRANT RECORDS IN (WMS)	0	PRIOR GRANT RECORDS OUT (WMS) 0
8	RECURRING CHECK ISSUANCE OUT (ODP)	13700	RECURRING CHECK ISSUANCE OUT AMT (ODP) 1292734.47
9	RECURRING FOOD-STAMP ISSUANCE OUT (ODP)	0	RECURRING FS ISSUANCE OUT AMT (ODP) 0.00
10	DAILY FOOD-STAMP ISSUANCE OUT (ODP)	0	DAILY FOOD-STAMP ISSUANCE OUT AMT (ODP) 0.00
11	DAILY SPECIAL CHECK ISSUANCE OUT (ODP)	0	DAILY SPECIAL CHECK ISSUANCE AMT (ODP) 0.00
12	RECURRING SPECIAL CHECK ISSUANCE OUT	13350	RECURRING SPECIAL CHECK ISSUANCE AMT 2681899.99
13	TOTAL RECURRING ISSUED AMT	3974634.46	TOTAL SINGLE-ISSUE ISSUED AMT 0.00

WINR0047 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0047 – HRA ISSUANCE CONTROL REPORT**

WINR0047 – HRA ISSUANCE CONTROL REPORT

REPORT TITLE HRA Issuance Control Report		REPORT NUMBER WINR0047	FILE NAME PBP06*PRPT47 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides various record counts with corresponding dollar amounts. It is run by toe digit for the month and cycle being reported.			
SOURCE BP1006 RunID = PBP06* (* = Toe Digit)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Data Center Staff	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case	
4. Month and Cycle		Cycle = A or B	
5. External Recurr Disbursement In (WMS) and External Recurr Disbursement In Amt (WMS)		External recurring disbursement record count and dollar amount	
6. External SI Disbursement In (WMS) and External SI Disbursement In Amt (WMS)		External single issue record count and dollar amount	
7. Prior Grant Records In (WMS) and Prior Grant Records Out (WMS)		Prior grant records in and records out counts	
8. Recurring Check Issuance Out (ODP) and Recurring Check Issuance Out Amt (ODP)		Recurring check issuance records out count and dollar amount	
9. Recurring Food-Stamp Issuance Out (ODP) and Recurring Food-Stamp Issuance Out Amt (ODP)		Recurring food stamp issuance records out count and dollar amount	
10. Daily Food-Stamp Issuance Out (ODP) and Daily Food-Stamp Issuance Out Amt (ODP)		Daily food stamp issuance records out count and dollar amount	
11. Daily Special Check Issuance Out (ODP) and Daily Special Check Issuance Out Amt (ODP)		Daily special check issuance records out count and dollar amount	
12. Recurring Special Check Issuance Out and Recurring Special Check Issuance Out Amt		Recurring special check issuance records out count and dollar amount	
13. Total Recurring Issued Amt and Total Single-Issue Issued Amt		Total recurring issued and total single-issue issued dollar amounts	

WINR0048 – EXPIRING PA AND FS BUDGETS

1

REPORT DATE 10-06-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1007	WELFARE MANAGEMENT SYSTEM	*****
PERIOD COVERED BY THIS REPORT 010,2008	WMS REPORT WINR0048	* THIS REPORT CONTAINS *
TOE DIGIT: 0 CYCLE: B MONTH: 10	EXPIRING PA AND FS BUDGETS	* CONFIDENTIAL INFORMATION *
LOCAL OFFICE: 013	WORKER ID: 00033	* FOR INTERNAL USE ONLY *
CASE NUMBER	BUDGET EXPIRATION DATE	*****
00003405130A	10/B/2008	INDIVIDUAL ENTERING 9TH MTH OF PREGNANCY
TOTAL NUMBER OF CASES WITH EXPIRING BUDGETS:	1	

WINR0048 Report Sample

WINR0048 – EXPIRING PA AND FS BUDGETS

REPORT TITLE Expiring PA and FS Budgets		REPORT NUMBER WINR0048	FILE NAME PBP06#PDS*** # = Cycle Toe Digit; *** = IS Center
PURPOSE – NOTES This report lists the case numbers with PA and FS budgets that are expiring this cycle and the total number of cases. The Budget Expiration Date is provided to inform the worker when a case should be rebudgeted. A separate report is generated for each toe digit.			
SOURCE BP1007 RunID = PBP06* * = Cycle Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION All PA and FS Centers via DEPCON	
SEQUENCE Case Number		BREAKS Local Office/Worker ID	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case	
4. Month and Cycle		Cycle = A (FS and PA) or B (PA)	
5. Local Office		Center Number	
6. Worker ID		Worker responsible for rebudgeting the case	
7. Case Number		The number that uniquely identifies the case with an expiring budget.	
8. Budget Expiration Date		Month, cycle, and year the budget will expire	
9. Reasons for Expiring Budget		Brief message describing the reason(s) why the budget is expiring	
10. Total Number of Cases with Expiring Budgets		Total number of cases for which the specified case worker is responsible	

WINR0049 - DISBURSEMENT - ISSUANCE DISCREPANCY REPORT

1

REPORT DATE 08-27-08
 PROGRAM: BP1009
 PERIOD COVERED BY THIS REPORT 009,1908
 TOE DIGIT: 1 CYCLE: A MONTH: 09

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 DISBURSEMENT-ISSUANCE DISCREPANCY REPORT
 WMS REPORT WINR0049

PAGE 1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

W M S						O D P			
CASE NO.	SUFFIX ID	SEQ NO.	PAYMENT AMT	PAYMENT TYPE	CHECK NO.	ISAM KEY	PAYMENT AMT	PAYMENT TYPE	CHECK NO.
5	6	7	8	9	10	11	12	13	14

THERE ARE NO DISCREPANCIES FOR THIS RUN

WINR0049 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0049 – DISBURSEMENT - ISSUANCE DISCRPANCY REPORT**

WINR0049 - DISBURSEMENT - ISSUANCE DISCREPANCY REPORT

REPORT TITLE Disbursement - Issuance Discrepancy Report		REPORT NUMBER WINR0049	FILE NAME PBP10*PRPT49 / PBP10#PRPT49 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report lists disbursement issuance discrepancies between WMS and MIS. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE BP1009 RunID = PBP10* / PBP10# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case	
4. Month and Cycle		Cycle = A, B, C, D, E	
WMS:			
5. Case No.			
6. Suffix ID			
7. Seq No.			
8. Payment Amt			
9. Payment Type			
10. Check No.			
ODP:			
11. ISAM Key			
12. Payment Amt			
13. Payment Type			
14. Check No.			

WINR0050 – DOCUMENT NUMBER INSERTION CONTROL REPORT

1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1009	1 WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 009,1908	DOCUMENT NUMBER INSERTION CONTROL REPORT	*****
TOE DIGIT: 1 CYCLE: A MONTH: 09	WMS REPORT WINR0050	* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

5 PA SI TOTAL ISSUED AMT WMS.EPA	752170.55	
6 PA SI TOTAL ISSUED AMOUNT WMS SP GRTS	1693086.78	7 FS SI TOTAL ISSUED AMOUNT (WMS) 490217.00
8 PA SI TOTAL ISSUED AMOUNT (ODP)	.00	9 FS SI TOTAL ISSUED AMOUNT (ODP) .00
10 PA RECURRING TOTAL ISSUED AMOUNT (WMS)	3974634.46	11 FS RECURRING TOTAL ISSUED AMOUNT (WMS) 13662228.00
12 PA RECURRING TOTAL ISSUED AMOUNT (ODP)	3974634.46	13 FS RECURRING TOTAL ISSUED AMOUNT (ODP) .00
14 PA RECURRING DISCREPANCY AMOUNT (WMS)	.00	15 FS RECURRING DISCREPANCY AMOUNT (WMS) .00
16 PA DISCREPANCY AMOUNT (ODP)	.00	17 FS DISCREPANCY AMOUNT (ODP) .00
18 PA SI DISCREPANCY AMOUNT (WMS)	.00	19 FS SI DISCREPANCY AMOUNT (WMS) .00
20 PA RECURRING INPUT TOTAL RECORDS	29448	21 FS RECURRING INPUT TOTAL RECORDS 66136
22 PA SI INPUT TOTAL RECORDS	20909	23 FS SI INPUT TOTAL RECORDS 3155
24 TOTAL DISCREPANCY RECORDS	0	25 TOTAL RELEASED RECORDS 118037
26 TOTAL RECORDS IN ISSUANCE	118037	27 TOTAL RETURNED RECORDS 118037

WINR0050 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0050 – DOCUMENT NUMBER INSERTION CONTROL REPORT**

WINR0050 – DOCUMENT NUMBER INSERTION CONTROL REPORT

REPORT TITLE Document Number Insertion Control Report		REPORT NUMBER WINR0050	FILE NAME PBP10*PRPT50 / PBP10#PRPT50 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides various record counts and dollar amounts for WMS and MIS (ODP) resulting from document number insertion. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE BP1009 RunID = PBP10* / PBP10# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case	
4. Month and Cycle		Cycle = A, B, C, D, E	
5. PA SI Total Issued Amt WMS.EPA			
6. PA SI Total Issued Amount WMS SP GRTS			
7. FS SI Total Issued Amount (WMS)			
8. PA SI Total Issued Amount (ODP)			
9. FS SI Total Issued Amount (ODP)			
10. PA Recurring Total Issued Amount (WMS)			
11. FS Recurring Total Issued Amount (WMS)			
12. PA Recurring Total Issued Amount (ODP)			
13. FS Recurring Total Issued Amount (ODP)			
14. PA Recurring Discrepancy Amount (WMS)			
15. FS Recurring Discrepancy Amount (WMS)			
16. PA Discrepancy Amount (ODP)			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0050 – DOCUMENT NUMBER INSERTION CONTROL REPORT**

17. FS Discrepancy Amount (ODP)	
18. PA SI Discrepancy Amount (WMS)	
19. FS SI Discrepancy Amount (WMS)	
20. PA Recurring Input Total Records	
21. FS Recurring Input Total Records	
22. PA SI Input Total Records	
23. FS SI Input Total Records	
24. Total Discrepancy Records	
25. Total Released Records	
26. Total Records In Issuance	
27. Total Returned Records	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT**

WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT

1

REPORT DATE 08-27-08
PROGRAM: BP1011
PERIOD COVERED BY THIS REPORT 009,0000
TOE DIGIT: 1 CYCLE: A MONTH: 09

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
WELFARE MANAGEMENT SYSTEM
WMS REPORT WINR0051

PAGE 1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

BENEFIT PRODUCTION UPDATE CONTROL REPORT

LOC	PA RECURRING		PA SINGLE ISSUE		FS RECURRING		FS SINGLE ISSUES		TOTAL ISSUANCES		RESTRICTD ISSUANCES		ZERO AMOUNT ISSUES
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
011	0	0.00	1	50.00	0	0.00	0	0.00	1	50.00	0	0.00	0
013	770	109147.56	443	45761.80	527	93198.00	64	11409.00	1824	265161.42	296	83734.93	201
017	2507	312314.19	110	36477.79	1217	287597.00	12	2222.00	3846	638610.98	1220	196364.00	61
<< report edited for formatting >>													
F02	0	0.00	0	0.00	1195	240077.00	74	10061.00	1269	250138.00	0	0.00	0
F11	0	0.00	0	0.00	1	162.00	4	526.00	5	688.00	0	0.00	0
F12	0	0.00	0	0.00	0	0.00	2	183.00	2	183.00	0	0.00	0
<< report edited for formatting >>													
19 CATEGORY	20 NO. TXS	21 AMOUNT											
TOTAL ISSUANCES	118037	19955229.39											
PA ISSUANCES	48746	5802784.39											
FS ISSUANCES	69291	14152445.00											
ZERO DOLLAR ISSUANCES	2954	0.00											
RESTRICTED ISSUANCES	13462	2704888.82											
PA RECURRING ISSUANCES	29303	3946782.88											
FS RECURRING ISSUANCES	66136	13662228.00											
PA SI ISSUANCES	19298	1828149.93											
FS SI ISSUANCES	3155	490217.00											
SI DELETED RECORDS	22453	2318366.93											
TOTAL PAYMENT HISTORY STORED	118037	19955229.39											

WINR0051 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT**

WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT

REPORT TITLE Benefit Production Update Control Report		REPORT NUMBER WINR0051	FILE NAME PBP11*PRPT51 / PBP11#PRPT51 * = Toe Digit / # = Cycle
PURPOSE – NOTES The detail section of this report lists the number of transactions and dollar amounts for several types of issuances by location. The end of the report contains a summary of totals for each category of issuances. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE BP1011 RunID = PBP11* / PBP11# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Location (Center Number)		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit assigned to case	
4. Month and Cycle		Cycle = A, B, C, D, E	
5. Loc		Location (Center Number)	
6. PA Recurring Number		Number of transactions	
7. PA Recurring Amount		Dollar amount	
8. PA Single Issue Number		Number of transactions	
9. PA Single Issue Amount		Dollar amount	
10. FS Recurring Number		Number of transactions	
11. FS Recurring Amount		Dollar amount	
12. FS Single Issues Number		Number of transactions	
13. FS Single Issues Amount		Dollar amount	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0051 – BENEFIT PRODUCTION UPDATE CONTROL REPORT**

14. Total Issuances Number	Number of transactions
15. Total Issuances Amount	Dollar amount
16. Restricted Issuances Number	Number of transactions
17. Restricted Issuances Amount	Dollar amount
18. Zero Amount Issues	Number of transactions
19. Category	Categories of issuances are listed with grand totals:
20. No. TXS	Total number of all transactions for each category
21. Amount	Total dollar amount of all transactions for each category

WINR0053 – ISSUANCE CALENDAR

1

REPORT DATE 09-25-08					NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1
PROGRAM: BP1012					WELFARE MANAGEMENT SYSTEM					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY THIS REPORT 000,0000					WMS REPORT WINR0053					
ISSUANCE CALENDAR					ISSUANCE CALENDAR					
CYCLE A					CYCLE B					
TOE DIGIT	SCHEDULE DATE	MAILING DATE	ISSUANCE DATE	ACTUAL PD DATE	SCHEDULE DATE	MAILING DATE	ISSUANCE DATE	ACTUAL PD DATE		
0										
JAN	12/22/08	12/23/08	01/02/09	/ /	01/07/09	01/08/09	01/16/09	/ /		
FEB	01/20/09	01/21/09	02/02/09	/ /	02/04/09	02/05/09	02/17/09	/ /		
MAR	02/18/09	02/19/09	03/02/09	/ /	03/06/09	03/09/09	03/16/09	/ /		
APR	03/23/09	03/24/09	04/01/09	/ /	04/06/09	04/07/09	04/16/09	/ /		
MAY	04/20/09	04/21/09	05/01/09	/ /	05/04/09	05/05/09	05/16/09	/ /		
JUN	05/18/09	05/19/09	06/01/09	/ /	06/04/09	06/05/09	06/16/09	/ /		
JUL	06/24/08	06/25/08	07/01/08	06/24/08	07/08/08	07/09/08	07/16/08	07/08/08		
AUG	07/22/08	07/23/08	08/01/08	07/22/08	08/07/08	08/08/08	08/16/08	08/07/08		
SEP	08/25/08	08/26/08	09/02/08	08/25/08	09/09/08	09/10/08	09/16/08	09/09/08		
OCT	09/22/08	09/23/08	10/01/08	09/22/08	10/06/08	10/07/08	10/16/08	/ /		
NOV	10/21/08	10/22/08	11/01/08	/ /	11/07/08	11/10/08	11/17/08	/ /		
DEC	11/24/08	11/25/08	12/01/08	/ /	12/09/08	12/10/08	12/16/08	/ /		

WINR0053 Report Sample

WINR0053 – ISSUANCE CALENDAR

REPORT TITLE Issuance Calendar		REPORT NUMBER WINR0053	FILE NAME PBP12*PREPRT * = P or U
PURPOSE – NOTES This report lists the scheduled pulldown, mailing, issuance, and actual pulldown dates for recurring benefits for each month of the year for cycles A and B.			
SOURCE BP1012 RunID = PBP120	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Programming Staff MIS Staff	
SEQUENCE Schedule Date		BREAKS Toe digit	
FREQUENCY / SCHEDULE Semi-Annually		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		Check digit and 12 calendar months being reported	
4. Cycle A		Data for cycle A	
5. Cycle B		Data for cycle B	
6. Schedule Date		Scheduled date for pulldown of benefits	
7. Mailing Date		Date of benefit data to vendor or mailing date	
8. Issuance Date		Date benefits are available	
9. Actual PD Date		Actual date benefits were pulled down	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0055 – REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE
MM/DD/YYYY**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0055 – REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE MM/DD/YYYY 1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PROGRAM: RN1001	WELFARE MANAGEMENT SYSTEM		
	1		
	WMS REPORT WINR0055		
	REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE 08/26/2008		2
	3	4	5
FILE NAME	NUMBER OF RECORDS	AMOUNT	
-----	-----	-----	
INPUT FOR REPLACED ISSUANCE FOR BOTH ATPS AND CHKS	184	39654.72	
OUTPUT FOR REPLACED ATP ISSUANCES	0	0.00	
OUTPUT FOR REPLACED CHK ISSUANCES	184	39654.72	

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

WINR0055 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0055 – REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE
MM/DD/YYYY**

MARCH 27, 2009

WINR0055 – REPLACED ISSUANCE CONTROL TOTALS FOR EXPEDITED PROCESSING DATE MM/DD/YYYY

REPORT TITLE Replaced Issuance Control totals for Expedited Processing Date MM/DD/YYYY		REPORT NUMBER WINR0055	FILE NAME PRN02*PRP055 / PRN02#PRP055 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report contains control totals for a specific processing date. It provides the total number of expedited replacement issuance records and the corresponding dollar amount, and the portions of the total coming from replaced checks and replaced ATPs. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE RN1001 RunID = PRN02* / PRN02# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Expedited Processing Date		Replaced expedited issuances processed on this date	
3. File Name		Input for Replaced Issuance for both ATPs and Checks, Output for Replaced ATP Issuances, Output for Replaced Check Issuances	
4. Number of Records			
5. Amount		Dollar amount	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0059 – CHECK RECONCILIATION DISCREPANCY REPORT**

WINR0059 – CHECK RECONCILIATION DISCREPANCY REPORT

1

REPORT DATE 08-27-08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 1	
PROGRAM: RN1005		WELFARE MANAGEMENT SYSTEM								***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
		WMS REPORT WINR0059									
		CHECK RECONCILIATION DISCREPANCY REPORT									
2	3	4	5	6	7	8	9	10	11	12	13
TRANSACTION MESSAGE	SRC	CHK-NO	CTR	CASE/SUFF	CASE NAME	ISSUE-AMT	PAID-AMT	DATE-PAID	BANK-ID	RETRIEVAL BATCH	**
UNMATCHED STOP PAYME	E	0005229180					962.00	7/11/30			
UNMATCHED STOP PAYME	E	0005229180					962.00	7/11/30			
<< Report edited for formatting >>											
UNAPPLIED CANCEL	R	57106376	066	5107763 01	LXXXXXXXX N FR GO	138.50	138.50	8/08/26		22008	**
UNAPPLIED CANCEL	R	57170426	071	4164448 01	KG AXXXXXX VENAB	382.44	382.44	8/08/26		22008	**
UNAPPLIED CANCEL	R	58920018	067	4062642 01	BXXX ELLENA FR S	107.50	22.00	8/08/26		22008	**
<< Report edited for formatting >>											
REDEEMED CANCEL	M	58927246	035	4526523 01	AXXXX MGMT LLC F	262.00	262.00	8/08/22		80094	**
REPLACED ISSUANCE											
UNAPPLIED CANCEL	R	58963950	017	7283766 01	SXXXXX RLTY FR M	107.50	107.50	8/08/26		22008	**

WINR0059 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0059 – CHECK RECONCILIATION DISCREPANCY REPORT**

WINR0059 – CHECK RECONCILIATION DISCREPANCY REPORT

REPORT TITLE Check Reconciliation Discrepancy Report		REPORT NUMBER WINR0059	FILE NAME PRN03*PDICR1 / PRN03#PDICR1 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides information on discrepancies between issuance, redemption, and cancellation records for PA benefits. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE RN1005 RunID = PRN03* / PRN03# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE Daily		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Transaction Message		Indicates the reason for a discrepancy between the issuance record and redemption record, or the reason for the reported redemption error.	
3. SRC		Source: E, M, R	
4. CHK-NO		Check Number	
5. CTR		Center Number	
6. Case/Suff		Case and Suffix	
7. Case Name		The name of the payee of the suffix or case listed on the discrepancy report.	
8. Issue-Amt		Benefit amount that was authorized	
9. Paid-Amt		Benefit amount redeemed by the client	
10. Date-Paid		Actual date the client redeemed the benefit	
11. Bank-ID		The number identifying the bank or redemption outlet responsible for the benefit redemption.	
12. Retrieval Batch		The number identifying the microfiche file that contains the redemption information for the specified benefit.	
13. **			

WINR0060 – RECONCILIATION UPDATE CONTROL REPORT

1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1						
PROGRAM: RN1006	WELFARE MANAGEMENT SYSTEM								
	1								
	WMS REPORT WINR0060								
	RECONCILIATION UPDATE CONTROL REPORT								
	TOTAL TRANSACTIONS : 11467 491706.15 TOTAL PA UPDATES : 11196 433116.13 TOTAL FS UPDATES : 00 0.00 TOTAL PA DISCREPANCIES : 261 57319.57 TOTAL FS DISCREPANCIES : 00 0.00		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****						
	TOTAL UPDATES BY REDEMPTION STATUS :								
	** P A **		3		** F S **				
	UPDATED	TOTAL	NOT	TOTAL	UPDATED	TOTAL	NOT	TOTAL	
	AMOUNT	AMOUNT	UPDATED	AMOUNT	AMOUNT	AMOUNT	UPDATED	AMOUNT	
	4	5	6	7	8	9	10	11	12
REDEEMED STOP PAY :	00	0.00	00	0.00	00	0.00	00	0.00	0.00
STOP PAYMENT :	126	24561.70	00	0.00	00	0.00	00	0.00	0.00
ISSUED/CANCELLED :	30	8389.00	92	18510.82	00	0.00	00	0.00	0.00
REDEEMED :	10748	345565.68	01	107.50	00	0.00	00	0.00	0.00
REDEEMED IN ERROR :	00	0.00	00	0.00	00	0.00	00	0.00	0.00
REDEEMED/CANCELLED:	01	262.00	00	0.00	00	0.00	00	0.00	0.00
DUPLICATE :	00	0.00	00	0.00	00	0.00	00	0.00	0.00
PURGE :	00	0.00	168	38701.25	00	0.00	00	0.00	0.00
STALE DATE :	291	54337.75	00	0.00	00	0.00	00	0.00	0.00
EXPIRED AT GIC :	00	0.00	00	0.00	00	0.00	00	0.00	0.00
OVER 30 AUTHS :	00	0.00	00	0.00	00	0.00	00	0.00	0.00
INVAL. DAILY/RECUR:	00	0.00	00	0.00	00	0.00	00	0.00	0.00
MISC. GIC REJECT :	00	0.00	00	0.00	00	0.00	00	0.00	0.00

WINR0060 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0060 – RECONCILIATION UPDATE CONTROL REPORT**

WINR0060 – RECONCILIATION UPDATE CONTROL REPORT

REPORT TITLE Reconciliation Update Control Report		REPORT NUMBER WINR0060	FILE NAME PRN03*PCNTL2 / PRN03#PCNTL2 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides the total number of updates and dollar amounts by redemption status. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE RN1006 RunID = PRN03* / PRN03# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE N/A	BREAKS N/A		
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2.		Summary of reconciliation totals, record counts and dollar amounts: Total Transactions, Total PA Updates, Total FS Updates, Total PA Discrepancies, Total FS Discrepancies	
Total Updates by Redemption Status:			
3. PA, FS		Totals are listed for each case category	
4. Redemption Status			
For PA:			
5. Updated		Number of records updated	
6. Total Amount			
7. Not Updated			
8. Total Amount			
For FS:			
9. Updated		Number of records updated	
10. Total Amount			
11. Not Updated			
12. Total Amount			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0072 – FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE

WINR0072 – FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE

1

REPORT DATE 05/16/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE: 1
		FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE				
PERIOD COVERED BY THIS REPORT: 07/01/07 - 10/28/07		WMS REPORT WINR0072				
CENTER		07/07	08/07	09/07	10/07	TOTAL
F02	1077	1012	657	354	3100	
F11	933	1040	955	731	3659	
F13	1496	1406	998	591	4491	
F14	1272	1154	822	249	3497	
<< report edited for formatting >>						
F79	358	386	287	94	1125	
F99	888	907	519	222	2536	
SUB TOTAL	34474	33646	25075	13404	6599	
F15	4165	2837	1156	996	9154	
F61	341	413	309	364	1427	
F63	672	747	683	801	2903	
GRAND TOTAL	39652	37643	27223	15565	20083	

REPORT COMPLETED

WINR0072 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0072 – FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE

WINR0072 – FOOD STAMP RECERTIFICATION MONTH TABLE SCHEDULING PROFILE

REPORT TITLE Food Stamp Recertification Month Table Scheduling Profile		REPORT NUMBER WINR0072	FILE NAME PRC150PREPT2
PURPOSE – NOTES This report provides a listing of the total number of NPA FS recertifications scheduled for a center for the scheduling month and three months into the future.			
SOURCE RC1015 RunID = PRC150	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FS Regional Office via DEPCON HRA FIA Management via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Center		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Food Stamp Center responsible for cases scheduled for recertification except centers F15, F61, and F63, which are reported separately below.	
3. MM/YY		Month and year recertification is due, starting with the current month and followed by three months into the future. Under each date is the total number of cases to be recertified by each center.	
4. Total		Total number of cases to be recertified by each center for four consecutive months.	
5. Sub Total		Number of cases to be recertified for all centers except F15, F61, and F63.	
6. F15		Number of cases to be recertified by Center F15.	
7. F61		Number of cases to be recertified by Center F61.	
8. F63		Number of cases to be recertified by Center F63.	
9. Grand Total		Total number of cases to be recertified for all centers.	

WINR0076 – NPA FOOD STAMP CERTIFICATION SCHEDULE

1

Report Date 05/31/2007	New York City Human Resources Administration						Page	1
	NPA Food Stamp Certification Schedule						*****	
Period Covered By This Report Jul, 2007	WMS Report WINR0076						* This Report Contains *	
Center F13							* Confidential Information *	
Next 12 Month Certification Period: 09/01/07 - 08/31/08							* For Internal Use Only *	
Next 6 Month Certification Period: 09/01/07 - 02/29/08							*****	
Case Name	Case-No/Suffix	CIN	Appointment Date	Time	Net FS Income	ATP Amount		
Scheduled Interviews:								
CXXX JOAQUIN	006028040B 01	VN68751P	07/02/2007	09:00	.00	284.00		
	Finger Imaging is Required							
	Unearned Income							
GXXXXX RAMONA	006169640H 01	WH09258X	07/02/2007	09:00	194.34	225.00		
	Finger Imaging is Required							
	Earned Income							
PXXXXXX PASTORA	001486600I 01	WP68200X	07/02/2007	09:00	713.39	303.00		
	Finger Imaging is Required							
	Earned Income							
	Unearned Income							
PXXX MARIA	010303861I 01	RV95488D	07/02/2007	09:00	.00	155.00		
	Finger Imaging is Required							
DXXXXXXXXX ROSA	008092610I 01	VA72415H	07/02/2007	09:00	118.37	248.00		
	Finger Imaging is Required							
	Earned Income							
	Standard Utility Allowance							
<< report edited for formatting >>								
TOTAL RECS THIS CENTER						1,488		

WINR0076 Report Sample

WINR0076 – NPA FOOD STAMP CERTIFICATION SCHEDULE

REPORT TITLE NPA Food Stamp Certification Schedule		REPORT NUMBER WINR0076	FILE NAME PRC220PRPT (citywide) PRC220P76*** (***) = FS Ctr Code)
PURPOSE – NOTES This report provides a listing of all NPA Food Stamp recertifications due for a particular food stamp center for the period identified on the report. The schedule contains system-generated NPA FS recertification schedules and recertifications to be scheduled manually.			
SOURCE RC1022 RunID = PRC220	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Centers via DEPCON HRA FIA Management via DEPCON HRA FS Regional Office via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Food Stamp Center responsible for maintaining the cases scheduled for recertification.	
3. Next 12 Month and 6 Month Certification Period		From and to dates for the next 12 and 6 month certification periods	
4. Case Name		The name of the Payee of the suffix/case.	
5. Case-No		Number that uniquely identifies a case scheduled for recertification.	
6. SFX		Number identifying the unit of assistance (suffix).	
7. CIN		Client Identification Number	
8. Appointment Date		Date a case is scheduled for an FFR interview.	
9. Appointment Time		Time a case is scheduled for an FFR interview.	
10. Net FS Income		FS Income after the appropriate deductions have been made.	
11. ATP Amount		Amount of the FS grant.	
12. Discrepancy Message		Indicates the discrepancy in a case resulting from a computer match.	
13. Scheduled Interviews		Cases that are system-scheduled for an interview utilizing the planning table process.	
14. Interviews Not Scheduled That Must Be Scheduled Manually		Cases not scheduled for an interview by the computer but must be scheduled manually. (Not shown on sample report.)	
15. Total Recs This Center		Total number of recertifications due for the center being reported.	

WINR0077 – F15 DISCREPANCY LIST

1

REPORT DATE 10/01/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE 1
	1	F15 DISCREPANCY LIST		*****
PERIOD COVERED BY THIS REPORT: AS OF 10/01/08		WMS REPORT WINR0077		* THIS REPORT CONTAINS *
CENTER F15 2				* CONFIDENTIAL INFORMATION *
				* FOR INTERNAL USE ONLY *

CASE NAME 3	CASE-NO 4	SFX 5	DATE 6	DISCREPANCY 7
	000377293G		02/04/97	COMPUTER MATCH DISCREPACNY
	000239745D		11/27/08	COMPUTER MATCH DISCREPACNY
	000157844C		06/01/08	COMPUTER MATCH DISCREPACNY
	<< report edited for formatting >>			
LXXXXX ERNEST	001095433H	01	09/22/01	COMPUTER MATCH DISCREPACNY
MXXXXXXXX MARICZA	003384033B	01	06/30/97	COMPUTER MATCH DISCREPACNY
MXXXXXXXX AIDA	001985167E	01	06/30/97	COMPUTER MATCH DISCREPACNY
MXXXXXXXX TOMASINA	002772277G	01	05/02/97	COMPUTER MATCH DISCREPACNY
MXXXXX JUAN	001976110F	01	03/28/98	COMPUTER MATCH DISCREPACNY
PXXXXX EVELYN	007677481J	01	11/01/10	COMPUTER MATCH DISCREPACNY
				REPORT CONTINUED
TOTAL F15 CASES WITH DISCREPANCIES	122	8		
				REPORT COMPLETE

WINR0077 Report Sample

WINR0077 – F15 DISCREPANCY LIST

REPORT TITLE F15 Discrepancy List		REPORT NUMBER WINR0077	FILE NAME PRC230PRPT
PURPOSE – NOTES This report provides the F15 Center with a listing of NPA Food Stamp SSI cases for which computer-matched discrepancies exist.			
SOURCE RC1023 RunID = PRC230	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION F15 Center Director via DEPCON	
SEQUENCE Case Name		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Food Stamp Center responsible for maintaining the cases scheduled for recertification.	
3. Case Name		The name of the Payee of the suffix.	
4. Case-No		Number that uniquely identifies a case.	
5. SFX		Number of the assistance unit with which an individual is affiliated.	
6. Date		Next recertification date.	
7. Discrepancy		Indicates the discrepancy in a case resulting from a computer match.	
8. Total F15 Cases with Discrepancies		Number of F15 cases containing discrepancies in the month the report is printed.	

WINR0078 - STATISTICAL REPORT

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION														PAGE 11
PROGRAM: SC1020	WELFARE MANAGEMENT SYSTEM														
PERIOD COVERED BY THIS REPORT APR, 2007	WMS REPORT WINR0078														***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
CENTER 023	STATISTICAL REPORT														
	CASES (SUFFIX) BY STATUS														
	FA	SNFP	MA-FHP	HR-PG	SNCA	SNNC	EAA	EAF	MA	MA-SSI	NPA-FS	MA-PE	MISC	TOTAL	
APPLYING	154	0	0	0	335	19	21	40	0	0	0	0	0	569	
NOT ACCEPTED	2895	15	0	7	9710	181	914	1173	0	0	0	0	0	14895	
NOT APPLYING	2	0	0	0	0	0	1	0	0	0	0	0	0	3	
ACTIVE	1569	6	0	0	1278	799	0	0	0	0	0	0	0	3652	
CLOSED	13913	198	0	1538	24459	1326	2705	1005	0	0	0	0	0	45144	
SINGLE ISSUE	24	0	0	0	35	1	7	5	0	0	0	0	0	72	
CENTER TOTALS	18557	219	0	1545	35817	2326	3648	2223	0	0	0	0	0	64335	

WINR0078 Report Sample – Cases (Suffix) by Status, for Center

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION													PAGE 227
PROGRAM: SC1020	WELFARE MANAGEMENT SYSTEM													
PERIOD COVERED BY THIS REPORT APR, 2007	WMS REPORT WINR0078													***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
CITY WIDE	STATISTICAL REPORT CASES (SUFFIX) BY STATUS													
	FA	SNFP	MA-FHP	HR-PG	SNCA	SNNC	EAA	EAF	MA	MA-SSI	NPA-FS	MA-PE	MISC	TOTAL
APPLYING	3238	21	6019	0	5556	946	631	717	21190	8094	13582	347	0	60341
NOT ACCEPTED	135413	3313	177436	595	335520	14773	28550	67797	1151934	859	479907	18461	0	2414558
NOT APPLYING	62	2	0	4	31	4	3	1	0	0	0	0	0	107
ACTIVE	70575	412	322088	0	67274	38844	0	0	1002686	412416	417864	1491	0	2333650
CLOSED	633320	18210	386250	60942	903198	83277	72112	56178	2862212	515286	1067522	163384	0	6821891
SINGLE ISSUE	1926	1	0	0	2190	440	515	264	0	0	2995	0	0	8331
GRAND TOTAL	844534	21959	891793	61541	1313769	138284	101811	124957	5038022	936655	1981870	183683	0	1638878

WINR0078 Report Sample – Cases (Suffix) by Status, City Wide

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION													PAGE 448		
PROGRAM: SC1020		WELFARE MANAGEMENT SYSTEM															
PERIOD COVERED BY THIS REPORT APR, 2007		WMS REPORT WINR0078													***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
CENTER F63		STATISTICAL REPORT INDIVIDUALS BY STATUS															
	FA	SNFP	MA-FHP	HR-PG	SNCA	SNNC	EAA	EAF	MA	MA-SSI	NPA-FS	MA-PE	MISC	TOTAL			
APPLYING	0	0	0	0	0	0	0	0	0	0	0	0	0	241	0	0	241
NOT APPLYING	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
NOT ACCEPTED	0	0	0	0	0	0	0	0	0	0	0	0	0	21966	0	0	21966
ACTIVE	0	0	0	0	0	0	0	0	0	0	0	0	0	13016	0	0	13016
INACT-SANCTIONED	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
REMOVED	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
DECEASED	0	0	0	0	0	0	0	0	0	0	0	0	0	754	0	0	754
SINGLE ISSUE	0	0	0	0	0	0	0	0	0	0	0	0	0	28	0	0	28
CLOSED	0	0	0	0	0	0	0	0	0	0	0	0	0	28754	0	0	28754
CENTER TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	64765	0	0	64765

WINR0078 Report Sample – Individuals by Status, by Center

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION													PAGE 454
PROGRAM: SC1020		WELFARE MANAGEMENT SYSTEM													
PERIOD COVERED BY THIS REPORT APR, 2007		WMS REPORT WINR0078													
CITY WIDE		STATISTICAL REPORT													
		INDIVIDUALS BY STATUS													
	FA	SNFP	MA-FHP	HR-PG	SNCA	SNNC	EAA	EAF	MA	MA-SSI	NPA-FS	MA-PE	MISC	TOTAL	
APPLYING	10193	28	9423	0	6370	1998	777	2189	31059	8114	29066	663	0	99880	
NOT APPLYING	229924	2017	0	9500	118428	24684	3778	7633	39	408	578	0	0	396989	
NOT ACCEPTED	466121	12036	268179	5281	474377	48949	42377	232671	1953662	1947	1509222	27979	0	5042801	
ACTIVE	156548	868	473641	0	85444	100989	0	0	1417539	412240	706516	1635	0	3355420	
INACT-SANCTIONED	6259	79	0	16	1469	7229	0	2	0	0	2095	0	0	17149	
REMOVED	56862	876	0	1109	52789	2603	3720	3013	0	0	2	0	0	120974	
DECEASED	5384	45	1804	926	8968	1205	181	297	221965	17707	16155	10	0	274647	
ADM SUSP	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
SINGLE ISSUE	5226	2	0	0	2803	1167	604	788	0	0	5310	0	0	15900	
CLOSED	1983166	73460	593698	133300	1311272	280892	116452	223013	4820718	504300	2243663	208182	0	2492116	
GRAND TOTAL	2919683	89411	1346745	150132	2061920	469716	167889	469606	8444982	944716	4512608	238469	0	1815877	

WINR0078 Report Sample – Individuals by Status, City Wide

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 455
PROGRAM: SC1020	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT APR,2007		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	WMS REPORT WINR0078	
	STATISTICAL REPORT	
	CASE (CASE-NO) TOTALS	
9	10	
CENTER ID	TOTAL CASES	
005	10	
018	10,253	
019	33,657	
023	57,328	
	<<report edited for formatting >>	
F63	47,586	
F70	3	
F95	3,478	
F99	27,061	
GRAND TOTAL	11	1,439,315

WINR0078 Report Sample – Case (Case-No) Totals

WINR0078 - STATISTICAL REPORT: CASES (SUFFIX) BY STATUS

REPORT TITLE Statistical Report: Cases (Suffix) by Status, Individuals by Status		REPORT NUMBER WINR0078	FILE NAME PSC200PR0078
PURPOSE – NOTES This report provides a “snapshot” of the number of cases by case type and status and the number of individuals for each case type by status for the month. The report breaks by Center, and provides separate City Wide Totals and Grand Totals for cases and individuals.			
SOURCE RunID = PSC200	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Administrative Staff via DEPCON NYS Administrative Staff via DEPCON	
SEQUENCE Status Code	BREAKS Center City Wide		
FREQUENCY / SCHEDULE Monthly	RETENTION Perpetual		
REPORT ITEM	DEFINITION (IF NEEDED)		
1. Standard WMS Headings	-		
2. Period Covered By This Report	Month and Year		
3. Report section	Center, City Wide, Case (Case-No) Totals		
Detail Reports:			
4. Report Break: Center ID or City Wide	-		
5. Case Status			
6. Case Type			
7. Total	Case status totals for all Case Types		
8. Center Totals / Grand Total	Center totals for each Case Type / City Wide Grand totals for each Case Type		
Case (Case- No) Totals section:			
9. Center Id	-		
10. Total Cases	Total number of cases for each Center		
11. Grand Total	Total number of cases (all Centers)		

WINR0083 – RECURRING BENEFITS NEEDS > \$1999.98

1

REPORT DATE 08-27-20	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1010	2	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 009,0820			*****
		WMS REPORT WINR0083	* THIS REPORT CONTAINS *
		RECURRING BENEFITS NEEDS > \$1999.98	* CONFIDENTIAL INFORMATION *
3	4	5	* FOR INTERNAL USE ONLY *
TOE DIGIT: 1 CYCLE: A MONTH: 09			*****
LOCAL OFFICE: 013 WORKER ID: 00913	6	7	
		8	
		CASE NUMBER	
		00007139571J	
	9	TOTAL NUMBER OF CASES = 1	
		<< report edited for formatting >>	
TOE DIGIT: 1 CYCLE: A MONTH: 09			
LOCAL OFFICE: F27 WORKER ID: 00000			
		CASE NUMBER	
		00000203371A	
		00003494521C	
		00007655581C	
		00007764921I	
		TOTAL NUMBER OF CASES = 4	

WINR0083 Report Sample

WINR0083 – RECURRING BENEFITS NEEDS > \$1999.98

REPORT TITLE Recurring Benefits Needs > \$1999.98		REPORT NUMBER WINR0083	FILE NAME PBP06*PRPT83 * = Toe Digit
PURPOSE – NOTES This report lists the case numbers for each center with recurring benefits needs over \$1998.98. It is run by toe digit for the month and cycle being reported.			
SOURCE BP1010 RunID = PBP06* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE Local Office/Case Number		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		0 – 9	
4. Cycle		A or B	
5. Month			
6. Local Office		Center Number	
7. Worker ID			
8. Case Number			
9. Total Number of Cases			

WINR0084 – RECURRING BENEFITS SKIPPED REPORT

1

REPORT DATE 08-27-20	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1010	1 WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 009,0820	2	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
TOE DIGIT: 1 CYCLE: A MONTH: 09	3 4 5	
LOCAL OFFICE: 013 WORKER ID: 00031	6 7	
	WMS REPORT WINR0084	
	RECURRING BENEFITS SKIPPED REPORT	
	8 9	
	CASE NUMBER BENEFITS SKIPPED	
	00009618661E RENT RESTRICTION NOT APPLIED	
	10 TOTAL NUMBER OF CASES = 1	
	<< report edited for formatting >>	
TOE DIGIT: 1 CYCLE: A MONTH: 09		
LOCAL OFFICE: 044 WORKER ID: 00051		
	CASE NUMBER BENEFITS SKIPPED	
	00002114031E UTILITIES NOT APPLIED	
	00004617281D UTILITIES NOT APPLIED	
	00008256591C UTILITIES NOT APPLIED	
	TOTAL NUMBER OF CASES = 3	
	<< report edited for formatting >>	
TOE DIGIT: 1 CYCLE: A MONTH: 09		
LOCAL OFFICE: 099 WORKER ID: 00906		
	CASE NUMBER BENEFITS SKIPPED	
	00001516171E RENT RESTRICTION NOT APPLIED	
	TOTAL NUMBER OF CASES = 1	

WINR0084 Report Sample

WINR0084 – RECURRING BENEFITS SKIPPED REPORT

REPORT TITLE Recurring Benefits Skipped Report		REPORT NUMBER WINR0084	FILE NAME PBP06*PRPT84 * = Toe Digit
PURPOSE – NOTES This report lists the case numbers for each center with recurring benefits that were skipped. It is run by toe digit for the month and cycle being reported.			
SOURCE BP1010 RunID = PBP06* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE Local Office/Case Number		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		0 – 9	
4. Cycle		A or B	
5. Month			
6. Local Office		Center Number	
7. Worker ID			
8. Case Number			
9. Benefits Skipped		Type of benefit skipped	
10. Total Number of Cases			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA
CASES**

MARCH 27, 2009

WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA CASES

1

REPORT DATE 12/08/08 (1) NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA CASES

PERIOD COVERED BY REPORT: AS OF 12/08/08 (2) WMS REPORT WINR0086

CENTER: 046 (3) (5) CASE NAME: M***** R FOR PATRICIA
UNIT/WORKER: 00444 (4) (6) CASE NUMBER: 0009781338A

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

SEE HIGH RISK MESSAGES LISTED BELOW:

HIGHEST RISK: (7)
OTHER HIGH RISK:

BOE CODE 9 DATE OF BIRTH DOES NOT MATCH PA FILE FOR: S***** PATRICIA LINE 02
BOE CODE 1 SCHOOL REGISTRATION VERIFIED BY BOE AND PA FILE FOR: A***** ALEXANDRA LINE 04

M***** RAMONA LINE 01 706 PENDING OES SANCTION 27 FA EMPLOYED F/T -30 HRS OR MORE

COMPUTER MATCHES : (MAXIMUM OR 15 DISPLAYED) (8)
RESOLVE ISSUE(S) AND ANNOTATE COMPUTER MATCH WORKSHEET (9)

ACTUAL SEMI MONTH RENT IS 287.00 SEMI MTH BUDGETED PA RENT 280.00

(10) 1. HOUSEHOLD COMPOSITION VERIFIED ? YES ___ NO ___ DATA ENTRY SECTION

(11) 2. EMPLOYMENT STATUS VERIFIED ? YES ___ NO ___ ITEM NO. VALUE (15)

IMS (12) DATE (14) (ENTER DATE RECERT HELD)

SUPERVISOR (13) DATE 012 120808

CONTROL CLERK (16) DATE

DATE ENTRY OPERATOR (17) DATE

END OF CED REPORT FOR CASE NUMBER: 0009781338A VERSION 94.3 DATED 09/19/94

WINR0086 Report Sample – PA Cases

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA
 CASES**

WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR PA CASES

REPORT TITLE Continuing Eligibility Determination Worksheet for PA Cases		REPORT NUMBER WINR0086	FILE NAME
PURPOSE – NOTES This report provides information about changes to a Public Assistance case for use during recertification. This information is entered into the WMS as an Undercare transaction. There is also a version of this report for NPA cases.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center, Worker	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Printed on request from the Inquiry Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Center		Center responsible for maintaining the case.	
4. Unit/Worker		Worker responsible for maintaining the case.	
5. Case Name		Name of the payee of the suffix/case.	
6. Case Number		Number that uniquely identifies the case.	
7. See High Risk Messages Listed Below		Identifies any high risk messages and line number data.	
8. Computer Matches		Identifies computer match discrepancies.	
9. Resolve Issue(s) and Annotate Computer Match Worksheet		Area on worksheet where worker can write information to update the WMS	
10. Household composition verified?		Worker checks Yes or No	
11. Employment status verified?		Worker checks Yes or No	
12. IMS / Date		Income Maintenance signature and date	
13. Supervisor / Date		Supervisor signature and date	
Date Entry Section:			
14. Item No.		Data item number to be updated	
15. Value		New/updated data	
16. Control Clerk / Date		Control Clerk signature and date	
17. Data Entry Operator / Date		Data Entry Operator signature and date	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA
CASES**

WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA CASES

1

REPORT DATE 12/08/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	
	CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA CASES	*****
PERIOD COVERED BY REPORT: AS OF 12/08/08	WMS REPORT WINR0086	* THIS REPORT CONTAINS *
CENTER: F40	CASE NAME: M***** INETA	* CONFIDENTIAL INFORMATION *
UNIT/WORKER: 000BH	CASE NUMBER: 00011250187J	* FOR INTERNAL USE ONLY *
	SEE HIGH RISK MESSAGES LISTED BELOW:	*****
Enter Codes for Language Spoken/Read		
I. RISK FACTOR	NONE	
II. MILESTONE EVENT	NONE	
III. COMPUTER MATCH	NONE	
IV. HOUSEHOLD SIZE:	0 NO CHANGE _____ NEW HOUSHOLD SIZE _____	
V. BUDGET INFORMATION		
A. INCOME:		
B. EXPENSES		
RENT	.00 NO CHANGE _____ NEW AMT. _____	
UTILITIES	.00 NO CHANGE _____ NEW AMT. _____	
TELEPHONE	.00 NO CHANGE _____ NEW AMT. _____	
HEAT	.00 NO CHANGE _____ NEW AMT. _____	
C. MEDICAL		
D. CHILD CARE		
VI. MISSING SSN	NONE	
1. HOUSEHOLD COMPOSITION VERIFIED ?	YES _____ NO _____	19 DATA ENTRY SECTION
2. EMPLOYMENT STATUS VERIFIED ?	YES _____ NO _____	20 ITEM NO. VALUE
IMS SUPERVISOR	DATE _____	011 _____ (ENTER DATE RECERT HELD)
	DATE _____	012 121208
		013 _____ (ENTER NEXT RECERT DATE)
		21 CONTROL CLERK _____ DATE _____
		DATE ENTRY OPERATOR _____ DATE _____
		22 _____
END OF CED REPORT FOR CASE NUMBER: 00011250187J	VERSION 94.3	DATED 09/19/94

WINR0086 Report Sample – NPA Cases

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA
CASES**

WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA CASES

REPORT TITLE Continuing Eligibility Determination Worksheet for NPA Cases		REPORT NUMBER WINR0086	FILE NAME
PURPOSE – NOTES This report provides information about changes to a Food Stamp only case for use during recertification. This information is entered into the WMS as an Undercare transaction. There is also a version of this report for PA cases.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center, Worker	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Printed on request from the Inquiry Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Center		Center responsible for maintaining the case.	
4. Unit/Worker		Worker responsible for maintaining the case.	
5. Case Name		Name of the payee of the suffix/case.	
6. Case Number		Number that uniquely identifies the case.	
7. See High Risk Messages Listed Below		Identifies any high risk messages and line number data.	
8. Enter Codes for Language Spoken/Read			
9. I. Risk Factor			
10. II. Milestone Event			
11. III. Computer Match			
12. IV. Household Size: No Change New Household Size			
13. V. Budget Information		A. Income, B. Expenses (No Change / New Amt.): Rent, Utilities, Telephone, Heat, C. Medical, D. Child Care	
14. VI. Missing SSN			
15. Household composition verified?		Worker checks Yes or No	
16. Employment status verified?		Worker checks Yes or No	
17. IMS / Date		Income Maintenance signature and date	
18. Supervisor / Date		Supervisor signature and date	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0086 – CONTINUING ELIGIBILITY DETERMINATION WORKSHEET FOR NPA
CASES**

Date Entry Section:	
19. Item No.	Data item number to be updated
20. Value	New/updated data
21. Control Clerk / Date	Control Clerk signature and date
22. Data Entry Operator / Date	Data Entry Operator signature and date

WINR0087 – CONTROL TOTALS FOR PA RECOUPMENT NOTICES 1

REPORT DATE 10-06-08	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1005	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 010,2008	2 CONTROL TOTALS FOR PA RECOUPMENT NOTICES	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
TOE DIGIT: 0 CYCLE: B MONTH: 10	5 WMS REPORT WINR0087	
	6	7
	RECOUPMENT NOTICES	PROCESSED TRANSACTIONS
	-----	-----
	M-328B	00529
	(CHANGE IN GRANT)	
	M-328C	00000
	(TWO-PARTY RENT)	
	M-328D	00174
	(COMPLETED RECOUPMENT)	
	8 TOTALS	000703

WINR0087 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0087 – CONTROL TOTALS FOR PA RECOUPMENT NOTICES**

WINR0087 – CONTROL TOTALS FOR PA RECOUPMENT NOTICES

REPORT TITLE Control Totals for PA Recoupment Notices		REPORT NUMBER WINR0087	FILE NAME PBP07*PRPT87 * = Cycle Toe Digit
PURPOSE – NOTES This report lists the PA recoupment notices by notice number that were processed in the specified period, as well as the total of all processed transactions.			
SOURCE BP1005 RunID = PBP07* * = Cycle Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE Recoupment Notice Number		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Toe Digit		0 – 9	
4. Cycle		A or B	
5. Month			
6. Recoupment Notices		List of recoupment notices processed during the specified period	
7. Processed Transactions		Number of processed transactions for each recoupment notice	
8. Totals		Total of all processed transactions	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0089 – RECONCILIATION UPDATE DISCREPANCY REPORT**

WINR0089 – RECONCILIATION UPDATE DISCREPANCY REPORT

1

REPORT DATE 08-27-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1
PROGRAM: RN1006	WELFARE MANAGEMENT SYSTEM										
	1										
	WMS REPORT WINR0089										
	RECONCILIATION UPDATE DISCREPANCY REPORT										
	2 W M S D A T A B A S E					R E D E M P T I O N U P D A T E					
CASE NO.	SUFFIX ID	PAYMENT AMT	PAYMENT TYPE	CHECK NO.	STATUS	CASE NO.	SUFFIX ID	PAYMENT AMT	PAYMENT TYPE	CHECK NO.	STATUS
3	4	5	6	7	8	9	10	11	12	13	14
00007570500E	01	262.63		SP57185586	1	00007570500E	01	262.63		SP57185586	P
00007570500E	01	25.00		SP57185585	1	00007570500E	01	25.00		SP57185585	P
00008961861F	01	897.00		E 48197753	2	00008961861F	01	897.00		E 48197753	P
<< report edited for formatting >>											
00001182722H	01	147.75	10	57087069	1	00001182722H	01	147.75	10	57087069	P
00004014052H	01	61.10	10	57091287	1	00004014052H	01	61.10	10	57091287	P
00004775762A	01	62.50	10	57096211	1	00004775762A	01	62.50	10	57096211	P
00007771662J	01	107.50	10	57088997	1	00007771662J	01	107.50	10	57088997	P
						00002553439H	01	107.50		58502106	2
						00007865729D	01	100.00		58508463	2
						00005248019B	01	125.50		58501582	2

WINR0089 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0089 – RECONCILIATION UPDATE DISCREPANCY REPORT**

WINR0089 – RECONCILIATION UPDATE DISCREPANCY REPORT

REPORT TITLE Reconciliation Update Discrepancy Report		REPORT NUMBER WINR0089	FILE NAME PRN03*PDICR2 / PRN03#PDICR2 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report lists discrepancies between records on the WMS Database and the redemption update. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE RN1006 RunID = PRN03* / PRN03# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE Case No/Suffix ID/Payment Type		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. WMS Database, Redemption Update		Records being reconciled	
WMS Database:			
3. Case No.			
4. Suffix ID			
5. Payment Amt			
6. Payment Type			
7. Check No.			
8. Status			
Redemption Update:			
9. Case No.			
10. Suffix ID			
11. Payment Amt			
12. Payment Type			
13. Check No.			
14. Status			

WINR0091 – CHECK RECONCILIATION CONTROL REPORT

1

REPORT DATE 08-27-08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1	
PROGRAM: RN1005		WELFARE MANAGEMENT SYSTEM					
		WMS REPORT WINR0091				*****	
		CHECK RECONCILIATION CONTROL REPORT				* THIS REPORT CONTAINS *	
						* CONFIDENTIAL INFORMATION *	
						* FOR INTERNAL USE ONLY *	

----- RECONCILIATION TRANSACTIONS -----		ISSUANCES -----					
EXTERNAL TRANSACTIONS: RECORDS		16,807	DOLLARS	3,974,290.84			
----- UNAPPLIED -----		----- APPLIED -----					
RECORDS	DOLLARS	RECORDS	DOLLARS				
REDEMPTIONS	0	10,748	2,345,565.68	OUTSTANDING ISSUES IN	471,488	101,449,780.05	
ERR. REDEMPTIONS		1	262.00	NEW ISSUES IN	15,107	3,569,146.57	
CANCELLATIONS	51	11,376.95	132	28,170.27	-----		
STOP PAYMENTS	16	12,350.10	126	24,561.70	TOTAL ISSUES IN	486,595 105,018,926.62	
CANCEL STOP PMT.	0	0.00	0	0.00			
E-CHECK UNMATCHED	5,732	1,551,896.64					
INTERNAL TRANSACTIONS:	CASH REDEMPTIONS	0	0.00	NEW ISSUES BYPASSED	0	0.00	
	AUTO STALE DATES	291	54,337.75	DIRECT VENDORS DROPPED	1,511	172,860.91	
	PURGES	168	38,701.25				
-----		-----					
TOTAL RECONCILED/REDEEMED TRANSACTIONS:		11,467	2,491,706.15				
RECONCILED/REMOVED FROM OUTSTANDING ISSUES:		11,209	2,438,974.18	RECON/REMOVED ISSUES	11,209	2,438,974.18	
RECONCILED/REWRITTEN TO OUTSTANDING ISSUES:		156	32,950.70	-----			
RECONCILED/UNMATCHED ON OUTSTANDING ISSUES:		102	19,781.27	OUTSTANDING ISSUES OUT	473,876	102,407,199.03	

WINR0091 Report Sample

WINR0091 – CHECK RECONCILIATION CONTROL REPORT

REPORT TITLE Check Reconciliation Control Report		REPORT NUMBER WINR0091	FILE NAME PRN03*PCNTL1 / PRN03#PCNTL1 * = Toe Digit / # = Cycle
PURPOSE – NOTES This report provides record counts and dollar amounts for reconciliation and issuance transactions. There are two versions of this report. It is run by toe digit and cycle number for the month and cycle being reported (* = Cycle Toe Digit 0 – 9; # = Cycle A – E)			
SOURCE RN1005 RunID = PRN03* / PRN03# * = Toe Digit / # = Cycle	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MIS Staff	
SEQUENCE N/A	BREAKS N/A		
FREQUENCY / SCHEDULE Daily	RETENTION 30 Days		
REPORT ITEM	DEFINITION (IF NEEDED)		
1. Standard WMS Headings	-		
2. Reconciliation Transactions:	Reconciliation data are on the left side of the report.		
3. External Transactions: Records	External transactions record count		
4. External Transactions: Dollars	External transactions dollar amount		
5.	Transaction Type: Redemptions, Err. Redemptions, Cancellations, Stop Payments, Cancel Stop Pmt., E-Check Unmatched		
6. Unapplied Records	Unapplied record counts		
7. Unapplied Dollars	Unapplied dollar amounts		
8. Applied Records	Applied record counts		
9. Applied Dollars	Applied dollar amounts		
10. Internal Transactions	Cash Redemptions, Auto Stale Dates, Purges		
11.	Reconciled Transactions and Issues – Total includes record counts and dollar amounts below: Reconciled/Removed from Outstanding Issues, Reconciled/Rewritten to Outstanding Issues, Reconciled/Unmatched on Outstanding Issues		
12.	Reconciled Record Count		
13.	Reconciled Dollars		
14. Issuances:	Issuances data are on the right side of the report.		

15.	Issuance Type: Outstanding Issues In, New Issues In, Total Issues In, New Issues Bypassed, Direct Vendors Dropped, Recon/Removed Issues, Outstanding Issues Out
16.	Issuance Record Counts
17.	Issuance Dollar Amounts

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0100 – PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS**

WINR0100 – PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS 1

REPORT DATE 04-03-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1	
PROGRAM: RP1001	(1)	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY THIS REPORT 004,2007	(2)		
(3)	WMS REPORT WINR0100 PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS		
CENTER 013	(4)	(7)	
(5)	(6)		
RECOUPMENT ACTION	PROCESSED TRANSACTIONS	ERROR TRANSACTIONS	TOTAL TRANSACTIONS
NEW CLAIM	24	0	24
CHANGE IN DATA	0	1	1
SUSPEND CLAIM	0	0	0
DELETE CLAIM	0	0	0
FH-AID-CONTINUING	1	0	1
LIFT-FH-AID-CONTINUING	0	0	0
TRANSFER CLAIM	0	0	0
REINITIALIZE CLAIM	0	0	0
VOLUNTARY PAY	0	0	0
EBT REPAYMENT	0	0	0
(8) TOTALS	25	1	26

WINR0100 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0100 – PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS**

WINR0100 – PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS

REPORT TITLE PA RECOUPMENT VALIDATION & UPDATE CONTROL TOTALS		REPORT NUMBER WINR0100	FILE NAME PRP010PREPRT
PURPOSE – NOTES This report provides the number of processed and error transactions, and combined total transactions for each recoupment action listed. Grand totals are also reported.			
SOURCE RP1001 RunID = PRP010	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers (via mailbag) MIS Staff via DEPCON	
SEQUENCE Center Number		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Center			
4. Recoupment Action		Describes the type of recoupment	
5. Processed Transactions		Number of successfully processed transactions	
6. Error Transactions		Number of transactions with errors	
7. Total Transactions		For each Recoupment Action: Processed Transactions + Error Transactions = Total Transactions	
8. Totals		Totals of all processed transactions, all error transactions, and grand total of all transactions combined	

WINR0103 – SDX UPDATE STATISTICS

1

REPORT-DATE 09/04/08	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1016 TOE: 0	2	SDX UPDATE STATISTICS	*****
PERIOD COVERED BY THIS REPORT AS OF 09/04/08		WMS REPORT WINR0103	* THIS REPORT CONTAINS *
			* CONFIDENTIAL INFORMATION *
			* FOR INTERNAL USE ONLY *

		3	
		COUNT OF SDX TRANSACTION INPUT.....	349
		COUNT OF NO CASE NUMBER RECS BYPASSED.	0
		COUNT OF TRAN DATE EQUAL RECS BYPASSED.	0
		COUNT OF MED. DATE INVAL RECS BYPASSED.	0
		COUNT OF OLD INCOMING FED DT BYPASSED.	0
		COUNT OF INVALID PAY ST RECS BYPASSED.	0
		COUNT OF SUSPENDED PSC & INVALID MEC	0
		COUNT OF T50/51 AND NO DENIAL	0
		COUNT OF PENDING H-STORE RECS BYPASSED.	122
		COUNT OF S CODE - STORE RECS BYPASSED.	0
		CONTINUE MA MEC - STORE RECS BYPASSED.	3
		COUNT OF MED-ELIG-CODE Q RECS BYPASSED.	0
		MED-ELIG-CODE = N & PAY-ST NOT = N24...	0
		COUNT OF SSN DUPLICATE RECS BYPASSED.	0
		COUNT OF SDX TRANS PROCESSED.....	349
		COUNT OF SSI RECORDS OVERLAID.....	632
		COUNT OF PRIME-SSN NOT NUMERIC.....	0
		COUNT OF PRIME SSN NOT FOUND.....	0
		<< report edited for formatting >>	
		COUNT OF MULTI SSN NOT FOUND.....	0
		COUNT OF PRIME SSN ADDED.....	26
		COUNT OF PRIME SSN DELETED.....	0
		COUNT OF MULTI SSN DELETED.....	0
		COUNT OF CASE NAMES ADDED.....	21
		COUNT OF TRANS DATE ERRORS.....	0
		COUNT OF D/Z CLIENTS (SSI REC ADDED)...	0
		COUNT OF D/(NON-ZG) CLIENTS	0
		END OF REPORT	

WINR0103 Report Sample

WINR0103 – SDX UPDATE STATISTICS

REPORT TITLE SDX Update Statistics		REPORT NUMBER WINR0103	FILE NAME
PURPOSE – NOTES This report provides various detailed counts on Supplemental Security Income (SSI) data loaded onto the WMS data base during the last SDX update.			
SOURCE RunID	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MICSA Management	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily / Bi-weekly (when SSI data is updated by the SDX (State Data Exchange) tape		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by this Report			
3. Various Counts			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
 TRANSACTIONS DETAIL REPORT**

WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

REPORT DATE 03/28/2007		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION: WELFARE MANAGEMENT SYSTEM				PAGE 90					
PROGRAM: SI1004		(1) WMS REPORT WINR0107				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****					
SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT								(10)			
(2) AUTH NO	(3) CASE NO	(4) PAYEE NAME	STREET ADDRESS		ZIP	(6) CIN	(7) ISS CODE	(8) PAY AMT	(9) FROM	TO	(10) ROUT CODE
024 (11)									TRANS DATE: 03/28/2007 (12)		
00000810	003949336G	BXXXXXX DXXXX	P O BOX 999999 ATLANTA	GA	31146		08	450.00	/ /	/ /	
00000818	005480016E	HXXXXXX NXXXX	9999 EASTERN PKY BROOKLYN	NY	11233	2	60	514.00	/ /	/ /	
00000828	006084080I	EXTRA SPACE STO./GXXXXXX B	999 BRUCKNER BLVD BRONX	NY	10454		21	145.00	03/01/2007	03/31/2007	
TOTAL ACCEPTED TRANSACTIONS = 00022 (13)						(14)	8,991.45				

WINR0107 Report Sample – Detail Page

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
 TRANSACTIONS DETAIL REPORT**

REPORT DATE 03/29/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION:										PAGE 583	
PROGRAM: SI1004	WELFARE MANAGEMENT SYSTEM											
	WMS REPORT WINR0107										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****	
SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT												
AUTH NO	CASE NO	PAYEE NAME	CITY	STREET ADDRESS	STATE	ZIP	CIN	ISS CODE	PAY AMT	FROM	TO	ROUT CODE
099												TRANS DATE:03/29/2007
TOTAL SPECIAL ROLL ACCEPTED TRANSACTIONS		04753	15					16	596,523.19			
END REPORT												

WINR0107 Report Sample – Total Page

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
TRANSACTIONS DETAIL REPORT**

WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

REPORT TITLE Special Roll Public Assistance Single Issuance Accepted Transactions Detail Report		REPORT NUMBER WINR0107	FILE NAME PSI040107*** (***) = Originating Ctr PSI040PRP107 (citywide) PSI040PRL107 (PLH only)
PURPOSE – NOTES This report provides data on all successfully processed Public Assistance single issue transactions with Pick Up Code “1” (special roll). This report was developed to prevent the fraudulent issuance of benefits and ensure the accuracy of the composite roll. At the end of the report, the total number of Special Roll accepted transactions and total dollar amount for all PA Centers is printed. This report is produced both as a center-specific report and as a citywide report.			
SOURCE SI1004; RunID = PSI040	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON HRA OFM Office of Revenue & Development via DEPCON (citywide and PLH) HRA MIS Management via DEPCON (citywide and PLH)	
SEQUENCE Center/Authorization Number		BREAKS Center (citywide version)	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Auth No		Authorization Number	
3. Case No		Case Number	
4. Payee Name		-	
5. Street Address		Includes Street Address, City, State, and Zip Code	
6. CIN		Client Identification Number – uniquely identifies a client known to WMS	
7. ISS Code		Issuance Code – type of Public Assistance single issue payment	
8. Pay Amt		-	
9. From/To		Period of time covered by the payment. The From and To dates will be the same for one-time-only payments.	
10. Rout Code		Four character code that indicates how benefits are to be routed (sent) to client	
11. Center No		Center Number	
12. Trans Date		Transaction Date	
13. Total Accepted Transactions		Calculated for each center	
14. Total Amount		Total dollar amount calculated for each center	
15. Total Special Roll Accepted Transactions (number)		Calculated total for all centers city-wide	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0107 - SPECIAL ROLL PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
TRANSACTIONS DETAIL REPORT**

16. Total Special Roll Accepted Transactions (dollar amount)	Total dollar amount of successfully processed Public Assistance single issue special roll transactions
--	--

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
 TRANSACTIONS DETAIL REPORT**

WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

REPORT DATE 03/28/2007
 PROGRAM: SI1004

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION:
 WELFARE MANAGEMENT SYSTEM
 WMS REPORT WINR0108

PAGE 9

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION*
 * FOR INTERNAL USE ONLY *

EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

2 AUTH NO	3 CASE NO	4 PAYEE NAME	5 MANUAL CHECK	6 D AND C DATE	7 ISS CODE	8 PAY AMT	9 FROM	11 TO
019								TRANS DATE: 03/28/2007
00012438	005877665J	RXXXX, RXXXXX	19059543	03/28/2007	08	165.00	/ /	/ /
00012439	007837730G	TXXXXX KXXXX	19059544	03/28/2007	03	32.00	03/16/2007	03/31/2007
TOTAL ACCEPTED TRANSACTIONS = 00002						13 197.00		

WINR0108 Report Sample - Detail

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
 TRANSACTIONS DETAIL REPORT**

REPORT DATE 03/28/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION: WELFARE MANAGEMENT SYSTEM				PAGE 164				
PROGRAM: SI1004	WMS REPORT WINR0108				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****				
EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT									
AUTH NO	CASE NO	PAYEE NAME	MANUAL CHECK	D AND C DATE	ISS CODE	PAY AMT	FROM	TO	TRANS DATE: 03/28/2007
TOTAL EMERGENCY PA ACCEPTED TRANSACTIONS 01276			14		15	745,276.28			
END REPORT									

WINR0108 Report Sample – Total Page

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
TRANSACTIONS DETAIL REPORT

WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

REPORT TITLE Emergency Public Assistance Single Issuance Accepted Transactions Detail Report		REPORT NUMBER WINR0108	FILE NAME PSI040108*** (***) = Originating Ctr PSI040PRP108 (citywide)
PURPOSE – NOTES This report provides data on all successfully processed Public Assistance single issue transactions with Pick Up Code “5” (E-Check Payments) or “7” (Cash Disbursements). It also provides a means to prevent fraudulent issuance of benefits and ensure the accuracy of the composite roll. At the end of the report, the total number of Emergency PA accepted transactions and total dollar amount for all PA Centers is printed. This report is produced both as a center-specific report and as a citywide report.			
SOURCE SI1004; RunID = PSI040	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON HRA FIA Management via DEPCON (citywide) HRA OFM Office of Revenue & Development via DEPCON (citywide) HRA MIS Management via DEPCON (citywide)	
SEQUENCE Center/Authorization Number		BREAKS Center (citywide)	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Auth No		Authorization Number	
3. Case No		Case Number	
4. Payee Name		-	
5. Manual Check		Locally assigned number for a manually issued check or voucher	
6. D and C Date		Date the manual check was issued by the Disbursement and Collection Unit	
7. ISS Code		Issuance Code	
8. Pay Amt		-	
9. From/To		Period of time covered by the payment. The From and To dates will be the same for one-time-only payments.	
10.		Center Number	
11. Trans Date		Date of Public Assistance single issue payment was successfully processed	
12. Total Accepted Transactions		Calculated for each center	
13.		Total dollar amount calculated for each center	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0108 - EMERGENCY PUBLIC ASSISTANCE SINGLE ISSUANCE ACCEPTED
TRANSACTIONS DETAIL REPORT**

14. Total Emergency PA Accepted Transactions	Calculated total for all centers city-wide
15.	Total dollar amount calculated for all centers city-wide

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL
REPORT**

WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

1

REPORT DATE 03/29/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION: WELFARE MANAGEMENT SYSTEM		PAGE 1
PROGRAM: SI1003	WMS REPORT WINR0109		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT			
013	TRANS DATE: 03/29/2007		NFSI
AUTH NO	CASE NO	PAYEE NAME	CITY STATE ZIP CIN ISS CODE ATP AMT FROM TO NFSI CODE
00005124	006359367H	AXXXX TXXXXX	999 ST NICHOLAS AVENUE 32 NEW YORK NY 100320000 14 155.00 03/01/2007 03/31/2007
00015963	004104931D	MXXXX NXXXX	999 10TH AVE 10 NEW YORK NY 100010000 14 143.00 04/01/2007 04/30/2007
00015964	006593200G	OXXXX MXXXX	999 CLINTON ST 10 NEW YORK NY 100020000 14 44.00 04/01/2007 04/30/2007
00015970	003233532F	WXXX SXX	999 MADISON STREET 3D NEW YORK NY 100020000 14 475.00 03/01/2007 03/31/2007
TOTAL ACCEPTED TRANSACTIONS = 00015			3,294.00

WINR0109 Report Sample – Detail

WELFARE MANAGEMENT SYSTEM

NEW YORK CITY REPORTS MANUAL

**WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL
REPORT**



Office of Temporary and Disability Assistance

MARCH 27, 2009

REPORT DATE 03/29/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION: WELFARE MANAGEMENT SYSTEM	PAGE 301
PROGRAM: SI1003	WMS REPORT WINR0109	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****
FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT		
TOTAL SPECIAL ROLL ACCEPTED TRANSACTIONS 01798	15	16 287,270.00
END REPORT		

WINR0109 Report Sample – Total Page

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL
REPORT**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0109 - FOOD STAMPS SINGLE ISSUANCE ACCEPTED TRANSACTIONS DETAIL REPORT

REPORT TITLE Food Stamps Single Issuance Accepted Transactions Detail Report		REPORT NUMBER WINR0109	FILE NAME PSI060PRP109
PURPOSE – NOTES This report provides a daily breakdown of all Food Stamp Single Issuance transactions processed the previous day.			
SOURCE S11003 RunID = PSI060	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA and FS Centers via mailbag	
SEQUENCE Center/Authorization Number		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center No		Center Number	
3. Auth No		Authorization Number	
4. Case No		Case Number	
5. Payee Name		-	
6. Street Address		Case address includes Street Address, City, State, and Zip Code	
7. CIN		Client Identification Number – uniquely identifies a client known to WMS	
8. ISS Code		Issuance Code – type of Food Stamps single issue payment	
9. ATP Amt		Food Stamp single issue payment amount	
10. Trans Date		Transaction Date	
11. From/To		Period of time covered by the payment.	
12. NSFI Code		Four-character code that identifies the location where the Food Stamps single issue benefits will be picked up. (not used)	
13. Total Accepted Transactions		Calculated for each center	
14.		Total dollar amount calculated for each center	
15. Total Special Roll Accepted Transactions		Calculated total for all centers city-wide	
16.		Total dollar amount of successfully processed Food Stamps single issue special roll transactions	

WINR0110 – MANAGEMENT INFORMATION I

1

REPORT DATE 03/27/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1
PROGRAM: RP1008	WELFARE MANAGEMENT SYSTEM										
CYCLE DATE: 2 03/B/07	1 WMS REPORT WINR0110										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED: 3 03/09/07 - 03/23/07	MANAGEMENT INFORMATION I										
OFFENSE TYPE	NEW OFFENSES		OFFENSES ON FILE (NON-FH/AC)			OFFENSES ON FH/AC		OFFENSES PURGED			
4	5	6	7	8	9	10	11	12	13	14	
	NUMBER	OFFENSE-AMTS	NUMBER	OFFENSE-AMTS	OUTSTANDING	NUMBER	OFFENSE-AMTS	NUMBER	OFF-AMTS	UNRECOVERED	
DUPLICATE CHECK FRAUD	0	0.00	1,864	258,994.92	219,341.73	0	0.00	0	0.00	0.00	
RENT ADVANCE	194	294,356.87	119,916	130,255,639.96	94,550,970.60	719	896,447.37	129	115,389.21	4,747.83	
SHELTER EXCESS/ARREARS	562	1,217,419.72	20,733	40,531,866.10	38,919,258.89	94	184,805.99	45	36,366.39	17,539.75	
UTILITY ADVANCE	5,899	1,068,113.58	649,718	163,031,303.71	147,423,248.78	5,056	1,223,311.59	2,494	527,608.21	10,798.68	
AGENCY ERROR	3,526	348,814.27	884,921	160,784,439.25	138,600,227.55	5,323	1,426,356.72	1,420	118,418.98	9,995.06	
1.EMPLOY GRANTEE/SP	33	50,355.76	34,045	45,550,377.12	37,342,208.13	515	639,582.34	20	11,161.36	5,263.95	
2.EMPLOY NONGRAN/SP	2	409.00	497	635,400.05	491,340.87	12	13,868.41	0	0.00	0.00	
3.UIB	0	0.00	920	1,134,416.43	795,048.42	1	4,945.25	1	4,060.00	0.00	
4.OASDI GRANTEE/SP	0	0.00	439	879,076.11	754,089.61	7	39,259.00	0	0.00	0.00	
5.OASDI NONGRAN/SP	0	0.00	291	629,966.98	512,170.87	5	14,449.50	0	0.00	0.00	
6.SSI GRANTEE/SP	3	3,629.45	3,092	1,975,645.69	1,730,078.07	20	18,397.45	2	958.50	0.00	
7.SSI NONGRAN/SP	0	0.00	125	133,708.55	100,821.92	3	4,304.00	0	0.00	0.00	
8.NYS DISABILITY	0	0.00	126	189,774.08	159,718.15	1	968.00	0	0.00	0.00	
9.WORKMANS COMP	0	0.00	104	206,472.01	166,024.96	1	625.90	0	0.00	0.00	
10.MEDICAL DISAB.	0	0.00	67	73,907.20	57,421.81	0	0.00	0	0.00	0.00	
11.PENSION BEN.	0	0.00	70	108,584.86	88,333.53	0	0.00	0	0.00	0.00	
12.UNION BEN.	0	0.00	17	21,898.17	17,364.84	0	0.00	0	0.00	0.00	
13.MILITARY SERV BEN.	0	0.00	50	69,332.94	53,040.30	0	0.00	0	0.00	0.00	
14.INCOME TAX REFUND	0	0.00	20	9,871.65	6,127.45	0	0.00	0	0.00	0.00	
15.EDUCATION STIPEND	0	0.00	596	20,577.00	19,965.15	15	497.00	0	0.00	0.00	
<< report edited for formatting >>											
TOTAL 15	10,867	3,807,402.85	120,361	225,939,018.57	22,573,744.31	8,511	16,120,512.67	4,571	1,260,905.39	276,001.85	

WINR0110 Report Sample

WINR0110 – MANAGEMENT INFORMATION I

REPORT TITLE MANAGEMENT INFORMATION I (PA Recoupment)		REPORT NUMBER WINR0110	FILE NAME PRP530PMGMT1
PURPOSE – NOTES This report provides management with detailed statistical data about Public Assistance Recoupments for the specified period of this report. The data includes new PA recoupment offenses, offenses in Fair Hearing Aid Continuing status, Non-Fair Hearing Aid Continuing status and recoupment offenses that have been purged.			
SOURCE RunID = PRP530	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA ORI/EVR via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Semi-monthly (cyclic)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Cycle Date		Month/Cycle/Year (Cycle = A or B)	
3. Period Covered By This Report		Period of time covered by cycle.	
4. Offense Type		Describes the type of PA recoupment offense	
New Offenses:		New PA recoupment offenses started within this report period	
5. Number		Number of offenses	
6. Offense-Amts		Dollar amount	
Offenses on File (Non-FH/AC):		Offenses excluding Fair Hearing and Active (continuing) status	
7. Number		Number of offenses	
8. Offense-Amts		Dollar amount	
9. Outstanding			
Offenses on FH/AC:		Offenses in Fair Hearing and Active (continuing) status	
10. Number		Number of offenses	
11. Offense-Amts		Dollar amount	
Offenses Purged:		Recoupment offenses removed from the data base	
12. Number		Count	

13. Off-Amts	Dollar amount
14. Unrecovered	Offense dollar amounts not recovered
15. Total	Grand totals for all offenses and dollar amounts

WINR0111 – MANAGEMENT INFORMATION II

REPORT DATE 03/27/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1	
PROGRAM: RP1008		WELFARE MANAGEMENT SYSTEM						
CYCLE DATE: 03/B/07		WMS REPORT WINR0111					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED: 03/09/07 - 03/23/07		MANAGEMENT INFORMATION II						
OFFENSE TYPE	RECOUPMENT REALIZED THIS CYCLE			NEGATIVE BALANCE THIS CYCLE			OFFENSES	
	FEDERAL-CATGY	NON-FED-CATGY	TOTAL	FEDERAL-CATGY	NON-FED-CATGY	TOTAL		
DUPLICATE CHECK FRAUD	0.00	0.00	0.00	0.00	0.00	0.00	0	
RENT ADVANCE	58,643.58	74,777.21	133,420.79	43,918.68	50,162.50	94,081.18	6,090	
SHELTER EXCESS/ARREARS	36,124.71	34,253.59	70,378.30	5,738.09	7,022.00	12,760.09	2,963	
UTILITY ADVANCE	234,362.97	326,666.19	561,029.16	44,992.19	73,671.37	118,663.56	24,887	
SUB TOTAL-I	329,131.26	435,696.99	764,828.25	94,648.96	130,855.87	225,504.83	33,940	
AGENCY ERROR	46,236.29	78,752.41	124,988.70	45,683.87	97,610.13	143,294.00	10,302	
1.EMPLOY GRANTEE/SP	5,260.80	9,078.28	14,339.08	8,841.71	16,002.25	24,843.96	774	
2.EMPLOY NONGRAN/SP	226.30	135.46	361.76	136.75	193.45	330.20	20	
3.UIB	89.70	271.05	360.75	280.85	0.00	280.85	18	
4.OASDI GRANTEE/SP	108.04	81.92	189.96	0.00	18.95	18.95	8	
5.OASDI NONGRAN/SP	78.50	99.27	177.77	47.35	1,270.30	1,317.65	12	
6.SSI GRANTEE/SP	33.65	864.70	898.35	11.25	1,743.98	1,755.23	40	
7.SSI NONGRAN/SP	41.95	0.00	41.95	25.05	33.70	58.75	5	
8.NYS DISABILITY	0.00	45.15	45.15	43.00	0.00	43.00	3	
9.WORKMANS COMP	0.00	82.65	82.65	0.00	0.00	0.00	1	
10.MEDICAL DISAB.	0.00	0.00	0.00	0.00	0.00	0.00	0	
11.PENSION BEN.	0.00	0.00	0.00	0.00	0.00	0.00	0	
12.UNION BEN.	0.00	0.00	0.00	0.00	0.00	0.00	0	
<< report edited for formatting >>								
CONTESTED REDUCTIONS	4,657.66	14,563.63	19,221.29	6,687.60	32,959.80	39,647.40	1,500	
SUB TOTAL-II	155,124.12	266,987.56	422,111.68	272,819.53	515,142.61	787,962.14	25,579	
TOTAL	484,255.38	702,684.55	1,186,939.93	367,468.49	645,998.48	1,013,466.97	59,519	

WINR0111 Report Sample

WINR0111 – MANAGEMENT INFORMATION II

REPORT TITLE MANAGEMENT INFORMATION II (PA Recoupment)		REPORT NUMBER WINR0111	FILE NAME PRP530PMGMT2
PURPOSE – NOTES This report provides detailed statistical data on PA recoupment offenses which have been satisfied and PA recoupments for which an excess amount of money has been recovered. The totals are provided for all recoupment offense types in both federal and non-federal categories.			
SOURCE RunID = PRP530	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA ORI/EVR via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Semi-monthly (cyclic)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Cycle Date		Month/Cycle/Year (Cycle = A or B)	
3. Period Covered By This Report		Period of time covered by cycle.	
4. Offense Type		Describes the type of PA recoupment offense	
Recoupment Realized this Cycle:		PA recoupments that have been satisfied	
5. Federal-Catgy		Total amount of federal category recoupments	
6. Non-Fed-Catgy		Total amount of non-federal category recoupments	
7. Total		Total for both categories combined	
Negative Balance this Cycle:		Excess money recovered from PA recoupments	
8. Federal-Catgy		Total amount over collected for federal category recoupments	
9. Non-Fed-Catgy		Total amount over collected for non-federal category recoupments	
10. Total		Total for both categories combined	
11. Offenses		Total number of each PA recoupment offense type for this reporting period	
12. Sub Total-I		Combined totals of Duplicate Check Fraud, Rent Advance, Shelter Excess/Arrears and Utility Advance recoupments.	
13. Contested Reductions			
14. Sub Total-II		Combined totals of Agency Error, Concealment Fraud, and Contested Reduction recoupments and negative balances	
15. Total		Grand totals for all categories (Combined total of (sub Total-I and Sub Total-II)	

WINR0115 - CYCLIC RECOUPMENT STATUS - NUMBER CHANGE

REPORT DATE 04/10/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1								
PROGRAM: RP1005	WELFARE MANAGEMENT SYSTEM										
	1	WMS REPORT WINR0115		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****							
PERIOD COVERED: 03/24/07 - 04/06/07	CYCLIC RECOUPMENT STATUS - NUMBER CHANGE										
2 4	7	8	9	10							
3	5	6	11	12							
CASE NUMBER	SUF	CASE NAME/ADDRESS	OFFENSE DATE	TYPE	NOTICE DATE	INTENT/CHANGE	OFFENSE AMT	OUTST AMT	REPLACE-NO. DATE	RECUP ID #	CLOSDATE
CIN	IMC									NEW CASE #	SUFFIX
001329476E 111111111	01 999	CXXXX IXXX AXXXXXXXXX AVE.	10/19/06	E88	11/26/06		27.17	27.17		01548318M	08/24/06
	013	NYC NY 10025	35		00/00/00	M-3E SIGNED				00/00/00	
001593419D 222222222	02 999	HXXXXXX YXXX CXXXXX ST.	05/31/06	E88	07/08/06		76.32	59.60		01763781Q	07/26/06
	013	NY NY 10002	10A		07/29/06	M-3E SIGNED				00/00/00	
001619662I 333333333	01 999	CXXXXX MXXXXX 9TH AVE.	02/19/06	E88	05/13/06		3.90	3.90		02753973T	09/29/06
	013	NEW YORK NY 10001			00/00/00	M-3E SIGNED				00/00/00	
END OF REPORT											

WINR0115 Report Sample

WINR0115 - CYCLIC RECOUPMENT STATUS - NUMBER CHANGE

REPORT TITLE Cyclic Recoupment Status – Number Change		REPORT NUMBER WINR0115	FILE NAME PRP500PTRANS
PURPOSE – NOTES This report provides HRA MIS Management with the suffix level PA recoupment (RTI number) which has been transferred from one case to another.			
SOURCE RP1005 RunID = PRP500	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON (citywide)	
SEQUENCE Center/Case Number/Client Identification Number (CIN)		BREAKS Center (citywide)	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Number that identifies the case with an outstanding recoupment.	
3. CIN		Client Identification Number which uniquely identifies a client known to WMS.	
4. SUF		The suffix against which there is an outstanding recoupment.	
5. IMC		Number of the center responsible for maintaining the case.	
6. Case Name/Address		Name and address of the payee on the case.	
7. Offense Date		Date a particular recoupment offense was committed.	
8. Type		Code which indicates the reason for a recoupment.	
9. Notice Date Intent/Change		Date the Letter of Intent was issued and the date the Change in Grant Letter was issued.	
10. Offense Amt		Total amount to be recouped.	
11. OUTST AMT		Remaining balance of a recoupment that is due to be collected and has been transferred to the new case.	
12. Replace-No. Date		Responsible center's assigned check or voucher number for a manual check.	
13. Recup ID #		Number that identifies a specific recoupment. It is an eight-digit system-generated number with a check digit which is a character in the last position.	
14. CLOSDATE		Date the case was closed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINRC115 – CYCLIC RECOUPMENT STATUS – NUMBER CHANGE**

WINRC115 – CYCLIC RECOUPMENT STATUS – NUMBER CHANGE

1

REPORT DATE 03/27/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1						
PROGRAM: RP1005		1 WELFARE MANAGEMENT SYSTEM		*****						
PERIOD COVERED: 03/09/07 - 03/23/07		WMS REPORT WINRC115		* THIS REPORT CONTAINS *						
		CYCLIC RECOUPMENT STATUS - NUMBER CHANGE		* CONFIDENTIAL INFORMATION*						
				* FOR INTERNAL USE ONLY *						

2	4	6	7	8	9	10	11	12	13	14
CASE NUMBER	SUF	CASE NAME/ADDRESS	OFFENSE	TYPE	NOTICE DATE	OFFENSE	OUTST	REPLACE-NO.	RECOUPMENT	CODE 960
CIN	IMC		DATE		INTENT/CHANGE	AMT	AMT	DATE	ID NO.	CLOSDATE
000189333I	02	MXXXXXXX KARINA 999 ARMSTRONG AVE 099 STATEN ISLAND NY 10308	06/09/95	E88	07/19/95 00/00/00 M-3E SIGNED	57.63	57.63		02113433K	06/09/95
			2NDFL						00/00/00	
000195872H	01	BXXXX MICHAEL 99 BARKER ST. 099 STATEN ISLAND NY 10310	03/24/95	E88	05/01/95 00/00/00 M-3E SIGNED	113.47	113.47		02030496E	03/24/95
			2						00/00/00	
<< report edited for formatting >>										
007900257C	02	LXXXXXXX GERTRUDE 99 BOYD ST 099 STATEN ISLAND NY 10304	05/17/93	U	02/16/94 03/10/94 M-3E SIGNED	422.33	329.18		01628467H	07/06/94
									00/00/00	
007900257C	02	LXXXXXXX GERTRUDE 99 BOYD ST 099 STATEN ISLAND NY 10304	05/11/93	R	11/04/93 12/13/93 M-3E SIGNED	1656.00	1656.00		01524892K	07/06/94
									00/00/00	
END OF REPORT										

WINC115 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

WINRC115 – CYCLIC RECOUPMENT STATUS – NUMBER CHANGE

REPORT TITLE Cyclic Recoupment Status – Number Change		REPORT NUMBER WINRC115	FILE NAME PRP500PTR*** (*** = PA Center Code)
PURPOSE – NOTES This is the center-specific version of WINR0115. This report provides the center with the suffix level PA recoupment (RTI number) which has been transferred from one case to another.			
SOURCE RunID = PRP500	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Semi-Monthly (cyclic)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings			
2. Case Number		Number that identifies the case with an outstanding recoupment.	
3. CIN		Client Identification Number which uniquely identifies a client known to WMS.	
4. SUF		The suffix against which there is an outstanding recoupment.	
5. IMC		Number of the center responsible for maintaining the case.	
6. Case Name / Address		Name and address of the payee on the case.	
7. Offense Date		Date a particular recoupment offense was committed.	
8. Type		Code which indicates the reason for the recoupment.	
9. Notice Date Intent / Change		Date the Letter of Intent was issued and the date the Change in Grant Letter was issued.	
10. Offense Amt		Total amount to be recouped.	
11. OUTST AMT		Remaining balance of a recoupment that is due to be collected and has been transferred to the new case.	
12. Replace-No. Date		Responsible center's assigned check or voucher number for a manual check.	
13. Recup ID #		Number that identifies a specific recoupment. It is an eight-digit system-generated number with a check digit which is a character in the last position.	
14. CLOSDATE		Date the case was closed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

WINR0116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

1

REPORT DATE 04/10/07
PROGRAM: RP1005

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
WELFARE MANAGEMENT SYSTEM
WMS REPORT WINR0116

PAGE 1

PERIOD COVERED: 03/24/07 - 04/06/07 RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

IM CENTER: 013

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

CASE NUMBER	SUF	CASE NAME/ADDRESS	OFFENSE DATE	TYPE	RECOUP ID NO.	NOTICE DATES INTENT/CHANGE	OFFENSE AMT	DATE PLACED IN AID CONT	REPLACEMENT CHECK NO. DATE
000006916B	01	SXXXX JOANNE 1 MXXXX CXXXX BROOKLYN NY 11229	02/27/96	E88	02374586H	04/01/96 05/25/96	164.27	06/13/96	00/00/00
000013403B	01	GXXXX BERDINA 165 XXXX XXXX STREET NEW YORK NY 10024	06/05/98	U	03092087J	06/12/98 00/00/00	11.70	06/24/98	00/00/00
000030029D	02	BXXXXXXXX SANTIAGO 18 JXXXXXXXX SXXXXX NY NY 10002	04/24/98	C01	03052210B	04/28/98 00/00/00	291.00	05/11/98	00/00/00

<< report edited for formatting >>

SUMMARY:

NUMBER OF CASES: 423
NUMBER OF OFFENSES: 479
TOTAL OFFENSE AMOUNTS: \$381944.72

WINR0116 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

WINR0116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

REPORT TITLE Recoupment Offenses on FH/AC Status Longer than Three Months		REPORT NUMBER WINR0116	FILE NAME PRP500PFHATC
PURPOSE – NOTES This report identifies PA recoupments in Fair Hearing Aid Continuing status longer than three months.			
SOURCE RunID = PRP500	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Semi-Monthly (Cyclic)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IM Center		Number of the center responsible for maintaining the case.	
3. Case Number		Number that identifies the case with an outstanding recoupment.	
4. SUF		The suffix against which there is an outstanding recoupment.	
5. Case Name/Address		Name and address of the payee on the case.	
6. Offense Date		Date a particular recoupment offense was discovered.	
7. Type		Code which indicates the reason for a recoupment.	
8. Recoup ID No.		Number that identifies a specific recoupment. It is an eight-digit system-generated number with a check digit which is a character in the last position.	
9. Notice Dates Intent/Change		Date the Letter of Intent was issued. A Change in Grant Notice is only generated when the pull down date for a toe digit is reached.	
10. Offense Amt		Total amount to be recouped.	
11. Date Placed in Aid Cont		Date the PA case was placed in FH/AC status	
12. Replacement Check No./ Date		Locally assigned replacement check or voucher number for a manual check and the date it was issued.	
Summary:			
13. Number of Cases:		Number of PA cases with recoupment offenses in FH/AC status longer than three months.	
14. Number of Offenses:		Number of recoupment offenses in FH/AC status longer than three months.	
15. Total Offense Amounts:		Total dollar amount of outstanding recoupment offenses in FH/AC status longer than three months.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE
 MONTHS**

WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS 1

REPORT DATE 03/27/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1																																																																						
PROGRAM: RP1005	① WMS REPORT WINRC116	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																																																																						
PERIOD COVERED: 03/09/07 - 03/23/07	RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS																																																																							
IM CENTER: 099	②																																																																							
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CASE NUMBER</th> <th style="text-align: left;">SUF</th> <th style="text-align: left;">CASE NAME/ADDRESS</th> <th style="text-align: left;">OFFENSE DATE</th> <th style="text-align: left;">TYPE</th> <th style="text-align: left;">RECOUP ID NO.</th> <th style="text-align: left;">NOTICE DATES INTENT/CHANGE</th> <th style="text-align: left;">OFFENSE AMT</th> <th style="text-align: left;">DATE PLACED IN AID CONT</th> <th style="text-align: left;">REPLACEMENT CHECK NO. DATE</th> </tr> <tr> <th style="text-align: left;">③</th> <th style="text-align: left;">④</th> <th style="text-align: left;">⑤</th> <th style="text-align: left;">⑥</th> <th style="text-align: left;">⑦</th> <th style="text-align: left;">⑧</th> <th style="text-align: left;">⑨</th> <th style="text-align: left;">⑩</th> <th style="text-align: left;">⑪</th> <th style="text-align: left;">⑫</th> </tr> </thead> <tbody> <tr> <td>000005542G</td> <td>01</td> <td>LXXXXX JANET 999 BRABANT STREET STATEN ISLAND NY 10303</td> <td>06/01/98</td> <td>E01</td> <td>03098195W</td> <td>06/17/98 00/00/00</td> <td>180.00</td> <td>06/18/98</td> <td>00/00/00</td> </tr> <tr> <td>000011649B</td> <td>01</td> <td>CXXXXXX SANDRA 99 NORTH OXFORD WALK BKLYN NY 11205</td> <td>07/18/97</td> <td>C17</td> <td>02818706S</td> <td>07/23/97 00/00/00</td> <td>575.00</td> <td>08/04/97</td> <td>00/00/00</td> </tr> <tr> <td colspan="10" style="text-align: center;"><< report edited for formatting >></td> </tr> <tr> <td>009178980A</td> <td>01</td> <td>BXXXXXXX ALLAN 99 SUFFOLK AVENUE STATEN ISLAND NY 10314</td> <td>09/14/05</td> <td>C01</td> <td>04696301E</td> <td>10/03/05 00/00/00</td> <td>1400.00</td> <td>10/11/05</td> <td>00/00/00</td> </tr> <tr> <td>009306348F</td> <td>01</td> <td>MXXXXX JAYE 99 HYLAN BOULEVARD STATEN ISLAND NY 10305</td> <td>01/11/02</td> <td>U</td> <td>04096062V</td> <td>07/30/02 00/00/00</td> <td>293.42</td> <td>08/13/02</td> <td>00/00/00</td> </tr> </tbody> </table>	CASE NUMBER	SUF	CASE NAME/ADDRESS	OFFENSE DATE	TYPE	RECOUP ID NO.	NOTICE DATES INTENT/CHANGE	OFFENSE AMT	DATE PLACED IN AID CONT	REPLACEMENT CHECK NO. DATE	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	000005542G	01	LXXXXX JANET 999 BRABANT STREET STATEN ISLAND NY 10303	06/01/98	E01	03098195W	06/17/98 00/00/00	180.00	06/18/98	00/00/00	000011649B	01	CXXXXXX SANDRA 99 NORTH OXFORD WALK BKLYN NY 11205	07/18/97	C17	02818706S	07/23/97 00/00/00	575.00	08/04/97	00/00/00	<< report edited for formatting >>										009178980A	01	BXXXXXXX ALLAN 99 SUFFOLK AVENUE STATEN ISLAND NY 10314	09/14/05	C01	04696301E	10/03/05 00/00/00	1400.00	10/11/05	00/00/00	009306348F	01	MXXXXX JAYE 99 HYLAN BOULEVARD STATEN ISLAND NY 10305	01/11/02	U	04096062V	07/30/02 00/00/00	293.42	08/13/02	00/00/00		
CASE NUMBER	SUF	CASE NAME/ADDRESS	OFFENSE DATE	TYPE	RECOUP ID NO.	NOTICE DATES INTENT/CHANGE	OFFENSE AMT	DATE PLACED IN AID CONT	REPLACEMENT CHECK NO. DATE																																																															
③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫																																																															
000005542G	01	LXXXXX JANET 999 BRABANT STREET STATEN ISLAND NY 10303	06/01/98	E01	03098195W	06/17/98 00/00/00	180.00	06/18/98	00/00/00																																																															
000011649B	01	CXXXXXX SANDRA 99 NORTH OXFORD WALK BKLYN NY 11205	07/18/97	C17	02818706S	07/23/97 00/00/00	575.00	08/04/97	00/00/00																																																															
<< report edited for formatting >>																																																																								
009178980A	01	BXXXXXXX ALLAN 99 SUFFOLK AVENUE STATEN ISLAND NY 10314	09/14/05	C01	04696301E	10/03/05 00/00/00	1400.00	10/11/05	00/00/00																																																															
009306348F	01	MXXXXX JAYE 99 HYLAN BOULEVARD STATEN ISLAND NY 10305	01/11/02	U	04096062V	07/30/02 00/00/00	293.42	08/13/02	00/00/00																																																															
SUMMARY:																																																																								
NUMBER OF CASES: ⑬ 349																																																																								
NUMBER OF OFFENSES: ⑭ 405																																																																								
TOTAL OFFENSE AMOUNTS: \$287463.15 ⑮																																																																								
END OF REPORT																																																																								

WINRC116 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE MONTHS

REPORT TITLE Recoupment Offenses on FH/AC Status Longer than Three Months		REPORT NUMBER WINRC116	FILE NAME PRP500PFH*** (*** = PA Center)
PURPOSE – NOTES This is the center-specific version of WINR0116. This report identifies PA recoupments in Fair Hearing Aid Continuing status longer than three months.			
SOURCE RP1005 RunID = PRP500	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Semi-Monthly (cyclic)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings			
2. IM Center		Number of the center responsible for maintaining the case.	
3. Case Number		Number that identifies the case with an outstanding recoupment.	
4. SUF		The suffix against which there is an outstanding recoupment.	
5. Case Name / Address		Name and address of the payee on the case.	
6. Offense Date		Date a particular recoupment offense was committed or began.	
7. Type		Code which indicates the reason for a recoupment.	
8. Recoup ID No.		Number that identifies a specific recoupment. It is an eight-digit system-generated number with a check digit which is a character in the last position.	
9. Notice Dates Intent/Change		Date the Letter of Intent was issued. A change in Grant Notice is only generated when the pull down date for a toe digit is reached.	
10. Offense Amt		Total amount overpaid and to be recouped.	
11. Date Place in Aid Cont		Date the PA case was placed in FH/AD status.	
12. Replacement Check No. / Date		Locally assigned replacement check or voucher number for a manual check and the date it was issued.	
Summary:			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINRC116 – RECOUPMENT OFFENSES ON FH/AC STATUS LONGER THAN THREE
MONTHS**

13. Number of Cases:	Number of cases for the center with recoupment offenses in FH/AC status longer than three months.
14. Number of Offenses:	Number of recoupment offenses in FH/AC status longer than three months.
15. Total Offense Amounts:	Total dollar amount of outstanding recoupment offenses in FH/AC status longer than three months.

WINR0119 – NEGATIVE BALANCE ON RECOUPMENTS

1

REPORT DATE 03/27/2007		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1				
PROGRAM: RP1006		WELFARE MANAGEMENT SYSTEM				*****				
		1				* THIS REPORT CONTAINS *				
		WMS REPORT WINR0119				* CONFIDENTIAL INFORMATION*				
PERIOD COVERED: 03/09/2007 - 03/23/2007		NEGATIVE BALANCE ON RECOUPMENTS				* FOR INTERNAL				

2	3	4	7	8	9	10	11	12	13	14
CASE NUMBER	SUF	CASE NAME	OFFENSE DATE	TYPE	LAST DATE	ACTION TYPE	RECOUPMENT ID NO.	NEG-BALANCE	REPLACE-CHECK NUMBER	CASELO
5	IMC	6	05/22/1998	C01	03162007	FH-AID	03077803R	62.93		00914
000877161A	01	MXXXXX MICHAEL								
	013									
001505808E	01	MXXXXXX PATRICIA	02/12/2007	E35	03232007	FH-AID	05032373B	9.43		00202
	013									
003674867B	01	GXXXXX VICTOR	01/05/2004	E88	03232007	DELETE	04402595M	6.85		00045
	013									
003914112C	01	SXXXXXXXX DEETA	10/19/1994	E88	03122007	FH-AID	01887147N	10.05		00201
	013									
006706516J	01	MXXXXXX SEAN	02/18/2003	E88	03152007	DELETE	04243743C	20.10		00204
	013									
SUMMARY:										
NUMBER OF CASES:	15	5								
NUMBER OF OFFENSES:	16	5								
TOTAL NEGATIVE BALANCE:	17	\$ 109.36								

WINR0119 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0119 – NEGATIVE BALANCE ON RECOUPMENTS**

WINR0119 – NEGATIVE BALANCE ON RECOUPMENTS

REPORT TITLE Negative Balance on Recoupments		REPORT NUMBER WINR0119	FILE NAME PRP510PREFND
PURPOSE – NOTES This report lists the cases with PA recoupments for which an excess amount of money has been recovered. It provides a summary of the total number of cases, total number of offenses, and total negative balance.			
SOURCE RP1006 RunID = PRP510	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via mailbag	
SEQUENCE PA Center Code/Case Number		BREAKS PA Center Code	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Number that identifies the case with an outstanding recoupment.	
3. SUF		The suffix against which there is an outstanding recoupment.	
4. Case Name		Name of the payee on the case.	
5. IMC		Number of the center responsible for maintaining the case.	
6. CIN		Client Identification Number	
7. Offense Date		Date a particular recoupment offense was committed.	
8. Type		Code which indicates the reason for a recoupment.	
9. Last Action Date			
10. Last Action Type			
11. Recoupment ID No.		Unique system-generated number that identifies a recoupment.	
12. Neg-Balance		The excess amount that was recovered.	
13. Replace-Check Number			
14. Caselo		The unit/worker assigned to maintain the case.	
Summary:			
15. Number of Cases:		Total number of cases for the center with excess recoupments.	
16. Number of Offenses:		Total number of recoupment offenses with excess recoupments.	
17. Total Negative Balance:		Total dollar amount of excess monies recovered from the center's cases.	

WINR0125 - ERROR REPORT

REPORT DATE 07/10/07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1

ERROR REPORT

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

CENTERS: ORIG: 032 ENT: 032
 BATCH # E0041 OPER: JOB TYPE: ELIGIBILITY
 UNIT/WORKER: XXXXX
 CASE # 00007453574B CASE NAME SXXXXXXXX MIGDALIA RESP CENTER 032

TX	POSTING	PROCESS	POSTING	PROCESS	AUTH	ITEM	E R R O R	MESSAGE
STATUS	DATE	DATE	DATE	DATE	NO.	NUMBER	OCC # NUMBER	
02	07-10-07	07-10-07			99968502	375	01 E1036	INVALID EMPLOY CODE
TOTAL CASES WITH ERRORS:								1

REPORT CONTINUED

WINR0125 Report Sample

WINR0125 - ERROR REPORT

REPORT TITLE Error Report		REPORT NUMBER WINR0125	FILE NAME PDR810PER*** (*** = Center Code)
PURPOSE – NOTES This daily report is printed for each data entry transaction that is in error status as a result of Host processing. For each transaction in error, a listing is produced for the responsible center, the originating center and the entering center.			
SOURCE DR1081 RunID = PDR810	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Center Number/Batch Number/Case Number		BREAKS Batch	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Orig		Originating ID – Local office that initiated and authorized the specified action(s).	
3. Ent		Entry Site – Center where the errored transaction was data entered.	
4. Batch #		A manually assigned number given to a group of transactions for identification and tracking purposes.	
5. Oper		Operator ID – Alphanumeric code that uniquely identifies the data entry operator who entered the transaction.	
6. Job Type		Identifies the type of transactions in the batch.	
7. Unit/Worker		Alphanumeric code identifying the worker responsible for the case.	
8. Case #		Indicates the number that uniquely identifies each case in the batch.	
9. Case Name		Payee name	
10. Resp Center		Responsible Center – Center that is responsible for maintaining the case.	
Initial Transaction:			
11. TX Status		Transaction Status – Code indicating the processing status of the initial transaction.	
12. Posting Date		Indicates the date when the transaction was transmitted and posted on the data	

	base.
13. Process Date	Indicates the date when the transaction was processed at the Host.
Latest Error Correction:	
14. Posting Date	Date when the most recent error correction transaction was transmitted and posted.
15. Process Date	Date when the most recent error correction transaction was processed at the Host.
16. Auth No.	The manually assigned authorization number associated with each transaction in the batch.
17. Item Number	Identifies the field on the input document that is in error.
Error:	
18. Occ #	Occurrence Number: Refers to the type of error processed. If the field is: <ul style="list-style-type: none"> • Blank – a case related error has been processed. • “0” – (zero) a system related error has been processed. • A number – a line or suffix related error has been processed.
19. Number	The number that identifies the specific error encountered.
20. Message	Message describing the error encountered.
21. Total Cases with Errors	The count of the total number of transactions in error in the batch.

WINR0126 - DAILY DISPOSITION REPORT

REPORT DATE 07/03/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 4
DAILY DISPOSITION REPORT							*****
WMS REPORT WINR0126							* THIS REPORT CONTAINS *
CENTERS: ORIG: 047 ENT: 047							* CONFIDENTIAL INFORMATION *
BATCH # *0412	OPER XXXXX	JOB TYPE SINGLE ISSUE - FS	KEY ENTRY DATE 07/03/07				* FOR INTERNAL USE ONLY *
UNIT/WORKER 00035							*****
9 CASE NAME	10 CASE NO.	12 REGISTRY NO.	13 AUTH NO.	14 RESP-CENTER	15 DATE PROCESSED	16 STATUS	17 RTI
	00007382505B		99969856	047	07/03/07	PROCESSED	
	00007381715H		99969812	047	07/03/07	PROCESSED	
	00007256671E		99969833	080	07/03/07	PROCESSED	
TOTAL TRANSACTIONS PROCESSED FOR THIS BATCH:			3				
REPORT CONTINUED							

WINR0126 Report Sample

WINR0126 - DAILY DISPOSITION REPORT

REPORT TITLE Daily Disposition Report		REPORT NUMBER WINR0126	FILE NAME PDR790PDI*** (*** = Center Code)
PURPOSE – NOTES The daily report is printed for each data entry transaction. It provides the status of the transaction after it has been processed at the Host. For each transaction processed, a listing is produced for the responsible center, the originating center and the entering center.			
SOURCE DR1079 RunID = PDR790	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Center Number/Batch Number/Major-Minor Transaction Type/Unit-Worker/Case Number/Authorization Number		BREAKS Batch	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Orig		Originating ID – Local office that initiated and authorized the specified action(s).	
3. Ent		Entry Site – Center where the errored transaction was data entered.	
4. Batch #		A manually assigned number given to a group of transactions for identification and tracking purposes.	
5. Oper		Operator ID – Alphanumeric code that uniquely identifies the data entry operator who entered the transaction.	
6. Job Type		Identifies the type of transactions in the batch.	
7. Key Entry Date		Indicates the date when the batch was data entered.	
8. Unit/Worker		Alphanumeric code identifying the worker responsible for the case.	
9. Case Name		Payee Name.	
10. Case #		Indicates the number that uniquely identifies each case in the batch.	
11. Registry No.		The number assigned to each new application registered on WMS.	
12. Auth No.		The manually assigned authorization number associated with each transaction	

	in the batch.
13. Resp Center	Responsible Center – Center that is responsible for maintaining the case.
14. Date Processed	Indicates the date when the transaction was processed at the Host.
15. Status	The status of each transaction in the batch after Host processing.
16. RTI	The recoupment identification number printed if the job type is PA or FS Recoupment.
17. Total Transactions Processed for this Batch	The total number of transactions processed for the batch.

**WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER
BY APPLICATION DATE - APP/REG REPORT I**

REPORT DATE 04/27/07 ① NYS HUMAN SERVICES APPLICATION SERVICE CENTER PAGE 1

WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE

APP/REG REPORT I

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

② DISTRIBUTION : CENTER F14 APPLICATION SECTION

WORKER ID: DR WMS REPORT WINR0135

③ PART I - OVERDUE APPLICATIONS (OVER 30 DAYS SINCE APPLICATION DATE)
***** NO APPLICATIONS FOR THIS CATEGORY *****

④ PART II- APPLICATIONS TO BE PROCESSED BY NEXT WEEK (21 - 30 DAYS SINCE APPLICATION DATE)
***** NO APPLICATIONS FOR THIS CATEGORY *****

⑤ PART III- APPLICATIONS MORE THAN TWO WEEKS OLD (15 - 20 DAYS SINCE APPLICATION DATE)
***** NO APPLICATIONS FOR THIS CATEGORY *****

⑥ PART IV - ALL OTHER APPLICATIONS (0 - 14 DAYS)

⑦	APPL. DATE	⑧	APP REG DATE	CASE NAME	⑨	REG. #	SUFF	# DAYS OUTSTANDING		
⑦	04/27/07	⑧	04/27/07	NXXXXX CXXXXX	⑨	⑩	00010549277B	⑪	0001	⑫

⑬ PART V - CASES ACCEPTED IN SI STATUS REMAINING IN APPLICATION SECTION
***** NO APPLICATIONS FOR THIS CATEGORY *****

⑭ PART VI - APPLICATIONS PURGED FROM DATABASE (OVER 90 DAYS OLD)
***** NO APPLICATIONS FOR THIS CATEGORY *****

REPORT END

WINR0135 Report Sample

REPORT DATE 04/27/07

NYS HUMAN SERVICES APPLICATION SERVICE CENTER

PAGE 1

WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO
APPLICATION WORKER BY APPLICATION DATE

APP/REG REPORT I

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

15

DISTRIBUTION : CENTER F14 APPLICATION SECTION

CENTER : F14

WMS REPORT WINR0135

PART I - OVERDUE APPLICATIONS (OVER 30 DAYS SINCE APPLICATION DATE)

16 TOTAL FOR THIS CATEGORY: 18

PART II - APPLICATIONS TO BE PROCESSED BY NEXT WEEK (21-30 DAYS SINCE APPLICATION DATE)

17 TOTAL FOR THIS CATEGORY: 105

PART III - APPLICATIONS MORE THAN TWO WEEKS OLD (15-20 DAYS SINCE APPLICATION DATE)

18 TOTAL FOR THIS CATEGORY: 112

PART IV - ALL OTHER APPLICATIONS (0-14 DAYS)

19 TOTAL FOR THIS CATEGORY: 221

PART V - CASES ACCEPTED IN SI STATUS REMAINING IN APPLICATION SECTION)

PREDETERMINATION SI CASES

30 DAYS OR LESS 0

OVER 30 DAYS 0

SUBTOTAL: 0

20

OTHER SI CASES

30 DAYS OR LESS 0

OVER 30 DAYS 0

SUBTOTAL: 0

TOTAL FOR THIS CATEGORY: 0

PART VI - APPLICATIONS PURGED FROM DATABASE (OVER 90 DAYS OLD)

21 TOTAL FOR THIS CATEGORY: 0

REPORT END

WINR0135 Report Sample

WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE - APP/REG REPORT I

REPORT TITLE WMS Application Register - Listing Of Applications Assigned To Application Worker By Application Date - App/Reg Report I		REPORT NUMBER WINR0135	FILE NAME PDR250PRP*** Note: *** = PA & FS Center Codes
PURPOSE – NOTES This report provides each PA/FS applications worker with a breakdown of all applications awaiting determination and those in single issue status by application date. The report is divided into six categories based on application age and status as follows: Part I – Overdue Applications (Over 30 days since Application Date) Part II – Applications to be Processed by Next Week (21-30 days since Application Date) Part III – Applications more than two weeks old (15-20 days since Application Date) Part IV – All Other Applications (0-14 days) Part V – Cases Accepted in SI Status Remaining in Application Section A – Predetermination SI Cases B – Other SI Cases Part VI – Application Purged from Database (Over 90 days old)			
SOURCE DR1025 RunID = PDR250	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA and FS Centers via DEPCON	
SEQUENCE Center Number/Worker ID Within Aging Categories: Application Date/Case Name/Registry Number Application Registration Date within Registration Date by Worker		BREAKS Worker ID	
FREQUENCY / SCHEDULE Weekly / Run after close of business on Friday by the Daily Reporting System		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Worker ID		Worker Identification Code	
3. Part I – Overdue Applications (Over 30 days since Application Date)		Part I of this report lists applications that are older than 30 days.	
4. Part II – Applications to be Processed by Next Week (21 – 30 days since Application Date)		Part II of this report lists applications that are scheduled to be processed by the following week, because they are between 21 and 30 days old.	
5. Part III – Application s More than Two Weeks Old		Part III of this report lists applications that are between 15 and 20 days old.	
6. Part IV – All Other Applications		Part IV of this report lists applications that are up to14 days old.	

7. Appl. Date	This date is used to calculate the number of days a case remains on the database in AP (applying) status.
8. App Reg Date	The date the application was registered in WMS.
9. Case Name	Payee Name
10. Reg. #	The system-generated number assigned to each new application registered in WMS.
11. Suff	Suffix Number – The number identifying the unit of assistance with which one or more individuals is affiliated.
12. # Days Outstanding	The number of days an application has been on the WMS Database in AP (applying) status with no action taken.
13. Part V – Cases Accepted in SI Status Remaining in Application Section	Part V of this report lists applications that were accepted in single issue status and where an eligibility determination has not been made. This part will be divided into two sections: Predetermination SI Cases (cases accepted with opening code 33 Immediate Needs) and Other SI Cases.
14. Part VI – Applications Purged from Database	Part VI of this report lists applications that were older than 90 days and have been purged from the database.
15. Center	Center Number
The following fields are category totals for each Part for this Center:	
16. (Part I) Total for this Category	
17. (Part II) Total for this Category	
18. (Part III) Total for this Category	
19. (Part IV) Total for this Category	
20. (Part V – subcategory totals)	
Predetermination SI Cases:	
30 Days or Less	
Over 30 Days	
Subtotal	
Other SI Cases:	
30 Days or Less	
Over 30 Days	
Subtotal	
Total for this Category	
21. (Part VI) Total for this Category	

**WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER
BY APPLICATION DATE - APP/REG REPORT I SUMMARY**

REPORT DATE 04/27/07 NYS HUMAN SERVICES APPLICATION SERVICE CENTER PAGE 1

WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE

APP/REG REPORT I SUMMARY
CITYWIDE SUMMARY REPORT / OUTSTANDING APPLICATIONS
WMS REPORT WINR0135

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

CENTER	3	4	5	6	7			8			
	PART I OVERDUE APPLICATIONS (OVER 30 DAYS SINCE APPLICATION DATE)	PART II APPLICATIONS TO BE PROCESSED BY NEXT WEEK (21-30 DAYS SINCE APPLICATION DATE)	PART III APPLICATIONS MORE THAN TWO WEEKS OLD (15-20 DAYS SINCE APPLICATION DATE)	PART IV ALL OTHER APPLICATIONS (0-14 DAYS SINCE APPLICATION DATE)	(A) PREDETERMINATION SI CASES 30 DAYS OR LESS	(B) OVER 30 DAYS	(C) TOTAL	(A) OTHER SI CASES 30 DAYS OR LESS	(B) OVER 30 DAYS	(C) TOTAL	PART VI APPLICATIONS PURGED FROM DATA BASE
009	1	0	0	0	0	0	0	0	0	0	0
013	34	14	52	307	0	1	1	47	29	76	1
017	0	1	1	1	0	1	1	1	30	31	0
018	9	5	18	48	0	1	1	8	68	76	0
019	10	2	3	13	0	4	4	1	19	20	2
023	47	30	109	368	0	0	0	55	14	69	0
024	0	2	3	6	0	0	0	37	4	41	0
026	0	1	1	0	0	0	0	0	0	0	0
028	49	68	68	236	0	14	14	203	46	249	0
TOTAL	3,638	3,638	4,521	12,632	0	63	63	2,854	2,459	5,313	76

REPORT END

WINR0135 Report Sample

WINR0135 - WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION DATE - APP/REG REPORT I SUMMARY

REPORT TITLE WMS Application Register - Listing Of Applications Assigned To Application Worker By Application Date - App/Reg Report I Summary / Citywide Summary Report / Outstanding Applications		REPORT NUMBER WINR0135	FILE NAME PDR250PR0135
PURPOSE – NOTES This report provides HRA FIA Management with a summary of outstanding applications by center and divided into six categories based on application age and status as follows: Part I – Overdue Applications (Over 30 days since Application Date) Part II – Applications to be Processed by Next Week (21-30 days since Application Date) Part III – Applications more than two weeks old (15-20 days since Application Date) Part IV – All Other Applications (0-14 days) Part V – Cases Accepted in SI Status Remaining in Application Section A – Predetermination SI Cases B – Other SI Cases Part VI – Application Purged from Database (Over 90 days old)			
SOURCE DR1025 RunID = PDR250	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Center Number		BREAKS	
FREQUENCY / SCHEDULE Weekly / Run after close of business on Friday by the Daily Reporting System		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		Center Number	
3. Part I – Overdue Applications (Over 30 days since Application Date)		Part I of this report lists applications that are older than 30 days.	

4. Part II – Applications to be Processed by Next Week (21 – 30 days since Application Date)	Part II of this report lists applications that are scheduled to be processed by the following week, because they are between 21 and 30 days old.
5. Part III – Applications More than Two Weeks Old	Part III of this report lists applications that are between 15 and 20 days old.
6. Part IV – All Other Applications	Part IV of this report lists applications that are up to 14 days old.
7. Part V – Cases Accepted in SI Status Remaining in Application Section	Part V of this report lists applications that were accepted in single issue status and where an eligibility determination has not been made. This part will be divided into two sections: Predetermination SI Cases (cases accepted with opening code 33 Immediate Needs) and Other SI Cases.
8. Part VI – Applications Purged from Database	Part VI of this report lists applications that were older than 90 days and have been purged from the database.
9. Total	Totals for each category

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0136 - WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER
25 DAYS OLD - APP/REG REPORT II**

WINR0136 - WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER 25 DAYS OLD - APP/REG REPORT II

REPORT DATE 04/28/2007		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE 1	
WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER						
25 DAYS OLD						
APP/REG REPORT II						
DISTRIBUTION : CENTER F25 APPLICATION SECTION						
WMS REPORT WINR0136						
2	3	4	5	6	7	
WORKER :	APPLICATION DATE	APP REG DATE	CASE NAME	REGISTRY NUMBER	SUFFIX	
00000	02/26/07	02/28/07	BBBBB RRRRRR	00010482678J	01	
APP	02/07/07	02/07/07	PPPPPPPP VVVVVVVV	00010457522A	01	
	03/28/07	04/20/07	KKKKKKK AAAA	00010541607H	01	
	04/01/07	04/25/07	CCCCCCC LLLLLL	00010545783C	01	
	04/02/07	04/02/07	WWWWWWW JJJJJJJJ	00010518381I	01	
	04/02/07	04/02/07	CCCCC PPPPPPP	00010518546G	01	
	04/03/07	04/06/07	PPPPPPPPPP AAAAAAA	00010523655I	01	
APP25	03/28/07	03/29/07	TTTTTTT MMMMMM	00010515662E	01	
	03/29/07	03/29/07	AAAAA SSSSSSSS	00010516448H	01	
	03/29/07	03/29/07	WWWWW NNNNNNN	00010516454F	01	
8	TOTAL : 10					
REPORT END						

WINR0136 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0136 - WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER
25 DAYS OLD - APP/REG REPORT II**

WINR0136 - WMS APPLICATION REGISTER - LISTING OF PA APPLICATIONS OVER 25 DAYS OLD - APP/REG REPORT II

REPORT TITLE WMS Application Register - Listing of PA Applications Over 25 Days Old - App/Reg Report II		REPORT NUMBER WINR0136	FILE NAME PDR260PRP*** Note: *** = PA & FS Centers Codes
PURPOSE – NOTES This report provides the PA/FS Center with a list of all outstanding applications over 25 days old as of the end of the week.			
SOURCE DR1026 RunID = PDR260	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA and FS Centers via DEPCON HRA FIA Management via DEPCON	
SEQUENCE Center Number/Worker ID/Date of Application/Registry Number/Suffix ID		BREAKS Center Number	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Worker		Worker Identification Number	
3. Application Date		This date is used to calculate the number of days a case remains on the database in AP (applying) status.	
4. App Reg Date		The date the application was registered in WMS.	
5. Case Name		Payee Name	
6. Registry Number		The system-generated number assigned to each new application registered in WMS.	
7. Suffix		The number identifying the unit of assistance with which one or more individuals is affiliated.	
8. Total		Total number of applications over 25 days old for this Center.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0146 - SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION**

WINR0146 - SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION

1

Page 3-19		1 WINR0146		06/23/08	
2	REPORT NUMBER: WINR0146	3	SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION	5	REPORT DATE: 06/23/08
	EFFECTIVE DATE OF BUDGET: 06/2/08	4	LOCAL OFFICE: 123 WORKER: ABCDE		PAGE: 1
	CASE NUMBER 001234567A		SUFFIX: 01		NUMBER IN PA SUFFIX 9
6	NEEDS	7	185% TEST & POVERTY LEVEL TEST AMOUNT	8	EARNED INCOME
	RESTR		-----		-----
				11	
	PRE ADDED ALLOWANCE		119.00		
	1 SHELTER		150.00		ACTUAL ALLOWED
	ENERGY		15.00		-----
	ENERGY SUPPLEMENT		11.50		STANDARD DEDUCTION .00 .00
	WATER		.00		50% DEDUCTION .00 .00
	FUEL		.00		CHILD CARE .00 .00
	PREGNANCY ALLOWANCE		.00		\$15 EXEMPTION .00 .00
	HOME DELIVERED MEALS		.00		1/3 EXEMPTION .00 .00
	RESTAURANT ALLOWANCE		.00		OTHER DEDUCTIONS (INCLUDES PRORATA REDUCTION AMT) .00 .00
	OTHER NEEDS		.00		E. TOTAL DEDUCTIONS .00
	A. TOTAL NEEDS FOR 185% TEST		295.50		F. NET EARNED INCOME .00
	185% X TOTAL NEEDS		546.68		UNEARNED INCOME
	TOTAL EARNED + UNEARNED FOR 185% TEST		162.50		-----
	POVERTY LEVEL TEST		723.24		SOURCE
	TOTAL INCOME FOR POVERTY LEVEL TEST		162.50		-----
	NEEDS REDUCTION DUE TO IVD SANCTION		.00		12
	B. TOTAL NEEDS FOR NET INCOME TEST		295.50		UNEMPLOYMENT INSURANCE 162.50
	NEEDS REDUCTION DUE TO PRORATA SANCTION		.00		.00
	C. TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION		295.50		G. TOTAL UNEARNED INCOME 162.50
	OTHER ALLOWANCES				UNEARNED INCOME DEDUCTION (INCLUDES PRORATA REDUCTION AMT) .00
	REFRIGERATOR RENTAL ALLOWANCE		.00		H. NET UNEARNED INCOME 162.50
					I. TOTAL INCOME (F + H) 162.50
					FA GRANT CALCULATION

					13
					C. TOTAL NEEDS 295.50
					I. TOTAL INCOME 162.50
					J. BUDGET DEFICIT 133.00
					: RECOUPMENT AMOUNT .00
					: SEMI-MONTHLY PA GRANT 133.00
ESTE REPORTE SERA TAMBIEN DISPONIBLE EN ESPANOL		NOTE: AMOUNTS SHOWN IN ITEMS (A) AND (J) ABOVE HAVE BEEN ROUNDED DOWN.			
	BUDGET NUMBER: 1 (PEND/SAVED)				
14					

WINR0146 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0146 - SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION

WINR0146 - SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION

REPORT TITLE Semi-Monthly Public Assistance Budget Calculation		REPORT NUMBER WINR0146	FILE NAME (None)
PURPOSE – NOTES This report provides the worker with a breakdown of the PA budget calculation. The captions or field headings on this report can be printed in English or Spanish. For detailed information, refer to the Budgeting Manual Public Assistance Program at the following link:: http://otda.state.ny.net/dta/Manuals/PABudgeting.pdf .			
SOURCE EX1076 (Spanish) / EX1077 (English) RunID = (None)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Worker	
SEQUENCE Case Number/Suffix		BREAKS (One report per Suffix)	
FREQUENCY / SCHEDULE On Request – Online		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Effective Date of Budget		Indicates the cycle when recurring benefits begin.	
3. Local Office		The center responsible for the case.	
4. Worker		The worker responsible for the case.	
5. Case Name		Payee name of the PA suffix.	
6. Case Number		The number that uniquely identifies the case.	
7. Suffix		The PA unit (suffix) with which one or more individuals is/are affiliated.	
8. Number in PA Household		Number of individuals in the household applying for assistance.	
9. Number in PA Suffix		Number of individuals in the PA suffix for which this report was generated.	
10. Needs Section		Indicates the household, special and other needs of the suffix. Any restrictions applied to the suffix are indicated by a code of 1 through 6 which appears in the RESTR column. Totals needs are calculated and the 185% test is applied.	
11. Earned Income Section		Lists the gross income salary and wages for the suffix and each individual deduction. This information is used in calculating the grant.	
12. Unearned Income Section		Lists each unearned income source and the amount. Both unearned and earned incomes are totaled and deductions are subtracted. The total income amount is used in the PA grant calculation.	
13. PA Grant Calculation		Grant is calculated in this section using the total needs and total income amounts.	
14. Budget Number		The 5-digit system assigned number given to a budget at the time it is saved.	

WINR0147 - WITHDRAWN APPLICATIONS EXCEPTION REPORT

1

REPORT DATE 10/18/08	NYS HUMAN SERVICES APPLICATION SERVICE CENTER	PAGE 1
	WELFARE MANAGEMENT SYSTEM	
	WMS REPORT WINR0147	*****
	WITHDRAWN APPLICATIONS EXCEPTION REPORT	* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

2 ERROR CODE	1 3 ERROR MESSAGE	

A TOTAL OF	252	WITHDRAWN-APPLICATION RECORDS HAVE BEEN STORED
A TOTAL OF	0	WD-APP RECS NOT STORED - FOUND TO ALREADY EXIST
A TOTAL OF	0	WD-APP RECS NOT STORED - ERRORED ELIG TX FOUND
A TOTAL OF	6	WD-APP RECS NOT STORED BECAUSE BENEFITS WERE PAID
*** END OF REPORT ***		

WINR0147 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0147 - WITHDRAWN APPLICATIONS EXCEPTIONS REPORT**

WINR0147 - WITHDRAWN APPLICATIONS EXCEPTION REPORT

REPORT TITLE Withdrawn Applications Exception Report		REPORT NUMBER WINR0147	FILE NAME PDR290PXCPTN
PURPOSE – NOTES			
SOURCE DR1029 RunID = PDR290	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Error Code			
3. Error Message			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0153 - FOOD STAMP BUDGET CALCULATION FOR NPA & NPA-SSI CASES**

MARCH 27, 2009

WINR0153 - FOOD STAMP BUDGET CALCULATION FOR NPA & NPA-SSI CASES

1

Page 3-13		FS Budget Report (WINR0153 REV. 8/03)		10/20/08
REPORT NUMBER: WINR0153 (REV. 8/03)	FOOD STAMP BUDGET CALCULATION FOR NPA & NPA-SSI CASES	REPORT DATE: 10/20/08		
CASE NUMBER: 003456789B	FS SITE: F01 NUMBER IN CASE: 3 WORKER: FGHJ	CASE NAME: WXXXXXXX BXXXXX	PAGE: 1	
BUDGET CALCULATION		EFFECTIVE DATE OF BUDGET: 10/A/08		
A. INCOME				
1. MONTHLY GROSS EARNED INCOME	.00			
2. NET MONTHLY INCOME FROM BOARDER/LODGER	.00			
3. LINES 1 + 2	.00			
4A. MONTHLY GROSS UNEARNED SSA INCOME	.00			
4B. MONTHLY GROSS UNEARNED SSI INCOME	.00			
4C. MONTHLY GROSS UNEARNED OTHER INCOME	325.00			
5. NET MONTHLY UNEARNED INCOME (LINES 4A + 4B + 4C)	325.00			
6. MONTHLY GROUP HOME EXCLUSION	.00			
7. MONTHLY CHILD SUPPORT EXCLUSION	100.00			
8. LINES 3 + 5 LESS LINES 6 + 7	A. 225.00			
B. 130% STANDARD MONTHLY	B. 1907.00			
C. DEDUCTIONS				
9. 20% OF LINE 3	.00			
10. STANDARD DEDUCTION	144.00			
11. ALLOWABLE MONTHLY CHILD CARE/DEPENDENT CARE COSTS	.00			
12. ALLOWABLE MONTHLY MEDICAL DEDUCTIONS	.00			
13. CHILD SUPPORT DEDUCTIONS	.00			
14. HOMELESS SHELTER DEDUCTION	.00			
15. LINES 9 + 10 + 11 + 12 + 13 + 14	C. 144.00			
D. ADJUSTED INCOME	D. 81.00			
16. A MINUS C				
E. SHELTER COSTS				
17. MONTHLY ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD		300.00		
18. MONTHLY COMBINED UTILITY/PHONE STANDARD		.00		
19. MONTHLY COMBINED HEAT/UTILITY/PHONE STANDARD		577.00		
20. MONTHLY PHONE STANDARD		.00		
21. OTHER MONTHLY SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC.		.00		
22. LINES 17 + 18 + 19 + 20 + 21		E. 877.00		
F. EXCESS SHELTER DEDUCTIONS				
23. TOTAL SHELTER COST, E		877.00		
24. 1/2 OF ADJUSTED INCOME, D		40.50		
25. EXCESS SHELTER COSTS, (LINES 23 MINUS 24) IF 23 IS LESS THAN 24, ZERO WILL APPEAR.		836.50		
26. MAXIMUM SHELTER DEDUCTION FOR AGED/DISABLED, AMOUNT FROM LINE 25. FOR ALL OTHERS, ACTUAL OR STANDARD, 446.00, WHICHEVER IS LESS.		F. 446.00		
G. FOOD STAMP NET INCOME				
27. D, ADJUSTED INCOME		81.00		
28. F, EXCESS SHELTER DEDUCTION		446.00		
29. MONTHLY NET FOOD STAMP INCOME (LINE 27 MINUS 28)G.		.00		
H. MONTHLY FOOD STAMP NET INCOME				
30. COUPON ALLOTMENT		463.00		
31. MONTHLY FOOD STAMP RECOUPMENT		.00		
32. ADJUSTED COUPON AMOUNT (LINE 30 MINUS 31)		H. 463.00		
ESTE REPORTE SERA TAMBIEN DISPONIBLE EN ESPANOL				
FEDERAL FS:	463.00	STATE FS:	.00	
BUDGET NUMBER:	1 (PEND/SAVED)			

WINR153 Report Sample

WINR0153 - FOOD STAMP BUDGET CALCULATION FOR NPA & NPA-SSI CASES

REPORT TITLE Food Stamp Budget Calculation for NPA & NPA-SSI Cases		REPORT NUMBER WINR0153	FILE NAME (None)
PURPOSE – NOTES This report provides the worker with a breakdown of the FS budget calculation for NPA and NPA-SSI cases. The captions or field headings on this report can be printed in English or Spanish. For detailed information, refer to the Budgeting Manual NPA Food Stamp Program at the following link: http://otda.state.ny.net/dta/Manuals/NPAFSBudgeting.pdf .			
SOURCE EX1076 (Spanish) / EX1077 (English) RunID = (None)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Worker	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Online		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0154 - FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES**

WINR0154 - FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES

1

Page 3-26		WINR0154 Rev. 8/03		10/20/08	
REPORT NUMBER: WINR0154 (REV. 8/03)		FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES		REPORT DATE: 10/20/08	
CASE NUMBER: 001234567A IMC: 123		NUMBER IN CASE: 3 WORKER: ABCDE CASE NAME: RXXXXX MXXXX		PAGE: 1	
BUDGET CALCULATION			EFFECTIVE DATE OF BUDGET: 10/A/08		
A. INCOME			E. SHELTER COSTS		
1. SEMI-MONTHLY GROSS EARNED INCOME	.00	20. S/M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD	150.00		
2. NET S/M INCOME FROM BOARDER/LODGER	.00	21. S/M COMBINED UTILITY/PHONE STANDARD	.00		
3. TOTAL S/M INCOME (LINE 1 + 2)	.00	22. S/M COMBINED HEAT/UTILITY/PHONE STANDARD	288.50		
4. S/M PA GRANT	132.00	23. S/M PHONE STANDARD	.00		
5. TOTAL S/M PA RECOUPMENT	.00	24. OTHER S/M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC.	.00		
6. NET S/M PA GRANT (LINE 4 MINUS 5)	132.00	25. LINES 20 + 21 + 22 + 23 + 24	E. 438.50		
7. GROSS S/M OTHER UNEARNED INCOME	162.50	F. EXCESS SHELTER DEDUCTIONS			
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	295.50	26. TOTAL SHELTER COST, E	438.50		
9. S/M GROUP HOME EXCLUSION	.00	27. 1/2 OF ADJUSTED INCOME, D	86.75		
10. S/M CHILD SUPPORT EXCLUSION	50.00	28. EXCESS SHELTER COSTS, (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR.	351.75		
11. LINES 3 + 8 LESS LINES 9 + 10	A. 245.50	29. MAXIMUM SHELTER DEDUCTION FOR AGED/DISABLED, AMOUNT FROM LINE 28. FOR ALL OTHERS, ACTUAL OR STANDARD, 223.00, WHICHEVER IS LESS.	F. 223.00		
B. 130% STANDARD SEMI-MONTHLY	B. 952.50	G. SEMI-MONTHLY FOOD STAMP NET INCOME			
C. DEDUCTIONS		30. D, ADJUSTED INCOME	173.50		
12. 20% OF LINE 3	.00	31. F, EXCESS SHELTER DEDUCTION	223.00		
13. STANDARD DEDUCTION	72.00	32. S/M NET FOOD STAMP INCOME (LINE 30 MINUS 31)	G. .00		
14. ALLOWABLE SEMI-MONTHLY CHILD-CARE/DEPENDENT CARE COSTS	.00	H. MONTHLY FOOD STAMP NET INCOME			
15. ALLOWABLE S/M MEDICAL DEDUCTIONS	.00	33. MULTIPLY AMOUNT IN 32 X 2	H. .00		
16. CHILD SUPPORT DEDUCTIONS	.00	I. ALLOTMENT ENTITLEMENT			
17. HOMELESS SHELTER DEDUCTION	.00	34. COUPON ALLOTMENT	463.00		
18. LINES 12 + 13 + 14 + 15 + 16 + 17	C. 72.00	35. MONTHLY FOOD STAMP RECOUPMENT	.00		
D. ADJUSTED INCOME		36. ADJUSTED COUPON AMOUNT (LINE 34 MINUS 35)	I. 463.00		
19. A MINUS C	D. 173.50				
ESTE REPORTE SERA TAMBIEN DISPONIBLE EN ESPANOL					
BUDGET NUMBER:	1 (PEND/SAVED)	FEDERAL FS:	463.00	STATE FS:	.00

WINR0154 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0154 - FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES

WINR0154 - FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES

REPORT TITLE Food Stamp Budget Calculation for PA & PA-SSI Cases		REPORT NUMBER WINR0154	FILE NAME (None)
PURPOSE – NOTES This report provides the worker with a breakdown of the FS budget calculation for PA and PA-SSI cases. The captions or field headings on this report can be printed in English or Spanish. For detailed information, refer to the Budgeting Manual Public Assistance Program at the following link: http://otda.state.ny.net/dta/Manuals/PABudgeting.pdf .			
SOURCE EX1076 (Spanish) / EX1077 (English) RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Worker	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Online		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTING MANUAL
 WINR0156 – WMS APPLICATION REGISTRATION AGING REPORT BY UNIT**

WINR0156 – WMS APPLICATION REGISTRATION AGING REPORT BY UNIT

REPORT AS OF	06/16/07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER				PAGE	1
		NEW YORK CITY MEDICAL ASSISTANCE PROGRAM				*****	
		WMS APPLICATION REGISTRATION AGING REPORT BY UNIT				* THIS REPORT CONTAINS *	
		DISTRIBUTION: CENTER 521 SUPERVISOR, UNIT 0				* CONFIDENTIAL INFORMATION *	
		WMS REPORT WINR0156				* FOR INTERNAL USE ONLY *	
		*****				*****	
		TRACKING	APPLICATION	APPLICATION	CASE NAME	REGISTRY	
		POINT	REG DATE	DATE		NUMBER	
WORKER							
10	3	4	5	6	7	8	9
APPLICATIONS AGED 120 DAYS AND OVER			12/28/06	12/09/06	LXXXXX RXXXXXXXXX	00020900395D	
SUBTOTAL	1						
APPLICATION AGED BETWEEN 61-119 DAYS			2/20/07	2/20/07	GXXXXXX YXXXXX	00021015902G	
SUBTOTAL	1						
APPLICATIONS AGED BETWEEN 45-60 DAYS		**	*****	*****	*****	*****	*
SUBTOTAL	0						
APPLICATIONS AGED BETWEEN 31-44 DAYS			5/10/07	5/10/07	MXXXXXX SXXXXXX	00021193744G	
SUBTOTAL	1						
APPLICATIONS AGED BETWEEN 23-30 DAYS		**	*****	*****	*****	*****	*
SUBTOTAL	0						
APPLICATIONS AGED BETWEEN 14-22 DAYS			6/01/07	5/15/07	DXXXXXXXX TXXXX	00021265044E	
SUBTOTAL	1						
APPLICATIONS AGED BETWEEN 1-13 DAYS			6/06/07	6/06/07	BXXXX SXXXX	00021277066D	
SUBTOTAL	1						
12	WORKER TOTAL		8				
	UNIT TOTAL		8				13

WINR0156 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTING MANUAL
WINR0156 – WMS APPLICATION REGISTRATION AGING REPORT BY UNIT

WINR0156 – WMS APPLICATION REGISTRATION AGING REPORT BY UNIT

REPORT TITLE WMS Application Registration Aging Report By Unit		REPORT NUMBER WINR0156	FILE NAME PDR320PRP*** Note: *** = MA Center Code
PURPOSE – NOTES This weekly report provides the MAP Community Eligibility Division with a list of applications for which eligibility decisions are due. The applications are listed by the age of the application and its status. Summary Totals for each worker and unit for each of the sub-headings are printed on Report WINR0160.			
SOURCE DR1032 RunID = PDR320	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Centers via DEPCON	
SEQUENCE Center Number/Unit Number, Worker ID/Application Registration Date		BREAKS Worker ID	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Distribution/Supervisor		Identifies the center and unit responsible for the applications listed. This report will be distributed to the unit supervisor.	
3. Worker		The worker responsible for the applications listed.	
4. Tracking Point		Indicates a deferred application or an application temporarily located in an Eligibility Support Unit such as the AB/AD Unit.	
5. Application Registration Date		Date the application was registered on the WMS Data Base.	
6. Application Date		The date the applicant applied for assistance.	
7. Case Name		The name in which the application is registered.	
8. Registry Number		The system-generated number assigned to each new application registered in WMS.	
9. (unlabelled) AB/AD Status		Indicates whether the application is still in the Aid to the Blind/Aid to the Disabled (AB/AD) unit or returned back to the worker.	
10. Application Aged ...		Outstanding applications are reported in one of six (6) categories. Sub-totals by category are included.	
11. Subtotal		Subtotal of applications for the category	
12. Worker Total		The total number of applications for which the worker is responsible.	
13. Unit Total		The total number of applications for which a particular unit is responsible.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0159 - WMS APPLICATION REGISTRATION AGING REPORT – APPLICATIONS
IN DRD/DEF**

WINR0159 – WMS APPLICATION REGISTRATION AGING REPORT - APPLICATIONS IN DRD/DEF

NYS HUMAN SERVICES APPLICATION SERVICE CENTER NEW YORK CITY MEDICAL ASSISTANCE PROGRAM							
REPORT AS OF 06/16/07						PAGE 1	
LOCAL OFFICE 521		1	WMS APPLICATION REGISTRATION AGING REPORT				
			APPLICATIONS IN DRD/DEF			***** * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
		3	WINR0159		5		
	2	APPLICATION DATE	4	CASE NAME	REGISTRY NUMBER	6 UNIT WORKER	7 DRD STATUS
APPLICATIONS AGED 61 DAYS AND OVER		11/01/06	BXXXXX	RXXXXXXXXX	00020912919G	A	
		12/09/06	LXXXXX	RXXXXXXXXX	00020900395D	0	
SUBTOTAL	2						8
APPLICATIONS AGED BETWEEN 45-60 DAYS		04/18/07	OXXXXX	FXXXXXX	00021145221E	C	
		04/19/07	SXXXXXX	JXXXXXX	00021149179A	B	
SUBTOTAL	2						
APPLICATIONS AGED BETWEEN 31-44 DAYS		05/04/07	LXXXXXXXX	MXXXXXXXXX	00021180125D	A	
		05/09/07	RXXXXX	EXXXX	00021191503I	C	
SUBTOTAL	2						
APPLICATIONS AGED BETWEEN 23-30 DAYS		05/18/07	MXXXX	MXXXXXX	00021265424I	C	
		05/18/07	PXXXX	SXXXXXX	00021213095J	C	
SUBTOTAL	2						
APPLICATIONS AGED BETWEEN 14-22 DAYS		05/26/07	BXXXX	SXXXXXX	00021253145D	A	
		05/30/07	CXXXXX	RXXXXXXXXXX	00021259671C	C	
SUBTOTAL	2						
APPLICATIONS AGED BETWEEN 1-13 DAYS		06/04/07	AXXXXX	EXXXXX	00021269135G	A	
		06/04/07	AXXXX	NXXXXXX	00021269502H	C	
SUBTOTAL	2						
TOTALS	12						9
END OF REPORT							

WINR0159 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0159 - WMS APPLICATION REGISTRATION AGING REPORT – APPLICATIONS
IN DRD/DEF**

WINR0159 – WMS APPLICATION REGISTRATION AGING REPORT - APPLICATIONS IN DRD/DEF

REPORT TITLE WMS Application Registration Aging Report – Applications in DRD/DEF		REPORT NUMBER WINR0159	FILE NAME PDR360PRP*** Note: *** = MA Center Code
PURPOSE – NOTES This weekly report provides the MAP Community Eligibility Division with a list of applications referred to the DRD/DEF Unit (Disability Review Division/Deferred – was formerly AB/AD – Aid to the Blind/Aid to the Disabled). The applications are listed by the age of the application and its status.			
SOURCE DR1036 RunID = PDR360	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Centers via DEPCON	
SEQUENCE Center/Application Date		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly; run after close of business on Friday by the Daily Reporting Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Application Aged ...		Outstanding applications are reported in one of six (6) categories. Sub-totals by category are included.	
3. Application Date		The date the applicant applied for assistance.	
4. Case Name		The name in which the application is registered/	
5. Registry Number		The system-generated number assigned to each new application registered in WMS.	
6. Worker		The worker responsible for the applications listed.	
7. DRD/DEF Status		Indicates whether the application is still in the Disability Review Division / Deferred (DRD/DEF) Unit or returned back to the worker.	
8. Subtotal		Subtotal of applications for the category	
9. Total		The total number of DRD/DEF applications for which the unit is responsible.	

WINR0160 - WMS APPLICATION REGISTRATION SUMMARY REPORT BY SECTION

REPORT AS OF 06/02/07		NEW YORK CITY MEDICAL ASSISTANCE PROGRAM						PAGE 1
LOCAL OFFICE 560		① WMS APPLICATION REGISTRATION SUMMARY ACTIVITY REPORT BY SECTION						***** * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		WINR0160						
	②	APPLICATIONS AGED 61 DAYS AND OVER	APPLICATIONS AGED BETWEEN 45-60 DAYS	APPLICATIONS AGED BETWEEN 31-44 DAYS	APPLICATIONS AGED BETWEEN 23-30 DAYS	APPLICATIONS AGED BETWEEN 14-22 DAYS	APPLICATIONS AGED BETWEEN 1-13 DAYS	
③								
UNIT: 0		3	0	0	0	0	3	
WORKER 1		2	0	0	0	0	1	
④								
WORKER 2		0	0	0	0	0	2	
WORKER 3		1	0	0	0	0	0	
UNIT: A		6	0	0	0	0	0	
WORKER		6	0	0	0	0	0	
UNIT: L		22	3	7	3	16	47	
WORKER 1		1	0	0	0	0	0	
WORKER 2		21	3	7	3	16	47	
UNIT: C		0	0	0	0	0	1	
WORKER		0	0	0	0	0	1	
END OF REPORT								

WINR0160 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0160 - WMS APPLICATION REGISTRATION SUMMARY REPORT BY SECTION**

WINR0160 - WMS APPLICATION REGISTRATION SUMMARY REPORT BY SECTION

REPORT TITLE WMS Application Registration Summary Report By Section		REPORT NUMBER WINR0160	FILE NAME PDR370PRP*** *** = MA Center Code
PURPOSE – NOTES This weekly report provides the MAP Community Eligibility Division with a count of applications registered by a worker within a center. The applications are listed by the age of the application and its status.			
SOURCE DR1037 RunID = PDR370	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Centers via DEPCON	
SEQUENCE Center Number/Local Office/Unit Number/Worker ID		BREAKS Center/Local Office	
FREQUENCY / SCHEDULE Weekly; run after close of business on Friday by the Daily Reporting Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Application Aged ...		Outstanding applications are reported in one of six (6) aging categories.	
3. Unit		Total number of outstanding applications for a designated unit for each age category.	
4. Worker		Total number of outstanding applications for each worker within the designated unit for each age category.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0161 - WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT**

WINR0161 - WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT

REPORT AS OF 06/16/07		NYS HUMAN SERVICES APPLICATION SERVICE CENTER NEW YORK CITY MEDICAL ASSISTANCE PROGRAM					PAGE 1
LOCAL OFFICE 534		WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT					***** * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		WINR0161					
UNIT P	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKLY TOTALS	
WORKER	0	31	6	4	15	56	
WORKER	0	31	19	19	9	78	
WORKER	0	2	0	0	3	5	
DAILY UNIT TOTALS	0	64	25	23	27	GRAND TOTAL: 139	
TOTAL ALL UNITS	0	64	25	23	27	GRAND TOTAL: 139	

END OF REPORT

WINR0161 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0161 - WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT**

WINR0161 - WMS APPLICATION REGISTRATION SUMMARY WEEKLY REPORT

REPORT TITLE WMS Application Registration Summary Weekly Report		REPORT NUMBER WINR0161	FILE NAME PDR380PRP*** *** = MA Center Code
PURPOSE – NOTES This weekly report provides the MAP Community Eligibility Division with a count of applications registered on each day of the week by a worker within a center.			
SOURCE DR1038 RunID = PDR380	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Centers via DEPCON	
SEQUENCE Center Number/Unit Number/Worker ID		BREAKS Unit Number	
FREQUENCY / SCHEDULE Weekly; run after close of business on Friday by the Daily Reporting Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Unit		Numeric code identifying the unit responsible for registering the applications.	
3. Monday, Tuesday, etc.		Count of applications registered by day of week.	
4. Weekly Totals		The count of applications registered per worker for the week.	
5. Worker		The worker responsible for the MA applications registered.	
6. Daily Unit Totals		Total count of all applications registered for a particular unit for each day.	
7. Grand Total (Unit)		Total count of applications registered for the entire week for a particular unit.	
8. Total All Units		Total count of applications registered for all units for each day.	
9. Grand Total (All Units)		Total count of applications registered for the entire week for all units.	

WINR0163 - FORCED CLOSINGS REPORT 1

DATE: 09/24/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1			
PROGRAM NAME: DR1040		FORCED CLOSINGS REPORT				*****			
CLOSED MA CENTER NUMBER: 534		WINR0163				* THIS REPORT CONTAINS *			
						* CONFIDENTIAL INFORMATION *			
						* FOR INTERNAL USE ONLY *			

PA CASE NUMBER	PA CENTER NUMBER	CLOSED CASE NUMBER	CASE NAME	INDIVIDUAL NAME	CIN NUMBER	AUTH. NUMBER	BATCH NUMBER	SCHED. DATE CLOSED	CASE STATUS
3	4	5	6	7	8	9	10	11	12
00005192275F	078	00021658334E	ROXXXXXXXX RAMON	ROXXXXXXXX RAMON	A WZ12299W	00000000		9/24/08	CL
TOTAL TRANSACTIONS PROCESSED = 13 1									

WINR0163 Report Sample

WINR0163 - FORCED CLOSINGS REPORT

REPORT TITLE Forced Closings Report		REPORT NUMBER WINR0163	FILE NAME PDR400PRP*** *** = Center Code
PURPOSE – NOTES This daily report provides each unit supervisor with a list of cases with forced closings currently on the data base. The report is produced for each center.			
SOURCE DR1040 RunID = PDR400	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Centers via DEPCON	
SEQUENCE Center/Case Number		BREAKS Unit	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Closed MA (FS) Center Number		The center responsible for maintaining the case prior to the forced closing.	
3. PA Case Number		New case number of client who is now eligible for PA as well as FS and/or MA.	
4. PA Center Number		The PA center responsible for the new case.	
5. Closed Case Number		The case number that was closed due to the forced closing action.	
6. Case Name		The name by which the case head is identified.	
7. Individual Name		The name of the client with the newly established PA case.	
8. CIN Number		Number that uniquely identifies each person known to WMS.	
9. Auth Number		Manually assigned number associated with each forced closing transaction in the batch.	
10. Batch Number		A manually assigned number given to a group of transactions for identification and tracking purposes.	
11. Sched Date Closed		The date that the suspended individual closing transaction will process.	
12. Case Status		Code indicating the FS/MA case status.	
13. Total Transactions Processed		Weekly total of forced closings processed for the specified center.	

WINR0174 - CLEARANCE REPORT

1

REPORT DATE 10/23/08 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1

1 CLEARANCE REPORT

2 CENTER: F15 3 (B/CD): 000 4 CLEARANCE REPORT WINR0174

5 REGISTRY # APPLICATION DATE UNIT/WORKER CASE # CASE NAME SUFFIX CAT

6 011253180B 11/01/08 SDXNN GXXXXXX LUCIA 01 FS

7 8 9 10 ***** THIS REPORT CONTAINS *****
* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

LN	SUF	FIRST NAME MI	LAST NAME	SEX	SSN	DOB	CIN	CNTER	CASE/REG #	CAT	CASE	STAT	R	OTH	IND	STAT	SCORE		
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S												

CLIENT ID MATCH 26																			
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	022390752I	MSSI	NA	AP	NA	N		NA	AP	NA	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	000124135F	FS	NA	AP	NA	N		NA	NA	CL	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	029407247F	MSSI	NA	AP	NA	N		NA	CL	NA	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	000419884C	MA	NA	AP	NA	N		NA	RS	NA	106

SDX MATCH 27 TOTAL: 1																			
		LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S		000741034D										106

POSSIBLE MATCHES: 28 TOTAL 1																			
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	022390752I	MSSI	NA	AP	NA	N		NA	AP	NA	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	000124135F	FS	NA	AP	NA	N		NA	NA	CL	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	029407247F	MSSI	NA	AP	NA	N		NA	CL	NA	106
01	01	LUCIA	GXXXXXX	F	588-88-8888	10/07/1919	XC92185S	500	000419884C	MA	NA	AP	NA	N		NA	RS	NA	106

SOCIAL SECURITY NUMBER MATCH 29 TOTAL 1																			
02	01	LUCIA	E GXXXXXX	F	122-22-2222	12/13/1961	YC41216P	500	029911051A	MA	NA	AP	NA	N		NA	CL	NA	12
02	01	LUCIA	E GXXXXXX	F	122-22-2222	12/13/1961	YC41216P	500	029750120H	MA	NA	AP	NA	N		NA	CL	NA	12

***** END OF REPORT *****																			

WINR0174 Report Sample

WINR0174 - CLEARANCE REPORT

REPORT TITLE Clearance Report		REPORT NUMBER WINR0174	FILE NAME PDR510PCL*** *** = Center Code
PURPOSE – NOTES This report lists matches for an applying client with matches against Client Identification Number (CIN), SDX data, demographic data (name, DOB and sex) and Social Security Number. The Clearance Report is produced at the time of application registration (online or batch), application maintenance of client demographic data, worker case update or via the Inquiry subsystem.			
SOURCE DR1051 RunID = PDR510	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON (when batch application is performed)	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily or On Demand		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center Number	
3. (B/CD)		Borough Code	
First Section:		Application being cleared	
4. Registry #		Uniquely identifies the application	
5. Application Date		Date the client applied for benefits	
6. Unit/Worker		The unit or worker id	
7. Case #		Uniquely identifies the case	
8. Case Name			
9. Suffix			
10. CAT		Category Type	
Line Items:		Matching records	
11. LN		Line Number	
12. SUF		Suffix	
13. First Name, MI, Last Name		Payee Name	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORT MANUAL
WINR0174 - CLEARANCE REPORT**

14. Sex	
15. SSN	Social Security Number
16. DOB	Date of Birth
17. CIN	Client Identification Number
18. CENTER	Center
19. Case/Reg #	Case or Registry Number
20. CAT	Category Type
21. Case Stat	Case Status
22. RP	Existing recoupments
23. OTH NME	Other Name
24. Ind Stat	Individual Status
25. Score	Matching SDX score
Rest of Report:	
26. Client ID Match	Records that match client's CIN
27. SDX Match	Records that match SDX
28. Possible Matches	Other matching records
29. Social Security Match	Records that match client's Social Security Number

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0184 - WRS HIGH INCOME SUMMARY**

WINR0184 - WRS HIGH INCOME SUMMARY

1

REPORT DATE 09/29/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION							PAGE 1	
REPORT ID WINR0184		WRS HIGH INCOME SUMMARY							LOC 099	
LN	SURNAME	FIRST	M	SS NUMBER	Q/YR	WAGES	N A M E	EMPLOYER NAME, ADDRESS	ID NUMBER	
01	NXXXXX	KELLY	A	65555555	4/07	8168.00	NXXXXX KELLY	VXXXXXXXXX NURSING HOME, INC. 999 CASTLETON AVE STATEN ISLAND NY 10301 133897286	133897286	
01	NXXXXX	KELLY	A	65555555	3/07	15704.00	NXXXXX KELLY	VXXXXXXXXX NURSING HOME, INC. 999 CASTLETON AVE STATEN ISLAND NY 10301 133897286	133897286	
01	NXXXXX	KELLY	A	65555555	2/07	14992.00	NXXXXX KELLY	VXXXXXXXXX NURSING HOME, INC. 999 CASTLETON AVE STATEN ISLAND NY 10301 133897286	133897286	
01	NXXXXX	KELLY	A	65555555	1/07	18576.00	NXXXXX KELLY	VXXXXXXXXX NURSING HOME, INC. 999 CASTLETON AVE STATEN ISLAND NY 10301 133897286	133897286	
01	NXXXXX	KELLY	A	65555555	4/06	19800.00	NXXXXX KELLY	VXXXXXXXXX NURSING HOME, INC. 999 CASTLETON AVE STATEN ISLAND NY 10301 133897286	133897286	
01	NXXXXX	KELLY	A	65555555	3/06	19425.98	NXXXXX KELLY	CXXXXX RICHMOND NURSING HOME 9999 5TH AVE FL 9 NEW YORK NY 10029 132720248	132720248	
01	CXXXXXX	CHRISTO		12222222	2/08	2800.20	CXXXXXX CHRISTO	HXXXXX INTERNATIONAL, LLC PO BOX 9999 PEARL RIVER NY 10965 203240608	203240608	

WINR0184 Report Sample

WINR0184 - WRS HIGH INCOME SUMMARY

REPORT TITLE WRS High Income Summary Report		REPORT NUMBER WINR0184	FILE NAME PDR690PMX*** (*** = Center Code)
PURPOSE – NOTES This daily report lists individuals who have gone through the Wage Reporting System (WRS) clearance process and who have earned quarterly wages of more than \$2,500.			
SOURCE DR1069 RunID = PDR690	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA, MA and FS Centers via DEPCON	
SEQUENCE Center Number/Client Social Security Number/Year-Quarter		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. LN		Line Number	
3. Surname, First, M		Client's name	
4. SS Number		Social Security Number	
5. Q/YR		Quarter and year of high wages earned	
6. Wages		Dollar amount earned	
7. Name		Name of employee from employer's records	
8. Employer Name, Address		Employer name and location	
9. ID Number		Employer ID Number	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0187 – MA SEPERATE DETERMINATIONS (ROSENBERG) RECERTIFICATION
 REPORT**

WINR0187 – MA SEPERATE DETERMINATIONS (ROSENBERG) RECERTIFICATION REPORT

1

REPORT ID WINR0187 NEW YORK CITY MEDICAL ASSISTANCE PROGRAM PAGE 1

REPORT DATE 09/19/08 MA SEPERATE DETERMINATIONS (ROSENBERG) RECERTIFICATION REPORT

FOR THE MONTH OF SEPTEMBER

MA LOCAL OFFICE 502

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

CASE NUMBER	SUFFIX ID	CASE NAME	PA SUFFIX CLOSING STAT	PA SUFFIX CLOSING REAS	PA SUFFIX CLOSING DATE	MA AUTH TO DATE	DATE SCHEDULED MA RECERTIFICATION	PA CENTER
00009589328F	01	LEXXXX DANIEL	CL	GX1	09/17/08	09/30/08	200806	013
00003538045A	01	OXXXX TIFFANY	CL	Y96	09/18/08	09/18/08	200807	023
00003948599A	01	MOXXX KIM	CL	G90	09/15/08	01/31/09	200808	023
00004108843G	01	LAXXXX JOHN	CL	V20	09/17/08	10/31/08	200806	023
00006182854H	01	MCXXXXX WILSON	CL	E18	09/12/08	09/12/08	200808	023
00007372294E	01	BEXXXXX BETSY	CL	Y87	09/12/08	09/12/08	200808	023
00009155068B	01	CAXXXXXX YOLAINE	CL	E18	09/15/08	09/15/08	200808	023
00009156565F	01	BUXXX CHRISTINA	CL	E35	09/19/08	10/31/08	200806	023
00009527738A	01	RXXXXXXXXX MELVIN	CL	E18	09/17/08	09/17/08	200808	023

<<report edited for formatting>>

WINR0187 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0187 – MA SEPARATE DETERMINATIONS (ROSENBERG) RECERTIFICATION
REPORT**

WINR0187 – MA SEPARATE DETERMINATIONS (ROSENBERG) RECERTIFICATION REPORT

REPORT TITLE MA Separate Determinations (Rosenberg) Recertification Report		REPORT NUMBER WINR0187	FILE NAME PDR310PRPT – PA Case Closings PDR310PRPT2 – PA Case Denials
PURPOSE – NOTES This report provides a listing of Rosenberg case closings which are cases no longer eligible for PA and require separate MA determinations. A second format provides a listing of Rosenberg cases that have been denied benefits.			
SOURCE DRP031 RunID = PDR310	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MA Centers via mailbag	
SEQUENCE MA Center/PA Center/Case Number		BREAKS MA Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
10. Standard WMS Headings		-	
11. For the Month of		Month being reported	
12. MA Local Office		MA Center Number	
13. Case Number		The number that uniquely identifies the case being closed as a result of a Rosenberg determination.	
14. Suffix ID		The number identifying the assistance unit eligible to receive a separate MA determination.	
15. Case Name		The name by which the suffix being closed is identified.	
16. PA Suffix Closing Stat		Verifies that the current status of the PA suffix is closed/rejected (Closing or Denial).	
17. PA Suffix Closing/Denial Reas		Indicates the PA reason code for closing/denying the suffix.	
18. PA Suffix Closing/Denial Date		Identifies the date the PA local office closed/denied the suffix.	
19. MA Auth to Date		Indicates the date on which Medicaid benefits are due to be discontinued.	
20. Date Scheduled MA Recertification			
21. PA Center		Identifies the PA office which formerly had responsibility for the case.	

WINR0190 – NPA REFERRAL REPORT

1

REPORT ID WINR0190	NEW YORK CITY FOOD STAMP PROGRAM						PAGE 1	
REPORT DATE 06/02/07	<p>1 PA CASE/SUFFIX CLOSINGS/DENIALS</p> <p>NPA REFERRAL REPORT</p> <p>FOR THE MONTH OF JUNE</p>						<p>*****</p> <p>* THIS REPORT CONTAINS *</p> <p>* CONFIDENTIAL INFORMATION *</p> <p>* FOR INTERNAL USE ONLY *</p> <p>*****</p>	
	<p>2 PA LOCAL OFFICE 013</p> <p>3 FS LOCAL OFFICE F11</p>							
	TOTAL NUMBER OF CASES/SUFFIXES 5128						4	
5	6	7	8	9	10	11		12
CASE NUMBER	SUFFIX ID	CASE NAME	PA CLOSING/STAT	SUFFIX/DENIAL REAS	DATE OF PA CLOSING/DENIAL	FS AUTHORIZATION FROM TO		PA CENTER
00000023379B	01	MXXXXXXXX DARA	RJ	N17	05/17/07	05/17/07	06/30/07	013
00000122440B	01	RXXXXX MAGALIE	RJ	N17	05/25/07	05/25/07	/ /	013
00000171379B	01	EXXXXXXX MEGAN	CL	N17	08/27/01	08/27/01	06/30/07	013
00000262928F	01	RXXXXXX DAVID	RJ	N17	05/14/07	05/14/07	05/31/07	013
00000273025H	01	WXXXX GIOVANNI	CL	M25	03/03/07	03/03/07	08/31/07	013
00000289720F	01	CXXX ISMAEL	RJ	E69	05/24/07	05/24/07	/ /	013
00000292419J	01	LXXXX RUBEN	RJ	W10	05/16/07	05/16/07	/ /	013

WINR0190 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0190 – NPA REFERRAL REPORT**

WINR0190 – NPA REFERRAL REPORT

REPORT TITLE NPA Referral Report		REPORT NUMBER WINR0190	FILE NAME PDR450PRPT
PURPOSE – NOTES This report lists cases/suffixes that were closed or denied PA benefits which are to be referred to NPA Food Stamps centers for separate benefit determination.			
SOURCE DR1045 RunID = PDR450	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Food Stamp Regional Office via mailbag	
SEQUENCE PA Center/FS Center/Case Number		BREAKS PA Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. PA Local Office XXX		Public Assistance Center Number	
3. FS Local Office XXX		Food Stamp Center Number	
4. Total Number of Cases/Suffixes			
5. Case Number			
6. Suffix ID			
7. Case Name			
PA Suffix Closing/Denial:			
8. Stat		CL = Closed, RJ = Rejected	
9. Reas		Reason Code	
10. Date of PA Closing/Denial		Date closed/rejected	
11. FS Authorization From To		Food Stamps authorized from and to dates	
12. PA Center			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE
TYPE XXXX**

WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE TYPE XXXX

1

*****RECLASSIFIED*****				TOTAL	REASON CODE	***OPENS***	***REOPEN***	***REJECTS**	***CLOSES**	***REAPP ***REJECT	PREVIOUS** CLOSE**
FROM FA	FROM SNFP	FROM HRPG	FROM SNNC								
					114	0	0	0	0	0	11
					215	0	0	0	7	0	0
					E10	0	0	6	0	0	0
					E18	0	0	0	5	0	0
					E19	0	0	0	4	0	0
					E30	0	0	2	7	0	0
					E31	0	0	0	3	0	0
					E34	0	0	1	11	0	0
					E35	0	0	0	22	0	0
					E60	0	0	0	11	0	0
<< report edited for reformatting >>											
					Y94	0	0	1	0	0	0
					Y95	0	0	7	18	0	0
					Y98	0	0	0	3	0	0
					Y99	0	0	26	3	0	0
4	0	0	0	4		26	40	346	312	38	88

WINR0191 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE
TYPE XXXX**

WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE TYPE XXXX

REPORT TITLE Opens, Reopens, Rejects, Closes, Reclassification for Case Type XXXX		REPORT NUMBER WINR0191	FILE NAME PSC32*PR0191 (* = 1 – 6 for case types)
PURPOSE – NOTES This report provides information by case type and reason code for SNCA, FA, SNFP, EAA, EAF, AND SNNC cases that have been opened, reopened, rejected, closed, or reclassified during the current report month. There is a separate report for each category of Public Assistance and they each provide statistics for each center and a cumulative citywide total.			
SOURCE SC1012 RunID = PSC320 (SNCA) PSC321 (FA) PSC322 (SNFP) PSC323 (runs but no data) PSC324 (EAA) PSC325 (EAF) PSC326 (SNNC)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Legal Affairs via DEPCON HRA MICSA Management via DEPCON HRA MIS Management via DEPCON HRA Office of Revenue & Investigation via DEPCON HRA Office of Data Analysis & Research via email and mailbag	
SEQUENCE Center/Reason Code		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Reclassified		Indicates the number of cases reclassified from the FA, SNFP, HRP, and SNNC categories for a specific reason code, and the total number of cases reclassified.	
4. Reason Code		The code used to indicate the reason for reclassifying, opening, reopening, rejecting, or closing a case.	
5. Opens		Number of cases opened using the specified reason code	
6. Reopen		Number of cases reopened using the specified reason code	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0191 – OPENS, REOPENS, REJECTS, CLOSES, RECLASSIFICATION FOR CASE
TYPE XXXX**



Office of Temporary and Disability Assistance

MARCH 27, 2009

7. Rejects	Number of cases rejected using the specified reason code
8. Closes	Number of cases closed using the specified reason code
9. Reapp Previous – Reject	Number of cases that reapplied previously and were rejected using the specified reason code
10. Reapp Previous – Close	Number of cases that reapplied previously and were closed using the specified reason code
11. Totals	The total number of reclassifications, case openings, reopenings, rejections, or closings for the specified period.

WINR0192 – MILESTONE DATES BY CENTER AND CASE TYPE

1

REPORT DATE 05-01-07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM PAGE 1

PROGRAM: SC1014

PERIOD COVERED BY THIS REPORT APR,2007

WMS REPORT WINR0192

MILESTONE DATES BY CENTER AND CASE TYPE

***** THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

CENTER	TOTAL					IND TURNING 16					IND TURNING 18					IND TURNING 21					IND TURNING 60									
	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT					
004	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
005	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
007	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GR TOTAL	964	10	634	489	2097	500	5	332	72	909	310	4	246	76	636	146	0	34	60	240	5	0	15	107	127					
<< report edited for reformatting >>																														
CENTER	IND TURNING 62					IND TURNING 65					BEGIN 4TH MO PREG					BEGIN 6TH MO PREG					EXP DATE OF CONF									
	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT	FA	SNFP	SNNC	SNCA	TOT					
004	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
005	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
007	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GR TOTAL	3	1	7	101	112	0	0	0	73	73	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<< report edited for reformatting >>																														

WINR0192 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0192 – MILESTONE DATES BY CENTER AND CASE TYPE**

WINR0192 – MILESTONE DATES BY CENTER AND CASE TYPE

REPORT TITLE Milestone Dates by Center and Case Type		REPORT NUMBER WINR0192	FILE NAME PSC420PR0192
PURPOSE – NOTES This report provides information on the number of clients reaching a milestone event in the current reporting month.			
SOURCE SC1014 RunID = PSC420	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE Milestone Date/Center/Case Type		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Total		The total number of cases meeting milestone events for the specified center, listed by case category (FA, SNFP, SNNC, SNCA) and total cases for the center (TOT).	
4. IND TURNING XX		Indicates the possible age milestones that may be reached. The number of individuals is subdivided by center, case type, and a total is also reported.	
5. BEGIN XTH MO PREG EXP DATE OF CONF		Indicates the pregnancy milestones that may be reached. The number of cases specified is subdivided by center, case type, and a total number of cases with an individual reaching the listed milestone is also provided.	
6. Grand Total		The number of cases meeting a milestone date tallied by case type, for each milestone type.	

WINR0193 – CASE STATUS BY CENTER BY CASE TYPE – PARTS A & B 1

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: SC1006	(1)	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY THIS REPORT APR,2007	WMS REPORT WINR0193	
(2)	CASE STATUS BY CENTER BY CASE TYPE - PART A	
*****APPLYING*****	*****WITHDRAWN*****	*****DENIED*****
*****ADMIN SUSP*****		
(3)	(4)	(5)
(6)		
(7)	(8)	(9)
(10)		
(11)		

WINR0193 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0193 – CASE STATUS BY CENTER BY CASE TYPE – PARTS A & B

WINR0193 – CASE STATUS BY CENTER BY CASE TYPE – PARTS A & B

REPORT TITLE Case Status by Center by Case Type – Parts A & B		REPORT NUMBER WINR0193	FILE NAME PSC310PR0193
PURPOSE – NOTES This report provides information on the total number of cases by center by case type processed in the report month. Part A includes Applying, Withdrawn, Rejected, and Administrative Suspension statuses. Part B includes Closed, Active, Single Issue and Active statuses and a citywide total.			
SOURCE SC1006 RunID = PSC310	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via email NYS OTDA via DEPCON	
SEQUENCE Center/Case Type		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Applying		Indicates the number of cases in AP (applying) status reported by case type (FA, SNFP, SNCA, SNNC). Also includes a total of all cases in AP Status.	
4. Withdrawn		Indicates the number of cases in WD (withdrawn) status by case type. Also includes a total of all cases in WD Status.	
5. Denied		Indicates the number of cases in RJ (rejected) status by case type. Also includes a total of all cases in RJ Status.	
6. Admin Susp		Indicates the number of cases in AS (administrative suspension) status by case type. This status is no longer used.	
7. Closed		Indicates the number of cases in CL (closed) status by case type. Also includes a total of all cases in CL Status.	
8. Single Issue		Indicates the number of cases in SI (single issue) status by case type. Also includes a total of all cases in SI Status.	
9. Active		Indicates the number of cases in AC (active) status by case type. Also includes a total of all cases in AC Status.	
10. Single Issue & Active		Indicates the total number of cases in SI (single issue) and AC (active) status by case type. Also includes a total of all case types in these two statuses.	
11. Total		Provides a citywide total of cases by case status by case type.	

WINR0194 – NEW CASES NO PREVIOUS ASSISTANCE

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM						PAGE 1		
PROGRAM: SC1007		①						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0194								
② CENTER	③ CASE NUMBER	④ SUFFIX ID	⑤ CASE TYPE	⑥ CASE LOAD	⑦ NEW CASES NO PREVIOUS ASSISTANCE CASE NAME	⑧ REASON CODE	⑨ TRANS DATE	⑩ DATE OF EVENT	⑪ CHARGE CODE	
013	001990518B	01	SNCA	00032	MXXXXX JXXX	Y67	04/18/07	04/18/07		
	006615876H	01	FA	00053	AXXXXX CXXX	Y67	04/10/07	04/10/07		
	006621966I	01	SNCA	00016	MXXXXX SXXXXX	Y67	04/11/07	03/19/07	68	
	006626509B	01	FA	00041	FXXXX NXXXXX	Y67	04/09/07	04/09/07		
<< report edited for formatting >>										
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	CASE LOAD	CASE NAME	REASON CODE	TRANS DATE	DATE OF EVENT	CHARGE CODE	
045	002670474C	02	FA	00075	MXXXX TXXXXX	Y67	04/26/07	04/06/07		
	006594519I	01	FA	00063	GXXXX GXXXX	Y67	04/03/07	03/14/07		
	006610842E	01	FA	00063	PXXXXX EXXXX	Y67	04/03/07	03/16/07	63	
	006648283H	01	FA	00063	SXXXXX SXXXXX	Y67	04/17/07	03/23/07		
<< report edited for formatting >>										
END OF REPORT										

WINR0194 Report Sample

WINR0194 – NEW CASES NO PREVIOUS ASSISTANCE

REPORT TITLE New Cases No Previous Assistance		REPORT NUMBER WINR0194	FILE NAME PSC350PR0194
PURPOSE – NOTES This report provides information on new cases accepted during the month which have never received assistance previously.			
SOURCE SC1007 RunID = PSC350	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via email	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that uniquely identifies the newly accepted case which meets the criteria of no prior assistance.	
4. Suffix ID			
5. Case Type		Indicates the type of cash assistance (FA, SNCA, SNFP, SNNC) for which the case has been accepted.	
6. Case Load		The unit/worker responsible for maintaining the case.	
7. Case Name		The name of the payee of the suffix/case.	
8. Reason Code		The reason used to accept the case for assistance.	
9. Trans Date		The date the application was registered on the WMS data base.	
10. Date of Event		The date the case applied for assistance.	
11. Charge Code		The state/federal charge code used when the case was opened.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0196 – NEW ACCEPTS PREVIOUS ASSISTANCE SAME CATEGORY**

WINR0196 – NEW ACCEPTS PREVIOUS ASSISTANCE SAME CATEGORY

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1
PROGRAM: SC1003		WELFARE MANAGEMENT SYSTEM										
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0196										
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	NEW CASE LOAD	PREVIOUS CASE NAME	ASSISTANCE REASON CODE	SAME CATEGORY TRANS DATE	DATE OF EVENT	DATE LAST CLOSED	PRIOR CASE TYPE	CHARGE CODE	
013	000051511E	01	FA	00444	OXXXXXXX JXXXXX	Y67	04/12/07	04/11/07	03/20/07	FA		
	000287907A	01	SNNC	00444	DXXX LXXXX	Y42	04/16/07	04/10/07	03/23/07	SNNC		
	000413257H	01	FA	00204	AXXXXX EXXXX	Y42	04/13/07	04/11/07	03/29/07	FA		
	000553312A	01	SNCA	00044	WXXXX BXXX	Y42	04/18/07	04/18/07	04/17/07	SNCA		
<< report edited for formatting >>												
045	000679645C	01	SNNC	00064	GXXXX TXXXX	Y42	04/06/07	04/06/07	03/26/07	SNNC	88	
	001192937J	01	FA	00075	TXXXXXXXX SXXXX	Y42	04/02/07	10/17/06	03/09/07	FA		
	001306288A	01	FA	00074	AXXXXX IXXXX	Y42	04/03/07	03/14/07	03/15/07	FA		
	001880011A	01	FA	00065	GXXXXX BXXXX	Y43	04/19/07	04/18/07	03/29/07	FA		
<< report edited for formatting >>												
099	000100831H	01	SNCA	00034	MXXXX WXXXX	Y42	04/26/07	04/25/07	03/26/07	SNCA		
	000100831H	01	SNCA	00034	MXXXX WXXXX	Y42	04/26/07	04/25/07	03/26/07	SNCA		
	000133518B	01	FA	00051	SXXXXX JXXXXXX	Y67	04/17/07	04/03/07	04/12/07	FA		
END OF REPORT												

WINR00196 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0196 – NEW ACCEPTS PREVIOUS ASSISTANCE SAME CATEGORY

WINR0196 – NEW ACCEPTS PREVIOUS ASSISTANCE SAME CATEGORY

REPORT TITLE New Accepts Previous Assistance Same Category		REPORT NUMBER WINR0196	FILE NAME PSC340PR0196
PURPOSE – NOTES This report provides information on cases which have recently been accepted to receive cash benefits and have received these benefits in the past in the same category.			
SOURCE SC1003 RunID = PSC340	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via email	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that uniquely identifies the newly accepted case which meets the criteria of no prior assistance.	
4. Suffix ID			
5. Case Type		Indicates the type of assistance (FA, SNCA, SNFP, SNNC) for which the case has been accepted.	
6. Case Load		The unit/worker responsible for maintaining the case.	
7. Case Name		The name of the payee of the suffix/case.	
8. Reason Code		The reason used to accept the case for assistance.	
9. Trans Date		The date the application was registered on the WMS data base.	
10. Date of Event		The date the case applied for assistance.	
11. Date Last Closed		The date the case was last closed in the same category.	
12. Prior Case Type		Indicates the type of assistance (FA, SNCA, SNFP, SNNC) previously received by the case.	
13. Charge Code		The state/federal charge code used when the case was opened.	

WINR0197 – NEW ACCEPTS PREVIOUS ASSISTANCE DIFF CATEGORY

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 1	
PROGRAM: SC1002		WELFARE MANAGEMENT SYSTEM									
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0197								***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
2	3	4	5	6	7	8	9	10	11	12	13
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	NEW ACCEPTS CASE LOAD	PREVIOUS ASSISTANCE CASE NAME	DIFF REASON CODE	CATEGORY TRANS DATE	DATE OF EVENT	DATE LAST CLOSED	PRIOR CASE TYPE	CHARGE CODE
017	004371806D	01	HR	00113	AXXXX R FR DONALD << report edited for formatting >>	Y42	04/10/07	04/10/07	03/19/07	ADC	
078	001643674D	01	ADC	00023	MXXXX MORENO	Y42	04/02/07	03/26/07	02/21/07	HR	88
END OF REPORT											

WINR0197 Report Sample

WINR0197 – NEW ACCEPTS PREVIOUS ASSISTANCE DIFF CATEGORY

REPORT TITLE New Accepts Previous Assistance Diff Category		REPORT NUMBER WINR0197	FILE NAME PSC330PR0197
PURPOSE – NOTES This report provides information on cases which have previously received assistance in the categories other than the recently accepted category.			
SOURCE SC1002 RunID = PSC330	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via email	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that uniquely identifies the newly accepted case which meets the criteria of no prior assistance.	
4. Suffix ID			
5. Case Type		Indicates the type of assistance (FA, SNCA, SNFP, SNNC) for which the case has been accepted.	
6. Case Load		The unit/worker responsible for maintaining the case.	
7. Case Name		The name of the payee of the suffix/case.	
8. Reason Code		The reason used to accept the case for assistance.	
9. Trans Date		The date the application was registered on the WMS data base.	
10. Date of Event		The date the case applied for assistance.	
11. Date Last Closed		The date the case was last closed in the same category.	
12. Prior Case Type		Indicates the type of assistance (FA, SNCA, SNFP, SNNC) previously received by the case.	
13. Charge Code		The state/federal charge code used when the case was opened.	

WINR0203 – SOCIAL SECURITY VALIDATION

1

REPORT DATE: 06/09/07
PROGRAM: SN1005
PA CENTER: 037

NEW YORK STATE DEPT OF FAMILY ASSISTANCE
WELFARE MANAGEMENT SYSTEM
SOCIAL SECURITY VALIDATION
WMS REPORT WINR0203

PAGE 1

* THIS REPORT CONTAINS *
CONFIDENTIAL INFORMATION
* FOR INTERNAL USE ONLY *

CASE	CTR	WRKR	REC TYPE	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	VAL CDE	MESSAGES
007167909G	037	00000	SSA QV34019G	088888888	TXXXXX	JOY	S	F	10/20/06	E	GIVEN NAME & DOB MATCH, NO MATCH LAST NAME	
006315338B	037	00000	SSA RE84160G	055555555	MXXXXX	JERMARIE	S	M	04/10/06	E	CLIENT KNOWN BY OTHER SSN	
004453902B	037	00000	SSA SE16722N	133333333	SXXXXX	JADA	M	F	12/05/03	E	GIVEN NAME & DOB MATCH, NO MATCH LAST NAME	
004658874F	037	00052	SSA UP20122Z	122222222	CXXXXXXX	AMY		F	08/29/77	E	GIVEN NAME & DOB MATCH, NO MATCH LAST NAME	
007088401A	037	00076	SSA QV41287F	100000000	LXXXX	JOHN		M	07/01/69	D	NAME MATCHES, ---NO MATCH DOB	
002419682G	037	00082	SSA ZU75874H	588888888	GXXXXX	ALEJANDRA		F	11/12/40	B	NO MATCH NAME, BIRTH DATE NOT CHECKED	
004783207G	037	00093	SSA SF63022G	599999999	RXXXX	EDWINA		F	03/26/88	E	CLIENT KNOWN BY OTHER SSN	

TOTAL FOR CENTER: 000007

<< report edited for formatting >>

SUMMARY OF SSN VALIDATION EXCEPTION RECORDS

TOTAL EXCEPTION RECORDS FOR P.A.:	00000050
TOTAL EXCEPTION RECORDS FOR F.S.:	00000178
TOTAL EXCEPTION RECORDS FOR M.A. (INSTITUTIONAL SERVICES):	00000005
TOTAL EXCEPTION RECORDS FOR M.A. (CASA):	00000001
TOTAL EXCEPTION RECORDS FOR M.A. (FFR/MFP):	00000391
TOTAL EXCEPTION RECORDS WITH CLIENT NOT FOUND:	00000000
TOTAL EXCEPTION RECORDS WRITTEN	00018359
PLUS TOTAL EXTRA M.A. RECORDS WRITTEN	00000000
EQUALS TOTAL INPUT RECORDS READ:	00018359

***** END OF REPORT *****

WINR0203 Report Sample

WINR0203 – SOCIAL SECURITY VALIDATION

REPORT TITLE Social Security Validation		REPORT NUMBER WINR0203	FILE NAME PSN050PRPT
PURPOSE – NOTES This report lists individuals whose Social Security Number could not be validated by the Social Security Administration.			
SOURCE SN1005 RunID = PSN050	REFERENCE Effective 11/1/93, only HRA is recipient	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MICSA Management via DEPCON HRA ORI Management via DEPCON	
SEQUENCE Center/Worker/CIN		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case		Case Number	
4. CTR		Center Number	
5. Worker		Worker ID Number	
6. Rec Type		Record Type (ex. SSA)	
7. CIN		Client Identification Number	
8. SSN		Social Security Number	
9. Last Name		Individual's Last Name	
10. First		Individual's First Name	
11. MI		Individual's Middle Initial	
12. Sex		M or F	
13. DOB		Date of Birth	
14. Val CDE		Validation Code	
15. Messages			
16. Total for Center		Number of records reported for this center	
17. Summary of SSN Validation Exception Records		Totals by case type and grand totals	

WINR0204 - EPFT PULL

REPORT DATE 04/30/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 77
PROGRAM: DR1004	<div style="text-align: center;"> 1 EPFT PULL WMS REPORT WINR0204 </div>				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	4	5	6	7
CASE NUMBER	CENTER	SUF	PROG	CASE NAME	CASE ADDRESS

00009500974C	099	01	P	KXXXX A FOR KXXXX L	999 PARK ST 2S STATEN ISLAND NY103040000
00006728154D	037	01	P	AXXXXXX LXXXXX	999 MAIN ST 2H BROOKLYN NY112070000
00008695044B	035	01	P	CXXXXXXXX GXXXXX	999 WEST STREET 51 NEW YORK NY10032
REPORT END					

WINR0204 Report Sample

WINR0204 - EPFT PULL

REPORT TITLE EPFT Pull		REPORT NUMBER WINR0204	FILE NAME PDR040PEPFT
PURPOSE – NOTES This daily report lists all EBT (previously EPFT) Pull cases.			
SOURCE DR1004 RunID = PDR040	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
18. Standard WMS Headings		-	
19. Case Number		The number that uniquely identifies the case.	
20. Center		The center responsible for maintaining the case.	
21. Suffix		Number identifying the unit of assistance with which an individual is affiliated.	
22. PROG		Program area: P (Public Assistance – cash) or F (NPA Food Stamps) f or B (PA Food Stamps)	
23. Case Name		The name of the payee of the suffix or case.	
24. Address		Includes Street Address, City, State, and Zip Code	

WINR0206 – CHANGE IN CATEGORY FROM SNFP

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE		1	
PROGRAM: SC1011		WELFARE MANAGEMENT SYSTEM								
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0206							*****	
									* THIS REPORT CONTAINS *	
									* CONFIDENTIAL INFORMATION *	
									* FOR INTERNAL USE ONLY *	

		CHANGE IN CATEGORY FROM SNFP								
2	3	4	5	6	7	8	9	10	11	
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	CASE NAME	CASE STATUS	REASON CODE	TRANS DATE	DATE OF EVENT	AMPLIF DATE	
018	001148449A	01	SNNC	BXXX EXXX	ACTIVE		04/30/07	09/07/04	09/09/04	
<< report edited for formatting >>										
078	002334653J	01	SNNC	CXXXXXXXX CXXXXXXXX	ACTIVE		04/30/07	09/11/06	10/14/06	
	004325074F	01	SNNC	DXXXXX EXXXX	ACTIVE		04/18/07	04/06/05	07/13/05	
	004536546H	01	SNNC	FXXXX DXXXX	ACTIVE		04/10/07	03/05/07	03/30/07	
	007536570A	01	SNCA	DXXX RXXXXXXXX	ACTIVE		04/30/07	01/06/07	01/17/07	
END OF REPORT										

WINR0206 Report Sample

WINR0206 – CHANGE IN CATEGORY FROM SNFP

REPORT TITLE Change in Category from SNFP		REPORT NUMBER WINR0206	FILE NAME PSC360PR0206
PURPOSE – NOTES This report provides information on all SNFP cases that changed to another category of assistance this month.			
SOURCE SC1011 RunID = PSC360	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA/OFM Division of Field Audit HRA Office of Central Processing via DEPCON	
SEQUENCE PA Center/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that identifies the cases which were reclassified from SNFP to a different category (i.e., SNCA, SNNC).	
4. Suffix ID		Number of the assistance unit with which an individual is affiliated.	
5. Case Type		Indicates the type of assistance (SNCA, SNNC) for which the suffix has been accepted.	
6. Case Name		The name of the payee of the suffix/case.	
7. Case Status		Indicates whether or not the suffix/case is active.	
8. Reason Code		The reason used to place the case in the specified status.	
9. Trans Date		Transaction Date: The date the reclassification was registered on the WMS data base.	
10. Date of Event		The date the reclassification to a different category occurred.	
11. Amplif Date		Amplification Date: Indicates the date the case was last opened in this category.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0207 – CHANGE IN CATEGORY FROM HRPG OR SNCA TO FA OR SNFP**

WINR0207 – CHANGE IN CATEGORY FROM HRPG OR SNCA TO FA OR SNFP

1

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1
PROGRAM: SC1009	WELFARE MANAGEMENT SYSTEM										
PERIOD COVERED BY THIS REPORT APR,2007	WMS REPORT WINR0207										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
*IDENTIFIES AN SNCA CASE	CHANGE IN CATEGORY FROM HRPG OR SNCA TO FA OR SNFP										
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	CASE NAME	CASE STATUS	REASON CODE	TRANS DATE	DATE OF EVENT	AMPLIF DATE		
*013	000448531E	01	FA	MXXXXX C	ACTIVE		04/23/07	02/03/06	07/01/05		
*	000864010E	01	FA	DXXXX A	ACTIVE		04/26/07	07/12/05	10/13/06		
*	003911600J	01	FA	MXXXXX KXXXX	ACTIVE		04/23/07	02/13/98	03/09/98		
*	003987257H	01	FA	DXXX JXXXXXX	ACTIVE		04/17/07	07/11/06	08/04/06		
<< report edited for formatting >>											
*099	002771976E	01	FA	SXXXXX EXXXX	ACTIVE		04/23/07	12/12/94	12/13/94		
*	002909979D	01	FA	PXXXX TXXXXXXXX	ACTIVE		04/23/07	05/16/05	05/16/05		
*	003663767G	01	FA	NXXXXX LXXXX	ACTIVE		04/23/07	12/06/00	12/08/00		
*	003897727I	01	FA	SXXXX CXXXX	ACTIVE		04/23/07	11/17/99	11/17/99		
END OF REPORT											

WINR0207 Report Sample

WINR0207 – CHANGE IN CATEGORY FROM HRPG OR SNCA TO FA OR SNFP

1

REPORT TITLE Change in Category from HRPG or SNCA to FA or SNFP		REPORT NUMBER WINR0207	FILE NAME PSC370PR0207
PURPOSE – NOTES This report provides information on all HRPG and SNCA cases that changed category to FA or SNFP during the month.			
SOURCE SC1009 RunID = PSC370	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA/OFM Division of Field Audit	
SEQUENCE PA Center/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that identifies the cases which were reclassified from HRPG or SNCA to FA or SNFP.	
4. Suffix ID		Number of the assistance unit with which an individual is affiliated.	
5. Case Type		Indicates the type of assistance (FA, SNFP) for which the case has been accepted.	
6. Case Name		The name of the payee of the suffix/case.	
7. Case Status		Indicates whether or not the suffix/case is active.	
8. Reason Code		The reason used to place the case in the specified status.	
9. Trans Date		Transaction Date: The date the reclassification was registered on the WMS data base.	
10. Date of Event		The date the reclassification to another category occurred.	
11. Amplif Date		Amplification Date: Indicates the date the case was last opened in this category.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0214 – HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER
MM/DD/YY OR UNREPORTED CHILDREN BORN IN A PRIOR QUARTER**

**WINR0214 – HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER MM/DD/YY OR
UNREPORTED CHILDREN BORN IN A PRIOR QUARTER**

1

REPORT DATE 06-02-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM				PAGE 1			
PROGRAM: SC1016		1				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
PERIOD COVERED BY THIS REPORT MAY,2007		WMS REPORT WINR0214							
HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER 05/01/07 OR UNREPORTED CHILDREN BORN IN A PRIOR QUARTER									
2	3	4	5	6	7	8	9	10	11
CENTER	CASE NUMBER	SUFFIX	TYPE	CHILD NAME	SEX	BIRTH DATE	CHILDREN	ADULT	CHANGE
013	000257970E			TXXXXX	QUAVON	E M	10/25/06	07	01
	000990636D		ADC	RXXXXX	MATHEW	L M	03/24/07	05	03
	001825776G		ADC	RXXXXXXXXX	ALEXANDER	P M	02/17/07	02	01
	002092370C		ADC	RXXXXXX	ANDERSON	M	11/13/06	02	01
	005081632B		ADC	HXXX	SHIMMER	N F	03/07/07	02	01
	005953320I		HR	CXXXXX	SERENITY	S F	12/11/06	01	02
	006483881G		HR	SXXXXXXXX	JANEICY	M F	02/01/07	03	01
	007141606J		HR	HXXXXXX	NATASHA	D F	10/11/06	04	06
	008124891G		HR	MXXXXXXXX	ZAHMAYA	I F	05/04/07	06	01
	009908458E		HR	FXXXXXX	CHRISTIAN	J M	04/19/07	03	01

WINR0214 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0214 – HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER
MM/DD/YY OR UNREPORTED CHILDREN BORN IN A PRIOR QUARTER**

WINR0214 – HR/PG AND ADC CASES WHICH CONTAIN A CHILD BORN ON OR AFTER MM/DD/YY OR UNREPORTED CHILDREN BORN IN A PRIOR QUARTER

REPORT TITLE HR/PG and ADC Cases Which Contain a Child Born on or after MM/DD/YY or Unreported Children Born in a Prior Quarter		REPORT NUMBER WINR0214	FILE NAME PSC800PR0214
PURPOSE – NOTES This report provides information on births in the current quarter or children who were born in previous quarters but made active this quarter.			
SOURCE SC1016 RunID = PSC800	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the case.	
3. Case Number		The number that uniquely identifies the case.	
4. Suffix ID		Number of the assistance unit with which the individual is affiliated.	
5. Type		Indicates the type of assistance (HR, HRP, ADC, ADCU) the case is receiving.	
6. Child Name		The name of the child born in current or previous quarter made active during the reporting period.	
7. Sex		Specifies the sex of the child.	
8. Birth Date		The date of birth of the specified child.	
9. Children		Indicates the number of children currently active on the case for this reporting period.	
10. Adult		Indicates the number of adults currently active on the case for this reporting period.	
11. Change			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0215 – ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE
ADULTS (MONTH)**

WINR0215 – ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE ADULTS (MONTH)

1

REPORT DATE 06-03-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PROGRAM: SC1018	WELFARE MANAGEMENT SYSTEM		
PERIOD COVERED BY THIS REPORT MAY,2007	WMS REPORT WINR0215		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
*IDENTIFIES AN HR CASE	ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE ADULTS (MONTH)		
* CENTER: 013	CASE-NO: 001236077C	SUFFIX: 01	CASE: 999 COLUMBIA ST 9X ADDR: NEW YORK NY10002
IND STAT: AC	NAME: JXXXXXX	MELVIN	DOB: 06/03/1966 SEX: M
IND STAT: AC	NAME: DXXXXXXX	ARMEENAH M	DOB: 12/25/1991 SEX: F
IND STAT: AC	NAME: JXXXXXXIII	MELVIN	DOB: 08/05/1994 SEX: M
IND STAT: AC	NAME: JXXXXXX	DESMOND M	DOB: 07/21/1999 SEX: M
IND STAT: AC	NAME: MXXXXX	DEBORAH A	DOB: 05/03/1957 SEX: F
* CENTER: 013	CASE-NO: 003904568H	SUFFIX: 01	CASE: 999 W 17 ST 99X ADDR: NEW YORK NY100110000
IND STAT: AC	NAME: AXXXX	LUZ	DOB: 06/20/1995 SEX: F
IND STAT: AC	NAME: FXXXXX	JOVANNA	DOB: 09/23/1976 SEX: F
IND STAT: AC	NAME: FXXXXX	UNBORN	DOB: / / SEX: U
IND STAT: AC	NAME: RXXXXJR	JOSE L	DOB: 01/09/2002 SEX: M

WINR0215 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0215 – ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE
ADULTS (MONTH)**

WINR0215 – ACTIVE SNCA CASES WITH CHILDREN CONTAINING TWO OR MORE ADULTS (MONTH)

REPORT TITLE Active SNCA Cases with Children Containing Two or More Adults (Month)		REPORT NUMBER WINR0215	FILE NAME PSC520PR0215
PURPOSE – NOTES This report provides information on active SNCA cases that consist of one or more children and two or more adults. An asterisk (*) next to Center identifies an HR (SN) case. Note: This report is generated with two sorts; one provides information on all cases, the other provides information on cases with a composition change for the reporting month.			
SOURCE SC1018 RunID = PSC520	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA/OFM Division of Field Audit	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that uniquely identifies the case.	
4. Suffix ID		Number of the assistance unit with which the individual is affiliated.	
5. Case Name		The name of the payee on the suffix.	
6. Case Addr		Information on place of residence of the case which includes house number, street name, apartment number, city, state and zip code.	
7. IND STAT		The status of each individual associated with the suffix.	
8. Name		The name of each individual associated with the suffix.	
9. DOB		The birthdate of each individual associated with the suffix.	
10. Sex		Indicates the sex of each individual associated with the suffix.	
11. IND CAT Code		Indicates the reason each individual is eligible to receive assistance.	
12. EMPL Code		Indicates the employability status of the individual.	
13. SSN		Social Security Number	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0216 – DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING ONE OR NO ADULTS (MONTH)

WINR0216 – DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING ONE OR NO ADULTS (MO. 1 H)

REPORT DATE 06-03-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PROGRAM: SC1019	WELFARE MANAGEMENT SYSTEM		
PERIOD COVERED BY THIS REPORT MAY,2007	WMS REPORT WINR0216		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
*IDENTIFIES AN HR CASE	DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING ONE OR NO ADULTS (MONTH)		
* CENTER: 013 CASE-NO: 000032521H	SUFFIX: 01	CASE NAME: CXXXXXXXX JANE FOR JONATHAN	CASE: 999 E 102 ST 14A ADDR: NEW YORK NY100020000
IND STAT: AC NAME: MXXXXX	JONATHAN	DOB: 07/20/1988 SEX: M	IND CAT CODE: 09 EMPL CODE: 20 SSN:
* CENTER: 013 CASE-NO: 000448531E	SUFFIX: 01	CASE NAME: MXXXXX C FOR FXXXXXXXX J	CASE: 999 E 180 ST 3F ADDR: NEW YORK NY104600000
IND STAT: AC NAME: FXXXXXXXX	JASON	DOB: 08/02/2002 SEX: M	IND CAT CODE: 09 EMPL CODE: 30 SSN:
IND STAT: AC NAME: MXXXXX	CHRISTINA	DOB: 12/19/1969 SEX: F	IND CAT CODE: 13 EMPL CODE: 27 SSN:
* CENTER: 013 CASE-NO: 002495022C	SUFFIX: 01	CASE NAME: PXXXX NORMA	CASE: 999 W 19TH ST 3C ADDR: NEW YORK NY100110000
IND STAT: AC NAME: DXXXXXX	YASMIN Y	DOB: 12/30/1995 SEX: F	IND CAT CODE: 01 EMPL CODE: 30 SSN:
IND STAT: AC NAME: PXXXX	NORMA	DOB: 04/09/1963 SEX: F	IND CAT CODE: 12 EMPL CODE: 44 SSN:
* CENTER: 013 CASE-NO: 003911600J	SUFFIX: 01	CASE NAME: MXXXXX KAREN YVETTE	CASE: 999 E HOUSTON ST 7F ADDR: NY NY10002
IND STAT: AC NAME: GXXXXXXXX	JOYCELYN	DOB: 09/22/1989 SEX: F	IND CAT CODE: 09 EMPL CODE: 30 SSN:
<< report edited for formatting >>			

WINR0216 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0216 – DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING
ONE OR NO ADULTS (MONTH)**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0216 – DETAILED LISTING OF SNCA CASES WITH CHILDREN CONTAINING ONE OR NO ADULTS (MONTH)

REPORT TITLE Detailed Listing of SNCA Cases with Children Containing One or No Adults (Month)		REPORT NUMBER WINR0216	FILE NAME PSC530PR0216
PURPOSE – NOTES This report lists active SNCA cases that consist of one or more children and one or no adults			
SOURCE SC1019 RunID = PSC530	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Division of Field Audit HRA OFM State Case Review	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that uniquely identifies the case.	
4. Suffix ID		Number of the assistance unit with which the individual is affiliated.	
5. Case Name		The name of head of household.	
6. Case Addr		Information on place of residence of the case which includes house number, street name, city, state and zip code.	
7. IND STAT		The status of each individual associated with the suffix.	
8. Name		The name of each individual associated with the suffix.	
9. DOB		The birthdate of each individual associated with the suffix.	
10. Sex		Indicates the sex of each individual associated with the suffix.	
11. IND CAT Code		Indicates the reason each individual is eligible to receive assistance.	
12. EMPL Code		Indicates the employability status of the individual.	
13. SSN		Social Security Number	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING PUBLIC ASSISTANCE

WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING PUBLIC ASSISTANCE 1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 1			
PROGRAM: SC1015		WELFARE MANAGEMENT SYSTEM											
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0217								***** THIS REPORT CONTAINS ***** * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING PUBLIC ASSISTANCE BY SOURCES OF OTHER INCOME BY TYPE OF ASSISTANCE													
2	3	4	5	6	7	8	9	10	11	12	13	14	
*****FA/SNFP*****					*****SNCA*****				*****SNNC*****				
ITEM	NUMBER	\$ AMOUNT	\$ AVERAGE	% TOTAL	NUMBER	\$ AMOUNT	\$ AVERAGE	% TOTAL	NUMBER	\$ AMOUNT	\$ AVERAGE	% TOTAL	
1	2105	\$422,410	\$200.66	16.4	841	\$219,389	\$260.86	5.5	855	\$165,194	\$193.20	7.	
2	7892	\$5,965,726	\$755.92	61.5	2427	\$1,674,563	\$689.97	15.8	9849	\$6,746,081	\$684.95	81.	
3	105	\$61,709	\$587.70	.8	44	\$28,907	\$656.97	.3	80	\$37,707	\$471.33	.	
4	37	\$17,342	\$468.70	.3	31	\$14,582	\$470.38	.2	15	\$8,899	\$593.26	.	
5	345	\$82,835	\$240.10	2.7	35	\$9,549	\$272.82	.2	94	\$20,614	\$219.29	.	
6	14	\$3,426	\$244.71	.1	192	\$109,795	\$571.84	1.2	9	\$3,275	\$363.88	.	
7	505	\$163,266	\$323.29	3.9	80	\$29,261	\$365.76	.5	27	\$8,818	\$326.59	.	
8	4	\$1,397	\$349.25	.0	3	\$1,357	\$452.33	.0	4	\$1,093	\$273.25	.	
9	40	\$15,254	\$381.35	.3	8	\$3,904	\$488.00	.1	0		\$.00	.	
A	0		\$.00	.0	7262	\$4,255,119	\$585.94	47.2	111	\$82,369	\$742.06	.	
B	507	\$257,058	\$507.01	4.0	3602	\$2,486,657	\$690.35	23.4	80	\$33,745	\$421.81	.	
S	807	\$264,955	\$328.32	6.3	137	\$42,910	\$313.21	.9	220	\$76,371	\$347.14	1.	
G	468	\$661,849	\$1,414.20	3.6	714	\$1,026,218	\$1,437.28	4.6	811	\$1,159,421	\$1,429.61	6.	
	12829				15376				12155				

	FA/SNFP				SNCA				SNNC				
	CASES	TOT-\$-AMT	TOT-\$-AV	% TOT	CASES	TOT-\$-AMT	TOT-\$-AV	% TOT	CASES	TOT-\$-AMT	TOT-\$-AV	% TOT	
					15	TOTAL CASES WITH INCOME							
	12472	\$7,917,227	\$634.80	7.7	13875	\$9,902,211	\$713.67	15.7	11858	\$8,343,587	\$703.62	11.6	
	150172			92.3	74371	TOTAL CASES NO INCOME						88.4	
	162644			100.0	17	TOTAL ACTIVE CASES						100.0	
					88246			100.0	102156				

WINR0217 Report Sample – by Sources of Other Income by Type of Assistance

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING
PUBLIC ASSISTANCE**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0217 – Analysis of Sources of Other Income for Cases Receiving Public Assistance, cont.

*****TOTAL*****					18	
ITEM	NUMBER	\$ AMOUNT	\$ AVERAGE	% TOTAL		SOURCES OF INCOME ITEMS
1	3801	\$806,993	\$212.31	9.4		OLD AGE AND SURVIVORS BENEFIT
2	20168	\$4,386,370	\$217.49	50.0		EMPLOYMENT
3	229	\$128,323	\$560.36	.6		UNEMPLOYMENT INSURANCE BENEFITS
4	83	\$40,823	\$491.84	.2		NYS DISABILITY/WORKMENS COMP
5	474	\$112,998	\$238.39	1.2		INCOME FROM RELATIVE
6	215	\$116,496	\$541.84	.5		MILITARY RELATED BENEFITS
7	612	\$201,345	\$328.99	1.5		OTHER PRIVATE SOURCE
8	11	\$3,847	\$349.72	.0		OTHER PUBLIC SOURCE
9	48	\$19,158	\$399.12	.1		BOARDER/LODGER
A	7373	\$4,337,488	\$588.29	18.3		SUPPLEMENTAL SECURITY INCOME
B	4189	\$2,777,460	\$663.03	10.4		SOCIAL SECURITY DISABILITY
S	1164	\$384,236	\$330.09	2.9		MISCELLANEOUS INCOME SOURCE
G	1993	\$2,847,488	\$1,428.74	4.9		TEAP/WILDCAT
	40360					

TOT-CASES	TOT-\$-AMT	TOT-\$-AV	% TOT			
19	TOTAL CASES WITH INCOME					
38205	\$26,163,025	\$684.80	10.8			
20	TOTAL CASES NO INCOME					
314841			89.2			
21	TOTAL ACTIVE CASES					
353046			100.0			
END OF REPORT						

WINR0217 Report Sample, cont. – Totals by Sources of Income Items and Grand Totals

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING
PUBLIC ASSISTANCE**

WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING PUBLIC ASSISTANCE

REPORT TITLE Analysis of Sources of Other Income for Cases Receiving Public Assistance by Sources of Other Income by Type of Assistance		REPORT NUMBER WINR0217	FILE NAME PSC440PR0217
PURPOSE – NOTES This report provides information on active FA/SNFP, SNCA, and SNNC cases that have other sources of income (e.g., Social Security benefits, employment, unemployment insurance, etc.) The other incomes are divided into thirteen distinct income source code categories and listed by item numbers which are defined at the end of the report.			
SOURCE SC1015 RunID = PSC440	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via DEPCON and email	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Item		The item number identifying the income sources for which information is being reported.	
FA/SNFP:			
3. Number		The number of cases in the FA/SNFP category reporting the indicated income type.	
4. \$ Amount		The dollar amount received for all FA/SNFP cases reporting the indicated income type.	
5. \$ Average		The average income amount received by the cases reporting the indicated income type.	
6. % Total		The percentage of the total number of FA/SNFP cases for the income type compared to the number of active FA/SNFP cases for the reporting period.	
SNCA:			
7. Number		The number of cases in the SNCA category reporting the indicated income type.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0217 – ANALYSIS OF SOURCES OF OTHER INCOME FOR CASES RECEIVING
PUBLIC ASSISTANCE**

8. \$ Amount	The dollar amount received for all SNCA cases reporting the indicated income type.
9. \$ Average	The average income amount received by the cases reporting the indicated income type.
10. % Total	The percentage of the total number of SNCA cases for the income type compared to the number of active SNCA cases for the reporting period.
SNNC:	
11. Number	The number of cases in the SNNC category reporting the indicated income type.
12. \$ Amount	The dollar amount received for all SNNC cases reporting the indicated income type.
13. \$ Average	The average income amount received by the cases reporting the indicated income type.
14. % Total	The percentage of the total number of SNNC cases for the income type compared to the number of active SNNC cases for the reporting period.
Subtotals for case categories:	
15. Total Cases with Income	Summary of the number of cases, total dollar amount received, average dollar amount for each case and percentage of the total number of cases for the indicated case type with reported income.
16. Total Cases No Income	Summary of the number of cases for the category not in receipt of income, and the percentage of the total number of active cases.
17. Total Active Cases	Summary of total active cases in the FA/SNFP, SNCA, and SNNC categories and the percentage of all active cases.
18. Sources of Income Items	Lists the meaning of each code used on the WINR0217 report for reference purposes.
Grand Totals:	
19. Total Cases with Income	Summary of the number of cases, total dollar amount received, average dollar amount for each case and percentage of the total number of cases for all case types with reported income.
20. Total Cases No Income	Summary of the number of cases for all categories not in receipt of income, and the percentage of the total number of all active cases.
21. Total Active Cases	Summary of total active cases in all categories and the percentage of all active cases.

WINR0218 - MEDICAL ASSISTANCE BUDGET CALCULATION

1

< INSERT REPORT TEXT HERE >

WINR0218 Report Sample

WINR0218 - MEDICAL ASSISTANCE BUDGET CALCULATION

REPORT TITLE Medical Assistance Budget Calculation		REPORT NUMBER WINR0218	FILE NAME (none)
PURPOSE – NOTES This report provides an itemized calculation of the MA budget. The captions and field headings on this report are printed in English or Spanish.			
SOURCE EX1072 (English) EX1084 (Spanish) RunID =(none)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Worker	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Online		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	

WINR0226 – BONUS PAYMENT REPORT MM/YYYY

1

REPORT DATE 01/10/2009		NEW YORK STATE DEPT. OF SOCIAL SERVICES WELFARE MANAGEMENT SYSTEM BONUS PAYMENT REPORT 01/2009				PAGE 1			
PROGRAM: CS1004		1	WMS REPORT WINR0226				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
2	3	4	5	6	7	8	9	10	
CASE NO.	SUFFIX	CASE NAME/ADDRESS	CURRENT BONUS AMT	BONUS AMT. #1	BONUS AMT. #2	CIN	EXTRA CIN	PA IMC	
000000083G	01	JXXXX, ERICA T 999 MORRIS AVE	0100.00 9-X BRONX	0000.00 NY 10451	0000.00	ZR09893J		040	
000000135E	01	RXXXXX, NANCY 999 EAST 105TH STREET	0100.00 9X BRONX	0000.00 NY 10029	0000.00	XV04815B	UX83105J	024	
< report edited for formatting >>									
009995642H	01	MXXX, FLERIDA 159-14 HARLEM RIVER DR	0025.00 9X NEW YORK	0000.00 NY 10039	0000.00	TS56765V	08123100	071	
009996673B	01	TXXXXXX-XXXXXX, ARACELIS 99-99 BEACH CHANNEL DR	0100.00 9X FAR ROCKAWAY	0000.00 NY 11691	0000.00	TP35149T	08123100	045	

WINR0226 Report Sample – Detail

WINR0226 – Bonus Payment Report MM/YYYY, cont.

REPORT DATE 01/10/2009	NEW YORK STATE DEPT. OF SOCIAL SERVICES	PAGE 949
PROGRAM: CS1004	WELFARE MANAGEMENT SYSTEM	
	BONUS PAYMENT REPORT 01/2009	*****
	WMS REPORT WINR0226	* THIS REPORT CONTAINS *?
		* CONFIDENTIAL INFORMATION*
		* FOR INTERNAL USE ONLY *

	TOTALS	(11)
	TOTAL BONUS AMOUNT	810,591.11
	TOTAL BONUS AMOUNT #1	7,733.81
	TOTAL BONUS AMOUNT #2	0.00
	GRAND TOTAL OF AMOUNTS	818,324.92
	TOTAL NO. OF BONUS PAYMENTS	10,394
	TOTAL NO. OF ZERO PAYMENTS	1,926
	TOTAL NO. OF AMOUNT #1 PAYMENTS	187
	TOTAL NO. OF ZERO AMOUNT #1 PAYMENTS	12,133
	TOTAL NO. OF AMOUNT #2 PAYMENTS	0
	TOTAL NO. OF ZERO AMOUNT #2 PAYMENTS	12,320
	TOTAL NO. OF CASES	12,320
	**** END OF BONUS PAYMENT REPORT ****	

WINR0226 Report Sample – Totals

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0229 – FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST

WINR0226 – BONUS PAYMENT REPORT MM/YYYY

REPORT TITLE Bonus Payment Report MM/YYYY		REPORT NUMBER WINR0226	FILE NAME PCS400PCSRPT PCS400TOT (totals page only)
PURPOSE – NOTES This report lists the cases that received a bonus payment for the month and year indicated. A totals page is printed at the end of the report.			
SOURCE CS1004 RunID = PCS400	REFERENCE See Recipient RTS 89-691; see Recipient RTS 90-0557	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON (totals page report only) HRA Office of Central Processing via mailbag HRA OCSE/Fiscal Services via mailbag (2 copies)	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Monthly at end of month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case No.		The number that uniquely identifies the case.	
3. Suffix		Number of the assistance unit with which the individual is affiliated.	
4. Case Name/Address		The name of head of household.	
5. Current Bonus Amt			
6. Bonus Amt. #1			
7. Bonus Amt. #2			
8. CIN		Client Identification Number	
9. Extra CIN			
10. PA IMC		The Public Assistance Center responsible for maintaining the case.	
11. Totals		Total Bonus Amount, Total Bonus Amount #1, Total Bonus Amount #2, Grand Total of Amounts, Total No. of Bonus Payments, Total No. of Zero Payments, Total No. of Amount #1 Payments, Total No. of Zero Amount #1 Payments, Total No. of Amount #2 Payments, Total No. of Zero Amount #2 Payments, Total No. of Cases	

WINR0229 – FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST 1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM						PAGE 1	
PROGRAM: SC1021		①						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0229							
FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST									
②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	CASE NAME	CASE STATUS	REASON CODE	TRANS DATE	DATE OF EVENT	CLOSED DATE
013	001233473G 002441721E	01 01	SNCA SNCA	WXXXXXXXXXXXX DAVID MXXXXXXXX JOSE	CLOSED CLOSED	E95 E95	04/05/07 04/04/07	02/09/01 11/14/06	/ / / /
019	003927027H 008177504B	01 01	SNCA SNCA	RXXXXX SAMUEL SXXXXXXXX CARLOS	CLOSED CLOSED	E95 E95	04/17/07 04/06/07	12/29/06 12/01/04	/ / / /
<< report edited for formatting >>									
085	000630265H 004237119F	01 01	SNCA SNCA	HXXXXXXXX EDUARDO GXXXXX THEODORE	CLOSED CLOSED	E95 E95	04/12/07 04/03/07	/ / 09/02/04	/ / / /
099	000755290E	01	SNCA	BXXXXX MICHAEL N	CLOSED	E95	04/27/07	01/10/02	/ /
END OF REPORT									

WINR0229 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0229 – FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST

WINR0229 – FA, SNFP, SNCA, SNNC, HRPG SELECTED CLOSINGS LIST

REPORT TITLE FA, SNFP, SNCA, SNNC, HRPG Selected Closings List		REPORT NUMBER WINR0229	FILE NAME PSC380PR0229
PURPOSE – NOTES This report provides information on case closings for the month for various closing reason codes.			
SOURCE SC1021 RunID = PSC380	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA/OFM Division of Field Audit HRA Office of Data Analysis & Research	
SEQUENCE Center/Case Number		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that identifies the FA, SNFP, SNCA, SNNC, or HRPG cases that were closed during the reporting period.	
4. Suffix ID		Number identifying the unit of assistance with which an individual is affiliated.	
5. Case Type		Indicates the type of assistance (FA, SNFP, SNCA, SNNC, or HRPG) the case is receiving.	
6. Case Name		The name of the payee of the FA, SNFP, SNCA, SNNC, or HRPG case.	
7. Case Status		Indicates status (active, closed) of case as of the report date.	
8. Reason Code		The reason used to place the case in closed status.	
9. Trans Date		The date the closing transaction was processed.	
10. Date of Event		The date action was taken to close the case.	
11. Closed Date		The date the case was closed.	

WINR0230 – FA/SNFP CLOSING SELECTED LIST 2

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1		
PROGRAM: SC1022		WELFARE MANAGEMENT SYSTEM					*****		
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0230					* THIS REPORT CONTAINS *		
		FA/SNFP CLOSING SELECTED LIST 2					* CONFIDENTIAL INFORMATION *		
							* FOR INTERNAL USE ONLY *		

2	3	4	5	6	7	8	9	10	11
CENTER	CASE NUMBER	SUFFIX ID	CASE TYPE	CASE NAME	CASE STATUS	REASON CODE	TRANS DATE	DATE OF EVENT	CLOSED DATE
013	000666798E	01	FA	SXXXXX TULIP	CLOSED	N17	04/16/07	12/15/06	/ /
	001016145D	01	FA	SXXXXXX LAKETIA	CLOSED	E69	04/13/07	04/30/07	/ /
	001793526D	01	FA	RXXXXXXXXX MONIQUE	CLOSED	E30	04/24/07	06/27/06	/ /
	002003132E	01	FA	LXX S FOR CXXXXXXXXXXXX C	CLOSED	G10	04/27/07	/ /	/ /
<< report edited for formatting >>									
099	007880402I	01	FA	OXXXX TANIA	CLOSED	E65	04/09/07	03/31/06	/ /
	007995216E	01	FA	DX XXXXX MAGUELIN	CLOSED	E66	04/23/07	01/25/07	/ /
	008024704C	01	FA	HXXX TARSHA	CLOSED	E65	04/18/07	/ /	/ /
	008100188F	01	FA	SXXXXXX NADINE	CLOSED	E31	04/30/07	01/08/07	/ /
END OF REPORT									

WINR0230 Report Sample

WINR0230 – FA/SNFP CLOSING SELECTED LIST 2

REPORT TITLE FA/SNFP Closing Selected List 2		REPORT NUMBER WINR0230	FILE NAME PSC390PR0230
PURPOSE – NOTES This report provides a list of FA/SNFP closings for the month for various closing reason codes not included on report WINR0229.			
SOURCE SC1022 RunID = PSC390	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA/OFM Division of Field Audit	
SEQUENCE Center/Case Number		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Case Number		The number that identifies the FA and SNFP cases that were closed during the reporting period.	
4. Suffix ID		Number identifying the unit of assistance with which an individual is affiliated.	
5. Case Type		Indicates the type of assistance (FA, SNFP) the case is receiving.	
6. Case Name		The name of the payee of the FA or SNFP case.	
7. Case Status		Indicates whether or not the case is active.	
8. Reason Code		The reason used to place the case in the specified status.	
9. Trans Date		The date the closing transaction was processed.	
10. Date of Event		The date the case was closed.	
11. Closed Date		The date the case was closed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0231 – PUBLIC ASSISTANCE UNDERCARE CASELOAD**

WINR0231 – PUBLIC ASSISTANCE UNDERCARE CASELOAD

1

REPORT DATE 08-30-08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 2		
PROGRAM: SC1024		WELFARE MANAGEMENT SYSTEM						
PERIOD COVERED BY THIS REPORT AUG,2008		WMS REPORT WINR0231				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
		PUBLIC ASSISTANCE UNDERCARE CASELOAD						
		AS OF : AUG 2008						
CENTER	TOTAL	-----NET CHANGE----- NUMBER	PERCENT	SAFETY NET CASH	FAMILY ASSISTANCE	SAFETY NET FEDERALLY PARTICIPATING	HRPG HR WITH CHILDREN	SAFETY NET NON-CASH
2	3	4	5	6	7	8	9	10
068		1-	100.00-					0
070	4,522	79	1.77	1,242	2,765	13		502
071	8,213	139-	1.66-	766	2,680	61		4,706
072	1,578	12	.76	1,406	154			18
073	3,747	8	.21	3,109	556	1		81
078	3,963	108	2.80	1,384	1,653	9		917
079	1,395	1	.07	522	590	1		282
080	84			53	21			10
084	8,071			7,658	133	5		275
085	2,942	38-	1.27-	2,591	295			56
090								0
091								0
095								0
099	4,519	121	2.75	1,877	2,203	7		432
GRAND TOTAL	11 172,535	8		70,739	68,861	436		32,499
END OF REPORT								

WINR0231 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0231 – PUBLIC ASSISTANCE UNDERCARE CASELOAD**

WINR0231 - PUBLIC ASSISTANCE UNDERCARE CASELOAD

REPORT TITLE Public Assistance Undercare Caseload		REPORT NUMBER WINR0231	FILE NAME PSC210PR0231
PURPOSE – NOTES This report provides information on caseload (number of cases per center) by case type.			
SOURCE SC1024 RunID = PSC210	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION <ul style="list-style-type: none"> ■ HRA/OFO Bureau of Accounting ■ HRA FIA Management via DEPCON ■ HRA Office of Data Analysis & Research via DEPCON and email ■ NYS OTDA 	
SEQUENCE Center		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for maintaining the cases.	
3. Total		Specifies the number of cases active at the Center for the indicated month.	
Net Change:			
4. Number		The actual number of active cases added or subtracted from the Center's caseload for the indicated time period.	
5. Percent		Indicates the percent change based on the number of cases indicated as active at the specified Center.	
6. Safety Net Cash		Indicates the number of cases classified as case type SNCA.	
7. Family Assistance		Indicates the number of cases classified as case type FA.	
8. Safety Net Federally Participating		Indicates the number of cases classified as case type SNFP.	
9. HRPG HR with Children			
10. Safety Net-Non Cash		Indicates the number of cases classified as case type SNNC.	
11. Grand Total		Indicates the sum total for total cases, net change in Center registration, and the number of cases registered in each case category.	

WINR0233 – PUBLIC ASSISTANCE ACTIVITY MONTH/YEAR

1

REPORT DATE 06-03-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE	1
PROGRAM: SC1026	WELFARE MANAGEMENT SYSTEM			
PERIOD COVERED BY THIS REPORT MAY,2007	WMS REPORT WINR0233		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
	PUBLIC ASSISTANCE ACTIVITY			
	MAY 2007	MAY 2007		
	APPLICATIONS RECEIVED	ACCEPTED	CLOSED	CLOSED > ACCEPTANCES (-) ACCEPTANCES > CLOSED (+)
PROGRAM				
SAFETY NET CASH ASSISTANCE	7,379	14,631	9,379	5,252
FAMILY ASSISTANCE	3,715	7,891	6,424	1,467
SAFETY NET FED. PARTICIPATING	40	35	60	25
SAFETY NET NON CASH	1,046	2,463	3,878	1,415
TOTAL	12,180	25,020	19,741	5,279
			NET CHANGE	PERCENT CHANGE
SUMMARY	MAY 2007	APRIL 2007		
APPLICATIONS RECEIVED	12,180	11,857	323	2.7
TOTAL APPLICATIONS ACTED UPON	31,736	29,845	1,891	6.3
APPLICATIONS ACCEPTED	25,020	23,430	1,590	6.7
APPLICATIONS ACCEPTED AS PERCENT OF TOTAL ACTED UPON	78.8	78.5		
CASES CLOSED	19,741	18,913	828	4.3
CASES CLOSED PER 100 CASES	10.8	10.2		
*****END OF REPORT *****				

WINR0233 Report Sample

WINR0233 – PUBLIC ASSISTANCE ACTIVITY MONTH/YEAR

REPORT TITLE Public Assistance Activity Month/Year		REPORT NUMBER WINR0233	FILE NAME PSC620PR0233
PURPOSE – NOTES This report shows PA activity (case accepted or closed) for the month as well as comparative figures and percentages for the previous month.			
SOURCE SC1026 RunID = PSC620	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via DEPCON and email	
SEQUENCE		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		Indicates the case category for which applications were received, accepted, or closed.	
3. Applications Received		Number of applications received specified by case category.	
Cases:			
4. Accepted		Number of cases accepted for the reporting period.	
5. Closed		Number of cases closed for the reporting period.	
6. Closed Acceptances/Acceptances Closed/Excess		Indicates the difference between the number of PA cases accepted and the number of PA cases closed during the reporting period.	
7. Total		Indicates the total number of PA cases accepted, closed, and applications received for all case categories.	
Summary:			
8. Applications Received		Number of applications received for PA is compared between the current and previous months.	
9. Total Applications Acted Upon		Number of PA applications for which an eligibility determination was made. A comparison is made between current and previous months.	
10. Applications Accepted		Number of applications accepted. A comparison is made between current and	

	previous months.
11. Applications Accepted as Percent of Total Acted Upon	The percentage of cases which were activated during the reporting period.
12. Cases Closed	Number of PA cases that were closed compared to that category for the previous month.
13. Cases Closed per 100 Cases	The percentage of cases closed. A comparison is made between current and previous months.
14. Month/Year (Current & Previous)	Indicates the months which are being used in the comparisons.
15. Net Change	Indicates the difference between number of applications received, applications acted upon, and cases closed or accepted for the current and previous months.
16. Percentage Change	Indicates the percent change for the net change.

WINR0234 – CASES CLOSED BY REASONS FOR CASE TYPE XXXX

1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION							PAGE 1	
PROGRAM: SC1027		WELFARE MANAGEMENT SYSTEM								
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0234							***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
CASES CLOSED BY REASONS FOR CASE TYPE SNCA										
2	3	4	5	6	7	8	9	10		
CENTER	TOTAL CLOSED	PER 100 CASES	DEATH	EMPLOYMENT OR INCREASED EARNINGS	RESOURCES (OTHER)	DECREASED NEED	CLIENT'S REQUEST	CHANGES IN STATE LAW OR AGENCY POLICY		
038	1260	.0	0	11	193	0	2	0		
039	554	.0	0	2	100	0	0	0		
* 090	0	.0	0	0	0	0	0	0		
<< report edited for formatting >>										
GRAND TOTAL	9,457	.0	56	161	1376	0	34	0		
• - NEW CASE CENTER. PLEASE UPDATE PD1221										
CASES CLOSED BY REASONS FOR CASE TYPE SNCA										
	11	12	13			14	15	16		
CENTER	REFUSAL TO COMPLY WITH DEPT POLICY	ADMITTED TO INSTITUTIONS	SNNC	FA	HRPG	SNFP	MOVED OR WHERE- ABOUTS UNKNOWN	OTHER	INAPPLICABLE CLOSING CODES	
063	33	2	14	4	0	0	3	1	85	
064	27	0	32	8	0	0	3	5	334	
066	22	1	24	11	0	0	0	3	155	
<< report edited for formatting >>										
GRAND TOTAL	1198	86	305	0	0	134	140	5401		

WINR0234 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0234 – CASES CLOSED BY REASONS FOR CASE TYPE XXXX**

WINR0234 – CASES CLOSED BY REASONS FOR CASE TYPE XXXX

REPORT TITLE Cases Closed by Reasons for Case Type XXXX (XXXX = SNCA, FA, SNFP or HRPG)		REPORT NUMBER WINR0234	FILE NAME PSC630PR0234 (SNCA) PSC631PR0234 (FA) PSC632PR0234 (SNFP) PSC633PR0234 (HRPG)
PURPOSE – NOTES This report identifies cases closed for selected reason codes for PA case types FA, SNFP, SNCA, and SNNC.			
SOURCE SC1027 RunID = PSC630 (SNCA) PSC631 (FA) PSC632 (SNFP) PSC633 (HRPG)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis Research via DEPCON and email	
SEQUENCE Case Type/Center Number		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center for which case closing information is being reported.	
3. Total Closed		The total number of cases closed during the reporting period.	
4. Per 100 Cases		The percentage of cases for each specified center.	
5. Death		The number of cases closed due to the death of the recipient.	
6. Employment or Increased Earnings		The number of cases closed due to the recent employment or increased earnings of the client.	
7. Resources (Other)		The number of cases closed due to the client's maintenance of resources (e.g., bank account, lump sum payment).	
8. Decreased Need		The number of cases closed due to the cases' decreased need due to Increased Income.	
9. Client's Request		The number of cases closed at the client's request	
10. Change in State Law or Agency Policy		The number of cases closed due to changes in State or Agency policy.	

11. Refusal to Comply with Dept Policy	The number of cases closed due to client's failure to comply with Department guidelines for receipt of assistance.
12. Admitted to Institutions	The number of cases closed due to a client being admitted to an institution.
13. Reclassifications	The number of cases closed and reclassified.
14. Moved or Whereabouts Unknown	The number of cases closed because the client could not be located at the last known address.
15. Other	The number of cases closed due to any reason than those specified.
16. Inapplicable Closing Codes	The number of cases closed due to the use of an invalid closing code
17. Grand Total	Total number of cases closed by reason type for the case type

WINR0236 – XXXX APPLICATIONS ACCEPTED BY REASONS 1

REPORT DATE 05-01-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION							PAGE 1		
PROGRAM: SC1028		WELFARE MANAGEMENT SYSTEM							*****		
PERIOD COVERED BY THIS REPORT APR,2007		WMS REPORT WINR0236							* THIS REPORT CONTAINS *		
		APPLICATIONS ACCEPTED BY REASONS							* CONFIDENTIAL INFORMATION *		
									* FOR INTERNAL USE ONLY *		

2	CENTER	3 SNCA		4 APPLICATIONS ACCEPTED BY REASONS					9		
		3 TOTAL ACCEPTED	4 DECREASED RESOURCES-1	5 DECREASED RESOURCES-2	6 LOSS/REDUCTION IN SUPPORT-1	7 INCREASED NEED-1	8 INCREASED NEED-2	RECLASSIFIED FROM OTHER PUBLIC ASSISTANCE			
								SNNC	FA	SNFP	
013		55	0	0	0	0	0	0	0	0	
017		3	0	0	0	0	0	0	0	0	
018		111	0	0	0	0	0	0	0	0	
<< report edited for formatting >>											
099		47	0	0	0	0	0	0	0	0	
GRAND	TOTAL	15 3,041	0	0	0	0	0	0	0	0	

		10 SNCA APPLICATIONS ACCEPTED BY REASONS					11		12		13		14	
CENTER		10 CASE ACCEPTED FOR IMMEDIATE NEEDS ONLY		11 LIVING BELOW AGENCY STANDARDS		12 CONTACT REESTABLISHED		13 OTHER		14 INAPPLICABLE ACCEPTANCE CODE(S)				
004		0	0	0	0	0	0	0	0	0	0	0	0	
005		0	0	0	0	0	0	0	0	0	0	0	0	
006		0	0	0	0	0	0	0	0	0	0	0	0	
<< report edited for formatting >>														
099		0	0	0	0	0	0	0	0	0	0	0	0	

WINR0236 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0236 – XXXX APPLICATIONS ACCEPTED BY REASONS**

WINR0236 – XXXX APPLICATIONS ACCEPTED BY REASONS

REPORT TITLE XXXX Applications Accepted by Reasons (XXXX = SNCA, FA, SNFP or HRPG)		REPORT NUMBER WINR0236	FILE NAME PSC391PR0236 (SNCA) PSC392PR0236 (FA) PSC393PR0236 (SNFP) PSC394PR0236 (HRPG)
PURPOSE – NOTES This report identifies applications accepted by the listed reason codes for each center for the period specified.			
SOURCE RunID = PSC391 (SNCA) PSC392 (FA) PSC393 (SNFP) PSC394 (HRPG)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis Research via DEPCON and email	
SEQUENCE Case Type/Center/Reason Code		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center for which the acceptance information is being reported.	
3. Total Accepted		Total Number of cases accepted by the specified center.	
4. Decreased Resources-1		Number of applications accepted due to decreased resources	
5. Decreased Resources-2		Number of applications accepted due to decreased resources	
6. Loss/Reduction in Support-1		Number of applications accepted due to loss of support	
7. Increased Need-1		Number of applications accepted due to increased need	
8. Increased Need-2		Number of applications accepted due to increased need	
9. Reclassified from Other Public Assistance		Number of applications reclassified from other PA category of assistance	
10. Case Accepted for Immediate Needs Only		Number of cases accepted for immediate needs	
11. Living Below Agency Standards		Number of applications accepted in this category that were living on a substandard budget	
12. Contact Reestablished		Number of applications accepted for clients with reestablished contact	
13. Other		Number of applications accepted due to reasons not specified.	
14. Inapplicable Acceptance Code(s)		Number of applications with an incorrect acceptance code	
15. Grand Total		The number of cases accepted for all reasons.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0241 - TOTAL BENHST (BENEFIT HISTORY) RECORDS OFF-LOADED**

WINR0241 - TOTAL BENHST (BENEFIT HISTORY) RECORDS OFF-LOADED 1

REPORT DATE 08-16-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: BP1034	①	*****
PERIOD COVERED BY THIS REPORT 010,2008	WMS REPORT WINR0241	* THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY *
CENTER	WMS-PRD-SCH	*****
②	③	④
CURRENT DATE 080816	OFF-LOADED MONTH 10	OFF-LOADED AREA W-BENHST-101
⑤	TOTAL BENHST RECS OFF-LOADED	
PAYMENT-HIST-HDR (910)	⑥	OFFLOAD TO MASTER TAPE 68,992
PAYMENT-HIST-HDR (910)	⑦	RETAIN IN W-BENHST-ARC 160
PAYMENT-HIST-GRANT (920)		OFFLOAD TO MASTER TAPE 173,407
PAYMENT-HIST-GRANT (920)		RETAIN IN W-BENHST-ARC 161
RESTRICTED-GRANT (930)		OFFLOAD TO MASTER TAPE 96,099
RESTRICTED-GRANT (930)		RETAIN IN W-BENHST-ARC 161
RECOUPMENT-GRANT (940)		OFFLOAD TO MASTER TAPE 10,505
RECOUPMENT-GRANT (940)		RETAIN IN W-BENHST-ARC 0
SINGLE-ISSUE-GRANT (950)		OFFLOAD TO MASTER TAPE 44,359
SINGLE-ISSUE-GRANT (950)		RETAIN IN W-BENHST-ARC 25
⑧	TOTAL OFFLD BENHST RECORDS	OFFLOAD TO MASTER TAPE 393,362
	TOTAL OFFLD BENHST RECORDS	RETAIN IN W-BENHST-ARC 507

WINR0241 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0241 – TOTAL BENHST (BENEFIT HISTORY) RECORDS OFF-LOADED

WINR0241 - TOTAL BENHST (BENEFIT HISTORY) RECORDS OFF-LOADED

REPORT TITLE Total BENHST (Benefit History) Records Off-Loaded		REPORT NUMBER WINR0241	FILE NAME PBP90*PRPT * = Toe Digit
PURPOSE – NOTES This report provides the total number of benefit history records off-loaded to the master tape, number of records retained in WMS, and grand totals. It is run by toe digit for the month and cycle being reported.			
SOURCE BP1034 RunID = PBP90* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly, first week of the month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Current Date		Date that the data was off-loaded from WMS	
3. Off-Loaded Month		Month that the data was off-loaded from WMS	
4. Off-Loaded Area		WMS schema area that was off-loaded (W-BENHST-101)	
5. Total Benefit History records off-loaded		Records are: PAYMENT-HIST-HDR, PAYMENT-HIST-GRANT, RESTRICTED-GRANT, RECOUPMENT-GRANT, SINGLE-ISSUE-GRANT	
6. Offload to master tape		Total number of records off-loaded to the master tape	
7. Retain in W-BENHST-ARC		Total number of records retained in the WMS for each type of benefit history record	
8. TOTAL OFFLD BENHST RECORDS		Grand total number of records off-loaded to the master tape and retained in the WMS	

WINR0242 - FILE TOTALS - PROGRAM TOTALS (BENHST-AREA OFF-LOADED) 1

REPORT DATE 08-16-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
	WELFARE MANAGEMENT SYSTEM		
PROGRAM: BP1036	1		*****
PERIOD COVERED BY THIS REPORT 010,2008	WMS REPORT WINR0242		* THIS REPORT CONTAINS *
CENTER			* CONFIDENTIAL INFORMATION *
			* FOR INTERNAL USE ONLY *

		WMS-PRD-SCH	
2	3	4	
CURRENT DATE	OFF-LOADED MONTH	OFF-LOADED AREA	
20080816	10	W-BENHST-101	
		FILE TOTALS	PROGRAM TOTALS
5		6	7
TOTAL HEADER RECS		0000068992	0000069141
TOTAL GRANT RECS		0000173407	0000173558
TOTAL RESTRICTION RECS		0000096099	0000096250
TOTAL RECOUPMENT RECS		0000010505	0000010506
TOTAL SI RECS		0000044359	0000044386
TOTAL BENHIST OFF-LOAD		0000393362	0000393841

WINR0242 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0242 – FILE TOTALS – PROGRAM TOTALS (BENHST-AREA OFF-LOADED)

WINR0242 - FILE TOTALS - PROGRAM TOTALS (BENHST-AREA OFF-LOADED)

REPORT TITLE File Totals - Program Totals (BENHST-AREA Off-Loaded)		REPORT NUMBER WINR0242	FILE NAME PBP91*PRPT * = Toe Digit
PURPOSE – NOTES This report provides It is run by toe digit for the month and cycle being reported.			
SOURCE BP1036 RunID = PBP91* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly, First week of the month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Current Date		Date that the data was off-loaded from WMS	
3. Off-Loaded Month		Month that the data was off-loaded from WMS	
4. Off-Loaded Area		WMS schema area that was off-loaded (W-BENHST-101)	
5. (Type of benefit history records off-loaded) TOTAL HEADER RECS, TOTAL GRANT RECS, TOTAL RESTRICTION RECS, TOTAL RECOUPMENT RECS, TOTAL SI RECS, TOTAL BENHIST OFF-LOAD		Record types off-loaded to the master tape	
6. File Totals		Total number of records that were off-loaded to the master tape file	
7. Program Totals		Total number of records calculated by the program that were off-loaded	

WINR0243 - PA RECURRING - SPECIAL CONTROL TOTALS

1

REPORT DATE 10-21-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1023	WELFARE MANAGEMENT SYSTEM	
	1	
	WMS REPORT WINR0243	
	PA RECURRING-SPECIAL CONTROL TOTALS	
	FOR RUN DATE 10/21/08 TOP DIGIT 00	
2	3	4
LOCATION	NUMBER OF ISSUANCES	AMOUNT
-----	-----	-----
13	259	66,914.59
17	1,139	184,526.82
18	509	173,376.27
19	141	64,622.11
23	207	24,584.28
24	180	69,587.10
26	54	2,401.50
28	249	33,536.54
35	240	38,555.79
37	418	22,784.73
	<<report edited for formatting>>	
66	272	39,692.38
67	605	87,406.61
70	324	48,931.02
71	665	88,611.61
72	140	68,634.33
73	324	131,882.33
78	307	40,966.72
79	101	14,349.12
80	6	919.20
84	701	73,334.99
85	298	120,807.66
99	340	64,041.82
TOTALS	5	
	13,053	2,553,003.05

WINR0243 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0243 - PA RECURRING-SPECIAL CONTROL TOTALS**

WINR0243 - PA RECURRING-SPECIAL CONTROL TOTALS

REPORT TITLE PA Recurring-Special Control Totals for Run Date MM/DD/YY Toe Digit **		REPORT NUMBER WINR0243	FILE NAME PBP07*PRP243 Note: * = Cycle Toe Digit
PURPOSE – NOTES This report provides a count of the number of issuances and total amounts for specific toe digits.			
SOURCE BP1023 RunID = PBP07*	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Center		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Center Number	
3. Number of Issuances		Number of PA SI issuances for the center	
4. Amount		Dollar amount of PA SI issuances for the center	
5. Totals		Grand totals of issuances and dollar amount for all centers	

WINR0244 - PA-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY

REPORT DATE 03-29-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1024	WELFARE MANAGEMENT SYSTEM	
	1	
	WMS REPORT WINR0244	
	PA-SI CONTROL TOTALS FOR RUN DATE 03/29/07	
		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	4
LOCATION	NUMBER OF ISSUANCES	AMOUNT
-----	-----	-----
13	97	30,695.74
17	49	16,051.62
24	36	18,806.70
28	92	23,984.51
32	18	9,250.36
35	59	23,818.69
41	28	9,282.84
48	19	6,675.45
49	6	577.86
51	43	18,206.56
52	5	518.25
54	113	36,441.03
64	88	32,341.50
67	225	74,705.64
70	73	25,848.38
71	83	39,532.85
72	9	1,864.58
84	1	151.62
85	151	52,056.82
99	85	37,113.79
5	TOTALS	2,907 1,060,517.85
6	NUMBER OF EPA CHECKS	1,094 629,594.05

WINR0244 Report Sample

WINR0244 - PA-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY

REPORT TITLE PA-SI Control Totals For Run Date MM/DD/YY		REPORT NUMBER WINR0244	FILE NAME PSIP70PRP244
PURPOSE – NOTES This report provides a count of the number of PA single issuances and the corresponding dollar amount for each PA Center and a citywide total. The report also provides a count of the number of EPA checks issued and the corresponding dollar amount.			
SOURCE (none) RunID = PSIP70	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE PA Center		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Center Number	
3. Number of Issuances		Number of PA SI issuances for the center	
4. Amount		Dollar amount of PA SI issuances for the center	
5. Totals		Grand totals of issuances and dollar amount for all centers	
6. Number of EPA Checks		Number of EPA checks and dollar amount issued for all centers	

WINR0245 - FS-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY

REPORT DATE 03-29-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1025	WELFARE MANAGEMENT SYSTEM	
	①	
	WMS REPORT WINR0245	
	FS-SI CONTROL TOTALS FOR RUN DATE 03/29/07	
		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
②	③	④
LOCATION	NUMBER OF ISSUANCES	AMOUNT
-----	-----	-----
13	28	3,343.00
17	6	1,382.00
24	2	165.00
35	25	3,327.00
40	36	5,927.00
41	3	205.00
52	20	1,792.00
63	31	5,334.00
72	3	274.00
73	13	1,308.00
80	13	1,801.00
85	47	7,781.00
99	19	2,433.00
F02	31	3,943.00
F11	2	170.00
F28	7	1,129.00
F31	4	627.00
F53	92	15,853.00
F61	18	487.00
F99	22	4,670.00
⑤ TOTALS	2,586	394,089.00

WINR0245 Report Sample

WINR0245 - FS-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY

REPORT TITLE FS-SI CONTROL TOTALS FOR RUN DATE MM/DD/YY		REPORT NUMBER WINRO0245	FILE NAME PSIF70PRP245
PURPOSE – NOTES This report provides a count of the number of FS single issuances and the corresponding dollar amount for each PA Center and NPA/FS site. The report also provides combined totals for all PA and NPA/FS locations.			
SOURCE (none) RunID = PSIF70	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE PA Center/FS Site		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Center Number	
3. Number of Issuances		Number of FS SI issuances for the center	
4. Amount		Dollar amount of FS SI issuances for the center	
5. Totals		Grand totals of issuances and dollar amount for all centers	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0246 – FS RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE
DIGIT X**

WINR0246 – FS RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT X

1

REPORT DATE 10-01-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1026	WELFARE MANAGEMENT SYSTEM	
	1	
	WMS REPORT WINR0246	
	FS RECURRING CONTROL TOTALS FOR RUN DATE 10/01/08 TOE DIGIT 6	
2	3	4
LOCATION	NUMBER OF ISSUANCES	AMOUNT
-----	-----	-----
13	521	101,901.00
17	1,199	338,303.00
18	758	279,065.00
19	160	36,916.00
	<< report edited for formatting >>	
F53	3,228	839,708.00
F54	2,257	575,356.00
F61	615	103,631.00
F63	1,305	205,447.00
F79	541	148,769.00
F99	1,069	295,803.00
TOTALS	5	16,146,187.00

WINR0246 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0246 – FS RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE
DIGIT X**

WINR0246 – FS RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT X

REPORT TITLE FS Recurring Control Totals for Run Date MM/DD/YY Toe Digit N		REPORT NUMBER WINR0246	FILE NAME PBP07*PRP246 (* = toe digit)
PURPOSE – NOTES This report provides a count of the number of recurring Food Stamp issuances and total amounts for a specific toe digit.			
SOURCE BP1026 RunID = PBP07* (* = toe digit)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE PA Center/NPA FS Center		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Center Number	
3. Number of Issuances		Number of recurring FS issuances for the center	
4. Amount		Dollar amount of recurring FS issuances for the center	
5. Totals		Grand totals of issuances and dollar amount for all centers	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0247 - PA RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE
DIGIT XX**

WINR0247 - PA RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT XX

1

REPORT DATE 10-21-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1022	WELFARE MANAGEMENT SYSTEM	
	1	
	WMS REPORT WINR0247	
	PA RECURRING CONTROL TOTALS FOR RUN DATE 10/21/08 TOE DIGIT 00	
		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	4
LOCATION	NUMBER OF ISSUANCES	AMOUNT
-----	-----	-----
13	312	30,983.20
17	1,167	109,406.21
18	514	51,592.26
19	81	13,750.07
23	273	23,892.13
24	103	16,159.29
26	34	3,880.71
28	283	22,294.15
35	218	17,384.21
	<<report edited for formatting>>	
70	361	33,059.19
71	587	56,645.66
72	79	12,694.24
73	193	32,074.39
78	377	33,403.60
79	138	13,037.94
80	7	466.70
84	799	58,084.75
85	183	30,689.94
99	360	34,846.58
TOTALS	5	1,277,039.13
	13,385	

WINR0247 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0247 - PA RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE
DIGIT XX**

WINR0247 - PA RECURRING CONTROL TOTALS FOR RUN DATE MM/DD/YY TOE DIGIT XX

REPORT TITLE PA Recurring Control Totals for Run Date MM/DD/YY Toe Digit XX		REPORT NUMBER WINR0247	FILE NAME PBP07*PRP247 (* = toe digit)
PURPOSE – NOTES This report lists the number and dollar amounts of PA recurring issuances for a specified toe digit for each center (recurring Pulldown Nights only).			
SOURCE BP1022 RunID = PBP07* (* = toe digit)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Production Control	
SEQUENCE PA Center		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Center Number	
3. Number of Issuances		Number of PA recurring issuances for the center	
4. Amount		Dollar amount of PA recurring issuances for the center	
5. Totals		Grand totals of PA recurring issuances and dollar amounts for all centers	

WINR0249 – NUMBER OF REMVC5 ACTIONS 1

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: SC1031	①	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY THIS REPORT APR,2007	WMS REPORT WINR0249	
	NUMBER OF REMVC5 ACTIONS	

CENTER	FA	SNFP
②	③	④

005		
006		
007		
008		
009		
 <<report edited for formatting>>		
084		
085		
090		
091		
099		
GRAND TOTAL	⑤	
NO FA OR SNFP REMOVALS FOR THE MONTH		
*****END OF REPORT*****		

WINR0249 Report Sample

WINR0249 – NUMBER OF REMVC5 ACTIONS

REPORT TITLE Number of REMVC5 Actions		REPORT NUMBER WINR0249	FILE NAME PSC220PR0249
PURPOSE – NOTES This report provides information on the number of FA and SNFP clients removed from cases due to their having reached the age of 19 during the reporting month.			
SOURCE SC1031 RunID = PSC220	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Fiscal Operations	
SEQUENCE Center/Case Type		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center Number	
3. FA		Indicates the number of FA cases from which individuals were removed (closed) because they reached the age of 19.	
4. SNFP		Indicates the number of SNFP cases from which individuals were removed (closed) because they reached the age of 19.	
5. Grand Total		The number of individuals removed (closed) from both FA and SNFP cases because they reached the age of 19.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0250 – CLOSED CASES WITH UTILITY GUARANTEE INDICATOR**

WINR0250 – CLOSED CASES WITH UTILITY GUARANTEE INDICATOR

1

DATE: 05/11/07

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 CLOSED CASES WITH UTILITY GUARANTEE INDICATOR

WMS REPORT WINR0250

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

CASE NAME	ADDRESS	BORO	ZIP CODE	IMC	CASE NO	SUFFIX	CLOSING DATE	UTILITY CO. CODE
NXXXX ZXXXX	999 XXXXXXX STREET	1	10034	35	003252582G	1	05/11/07	0

REPORT CONTINUE
 << report edited for formatting >>

CASE NAME	ADDRESS	BORO	ZIP CODE	IMC	CASE NO	SUFFIX	CLOSING DATE	UTILITY CO. CODE
RXXXX NXXXX	999 XXXXXXX AVE	3	10456	32	004668810H	1	05/11/07	1
WXXXX MXXXX	999 XXXXXXX AVE	3	10456	40	004812006H	1	05/11/07	1
SXXXXXXXX DXXXX	999 XXXXXXX AVE	3	10457	38	000374374H	1	05/11/07	1

REPORT CONTINUE
 << report edited for formatting >>

CASE NAME	ADDRESS	BORO	ZIP CODE	IMC	CASE NO	SUFFIX	CLOSING DATE	UTILITY CO. CODE
MXXXXXXXX OXXX	999 XXXXXXX AVE	4	11413	54	002948195J	1	05/11/07	7
MXXXXXXXX CXXXXXXXX	999 XXXXXX ST	4	11421	54	009232065E	1	05/11/07	7
DXXXX PXXXX	999 XXXXXXX AVE	4	11422	84	003087938B	1	05/11/07	7

END OF REPORT

WINR0250 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0250 – CLOSED CASES WITH UTILITY GUARANTEE INDICATOR**

WINR0250 – CLOSED CASES WITH UTILITY GUARANTEE INDICATOR

REPORT TITLE Closed Cases with Utility Guarantee Indicator		REPORT NUMBER WINR0250	FILE NAME PDR720PRPT
PURPOSE – NOTES This report lists the PA cases with utility guarantees that were closed. The information allows PA Center personnel to inform the utility companies that the guarantee is no longer valid.			
SOURCE DR1072 RunID = PDR720	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Con Edison, 4 Irving Place, RM 1708, New York, NY Brooklyn Union Gas, Consumer Protection Area, One Metrotech Center, 15 th Floor, Brooklyn, NY	
SEQUENCE Utility Guarantee Indicator/Zip Code/Case Number		BREAKS Utility Company Code/First 3 Digits of Zip Code	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Name		Name of the payee on the suffix/case being closed.	
3. Address		Information on client's place of residence which includes house number, street name, borough, and zip code.	
4. IMC		The IM Center responsible for maintaining the cases.	
5. Case No		The number that uniquely identifies the case with the utility guarantee indicator.	
6. Suffix		Number identifying the unit of assistance with which one or more individuals is affiliated.	
7. Closing Date		Effective date of the PA case closing.	
8. Utility Co. Code		Code value for the utility company which holds the utility guarantee letter for the case.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0253 – NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR (MONTH)**

WINR0253 – NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR (MONTH) 1

REPORT DATE 03/27/07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM PAGE 1

PROGRAM: RP1009

WMS REPORT WINR0253

NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR MARCH

IMC	CASE NUMBER	SFX	CASE NAME	OTHER CLAIM TO FOLLOW	TOTAL AMT RECOUPED	CLAIM TYPE	RTI NUMBER
F20	008747770J	01	AXXXXXXX MXXXXX		\$ 1011.00	IHE	04028434C
F21	006814464B	01	BXXX LXXX		\$ 1033.00	IHE	03846942G
F32	001390099I	01	BXXXX KXXXX		\$ 1814.00	IHE	04218182G
F23	005992597E	01	CXXX LXXXX		\$ 2004.00	IPV	04727325U
F02	002632926I	01	EXXXXX IXXXX		\$ 370.00	IPV	04050635T
F46	005423592E	01	FXXXX DXXXX		\$ 236.00	AE	04190739S

<< report edited for formatting >>

SUMMARY:

TOTAL ITEM COUNT (ALL FS SITES): 36

CLAIM TYPE SUMMARY:

AE	5	\$3661.00
IHE	29	\$35727.00
IPV	2	\$2374.00

WINR0253 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0253 – NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR (MONTH)

WINR0253 – NPA FOODSTAMPS COMPLETED RECOUPMENTS FOR (MONTH)

REPORT TITLE NPA Foodstamps Completed Recoupments for (Month)		REPORT NUMBER WINR0253	FILE NAME PRP540PR0253
PURPOSE – NOTES This report provides statistical data for the month being reported of all Food Stamp recoupments that have been completely recovered from NPA cases and indicates whether any further Food Stamp recoupments are outstanding against the cases.			
SOURCE RP1054 RunID = PRP540	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Food Stamp Fiscal Office	
SEQUENCE Case Name		BREAKS N/A	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		The Food Stamp Center Number with overall responsibility for the case.	
3. Case Number		The number that identifies cases with Food Stamp recoupments completely recovered from NPA cases. Also indicates any further outstanding Food Stamp recoupments.	
4. SFX		The suffix against which the Food Stamp recoupment is applied.	
5. Case Name		Payee Name by which the lowest numbered suffix in the case is identified.	
6. Other Claim to Follow		An asterisk in this field indicates that further recoupments are outstanding against the suffix. A blank indicates that no recoupments remain outstanding against the suffix.	
7. Total Amt Recouped		Total dollar amount recouped from the suffix since the Food Stamp recoupment claims have begun to be applied.	
8. Claim Type		Alphabetic code which identifies the reason for the recoupment.	
9. RTI Number		Recoupment Tracking Identifier (number)	
Summary:			
10. Total Item Count (All FS Sites)		Total number of Food Stamp recoupments completely recovered from Non Public Assistance cases for all Food Stamp sites.	
11. Claim Type Summary		Total number of completed Food Stamp recoupments and total dollar amounts recovered per claim type for all Food Stamp sites.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR**

WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR 1

REPORT DATE 03/27/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM						PAGE 1		
PROGRAM: RP1009		(1) WMS REPORT WINR0254						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
		DETAIL SUMMARY RECOUPMENT REPORT FOR MARCH 0007								
IMC/ FSS	CASE NUMBER	SUF ID	CASE NAME	RECOUP ID	CLAIM TYPE	TOTAL OFFENSE AMT	AMT RECOUP THIS CYCLE	AMT RECOUP TO DATE	OUTSTANDING BALANCE	FINAL CASE RECOUP LOAD
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12) (13)
TOTAL COUNTS FOR CLAIM TYPE:										
				NO OF CLAIM TYPES	TOTAL OFFENSE AMT	TOTAL RECOUP THIS CYCLE	TOTAL RECOUP TO DATE	TOTAL OUTSTANDING BALANCE		
				(14) 2	(15) \$356.00	(16) \$20.00	(17) \$224.00	(18) \$132.00		
IMC/ CASE SUF CASE RECOUP CLAIM TOTAL AMT RECOUP AMT RECOUP OUTSTANDING FINAL CASE FSS NUMBER ID NAME ID TYPE OFFENSE AMT THIS CYCLE TO DATE BALANCE RECOUP LOAD										
F26	00004930288I	01	PXXXXXXX KEISHA	04280710K	IHE	\$ 1188.00	\$ 823.99	\$ 992.35	\$ 195.65	00094
052	00001187050I	01	PXXXXXX FOR AXXXXXXX EARL	04363060X	IHE	\$ 695.00	\$ 10.00	\$ 668.38	\$ 26.62	00025
052	00004493410H	01	SXXXXXXX FOR CXXXXX S	04284379E	IHE	\$ 1872.00	\$ 10.00	\$ 807.00	\$ 1065.00	00000
TOTAL COUNTS FOR CLAIM TYPE: IHE										
				NO OF CLAIM TYPES	TOTAL OFFENSE AMT	TOTAL RECOUP THIS CYCLE	TOTAL RECOUP TO DATE	TOTAL OUTSTANDING BALANCE		
				4	\$4,827.00	\$844.05	\$3,233.79	\$1,593.21		
<<report edited for formatting >>										
					FOR IMC ...	052				
					TOTAL NUMBER OF CASES RECOUPED	(19) 03				
					TOTAL AMOUNT RECOUPED ...	(20) \$ 40.00				

WINR0254 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR**

WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR

REPORT TITLE Detail Summary Recoupment Report for Month Year		REPORT NUMBER WINR0254	FILE NAME PRP540PR0254
PURPOSE – NOTES This report provides detailed statistical data on all outstanding Food Stamp recoupment claims.			
SOURCE RP1054 RunID = PRP540	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Food Stamp Fiscal Office	
SEQUENCE Case Name		BREAKS N/A	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC/FSS		Public Assistance Center or Food Stamp site with overall responsibility for the case.	
3. Case Number		The number that identifies cases with outstanding recoupments.	
4. SFX ID		The suffix against which the Food Stamp recoupment is applied.	
5. Case Name		Case suffix payee name.	
6. Recoup ID		Number that identifies a specific recoupment. It is an eight-digit, system-generated number with a check digit in the low order position.	
7. Claim Type		Alpha code that identifies the reason for the recoupment.	
8. Total Offense Amt		Total of original dollar amount(s) of outstanding Food Stamp recoupment(s) against the suffix.	
9. Amt Recouped This Cycle		Dollar amount recovered from the suffix during issuance month.	
10. Amt Recoup to Date		Dollar amount recovered from the suffix since the Food Stamp recoupment claims have begun to be applied.	
11. Outstanding Balance		Recoupment amount that remains to be recovered	
12. Final Recoup		A blank in this field indicates that further recoupments remain to be recovered from the suffix. An asterisk indicates that all recoupments against the suffix	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0254 – DETAIL SUMMARY RECOUPMENT REPORT FOR MONTH YEAR**

	have been recovered.
13. Case Load	Identifies the worker responsible for the case.
Total Counts for Claim Type:	
14. No. of Claim Types	
15. Total Offense Amt	
16. Total Recoup This Cycle	
17. Total Recoup to Date	
18. Total Outstanding Balance	
Totals for IMC/FSS:	
19. Total Number of Cases Recouped	Total number of cases at a Public Assistance or Food Stamp site against which recoupments were applied during the specified month.
20. Total Amount Recouped	Total dollar amount recovered for the month from all recoupment cases at the Public Assistance or Food Stamp site.

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0256 – NPA/PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MONTH
YEAR**

WINR0256 – NPA/PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MONTH YEAR

1

REPORT DATE 03/27/07
PROGRAM: RP1009

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
WELFARE MANAGEMENT SYSTEM

WMS REPORT WINR0256

PAGE 1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

NPA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MARCH 0007

CLAIM TYPE	TOTAL CASES	TOTAL OFFENSE AMT	TOTAL AMT RECOUPED	TOTAL OUTSTANDING BAL
AE	0	\$ 0	\$ 0	\$ 0
IHE	1	\$ 1,188	\$ 823	\$ 195
IPV	0	\$ 0	\$ 0	\$ 0
7 SUB-TOTAL	1	\$ 1,188	\$ 823	\$ 195

PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MARCH 0007

CLAIM TYPE	TOTAL CASES	TOTAL OFFENSE AMT	TOTAL AMT RECOUPED	TOTAL OUTSTANDING BAL
AE	0	\$ 0	\$ 0	\$ 0
IHE	2	\$ 2,567	\$ 20	\$ 1,091
IPV	1	\$ 356	\$ 20	\$ 132
7 SUB-TOTAL	3	\$ 2,923	\$ 40	\$ 1,223

PA/NPA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MARCH 0007

CLAIM TYPE	TOTAL CASES	TOTAL OFFENSE AMT	TOTAL AMT RECOUPED	TOTAL OUTSTANDING BAL
AE	0	\$ 0	\$ 0	\$ 0
IHE	3	\$ 3,755	\$ 843	\$ 1,286
IPV	1	\$ 356	\$ 20	\$ 132
7 SUB-TOTAL	4	\$ 4,111	\$ 863	\$ 1,418

WINR0256 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0256 – NPA/PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MONTH YEAR

WINR0256 – NPA/PA FOOD STAMP RECOUPMENT SUMMARY REPORT FOR MONTH YEAR

REPORT TITLE NPA/PA Food Stamp Recoupment Summary Report for Month Year		REPORT NUMBER WINR0256	FILE NAME PRP540PR0256
PURPOSE – NOTES This report provides data for Food Stamp recoupments applied against Non-Public Assistance and Public Assistance cases			
SOURCE RP1054 RunID = PRP540	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Food Stamp Fiscal Office	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Claim Type		Alpha code that identifies the reason for the recoupment.	
3. Total Cases		Total number of NPA and PA cases against which FS recoupments were applied for each offense type.	
4. Total Offense Amt		Total dollar amount for each offense type.	
5. Total Amt Recouped		Total dollar amount recovered from Food Stamp recoupment cases for each offense.	
6. Total Outstanding Bal		Total dollar amount that remains to be recovered.	
7. Sub-Total		Total number of cases and total dollar amount recouped for each offense type.	

WINR0257 – PA FOODSTAMPS COMPLETED RECOUPMENTS FOR MONTH

REPORT DATE 03/27/2007 PAGE 1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM

PROGRAM: RP1009

①
 WMS REPORT WINR0257

PA FOODSTAMPS COMPLETED RECOUPMENTS FOR MARCH

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

② IMC	③ CASE NUMBER	④ SFX	⑤ CASE NAME	⑥ OTHER CLAIM TO FOLLOW	⑦ TOTAL AMT RECOUPED	⑧ CLAIM TYPE	⑨ RTI NUMBER
028	008220295D	01	AXXXXXX TEMPORA		\$ 520.00	IHE	04030633S
046	007932363A	01	AXXXXXX SARA	*	\$ 1556.00	IHE	03731159Y
054	006712998B	01	AXXXXXX DONNA		\$ 556.00	IHE	04874147G
067	004432077I	01	BXXXXXXX ROBIN		\$ 1872.00	IHE	04309504A
073	004378161G	01	BXXXXX H FR HARRISON		\$ 507.00	IHE	03889910H
044	002864119J	01	MXXXX ALICE		\$ 560.00	IPV	04102900K
038	009198366I	01	MXXXXXXX JOHN		\$ 549.00	AE	04448495B

<< report edited for formatting >>

SUMMARY:

TOTAL ITEM COUNT (ALL IMCS): ⑩ 88

CLAIM TYPE SUMMARY: ⑪

AE	8	\$8537.00
IHE	76	\$98910.00
IPV	4	\$11295.00

WINR0257 Report Sample

WINR0257 – PA FOODSTAMPS COMPLETED RECOUPMENTS FOR MONTH

REPORT TITLE PA Foodstamps Completed Recoupments for Month		REPORT NUMBER WINR0257	FILE NAME PRP540PR0257
PURPOSE – NOTES This report provides statistical data for all Food Stamp recoupments that have been completely recovered from Public Assistance cases and indicates any further outstanding Food Stamp recoupments against the case.			
SOURCE RP1054 RunID = PRP540	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Food Stamp Fiscal Office	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Cyclic		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Center Number with overall responsibility for a case with completely recovered Food Stamp recoupments.	
3. Case Number		The number that identifies cases with Public Assistance/Food Stamp cases with completed recoupments for the month.	
4. SFX		The suffix against which the Food Stamp recoupment is applied.	
5. Case Name		Payee Name of the case/suffix.	
6. Other Claim to Follow		An asterisk in this field indicates that further recoupments are outstanding against the suffix. A blank indicates that no recoupments remain outstanding against the suffix.	
7. Total Amt Recouped		Total dollar amount recouped from the suffix since the Food Stamp recoupment claims have begun to be applied.	
8. Claim Type		Alphabetic code which identifies the reason for the recoupment.	
9. RTI Number		Recoupment Tracking Identifier	
Summary:			
10. Total Item Count (All IMCs)		Total number of Food Stamp recoupments completely recovered from Public Assistance cases for all PA Centers.	
11. Claim Type Summary		Total number of completed Food Stamp recoupments and total dollar amounts recovered per claim type for all PA Centers.	

WINR0262 – PARTICIPATION IN NPA PROGRAM BY ETHNICITY 1

REPORT DATE: 05-31-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM						PAGE 1
PROGRAM: DR1082	PARTICIPATION IN NPA PROGRAM BY ETHNICITY						*****
PERIOD COVERED BY THIS REPORT: MAY 07	WMS REPORT WINR0262						* THIS REPORT CONTAINS *
							* CONFIDENTIAL INFORMATION *
							* FOR INTERNAL USE ONLY *

ETHNIC TYPE:	BLACK	HISPANIC	ASIAN	INDIAN/ALASKAN	WHITE (NON-HISP)	OTHER	TOTAL
							4
# OF SUFFIXES:	304	475	93	4	401	237	1514

WINR0262 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0262 – PARTICIPATION IN NPA PROGRAM BY ETHNICITY

WINR0262 – PARTICIPATION IN NPA PROGRAM BY ETHNICITY

REPORT TITLE Participation in NPA Program by Ethnicity		REPORT NUMBER WINR0262	FILE NAME PDR820PRPT
PURPOSE – NOTES This report lists all active Food Stamp cases for the report period sorted by ethnic type.			
SOURCE DR1082 RunID = PDR820	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Ethnic Type		Indicates the ethnicity type for which information is being reported – Black, Hispanic, Asian, Indian/Alaskan, White (Non-Hispanic), Other	
3. # of Suffixes		Number of cases (households) participating in the NPA-FS program for the report.	
4. Total		Total number of cases participating in the NPA-FS program for the report.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0263 – MONTHLY LANGUAGE REPORT**

WINR0263 – MONTHLY LANGUAGE REPORT

1

REPORT DATE 05-31-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 4
PROGRAM: DR1083		WELFARE MANAGEMENT SYSTEM								
PERIOD COVERED BY THIS REPORT MAY 07		MONTHLY LANGUAGE REPORT								***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		WMS REPORT WINR0263								
CTR	STAT	ARABIC	FR CREOLE	CH MANDARIN	FRENCH	GREEK	HEBREW	ITALIAN	JAPANESE	
F15	AP	0	0	0	0	0	0	0	0	
	SI	0	0	0	0	0	0	0	0	
	AC	5	0	55	1	3	0	2	0	
TOTALS:		5	0	55	1	3	0	2	0	
GRAND TOTALS:	AP	20								
	SI	0								
	AC	876								
TOTAL		896								
<< reported edited for formatting >>										
NPA	STAT	ARABIC	FR CREOLE	CH MANDARIN	FRENCH	GREEK	HEBREW	ITALIAN	JAPANESE	
TOTAL	AP	5	2	27	0	0	8	0	0	
	SI	1	1	0	0	0	2	0	0	
	AC	50	14	258	14	10	12	6	0	
TOTALS:		56	17	285	14	10	22	6	0	
GRAND TOTALS:	AP	780								
	SI	68								
	AC	4200								
TOTAL		5048								

WINR0263 Report Sample – NPA

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0263 – MONTHLY LANGUAGE REPORT**

WINR0263 – Monthly Language Report, cont.

REPORT DATE 05-31-07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 37
PROGRAM: DR1083		WELFARE MANAGEMENT SYSTEM								
PERIOD COVERED BY THIS REPORT MAY 07		MONTHLY LANGUAGE REPORT								*****
		WMS REPORT WINR0263								* THIS REPORT CONTAINS *
										* CONFIDENTIAL INFORMATION *
										* FOR INTERNAL USE ONLY *

CTR	STAT	ARABIC	FR CREOLE	CH MANDARIN	FRENCH	GREEK	HEBREW	ITALIAN	JAPANESE	
084	AP	0	0	0	0	0	0	0	0	
	SI	0	0	0	0	0	0	0	0	
	AC	2	7	1	0	1	0	0	0	
TOTALS:		2	7	1	0	1	0	0	0	
GRAND TOTALS: AP		0								
	SI	0								
	AC	62								
TOTAL		62								
<< reported edited for formatting >>										
PA	STAT	ARABIC	FR CREOLE	CH MANDARIN	FRENCH	GREEK	HEBREW	ITALIAN	JAPANESE	
TOTAL	AP	0	1	4	2	2	0	0	0	
	SI	0	1	0	1	0	0	0	0	
	AC	12	17	13	10	1	2	1	0	
TOTALS:		12	19	17	13	3	2	1	0	
GRAND TOTALS: AP		173								
	SI	68								
	AC	1037								
TOTAL		1278								

WINR0263 Report Sample – PA

WINR0263 – MONTHLY LANGUAGE REPORT

REPORT TITLE Monthly Language Report		REPORT NUMBER WINR0263	FILE NAME PDR830PNPA (NPA) PDR830PPA (PA)
PURPOSE – NOTES This report is run in two versions, one for NPA and another for PA. The NPA version provides FS sites with the number of cases in Applying (AP), Single Issue (SI), and Active (AC) case statuses for the specified language. The PA version provides PA sites with the same information for PA cases. Grand totals are reported for each site and for the program area.			
SOURCE DR1083 RunID = PDR830	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON (both) HRA Office of Data Analysis and Research via DEPCON (NPA only)	
SEQUENCE Center Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. CTR		The site (center) from which the language statistics are compiled.	
3. STAT		Indicates the status (AP, AC, or SI) of the case.	
4. Arabic, FR Creole, CH Mandarin, French, etc.		Language categories	
5. Totals		Total number of cases in AP, AC, and SI status for each language category in the center.	
6. Grand Totals		Total number of cases in AP, AC, and SI status for all language categories in the center.	
7. Total		Total number of cases in the center.	
8. Totals		Total number of cases in AP, AC, and SI status for each language category in the program area (NPA or PA).	
9. Grand Totals		Total number of cases in AP, AC, and SI status for all language categories in the program area (NPA or PA).	
10. Total		Total number of cases in the program area (NPA or PA).	

WINR0269 – TOP TEN ERRORS BY PROGRAM

1

REPORT DATE 6- 9- 7		NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 1
PROGRAM: IY1009		WELFARE MANAGEMENT SYSTEM		
WEEK ENDING 9- 7- 6		WMS REPORT WINR0269		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		TOP TEN ERRORS BY PROGRAM		
PROGRAM	ERROR NO	NO OF ERRORS	ERROR MESSAGE	
P.A.	E1313	527	BENEFIT ALREADY ISSUED FOR DATES LISTED	
	E0445	467	INDIV STATUS CONFLICTS WITH SUF STATUS	
	E0447	350	EFFECTIVE DATE NOT WITHIN AUTH PERIOD	
<< report edited for formatting >>				
M.A.	E1132	470	ENTRY OF VALID BCS INDICATOR IS REQUIRED	
	E2251	239	RESOURCE VERIFICATION INDICATOR REQUIRED	
	E1071	229	MA BUDGET EFFECTIVE AUTH DATE MISMATCH	
<< report edited for formatting >>				
F.S.	E1565	166	TAD NOTICE NUMBER NOT IN CNS	
	E0427	165	IND STAT CHNG INCOMP WITH EXISTING STAT	
	E1574	133	UNRESOLVED WRS DATA EXISTS	
END-OF-REPORT				

WINR0269 Report Sample

WINR0269 – TOP TEN ERRORS BY PROGRAM

REPORT TITLE Top Ten Errors by Program		REPORT NUMBER WINR0269	FILE NAME PIY09WP01SDD
PURPOSE – NOTES This report lists the top ten most common errors encountered during the week’s Batch Processing reported by program (PA, MA, FS).			
SOURCE IY1009 RunID = PIY09W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MICSA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program Area/Error Number by descending frequency of occurrence		BREAKS Program Area (PA, MA, NPA/FS)	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		Indicates the program (PA, MA, FS) for which the errors are being reported.	
3. Error No		The number assigned to the message text describing the error.	
4. No of Errors		Indicates the number of times the error occurred during the specific week.	
5. Error Message		A description of the situation that created the error condition.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0273 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.**

WINR0273 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.

1

REPORT DATE 6- 9- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER																		PAGE 1		
PROGRAM: IY1007	WELFARE MANAGEMENT SYSTEM																				
WEEK ENDING 6- 9- 7	WMS REPORT WINR0273																		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.																					
PROGRAM	ITEM NO	ERROR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	TOTAL
P.A.																					
	F1275		-	-	-	-	-	-	-	-	-	-	-	-	-	-	81	-	-	-	81
	F1370		-	-	-	-	-	-	-	-	-	-	-	-	-	-	27	-	-	-	27
	**** E0682		-	-	-	3	-	-	-	-	-	2	-	-	-	-	-	-	-	-	5
	E0863		-	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
	E0864		-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
	E0871		-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	E0963		183	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183
	E0964		183	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183
	E1613		-	-	-	-	73	-	-	-	-	-	-	-	-	-	-	-	-	-	73
	E1678		-	-	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
<<report edited for formatting>>																					
	397 E1947		-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	999 E0816		-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-	-	-	11
	E0817		-	-	-	-	-	-	-	-	-	89	-	-	-	-	-	-	-	-	89
	U19 F1738		-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS FOR PROGRAM	P.A.		366	3243	4962	870	874	99	2	10	102	0	0	0	108	0	0	0	0	0	10638

WINR0273 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0273 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.**

WINR0273 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY ITEM NO.

REPORT TITLE Batch Processing Error Statistics Summary by Item No.		REPORT NUMBER WINR0273	FILE NAME PIY07WP03SDD
PURPOSE – NOTES This report lists errors resulting from Batch Processing by program (PA, MA, FS) specifying item number, error number, and the job type.			
SOURCE IY1007 RunID = PIY07W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program Area/Item Number/Error Number		BREAKS Program Area (PA, MA, NPA/FS)	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		Indicates the program (PA, MA, FS) for which the errors are being reported.	
3. Item No		Identifies the field on the Authorization Document (DSS-3517) or ancillary documents with which the listed error is associated.	
4. Error No		The number of the error that was encountered when an attempt was made to process a transaction.	
5. Job Type		Indicates the type of transaction being processed (e.g., Eligibility, Undercare, Single Issue) when the error was detected.	
6. Total		Total number of errors that occurred for a specific error type.	
7. Totals for Program		Total number of errors reported for a job type for the specified program.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0274 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER**

WINR0274 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER

1

REPORT DATE 6- 9- 7
 PROGRAM: IY1039
 WEEK ENDING 6- 9- 7

NYS HUMAN SERVICES APPLICATION SERVICE CENTER
 WELFARE MANAGEMENT SYSTEM
 WMS REPORT WINR0274

PAGE 1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER

CENTER	PROGRAM	ERROR	J O B T Y P E																		TOTAL
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
013	P.A.	E1313	-	-	-	-	17	33	-	-	-	-	-	-	-	-	-	-	-	50	
		E0106	-	-	-	-	-	29	-	-	-	-	-	-	-	-	-	-	-	29	
		E0106	-	-	-	-	18	-	-	-	-	-	-	-	-	-	-	-	-	18	
		E1036	-	-	10	6	-	-	-	-	-	-	-	-	-	-	-	-	-	16	
		E1687	-	-	-	14	-	-	-	-	-	-	-	-	-	-	-	-	-	14	
		E2458	-	-	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	12	
<<report edited for formatting>>																					
		E1095	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
		E0994	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
		E1096	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
		E0817	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
		F1738	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
TOTALS FOR CENTER	013		22	0	93	183	54	67	3	0	1	1	0	0	0	2	0	0	0	427	

WINR0274 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0274 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER**

WINR0274 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY CENTER

REPORT TITLE Batch Processing Error Statistics Summary by Center		REPORT NUMBER WINR0274	FILE NAME PIY39WP02SDD PIY39WPPR*** *** = Originating Center
PURPOSE – NOTES This report lists transaction errors resulting from Batch Processing for each center by error number and job type.			
SOURCE IY1007 RunID = PIY39W	REFERENCE See RTS 89-0323, REL.90.1 Job changed from PIY07W to PIY39W in Release 90.3 Filename changed 10/90 from PIY07W when change made from Resp Ctr to Orig Ctr	AUDIENCE / GENERAL DISTRIBUTION PA, MA and FS Centers via DEPCON for center-specific report For citywide report: HRA MICS Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Center/Frequency of Error (descending order)		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Identifies the center which originated the errored Data Entry transactions.	
3. Program		Indicates the program (PA, MA, FS) for which the information is provided.	
4. Error		The number of the error that was encountered when an attempt was made to process a transaction.	
5. Job Type		Indicates the type of transaction being processed (e.g., Eligibility, Undercare, Single Issue) when the error was detected.	
6. Total		Number of times a specific error was encountered for the reporting period.	
7. Totals for Center		Total number of errors reported by job type and the total number of errors detected for the center.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0275 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM**

WINR0275 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM 1

REPORT DATE 6- 9- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER																		PAGE 1	
PROGRAM: IY1007	WELFARE MANAGEMENT SYSTEM																			
WEEK ENDING 6- 9- 7	WMS REPORT WINR0275																		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM																				
2	3	4 J O B T Y P E																		
PROGRAM	ERROR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	TOTAL
P.A.																				5
E1313		-	-	-	-	192	335	-	-	-	-	-	-	-	-	-	-	-	-	527
E0445		-	-	-	467	-	-	-	-	-	-	-	-	-	-	-	-	-	-	467
E0447		-	-	111	239	-	-	-	-	-	-	-	-	-	-	-	-	-	-	350
E0106		-	-	-	-	136	165	-	-	-	-	-	-	-	-	-	-	-	-	301
E0716		-	-	-	-	140	143	-	-	-	-	-	-	-	-	-	-	-	-	283
E1436		-	-	125	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	256
E1036		-	-	221	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	232
E2424		-	-	222	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	222
E2450		-	-	115	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	218
E1955		-	-	-	207	-	-	-	-	-	-	-	-	-	-	-	-	-	-	207
E1798		-	-	150	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184
E0448		-	-	96	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183
E0963	183	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183
E0964	183	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183
E0923		-	-	-	-	32	137	-	-	-	-	-	-	-	-	-	-	-	-	169
<<report edited for formatting>>																				
TOTALS FOR PROGRAM	P.A.	6	366	3243	4962	870	874	99	2	10	102	0	0	0	108	0	0	0	0	10638

WINR0275 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0275 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM**

WINR0275 – BATCH PROCESSING ERROR STATISTICS SUMMARY BY PROGRAM

REPORT TITLE Batch Processing Error Statistics Summary by Program		REPORT NUMBER WINR0275	FILE NAME PIY07WP01SDD
PURPOSE – NOTES This report lists counts of errors detected for each program area (PA, MA, FS) and job type.			
SOURCE IY1007 RunID = PIY07W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program/Frequency of Error (descending order/Error Number)		BREAKS Program	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		Indicates the program (PA, MA, FS) for which the information is provided.	
3. Error		The number of the error that was encountered when an attempt was made to process a transaction.	
4. Job Type		Indicates the type of transaction being processed (e.g., Eligibility, Undercare, Single Issue) when the error was detected.	
5. Total		Number of times a specific error was encountered for the reporting period.	
6. Totals for Program		Total number of errors reported for a job type for the specified program.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY
 DETERMINATION WORKSHEET**

WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY DETERMINATION WORKSHEET 1

REPORT DATE: 12/17/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	ATTACHMENTS/SCREEN PRINTS 24
REPORT ID: WINR0284 1	MEDICAL ASSISTANCE PROGRAM	___ TAD ___ PRINCIPAL
	CONTINUING ELIGIBILITY DETERMINATION WORKSHEET	___ BUDGET RECORD ___ PROVIDER
3 CENTER: 2 5JB		___ MABEL BUDGET ___ PCP
4 RESP. AREA: WD 4		___ MABEL BUDGET ___ RESTRICT
5 MRP X FFR		___ SUMMARY ___ RECIP
6 UNIT/WORKER: BCP06 6		___ WRS ___ MEDICARE
		___ OTHER ___ TPHI
		___ 1099 REF
7 CASE NUMBER: 00022180069B	7 CASE NAME: JXXXX	25 CASE NUMBER: 00022180069B
8 CIN: 9		REMINDER:
10 RECERT SCHEDULED: 11/03/08	10 AUTH PERIOD: 07/01/08 - 12/31/08	218 (DATE RECERT COMPLETED) REQUIRED 26
		FOR MA RECERIFICATION.
11 I. REASON FOR RECERTIFICATION: CASE EX 11		27 FORM PREP DATE ___ AUTH NO ___ 28
MILESTONE EVENTS		29 ITEM ID DATA
LINE NAME EVENT DATE		NO. 30 31
12 13 14 15		015 020 021 219 218 01 240 01 241 01 242 01 243 01
		___ ___ ___ ___ ___ ___ ___ ___ ___
16 MATCH DISCREPANCY CODE: NONE		___ ___ ___ ___
		___ ___ ___ ___
17 II. PREPAID CAPITATION REC ON CASE Y/N ___ DOES CLIENT WISH TO CONTINUE PLAN Y/N ___		
18 III. PRINCIPAL PROVIDER RECORD ON CASE Y/N ___ 18		

WINR0284 Report Sample (continued on next page)

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY
 DETERMINATION WORKSHEET**

IV. ERROR AVOIDANCE CHECK LIST			_____	_____
ELIGIBILITY			_____	_____
19	*ALL PERSONS IN CASE NYC RESPONSIBILITY	Y/N	_____	_____
	*CATEGORICAL CODE CHANGES DUE TO INCAPACITY, PREGNANCY	Y/N	_____	_____
	*ALL RECIPIENTS STILL LIVING	Y/N	_____	_____
	*ANY CHANGES TO MA HOUSEHOLD	Y/N	_____	_____
INCOME			_____	_____
20	*CHANGES IN EARNINGS	Y/N	_____	_____
	*CHANGES IN EXEMPTIONS AND DEDUCTIONS	Y/N	_____	_____
	*INCREASE IN SSA, PENSION OR OTHER UNEARNED INCOME	Y/N	_____	_____
	*VA BENEFITS, PRIVATE PENSIONS, UIB, REPARATIONS EXPLORED	Y/N	_____	_____
RESOURCES			_____	_____
	*KNOWN BANK ACCTS/PIA	Y/N	NEW BANK ACCTS	Y/N
				CURRENT VALUE
21	*ADVISED OF RIGHT TO BURIAL FUND	Y/N	AMT ORIG SET ASIDE	_____
	*KNOWN LIFE INSURANCE CASH VALUE	Y/N	NEW CASH VALUE	_____
	*KNOWN STOCKS, BONDS, SAV BONDS	Y/N	NEW STOCKS, BONDS, SAV BONDS	_____
22	V. NEW/CHANGED (INCL MEDICARE) TPhi EXPLORED	Y/N	REFERRED TO TPhi UNIT	Y/N
23	VI. ALL APPROPRIATE CHECK LIST ITEMS INCLUDED IN THE NEW BUDGET	Y/N		
32	_____		WORKER	DATE
33	_____		SUPERVISOR	DATE
34	_____		CONTROL CLERK	DATE
35	_____		DATA ENTRY OPERATOR	DATE

WINR0284 Report Sample (continued from previous page)

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY
DETERMINATION WORKSHEET

WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY DETERMINATION WORKSHEET

REPORT TITLE Medical Assistance Program Continuing Eligibility Determination Worksheet		REPORT NUMBER WINR0284	FILE NAME
PURPOSE – NOTES This report is a form that is generated online from the WMS Inquiry Subsystem for MA only cases. It is then printed and used by the worker to document information about a Medical Assistance case and determine whether eligibility should be continued. There are six (6) sections where notes and Yes/No answers to questions can be written. The right side of the form is where attachments and screen prints can be check marked, Item Numbers and data can be added, and the Worker, Supervisor, Control Clerk, and Data Entry Operator can sign off and date the form. This is also a data entry form.			
SOURCE RM1002 RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MA Center Worker	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE On Demand – Online		RETENTION	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		MA Center responsible for the case.	
3. Resp. Area		MA Responsibility Area Indicator	
4. MRP X FFR			
5. Unit/Worker		Worker responsible for the case.	
6. Case Number		Number that uniquely identifies the case.	
7. Case Name		The Payee of the case.	
8. CIN		Client Identification Number	
9. Recert Scheduled		Date recertification of the case is scheduled	
10. Auth Period		Date range the MA benefit is authorized.	
11. I. Reason for Recertification: Case Ex			
Milestone Events:			
12. Line		Individual within Suffix	
13. Name		Individual's Name	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0284 – MEDICAL ASSISTANCE PROGRAM CONTINUING ELIGIBILITY
 DETERMINATION WORKSHEET**

14. Event	Milestone Event
15. Date	Date of Milestone Event
16. Match Discrepancy Code: None	
17. II. Prepaid Capitation Rec on Case Y/N Does Client wish to continue plan Y/N	Worker circles Y (yes) or N (no).
18. III. Principal Provider record on case Y/N	Worker circles Y (yes) or N (no).
IV. Error Avoidance Check List:	Several Y/N questions are asked in each category:
19. Eligibility	Worker writes Y (yes) or N (No).
20. Income	Worker writes Y (yes) or N (No).
21. Resources	Worker writes Y (yes) or N (No).
22. V. New/Changes (Incl. Medicare) TPHI Explored Y/N Referred to TPHI Unit Y/N	Worker writes Y (yes) or N (No).
23. VI. All Appropriate Check List Items Included in the New Budget Y/N	Worker writes Y (yes) or N (No).
24. Attachments / Screen Prints	The Worker writes a check mark next to each item being attached to the form.
25. Case Number	Number that uniquely identifies the case.
26. Reminder: 218 (Date Recert Completed) Required for MA Recertification.	
27. Form Prep Date	Date the worker prepared the form.
28. Auth No	Authorization Number
29. Item No.	Three-digit number associated with each data element found on the input documents.
30. ID	Suffix or Line Number associated with the data being entered (based on the Item Number entered).
31. Data	New or changed information.
32. Worker, Date	Worker signs and dates the form here.
33. Supervisor, Date	Supervisor signs and dates the form here.
34. Control Clerk, Date	Control Clerk signs and dates the form here.
35. Data Entry Operator, Date	Data Entry Operator signs and dates the form here.

WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY

REPORT DATE: 02/03/08	NEW YORK CITY HUMAN RESOURCE ADMINISTRATION	PAGE 1
REPORT ID: WINR0286	1 MEDICAL ASSISTANCE PROGRAM UNDOMICILED CASES SCHEDULED FOR 05/08	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
LOCATION: HED/LTAC		
2 3 4 CASE NO. CASE NAME	5 6 7 RESP AUTH PERIOD AREA/CTR	8 RCT RSN
00001234567F HXXXX CXXXXX	AN 577 06/01/07 - 05/31/08	CASE EX
00009876543C PXXXXX X HXXXXX	AS 577 06/01/07 - 05/31/08	CASE
EX		
REPORT DATE: 02/03/08	NEW YORK CITY HUMAN RESOURCE ADMINISTRATION	PAGE 2
	<< report edited for formatting >>	
LOCATION: HED/LTAC		
***** TOTAL MRP CASES SCHEDULED FOR 05/08 EXPIRATIONS = 9 2		

WINR0286 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY**

WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY

REPORT TITLE Undomiciled Cases Scheduled for MM/YY		REPORT NUMBER WINR0286	FILE NAME PRM320PREP03
PURPOSE – NOTES This report lists undomiciled client cases that are scheduled to expire at the end of the reporting month and are due for recertification. It is part of the MA Recertification Subsystem. A separate totals page provides the total number of cases for each location. As the result of on-going litigation involving foster care discharge children and the need to keep track of these children as their Medicaid comes up for renewal, e-versions of MA Recert Scheduling and Tracking Reports are emailed (see Audience/General Distribution).			
SOURCE RunID = PRM320	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Homecare via DEPCON Email e-versions for cases in Recert Location 27, CED/FDC: Joan.siegel@dfa.state.ny.us Letricia.johnson@dfa.state.ny.us Martin.baron@dfa.state.ny.us Judith.hunter@dfa.state.ny.us Gmg05@health.state.ny.us Kej01@health.state.ny.us evansd@hra.nyc.gov olikerb@hra.nyc.gov (Also for WINR0285, WINR0323, WINR0324, and WINR0325)	
SEQUENCE Location/Case Number		BREAKS Location	
FREQUENCY / SCHEDULE Monthly on 15 th		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Identifies the type of placement a Medicaid case qualifies for.	
3. Case No.		The number that identifies the case whose authorization period is due to expire.	
4. Case Name		The name of the payee of the case which is due for recertification.	
5. RESP AREA		Identifies the division within the Medical Eligibility program for which the case	

	has been accepted.
6. RESP CTR	The Center responsible for maintaining the case.
7. Auth Period	Indicates the period of time the case is eligible to participate in a Medical Assistance program.
8. RCT RSN	Indicates why the case was selected for the recertification process.
9. Total MRP (or FFR) Cases Scheduled for mm/yy Expirations *	Total number of cases due to expire * Depending on the recertification type, the report will specify Mail Recertification Program (MRP) or Face-to-Face Recertification (FFR) Program.

WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY

(Includes schedule information)

REPORT DATE: 02/03/08	NEW YORK CITY HUMAN RESOURCE ADMINISTRATION										PAGE 1			
REPORT ID: WINR0286	1 MEDICAL ASSISTANCE PROGRAM UNDOMICILED CASES SCHEDULED FOR 05/08										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
LOCATION: CED/FFR														
3 CASE NO.	4 CASE NAME	5 RESP AREA/CTR	6 AUTH PERIOD	7 DATE SCHEDULED	8 TIME	9 RCT	10 RSN	11 RESCHEDULED DATE/TIME	12	13 UNIT	14 FKA			
00001234567I	HXXX, AXXXX	HN 509	12/01/02 - 05/31/03	04/17/08			CASE EX	11	12					
00002345678A	ZXXXXXXXX GXXXXX	HN 577	06/01/97 - 05/31/98	04/17/08			CASE EX							
00008765432A	MXXXXX KXXXXXX	HN 577	09/01/00 - 09/30/00	04/17/08			CASE EX							
00009876543H	WXXXXXXXX MXXXXX	HN 577	11/01/03 - 04/30/04	04/17/08			CASE EX							
REPORT DATE: 02/03/08	NEW YORK CITY HUMAN RESOURCE ADMINISTRATION										PAGE 24			
<< report edited for formatting >>														
LOCATION: CED/FFR														
***** TOTAL FFR CASES SCHEDULED FOR 05/08 EXPIRATIONS = 15 437														

WINR0286 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY**

WINR0286 - UNDOMICILED CASES SCHEDULED FOR MM/YY

(Includes schedule information)

REPORT TITLE Undomiciled Cases Scheduled for MM/YY		REPORT NUMBER WINR0286	FILE NAME PRM320PREP01
PURPOSE – NOTES This report lists undomiciled client cases that are scheduled to expire at the end of the reporting month and will become due for recertification. It is part of the MA Recertification Subsystem. A separate totals page provides the total number of cases for each location. As the result of on-going litigation involving foster care discharge children and the need to keep track of these children as their Medicaid comes up for renewal, e-versions of MA Recert Scheduling and Tracking Reports are emailed (see Audience/General Distribution).			
SOURCE RunID = PRM320	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Homecare via DEPCON Email e-versions for cases in Recert Location 27, CED/FDC: Joan.siegel@dfa.state.ny.us Letricia.johnson@dfa.state.ny.us Martin.baron@dfa.state.ny.us Judith.hunter@dfa.state.ny.us Gmg05@health.state.ny.us Kej01@health.state.ny.us evansd@hra.nyc.gov olikerb@hra.nyc.gov (Also for WINR0285, WINR0323, WINR0324, and WINR0325)	
SEQUENCE Location/Case Number		BREAKS Location	
FREQUENCY / SCHEDULE Monthly on 15th		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Location		Identifies the type of placement a Medicaid case qualifies for.	
3. Case Number		The number that identifies the case whose authorization period is due to expire.	
4. Case Name		The name of the payee of the case which is due for recertification.	
5. Responsibility Area		Identifies the division within the Medical Eligibility program for which the case	

	has been accepted.
6. Responsibility Center	The Center responsible for maintaining the case.
7. Authorization Period	Indicates the period of time the case is eligible to participate in a Medical Assistance program.
8. Date Scheduled	A system date when the client is scheduled to be recertified.
9. Time Scheduled	The time when recertification is scheduled.
10. RCT RSN	Indicates why the case was selected for the recertification process.
11. Rescheduled Date	Worker assigned date when the case is rescheduled for recertification.
12. Rescheduled Time	Worker assigned time when the case is rescheduled for recertification.
13. Unit	Unit assigned to hold the recertification interview.
14. FKA	Failure to Keep Appointments. (This field will contain a manual annotation.)
15. Total FFR (or MRP) Cases Scheduled for mm/yy Expirations *	Total number of cases due to expire * Depending on the recertification type, the report will specify Mail Recertification Program (MRP) or Face-to-Face Recertification (FFR) Program.

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0291 – CUMULATIVE PENDING TRANSACTION ERROR REPORT**

WINR0291 – CUMULATIVE PENDING TRANSACTION ERROR REPORT 1

REPORT DATE 8-30- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: IY1012	①	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
WEEK ENDING 8-30- 7	WMS REPORT WINR0291	
CENTER ② 013	CUMULATIVE PENDING TRANSACTION ERROR REPORT	⑪ ⑫ ⑬
③ FIRST FWD DATE	④ LAST FWD DATE	⑤ JOB TYPE
⑥ CASE NUMBER	⑦ CASE NAME	⑧ NUMBER ERRORS
		⑨ AUTH NUMBER
		⑩ BATCH NUMBER
		⑪ RESP WORKER
		⑫ OPER ID
		⑬ TRANS STATUS

	08/08/07 0107 00007659497H BXXXXX JOANNA	2* 00006399 EL700 00914 CF001 02 E0447 E1828
	08/24/07 0107 00008157133D BXXXX RICHARD	2 00006611 EL823 00912 PC002 02 E1837 E1838
08/27/07	08/29/07 0107 00008206896G BXXXXX GWENDOLYN FOR CLIFTON	2* 99964195 E0044 00044 02 E1057 E1057
	08/27/07 0107 00008134253H BXXXXXX MAGDALENA FOR BONILL	1 99964150 E0055 00055 02 E2424
08/29/07	08/30/07 0107 00010713646H SXX QUAN	1 00009867 ELL02 000LC VB001 02 E0623
TOTAL CASES FOR JOB TYPE	0107 ⑭ 16	
<<report edited for formatting>>		
* INDICATES GREATER THAN TWO ERROR NUMBERS EXIST		

WINR0291 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0291 – CUMULATIVE PENDING TRANSACTION ERROR REPORT

WINR0291 – CUMULATIVE PENDING TRANSACTION ERROR REPORT

REPORT TITLE Cumulative Pending Transaction Error Report		REPORT NUMBER WINR0291	FILE NAME PIY12WPR0*** *** = Center Code
PURPOSE – NOTES This report provides a cumulative listing of cases with pending actions that remain in error status for five (5) or more business days.			
SOURCE IY1012 RunID = PIY12W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA, MA, FS (originating), and ancillary sites via DEPCON (both primary and secondary queues in PDR070PCNTRS)	
SEQUENCE Center/First Forwarding Date/Job Type/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly on Thursday		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center Number	
3. First Fwd Date		The date the initial transaction was processed.	
4. Last Fwd Date		The date the initial transaction was updated using the Error Correction Subsystem.	
5. Job Type		The code that indicates the type of action pending.	
6. Case Number		The number that uniquely identifies the case for which pending data exists.	
7. Case Name		The name of the payee of the case.	
8. Number Errors		Indicates the number of errors that exist against the case and up to two unique codes that identify the error condition. (* Indicates greater than two error numbers exist.)	
9. Auth Number		A manually assigned number which uniquely identifies the transaction in the batch.	
10. Batch Number		Identifies the batch the transaction is part of.	
11. Resp Worker		The ID of the worker responsible for the case.	
12. Oper ID		ID of the individual who data entered the transaction.	
13. Trans Status		The status of the transaction.	
14. Total Cases for Job Type		Job Type code and number of cases	

WINR0298 – SSI CASES CLOSING THIS MONTH

1

REPORT DATE 06-09-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1023	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 006,2007	WMS REPORT WINR0298	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	SSI CASES CLOSING THIS MONTH	
2	3	
CASE NO.	SIGN-OFF-EFF-DATE	
00000007823I	070610	
00000008173H	070615	
00000012687A	070614	
00000065447F	070630	
00000107142C	070617	
00000178414J	070604	
00000183793J	070630	
00000184740J	070604	
00000210283I	070604	
00000214166B	070630	
00000218068F	070617	
00000228591E	070605	
00000267385D	060630	
<<report edited for formatting>>		
00094903295H	070630	
00094904184C	070614	
00094905169C	070630	
00094906726I	070620	
00098768219C	070630	
00099552107H	070621	
00099743701H	070630	
4 INPUT COUNT: 3830810	5 PURGE COUNT: 2249	

WINR0298 Report Sample

WINR0298 – SSI CASES CLOSING THIS MONTH

REPORT TITLE SSI Cases Closing This Month		REPORT NUMBER WINR0298	FILE NAME PEI230PRPT
PURPOSE – NOTES This report lists suspended SDX closing transactions about to reach the end of the lockdown period.			
SOURCE EI1023 RunID = PEI230	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case No.		The number of the MA-SSI case about to be closed.	
3. Sign-Off-Eff-Date		The date the closing becomes effective.	
4. Input Count		Number of records read	
5. Purge Count		Number of records removed	

WINR0300 - 60 DAY FH/AC STATUS 2 REPORT

1

DATE: 10/10/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1	
PROGRAM NAME: DR1097		1		REPORT		*****		
CENTER NUMBER: 023		2		WINR0300		* THIS REPORT CONTAINS *		
				60 DAY FH/AC STATUS 2 REPORT		* CONFIDENTIAL INFORMATION *		
						* FOR INTERNAL USE ONLY *		

3	4	5	6	7	8	9	10	
ORIGINATING	RESPONSIBLE	CASE NO	SUFFIX	REASON	INTENT NOTICE DATE	FH/AC	CASE NAME	
<< report edited for formatting >>								
023	023	00007125869D	01	WX1	07/14/08	07/12/08	RXXXXXXXXX MICHAEL	
023	023	00007406246E	01	WX1	07/23/08	07/23/08	HXXXXXXXXX MONIQUE	
023	023	00007970359B	01		07/28/08	07/26/08	GXXXXXX CAMILLE	
023	023	00007970359B	01	N17	07/23/08	07/23/08	GXXXXXX CAMILLE	
023	023	00008177203A	01	WX1	06/23/08	06/21/08	JXXXX MICHAEL	
023	023	00008498657J	01	G10	07/30/08	07/30/08	CXXX JOSE	
023	023	00008763278C	01	W40	07/30/08	07/30/08	CXXX BOLIVAR	
023	023	00008763278C	01	W40	07/31/08	07/31/08	CXXX BOLIVAR	
023	023	00009033468B	01	G10	06/19/08	06/19/08	TXXXXX NYEMA	
023	023	00009336950C	01	WX1	07/21/08	07/19/08	TXXX JAY	
023	023	00009977246J	01	G10	06/30/08	06/28/08	BXXX TONIA	
039	023	00004164930C	01	F45	07/30/08	07/30/08	AXXXXX NOVEM	
BEV	023	00006466288F	01	E30	06/27/08	06/27/08	GXXXXX TERESSA	
CFI	023	00007282097A	01		07/24/08	07/24/08	SXXXXX KATYRIA	
CMU	023	00005625302E	01	M25	07/03/08	07/03/08	KXXXX KAREN	
WAY	023	00002066011E	01		07/11/08	07/11/08	ZXXXXXXXXX DORIS	
WAY	023	00004085727I	01	E31	07/22/08	07/22/08	OXXXXX KHRYS TAL	
WAY	023	00004112141J	01		07/28/08	07/26/08	SXXXXXXXX GERALDINE	
WAY	023	00004687038C	01	E30	07/31/08	07/31/08	PXXXXX DONNA	
WAY	023	00007637020E	01	E31	07/31/08	07/31/08	WXXXXX SIMONE	
11		TOTAL TRANSACTIONS PROCESSED =		43				

WINR0300 Report Sample (Responsible Center)

WINR0300 - 60 DAY FH/AC STATUS 2 REPORT

REPORT TITLE 60 Day FH/AC Status 2 Report		REPORT NUMBER WINR0300	FILE NAME PDR970PRE*** *** = Responsible PA Center
PURPOSE – NOTES This report lists for the responsible PA center all cases with a suspended closing transaction that has been in FH/AC (Fair Hearing/Aid to Continue) status for between 60 and 120 days. The FH Update Transaction may have been entered at the responsible center for the case or at another center.			
SOURCE DR1097 RunID = PDR970	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION All Responsible PA Centers via DEPCON	
SEQUENCE Responsible PA Center/ Originating Center/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Monthly (second Friday)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Number		Responsible Center Number	
3. Originating		The center that authorized and entered the FH Update transaction to place the cases in FH/AC status. The Originating Center may or may not be the same as the Responsible center.	
4. Responsible		The center responsible for maintaining the case. The Responsible center may or may not be the same as the Originating center.	
5. Case No		Number that uniquely identifies the case with a suspended closing transaction in FH/AC status.	
6. Suffix		Number that identifies the unit of assistance with a suspended closing transaction in FH/AC status.	
7. Reason		Timely closing code entered in the closing transaction.	
8. Intent Notice Date		Date that the closing transaction was entered and the Notice Of Intent To Discontinue Assistance was generated.	
9. FH/AC		Date the suspended closing transaction was updated with the Fair Hearing Aid Continuing status.	
10. Case Name		Name of the payee of the suffix/case.	
11. Total Transactions Processed		Total number of FH Update transactions entered using FH/AC status 2 for cases at the responsible center.	

WINR0301 - 60 DAY FH/AC STATUS 2 REPORT

1

DATE: 10/10/08 1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1

PROGRAM NAME: DR1097 REPORT *****

CENTER NUMBER: 028 WINR0301 * THIS REPORT CONTAINS *

60 DAY FH/AC STATUS 2 REPORT * CONFIDENTIAL INFORMATION *

ORIGINATING 3	RESPONSIBLE 4	CASE NO 5	SUFFIX 6	REASON 7	INTENT NOTICE DATE 8	FH/AC 9	CASE NAME 10
028	028	00000403654H	01	G10	07/02/08	07/02/08	BXXXX MICHAEL
028	028	00000450078B	01	WX1	07/28/08	07/26/08	FXXXX ELIZABETH
028	028	00000593923G	01	WX1	07/11/08	07/11/08	JXXXX GERARD
028	028	00000746177F	01	WX1	07/23/08	07/23/08	RXXXXX ARENNERTTA
028	028	00000793158H	01	G10	07/15/08	07/15/08	PXXXX JOHN
028	028	00001138122F	01		07/01/08	07/01/08	SXXXXXX JONES
028	028	00001481251F	01		08/01/08	08/01/08	IXXXX COLTES
028	028	00001643106G	01	WX1	06/30/08	06/28/08	JXXXX NICOLE
<< report edited for formatting >>							
028	028	00008162403D	01		07/15/08	07/15/08	JXXXX WAYNE
028	028	00008622481D	01	WX1	07/24/08	07/24/08	TXXXX MICHAEL
028	028	00008731711B	01	WX1	07/28/08	07/26/08	RXXXXX TAISHA
028	028	00008731711B	01	WX1	08/11/08	08/09/08	RXXXXX TAISHA
028	028	00009031068B	01	WX1	07/28/08	07/26/08	JXXXX LINDA
028	028	00009031409H	01	WX1	06/18/08	06/18/08	AXXXX CARLOS
028	028	00009233923D	01		07/07/08	07/04/08	SXXXXX SAKEYA
028	028	00009346480I	01	WX1	06/25/08	06/24/08	GXXXXX LARRY

11 TOTAL TRANSACTIONS PROCESSED = 69

END OF REPORT

WINR0301 Report Sample (Originating Center)

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY
SYSTEM REFERENCE MANUAL
WINR0301 - 60 DAY FH/AC STATUS 2 REPORT**

WINR0301 - 60 DAY FH/AC STATUS 2 REPORT

REPORT TITLE 60 Day FH/AC Status 2 Report		REPORT NUMBER WINR0301	FILE NAME PDR970POR*** *** = Originating Center
PURPOSE – NOTES This report lists for the originating center all cases for which they entered the transaction which is in FH/AC status for between 60 and 120 days. The FH Update transaction was entered at the originating center for cases that appear on this report.			
SOURCE DR1097 RunID = PDR970	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Originating Centers through via DEPCON	
SEQUENCE Originating Center/Responsible PA Center/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Monthly (second Friday)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Number		Originating Center Number	
3. Originating		The center that authorized and entered the FH Update transaction to place the suspended closing in FH/AC status.	
4. Responsible		The center with overall responsibility for the case.	
5. Case No		Number that uniquely identifies the case with a suspended closing transaction in FH/AC status.	
6. Suffix		Number that identifies the unit of assistance with a suspended closing transaction in FH/AC status.	
7. Reason		Timely closing code entered in the closing transaction.	
8. Intent Notice Date		Date that the closing transaction was entered and the Notice Of Intent To Discontinue Assistance was generated.	
9. FH/AC		Date the suspended closing transaction was updated with the Fair Hearing Aid Continuing status.	
10. Case Name		Name of the payee of the lowest numeric suffix.	
11. Total Transactions Processed		Total number of FH Update transactions entered using FH/AC status 2 for cases by the originating center.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0303 - MA FH/AC STATUS 2 REPORT**

WINR0303 - MA FH/AC STATUS 2 REPORT

DATE: 02/22/08		1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION MA FH/AC STATUS 2 REPORT					PAGE 1	
PROGRAM NAME: DR1099		WINR0303					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
2	3	4	5	6	7	8	9	10
CASE	SUFFIX	REASON	DATE	NUMBER OF	DATE OF	CASE	ORIG	RESP
NUMBER	ID	CODE	ENTERED	DAYS	NOTICE	NAME	CNTR	CNTR
00000104399J	01	U13	11/24/03	001550	26/11/03	GXXXX RXXX	508	500
00000104899F	01	E22	04/06/06	000687	06/04/06	RXXXX JXXXXX	548	500
00000296799D	01	E30	03/19/02	002165	19/03/02	GXXXXX KXXX	514	500
00000365599I	01	Y99	01/29/01	002579	29/01/01	DXXXXX LXX	548	500
00000517399F	01	E35	05/26/99	003192	26/05/99	PXXXXXX L	548	500
00000533599J	01	E22	06/09/03	001718	09/06/03	CXXXXX MXXX	548	500
00000658499H	01	E35	04/24/01	002494	24/04/01	KXXXX AXXXX	522	500
00000719099D	01	E35	05/03/00	002849	03/05/00	WXXXXX CXXXXXX	548	500
00000861099J	01	U13	01/25/06	000758	25/01/06	WXXXXX VXXXX	535	500
<< report edited for formatting >>								
REPORT CONTINUED								
DATE: 02/22/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION MA FH/AC STATUS 2 REPORT					PAGE 9	
PROGRAM NAME: DR1099		WINR0303					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
CASE	SUFFIX	REASON	DATE	NUMBER OF	DATE OF	CASE	ORIG	RESP
NUMBER	ID	CODE	ENTERED	DAYS	NOTICE	NAME	CNTR	CNTR
TOTAL TRANSACTIONS PROCESSED =				327	11			
END OF REPORT								

WINR0303 Report Sample

WINR0303 - MA FH/AC STATUS 2 REPORT

REPORT TITLE MA FH/AC Status 2 Report		REPORT NUMBER WINR0303	FILE NAME PDR990PRP*** *** = Responsible MA center
PURPOSE – NOTES This weekly report lists for the responsible center all MA-only cases which have been in aid continuing status for over 60 days. The FH Update transaction may have been entered at the responsible center for the case or at another center.			
SOURCE DR1099 RunID = PDR990	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Responsible MA Centers via DEPCON	
SEQUENCE Responsible MEP Center/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly (Fridays)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Number that uniquely identifies the case with a suspended closing transaction in FH/AC status.	
3. Suffix ID		Number that identifies the unit of assistance (suffix) with a suspended closing transaction in FH/AC status.	
4. Reason Code		Timely closing code entered in the closing transaction.	
5. Date Entered		The date the suspended closing transaction was updated with the FH/AC status.	
6. Number of Days		Indicates the number of days (60 or more) that the case has been in FH/AC status.	
7. Date of Notice		Date that the closing transaction was entered and the notice of intent to discontinue assistance was generated.	
8. Case Name		Name of the payee of the lowest numeric suffix.	
9. ORIG CNTR		Center that authorized and entered the FH Update transaction to place the suspended closing in FH/AC status.	
10. RESP CNTR		Center with overall responsibility for the case.	
11. Total Transactions Processed		Indicates the number of FH Update transactions using FH/AC status for cases at the responsible center.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0304 - MA FH/AC STATUS 2 DATE ORDER REPORT**

WINR0304 - MA FH/AC STATUS 2 DATE ORDER REPORT 1

DATE: 10/25/08	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION MA FH/AC STATUS 2 DATE ORDER REPORT	PAGE 1						
PROGRAM NAME: DR1098		WINR0304	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION *						
2	3	4	5	6	7	8	9	10	* FOR INTERNAL USE ONLY *
CASE NUMBER	SUFFIX ID	REASON CODE	DATE ENTERED	NUMBER OF DAYS	DATE OF NOTICE	CASE NAME	ORIG CNTR	RESP CNTR	*****
11 TOTAL TRANSACTIONS PROCESSED =				0					

WINR0304 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0304 - MA FH/AC STATUS 2 DATE ORDER REPORT**

WINR0304 - MA FH/AC STATUS 2 DATE ORDER REPORT

REPORT TITLE MA FH/AC Status 2 Date Order Report		REPORT NUMBER WINR0304	FILE NAME PDR980PRPOMA
PURPOSE – NOTES This report lists MA-only cases citywide with suspended closing transactions that have been in FH/AC status for 60 days or more.			
SOURCE DR1098 RunID = PDR980	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Case Number/Date Suspended Undercare Closing Transaction on Case Entered FH/AC Status		BREAKS Center	
FREQUENCY / SCHEDULE Weekly (Fridays)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Number that uniquely identifies the case with a suspended closing transaction in FH/AC status.	
3. Suffix ID		Number that identifies the unit of assistance (suffix) with a suspended closing transaction in FH/AC status.	
4. Reason Code		Timely closing code entered in the closing transaction.	
5. Date Entered		The date the suspended closing transaction was updated with the FH/AC status.	
6. Number of Days		Indicates the number of days (60 or more) that the case has been in FH/AC status.	
7. Date of Notice		Date that the closing transaction was entered and the notice of intent to discontinue assistance was generated.	
8. Case Name		Name of the payee of the lowest numeric suffix.	
9. ORIG CNTR		Center that authorized and entered the FH Update transaction to place the suspended closing in FH/AC status.	
10. RESP CNTR		Center with overall responsibility for the case.	
11. Total Transactions Processed		Indicates the number of FH Update transactions using FH/AC status 2 for cases at the responsible center.	

WINR0308 - FH AID CONTINUING CASES 120 DAYS

1

DATE: 10/10/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1	
PROGRAM NAME: DR1097		1		REPORT		*****		
CENTER NUMBER 2 013				WINR0308		* THIS REPORT CONTAINS *		
				FH AID CONTINUING CASES 120 DAYS		* CONFIDENTIAL INFORMATION *		
						* FOR INTERNAL USE ONLY *		

3	4	5	6	7	8	9	10	
ORIGINATING	RESPONSIBLE	CASE NO	SUFFIX	REASON	INTENT NOTICE DATE	FH/AC	CASE NAME	
013	013	00000000469H	01	G10	12/05/07	12/05/07	TXXXXXXX WILSON	
013	013	00000007660E	01	WX1	04/18/08	04/18/08	FXXXXX TYRONE	
013	013	00000009795G	01	N17	02/14/03	02/13/03	HXXXXX MERCADO	
013	013	00000022424G	01		04/21/08	04/19/08	SXXXXXX MONSERRATE	
013	013	00000027816I	01	E31	11/13/00	11/13/00	GXXXXX HARRY	
013	013	00000030696J	01	N17	12/17/04	12/17/04	CXXXXXXXX JAMES	
013	013	00000032245D	01	N17	04/01/04	04/01/04	PHOENIX HOUSE FR JXXXXXXXX KEI	
013	013	00000034087H	01	181	03/02/98	03/02/98	VXXXXX NATHANIEL	
<< report edited for formatting >>								
WAY	013	00009596850J	01	E30	04/18/08	04/18/08	WXXXXX CEDRIC	
WAY	013	00009622954H	01	E35	01/31/05	01/29/05	TXXXXXXX MARK	
WAY	013	00009658839H	01	E31	12/26/07	12/25/07	OXXXXX CHASTITY	
WAY	013	00009790989J	01	E35	02/12/04	02/12/04	PXXXXX MESIN	
TOTAL TRANSACTIONS PROCESSED =		3,228		11				

WINR0308 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0308 - MA FH/AC STATUS 2 DATE ORDER REPORT**

WINR0308 - FH Aid CONTINUING CASES 120 DAYS

REPORT TITLE FH Aid Continuing Cases 120 Days		REPORT NUMBER WINR0308	FILE NAME PDR970PTW*** *** = Responsible PA or FS center
PURPOSE – NOTES This report lists all PA/FS and PA-only cases for the responsible PA center with suspended closing transactions in FH/AC status for 120 days or more. The FH Update transaction may have been entered at the responsible center for the case or at another center.			
SOURCE DR1097 RunID = PDR970	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION • All Responsible PA Centers via DEPCON • FIA Central Office Operations via DEPCON	
SEQUENCE Responsible IS Center/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Daily/Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Number		Responsible Center Number	
3. Originating		The center that authorized and entered the FH Update transaction to place the suspended closing in FH/AC status.	
4. Responsible		The center responsible for maintaining the case.	
5. Case No		Number that uniquely identifies the case with a suspended closing transaction in FH/AC status.	
6. Suffix		Number that identifies the unit of assistance with a suspended closing transaction in FH/AC status.	
7. Reason		Timely closing code entered in the closing transaction.	
8. Intent Notice Date		Date that the closing transaction was entered and the Notice Of Intent To Discontinue Assistance was generated.	
9. FH/AC		Date the suspended closing transaction was updated with the Fair Hearing Aid Continuing status.	
10. Case Name		Name of the payee of the suffix.	
11. Total Transactions Processed		Total number of FH Update transactions entered using FH/AC status 2 for cases at the responsible center.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY SYSTEM

WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY SYSTEM

1

REPORT DATE 11/01/2008	NEW YORK STATE DEPT. OF SOCIAL SERVICES	PAGE 1
WMS REPORT WINR 0309	1 WELFARE MANAGEMENT SYSTEM	
	SUMMARY REPORT	MONTH OF OCTOBER
	OF	
	DIRECT VENDOR AUTOMATED UTILITY SYSTEM	
		CON ED BUG
TOTAL NUMBER OF BILLS RECEIVED	2	13,193 1,357
TOTAL NUMBER OF BILLS REJECTED	3	4,974 804
BREAKDOWN OF REJECTED BILLS:	4	
SUSPENDED FROM DIRECT VENDOR PARTICIPATION	5	97 203
PA CASE INACTIVE	6	113 250
UTILITY BILL NAME DIFFERS FROM PA DATA BASE NAME	7	181 100
UTILITY BILL ADDR DIFFERS FROM PA DATA BASE ADDR	8	473 114
CLIENT NOT ON DIRECT VENDOR FOR BILLING UTILITY CO	9	1,945 162
UTIL. GUAR. = 1-4,8,OR B AND ACTIVE	10	1,287 111
BILLS PERIOD COVERED DUPLICATES PRIOR PAID BILL	11	59 2
BILL LESS THAN \$2.50 OR MORE THAN \$250.00	12	776 138
CASE NOT KNOWN TO DIRECT VENDOR SYSTEM	13	322 151
OUTDATED BILL	14	443 28
CASE NUMBER NOT KNOWN TO PA	15	92 5
BILL AMOUNT > \$600.00 FOR A D.V. FUEL CASE	16	8 8
TOTAL NUMBER OF BILLS PAID	17	8,219 553
TOTAL DOLLAR AMOUNT OF BILLS PAID	18	\$833,203.28 \$26,409.03

* NOTE: A BILL WITH MULTIPLE REJECTION REASONS IS COUNTED IN EACH APPLICABLE REJECTION CATEGORY, THEREFORE THE RESULT OF ADDING REJECTION CATEGORIES MAYBE LARGER THAN THE TOTAL NUMBER OF BILLS REJECTED.

WINR0309 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY
SYSTEM**

WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY SYSTEM

REPORT TITLE Summary Report of Direct Vendor Automated Utility System		REPORT NUMBER WINR0309	FILE NAME PDV500PREPRT
PURPOSE – NOTES This report provides statistical information on the Direct Vendor automated Utility System activity during the previous month.			
SOURCE DV1005 RunID = PDV500	REFERENCE See RTS 90-149, Rel.90.2	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Office of Central Processing via DEPCON HRA MIS Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Total Number of Bills Received		Total number of utility claims received by HRA from both Con Edison (Con Ed) and Brooklyn Union Gas (BUG) for the month indicated.	
3. Total Number of Bills Rejected		Total number of Con Ed and BUG utility claims that did not meet the requirements for payment by HRA during the month indicated.	
4. Breakdown of Rejected Bills:		Statistics on the number of rejected claims by reason.	
5. Suspended from Direct Vendor Participation		Number of Con Ed and BUG claims rejected by HRA because the case was not actively participating in the Direct Vendor process during the month indicated.	
6. PA Case Inactive		Number of Con Ed and BUG claims rejected by HRA because the PA benefits for the case were (discontinued) closed while the case was actively participating in the Direct Vendor process.	
7. Utility Bill Name Differs from PA Data Base Name		Number of Con Ed and BUG claims rejected by HRA because the case name on the claim did not match the case name on the WMS data base.	
8. Utility Bill Address Differs from PA Data Base Address		Number of Con Ed and BUG claims rejected by HRA because the case address on the claim did not match the case address on the WMS data base.	
9. Client not on Direct Vendor for Billing Utility Co		Number of Con Ed and BUG claims rejected by HRA because the bill was from the wrong utility company.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0309 – SUMMARY REPORT OF DIRECT VENDOR AUTOMATED UTILITY
 SYSTEM**

10. Util. Guar. = 1-4, 8, or B and Active	Number of Con Ed and BUG claims rejected by HRA because
11. Bills Period Covered Duplicates Prior Paid Bill	Number of Con Ed and BUG claims rejected by HRA because the period indicated on the bill overlapped a period on a record for a paid bill on the WMS data base.
12. Bill Less Than \$2.50 or More Than \$250.00	Number of Con Ed and BUG claims rejected by HRA because the bill amount was not within the allowable amount.
13. Case Not Known to Direct Vendor System	Number of Con Ed and BUG claims rejected by HRA because the bill was not found in the Direct Vendor System.
14. Outdated Bill	Number of Con Ed and BUG claims rejected by HRA because the date of the bill did not match.
15. Case Number Not Known To PA	Number of Con Ed and BUG claims rejected by HRA because the case number was not a PA case.
16. Bill amount > \$600.00 for a D.V. Fuel case	Number of Con Ed and BUG claims rejected by HRA because the bill amount exceeded the maximum allowable amount for a D.V. Fuel case.
17. Total Number of Bills Paid	Total number of Con Ed and BUG Utility claims that met the requirements for payment by HRA during the month indicated.
18. Total Dollar Amount of Bills Paid	Total dollar amount of Con Ed and BUG Utility claims that met the requirements for payment by HRA during the month indicated.

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0311 – DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED
BILLS OF MM/DD/YY**

WINR0311 – DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED BILLS OF MM/DD/YY

1

REPORT DATE 10/15/2008		NEW YORK STATE DEPT. OF SOCIAL SERVICES WELFARE MANAGEMENT SYSTEM				PAGE 1	
DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED BILLS OF 10/15/2008 I.M. PROJECT MANAGEMENT WMS REPORT WINR0311							
CASE NUMBER	SUF	CLIENT NAME	UTILITY ACCOUNT NUMBER	AMOUNT	BILL PERIOD FROM	TO	REJECT REASON(S)
DSS NAME			UTILITY ADDRESS	DSS CURRENT ADDRESS		DSS PRIOR ADDRESS	
0187079J	1	ADALGIZA FXXXXXX	473999999900034	\$205.00	03/13/2008	10/09/2008	O
0454739E	1	THEA DXXXX	302999999900017	\$78.13	09/10/2008	10/08/2008	X
0669191J	1	CARINA PXXXXXX	212999999900075	\$235.35	09/10/2008	10/09/2008	M
1043428A	1	MS BRENDA CXXXXXX	302999999900048	\$970.34	06/11/2008	10/09/2008	OD
1305823F	1	ILEANA SXXXXX	302999999900128	\$35.59	09/10/2008	10/09/2008	A
			888 SOUND VIEW AVE 1R 999	BEACH AVE		999	BEACH AVENUE
<< report edited for formatting >>							
TOTAL NUMBER OF BILLS		113					
SUMMARY TOTALS FOR CON ED							
REJECT REASON CODE							
SUSPENDED PARTICIPANTS				S			0
BILL NOT IN PA ACTIVE PERIOD/PA STATUS CLOSED				I			1
<< report edited for formatting >>							
ADDRESS MISMATCHES				A			6
NOT ON DIRECT VENDOR FOR COMPANY				X			39
TOTAL REJECTIONS						134	
TOTAL CON ED BILLS REJECTED						113	
TOTAL CON ED BILLS RECEIVED						307	

(Report Number) Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0311 – DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED
BILLS OF MM/DD/YY**

WINR0311 – DIRECT VENDOR AUTOMATED UTILITY SYSTEM REJECTED CON ED BILLS OF MM/DD/YY

REPORT TITLE Direct Vendor Automated Utility System Rejected Con Ed Bills of MM/DD/YY		REPORT NUMBER WINR0311	FILE NAME PDV300PCONED
PURPOSE – NOTES This report lists the rejected Con Ed utility bills of a particular date for a utility address. Summary totals are provided at the end of the report.			
SOURCE DV1003 RunID = PDV300	REFERENCE See RTS 90-0125, Rel.90.2	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON Con Ed via mailbag	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Uniquely identifies the case with a rejected Con Ed bill	
3. SUF		Suffix	
4. Client Name			
5. Utility Account Number		Con Ed account number	
6. Amount		Dollar amount of rejected bill	
7. Bill Period From To		Billing period covered by the rejected bill	
8. Reject Reason(s)		Reason(s) the bill was rejected	
9. DSS Name		Case Name	
10. Utility Address		Address serviced by Con Ed	
11. DSS Current Address		Case address	
12. DSS Prior Address		Prior case address	
13. Total Number of Bills		Total number of rejected Con Ed bills	
Summary Totals for Con Ed:			
14.		Reject Reason	
15. Reject Reason Code		Reject Reason code and total	
16. Total Con Ed Bills Rejected and Received			

WINR0312 – DIRECT VENDOR CASES 1

REPORT DATE 09/09/2008		NEW YORK STATE DEPT. OF SOCIAL SERVICES			PAGE 1	
		1				
		WELFARE MANAGEMENT SYSTEM DIRECT VENDOR CASES				
		WMS REPORT WINR 0312				
2	3	4	5	6	7	
CASE NUMBER	CASE NAME	STATUS	AMOUNT DEDUCTED	POSTED	CASE NOT FOUND	
00000003600E	WXXXXX ZELLEAN	A	34.35	Y		
00000003850F	YXXX MARITZA	A	12.55	Y		
00000005240H	CXXXX E FR SXXX G	A	12.55	Y		
00000005530B	TXXXXXXXX JODI	A	12.55	Y		
00000013380B	SXXX JACQUELINE FOR FXX JASM	A	12.55	Y		
00000015390I	MXXXXXXXX JOSEFINA	A	26.50	Y		
00000017320D	MXXX MARGARET	A	12.55	Y		
00000030260E	RXXXXX TRINA	A	26.50	Y		
00000034700F	JXXXXXX MAURICE	A	19.75	Y		
<< report edited for formatting >>						

WINR0312 Report Sample

WINR0312 – DIRECT VENDOR CASES

REPORT TITLE Direct Vendor Cases		REPORT NUMBER WINR0312	FILE NAME PDV1*0PREPRT (* = Toe Digit)
PURPOSE – NOTES This report indicates the amount of deductions made from a client’s grant for direct vendor payments and the Direct Vendor Activity status updated during Benefit Production.			
SOURCE RunID = PDV1*0	REFERENCE RTS 90-136 Release 90.2	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Office or Central Processing via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		System-generated number that uniquely identifies the case to WMS.	
3. Case Name		The name of the payee on the case.	
4. Status		The Direct Vendor Activity Status of the case that is updated each time a Direct Vendor Utility deduction is made from the client’s grant during Benefit Production.	
5. Amount Deducted		The amount deducted from the Direct Vendor case’s PA grant for the Direct Vendor Utility deduction made during Benefit Production.	
6. Posted		Y=Yes, N=No	
7. Case Not Found		“X” indicates that a case is not found on the vendor area of the WMS data base during the phase where the results of the deduction are used to update this area of the data base.	

WINR0313 – SDX EXCEPTION REPORT 1

REPORT DATE 9/24/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1	
PROGRAM: EI1072	WELFARE MANAGEMENT SYSTEM		
	①	*****	
	SDX EXCEPTION REPORT	* THIS REPORT CONTAINS *	
	WMS REPORT WINR0313	* CONFIDENTIAL INFORMATION *	
		* FOR INTERNAL USE ONLY *	

② LOCAL OFFICE: 099	③ WORKER ID: 00906		
④ SSI CASE NO.	⑤ WMS CASE NO.	⑥ RECIP ID	⑦ EXCEPTION MESSAGE
00009240816A	00001974517D	ZP96987Z	ADD SSI INCOME - CASE STILL PA ELIGIBLE
		⑧	1
		TOTAL NUMBER OF CASES:	

WINR0313 Report Sample

WINR0313 – SDX EXCEPTION REPORT

REPORT TITLE SDX Exception Report		REPORT NUMBER WINR0313	FILE NAME PEI720PRP*** (*** = Center) PEI720PRPT2 (citywide)
PURPOSE – NOTES This report lists WMS cases receiving SSI benefits that could not be updated by Auto-SDX and the exception message.			
SOURCE RunID = PEI720	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON HRA FIA Office of Data Analysis and Research via DEPCON HRA MIS Management via DEPCON NYS OTDA Programming Staff	
SEQUENCE Toe Digit of SSI case		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center Number	
3. Worker ID		Uniquely identifies the worker responsible for the case	
4. SSI Case No.		System-generated number that uniquely identifies the case to SSI (Supplemental Security Income).	
5. WMS Case No.		System-generated number that uniquely identifies the case to WMS.	
6. Recip ID		Client Identification Number (CIN)	
7. Exception Message		The message describing the reason the case was not updated by Auto-SDX.	
8. Total Number of Cases		Total number of exceptions reported.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0322 – SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0322 – SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE 1
PROGRAM: SC1039	WELFARE MANAGEMENT SYSTEM			
PERIOD COVERED BY THIS REPORT APR,2007	①			***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	WMS REPORT WINR0322			
	SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS			
②	③	④	⑤	⑥
CENTER NUMBER	CASE NUMBER	SUFFIX ID	CASE NAME	DATE LAST BENEFIT
F02	005226446C 005709492C 010284079A 010296042E 010450093J		VXXXXXXXX FREDDIE TXXXX DIANE WXXXX ROBERT MXXXXXXXX KENYA RXXXXXXXX MONIQUE	00/00/00 00/00/00 00/00/00 00/00/00 00/00/00

WINR0322 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0322 – SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS

WINR0322 – SINGLE ISSUE FOOD STAMP CASES NOT RECEIVING BENEFITS FOR ONE OR MORE MONTHS

REPORT TITLE Single Issue Food Stamp Cases Not Receiving Benefits for One or More Months		REPORT NUMBER WINR0322	FILE NAME PSC730PR0322
PURPOSE – NOTES This report provides a listing of Food Stamp cases in Single Issue status that have not received a benefit payment for one or more months.			
SOURCE RunID = PSC730	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON Various PA and FS centers via DEPCON	
SEQUENCE Center Number/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Number		Indicates the Food Stamp Site responsible for the maintenance of the listed cases.	
3. Case Number		The number which identifies the Food Stamp case in single issue status and has not received a benefit for one or more months.	
4. Suffix ID		The suffix against which a single issuance has not been made for one or more months.	
5. Case Name		The name of the payee of the case/suffix.	
6. Date Last Benefit		The date the last Food Stamp single issue benefit was issued.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0338 - SDX STENSON CASE RECERTIFICATION SCHEDULE - MA EXTENSIONS

WINR0338 - SDX STENSON CASE RECERTIFICATION SCHEDULE - MA EXTENSIONS 1

REPORT DATE 09-15-08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM						PAGE 4					
PROGRAM: EI1039		1						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****					
		WMS REPORT WINR0338						2					
		SDX STENSON CASE RECERTIFICATION SCHEDULE MA EXTENSIONS						MA CLOSING ACTION EFFECTIVE DATE: 10-31-08					
3 PROVIDER INFO: #													
4		5		6		7		8					
9		10		11		12		13					
CASE NUMBR	LAST NAME	FIRST NAME	SS #	PSC	RSN	MCI	MUTL-CASE#	RA	ADDRESS	APT#	CITY	ST	ZIP
028975430B	BUXXXXX	MARY	066666666	N01	991	C	0002897394	CC					
028973947G	BUXXXXXXX	SIMON	244444444	N01	991	C	0002897543	CC					
090354163J	BUXXXXX	DOROTHY	066666666	S06	991			CC					
002219338H	BUXXXX	JHALIL	122222222	S06	991			CC					
090668243A	BUXX	KENNETH	399999999	S06	991			CC					
020177282J	CAXXXXXX	RAFAELINA	077777777	S06	991			CC					
090786552B	CAXXXX	JAVON	077777777	S08	991			CC					
026468593E	CAXXXXXX	CECILIA	122222222	E01	991			OF					
004781712H	CAXXXXXX	VICTOR	111111111	S06	991			HN					
003456843G	CAXXXXX	CATHRINE	100000000	S06	991			CC					
021942109G	CAXXXX	JOSE	100000000	N01	991			HN					
090789515F	CAXXX	LUIS	100000000	N01	991			CC					
002734575A	CAXXXX	KATHY	244444444	N01	991			AN					
<< report edited for formatting >>													
RESP AREA TOTAL =		14		7									
GRAND TOTAL =		15		973									

WINR0338 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0338 - SDX STENSON CASE RECERTIFICATION SCHEDULE - MA EXTENSIONS

WINR0338 – SDX STENSON CASE RECERTIFICATION SCHEDULE - MA EXTENSIONS

REPORT TITLE SDX Stenson Case Recertification Schedule – MA Extensions		REPORT NUMBER WINR0338	FILE NAME PEI410PRESP
PURPOSE – NOTES This report provides information on M-SSI cases with closings suspended pending a separate MA determination.			
SOURCE RunID = PEI410	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MICSA Homecare via DEPCON	
SEQUENCE Provider No./Last Name		BREAKS N/A	
FREQUENCY / SCHEDULE Semi-Monthly (2 nd and 4 th weekend of month)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. MA Closing Action Effective Date		Date the MA closing becomes effective.	
3. Provider Info: #		Provider ID Number	
4. Case Number		The number that identifies the MA-SSI case no longer eligible for SSI but which is entitled to a separate MA determination.	
5. Last Name		The last name of the individual on the M-SSI case.	
6. First Name		The first name of the individual.	
7. SS #		The Social Security Number of the individual on the M-SSI case.	
8. PSC		Pay Status Code – The code that identifies the pay status of the individual for SSI (Supplemental Security Income).	
9. RSN		Reason Code	
10. MCI			
11. MUTL-Case#		Another case number related to this individual's case	
12. RA		Responsible Area - Identifies the type of Medical Assistance for which the case has been accepted.	
13. Address, Apt#, City, ST, Zip		Information about the residence of the individual (including house number, street name, city, state, and zip code) as stored on the WMS data base.	
14. Resp Area Total		Total number of pending M-SSI cases for the Responsible Area	
15. Grand Total		Total number of pending M-SSI cases for all Responsible Areas	

WINR0339 – SDX STENSON MA EXTENSTIONS - MASTER LIST 1

REPORT DATE 09-15-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1							
PROGRAM: EI1040	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****							
	WMS REPORT WINR0339	2							
	SDX STENSON MA EXTENSTIONS MASTER LIST	MA CLOSING ACTION EFFECTIVE DATE: 10-31-08							
3	4	5	6	7	8	9	10	11	12
CASE NO	LAST NAME	FIRST NAME	SSN	PAY-STATUS	CLOSE-DATE	RSN	RESP-AREA	MCI	MUTUAL-CASE-NUMBER
90570071C	ABXXXXXX	MARINA	055555555	S06	081031	991	CC		
90448843E	ABXXXXXXXXXX	SALIM	088888888	S08	081031	991	CC		
90588967B	ABXX	ABEDAFAF	055555555	S08	081031	991	CC		
07073151I	ABXXX X	RAMON	100000000	N04	081031	991	CC		
90187107J	ACXXXXXXXX	GABRIEL	077777777	N01	081031	991	MC		
29495729F	ACXXXXX	CRISTINA	588888888	S06	081031	991	CC		
08280911C	ACXXXXX	ELIZABETH	599999999	S06	081031	991	CC		
05708070H	ACXXXXX	JUAN	066666666	N01	081031	991	MC	C	00001937254J
01937254J	ACXXXXX	MARIA	133333333	N01	081031	991	MC	C	00005708070H
27252601D	ACXXXX	SONIA	588888888	N01	081031	991	CC		
01639055B	ACXXXXXXXXXX	REGINO	588888888	T33	081031	991	CC	C	00094744026J
21383193G	ADXXXXXX	CARMEN	055555555	S07	081031	991	CC		
26123318D	ADXXXX	FLORENCE	077777777	E01	081031	991	MC		
	13	<< report edited for formatting >>							
TOTAL =		973							

WINR0339 Report Sample

WINR0339 – SDX STENSON MA EXTENSIONS - MASTER LIST

REPORT TITLE SDX Stenson MA Extensions – Master List		REPORT NUMBER WINR0339	FILE NAME PEI410PCASE
PURPOSE – NOTES This report provides information on M-SSI cases with closings suspended pending separate MA determinations.			
SOURCE RunID = PEI410	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MICSA Homecare via DEPCON	
SEQUENCE Last Name		BREAKS N/A	
FREQUENCY / SCHEDULE Semi-Monthly (2 nd and 4 th weekend of month)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. MA Closing Action Effective Date		Date the MA closing becomes effective.	
3. Case Number		The number that identifies the MA-SSI case with closing suspended pending a separate MA determination.	
4. Last Name		The last name of the individual on the M-SSI case.	
5. First Name		The first name of the individual.	
6. SS #		The Social Security Number of the individual on the M-SSI case.	
7. PSC		Pay Status Code – The code that identifies the pay status of the individual for SSI.	
8. Close Date		The date the case is closed.	
9. RSN		Reason Code	
10. Resp-Area		Responsible Area - Identifies the type of Medical Assistance for which the case has been accepted.	
11. MCI			
12. Mutual-Case-Number		Another case number related to this individual's case	
13. Total		Total number of all pending MA-SSI cases	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0340 – CASELOAD LIST – ACTIVE PAYEES BY CENTER, GROUP AND WORKER

WINR0340 – CASELOAD LIST – ACTIVE PAYEES BY CENTER, GROUP AND WORKER

1

REPORT DATE 4-21- 7	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
PROGRAM: AT1059	WELFARE MANAGEMENT SYSTEM		
AS OF 4-21- 7	WMS REPORT WINR0340		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
CASELOAD LIST - ACTIVE PAYEES BY CENTER, GROUP AND WORKER			
CASE	NUMBER+SUFFIX	IN IM CENTER 028 STATUS UNIT WORKER	GROUP 01 LAST NAME-FIRST NAME
WORKER 1	QRS	LESA	
-----	-----	-----	-----
FA 00007411672E 01	AC	CXXXXX PAULINO	S
SNNC 00004249072C 01	AC	BXXXXX MARY	E
SNCA 00003941777J 01	AC	JXXXX DAVID	E
FA 00005128277A 01	AC	HXXXXXXXX FRANCESCA	E
EAA 00000199880G 01	SI	WXXXXXXXX JOHN	E
<< report edited for formatting >>			
SNCA 00000976682F 01	AC	HXXXXX LARRY	E
SNCA 00001766186J 01	AC	BXXXXX LUISA	S
EAA 00000392587C 01	SI	SXXXXXXXX MONSERRATE	E
FA 00003678349G 02*	AC	FXXXXX C FOR CHATNEA	E
SNNC 00005700397C 01	AC	FXXXXX YOLANDA	E
* - INDICATES A COMPOSITE CASE			
WORKER TOTAL		54	
GROUP TOTAL		163	
CENTER TOTAL		4129	

WINR0340 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0340 – CASELOAD LIST – ACTIVE PAYEES BY CENTER, GROUP AND WORKER

WINR0340 – CASELOAD LIST – ACTIVE PAYEES BY CENTER, GROUP AND WORKER

REPORT TITLE Caseload List – Active Payees by Center, Group and Worker		REPORT NUMBER WINR0340	FILE NAME PAT590PR0*** (*** = PA Center)
PURPOSE – NOTES This report provides a listing of active (case status = AC or SI) PA cases for each worker responsible for maintaining the cases.			
SOURCE RunID = PAT590	REFERENCE RTS 88-0068; 90-0069 Release 90.1	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Group/Worker		BREAKS Worker/Group	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IM Center, Group, Worker		Center, group, and worker being reported in this section	
3. Case		Indicates the category in which the case was accepted for assistance (EAA, FA, SNCA, SNFP, SNNC).	
4. Number & Suffix		The number that uniquely identifies the case.	
5. Status		Indicates the case status (AC or SI)	
6. Unit Worker		Alphanumeric code identifying the worker responsible for the cases.	
7. Last Name-First Name		Indicates the name of the active payee on the specified case.	
8. QRS		Indicates the Monthly Reporting state the case is in.	
9. LESA		Indicates whether the individual is participating in the LESA (Limited English-Speaking Ability) program.	
10. Worker Total		Indicates the number of active suffixes the specified worker is responsible for.	
11. Group Total		Indicates the number of active suffixes for the group	
12. Center Total		Indicates the number of active suffixes for the center	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0341 – CASELOAD DISTRIBUTION IN IM CENTER XXX/SUMMARY**

WINR0341 – CASELOAD DISTRIBUTION IN IM CENTER XXX/SUMMARY

1

REPORT DATE 4-21- 7		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION											PAGE 1
PROGRAM: AT1072		WELFARE MANAGEMENT SYSTEM											
AS OF 4-21- 7		WMS REPORT WINR0341											
		CASELOAD DISTRIBUTION											
		IN IM CENTER 013											
GROUP	WORKERS:	0	1	2	3	4	5	6	7	8	9	TOTAL	
1	121	3			7	3		15	1			150	
2				3								3	
3		97	90			87	111					385	
4		99	90		76	87	96					448	
5		94	150		89		93					426	
6								1				1	
20	119	151	151	151	151	152						724	
21					1							1	
24								1				1	
44						326						326	
77									4			4	
90	2	184										186	
91	178	169	169	207	149							872	
99											1	1	
TOTAL ASSGND	5			3528									
TOTAL UNASSGND	6			29									
CENTER TOTAL	7			3557									

WINR0341 Report Sample – One Center

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0341 – CASELOAD DISTRIBUTION IN IM CENTER XXX/SUMMARY**

WINR0341 – Caseload Distribution, cont.

REPORT DATE 4-21- 7	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE 1
	WELFARE MANAGEMENT SYSTEM			
PROGRAM: AT1072				*****
AS OF 4-21- 7	WMS REPORT WINR0341			* THIS REPORT CONTAINS *
				* CONFIDENTIAL INFORMATION *
				* FOR INTERNAL USE ONLY *

CASELOAD DISTRIBUTION				
8	9	10	11	SUMMARY
IMC	TOTAL ASSIGNED	TOTAL UNASSIGNED	GRAND TOTAL	
013	3528	29	3557	
017	10848	86	10934	
018	8065	423	8488	
019	1548	7	1555	
023	3724	63	3787	
<< report edited for formatting >>				
085	7718	64	7782	
099	4273	40	4313	
TOTAL	12	179755	4663	184418
END-OF-REPORT				

WINR0341 Report Sample – Summary Totals

WINR0341 – CASELOAD DISTRIBUTION IN IM CENTER XXX/SUMMARY

REPORT TITLE Caseload Distribution in IM Center XXX/Summary		REPORT NUMBER WINR0341	FILE NAME PAT720PR0*** (***) = PA Center) PAT720PR0341 (all PA Centers)
PURPOSE – NOTES This report provides a count of cases assigned to each worker and group (unit) within a PA center. It also includes a count of unassigned cases. On the summary page of the citywide version, total counts of assigned and unassigned cases are given for each center.			
SOURCE RunID = PAT720	REFERENCE RTS 88-0068; 90-0069	AUDIENCE / GENERAL DISTRIBUTION Center staff via DEPCON (center-specific) HRA FIA & MIS Management via DEPCON (all PA Centers) NYS OTDA via DEPCON (all PA Centers)	
SEQUENCE Center/Group/Worker		BREAKS By center in citywide version	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
In IM Center:		Center totals	
2. Group		The unit within the Applications or Undercare area responsible for maintaining a number of cases.	
3. Workers		Specifies the number of cases for which a worker within a group is responsible.	
4. Total		Indicates the total number of cases assigned to each group within the center.	
5. Total Assgnd		Indicates the number of accepted cases that have been assigned to a group and worker.	
6. Total Unassgnd		Indicates the number of accepted cases that have yet to be assigned to a group and worker.	
7. Center Total		Indicates the total number of cases for the specified center.	
Summary:		Citywide totals	
8. IMC		Center Numbers	
9. Total Assigned		Total number of accepted cases that have been assigned to a center	
10. Total Unassigned		Total number of accepted cases that have yet to be assigned to a center	
11. Grand Total		Indicates the total number of cases for the specified center.	
12. Total		Total number of all cases for all centers.	

WINR0342 – CASELOAD DISTRIBUTION OF LESA IN IM CENTER XXX

REPORT DATE 4-21- 7	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM											PAGE 1	
PROGRAM: AT1073	①											***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
AS OF 4-21- 7	WMS REPORT WINR0342												
	CASELOAD DISTRIBUTION OF LESA												
	IN IM CENTER 064											④	
②	GROUP	WORKERS: ③	0	1	2	3	4	5	6	7	8	9	TOTAL
	1		4				1	1					6
	2						1		1				2
	3			2	1	123	1	120					247
	7						3	1					4
	12					1							1
	20		8	4	5	20	14	11					62
	21			10									10
	TOTAL ASSGND	⑤			332								
	TOTAL UNASSGND		⑥		2								
	CENTER TOTAL			⑦	334								
	END-OF-REPORT												

WINR0342 Report Sample

WINR0342 – CASELOAD DISTRIBUTION OF LESA IN IM CENTER XXX

REPORT TITLE Caseload Distribution of LESA in IM Center XXX		REPORT NUMBER WINR0342	FILE NAME PAT730PR0*** (***) = PA Center) PAT730PR0342 (all PA Centers)
PURPOSE – NOTES This report provides a summary of worker caseload for LESA (Limited English-Speaking Ability) cases by group (unit) and worker. Counts of total assigned and unassigned cases are also given for each center.			
SOURCE RunID = PAT730	REFERENCE RTS 88-0068; 90-0069	AUDIENCE / GENERAL DISTRIBUTION PA Center Staff via DEPCON HRA FIA & MIS Management via DEPCON	
SEQUENCE Center/Group/Worker		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Group		The unit within the Applications or Undercare area responsible for maintaining a number of cases.	
3. Workers		Specifies the number of cases for which a worker within a group is responsible.	
4. Total		Indicates the total number of cases assigned to each group within the center.	
5. Total Assgnd		Indicates the number of accepted cases that have been assigned to a group and worker.	
6. Total Unassgnd		Indicates the number of accepted cases that have yet to be assigned to a group and worker.	
7. Center Total		Indicates the total number of cases for the specified center.	

WINR0349 – OUTSTANDING ERRORS – REPORT BY CENTER/JOB TYPE

REPORT DATE 9- 6- 8	NYS HUMAN SERVICES APPLICATION SERVICE CENTER				PAGE 2		
PROGRAM: IY1024	WELFARE MANAGEMENT SYSTEM						
WEEK ENDING 9- 6- 8	①				*****		
CENTER 017	WMS REPORT WINR0349				* THIS REPORT CONTAINS *		
					* CONFIDENTIAL INFORMATION *		
					* FOR INTERNAL USE ONLY *		

OUTSTANDING ERRORS - REPORT BY CENTER/JOB TYPE							
	5 DAYS OR LESS	% OF TOTAL	6 TO 15 DAYS	% OF TOTAL	16 TO 999 DAYS	% OF TOTAL	TOTAL
④	⑤	⑥	⑦	⑧	⑨	⑩	⑪
0107 ELIGIBILITY	1	100.00	0	0.00	0	0.00	1
0109 UNDERCARE	26	96.29	1	3.70	0	0.00	27
TOTALS FOR CENTER 017	⑫	96.42	1	3.57	0	0.00	28

<< report edited for formatting >>

** END OF REPORT CNS00009 **

WINR0349 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0349 – OUTSTANDING ERRORS – REPORT BY
CENTER/JOB TYPE**

WINR0349 – OUTSTANDING ERRORS – REPORT BY CENTER/JOB TYPE

REPORT TITLE Outstanding Errors – Report by Center/Job Type		REPORT NUMBER WINR0349	FILE NAME PIY24WP01001 (City-Wide Version) PIY24WPPR*** *** = Responsible Center
PURPOSE – NOTES This report provides the number of Data Entry/Batch processing transactions in error by the length of time those errored transactions have resided on the pending area data base.			
SOURCE IY1024 RunID = PIY24W	REFERENCE See RTS 89-0323, REL.90.1	AUDIENCE / GENERAL DISTRIBUTION All Responsible Centers via DEPCON HRA FIA Management via DEPCON (citywide) HRA MICSA Management via DEPCON (citywide) HRA MIS Management via DEPCON (citywide) NYS OTDA via DEPCON (citywide)	
SEQUENCE Center/Transaction Type/Job Type		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Week Ending		The period covered by this report.	
3. Center		Center Number responsible for maintaining the case	
4.		Job Type	
5. 5 Days or Less		Outstanding errors that occurred within the last five days and remain on the WMS System	
6. % of Total		Percentage of total outstanding errors for this job type that occurred within the last five days	
7. 6 to 15 Days		Outstanding errors that occurred between 6 and 15 days ago and remain on the	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0349 – OUTSTANDING ERRORS – REPORT BY
 CENTER/JOB TYPE**

	WMS System
8. % of Total	Percentage of total outstanding errors for this job type that occurred between 6 and 15 days ago
9. 16 to 999 Days	Outstanding errors that occurred 16 or more days ago and remain on the WMS System
10. % of Total	Percentage of total outstanding errors for this job type that occurred 16 or more days ago
11. Total	Total outstanding errors for the job type
12. Totals for Center XXX	Total outstanding errors and percentages for each time period for the center

WINR0352 - CASE TRANSACTION REPORT STATUS (DAILY)

REPORT DATE 4-16- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER										PAGE 1
PROGRAM: IY1014	WELFARE MANAGEMENT SYSTEM										
WEEK ENDING 4-16- 7	WMS REPORT WINR0352										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
CASE TRANSACTION REPORT STATUS (DAILY)											
RESP CENTER F21	UNIT WORKER 00GAT										
ORIG CENTER	JOB TYPE	CASE NO	AUTH NO	BATCH NUMBER	TRANS STATUS	TOT ERROR ERR NUMBERS	FIRST FOREWARD DATE	LAST FOREWARD TIME	LAST FOREWARD DATE	LAST FOREWARD TIME	> 5 OPER ID
F21	0109 UNDERCARE	00005898511A	00218679	UC436	01 PROCESSED		07/04/16	1552:20			AT005
TXXXX TXXXXXX		00010345828H	00218738	UC450	01 PROCESSED		07/04/13	1544:46	07/04/16	2104:02	RJ004
WXXXX S FR AXX		00010345828H	00218738	U450A	01 PROCESSED		07/04/16	1058:28			AT001
F21	0110 U/C ERROR CORRECTION	00009861306A	00218899	FS497	01 PROCESSED		07/04/16	1056:59			RJ004
WXXXX S FR AXX											
F21	0202 SI-FS										
NXXXXX DXXXXX											
END-OF-REPORT											
* INDICATES MORE THAN TWO ERROR NUMBERS EXIST											

WINR0352 Report Sample – Detail

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0352 - CASE TRANSACTION REPORT STATUS (DAILY)**

REPORT DATE 4-16- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER					PAGE 2	
PROGRAM: IY1014	WELFARE MANAGEMENT SYSTEM						
WEEK ENDING 4-16- 7	WMS REPORT WINR0352					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
	CASE TRANSACTION REPORT STATUS (DAILY)						
RESP CENTER F21	18 SUMMARY STATISTICS						
	UNIT WORKER	UNDERCARE	OTHER U/C	ELIGIBILITY	OTHERS	TOTAL	ERRORS
	----	----	----	----	----	----	----
	RC	0	0	4	2	6	1
	RG	1	0	2	2	5	1
	SEPD	5	1	7	6	19	3
	SG	0	0	1	0	1	0
	ZM	2	0	5	2	9	0
	----	----	----	----	----	----	----
19	TOTAL	60	4	58	117	239	11
• INDICATES MORE THAN TWO ERROR NUMBERS EXIST						CENTER-REPORT-ENDS	

WINR0352 Report Sample – Summary

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0352 - CASE TRANSACTION REPORT STATUS (DAILY)**

WINR0352 - CASE TRANSACTION REPORT STATUS (DAILY)

REPORT TITLE Case Transaction Report Status (Daily)		REPORT NUMBER WINR0352	FILE NAME PIY14DPPR*** Note: *** = Responsible Center
PURPOSE – NOTES: This report lists the cases processed today with the transaction status. A summary of statistics is generated after the detail portion of the report.			
SOURCE IY1014 RunID = PIY14D	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Center/UnitWorker/Job Type/Case Number		BREAKS Unit Worker	
FREQUENCY / SCHEDULE Monday, Wednesday, Thursday		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Resp Center		Responsible Center Number	
3. Unit Worker		Unit Worker Name	
4. Orig Center		Originating Center Number	
5. Job Type		Job Type Number and Description	
6. Case No		Case Name and Case Number	
7. Auth No		Authorization Number	
8. Batch Number		-	
9. Trans Status		Transaction Status Code and Description	
10. Tot Err		Total Number of Errors in the Batch	
11. Error Numbers		-	
12. First Foreward Date		-	
13. First Foreward Time		-	
14. Last Foreward Date		-	
15. Last Foreward Time		-	
16. >5		Greater Than Symbol ">" indicates that there are more than five errors	
17. Oper ID		Data Entry Operator ID	
18. Summary Statistics		Totals for each Unit Worker by Undercare, Other Undercare, Eligibility, Others, and Errors	
19. Total		Totals of all Unit Workers by Undercare, Other Undercare, Eligibility, Others, and Errors	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0352 - CASE TRANSACTION REPORT STATUS (CUMULATIVE)**

WINR0352 - CASE TRANSACTION REPORT STATUS (CUMULATIVE)

REPORT DATE 4-13- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER										PAGE 1	
PROGRAM: IY1014	WELFARE MANAGEMENT SYSTEM											
WEEK ENDING 4-14- 7	WMS REPORT WINR0352										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
CASE TRANSACTION REPORT STATUS (CUMULATIVE)												
RESP CENTER 035	UNIT WORKER											
ORIG CENTER	JOB TYPE	CASE NO	AUTH NO	BATCH NUMBER	TRANS STATUS	TOT ERR	ERR NUMBERS	FIRST FORWARD DATE	FORWARD TIME	LAST FORWARD DATE	FORWARD TIME	> 5 OPER ID
035	0107 ELIGIBILITY	00006601096I	00016234	EL070	01 PROCESSED			07/04/12	1547:08			AR1
035	0118 TRANSACTION CANCELATION											
CXXXXXXX	IXXXXXX	00001004498A	99986675	E0010	01 PROCESSED			07/04/12	1401:27			
GXXXXXX	MXXXXX	00001261499G	99986537	E5F25	01 PROCESSED			07/04/13	1048:07			
JXXXXXX	DXXXXX	00001296069G	99986647	E5B69	01 PROCESSED			07/04/12	1547:53			
CXXXXX	NXXXXXX FOR SXXXXXX	00002492727J	99986549	E5D62	03 PURGE	2	E0963 E0964	07/04/13	0852:18			
BXXXX	MXXXX FOR BXXXX AXXXX	00006682696H	99986583	E5F19	01 PROCESSED			07/04/12	1819:06			
DXXXX	BXXXX	00009513217B	99986671	E5D67	03 PURGE	2	E0963 E0964	07/04/12	1412:48			
035	0119 FAIR HEARINGS											
PXXX Y.	FR PXXX EXXXX	00002260990D	66070413	*FHU*	01 PROCESSED			07/04/13	1951:35			
SXXXXX	IXXXXX	00002480013I	66070413	*FHU*	01 PROCESSED			07/04/13	1951:59			
CXXXXX	GXXXXXXXXX	00002835517A	66070413	*FHU*	01 PROCESSED			07/04/13	1951:06			
MXXX	GXXXXX	00005413183E	66070413	*FHU*	01 PROCESSED			07/04/13	1951:07			
FHU	0107 ELIGIBILITY	00006743371E	00333800	EL713	01 PROCESSED			07/04/11	0848:19	07/04/12	2009:50	JL001
END-OF-REPORT												
* INDICATES MORE THAN TWO ERROR NUMBERS EXIST												

WINR0352 Report Sample – Cumulative

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0352 - CASE TRANSACTION REPORT STATUS (CUMULATIVE)**

WINR0352 - CASE TRANSACTION REPORT STATUS (CUMULATIVE)

REPORT TITLE Case Transaction Report Status (Cumulative)		REPORT NUMBER WINR0352	FILE NAME PIY14WPPR*** Note: *** = Responsible Center
PURPOSE – NOTES: This report lists the cases processed during the past week with the transaction status.			
SOURCE IY1014 RunID = PIY14W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Center /Job Type/Case Number		BREAKS Unit Worker	
FREQUENCY / SCHEDULE Tuesday and Friday		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Resp Center		Responsible Center Number	
3. Unit Worker		Unit Worker Name	
4. Orig Center		Originating Center Number	
5. Job Type		Job Type Number and Description	
6. Case No		Case Name and Case Number	
7. Auth No		Authorization Number	
8. Batch Number		-	
9. Trans Status		Transaction Status Code and Description	
10. Tot Err		Total Number of Errors in the Batch	
11. Error Numbers		-	
12. First Foreward Date		-	
13. First Foreward Time		-	
14. Last Foreward Date		-	
15. Last Foreward Time		-	
16. >5		Greater Than Symbol ">" indicates that there are more than five errors	
17. Oper ID		Data Entry Operator ID	

WINR0364 - SUMMARY OF MASS RE-BUDGETING (CENTER/DIRECTOR) 1

REPORT DATE 09/07/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 2
PROGRAM: US1089	WELFARE MANAGEMENT SYSTEM					*****
REPORT: WINR0364	PRODUCTION SYSTEM					* THIS REPORT CONTAINS *
MODE: UPDATE	** AUTOMATED ADDRESS CHANGE **					* CONFIDENTIAL INFORMATION*
PA SUFFIXES: 2	SUMMARY OF MASS REBUDGETING					* FOR INTERNAL USE ONLY *

CTR	TOTAL SUFFIXES	TOTAL AMT OF CHANGED +	TOTAL AMT OF CHANGED -	TOTAL SUFFIXES CHANGED	TOTAL SUFFIXES CLOSED	TOTAL SUFFIXES UNCHANGED
3	4	5	6	7	8	9
067	8	\$0.00	\$0.00	0	0	8
071	3	\$0.00	\$0.00	0	0	3
<<report edited for formatting>>						
084	1	\$0.00	\$0.00	0	0	1
099	2	\$0.00	\$0.00	0	0	2
TOTAL: 10	371	\$1,085.50	\$75.00-	26	0	345

WINR0364 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0364 - SUMMARY OF MASS RE-BUDGETING (CENTER/DIRECTOR)**

WINR0364 - SUMMARY OF MASS RE-BUDGETING (CENTER/DIRECTOR)

REPORT TITLE Summary of Mass Re-Budgeting (Center/Director)		REPORT NUMBER WINR0364	FILE NAME PRB040PSUM00
PURPOSE – NOTES This report provides a summary of mass re-budgeting changes for each center.			
SOURCE RunID = PRB040	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION <ul style="list-style-type: none"> • PA Centers • FS Sites NYS OTDA/CEES via DEPCON	
SEQUENCE Program Type/Center Number		BREAKS Program Type	
FREQUENCY / SCHEDULE Monthly/Quarterly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. PA Suffixes		The program (PA, PA/FS, FS) for which information is being reported.	
3. CTR		The Center for which the mass re-budgeting information is being reported.	
4. Total Suffixes		Number of suffixes re-budgeted during this mass re-budgeting run.	
5. Total Amount of Changed +		Total dollar amount of the increase in benefits to be issued due to the mass re-budgeting run.	
6. Total Amount of Changed -		Total dollar amount of the decrease in benefits to be issued due to the mass re-budgeting run.	
7. Total Suffixes Changed		Number of suffixes re-budgeted that changed due to the criteria used to select the cases.	
8. Total Suffixes Closed		Number of suffixes that were closed as a result of the mass re-budgeting run.	
9. Total Suffixes Unchanged		Number of suffixes that remained unchanged as a result of mass re-budgeting.	
10. Total		Grand totals for all centers.	

WINR0370 – NYC SHELTER SUPPLEMENT PAYMENTS REPORT

1

REPORT DATE 10/04/2008			NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE						PAGE 1																																																																																						
NYC SHELTER SUPPLEMENT PAYMENTS REPORT																																																																																															
<p>1 WMS REPORT WINR0370</p> <p>FOR SEPTEMBER, 2008</p> <p>HOUSING STABILITY PROGRAM (HSP) - CODE 42</p>																																																																																															
***** * THIS REPORT CONTAINS CONFIDENTIAL * * INFORMATION FOR INTERNAL USE ONLY * *****																																																																																															
<< report edited for formatting >>																																																																																															
12 GRAND TOTALS																																																																																															
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th colspan="2" style="text-align: center;">TANF</th> <th colspan="3" style="text-align: center;">SN MOE</th> <th colspan="3" style="text-align: center;">SN NON-MOE</th> <th colspan="3" style="text-align: center;">TOTALS</th> </tr> <tr> <th style="text-align: left;">CASE SIZE = 01</th> <th style="text-align: center;">11-FA</th> <th style="text-align: center;">12-SN-FP</th> <th style="text-align: center;">TOTAL</th> <th style="text-align: center;">16-CASH</th> <th style="text-align: center;">17-NON-CASH</th> <th style="text-align: center;">TOTAL</th> <th style="text-align: center;">16-CASH</th> <th style="text-align: center;">17-NON-CASH</th> <th style="text-align: center;">TOTAL</th> <th style="text-align: center;">ALL SNA</th> <th style="text-align: center;">ALL CASES</th> </tr> </thead> <tbody> <tr> <td>AVG SHELT COST</td> <td style="text-align: right;">628.86</td> <td style="text-align: right;">556.00</td> <td style="text-align: right;">628.79</td> <td style="text-align: right;">634.10</td> <td style="text-align: right;">640.18</td> <td style="text-align: right;">638.88</td> <td style="text-align: right;">727.97</td> <td style="text-align: right;">679.63</td> <td style="text-align: right;">717.34</td> <td style="text-align: right;">706.27</td> <td style="text-align: right;">649.64</td> </tr> <tr> <td>AVG ALLOWANCE</td> <td style="text-align: right;">295.49</td> <td style="text-align: right;">277.00</td> <td style="text-align: right;">295.47</td> <td style="text-align: right;">256.33</td> <td style="text-align: right;">290.59</td> <td style="text-align: right;">283.25</td> <td style="text-align: right;">238.27</td> <td style="text-align: right;">243.47</td> <td style="text-align: right;">239.41</td> <td style="text-align: right;">245.60</td> <td style="text-align: right;">282.05</td> </tr> <tr> <td>AVG SUPPLEMENT</td> <td style="text-align: right;">333.37</td> <td style="text-align: right;">279.00</td> <td style="text-align: right;">333.32</td> <td style="text-align: right;">377.77</td> <td style="text-align: right;">349.59</td> <td style="text-align: right;">355.63</td> <td style="text-align: right;">489.70</td> <td style="text-align: right;">436.16</td> <td style="text-align: right;">477.93</td> <td style="text-align: right;">460.68</td> <td style="text-align: right;">367.60</td> </tr> <tr> <td>TOT SUPPLEMENT</td> <td style="text-align: right;">359038.64</td> <td style="text-align: right;">279.00</td> <td style="text-align: right;">359317.64</td> <td style="text-align: right;">4533.22</td> <td style="text-align: right;">15382.07</td> <td style="text-align: right;">19915.29</td> <td style="text-align: right;">130261.16</td> <td style="text-align: right;">32712.05</td> <td style="text-align: right;">162973.21</td> <td style="text-align: right;">182888.50</td> <td style="text-align: right;">542206.14</td> </tr> <tr> <td>NO. OF CASES</td> <td style="text-align: right;">1077</td> <td style="text-align: right;">1</td> <td style="text-align: right;">1078</td> <td style="text-align: right;">12</td> <td style="text-align: right;">44</td> <td style="text-align: right;">56</td> <td style="text-align: right;">266</td> <td style="text-align: right;">75</td> <td style="text-align: right;">341</td> <td style="text-align: right;">397</td> <td style="text-align: right;">1475</td> </tr> </tbody> </table>													TANF		SN MOE			SN NON-MOE			TOTALS			CASE SIZE = 01	11-FA	12-SN-FP	TOTAL	16-CASH	17-NON-CASH	TOTAL	16-CASH	17-NON-CASH	TOTAL	ALL SNA	ALL CASES	AVG SHELT COST	628.86	556.00	628.79	634.10	640.18	638.88	727.97	679.63	717.34	706.27	649.64	AVG ALLOWANCE	295.49	277.00	295.47	256.33	290.59	283.25	238.27	243.47	239.41	245.60	282.05	AVG SUPPLEMENT	333.37	279.00	333.32	377.77	349.59	355.63	489.70	436.16	477.93	460.68	367.60	TOT SUPPLEMENT	359038.64	279.00	359317.64	4533.22	15382.07	19915.29	130261.16	32712.05	162973.21	182888.50	542206.14	NO. OF CASES	1077	1	1078	12	44	56	266	75	341	397	1475
	TANF		SN MOE			SN NON-MOE			TOTALS																																																																																						
CASE SIZE = 01	11-FA	12-SN-FP	TOTAL	16-CASH	17-NON-CASH	TOTAL	16-CASH	17-NON-CASH	TOTAL	ALL SNA	ALL CASES																																																																																				
AVG SHELT COST	628.86	556.00	628.79	634.10	640.18	638.88	727.97	679.63	717.34	706.27	649.64																																																																																				
AVG ALLOWANCE	295.49	277.00	295.47	256.33	290.59	283.25	238.27	243.47	239.41	245.60	282.05																																																																																				
AVG SUPPLEMENT	333.37	279.00	333.32	377.77	349.59	355.63	489.70	436.16	477.93	460.68	367.60																																																																																				
TOT SUPPLEMENT	359038.64	279.00	359317.64	4533.22	15382.07	19915.29	130261.16	32712.05	162973.21	182888.50	542206.14																																																																																				
NO. OF CASES	1077	1	1078	12	44	56	266	75	341	397	1475																																																																																				
REPORT COMPLETED																																																																																															

WINR0370 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0370 – NYC SHELTER SUPPLEMENT PAYMENTS REPORT**

WINR0370 – NYC SHELTER SUPPLEMENT PAYMENTS REPORT

REPORT TITLE NYC Shelter Supplement Payments Report		REPORT NUMBER WINR0370	FILE NAME PRS370PR0370
PURPOSE – NOTES This is a monthly report of all cases that receive a shelter supplement (11-090) greater than zero. Shelter supplements are PA Additional Needs Type (11-086) with one of the following codes: 42 - Housing Stability Program (HSP), 43 – Long Term Stayers Program (LTSP), 44 – Employment Incentive Housing Program (EIHP), 47 - Family Eviction Prevention Program (FEPS) or 48 - Rental Supplement for Adults Without Children. There are summary totals for all code and cases types, plus grand totals at the end of the report.			
SOURCE RunID = PRS370	REFERENCE SA2005-00141 – Prod 9/6/06 2006.3 Release Notes	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Program Code/Case Size		BREAKS Program code	
FREQUENCY / SCHEDULE Monthly, 1st week end of month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Size		01 through 8+ and average	
3. TANF 11-FA, 12-SN-FP, and Total			
4. SN MOE 16-Cash, 17-Non-Cash, and Total		MOE cases are those cases type 16/17 cases which have at least on AC, SI or SN PA individual with a ST/FED Charge Code of 60 or 63.	
5. SN NON-MOE 16-Cash, 17-Non-Cash, and Total			
6. Totals All SNA and All Cases			
7. Avg Shelt Cost		Average PA Shelter Amount (11-025) plus the supplement (PA Additional Needs Amount 11-090).	
8. Avg Allowance		Average PA Shelter Amount (11-025) not including supplement.	
9. Avg Supplement		Average PA Additional Needs Amount (11-090)	
10. Tot Supplement		Total amount of all supplements (11-090)	
11. No. of Cases		Total number of cases.	
12. Grand Totals			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0379 – MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES

MARCH 27, 2009

WINR0379 – MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES

1

REPORT DATE 03/27/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****			
PROGRAM: RP1005		WMS REPORT WINR0379							
CYCLE: 03B		MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES							
		ADC				HR			
		CURRENT		CLOSED		CURRENT		CLOSED	
		# CASES	AMOUNT	# CASES	AMOUNT	# CASES	AMOUNT	# CASES	AMOUNT
STARTING BALANCE	4	62558	\$ 97,715,139.27	394954	\$ 466,089,982.03	88425	\$ 117,674,421.70	441405	\$ 338,670,077.78
NEW OVERPAYMENTS	5	861	\$ 1,085,722.93	761	\$ 437,421.81	1135	\$ 1,566,813.44	1287	\$ 717,444.67
RECOUPMENTS	6	20745	\$ 484,255.38			31316	\$ 702,684.55		
FULLY REPAID	7	748				1149			
CLOSED PRIOR 10/86				31789	\$ 52,214,469.63			24950	\$ 31,097,920.70
CLOSED AFTER 10/86				63898	\$ 14,498,979.34			17671	\$ 9,046,466.56
END BALANCE	8	63061	\$ 98,608,374.66	395687	\$ 466,713,448.97	88396	\$ 117,107,533.42	442621	\$ 340,144,387.26
CLOSED PRIOR 10/86				0	\$ 0.00			0	\$ 0.00
CLOSED AFTER 10/86				0	\$ 0.00			0	\$ 0.00
SSI BENEFITS	9			0	\$ 0.00			0	\$ 0.00
CLOSED PRIOR 10/86				73	\$ 83,989.57			3790	\$ 3,320,135.76
CLOSED AFTER 10/86				5008	\$ 5,582,032.02			3557	\$ 3,251,180.55
NPA/FS BENEFITS	10			5081	\$ 5,666,021.59			7347	\$ 6,571,316.31
CLOSED PRIOR 10/86				0	\$ 0.00			0	\$ 0.00
CLOSED AFTER 10/86				0	\$ 0.00			0	\$ 0.00
MA BENEFITS	11			0	\$ 0.00			0	\$ 0.00

WINR0379 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0379 – MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES

WINR0379 – MONTHLY COLLECTIONS OF OVERPAYMENTS TO ADC & HR FAMILIES

REPORT TITLE Monthly Collections of Overpayments to ADC & HR Families		REPORT NUMBER WINR0379	FILE NAME PRP500PCOLRP
PURPOSE – NOTES This report provides detailed statistical data on recoupments for active and closed Family Assistance (ADC) and Safety Net (HR) cases.			
SOURCE PRP500 RunID = PRP500	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Office of Revenue & Investigation via DEPCON	
SEQUENCE N/A	BREAKS N/A		
FREQUENCY / SCHEDULE Semi-Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Cycle		The monthly or semi-monthly period covered by a recurring payment. PA benefits are issued during cycle A (first half of the month) and cycle B (second half of the month).	
3. Type of Cases Involved		Aid to Families with Dependent Children (ADC) and Home Relief (HR).	
4. Starting Balance		Number of cases that have an outstanding balance for an overpayment(s) at the beginning of the cycle and the total dollar amount of these balances. This line should be equal to the total at the end of period for the previous cycle.	
5. New Overpayments		Number of cases and the dollar amounts of the overpayments identified during the report cycle.	
6. Recoupments		Number of cases and dollar amount recouped this cycle resulting in a reduction in public assistance grants.	
7. Fully Repaid		Number of cases for which recoupments have been fully repaid this cycle.	
8. End Balance		Balance at the beginning of the cycle plus overpayments during the cycle less the amount recouped and fully repaid for recoupment offenses in Non-FH/AC status.	
9. SSI Benefits		Number of cases closed before or after 10/86 and the dollar amount of	

	outstanding recoupments against these cases. These clients are currently receiving Supplemental Security Income.
10. NPA/FS Benefits	Number of cases closed before or after 10/86 and the dollar amount of outstanding recoupments against these cases. These clients are currently receiving Food Stamp only benefits.
11. MA Benefits	Number of cases closed before or after 10/86 and the dollar amount of outstanding recoupments against these cases. These clients are currently receiving Medical Assistance benefits.

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0383 – NEW YORK CITY MEDICAL ASSISTANCE PROGRAM QUALITY
 CONTROL SAMPLE CASE REPORT FOR IS/CED/HED/HOMECARE**

WINR0383 – NEW YORK CITY MEDICAL ASSISTANCE PROGRAM QUALITY CONTROL SAMPLE CASE REPORT FOR IS/CED/HED/HOMECARE

REPORT DATE: 9/06/08

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM

NEW YORK CITY MEDICAL ASSISTANCE PROGRAM
 QUALITY CONTROL SAMPLE CASE REPORT FOR IS
 WINR0383

PERIOD COVERED BY REPORT: 8/01/08 - 8/31/08

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

2	3	4	5	6	7	8	9	10	11
CASE NUMBER	CASE NAME	ORIGIN CENTER	RESP CENTER	MA RESP	CASE TYPE	AUTH DATES FROM TO	CHANGE ACTION DATE	IND CAT CODE	INDIVIDUAL COVERAGE DATES FROM TO
00021456053E	FXXXXXXXXX THELMA	592	588	LR	MA	5/01/08 - 4/30/09	8/26/08	10	5/01/08 - 4/30/09
00021670145I	RXXXXXXXXX CATHERINE	591	588	LR	MA	5/01/08 - 4/30/09	8/20/08	10	5/01/08 - 4/30/09
00021838036I	AXXXXXXXXX THERESE	590	588	LR	MA	11/01/08 - 10/31/09	8/01/08	10	11/01/08 - 10/31/09
00022112694J	AXXXXXXXXX ANGELINA	592	588	LR	MA	5/01/08 - 4/30/09	8/07/08	10	5/01/08 - 4/30/09
00020798108F	AXXXXX GUARCH	585	585	LR	MA	7/01/08 - 6/30/09	8/13/08	10	7/01/08 - 6/30/09
00022022669A	AXXXXXXXXRICHARD	592	588	LR	MA	3/01/08 - 2/28/09	8/14/08	12	3/01/08 - 2/28/09
00008158150G	AXXXXXXXXX LOUIS	592	588	LR	MA	11/01/08 - 10/31/09	8/15/08	10	11/01/08 - 10/31/09
00004516236J	AXXXXXXXXX JOSEPHINE	590	588	LR	MA	1/01/08 - 12/31/08	8/11/08	10	1/01/08 - 12/31/08
00028961167F	AXXX BEBI	585	519	LR	MA	4/01/08 - 3/31/09	8/05/08	10	4/01/08 - 3/31/09

<< report edited for formatting >>

NUMBER OF CASES SELECTED = 350

END OF REPORT

WINR0383 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0383 – NEW YORK CITY MEDICAL ASSISTANCE PROGRAM QUALITY
CONTROL SAMPLE CASE REPORT FOR IS/CED/HED/HOMECARE

WINR0383 – NEW YORK CITY MEDICAL ASSISTANCE PROGRAM QUALITY CONTROL SAMPLE CASE REPORT FOR IS/CED/HED/HOMECARE

REPORT TITLE New York City Medical Assistance Program - Quality Control Sample Case Report for IS/CED/HED/HomeCare		REPORT NUMBER WINR0383	FILE NAME PRS040PRPT
PURPOSE – NOTES This report provides four (4) sampling reports for each division with MICSA. They are used by quality control to evaluate the accuracy of eligibility decisions made during the month, in an effort to remain in compliance with NY State Quality Control mandates.			
SOURCE RunID = PRS040	REFERENCE RTS 87-888, Release 27.0	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE MICSA Division/Case Number or Case Name		BREAKS MICSA Division (IS/CED/HED/HomeCare)	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Number that identifies the MA case selected for Quality Control review in the CED, IS, HED, or Home Care Programs.	
3. Case Name		The name of the individual who receives Medical Assistance benefits.	
4. Origin Center		The center that initiated an action against the case.	
5. Resp Center		The center responsible for maintaining the case.	
6. MA Resp		Specifies the Medical Assistance area (e.g., LR, CC, etc.) responsible for maintaining the case.	
7. Case Type		Specifies the program (e.g., MA) for which the case has been accepted to receive benefits.	
8. Auth Dates		Indicates the authorization period for which the case is eligible to receive medical assistance.	
9. Change Action Date		Indicates the date the case was accepted, reactivated, or recertified to receive Medical Assistance benefits.	
10. Ind Cat Code		Indicates the category code used to accept the individual for Medical Assistance that meets the federal guidelines.	
11. Individual Coverage Dates		Specifies the coverage period associated with each individual category code.	
12. Number of Cases Selected		The number of cases selected for Quality Control review in the CED, IS, HED, or Home Care Programs.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0386 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY CENTER

WINR0386 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY CENTER

1

REPORT DATE 4-14- 7		NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM				PAGE 1		
PROGRAM: IY1008		1				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
WEEK ENDING 4-14- 7		WMS REPORT WINR0386						
2		BATCH PROCESSING TRANSACTION ERROR STATISTICS - BY CENTER						
CENTER 013								
JOB TYPE	NUMBER TRANS BY JOB	TRANS IN ERROR AW-EC	NUMBER TRANS IN ERROR AW-PURGE	NUMBER TOTAL TRANS IN ERROR	TRANS AW-EC BY JOB	% OF TRANS AW-PURGE BY JOB	% OF TRANS IN ERROR BY JOB	
	3	4	5	6	7	8	9	10
1 TRANSACTION CANCELLATION	39	0	4	4	0.00%	10.25%	10.25%	
3 ELIGIBILITY	325	33	3	36	10.15%	0.92%	11.07%	
4 UNDERCARE	513	60	22	82	11.69%	4.28%	15.98%	
4 UNDERCARE - EXPEDITED	0	0	0	0	0.00%	0.00%	0.00%	
5 PA SINGLE ISSUE	325	0	20	20	0.00%	6.15%	6.15%	
6 FS SINGLE ISSUE	93	0	5	5	0.00%	5.37%	5.37%	
7 ERROR CORRECTION	11	0	1	1	0.00%	9.09%	9.09%	
8 FS RECOUPMENT	0	0	0	0	0.00%	0.00%	0.00%	
9 PA RECOUPMENT	19	0	1	1	0.00%	5.26%	5.26%	
10 U/C ERROR CORRECTION	4	0	1	1	0.00%	25.00%	25.00%	
11 NPA FFR SCHEDULE	0	0	0	0	0.00%	0.00%	0.00%	
12 BATCH APP, NEW	0	0	0	0	0.00%	0.00%	0.00%	
13 BATCH APP, WITHDRAWAL	0	0	0	0	0.00%	0.00%	0.00%	
14 BATCH APP, MAINTENANCE	0	0	0	0	0.00%	0.00%	0.00%	
15 FAIR HEARINGS	18	0	1	1	0.00%	5.55%	5.55%	
16 WORKER APPLICATIONS	0	0	0	0	0.00%	0.00%	0.00%	
17 UNDERCARE TPHI	0	0	0	0	0.00%	0.00%	0.00%	
18 MANUAL EPFT PULL	1	0	1	1	0.00%	100.00%	100.00%	
TOTAL	11	1348	93	59	152	6.89%	4.37%	11.27%

WINR0386 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0386 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY CENTER

WINR0386 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY CENTER

REPORT TITLE Batch Processing Transaction Error Statistics – By Center		REPORT NUMBER WINR0386	FILE NAME PIY28WPPR*** (***) = Orig Center) PIY28WP03SDD (citywide)
PURPOSE – NOTES This report provides the number of Data Entry Batch Processing transactions for the originating centers sorted by job type. It lists the transactions that were processed, the number of transactions that went into error status, and the percentage of transactions in error.			
SOURCE RunID = PIY28W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION All Centers via DEPCON HRA FIA Management via DEPCON HRA MICSA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Center/Job Type		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center which originated the transactions in error.	
3. Job Type		The batch processing function (e.g., Eligibility, Undercare, Single Issue) for which information is reported.	
4. Number Trans by Job		Number of transactions processed for the indicated job type.	
5. Trans in Error AW-EC		Number of transactions in error status “awaiting error correction” as a result of batch processing.	
6. Number Trans in Error AW-Purge		Number of transactions in error status “awaiting purge” as a result of batch processing.	
7. Number Total Trans in Error		The sum of transactions in error status.	
8. Trans AW-EC by Job		Percentage of transactions awaiting error correction for the specified job type.	
9. % of Trans AW-Purge by Job		Percentage of transactions in “awaiting purge” status for the specified job type.	
10. % of Trans in Error by Job		Percentage of transactions in error as a result of batch processing for the specified job type.	
11. Total		Total number of transactions entered, transactions awaiting error correction or purge, and transactions in error, as well as percent of errors for the center.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY
PROGRAM**

WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY PROGRAM

1

REPORT DATE 9-20- 8		NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM				PAGE 1	
PROGRAM: IY1008		1				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
WEEK ENDING 9-20- 8		WMS REPORT WINR0387					
2		BATCH PROCESSING TRANSACTION ERROR STATISTICS - BY PROGRAM					
PROGRAM P.A.	NUMBER TRANS BY JOB	TRANS IN ERROR AW-EC	NUMBER TRANS IN ERROR AW-PURGE	NUMBER TOTAL TRANS IN ERROR	TRANS AW-EC BY JOB	% OF TRANS AW-PURGE BY JOB	% OF TRANS IN ERROR BY JOB
3	4	5	6	7	8	9	10
1 TRANSACTION CANCELLATION	1307	0	164	164	0.00%	12.54%	12.54%
3 ELIGIBILITY	14245	1802	114	1916	12.65%	0.80%	13.45%
4 UNDERCARE	20458	1839	614	2453	8.98%	3.00%	11.99%
4 UNDERCARE - EXPEDITED	0	0	0	0	0.00%	0.00%	0.00%
5 PA SINGLE ISSUE	15186	0	757	757	0.00%	4.98%	4.98%
6 FS SINGLE ISSUE	2836	0	199	199	0.00%	7.01%	7.01%
7 ERROR CORRECTION	1137	0	119	119	0.00%	10.46%	10.46%
8 FS RECOUPMENT	0	0	0	0	0.00%	0.00%	0.00%
9 PA RECOUPMENT	326	0	21	21	0.00%	6.44%	6.44%
10 U/C ERROR CORRECTION	981	0	108	108	0.00%	11.00%	11.00%
11 NPA FFR SCHEDULE	0	0	0	0	0.00%	0.00%	0.00%
12 BATCH APP, NEW	0	0	0	0	0.00%	0.00%	0.00%
13 BATCH APP, WITHDRAWAL	0	0	0	0	0.00%	0.00%	0.00%
14 BATCH APP, MAINTENANCE	0	0	0	0	0.00%	0.00%	0.00%
15 FAIR HEARINGS	953	0	97	97	0.00%	10.17%	10.17%
16 WORKER APPLICATIONS	0	0	0	0	0.00%	0.00%	0.00%
17 UNDERCARE TPHI	0	0	0	0	0.00%	0.00%	0.00%
18 MANUAL EPFT PULL	10	0	2	2	0.00%	20.00%	20.00%
TOTAL 11	57439	3641	2195	5836	6.33%	3.82%	10.16%
TOTAL LESS							
UNDERCARE - EXPEDITED: 12	57439	3641	2195	5836	6.33%	3.82%	10.16%

WINR0387 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY PROGRAM

WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY PROGRAM

REPORT TITLE Batch Processing Transaction Error Statistics – By Program		REPORT NUMBER WINR0387	FILE NAME PIY28WP02SDD
PURPOSE – NOTES This report provides a summary of the number of transactions processed and the number in error by job type within program area (PA, MA, NPA/FS). Information reported is from originating centers.			
SOURCE RunID = PIY28W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MICSAs Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program Area/Job Type		BREAKS Program Area – PA, MA, NPA/FS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		The program area (PA, MA, NPA/FS) for which information is provided.	
3. Job Type		The batch processing function (e.g., Eligibility, Undercare, Single Issue) for which information is reported.	
4. Number Trans by Job		Number of transactions processed for the indicated job type.	
5. Trans in Error AW-EC		Number of transactions in error status “awaiting error correction” as a result of batch processing.	
6. Number Trans in Error AW-Purge		Number of transactions in error status “awaiting purge” as a result of batch processing.	
7. Number Total Trans in Error		The sum of transactions in error status.	
8. Trans AW-EC by Job		Percentage of transactions awaiting error correction for the specified job type.	
9. % of Trans AW-Purge by Job		Percentage of transactions in “awaiting purge” status for the specified job type.	
10. % of Trans in Error by Job		Percentage of transactions in error as a result of batch processing for the specified job type.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0387 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – BY
PROGRAM**

11. Total	Total number of transactions entered, transactions awaiting error correction or purge, and transactions in error, as well as percent of errors for the center.
12. Total Less Undercare-Expedited	Total Number of transactions entered, transactions awaiting error correction or purge, and total number of transactions in error for the specified program (AP, MA, NPA/FS) minus Undercare-Expedited transactions. Also lists the percent of errors for the program.

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0388 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – SUMMARY

WINR0388 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – SUMMARY

1

REPORT DATE 9-20- 8	NYS HUMAN SERVICES APPLICATION SERVICE CENTER			PAGE 1
PROGRAM: IY1008	WELFARE MANAGEMENT SYSTEM			
WEEK ENDING 9-20- 8	WMS REPORT WINR0388			***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
BATCH PROCESSING TRANSACTION ERROR STATISTICS - SUMMARY				
2	3	4	5	6
PROGRAM	SITE	TRANSACTIONS	TRANSACTIONS IN ERROR	ERROR RATE
-----		-----	-----	-----
P.A.	013	2405	258	10.72%
	017	946	71	7.50%
	018	2214	320	14.45%
	019	264	42	15.90%
	023	1966	172	8.74%
	024	267	18	6.74%
<< report edited for formatting >>				
SUB TOTAL	7	----- 57439	----- 5836	----- 10.16%
ALL SITES	8	----- 173168	----- 17446	----- 10.07%
END-OF-REPORT				

WINR0388 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0388 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – SUMMARY

WINR0388 – BATCH PROCESSING TRANSACTION ERROR STATISTICS – SUMMARY

REPORT TITLE Batch Processing Transaction Error Statistics – Summary		REPORT NUMBER WINR0388	FILE NAME PIY28WP01SDD
PURPOSE – NOTES This report provides a summary of error rates (percent of transactions in error) by center and program for a weekly period. Information reported is for originating centers.			
SOURCE RunID = PIY28W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program Area/Center		BREAKS Program Area	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Program		The program area (PA, MA, NPA/FS) for which information is provided.	
3. Site		Identifies the center which input the specific batch processing.	
4. Transactions		Total number of batch processing transactions processed for the specific period for the specific site.	
5. Transactions in Error		Number of transactions which resulted in errors during processing.	
6. Error Rate		Percentage of the number of transactions in error as compared to the number of transactions entered for processing.	
7. Sub Total		Totals of the number of transactions, the number of transactions in error, and the overall error rate for the program.	
8. All Sites		Totals of the number of transactions, the number of transactions in error, and the overall error rate for all sites.	

WINR0395 – AIRS/AIR UPDATE CONTROL REPORT 1

REPORT DATE 09-08-08	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1		
PROGRAM: RP1077				
PERIOD COVERED BY THIS REPORT SEP,2008				
WMS REPORT WINR0395 AIRS/AIR UPDATE CONTROL REPORT WMS SUMMARY				
	3 CASES	4 AMOUNT		
TOTAL RECEIVED	178	10,486.34		
***** UPDATE SUMMARY *****				
	5	6 CASES	7 AMOUNT POSTED	8 AMOUNT NOT POSTED
PAYMENTS POSTED	175	10,426.19	34.82	0.00
OVERPAYMENTS	(2)		0.00	25.33
CASE/SUFIX NOT FOUND	0		0.00	0.00
NO ACTIVE OFFENSE	3		0.00	60.15
INVALID PAYMENT AMT	0			
TOTALS	178	10,426.19	60.15	

	9 CASE SUMMARY	10		
CASES WITH CLOSED STATUS		10		
CASES RE-OPENED		162		
OFFENSES PAID-OFF		3		
CASE/SUFIX NOT FOUND		0		
NO ACTIVE OFFENSE		3		
INVALID PAYMENT AMT		0		
TOTALS		178		
** END OF REPORT **				

WINR0395 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0395 – AIRS/AIR UPDATE CONTROL REPORT**

WINR0395 – AIRS/AIR UPDATE CONTROL REPORT

REPORT TITLE AIRS/AIR Update Control Report		REPORT NUMBER WINR0395	FILE NAME PBP410PRP395 (Benefit Production) PRP770PRP395 (Recoupment)
PURPOSE – NOTES There are two versions of this report. The Benefit Production version is run when needed. The Recoupment version is run monthly.			
SOURCE RunID = PBP410 / PRP770	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE PBP410 – As Needed PRP770 – Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
WMS Summary:			
3. Total Received: Cases		Number of cases received	
4. Total Received: Amount		Dollar amount of cases received	
Update Summary:			
5.		Update Types	
6. Cases		Number of cases updated	
7. Amount Posted		Dollar amount posted	
8. Amount Not Posted		Dollar amount not posted	
Case Summary:			
9.		Case Types	
10.		Number of cases per case type	

WINR0396 – AIRS/AIR UPDATE ERROR REPORT

1

REPORT DATE 09-08-08	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE	1
PROGRAM: RP1077	2	WELFARE MANAGEMENT SYSTEM	*****	
PERIOD COVERED BY THIS REPORT SEP,2008			* THIS REPORT CONTAINS *	
		WMS REPORT WINR0396	* CONFIDENTIAL INFORMATION *	
		AIRS/AIR UPDATE ERROR REPORT	* FOR INTERNAL USE ONLY *	

3	4	5	6	
CASE NUMBER	SUFFIX ID	PAYMENT AMOUNT	REASON PAYMENT NOT POSTED	
-----	-----	-----	-----	
00001739597B	01	7.06	NO ACTIVE OFFENSE	
00002451617B	01	15.12	OVERPAYMENT	
00003439277J	01	3.12	NO ACTIVE OFFENSE	
00005080247J	01	15.15	NO ACTIVE OFFENSE	
00006872867E	01	19.70	OVERPAYMENT	
		7		5
		TOTAL CASES IN ERROR		
		8		60.15
		TOTAL PAYMENTS NOT POSTED		
		** END OF REPORT **		

WINR0396 Report Sample

WINR0396 – AIRS/AIR UPDATE ERROR REPORT

REPORT TITLE AIRS/AIR Update Error Report		REPORT NUMBER WINR0396	FILE NAME PBP410PRP396 (Benefit Production) PRP770PRP396 (Recoupment)
PURPOSE – NOTES There are two versions of this report. The Benefit Production version is run when needed. The Recoupment version is run monthly.			
SOURCE RunID = PBP410 / PRP770	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Case Number/Suffix ID		BREAKS N/A	
FREQUENCY / SCHEDULE PBP410 – As Needed PRP770 – Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Case Number		-	
4. Suffix ID		-	
5. Payment Amount		-	
6. Reason Payment Not Posted		-	
7. Total Cases In Error		-	
8. Total Payments Not Posted		-	

WINR0397 – AIRS/AIR PAYMENTS AUDIT REPORT

1

REPORT DATE 09-08-08	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE	1
PROGRAM: RP1077	2	WELFARE MANAGEMENT SYSTEM	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY THIS REPORT SEP,2008		WMS REPORT WINR0397		
		AIRS/AIR PAYMENTS AUDIT REPORT		
CASE NUMBER	SUFFIX ID	PAYMENT RECEIVED	AMOUNT POSTED	AMOUNT NOT POSTED
-----	-----	-----	-----	-----
3	4	5	6	7
00000516350G	01	81.84	81.84	0.00
00000623290E	01	83.39	83.39	0.00
00000623290E	01	5.38	5.38	0.00
00001293320G	01	112.84	112.84	0.00
00001640850C	01	42.57	42.57	0.00
		<< report edited for formatting >>		
00007282979J	01	75.36	75.36	0.00
00007750179J	01	97.34	97.34	0.00
00008662259E	01	64.97	64.97	0.00
00008762479H	01	37.35	37.35	0.00
00008786209A	01	8.07	8.07	0.00
TOTAL CASES RECEIVED	8	178	TOTAL PAYMENTS POSTED	10
TOTAL PAYMENTS RECEIVED	9	10,486.34	TOTAL PAYMENTS NOT POSTED	11
			10,426.19	60.15
		** END OF REPORT **		

WINR0397 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0397 – AIRS/AIR PAYMENTS AUDIT REPORT**

WINR00397 – AIRS/AIR PAYMENTS AUDIT REPORT

REPORT TITLE AIRS/AIR Payments Audit Report		REPORT NUMBER WINR00397	FILE NAME PBP410PRP397 (Benefit Production) PBP770PRP397 (Recoupment)
PURPOSE – NOTES There are two versions of this report. The Benefit Production version is run when needed. The Recoupment version is run monthly.			
SOURCE RunID = PBP410 / PRP770	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Case Number/Suffix ID		BREAKS N/A	
FREQUENCY / SCHEDULE PBP410 – As Needed PRP770 – Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Case Number		-	
4. Suffix ID		-	
5. Payment Received		-	
6. Amount Posted		-	
7. Amount Not Posted		-	
8. Total Cases Received		-	
9. Total Payments Received		-	
10. Total Amount Posted		-	
11. Total Payments Not Posted		-	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0399 - SDX CLEARANCE MATCH REPORT**

WINR0399 – SDX CLEARANCE MATCH REPORT

1

REPORT DATE 09/05/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM										PAGE 1		
PROGRAM: EI1077		WMS REPORT WINR0399 SDX CLEARANCE MATCH REPORT										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY. * *****		
REPORT PERIOD 09/05/08														
2	3	4	5		6	7	8	9	10	11	12	13	14	
SYS	CASE NO.	CASE TYPE	PA	MA	FS	SSN	NAME	SEX	DOB	PAY	LAST TX.	CIN	MATCH SCORE	SEL
SDX	00000829410A					112222222	JXXXXXXJR ALFRED	M	08/08/61	N01	09/03/2008	CIN		
WMS	00006161534A	FHP	NA	CL	NA	112222222	JXXXXXXX ALFRED	M	08/08/61		09/19/2005	VQ11303X	102	*
WMS	00003668703G	SNCA	CL	CL	CL	112222222	JXXXXXXX ALFRED	M	08/08/61		09/19/2005		102	
WMS	00006161534A	FHP	NA	CL	NA	112222222	ALFRED JXXXXXX	M	08/08/61		09/19/2005	VQ11303X	102	
WMS	00003668703G	SNCA	CL	CL	CL	112222222	ALFRED JXXXXXX	M	08/08/61		09/19/2005		102	
SDX	00000829521E					588888888	VAXXXXXXXXXX ARGENTINA	F	10/20/43	C01	09/03/2008	CIN		
WMS	00007360096H	FA	CL	CL	CL	588888888	VAXXXX ARJENTINA	F	10/20/43		01/27/1994	XF23096M	102	*
WMS	00007360096H	FA	CL	CL	CL	588888888	ARJENTINA VXXXXX	F	10/20/43		01/27/1994	XF23096M	102	
WMS	00011100413B	FS	NA	NA	RJ	100000000	ALXXXXXX ENCARNACIO	F	11/27/48		03/25/2008	QR35294B	102	
WMS	00021271504J	MA	NA	AC	NA	100000000	ALXXXXXX ENCARNACIO	F	11/27/48		03/25/2008		102	
<< report edited for formatting >>														
SDX	00000829221B					055555555	BRXXXX VIRGINIA	F	10/15/43	N04	09/03/2008	CIN		
* - RECIPIENT-ID CHOSEN			X - RECIPIENT-ID OF HIERARCHY MATCH THAT CAUSED A 104-106 MATCH NOT TO BE ASSIGNED											
REPORT CONTINUED														

WINR0399 Report Sample

WINR0399 - SDX CLEARANCE MATCH REPORT

REPORT TITLE SDX Clearance Match Report		REPORT NUMBER WINR0399	FILE NAME PEI770PRPT
PURPOSE – NOTES This report lists near matches for the SSI client on the WMS data base.			
SOURCE EI1077 RunID = PEI770	REFERENCE Report deleted from program EI1016 - report title was "SDX 104 MATCHES". Refer to RTS 89-0791 & 89-0596 (Release 31)	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH via DEPCON NYS OTDA Programming Staff via DEPCON	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. SYS		System from where the data is located – SDX or WMS	
3. Case No.		The number that identifies the SSI (Supplemental Security Income) case.	
4. Case Type		FA, FHP, FS, MA, SNCA, etc.	
5. Status – PA, MA, FS		Status of case for each program area: AC, AP, CL, NA, RJ, etc.	
6. SSN		Social Security Number of the SSI individual	
7. Name		Name of SSI individual and WMS match	
8. Sex		Sex of SSI individual and WMS match	
9. DOB		Date of Birth of SSI individual and WMS match	
10. PAY			
11. Last TX			
12. CIN		Client Identification Number	
13. Match Score		Score assigned according to level of match	
14. SEL		(See bottom of report page) “*” = Recipient ID Chosen “X” = Recipient ID of hierarchy match that caused a 104-108 match not to be assigned	

WINR0400 – CANCEL INAPPROPRIATE SDX CLOSINGS

1

REPORT DATE 09-05-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1063	WELFARE MANAGEMENT SYSTEM	
	1	*****
	WMS REPORT WINR0400	* THIS REPORT CONTAINS *
	CANCEL INAPPROPRIATE SDX CLOSINGS	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

2	3	4
WMS CASE NO.	SSI CASE NO.	REASON
00090792420D	00000792420C	SSI REOPENING - MSSSI-CLOSING CANCEL
00028743610J	00000792057C	SSI REOPENING - MSSSI-CLOSING CANCEL
00028958820E	00008958820G	SSI REOPENING - MSSSI-CLOSING CANCEL
00022230923J	00000814409J	SSI REOPENING - MSSSI-CLOSING CANCEL
		<< report edited for formatting >>
00003999014I	00000309128H	SSI REOPENING - MSSSI-CLOSING CANCEL
00027275105I	00005567027H	SSI REOPENING - MSSSI-CLOSING CANCEL
00005990425A	00000380631C	SSI REOPENING - MSSSI-CLOSING CANCEL
00090171945A	00000327414J	CLIENT IS NO LONGER M-SSI OR FS ON
00090664065B	00000664065A	SSI REOPENING - MSSSI-CLOSING CANCEL
00090192465E	00000192465D	SSI REOPENING - MSSSI-CLOSING CANCEL
00026589256C	00006589256E	SSI REOPENING - MSSSI-CLOSING CANCEL
00026364566F	00006364566H	SSI REOPENING - MSSSI-CLOSING CANCEL
00029306556B	00000802410B	SSI REOPENING - MSSSI-CLOSING CANCEL
00028621096I	00008621096A	SSI REOPENING - MSSSI-CLOSING CANCEL
00029140056C	00009140056E	SSI REOPENING - MSSSI-CLOSING CANCEL
00029210716G	00009210716I	SSI REOPENING - MSSSI-CLOSING CANCEL
00090326576H	00000326576G	SSI REOPENING - MSSSI-CLOSING CANCEL
00028909647B	00008909647D	SSI REOPENING - MSSSI-CLOSING CANCEL
00090084837F	00000084837E	SSI REOPENING - MSSSI-CLOSING CANCEL
00090152447A	00000152447J	SSI REOPENING - MSSSI-CLOSING CANCEL

WINR0400 Report Sample

WINR0400 - CANCEL INAPPROPRIATE SDX CLOSINGS

REPORT TITLE Cancel Inappropriate SDX Closings		REPORT NUMBER WINR0400	FILE NAME PEI630PRPT (MSSI) PEI630PPARPT (PA)
PURPOSE – NOTES This report lists SDX-initiated MSSI or PA case closings that were cancelled because the client was reopened on SSI or is no longer M-SSI or PA active.			
SOURCE EI1063 RunID = PEI630	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Staff via DEPCON HRA MIS Staff via DEPCON NYS OTDA/BIT Staff	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. WMS Case No.		The number that identifies cases for which SDX closings are cancelled.	
3. SSI Case No.		The number that identifies the SSI (Supplemental Security Income) case associated with the WMS case.	
4. Reason		The reason the closing has been cancelled.	

WINR0402 – SDX TRANSACTIONS FOR CENTER 588 NOT UPDATING WMS

1

REPORT DATE 09-20-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION							PAGE 1
PROGRAM: RS1018	WELFARE MANAGEMENT SYSTEM							
PERIOD COVERED BY THIS REPORT SEP,2008	WMS REPORT WINR0402							***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	SDX TRANSACTIONS FOR CENTER 588							
	NOT UPDATING WMS							
							***** CHANGES RECEIVED *****	
							3 3 3 3 3 3 3 3 4 4 4 4 4 4 4	
							1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7	
WMS CASE NO.	CASE STAT	CASE TYPE	SSI CASE NO.	PAY STAT	SSI AMT	SSN	FORWARD DT	0 0 0 0 1 0 0 0 0 0 0 0 0 0 1 0
00001098722A	10	MSSI	00000371209I	C01	30.00	077777777	06/20/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00027204249A	10	MSSI	00007204249C	C01	30.00	588888888	02/09/07	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00094762308I	10	MSSI	00004762308H	E01	0.00	566666666	09/23/06	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00021274203F	10	MSSI	00007197780F	E01	0.00	100000000	06/28/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00090206666B	10	MSSI	00000206666A	E01	0.00	066666666	05/15/08	0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 1 0
00027156362J	10	MSSI	00009677355B	E01	0.00	055555555	07/08/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00090089752B	10	MSSI	00000089752A	E01	0.00	066666666	02/01/08	0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 1 0
00090248322B	10	MSSI	00000248322A	E01	0.00	111111111	07/22/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00007499320F	10	MSSI	00000789052I	M02	0.00	088888888	06/05/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0
00001163754D	10	MSSI	00009225083G	N01	0.00	066666666	06/19/08	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0

<< report edited for formatting >>

WINR0402 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0402 - SDX TRANSACTIONS FOR CENTER 588 NOT UPDATING WMS**

WINR0402 - SDX TRANSACTIONS FOR CENTER 588 NOT UPDATING WMS

REPORT TITLE SDX Transactions for Center 588 Not Updating WMS		REPORT NUMBER WINR0402	FILE NAME PRS180PR0402
PURPOSE – NOTES This report provides information on WMS cases in Long Term Care Facilities for which updates have been received from Auto-SDX but not applied.			
SOURCE RS1018 RunID = PRS180	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSAs Staff via DEPCON	
SEQUENCE		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. WMS Case No.		The number that identifies the WMS case for which an update transaction was received from Auto-SDX.	
3. Case Stat		Case status (numeric code)	
4. Case Type		Code that identifies an MA or MA-SSI case.	
5. SSI Case No.		Number that identifies the SSI (Supplemental Security Income) case for which an update transaction was received from Auto-SDX.	
6. Pay Stat		Code that identifies the pay status of the individual for SSI.	
7. SSI Amt		Dollar amount that indicates the recipient's total SSI income.	
8. SSN		Social Security Number of the individual on the MA or MSSI case.	
9. Forward DT		Date that the Auto-SDX update transaction was received.	
10. Changes Received		Indicator that identifies the update information received from Auto-SDX.	

WINR0403 – PROCESSING ERRORS

1

REPORT-DATE 01/30/09		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1	
PROGRAM: EI1064		WELFARE MANAGEMENT SYSTEM					
TIME 00:54		PROCESSING-ERRORS				*****	
		WMS REPORT WINR0403				* THIS REPORT CONTAINS *	
						* CONFIDENTIAL INFORMATION *	
						* FOR INTERNAL USE ONLY *	

2	3	4	5	6	7	8	9 10
PAY	*--SSN--*	*-CASE #*	*-----CASE NAME-----*	*MA ELG CD*	*TX DATE*	*-----MESSAGE-----*	*-VALUE 1--* *-VALUE 2--*
H80	061111111	00866327A	GXXXXXXXXX	GO 00000000	R 01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
H80	063333333	00866328I	GXXXXXXXXX	JO 00000000	R 01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
	080000000	00866383D	BXXXXX	JA 00000000	01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
	082222222	00866387E	HXXXXX	MA 00000000	01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
H80	099999999	00866418H	VXXXXXXXXX	JO 00000000	R 01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
N01	111111111	00866502I	RXXXXX	GE 00000000	R 01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
	133333333	00866537E	HXXXXX	SH 00000000	01282009	CLNT HAS D/Z LIV ARRANGE (NEW SSI)	CIN
TOTAL OCCURRENCES OF ERROR <CLNT HAS D/Z LIV ARRANGE (NEW SSI) > =							11 7
<< report edited for formatting >>							
PAY	*--SSN--*	*-CASE #*	*-----CASE NAME-----*	*MA ELG CD*	*TX DATE*	*-----MESSAGE-----*	*-VALUE 1--* *-VALUE 2--*
XXX	055555555	00360166D	RXXXXXXXXX	LU 00000000	10282008	AUTHORIZATION DATE INVALID	00000000
XXX	088888888	00712922E	GXXXXXXXXX	SH 00000000	R 01232009	AUTHORIZATION DATE INVALID	00000000
N36	588888888	00837694J	XXXXXXXXXXXXX	JO 00000000	R 01282009	AUTHORIZATION DATE INVALID	00000000
T33	588888888	00847537I	RXXXXX	AN 00000000	R 01282009	AUTHORIZATION DATE INVALID	00000000
TOTAL OCCURRENCES OF ERROR <AUTHORIZATION DATE INVALID > =							10
END OF REPORT							

WINR0403 Report Sample

WINR0403 – PROCESSING ERRORS

REPORT TITLE Processing Errors		REPORT NUMBER WINR0403	FILE NAME PEI640PPRT
PURPOSE – NOTES This report lists Auto SDX transactions that failed validity edits at the start of processing or were not processed because the initial action was a delete or close, and WMS did not have an active SDX record.			
SOURCE E11064 RunID = PEI640	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS DOH/OMM via DEPCON	
SEQUENCE Error Condition (Message)/Case Number		BREAKS Error Condition (Message)	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. PAY		Current SSI pay status	
3. SSN		Social Security Number of individual on SSI case	
4. Case #		The number that identifies the WMS case for which a processing error occurred.	
5. Case Name		Name of payee on SSI case	
6. MA ELG CD		MA eligibility date/Code	
7. TX Date		Transaction Date	
8. Message		Message describing reason for unsuccessful processing	
9. Value 1		Specific information pertaining to message	
10. Value 2		Specific information pertaining to message	
11. Total Occurrences of Error < ... >		Count of occurrences of error type	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0404 - NYC MA PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF
 INCOMING APPLICATIONS**

**WINR0404 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF
 INCOMING APPLICATIONS**

REPORT DATE: 04/06/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM				PAGE: 4
PROGRAM: RS1013	NEW YORK CITY MEDICAL ASSISTANCE PROGRAM HOSPITAL ELIGIBILITY UNIT RECEIPT OF INCOMING APPLICATIONS WMS REPORT WINR0404				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
UNIT/WORKER HEDFJ					
ADMISSION NUMBER	ADMISSION DATE	CIN	CASE NAME	REGISTRY NUMBER	PATIENT NAME
HOSPITAL NUMBER	HOSPITAL NAME	MONTEFIORE MEDICAL CENTER			
152054532	08/05/06	UH57301Q	BXXXX JXXXX	00021118636G	JXXXX BXXXX
159679513	03/04/07	YT95778X	DXXXXXX JXXXXXX	00021118637E	JXXXXXX DXXXXXX
HOSPITAL NUMBER	HOSPITAL NAME	INTERFAITH MEDICAL CENTER			
C09498001	02/17/07	QT11593C	GXXXXX KXXXXXX	00021120693D	KXXXXXX GXXXXX
C09482501	02/14/07	WD29027P	MXXXX DXXXXX	00021120695I	DXXXXX MXXXXX
TOTAL FOR UNIT:	4				
END OF REPORT					

WINR0404 Report Sample – Detail

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0404 - NYC MA PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF
 INCOMING APPLICATIONS**

REPORT DATE: 04/06/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE: 3
PROGRAM: RS1013	NEW YORK CITY MEDICAL ASSISTANCE PROGRAM HOSPITAL ELIGIBILITY SUMMARY OF UNIT RECEIPT OF INCOMING APPLICATIONS	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
UNIT/WORKER HEDFJ	SUMMARY	
HOSPITAL ID	HOSPITAL NAME	NUMBER OF ADMISSIONS
⑫ 00243554	⑬ MONTEFIORE MEDICAL CENTER	⑭ 2
00734336	INTERFAITH MEDICAL CENTER	2
	TOTAL:	4 ⑮

WINR0404 Report Sample – Summary

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0404 - NYC MA PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF
INCOMING APPLICATIONS**

WINR0404 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – UNIT RECEIPT OF INCOMING APPLICATIONS

REPORT TITLE New York City Medical Assistance Program – Hospital Eligibility – Unit Receipt of Incoming Applications		REPORT NUMBER WINR0404	FILE NAME PRS130PR0404
PURPOSE – NOTES This report provides a listing of new applications processed by each provider of hospital services.			
SOURCE RunID = PRS130	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Director, MICSA Hospital Eligibility Division via DEPCON All MICSA Hospital In-Patient Divisions via DEPCON	
SEQUENCE Unit/Worker within Unit/Worker Sort by Hospital		BREAKS Unit/Worker	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Unit/Worker		Identifies the MICSA worker responsible for the applications.	
3. Hospital Number		The number assigned to the hospital or medical center providing services.	
4. Hospital Name		The name of the hospital or medical center providing services.	
5. Admission Number		The number assigned to the individual by the hospital at the time of admission.	
6. Admission Date		The date the individual entered the facility.	
7. CIN		Client Identification Number	
8. Case Name		The name of the payee of the case.	
9. Registry Number		WMS case number assigned at application registration	
10. Patient Name		The name of the individual for whom benefits are being requested.	
11. Total For Unit		Indicates the number of applications for benefits received by this unit.	
Summary:			
12. Hospital ID		The number assigned to the hospital or medical center providing services.	
13. Hospital Name		The name of the hospital or medical center providing services.	
14. Number of Admissions		Indicates the number of hospital admissions for which applications for assistance have been received.	
15. Total		Indicates the total admissions received by all participating facilities for which applications for assistance were received during the reporting period.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0405 - NYC MA PROGRAM – HOSPITAL ELIGIBILITY – PENDING APPLICATIONS
 ROSTER BY HOSPITAL**

WINR0405 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – PENDING APPLICATIONS ROSTER BY HOSPITAL

REPORT DATE: 4/06/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM		PAGE 1	
PROGRAM: RS1016	1	NEW YORK CITY MEDICAL ASSISTANCE PROGRAM	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
REPORT AS OF: 4/06/07		HOSPITAL ELIGIBILITY	REFERENCE NO 31	
		PENDING APPLICATIONS ROSTER BY HOSPITAL		
		WMS REPORT WINR0405		
HOSPITAL NUMBER: 00243361	2	3	7	8
		HOSPITAL NAME: ST BARNABAS HOSPITAL		9
				10
CASE NAME	4	5	7	8
		REGISTRY NUMBER	ADMISSION NUMBER	ADMISSION DATE
				9
				10
UXXXX		00021090681E	628301175	10/10/06
VXXXXXX		00021108840G	0707100923	3/12/07
VXXXXXXXX		00021090986H	0706700568	3/08/07
				HEU
				HEU
				HEU
TOTAL FOR HOSPITAL:	3	11		
			END OF REPORT	

WINR0405 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0405 - NYC MA PROGRAM – HOSPITAL ELIGIBILITY – PENDING APPLICATIONS
ROSTER BY HOSPITAL**

WINR0405 - NEW YORK CITY MEDICAL ASSISTANCE PROGRAM – HOSPITAL ELIGIBILITY – PENDING APPLICATIONS ROSTER BY HOSPITAL

REPORT TITLE New York City Medical Assistance Program – Hospital Eligibility – Pending Applications Roster by Hospital		REPORT NUMBER WINR0405	FILE NAME PRS160PR0405
PURPOSE – NOTES This weekly report provides a listing of applications for Medical Assistance that are awaiting an eligibility determination.			
SOURCE RunID = PRS160	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION <ul style="list-style-type: none"> • Director, MICSA Hospital Eligibility Division via DEPCON • All MICSA Hospital In-Patient Divisions via DEPCON 	
SEQUENCE Hospital Number/Case Name		BREAKS Hospital Number	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Hospital Number		The number assigned to the hospital or medical center providing services.	
3. Hospital Name		The name of the hospital or medical center providing services.	
4. Case Name		The name of the payee of the case.	
5. Registry Number		System-assigned number that uniquely identifies the application registered on WMS.	
6. Patient Name		The name of the individual for whom benefits are being requested.	
7. Admission Number		The number assigned to the individual by the hospital at the time of admission.	
8. Admission Date		The date the individual entered the facility.	
9. Hospital Worker		The worker at the hospital or medical center responsible for the case.	
10. MAP Unit		The unit within MEP responsible for maintaining the case.	
11. Total For Hospital		Indicates the total number of pending applications awaiting eligibility for the hospital.	

WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)

REPORT DATE 6-19- 7 NYS HUMAN SERVICES APPLICATION SERVICE CENTER PAGE 1
 WELFARE MANAGEMENT SYSTEM

PROGRAM: IY1034

WEEK ENDING 6-23- 7

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

WMS REPORT WINR0406

CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)

RESP CENTER	UNIT WORKER	ORIG CENTER	JOB TYPE	CASE NO	AUTH NO	BATCH NUMBER	TRANS STATUS	TOT ERR NUMBERS	FIRST FOREWARD DATE	LAST FOREWARD TIME	5 OPER ID
099	0107	099	0107	00007204781E	99967085	EC161	02 ERROR	4* E2450 E1574	07/06/15	1041:18	>
				00007207896H	99967087	EC161	02 ERROR	2 E1802 E1574	07/06/15	1039:32	>
				00007223973E	99967091	EC161	02 ERROR	1 E1036	07/06/15	1036:15	>
099	0109		UNDERCARE	00002242766A	99966952	EC161	02 ERROR	3* E1405	07/06/15	1521:56	07/06/18 2131:33>
				00007198356D	99967755	EC161	02 ERROR	1 E1395	07/06/13	1544:08	>
099	0201		PA SINGLE ISSUE	00002242766A	00052575	PA573	03 PURGE	2 E1313 E0716	07/06/18	1515:07	> PR008
				00002242766A	00052577	PA573	03 PURGE	2 E1313 E0716	07/06/18	1515:07	> PR008

END-OF-REPORT

* INDICATES MORE THAN TWO ERROR NUMBERS EXIST

WINR0406 Report Sample – Detail

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)**

REPORT DATE 6-19- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 1	
PROGRAM: IY1034	WELFARE MANAGEMENT SYSTEM			
WEEK ENDING 6-23- 7	WMS REPORT WINR0406		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
RESP CENTER 099 (19)	CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)			
	SUMMARY STATISTICS			
	(20)		(23)	
	UNIT WORKER	AW-EC (21)	AW-PURGE (22)	TOTAL
	00000	2	2	4
	00031	6	1	7
	00032	2	2	4
	00034	0	1	1
	00605	1	0	1
	00901	0	1	1
	00906	1	0	1
	APPPS	2	0	2
	JC161	5	2	7
	JCOOO	1	0	1
	WMCJT	1	0	1
	----	----	----	----
(24)	TOTAL	50	30	80
* INDICATES MORE THAN TWO ERROR NUMBERS EXIST				
CENTER-REPORT-ENDS				

WINR0406 Report Sample – Summary

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)

WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)

REPORT TITLE Case Transactions in Error Status (Cumulative)		REPORT NUMBER WINR0406	FILE NAME PIY34WPPR*** *** = Center Code
PURPOSE – NOTES This report provides weekly information on transaction errors for each responsible center.			
SOURCE IY1034 RunID = PIY34W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Responsible Center/Unit-Worker/Job Type/Case Number		BREAKS Unit/Worker	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Resp Center		The Center responsible for maintaining the case.	
3. Unit Worker		The alphanumeric code identifying the worker responsible for the case.	
4. Orig Center		Identifies the center that placed the action against the specified case.	
5. Job Type		Indicates the data entry function the listed cases underwent, by major/minor type and name.	
6. Case Name		The name of the payee on the case.	
7. Case No.		The number that uniquely identifies the case.	
8. Auth No.		A manually assigned number that identifies each transaction within a batch.	
9. Batch Number		The number of the data entry batch where the specified transaction can be found.	
10. Trans Status		Indicates the status of the data entry transaction after being processed by the Host.	
11. Tot Err		Indicates the number of errors encountered for this case number.	
12. Error Numbers		Specifies the type of error that occurred. Will indicate only the first two errors encountered.	
First Foreward:			
13. Date		The date the initial transaction was processed by WMS.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0406 - CASE TRANSACTIONS IN ERROR STATUS (CUMULATIVE)**

14. Time	The time of day the initial transaction was transmitted to update the WMS data base.
Last Foreward:	
15. Date	The date the initial transaction was updated using the Error Correction Subsystem.
16. Time	The time of day the Error Correction transaction was transmitted to the WMS data base.
17. >5	Indicates whether the transaction has been in error for more than 5 days.
18. Oper ID	Identifier of the operator who entered the batch at a data entry workstation.
Summary Statistics:	
19. Resp Center	The Center responsible for maintaining the case.
20. Unit Worker	The alphanumeric code identifying the worker responsible for the cases.
21. AW-EC	Indicates the number of transactions awaiting error correction for the specified worker.
22. AW-Purge	Indicates the number of transactions awaiting purge for the specified worker.
23. Total	The number of transactions in error status for the worker.
24. Total	The total number of transactions awaiting error correction and purge for the Center.

WINR0407 – HOMELESS PA AND NPA CASES

1

REPORT DATE: 10/01/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM								PAGE 1	
PROGRAM: RS1010-11		HOMELESS PA AND NPA CASES								***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY REPORT: 9/01/08 - 9/30/08		WMS REPORT WINR0407									
CENTER	NUMBER OF CASES	NUMBER WITH CURRENT CASE STATUS									
		AP TO RJ	AP TO AC	CL TO AC	AP TO SI	CL TO SI	SI TO AC	AC TO CL	SI TO CL		
013	541	1	5	32	15	17	27	175	269		
017	4	0	0	0	0	0	0	4	0		
018	90	0	0	1	0	0	0	88	1		
<< report edited for formatting >>											
080	1	0	0	1	0	0	0	0	0		
084	10	0	0	0	0	0	0	10	0		
085	1	0	0	0	0	0	0	1	0		
099	69	5	1	3	0	1	1	58	0		
TOTAL	4303	63	85	270	74	74	109	2564	1064		
F02	460	0	42	18	8	2	18	365	7		
F11	3	0	0	0	0	0	0	3	0		
F13	57	0	7	1	2	0	7	37	3		
<< report edited for formatting >>											
F54	127	0	2	2	7	8	6	93	9		
F63	1	0	0	0	0	0	0	1	0		
F79	21	0	0	0	4	1	0	16	0		
F99	90	0	3	2	1	0	2	81	1		
TOTAL	3815	0	170	147	122	91	145	2595	545		

WINR0407 Report Sample

WINR0407 – HOMELESS PA AND NPA CASES

REPORT TITLE Homeless PA and NPA Cases		REPORT NUMBER WINR0407	FILE NAME PRS110PRPT
PURPOSE – NOTES This report lists the number of cases with Shelter Types 23, 33, 34, or 35 that have received or are receiving Public Assistance and/or Food Stamp benefits.			
SOURCE RS1011 RunID = PRS110	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management	
SEQUENCE IM Center (for PA) FS Site (for NPA)		BREAKS Program Type	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center for which information is being reported for Homeless PA and NPA FS cases.	
3. Number of Cases		Indicates the number of cases meeting the criteria for classification as Homeless cases.	
4. Number with Current Case Status		Indicates the number of cases that changed from one status to another during the reporting period: AP to RJ, AP to AC, CL to AC, AP to SI, CL to SI, SI to AC, AC to CL, SI to CL.	
5. Total		The total number of cases accepted as homeless (Shelter Types 23, 33, 34, or 35) and the number of cases with specific case status.	

WINR0409 - AREA INITIALIZED (BENHST) 1

REPORT DATE 09-06-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: BP1035	①	*****
PERIOD COVERED BY THIS REPORT 009,2008	②	* THIS REPORT CONTAINS *
CENTER	WMS REPORT WINR0409	* CONFIDENTIAL INFORMATION *
	③	* FOR INTERNAL USE ONLY *
OFFLOAD DATE	④	*****
0811	CURRENT DATE	
	080906	
	⑤	
	WMS-PRD-SCH	
	AREA INITIALIZED	
	W-BENHST-101	

WINR0409 Report Sample

WINR0409 - AREA INITIALIZED (BENHST)

REPORT TITLE Area Initialized (BENHST)		REPORT NUMBER WINR0409	FILE NAME PBP94*PRPT * = Toe Digit
PURPOSE – NOTES Benefit off-load purge totals.			
SOURCE BP1035 RunID = PBP94* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly – First Week of the Month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Offload Date			
4. Current Date			
5. Area Initialized			

WINR0410 - OFF-LOADED DATE CURRENT DATE OFF-LOADED AREA - ORIG MASTER TOTALS BACKUP MASTER TOTALS 1

REPORT DATE 08-16-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
	WELFARE MANAGEMENT SYSTEM		
PROGRAM: BP1040		1	*****
PERIOD COVERED BY THIS REPORT 010,2008	2		* THIS REPORT CONTAINS *
CENTER		WMS REPORT WINR0410	* CONFIDENTIAL INFORMATION *
			* FOR INTERNAL USE ONLY *

		WMS-PRD-SCH	
3	4	5	
CURRENT DATE	OFF-LOADED MONTH	OFF-LOADED AREA	
20080816	10	7 W-BENHST-101	8
6			
	NEW	MASTER TOTALS	BKUPUP MASTER TOTALS
TOTAL HEADER RECS		0013978266	0013978266
TOTAL GRANT RECS		0041625912	0041625912
TOTAL RESTRICTION RECS		0012724746	0012724746
TOTAL RECOUPMENT RECS		0003804961	0003804961
TOTAL SI RECS		0006819285	0006819285
TOTAL BENHIST OFF-LOAD		0078953170	0078953170

WINR0410 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0410 – OFF-LOADED DATE CURRENT DATE OFF-LOADED AREA – ORIG
MASTER TOTALS BACKUP MASTER TOTALS**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0410 - OFF-LOADED DATE CURRENT DATE OFF-LOADED AREA - ORIG MASTER TOTALS BACKUP MASTER TOTALS

REPORT TITLE Off-Loaded Date Current Date Off-Loaded Area - Orig Master Totals Backup Master Totals		REPORT NUMBER WINR0410	FILE NAME PBP93*PRPT * = Toe Digit
PURPOSE – NOTES Benefit off-load merge totals.			
SOURCE BP1040 RunID = PBP93* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly – Third Weekend of the Month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Current Date			
4. Off-Loaded Month			
5. Off-Loaded Area			
6.		Types of records	
7. New Master Totals			
8. BKUPUP Master Totals			

WINR0411 – TOP TEN ERRORS BY CENTER

1

REPORT DATE 4-28- 7	NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 1
PROGRAM: IY1035	WELFARE MANAGEMENT SYSTEM		
WEEK ENDING 4-28- 7	WMS REPORT WINR0411		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
ORIG CTR 023	TOP TEN ERRORS BY CENTER		
	ERROR NO	NO OF ERRORS	ERROR MESSAGE
	-----	-----	-----
	E1057	20	INVALID INDIVIDUAL REASON CODE
	F1370	17	UNMATCHED FAIR HEARING UPDATE ACTION
	E2424	14	TAD SSN DIFFERENT FROM SSN/CIN
	E1036	10	INVALID EMPLOY CODE
	E1206	10	INCOMPATIBLE CAT. CODE/SSI IND
	E1382	10	INVALID SHELTER TYPE FOR NYCHA BUILDING
	E1574	9	UNRESOLVED WRS DATA EXISTS
	E1059	8	INVALID INDIVIDUAL REASON CODE
	E0989	8	CIN SELECTED HAS NO VALID CLIENT
	E0817	8	INAPPROPRIATE ERROR CORRECTION TXN
			END-OF-REPORT

WINR0411 Report Sample

WINR0411 – TOP TEN ERRORS BY CENTER

REPORT TITLE Top Ten Errors By Center		REPORT NUMBER WINR0411	FILE NAME PIY35WPPR*** (** = Center) PIY35WP0*SDD (1= PA, 2 = MA, 3 = FS, 4 = Ancillary)
PURPOSE – NOTES This report lists the ten most common Batch Processing errors encountered by WMS by originating center.			
SOURCE RunID = PIY35W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON HRA FIA and MICSA Management via DEPCON	
SEQUENCE Center/Error Number (descending order from highest occurrence)		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. ORIG CTR		Indicates the center for which the errors are reported.	
3. Error No		The number assigned to the message text describing the error.	
4. No of Errors		Indicates the number of times the error recurred during the specific week.	
5. Error Message		A description of the reason why a transaction was not successfully processed.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0416 - BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT**

WINR0416 - BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT

REPORT DATE 09-24-08 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1
 WELFARE MANAGEMENT SYSTEM

PROGRAM: AR1007

1

WMS REPORT WINR0416

REQUESTING CENTER: 013 BENEFIT HISTORY ARCHIVE RETRIEVAL
 WORKER: KEAR ARCHIVE REPORT
 DATE/TIME: 09/23/2008 16:31:24

PERIOD COVERED: 01/01/06-01/31/08
 PROGRAM AREA(S) SELECTED: PA

2

3 4 5 6

CASE NUMBER CASE-TYPE CENTER SUFFIX - CASE-NAME

00007658315C SNNC 023

7 8 9 10 11 12 13 14 15 16 17 18 19 20

ISSUANCE								PAYMENT			RECONCILIATION			
DATE	TYP	CODE	TYPE	CYC	SUF	RTG	CHECK/VOUCHER#	FROM	TO	AMOUNT	DATE	AMOUNT	STA	DISCREP
11/23/07	1	05	RECUR-G	B	01	EBT	23580717	11/23/07	12/07/07	123.45	12/05/07	123.45	3	0.00
11/23/07	5	10	SHELTER		01	E221	56341167	11/23/07	12/07/07	75.00	12/21/07	0.00	2	75.00
11/19/07	2	29	WEPRECUR		01	EBT	SP06495254	11/19/07	11/30/07	48.00	11/21/07	48.00	3	0.00
11/14/07	2	70	IV-D-PAY		01	EBT	SP06450520	10/01/07	10/31/07	50.00	11/17/07	50.00	3	0.00
11/08/07	1	05	RECUR-G	A	01	E500	ADJUST TO \$0	11/08/07	11/22/07	0.00	00/00/00	0.00	3	0.00
<<report edited for formatting>>														
04/23/07	1	05	RECUR-G	B	01	EBT	21571484	04/23/07	05/07/07	145.50	05/09/07	145.50	3	0.00
04/23/07	5	10	SHELTER		01	E221	99498095	04/23/07	05/07/07	82.50	04/23/07	82.50	3	0.00
04/11/07	2	04	SUP-PRE		01	EBT	SP05609601	03/26/07	04/07/07	65.00	04/12/07	65.00	3	0.00
04/11/07	2	03	SUP-CUR		01	EBT	SP05609602	04/08/07	04/22/07	76.00	04/26/07	76.00	3	0.00

REPORT CONT FOR CASE 00007658315C

WINR0416 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0416 - BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT**

WINR0416 – BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT

REPORT TITLE Benefit History Archive Retrieval Archive Report		REPORT NUMBER WINR0416	FILE NAME PAR4700PAR*** (** = Center)
PURPOSE – NOTES This report provides all archived Benefit History data for a case within the requested date range.			
SOURCE RunID = PAR700	REFERENCE Release 28.0	AUDIENCE / GENERAL DISTRIBUTION Center Worker via DEPCON	
SEQUENCE Center/Worker/Case Number		BREAKS Worker/Case Number	
FREQUENCY / SCHEDULE Upon request on previous day via Archive Retrieval Subsystem		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Requesting Center / Worker / Date/Time /Period Covered / Program Area(s) Selected		Data as entered on the NARS00 screen in Archive Retrieval Subsystem.	
3. Case Number		Number that uniquely identifies the case for which an archive request was submitted.	
4. Case Type		Indicates the type of assistance the case received.	
5. Center		Center responsible for maintaining the case.	
6. Suffix – Case Name		Suffix and name of the payee of the case.	
Issuance:			
7. Date		Date the payment was issued.	
8. TYP		Type of issuance: 1 = PA recurring issuance, 2 = PA Single Issue, 3 = FS recurring issuance, 4 = FS Single Issue, 5 = PA Recurring Special	
9. Code		Code indicating the reason for the issuance of benefits.	
10. Type		The type of grant being issued.	
11. CYC		The cycle (A or B) during which the payment was made.	
12. SUF		Suffix	
13. RTG		Routing Code: the method used to make the benefit payment	
14. Check/Voucher #		Number that uniquely identifies a PA or FS benefit.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0416 - BENEFIT HISTORY ARCHIVE RETRIEVAL ARCHIVE REPORT**

Payment:	
15. From/To	The period for which the payment was issued.
16. Amount	Dollar amount of the payment.
Reconciliation	
17. Date	Date on which the payment was reconciled.
18. Amount	Amount of the redeemed benefit.
19. STA	The status of a redeemed benefit when the information was archived.
20. Discrep	Difference between the dollar amount of the payment issued and the payment amount redeemed.

WINR0419 – COMPLETED FOOD STAMP DISQUALIFICATIONS

1

REPORT DATE: 11/07/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1
PROGRAM: RS1022	WELFARE MANAGEMENT SYSTEM				*****
	COMPLETED FOOD STAMP DISQUALIFICATIONS				* THIS REPORT CONTAINS *
PERIOD COVERED BY REPORT: 10/01/08 - 10/31/08	WMS REPORT WINR0419				* CONFIDENTIAL INFORMATION *
					* FOR INTERNAL USE ONLY *

NAME	CASE NO	SITE	MONTHS DISQUALIFIED		
GXXXX EDWARD	00019611478J	F63	169	* CLOSED *	

WINR0419 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0419 – COMPLETED FOOD STAMP DISQUALIFICATIONS**

WINR0419 – COMPLETED FOOD STAMP DISQUALIFICATIONS

REPORT TITLE Completed Food Stamp Disqualifications		REPORT NUMBER WINR0419	FILE NAME PRS220PRPT
PURPOSE – NOTES This report lists individuals whose disqualification for Food Stamps as a result of an Intentional Program Violation (IPV) has been completed.			
SOURCE RS1022 RunID = PRS220	REFERENCE SEE RTS 88-0707; RELEASE 28.0	AUDIENCE / GENERAL DISTRIBUTION QF15	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Period Covered by Report			
3. Name		The name of the individual who was sanctioned due to an Intentional Program Violation (IPV).	
4. Case No		Case Number	
5. Site		Responsible center for the case.	
6. Months Disqualified			
7.		Case status	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0420 – FOOD STAMP DISQUALIFICATION REPORT**

WINR0420 – FOOD STAMP DISQUALIFICATION REPORT 1

REPORT DATE: 11/07/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1				
PROGRAM: RS1022	1					
	2	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****				
PERIOD COVERED BY REPORT: 10/01/08 - 10/31/08	3					
	4					
	5					
	6					
	7					
	8					
	9					
NAME	CASE NO	SITE	MONTHS TO DISQ	MONTHS TO DATE	MONTHS REMAINING	
GXXXX EDWARD	00019611478J	F63	3	169	-66	* CLOSED *
	10	11	=	0		
PA INDIVIDUALS DISQUALIFIED			=	1		
NPA INDIVIDUALS DISQUALIFIED				12	1	
	13	14	=	0		
NEW PA DISQUALIFICATIONS			=	0		
NEW NPA DISQUALIFICATIONS			=	0		
TOTAL NEW DISQUALIFICATIONS				15	0	
						END OF REPORT

WINR0420 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0420 – FOOD STAMP DISQUALIFICATION REPORT**

WINR0420 – FOOD STAMP DISQUALIFICATION REPORT

REPORT TITLE Food Stamp Disqualification Report		REPORT NUMBER WINR0420	FILE NAME PRS220PRPT
PURPOSE – NOTES This report lists those individuals currently disqualified from the receipt of Food Stamp benefits as a result of an Intentional Program Violation (IPV).			
SOURCE RS1022 RunID = PRS220	REFERENCE SEE RTS 88-0707; RELEASE 28.0	AUDIENCE / GENERAL DISTRIBUTION QF15	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Period Covered by Report			
3. Name		The name of the individual who was sanctioned due to an Intentional Program Violation (IPV).	
4. Case No		Case number	
5. Site		Responsible center for the case.	
6. Months to Disq		Indicates the total number of months the individual is unable to receive benefits.	
7. Months to Date		Indicates the number of months to date the individual has not received benefits.	
8. Months Remaining		Indicates the number of remaining months of disqualification.	
9.		Case status	
10. PA Individuals Disqualified		Number of sanctioned PA individuals	
11. NPA Individuals Disqualified		Number of sanctioned NPA individuals	
12. Total Disqualified		Total number of sanctioned individuals	
13. New PA Disqualifications		Number of newly sanctioned PA individuals.	
14. New NPA Disqualifications		Number of newly sanctioned NPA individuals.	
15. Total New Disqualifications		Total number of newly sanctioned individuals.	

WINR0422 – FOOD STAMP WORK REGISTRANTS 1

REPORT DATE: 10/ 1/ 8	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM : RS1038 & 1039	WELFARE MANAGEMENT SYSTEM	*****
PERIOD COVERED BY REPORT : AS OF 9/30/ 8	WMS REPORT WINR0422	* THIS REPORT CONTAINS *
	FOOD STAMP WORK REGISTRANTS	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

(2) CENTER	HRPG/SNCA/SNCC	(3) NPA-FS
013	230	12
017	7	2
018	264	13
	<< report edited for formatting >>	
F54	0	742
F63	0	16
F79	0	106
F99	0	344
(4) GRAND TOTAL :	6224	9923
	***** END OF REPORT *****	

WINR0422 Report Sample

WINR0422 – FOOD STAMP WORK REGISTRANTS

REPORT TITLE Food Stamp Work Registrants		REPORT NUMBER WINR0422	FILE NAME PRS390PR0422 PRS570PR0422
PURPOSE – NOTES This report lists the number of cases that are in receipt of Food Stamps and have work registered individuals. Information is provided for the HRPG/SNCA/SNCC and NPA-FS case type by center. The annual versions of this report are the Annual Food Stamp Work Registrants and the Annual Food Stamp Work Registrants by Center.			
SOURCE RunID = PRS390 or PRS570	REFERENCE see RTS 90-0113, Rel.90.2	AUDIENCE / GENERAL DISTRIBUTION HRA FIA via DEPCON for monthly report NYS OTDA/CEES via DEPCON for annual report	
SEQUENCE Program Area (PA/FS) / Center		BREAKS Program Area	
FREQUENCY / SCHEDULE Monthly (PRS390) Annually in October (PRS570)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center responsible for maintaining the cases.	
3. HRPG/SNCA/SNCC, NPA-FS		Indicates the case type of the cases reported as work registered.	
4. Grand Total		Total number of cases reported as work registered for HRPG/SNCA/SNCC, and NPA-FS case types.	

WINR0427 – BENEFIT BYPASS REPORT

1

REPORT DATE 09-09-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1051	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 009,2008	WMS REPORT WINR0427	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	BENEFIT BYPASS REPORT	
CYCLE : B MONTH : 9 TOE DIGIT : 0	-----	
OFFICE: 018 WORKER: 00054	CASE/SUFFIX	
	4786020-1	
	PA CYCLIC NOT ISSUED	
	RESTRICTED BENEFITS NOT ISSUED	
***** END OF REPORT *****		

WINR0427 Report Sample

WINR0427 – BENEFIT BYPASS REPORT

REPORT TITLE Benefit Bypass Report		REPORT NUMBER WINR0427	FILE NAME PBP06*PRP427 * = toe digit (0-9)
PURPOSE – NOTES This report lists the cases with benefits that were not issued for each worker within the office (center).			
SOURCE BP1051 RunID = PBP06* * = Toe Digit	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Office/Worker/Case/Suffix		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (Recurring Pulldown Nights Only)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		Month and Year	
3. Cycle		A or B	
4. Month			
5. Toe Digit		Toe Digit (0-9) being pulled down	
6. Office			
7. Worker			
8. Case/Suffix			
9.		Benefit types that were not issued	

WINR0428 – RUN STATUS REPORT 1

REPORT DATE 10/09/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1068	① RUN STATUS REPORT WINR0428	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
② SDXNYCDTX01 (-00) CONTAINS 639 RECORDS		
③ SEQUENCE NO. ON FILE HEADER IS 4268		
④ COUNTS ON TRAILER ACTUAL COUNTS		
639 SDX RECORD(S) ⑤ 639 SDX RECORD(S)		
SDXNYCDTX02 (-00) CONTAINS 639 RECORDS		
SEQUENCE NO. ON FILE HEADER IS 4268		
COUNTS ON TRAILER ACTUAL COUNTS		
639 SDX RECORD(S) 639 SDX RECORD(S)		
SDXNYCDTX03 (-00) CONTAINS 638 RECORDS		
SEQUENCE NO. ON FILE HEADER IS 4268		
COUNTS ON TRAILER ACTUAL COUNTS		
638 SDX RECORD(S) 638 SDX RECORD(S)		
SDXNYCDTX04 (-00) CONTAINS 638 RECORDS		
SEQUENCE NO. ON FILE HEADER IS 4268		
COUNTS ON TRAILER ACTUAL COUNTS		
638 SDX RECORD(S) 638 SDX RECORD(S)		
⑥ TOTAL RECS PROCESSED 2554		

WINR0428 Report Sample

WINR0428 – RUN STATUS REPORT

REPORT TITLE Run Status Report		REPORT NUMBER WINR0428	FILE NAME PEI680PPRINT
PURPOSE – NOTES This report provides statistics of the number of SDX records processed.			
SOURCE EI1068 RunID = PEI680	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2.		The SDX file and number of records it contains.	
3. Sequence No. on File Header is			
4. Counts on Trailer			
5. Actual Counts			
6. Total Recs Processed			

WINR0435 – UNIT WORKER ERRORS BY SUBSYSTEM 1

REPORT DATE 9-20- 8	NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM	PAGE 31
PROGRAM: IY1037	①	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
WEEK ENDING 9-20- 8	WMS REPORT WINR0435	
② ORIG CTR F13	UNIT WORKER ERRORS BY SUBSYSTEM	
③ UNIT WORKER: SEPDT		
④ JOB TYPE -----	⑤ ERROR NO -----	⑥ NO OF ERRORS -----
ELIGIBILITY	E1538 E1808 E1600 E0444 E1798	10 3 2 1 1
UNDERCARE	E0705	6
		⑦ ERROR MESSAGE -----
		TAD REASON CODE REQUIRES NOTICE INFO VETERANS IND.REQUIRED-INDIVIDUAL OVER 18 M3E IND/MANUAL NOTICE REQUIRED CLIENT ACTIVE IN ANOTHER FS CASE INCOMP RELATIONSHIP, INDIVIDUAL STATUS STATUS ENTRY IS WRONG - CASE NOT ACTIVE

WINR0435 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0435 – UNIT WORKER ERRORS BY SUBSYSTEM**

WINR0435 – UNIT WORKER ERRORS BY SUBSYSTEM

REPORT TITLE Unit Worker Errors by Subsystem		REPORT NUMBER WINR0435	FILE NAME PIY37WPPR*** (** = Center)
PURPOSE – NOTES This report provides counts of errors by data entry job type for each worker within a center.			
SOURCE RunID = PIY37W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Unit Worker/Job Type		BREAKS Unit/Worker	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Orig Ctr		The site which originated the transaction	
3. Unit Worker		Worker ID responsible for the error(s).	
4. Job Type		The type of data entry transaction (e.g., Eligibility, Undercare, Error Correction) that was attempted and processed unsuccessfully.	
5. Error No		Unique number assigned to each error condition.	
6. No of Errors		Number of times the error was encountered for each unit/worker.	
7. Error Message		The reason (text) why the data entry transaction failed to process successfully.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0437 – CITYWIDE SUMMARY REPORT – UNIT WORKER ERRORS BY
SUBSYSTEM**

WINR0437 – CITYWIDE SUMMARY REPORT – UNIT WORKER ERRORS BY SUBSYSTEM

1

REPORT DATE 9-20- 8	NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 1
PROGRAM: IY1038	WELFARE MANAGEMENT SYSTEM		
WEEK ENDING 9-20- 8	1		*****
ORIG CTR 013	WMS REPORT WINR0437		* THIS REPORT CONTAINS *
	CITYWIDE SUMMARY REPORT		* CONFIDENTIAL INFORMATION *
	UNIT WORKER ERRORS BY SUBSYSTEM		* FOR INTERNAL USE ONLY *

3	4	5	6
JOB TYPE	ERROR NO	NO OF ERRORS	ERROR MESSAGE
-----	-----	-----	-----
ELIGIBILITY	E1036	11	INVALID EMPLOY CODE
	E1206	7	INCOMPATIBLE CAT. CODE/SSI IND
	E1436	7	OES CLOSING - OVERRIDE REOPENING NEEDED
	E1920	7	MOTHERS LINE NUMBER REQUIRED
	E1889	7	MOTHERS LINE NUMBER NOT A FEMALE
UNDERCARE	E1382	8	INVALID SHELTER TYPE FOR NYCHA BUILDING
	E1955	8	PRIOR BUDGET TX IN PENDING CLOCKING DOWN
	E1436	7	OES CLOSING - OVERRIDE REOPENING NEEDED
	E0447	7	EFFECTIVE DATE NOT WITHIN AUTH PERIOD
	E0445	6	INDIV STATUS CONFLICTS WITH SUF STATUS
PA SINGLE ISSUE	E0105	19	PAYMENT HISTORY DOES NOT EXIST
	E1313	11	BENEFIT ALREADY ISSUED FOR DATES LISTED
	E0106	8	RECURRING GRANT WAS PREVIOUSLY ISSUED
FS SINGLE ISSUE	E1313	23	BENEFIT ALREADY ISSUED FOR DATES LISTED
	E0106	17	RECURRING GRANT WAS PREVIOUSLY ISSUED
	E0105	4	PAYMENT HISTORY DOES NOT EXIST

WINR0437 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0437 – CITYWIDE SUMMARY REPORT – UNIT WORKER ERRORS BY
SUBSYSTEM

WINR0437 – CITYWIDE SUMMARY REPORT – UNIT WORKER ERRORS BY SUBSYSTEM

REPORT TITLE Citywide Summary Report – Unit Worker Errors by Subsystem		REPORT NUMBER WINR0437	FILE NAME PIY38WP01SDD
PURPOSE – NOTES This report lists the errors by job type resulting from Batch Processing that were encountered by WMS for each center.			
SOURCE IY1038 RunID = PIY38W	REFERENCE Refer to RTS 88-732	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE Originating Center/Job Type		BREAKS Originating Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Orig Ctr		The site at which originated the transaction.	
3. Job Type		The type of data entry transaction (e.g., Eligibility, Undercare, Error Correction) that was attempted and processed unsuccessfully.	
4. Error No		Unique number assigned to each error condition.	
5. No of Errors		Number of times the error was encountered at the indicated center.	
6. Error Message		The reason (text) why the data entry transaction failed to process successfully.	

WINR0440 - ALTERNATE FS SINGLE ISSUE PAYMENTS 1

REPORT DATE 11-08-2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1							
PROGRAM: SI1012	1 ALTERNATE FS SINGLE ISSUE PAYMENTS REPORT FOR WMS REPORT WINR0440	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****							
CASE	SF	CASE TYPE	RESP CTR	HIST CTR	CASE NAME	AMOUNT ISSUED	PAYMENT PERIOD FROM TO	DATE ISSUED	RECON STATUS
2	3	4	5	6	7	8	9	10	11
TOTAL NUMBER OF ALTERNATE FS SI					12	0			
TOTAL AMOUNT FOR ALTERNATE FS SI					13	\$0.00			

WINR0440 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0440 - ALTERNATE FS SINGLE ISSUE PAYMENTS**

WINR0440 - ALTERNATE FS SINGLE ISSUE PAYMENTS

REPORT TITLE Alternate FS Single Issue Payments		REPORT NUMBER WINR0440	FILE NAME PSI403-RPT
PURPOSE – NOTES This monthly report provides detailed statistical data on all Alternate Food Stamp System single issuances.			
SOURCE SI1012 RunID = PSI403	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON NYS OTDA/CEES via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case		Number that uniquely identifies the case with an Alternate FS system issuance.	
3. SF		Suffix	
4. Case Type		The category of assistance the case is receiving.	
5. Resp Ctr		Center where the case is active.	
6. Hist Ctr		Center which originated the Alternate FS SI	
7. Case Name		Name of the payee on the case.	
8. Amount Issued		Dollar amount of alternate FS SI benefit	
9. Payment Period From / To		The period covered by the Alternate FS Single Issuance.	
10. Date Issued			
11. Recon Status		Reconciliation status	
12. Total Number of Alternate FS SI		Total number of issuances for center	
13. Total Amount for Alternate FS SI		Total dollar amount of issuances for center	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL CENTERS

WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL CENTERS

1

REPORT DATE 09-23-08
 PROGRAM: SI1010
 PERIOD COVERED BY THIS REPORT 000,2008
 CENTER _____

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 WMS REPORT WINR0441

ALTERNATE FS SINGLE ISSUE PAYMENTS
 DAILY REPORT FOR ALL CENTERS

3 CASE NUMBER	4 SUF	5 CASE TYPE	6 ORIG CTR	7 RESP CTR	8 AUTH-NO	9 CASE NAME	10 PAYMENT CODE	11 FORM PREP DATE	12 PAYMENT AMOUNT	13 PAYMENT PERIOD	14 ERRORS	

		15	16	17								
TOTAL PAYMENTS FOR ALL CENTERS :							18	0				
TOTAL AMOUNT FOR ALL CENTERS :							19	\$0.00				
TOTAL ERRORS FOR ALL CENTERS :							20	0				

REPORT END

WINR0441 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL CENTERS

WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL CENTERS

REPORT TITLE Alternate FS Single Issue Payments Daily Report for All Centers		REPORT NUMBER WINR0441	FILE NAME PSI401PTOTAL
PURPOSE – NOTES This daily report provides a citywide listing of all issuances in the Alternate Food Stamp System.			
SOURCE S11010 RunID = PSI401	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Case Number/Center/Payment Code		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		Food Stamp or Public Assistance Center for which the Alternate FS Single Issue payment is affiliated.	
3. Case Number		Number that uniquely identifies the case with an Alternate FS system issuance.	
4. Suf		Suffix	
5. Case Type		The category of assistance the case is receiving.	
6. Orig Ctr		The center which originated the Alternate FS Single Issuance.	
7. Resp Ctr		Center where the case is active.	
8. Auth-No		Manually assigned number associated with each transaction.	
9. Case Name		Name of the payee on the case.	
10. Payment Code		The numeric and mnemonic value assigned to the type of Alternate FS Single Issuance.	
11. Form Prep Date		The date the data entry form authorizing the Alternate FS Single Issuance was written.	
12. Payment Amount		Dollar value of the Alternate FS Single Issuance.	
13. Payment Period		The period covered by the Alternate FS Single Issuance.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0441 - ALTERNATE FS SINGLE ISSUE PAYMENTS DAILY REPORT FOR ALL
CENTERS**

14. Errors	Indicates whether any errors were encountered during the processing of the Alternate FS Single Issue transaction.
15. Total Payments for Center XXX (not shown)	Total number of successfully processed Alternate FS Single Issue transaction for the specified center.
16. Total Amount for Center XXX (not shown)	Total dollar amount for successfully processed Alternate FS Single Issue transaction for the specified center.
17. Total Errors for Center XXX (not shown)	Indicates the total number of errors encountered during processing of Alternate FS Single Issue transactions for this center.
Summary:	
18. Total Payments for All Centers	Total number of payments city-wide included on this report.
19. Total Amount for All Centers	Total dollar amount city-wide included on this report.
20. Total Errors for All Centers	Total number of cases in error encountered city-wide during processing of Alternate FS Single Issue transactions.

WINR0450 – FS RECURRING SUMMARY REPORT

1

REPORT DATE 10-02-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1054	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 010,2008	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	WMS REPORT WINR0450	
	FS RECURRING SUMMARY REPORT	
CYCLE : A TOE : 8 MONTH : 10	=====	
	PROCESSED RECORDS	PROCESSED AMOUNTS
INPUT FILE	-----	-----
5 INTERNAL FS RECURRING :	3 67,379	4 16,337,276.00
6 OLD FS RECURRING :	0	0.00
OUTPUT FILE	-----	-----
7 NEW FS RECURRING :	67,379	16,337,276.00
8 ROLLPRINT FS RECURRING :	67,357	16,337,276.00
9 GIC FS RECURRING :	67,357	16,337,276.00
10 * ZERO AMOUNT RECORDS :	22	0.00
EPFT NUMBER INFORMATION	-----	
11 OLD-FS-REC - LAST USED EPFT NUM -	65537521	
12 NEW-FS-REC - LAST USED EPFT NUM -	65604878	

WINR0450 Report Sample

WINR0450 – FS RECURRING SUMMARY REPORT

REPORT TITLE FS Recurring Summary Report		REPORT NUMBER WINR0450	FILE NAME PBPF6*PRP450 (* = toe digit)
PURPOSE – NOTES This report provides a count of processed records and dollar amounts for Food Stamp Recurring Issuances.			
SOURCE BP1054 RunID = PBPF6* (* = toe digit 0-9)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily (Recurring A-cycle pulldown nights only)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Cycle, Toe Digit, Month		Cycle, Toe Digit, and month being reported.	
3. Processed Records		Processed record counts for each type of recurring issuance.	
4. Processed Amounts		Dollar amounts for each type of recurring issuance.	
Input File			
5. Internal FS Recurring			
6. Old FS Recurring		Existing FS recurring issuances	
Output File			
7. New FS Recurring		New FS recurring issuances	
8. Rollprint FS Recurring			
9. GIC FS Recurring			
10. * Zero Amount Records		Number of records processed with zero dollar amounts.	
EPFT Number Information			
11. Old-FS-Rec – Last Used EPFT Num		Number of processed records only	
12. New-FS-Rec – Last Used EPFT Num		Number of processed records only	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING

WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING

1

REPORT DATE 10/04/2008		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1
PROGRAM: RB1059		WELFARE MANAGEMENT SYSTEM										
AUTH NUMBER: 33331810		PA GRANT REDUCED DUE TO MASS REBUDGETING										
OFFICE WORKER	CASE	INELG	PA	FS	CASE NAME	CYCLE DATE	PA BENEFIT BEFORE	PA BENEFIT AFTER	PA AMT OF CHANGE	FS BENEFIT BEFORE	FS BENEFIT AFTER	FS AMT OF CHANGE
037 00083	009630020H		01	01	BXXXX LXXXX	11/A/2008	329.00	231.50	-97.50	833.00	653.00	-180.00
AFTER MASS REBUDGETING: 01 SUFFIXES HAD PA REDUCTIONS, 01 ON THIS REPORT												
<< report edited for reformatting >>												
AUTH NUMBER: 33331810		FS GRANT REDUCED DUE TO MASS REBUDGETING										
(same headings)												
037 00444	004500852B		01	01	CXXXXX AXXX	11/A/2008	187.50	187.50	.00	620.00	332.00	-288.00
018 00033	005252114D		01	01	GXXXXXX BXXXXX	11/A/2008	187.50	187.50	.00	581.00	315.00	-266.00
<< report edited for formatting >>												
078 00202	004636245F		01	01	TXXXXXX MXXXX	11/A/2008	68.50	68.50	.00	176.00	162.00	-14.00
037 00444	009048146G		01	01	MXXXXX SXXXXX	11/A/2008	0.00	0.00	.00	158.00	151.00	-7.00
AFTER MASS REBUDGETING: 151 SUFFIXES HAD FS REDUCTIONS, 151 ON THIS REPORT												
<< report edited for reformatting >>												
AUTH NUMBER:		CASES CLOSED DUE TO MASS REBUDGETING										
(same headings)												
AFTER MASS REBUDGETING: 00 SUFFIXES HAD CASES CLOSED, 00 ON THIS REPORT												

WINR0451 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING

REPORT TITLE PA Grant Reduced due to Mass Rebudgeting / FS Grant Reduced due to Mass Rebudgeting / Cases Closed due to Mass Rebudgeting		REPORT NUMBER WINR0451	FILE NAME
PURPOSE – NOTES The PA and FS reports list the cases that resulted in reduced benefits from mass re-budgeting. The benefit amount before, after, and the difference are reported. The Cases Closed report lists any cases that were closed as a result of mass re-budgeting. At the end of each report, the number of suffixes that had reductions/case closings should equal the number of suffixes on the report.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE After Mass Re-Budgeting is run		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Auth Number		Authorization Number	
3. Office		The center responsible for maintaining the cases.	
4. Worker		Worker responsible for maintaining the case	
5. Case		Case Number	
6. INELG BDGT			
7. PA FS Suffix		PA and FS Suffix	
8. Case Name		The name of the payee of the suffix.	
9. Cycle Date		A = first half of the month, B = second half of the month	
10. PA Benefit Before		Existing PA benefit dollar amount	
11. PA Benefit After		Updated PA benefit dollar amount	
12. PA Amt of Change		Difference in PA benefit dollar amount	
13. FS Benefit Before		Existing FS benefit dollar amount	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0451 – PA GRANT REDUCED DUE TO MASS REBUDGETING / FS GRANT REDUCED DUE
TO MASS REBUDGETING / CASES CLOSED DUE TO MASS REBUDGETING**



Office of Temporary and Disability Assistance

MARCH 27, 2009

14. FS Benefit After	Updated FS benefit dollar amount
15. FS Amt of Change	Difference in FS benefit dollar amount
After Mass Rebudgeting:	
16. XXX Suffixes Had PA Reductions, XXX On This Report	Total number of suffixes that resulted with reduced PA benefits
17. XXX Suffixes Had FS Reductions, XXX On This Report	Total number of suffixes that resulted with reduced FS benefits
18. XXX Suffixes Had Cases Closed, XXX On This Report	Total number of suffixes that resulted in case closings

WINR0452 – ERROR REPORT – CASES NOT REBUDGETED 1

REPORT DATE 01/16/2009	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 00001		
PROGRAM: IBMPRG	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****		
	WMS REPORT WINR0452			
	ERROR REPORT - CASES NOT REBUDGETED			
2	3	4		
5	6	7		
8	9			
IMC	CASE # / SUF	CASE NAME	INCOME	SPECIAL ALLOWANCE
			CODE / AMT	CODE / AMT
13	1156286 1	VICTOR M GXXXXX	.00	25 52.00
13	2795019 1	SANDOR BXXXXX	037 1,476.80	.00
13	2912701 1	ZM07376T01	CASE WAS CLOSED WITHIN LAST 60 DAYS OR THE FUTURE	
13	3410790 1	LEONA I SXXXXX	.00	51 193.74
13	5550054 1	FAY FXXXX	037 1,476.80	25 52.00
13	9717580 1	KEVIN SXXXXXXXX	.00	51 193.74
<< report edited for formatting >>				
IMC	CASE # / SUF	CASE NAME	INCOME	SPECIAL ALLOWANCE
			CODE / AMT	CODE / AMT
47	6176258 1	HXXXXXXXX CATHLIN	092 .00	25 .52

WINR0452 Report Sample

WINR0452 – ERROR REPORT – CASES NOT REBUDGETED

REPORT TITLE Error Report – Cases Not Rebudgeted		REPORT NUMBER WINR0452	FILE NAME Varies
PURPOSE – NOTES This report produces a list of all cases that were not rebudgeted during a Mass Rebudgeting process.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. IMC		The Public Assistance Center responsible for maintaining the case.	
3. Case #		Number that uniquely identifies the case.	
4. SUF		Number of the assistance unit with which the individual is affiliated.	
5. Case Name		Name of the payee on the case.	
6. Income Code		Code that identifies the type/source of income.	
7. Income Amt		Income amount.	
8. Special Allowance Code		Code that identifies the type of special allowance.	
9. Special Allowance Amt		Special allowance amount.	

WINR0453 – ROSENBERG INDIVIDUAL CLOSINGS REPORT

1

REPORT DATE : 09/20/08
 PROGRAM : DR1110-11
 REPORT PERIOD : 09/15/08 - 09/19/08

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 NEW YORK CITY MEDICAL ASSISTANCE PROGRAM

ROSENBERG INDIVIDUAL CLOSINGS REPORT

PA LOCAL OFFICE : N/A
 BOROUGH MA LOCAL OFFICE : N/A

WMS REPORT WINR0453

PAGE 1

 * THIS REPORT CONTAINS *
 CONFIDENTIAL INFORMATION
 * FOR INTERNAL USE ONLY *

4 CASE NUMBER	5 SUFFIX ID	6 LINE NUMBER	7 CIN NUMBER	8 CLIENT NAME	9 PA INDIVIDUAL CLOSING REASON CODE	10 PA INDIVIDUAL CLOSING DATE	11 MA COV TO DATE
THERE IS NO CLOSED PA INDIVIDUAL TO REPORT							
				12	TOTAL NUMBER OF CASES/SUFFIXES :	0	
				13	TOTAL NUMBER OF CLIENTS :	0	
				14	CITYWIDE TOTAL NUMBER OF CASES/SUFFIXES :	0	
				15	CITYWIDE TOTAL NUMBER OF CLIENTS :	0	

***** END OF REPORT *****

WINR0453 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0453 – ROSENBERG INDIVIDUAL CLOSINGS REPORT

WINR0453 – ROSENBERG INDIVIDUAL CLOSINGS REPORT

REPORT TITLE Rosenberg Individual Closings Report		REPORT NUMBER WINR0453	FILE NAME PDR11APR0453
PURPOSE – NOTES This report provides a list of those individuals who have been closed for Public Assistance benefits and whose Medical Assistance benefits are to continue.			
SOURCE DR1111 RunID = PDR11A	REFERENCE Refer to RTS 86-0764; Release 30 & 31.0	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE PA Local Office (Center)		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
10. Standard WMS headings		-	
11. PA Local Office		PA center responsible for the PA portion of the case.	
12. Borough MA Local Office		MA center responsible for the MA portion of the case.	
13. Case Number		Number that uniquely identifies the case.	
14. Suffix ID		Number of the assistance unit with which the individual is affiliated.	
15. Line Number		Individual line number within suffix.	
16. CIN Number		Client Identification Number	
17. Client Name			
18. PA Individual Closing Reason Code		Code assigned to the reason the PA benefits are being closed.	
19. PA Individual Closing Date		Date the closing is effective.	
20. MA Cov To Date		Date until which MA benefits will continue.	
21. Total Number of Cases/Suffixes		Number of cases/suffixes closed for the for the PA center.	
22. Total Number of Clients		Number of individuals affected by the closings for the PA center.	
23. Citywide Total Number of Cases/Suffixes		Total number of cases/suffixes closed citywide.	
24. Citywide Total Number of Clients		Total number of individuals affected by the closings citywide.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0454 – WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT**

WINR0454 – WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT 1

REPORT DATE : 09/20/08	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION NEW YORK CITY MEDICAL ASSISTANCE PROGRAM	PAGE 1
PROGRAM : DR1110-11	WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT	***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****
REPORT PERIOD : 09/15/08 - 09/19/08	2 PA LOCAL OFFICE : N/A 3 BOROUGH MA LOCAL OFFICE : N/A	
	WMS REPORT WINR0454	
4 CASE NUMBER	5 SUFFIX ID	6 LINE NUMBER
7 CIN NUMBER	8 CLIENT NAME	9 PA INDIVIDUAL DENIAL REASON CODE
		10 PA INDIVIDUAL DENIAL DATE
THERE IS NO REJECTED PA INDIVIDUAL TO REPORT		
	11 TOTAL NUMBER OF CASES/SUFFIXES :	0
	12 TOTAL NUMBER CLIENTS :	0
	13 CITYWIDE TOTAL NUMBER OF CASES/SUFFIXES :	0
	14 CITYWIDE TOTAL NUMBER OF CLIENTS :	0
***** END OF REPORT *****		

WINR-454 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0454 – WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT

WINR0454 – WEEKLY ROSENBERG INDIVIDUAL DENIALS REPORT

REPORT TITLE Weekly Rosenberg Individual Denials Report		REPORT NUMBER WINR0454	FILE NAME PDR11APR0454
PURPOSE – NOTES This report provides a list of those individuals who have been denied Public Assistance benefits and Medical Assistance benefits.			
SOURCE DR1111 RunID = PDR11A	REFERENCE Refer to RTS 86-0764; Release 30 & 31.0	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH/OMM via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. PA Local Office		PA center responsible for the PA portion of the case.	
3. Borough MA Local Office		MA center responsible for the MA portion of the case.	
4. Case Number		Number that uniquely identifies the case.	
5. Suffix ID			
6. Line Number		Individual line number within suffix.	
7. CIN Number		Client Identification Number	
8. Client Name			
9. PA Individual Denial Reason Code		Code assigned to the reason the PA benefits are being denied.	
10. PA Individual Denial Date		Date of the denial.	
11. Total Number of Cases/Suffixes		Number of cases/suffixes denied for the for the PA center.	
12. Total Number of Clients		Number of individuals affected by the denials for the PA center.	
13. Citywide Total Number of Cases/Suffixes		Total number of cases/suffixes denied citywide.	
14. Citywide Total Number of Clients		Total number of individuals affected by the denials citywide.	

WINR0460 – FS DUPLICATE BENEFITS WITHIN HOUSEHOLD

REPORT DATE 07-09-20	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: BP1010	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT 007,0720	①	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
② ③ ④	WMS REPORT WINR0460	
TOE DIGIT: 1 CYCLE: B MONTH: 07	FS DUPLICATE BENEFITS WITHIN HOUSEHOLD	
NO FS DUPLICATE BENEFITS REPORTS TONIGHT		

WINR0460 Report Sample

WINR0460 - FS DUPLICATE BENEFITS WITHIN HOUSEHOLD

REPORT TITLE FS Duplicate Benefits within Household		REPORT NUMBER WINR0460	FILE NAME PBP06*PRP460 * = Cycle Toe Digit
PURPOSE – NOTES To be developed			
SOURCE BP1010 RunID = PBP06* (toe digit 0-9)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily (Recurring pulldown nights only)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. TOE Digit		Last digit of a case number (0 through 9).	
3. Cycle		A or B	
4. Month		Two-digit month (01 through 12)	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0461 – CASES TRANSFERRED REPORT – CASES TRANSFERRED FROM YOUR CENTER

WINR0461 – CASES TRANSFERRED REPORT – CASES TRANSFERRED FROM YOUR CENTER

1

REPORT DATE: 5/22/07

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
WELFARE MANAGEMENT SYSTEM
CASES TRANSFERRED REPORT

WMS REPORT WINR0461

PAGE 1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

FROM CENTER 053

CASES TRANSFERRED FROM YOUR CENTER

CASE #	CASE STATUS	TO-DATE	AUTH #	TO CENTER	DATE PROCESSED	BATCH #	ENT	ORIG
00000227703G	PA AC MA AC FS AC	99/99/99 99/99/99 8/31/07	00333125	067	5/22/07	*1234	053	053
00000642760D	PA AC MA AC FS AC	99/99/99 99/99/99 8/31/07	00333125	067	5/22/07	*1234	053	053
00001469632C	PA AC MA AC FS AC	99/99/99 99/99/99 6/30/08	00333125	067	5/22/07	*1234	053	053
00001998599D	PA AC MA AC FS AC	99/99/99 99/99/99 8/31/07	00333125	067	5/22/07	*1234	067	067
00002339081I	PA AC MA AC FS AC	99/99/99 99/99/99 8/31/07	00333125	067	5/22/07	*1234	053	053

<< report edited for formatting >>

WINR0461 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0461 – CASES TRANSFERRED REPORT – CASES TRANSFERRED FROM YOUR CENTER

WINR0461 – CASES TRANSFERRED REPORT – CASES TRANSFERRED FROM YOUR CENTER

REPORT TITLE Cases Transferred Report – Cases Transferred From Your Center		REPORT NUMBER WINR0461	FILE NAME PDR09APTO*** *** = Center Code
PURPOSE – NOTES This report lists cases that have been transferred from the report center to another PA or NPA-FS center.			
SOURCE DR1109 RunID = PDR09A	REFERENCE Refer to RTS 88-0047; M-55 notices will be sent to the clients daily (Release 30 & 31)	AUDIENCE / GENERAL DISTRIBUTION PA and FS sites via DEPCON	
SEQUENCE Center/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. From Center		Identifies the center which is transferring the case to another center.	
3. Case #		Identifies the case being transferred out to another center.	
4. Case Status		Indicates the current status of the case being transferred.	
5. To-Date		Authorization “To” Date of case	
6. Auth #		Authorization number to transfer the case.	
7. To Center		Identifies the center to where the case is being transferred.	
8. Date Processed		The date the transfer transaction was processed.	
9. Batch #		Identifies the data entry batch which included the transfer transaction.	
10. ENT		Identifies the center where the transaction was entered.	
11. ORIG		Identifies the center that initiated the transaction to transfer the case.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0462 - CASES TRANSFERRED REPORT – CASES TRANSFERRED TO YOUR CENTER

WINR0462 - CASES TRANSFERRED REPORT – CASES TRANSFERRED TO YOUR CENTER

REPORT DATE: 5/17/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM CASES TRANSFERRED REPORT					PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
TO CENTER 067		WMS REPORT WINR0462								
CASES TRANSFERRED TO YOUR CENTER										
3 CASE #	4 CASE STATUS	5 TO-DATE	6 AUTH #	7 FROM CENTER	8 DATE PROCESSED	9 BATCH #	10 ENT	11 ORIG		
00000128187C	PA AC MA AC FS AC	99/99/99 99/99/99 9/30/07	00333125	064	5/17/07	*1234	064	064		
00000291772C	PA AC MA AC FS AC	99/99/99 99/99/99 8/31/07	00333125	085	5/17/07	*1234	085	085		
00000486499H	PA AC MA AC FS AC	99/99/99 99/99/99 5/31/08	00333125	064	5/17/07	*1234	064	064		
00000735706E	PA AC MA AC FS AC	99/99/99 99/99/99 12/31/07	00333125	085	5/17/07	*1234	085	085		

<< report edited for formatting >>

WINR0462 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0462 - CASES TRANSFERRED REPORT – CASES TRANSFERRED TO YOUR CENTER

WINR0462 - CASES TRANSFERRED REPORT – CASES TRANSFERRED TO YOUR CENTER

REPORT TITLE Cases Transferred Report – Cases Transferred to Your Center		REPORT NUMBER WINR0462	FILE NAME PDR09APT|*** *** = Center Code
PURPOSE – NOTES This report lists the cases that have been transferred in to the PA or NPA-FS report center from another center. M55 Notices are also generated and sent to clients to notify them that their case has been transferred to a new center location.			
SOURCE DR1109 RunID = PDR09A	REFERENCE <ul style="list-style-type: none"> Refer to RTS 88-0047; M-55 Notices will be sent to the clients daily (Release 30 & 31) M55 Notices – Clients notified of their case transfer to a new center location 	AUDIENCE / GENERAL DISTRIBUTION PA and FS sites via DEPCON	
SEQUENCE Center/Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. To Center		Identifies the report center which is receiving the case from another center.	
3. Case #		Identifies the case being transferred to another center.	
4. Case Status		Indicates the current status of the case being transferred.	
5. To-Date		Authorization “To” Date of case.	
6. Auth #		Authorization number to transfer the case.	
7. From Center		Identifies the center from where the case is being transferred.	
8. Date Processed		The date the transfer transaction was processed.	
9. Batch #		Identifies the data entry batch which included the transfer transaction.	
10. ENT		Identifies the center where the transaction was entered.	
11. ORIG		Identifies the center that initiated the transaction to transfer the case.	

WINR0464 – SDX LOAD STATISTICS 1

REPORT-DATE 06/07/07	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: EI1069	2 SDX LOAD STATISTICS	*****
PERIOD COVERED BY THIS REPORT AS OF 06/07/07	WMS REPORT WINR0464	* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

3 TOTAL SDX RECORDS READ	4 2,552	
TOTAL SDX INVALID CASE # RECS	0	
TOTAL SSI RECORDS FOR W-SSI-00	245	
TOTAL SSI RECORDS FOR W-SSI-01	252	
TOTAL SSI RECORDS FOR W-SSI-02	274	
TOTAL SSI RECORDS FOR W-SSI-03	238	
TOTAL SSI RECORDS FOR W-SSI-04	237	
TOTAL SSI RECORDS FOR W-SSI-05	268	
TOTAL SSI RECORDS FOR W-SSI-06	270	
TOTAL SSI RECORDS FOR W-SSI-07	247	
TOTAL SSI RECORDS FOR W-SSI-08	264	
TOTAL SSI RECORDS FOR W-SSI-09	257	
TOTAL SSI RECORDS ADDED	2,552	
END OF REPORT		

WINR0464 Report Sample

WINR0464 – SDX LOAD STATISTICS

REPORT TITLE SDX Load Statistics		REPORT NUMBER WINR0464	FILE NAME PEI690PSTAT
PURPOSE – NOTES This report provides statistics of the number of SSI records added from SDX processing.			
SOURCE EI1069 RunID = PEI690	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Period Covered by this Report as of mm/dd/yy			
3.		Types of records	
4.		Number of records	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0465 – PART B: PCP NON-GUARANTEE CLOSING LIST**

MARCH 27, 2009

WINR0465 – PART B: PCP NON-GUARANTEE CLOSING LIST 1

REPORT DATE: 09/20/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE: 246						
PROGRAM: RS1065	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****						
FOR THE WEEK ENDING: 09/20/08	WMS REPORT WINR0465							
	PART B: PCP NON-GUARANTEE CLOSING LIST							
PROVIDER NUMBER: 02933315								
3	4	5						
6	7	8						
9	10	11						
CASE NO	CIN	SUFFIX	CLIENT NAME	GUARANTEE THRU DATE	MA COV "TO" DATE	MA COV CODE	CLOSING CODE	RESP CNTR
00003141169H	WM43393P	01	AXXXX	TERESA	/NY/	09/17/08	30	983 548
00003227067A	VH12600C	01	AXXXXXXXX	FRANSHESKA	/NY/	09/12/08	30	983 548
00003227067A	VW86539F	01	AXXXXXXXX	FRANCISCA	/NY/	09/12/08	30	983 548
00003998475C	UC50836S	01	SXXXXX	DAQUAN	/NY/	09/30/09	30	E69 037
00003998475C	ZH58733Z	01	SXXXXX	ADRIENNE	/NY/	10/31/08	30	E69 037
00005491721G	VV29986G	01	MXXXXX	CENCION	/NY/	09/16/08	30	983 548
00009275466C	TC42236H	01	GXXXXXX	NATHAN L	/NY/	10/31/08	30	E35 085
00021921487B	ZA84041N	01	DXXXXXX	VASILICA L	/NY/	09/16/08	30	Y99 571
00021921487B	QG43787N	01	DXXXXXX	HELEN	/NY/	09/16/08	30	Y99 571
TOTAL FOR PROVIDER: 12 9								
END OF REPORT								

WINR0465 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0465 – PART B: PCP NON-GUARANTEE CLOSING LIST

WINR0465 – PART B: PCP NON-GUARANTEE CLOSING LIST

REPORT TITLE Part B: PCP Non-Guarantee Closing List		REPORT NUMBER WINR0465	FILE NAME PRS650PR0465
PURPOSE – NOTES This report identifies those PCP enrollees who appear on a PCP Provider Payment Roster and whose PCP eligibility may be in question. There is also another part to this report, Part A: PCP Closing List for Guarantee Extensions.			
SOURCE RS1065 RunID = PRS650	REFERENCE RTS 89-510 Release 30 & 31	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Provider ID Number/Case Number		BREAKS Provider ID Number	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Provider Number		Uniquely identifies the provider (doctor or facility)	
3. Case No		Number that uniquely identifies the case.	
4. Suffix			
5. Client Name			
6. CIN		Client Identification Number	
7. Guarantee Thru Date		Eligibility is guaranteed through this date.	
8. MA Cov "To" Date		Medical Assistance is effective through this date.	
9. MA Cov Code		Code assigned to the type of MA coverage for this client.	
10. Closing Code		Reason code for the closing.	
11. Resp Cntr		Center responsible for maintaining the case.	
12. Total for Provider		Total number of PCP enrollees on the payment roster to be reviewed.	

WINR0468 - CASE CLOSING BY REASON

REPORT DATE 02/01/08			1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM CASE CLOSING MONITORING SYSTEM			PAGE 1 OF 2								
TIME 21:35:10						*****								
PROGRAM ID: CC1008						* THIS REPORT CONTAINS *								
REPORT ID: WINR0468						2 JANUARY 2008 CASE CLOSING BY REASON			* CONFIDENTIAL INFORMATION*					
									* FOR INTERNAL USE ONLY *					

3	4	5												
CODE	NUMBER	PERCENT	CODE	NUMBER	PERCENT	CODE	NUMBER	PERCENT	CODE	NUMBER	PERCENT	CODE	NUMBER	PERCENT
025	1	.01	216	0	.00	460	0	.00	576	0	.00	833	0	.00
026	0	.00	221	0	.00	470	0	.00	577	0	.00	834	0	.00
031	0	.00	232	0	.00	472	0	.00	579	0	.00	836	0	.00
054	0	.00	244	43	.57	508	0	.00	591	0	.00	872	0	.00
056	0	.00	252	0	.00	509	0	.00	592	0	.00	875	0	.00
100	0	.00	253	0	.00	510	0	.00	593	0	.00	876	0	.00
120	0	.00	261	0	.00	512	0	.00	595	0	.00	881	0	.00
188	0	.00	333	0	.00	561	0	.00	815	0	.00	E39	6	.08
204	0	.00	352	0	.00	565	0	.00	821	0	.00	E50	0	.00
215	157	2.11	449	0	.00	575	0	.00	832	0	.00	E73	5	.06
<< report edited for formatting >>														
E81	0	.00	M44	0	.00	Y95	1,073	14.44						
E84	0	.00	M48	0	.00	Y98	33	.44						
EX1	0	.00	M68	6	.08	---	0	.00						
F63	52	.70	N48	0	.00	---	0	.00						
G99	2	.02	W23	0	.00	---	0	.00						
GX1	271	3.64	W24	0	.00	---	0	.00						
GX2	95	1.27	W25	0	.00	---	0	.00						
M15	0	.00	Y87	22	.29	---	0	.00						
M25	428	5.76	Y88	0	.00	---	0	.00						
TOTAL NUMBER OF CASES CLOSED BY REASON =											6			
											7,426			

WINR0468 Report Sample

WINR0468 - CASE CLOSING BY REASON

REPORT TITLE Case Closing Monitoring System - Case Closing By Reason		REPORT NUMBER WINR0468	FILE NAME PCC080PPRT
PURPOSE – NOTES This report lists the volume (number) and the percentage of cases closed by Reason Code, as well as the total number of cases closed for the month being reported. It is part of the Case Closing Monitoring System.			
SOURCE CC1008 RunID = PCC080	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Case Closing Reason Code		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Month and Year Report Period		-	
3. Code		Case Closing Code (reason for closing)	
4. Number		Actual number of cases closed with this Reason Code for the month reported	
5. Percent		Percentage of cases closed with this Reason Code compared with the total number of cases closed for the month reported	
6. Total Number of Cases Closed by Reason		Total number of cases closed for the month reported	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0470 – TWELVE MONTH SUMMARY – ELAPSED DAYS FROM INFRACTION TO M3H

WINR0470 – TWELVE MONTH SUMMARY – ELAPSED DAYS FROM INFRACTION TO M3H

1

REPORT DATE 06/01/07
TIME 21:09:41
PROGRAM ID: CC1010
REPORT ID: WINR0470

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
WELFARE MANAGEMENT SYSTEM

PAGE: 1 OF 1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION*
* FOR INTERNAL USE ONLY *

TWELVE MONTH SUMMARY
ELAPSED DAYS FROM INFRACTION TO M3H

MONTH	ALL CLOSINGS				REGULAR CLOSINGS				IMMEDIATE CLOSINGS			
	TOTAL	I.M. CENTERS	PROJECT MGMT	OTHER PROGRAM	TOTAL	I.M. CENTERS	PROJECT MGMT	OTHER PROGRAM	TOTAL	I.M. CENTERS	PROJECT MGMT	OTHER PROGRAM
	JUN 06	10.6 (6658) (6658) (6658)	10.6 (6113) (6113) (6113)	6.7 (97) (97) (97)	12.4 (448) (448) (448)	11.0 (5914) (5914) (5914)	10.7 (5497) (5497) (5497)	15.6 (31) (31) (31)	14.3 (386) (386) (386)	7.7 (744) (744) (744)	9.0 (616) (616) (616)	2.6 (66) (66) (66)	0.2 ( 62) ( 62) ( 62)
JUL 06	12.0 (6804) (6804) (6804)	12.2 (6373) (6373) (6373)	2.9 (96) (96) (96)	11.9 (335) (335) (335)	12.0 (6117) (6117) (6117)	11.8 (5844) (5844) (5844)	9.5 (9) (9) (9)	14.9 (264) (264) (264)	12.5 (687) (687) (687)	15.8 (529) (529) (529)	2.2 (87) (87) (87)	0.8 (71) (71) (71)
AUG 06	11.1 (7715) (7715) (7715)	11.1 (7000) (7000) (7000)	8.5 (232) (232) (232)	12.7 (483) (483) (483)	12.1 (6761) (6761) (6761)	11.9 (6256) (6256) (6256)	20.6 (80) (80) (80)	14.3 (425) (425) (425)	3.7 (954) (954) (954)	4.2 (744) (744) (744)	2.2 (152) (152) (152)	0.9 (58) (58) (58)
<< report edited for formatting >>												
MAY 07	10.6 (7504) (7504) (7504)	10.3 (6701) (6701) (6701)	9.9 (270) (270) (270)	13.6 (533) (533) (533)	11.4 (6713) (6713) (6713)	10.9 (6122) (6122) (6122)	18.7 (118) (118) (118)	15.3 (473) (473) (473)	3.5 (791) (791) (791)	3.9 (579) (579) (579)	3.0 (152) (152) (152)	0.7 (60) (60) (60)

NOTES: (1) CASE COUNTS ARE SHOWN IN PARENTHESES.

WINR0470 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0470 – TWELVE MONTH SUMMARY – ELAPSED DAYS FROM INFRACTION TO M3H

WINR0470 – TWELVE MONTH SUMMARY – ELAPSED DAYS FROM INFRACTION TO M3H

REPORT TITLE Twelve Month Summary – Elapsed Days from Infraction to M3H		REPORT NUMBER WINR0470	FILE NAME PCC100PRPT
PURPOSE – NOTES This report produces a 12-month summary of elapsed days from infraction to M3H.			
SOURCE CC1010 RunID = PCC100	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Month		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Month		-	
3. All Closings		Total, IM (PA) Centers, Project Mgmt, Other Program	
4. Regular Closings		Total, IM (PA) Centers, Project Mgmt, Other Program	
5. Immediate Closings		Total, IM (PA) Centers, Project Mgmt, Other Program	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR00471 - TWELVE MONTH SUMMARY OF CLOSING ACTION**

WINR0471 - TWELVE MONTH SUMMARY OF CLOSING ACTION

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM											PAGE 1 OF 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
TWELVE MONTH SUMMARY OF CLOSING ACTION											4	5	
3	2	ORIG ID IPM	ORIG ID IMC	ORIG ID OTM	ORIG ID OQA	ORIG ID PMC	ORIG ID OES	ORIG ID ICP	ORIG ID ELM	ORIG ID BEG	TOTAL	PERCENT OF YEAR	
FEB 2007	M3C	3	0	7,115	0	19	40	25	389	0	7,591	8.410	
	M3H	73	0	6,722	0	5	72	7	339	75	7,293	8.373	
MAR 2007	M3C	1	0	7,582	0	45	26	49	534	0	8,237	9.126	
	M3H	130	0	6,408	0	24	29	29	253	44	6,917	7.941	
<< report edited for formatting >>													
DEC 2007	M3C	118	0	6,876	0	9	27	201	685	0	7,916	8.770	
	M3H	410	0	7,355	0	10	44	92	380	48	8,339	9.574	
JAN 2008	M3C	126	0	6,534	0	4	74	163	414	0	7,315	8.104	
	M3H	183	0	6,332	0	1	17	63	231	43	6,870	7.888	

TOTALS BY	C	812	0	79,665	0	217	708	1,904	6,948	0	90,254	99.992	6
PROGRAM	H	2,045	0	78,403	0	130	562	754	4,667	533	87,094	99.992	
PERCENT	C	0.899	0.000	88.267	0.000	0.240	0.784	2.109	7.698	0.000		99.997	7
OF YEAR	H	2.348	0.000	90.021	0.000	0.149	0.645	0.865	5.358	0.611		99.997	

M3C AND M3H COUNTS REFLECT THE NUMBER OF FORMS USED DURING THE MONTH.

WINR0471 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINRO0471 - TWELVE MONTH SUMMARY OF CLOSING ACTION**

WINRO471 - TWELVE MONTH SUMMARY OF CLOSING ACTION

REPORT TITLE Twelve Month Summary of Closing Action – WINRO0471		REPORT NUMBER WINRO471	FILE NAME PCC110PPRT
PURPOSE – NOTES This report presents a summary over the last 12 month period of M3C and MSH closings by originating center code.			
SOURCE CC1011 RunID = PCC110	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Month and Year/Closing Action Type Code		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. ORIG ID		Originating Center ID – Identifying abbreviations for the site or group of sites that initiated closing actions.	
3. Month Year/closing action types (programs M3C and M3H)		The month and year that applies to the rows of closing action type totals: . The program “M3C” row contains the number of Notices of Intent to Discontinue/PA/FS forms used by each site during the specific month. . The program “M3H” row contains the number of Notices of Discontinuance/PA/FS forms used by each site during the specific month.	
4. Totals		The monthly total of closing action forms used by all sites by closing type.	
5. Percent of Year		For each month, the percentage of closing actions of all sites by closing type compared against the grand total of all closing actions for the year.	
6. Totals by Program		Total number of forms used by program for the 12 month report period and a grand total.	
7. Percent of Year		Total percentage of forms used by program for the 12 month report period.	

WINR0476 – FS RECURRING SEVEN DIGITS MATCH 1

```

REPORT DATE 09-17-08                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION                                PAGE 1
PROGRAM: BP1062                                     WELFARE MANAGEMENT SYSTEM
PERIOD COVERED BY THIS REPORT 000,0000

                                                    WMS REPORT WINR0476

                                                    FS RECURRING SEVEN DIGITS MATCH
=====
CYCLE :  A TOE : 0 MONTH : 9

CASE NUMBER      CENTER      NAME      EPFT NUMBER      AMOUNT
-----
NO FS RECURRING SEVEN DIGITS MATCH REPORT TONIGHT

***** END OF REPORT *****
  
```

WINR0476 Report Sample

WINR0476 – FS RECURRING SEVEN DIGITS MATCH

REPORT TITLE FS Recurring Seven Digits Match		REPORT NUMBER WINR0476	FILE NAME PBPF7*PRP476 * = cycle toe digit (0-9)
PURPOSE – NOTES This report is an alert and lists those cases in which the “core” seven digit case number is the same to prevent the issuance of FS to the wrong case under the EPFT system (no longer in use). With system changes and EBT, this situation is no longer a problem.			
SOURCE BP1062 RunID = PBPF7* * = cycle toe digit (0-9)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily (Recurring A-cycle pulldown nights only)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Cycle, Toe Digit, Month		Cycle, Toe Digit, and month being reported.	
3. Case Number		Number that uniquely identifies the case.	
4. Center		Center for which the case is affiliated.	
5. Case Name		Name of the payee on the case.	
6. EPFT Number		Benefit number	
7. Amount		Benefit amount	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0489 – TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION**

WINR0489 – TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION 1

REPORT DATE 11/01/08	NEW YORK CITY RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1			
PROGRAM: RS1073	①				
PERIOD AS OF 11/01/08	TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
	WMS REPORT WINR0489				
IMC	CASE NAME	CASE NUMBER			
②	③	④			
CLOSING CODE	DATE OF CLOSING				
⑤	⑥				
053	ABXXXXX RADA	00008386304D	E31	08 04 20	
046	ABXX F FOR KENNY	00008342962B	E31	08 07 20	*
071	ACXXXXX ANA	00002201428G	E31	08 07 20	*
040	ADXXXXXX RASHEEDA	00005737499D	E31	08 07 20	*
054	AGXXX CAMILLE	00004045368A	E31	08 04 20	*
<< report edited for formatting >>					
045	WRXXXX TAKISHA	00002192471H	E31	08 04 20	
018	WRXXXXX SHIRLEY	00000762285F	E31	08 04 20	
047	YUXXXXX RAFAIL	00005440942A	E31	08 01 20	
035	ZAXXXXXX FLERIDA	00005191893G	E31	08 01 20	
026	ZIXXXXXXX BRUCE	00008533881C	E31	08 01 20	
099	ZUXXXXXXX FREIDA	00003614558J	E31	08 07 20	*

WINR0489 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0489 – TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION

WINR0489 – TRANSITIONAL BENEFITS CONTINUED ELIGIBILITY DETERMINATION

REPORT TITLE Transitional Benefits Continued Eligibility Determination		REPORT NUMBER WINR0489	FILE NAME PRS730PR0489 PRS730PLABL1 / PRS730PLABL2
PURPOSE – NOTES This report lists PA cases which were closed and are eligible for transitional benefits. Address labels are also produced.			
SOURCE RS1073 RunID = PRS730	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Employment Services (OES) via DEPCON HRA MICSA via DEPCON	
SEQUENCE Case Name (alphabetically)		BREAKS	
FREQUENCY / SCHEDULE Monthly after the last working day of the month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. IMC		Income Maintenance (PA) Center responsible for closed PA cases that are eligible for transitional benefits.	
3. Case Name		Payee of the case who is eligible for transitional benefits.	
4. Case Number		Number that uniquely identifies the case.	
5. Closing Code		Identifies the specific reason for closing the case.	
6. Date of Closing		Date when the PA case was closed.	

WINR0502 – MONTHLY PA RECERT REPORT 1

REPORT-DATE 11/08/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM ID: RC1043	1 WELFARE MANAGEMENT SYSTEM	*****
PERIOD COVERED BY REPORT DEC, 2008	WMS REPORT WINR0502	* THIS REPORT CONTAINS *
	MONTHLY PA RECERT REPORT	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

	2	
	3	4
	SCHEDULED	NOT SCHEDULED
PRIORITY ONE	651	64
PRIORITY TWO	10,247	407
PRIORITY THREE	0	0
PRIORITY FOUR	6,047	195
TOTALS	16,945	5 666
TOTAL SENT MAILING 6	11,469	

WINR0502 Report Sample

WINR0502 – MONTHLY PA RECERT REPORT

REPORT TITLE Monthly PA Recert Report		REPORT NUMBER WINR0502	FILE NAME PRC430PRPT PRC430PRC*** (*** = PA Center Code)
PURPOSE – NOTES This report lists the number of Public Assistance cases by priority that are over five months past due for recertification and have not been scheduled. Two versions of the report are run, by individual PA Center and for all PA Centers.			
SOURCE RunID = PRC430	REFERENCE See RTS 89-0713	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON HRA MIS Management via DEPCON NYS OTDA/CEES via DEPCON	
SEQUENCE PA Center Code		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Priority		1 through 4	
3. Scheduled		Number of PA recertifications that have been scheduled for each priority	
4. Not Scheduled		Number of PA recertifications that have not been scheduled for each priority	
5. Totals		Total numbers for all scheduled and non-scheduled PA recertifications	
6. Total Sent Mailing		Total number of recertification mailings sent	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0503 – SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH
A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH**

WINR0503 – SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH

1

REPORT DATE 01/01/09		NEW YORK CITY RESOURCES ADMINISTRATION					PAGE 1
PROGRAM: RS1074		WELFARE MANAGEMENT SYSTEM					
PERIOD AS OF 01/01/09		SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH					***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		WMS REPORT WINR0503					
2	3	4	5	6	7	8	
CASE NUMBER	SUFFIX	CHILD'S LAST NAME	FIRST NAME	LINE NO.	CIN	DATE OF BIRTH	
00000007298D	01	LXXXX	JEFFERY	06	TU64982M	01/14/96	
00000107462E	01	LXXXX	CIARA	03	UM50462R	01/14/96	
00000140734F	01	VXXXXX	LUIS	07	TT54041P	01/11/96	
00000147653A	01	WXXXXXX	CRAIG	04	UZ51393G	01/25/96	
00000166717J	01	TXXXXX	BRIAN	03	UV89441J	01/24/96	
<< report edited for formatting >>							
00009109757G	01	BXXXXXXXXX	LIANA	03	UC65178J	01/19/96	
00009198243J	01	AXXXXXX	TYSHAWN	02	UZ45147C	01/11/96	
00009248759E	01	AXXXXXX	CLAUDIA	04	QR71581S	01/22/96	
00009307857E	01	PXXXX	OMARI	06	TC11307G	01/12/96	
00009316763D	01	WXXXXXX	ANDREW	06	UC07122T	01/26/96	
00009323363D	01	LXXXXXX	TOMESHA	02	TC22093A	01/07/96	
00009425156I	02	PXXXXX	DIMITRI	06	RS65916H	01/29/96	
00009595444C	01	LXXXX	JEFFREY	06	RQ45406Q	01/12/96	
00009813185H	01	AXXXXXX	BRIANNA	03	VA30073V	01/11/96	
00009849610C	01	BXXXXXX	STEPHANIE	04	SV90889Q	01/27/96	
00009921329A	01	PXXXXX	ELISABETH	06	SQ65682N	01/03/96	
00009929036D	01	FXXXXX	JAYANA	07	VB42002P	01/25/96	
END OF REPORT							

WINR0503 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0503 – SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH
A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH**

WINR0503 – SUFFIXES IN RECEIPT OF TRANSITIONAL CHILDCARE BENEFITS WITH A CHILD WITH A THIRTEENTH BIRTHDAY IN THE NEXT MONTH

REPORT TITLE Suffixes in Receipt of Transitional Childcare Benefits with a Child with a Thirteenth Birthday in the Next Month		REPORT NUMBER WINR0503	FILE NAME PRS740PR0503
PURPOSE – NOTES This report lists all individuals on cases receiving transitional child care benefits who will become thirteen years old in the month following the report month.			
SOURCE RunID = PRS740	REFERENCE SEE RTS 90-0188	AUDIENCE / GENERAL DISTRIBUTION HRA MICA/Transitional Medicaid Office via mailbag	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case Number		The unique number that identifies a case within WMS.	
3. Suffix		Number identifying the unit of assistance with which one or more individuals is affiliated.	
4. Child's Last Name		Last name of child	
5. First Name		First name of child	
6. Line No.		The line number on the case upon which the listed child appears.	
7. CIN		Client Identification Number	
8. Date of Birth		Child's date of birth	

WINR0505 – MA RECIPIENTS WITH MA COVERAGE CODE 09 1

REPORT DATE : 01/03/2009	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1					
PERIOD COVERED BY THIS REPORT : AS OF 01/03/2009	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****					
PROGRAM ID : RS1076	WMS REPORT WINR0505 MA RECIPIENTS WITH MA COVERAGE CODE 09						
2	3	4					
CASE NUMBER	CASE NAME	RECIP-ID					
5	6	7					
	LAST NAME	FIRST					
		MI					
		MA COVERAGE					
		8					
		FROM TO					
00021031979E	AAXXX HILL	TF70387X	AAXXX	HILLAN		04/01/08	12/31/49
00005385053D	AAXXX IDA	YG80723X	AAXXX	IDA		09/01/08	08/31/09
00005918256I	ABXXXX MART	SD93656T	AAXXXXX	MARTIN		10/01/07	12/31/49
00021855145F	ACXXXX FRAN	RP83765E	AAXXXXX	FRANCES	A	01/01/08	12/31/49
00005197556D	ADXXXXXX CA	XA14026G	AAXXXXXXX	CARMELA	N	09/01/08	08/31/09
<< report edited for formatting >>							
00021480474C	YEXXXXXX JO	ZV64800E	YXXXXXXX	JOSEPH	W	08/01/08	07/31/09
		ZV64801C	YXXXXXXX	CLAIRE	E	08/01/08	07/31/09
00020705320I	YOXXXX	WT53978G	YXXXXXX	DORIS	A	06/01/08	05/31/09
00022410778J	ZUXXXX ROSA	RV55433A	ZXXXXX	ROSA	G	10/01/08	09/30/09
00022024541J	ZVXXXXXXXX N	QE66431R	ZXXXXXXXX	NICHOLAS		05/01/08	04/30/09
00002107791C	ZWXXXXXXXX M	ZG60327D	ZXXXXXXXX	MONSERRATE		01/01/08	12/31/08
TOTAL NUMBER OF ACTIVE INDIVIDUALS							
	9	IN RECEIPT OF MA COVERAGE CODE 09					
		25,457					
END OF REPORT							

WINR0505 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0505 – MA RECIPIENTS WITH MA COVERAGE CODE 09**

WINR0505 – MA RECIPIENTS WITH MA COVERAGE CODE 09

REPORT TITLE MA Recipients with MA Coverage Code 09		REPORT NUMBER WINR0505	FILE NAME PRS760PRPT
PURPOSE – NOTES This report provides a list of all active MA individuals with an MA coverage code of '09' (Medicare Premium, Co-insurance and Deductible Only).			
SOURCE RunID = PRS760	REFERENCE SEE RTS 89-0459	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA via DEPCON	
SEQUENCE Case Name		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly 1st weekend of month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case Number		The unique number that identifies a case within WMS.	
3. Case Name		Name of the payee of the case	
4. Recip-ID		CIN – Client Identification Number	
5. Last Name		Last name of individual	
6. First		First name of individual	
7. MI		Middle Initial	
8. MA Coverage From/To		Dates of current MA coverage authorization	
9. Total Number of Active Individuals in Receipt of MA Coverage Code 09		Total count of all individuals on report	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0506 – REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION**

WINR0506 – REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION

1

REPORT DATE 08-08-08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 29	
PROGRAM: RM1034	WELFARE MANAGEMENT SYSTEM		
PERIOD COVERED BY THIS REPORT 000,0000	WMS REPORT WINR0506	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION			
CASE NUMBER	CASE NAME	MA LOCAL ORIGINATING AUTH DATE	
		RESP OFFICE CENTER FROM TO	
2	3	4 5 6 7	
00021736514H	YXX HXXXX	CC 599	12/01/07 11/30/08
00021474101J	YOXX PXXX	CC 563	09/01/07 99/99/99
00006406354I	YOXXX WILLIAM	HN 548	07/01/08 99/99/99
00021697369D	YUXXXXX IZRO	CC 521	12/01/07 99/99/99
00029676622D	ZAXXXXXXX PEARL	PA 515	11/01/07 99/99/99
00090209306B	ZAXXXXXXXXXX YELENA S	CC 508	12/01/06 99/99/99
00029197783D	ZXXXXXXXXXXXXMARK	CC 508	12/01/06 99/99/99
00021573450A	ZXXX MEIDI	CC 599	10/01/07 99/99/99
00020714055J	ZHXXX LU JING	CC 548	06/01/08 99/99/99
00008049717F	ZHXX YU	CC 548	10/01/07 99/99/99
00000118631B	ZHXXX LIANJIAO	CC 548	07/01/08 99/99/99
00027230445C	ZHXXX QIMIE	MC 5H9	12/01/06 99/99/99
00021125457I	ZHX XIANG	CC 508	11/01/07 99/99/99
00020901809C	ZOXX SEBASTIAN	CC 548	02/01/08 99/99/99
00002029557C	ZUXXX MAYA	CC 548	04/01/08 99/99/99
TOTAL-RECORDS-READ	8 1,163		
TOTAL-RECORDS-PRINTED	9 1,163		

WINR0506 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0506 – REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION**

WINR0506 – REPORT OF MSSI CASES NOT SCHEDULED FOR RECERTIFICATION

REPORT TITLE Report of MSSI Cases Not Scheduled for Recertification		REPORT NUMBER WINR0506	FILE NAME PRM760PRPTFL
PURPOSE – NOTES This report lists the Medicaid Supplemental Security Income cases that have not been scheduled for recertification.			
SOURCE RunID = PRM760	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Case Name (Alphabetic Order)		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case Number		Number that uniquely identifies the case.	
3. Case Name		Name of the payee on the case.	
4. MA Resp		MA Responsibility Area Indicator	
5. Local Office		Center number responsible for this case.	
6. Originating Center			
7. Auth Date From – To		Dates defining the authorization period for the case.	
8. Total-Records-Read		Count of input records	
9. Total-Records-Printed		Count of output records	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0507 – APPLICATION WEEKLY STATISTICS BY SITE**

WINR0507 – APPLICATION WEEKLY STATISTICS BY SITE

1

REPORT DATE: 06/16/07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1
 PROGRAM: RS1079 WELFARE MANAGEMENT SYSTEM
 WEEK ENDING: 06/16/07 MEDICAID ELIGIBILITY PROGRAM
 WMS REPORT WINR0507
 APPLICATION WEEKLY STATISTICS BY SITE
 OPD
 PART I

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

SITE: 502 NAME: METROPOLITAN
 APPLICATIONS TIMELINESS

UNIT	OPENING BALANCE	NUMBER		PROCESSED				CLOSING BALANCE	N-DRD			DRD			
		NEW APPS	WITH-DRAWN	NUMBER ELIG	NUMBER FKA	NUMBER INC	NUMBER OTHER		NUMBER TIMELY	NUMBER NOT TIMELY	% TMLY	NUMBER TIMELY	NUMBER NOT TIMELY	% TMLY	
502	77	16	0	0	0	0	0	84	0	0	0	0	0	0	
HAA	3	0	0	0	0	0	0	3	0	0	0	0	0	0	
<<report edited for formatting>>															
RSO	4	1	0	1	0	0	0	5	0	1	0	0	0	0	
'SITE															
'TOTALS	338	88	3	26	1	10	7	365	24	19	56	0	0	0	

SITE: 502 NAME: METROPOLITAN
 PART II
 OUTSTANDING APPLICATIONS ERRORS

UNIT	N-DRD/DAYS IN UNIT				DRD/DAYS IN UNIT				NUMBER N-DRD	NUMBER DRD	NUMBER DEF	0 - 7		OVER 7	
	1 - 13	14 - 22	23 - 30	OVER 30	1 - 29	30 - 44	45 - 60	OVER 60				DAYS	OVER 7	DAYS	OVER 7
502	40	22	0	22	0	0	0	0	84	0	0	0	0		
HAA	0	0	0	3	0	0	0	0	3	0	0	0	0		
'SITE															
'TOTALS	164	55	69	114	0	0	0	0	402	0	0	32	25		

WINR0507 Report Sample

WINR0507 – APPLICATION WEEKLY STATISTICS BY SITE

REPORT TITLE Application Weekly Statistics by Site		REPORT NUMBER WINR0507	FILE NAME PRS790P1R507 – OPD, IPD, HED PRS790P2R507 – CED
PURPOSE – NOTES This report provides MICSAs Management with application statistics by site for OPD, IPD, HED and CED. Division wide totals are also provided.			
SOURCE RunID = PRS790	REFERENCE See RTS #89-0273; Initial run of report = 5/91	AUDIENCE / GENERAL DISTRIBUTION HRA MICSAs Management via DEPCON	
SEQUENCE Group (OPD, IPD, etc)/Site		BREAKS Site	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Site		Center	
3. Name		Site name	
4. Part I:		Statistics for applications and timeliness information	
5. Unit		Section within Site/Center	
6. Applications:			
7. Opening Balance		Starting number of applications per unit	
8. Processed:			
9. Number New Apps		Number of new applications	
10. Number Withdrawn		Number of applications that were withdrawn	
11. Number Elig		Number of eligible applications that were processed	
12. Number Rejected – FKA, INC, Other		Number of applications that were rejected	
13. Closing Balance		Number of applications at the end of the week	
14. Timeliness:			
15. N-DRD – Number Timely, Not Timely, % TMLY			
16. DRD – Number Timely, Not Timely, % TMLY			
17. Part II:		Statistics for applications that have not completed processing	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0507 – APPLICATION WEEKLY STATISTICS BY SITE**

18. Outstanding Applications:	Aging statistics
19. N-DRD/Days in Unit – 1-13, 14-22, 23-30, Over 30	
20. DRD/Days in Unit – 1-29, 30-44, 45-60, Over 60	
21. Number N-DRD	
22. Number DRD	
23. Number DEF	
24. Errors – 0-7 Days, Over 7 Days	Error aging statistics
25. Site Totals	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0508 - ELIGIBILITY MAILOUT STATUS FOR MM/YY AS OF MM/DD/YY**

WINR0508 - ELIGIBILITY MAILOUT STATUS FOR MM/YY AS OF MM/DD/YY

1

MONTHLY SUMMARY			CUMULATIVE SUMMARY			DAILY SUMMARY				
UIMMAIL1 (PRC020)			PRC060 b			PRC030/35				
DATE RUN:	09/06/08	TOTAL NON-RESPONSES:	3,627	SEQ.	TAPE NO. & DATE	TOTAL RECORDS READ	NO. KP ERRORS	CLOSE REQUESTS	UNDELIVERABLES	
TOTAL MAILOUTS:	10,639	PERCENT NON-RESPONSE:	34.1	1	08/10	347				
		OK TO RUN PRC050:	N	2	08/10	142				
		(UIMMAIL3)		3	08/10	209				
				4	08/10	242				
				5	08/10	641				
UIMMAIL3 (PRC050)		OK TO RUN PRC065:	N	6	08/10	585			199	
				7	08/10	542			165	
				8	08/10	378			137	
		AMT. UNDELIVERABLE:	541	9	08/10	382				
SCHEDULE DATE:	10/02/08	(CUM. TOTAL)		10	08/10	292				
TRIGGER DATE:	/ /			11	08/10	1,214				
ACTUAL DATE:	/ /	CLOSE REQUESTS:		12	08/10	734				
				13	08/10	302				
TOTAL MAILOUTS:		TOTAL RESPONSES:	7,014	14	08/10	243				
		TOTAL K-P ERRORS:		15	08/10	523				
		PERCENT K-P ERRORS:	0.0	16	08/10	241			40	
(PRC065)										
SCHEDULE DATE:	10/31/08									
TRIGGER DATE:	/ /									
ACTUAL DATE:	/ /									
TOTAL NON-RESPONSES:	0									
PRCNT. NON-RESPONSES:	0.0									
TOTAL UNDELIVERABLES:	0									
PRCNT. UNDELIVERABLES:	0.0									

WINR0508 Report Sample

WINR0508 – ELIGIBILITY MAILOUT STATUS FOR MM/YY AS OF MM/DD/YY

REPORT TITLE Eligibility Mailout Status for MM/YY as of MM/DD/YY		REPORT NUMBER WINR0508	FILE NAME PRC440PRPT
PURPOSE – NOTES			
SOURCE RunID = PRC440	REFERENCE See RTS 440,438,439;	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA MICSA Management via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Monthly Summary		Dates and total mailouts for each mailout	
3. Cumulative Summary		Statistics for each type of response and keying errors	
4. Daily Summary		For each tape number: Date, Total Records Read, No. of KP Errors, Close Requests, and Undeliverables	
5.		Mailout Dates: Schedule, Trigger, Actual Dates and Total Non-Responses	
6.		Statistics: Percentage of Non-Responses, Total Number of Undeliverables, and Percentage of Undeliverables	

WINR0510 – AUTOMATED EMERGENCY CHECK SUBSYSTEM - MONTHLY BANK RECONCILIATION

1

REPORT ID WINR0510	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	
REPORT DATE 04/03/07	WELFARE MANAGEMENT SYSTEM	*****
PROGRAM ID DX1089	AUTOMATED EMERGENCY CHECK SUBSYSTEM	* THIS REPORT CONTAINS *
REPORT MONTH MARCH	MONTHLY BANK RECONCILIATION	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

0005196338	LOWEST CHECK NUMBER	
0099105449	HIGHEST CHECK NUMBER	
26,434	TOTAL NUMBER OF CHECKS	
\$14,370,246.22	TOTAL AMOUNT OF ALL CHECKS	
745	TOTAL VOIDED CHECKS	
\$0.00	TOTAL AMOUNT VOIDED CHECKS	
03/01/07	EARLIEST ISSUANCE DATE	
03/30/07	LATEST ISSUANCE DATE	
03/01/07	EARLIEST VOID DATE	
03/30/07	LATEST VOID DATE	
9104038238	BANK ACCOUNT NUMBER	

WINR0510 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0510 – AUTOMATED EMERGENCY CHECK SUBSYSTEM - MONTHLY BANK
RECONCILIATION

WINR0510 – AUTOMATED EMERGENCY CHECK SUBSYSTEM - MONTHLY BANK RECONCILIATION

REPORT TITLE Automated Emergency Check Subsystem – Monthly Bank Reconciliation		REPORT NUMBER WINR0510	FILE NAME PDX890PW0510
PURPOSE – NOTES This report provides a summary of emergency check activity for the report month.			
SOURCE RunID = PDX890	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA Office of Financial Management via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Report Month		Month that check activity occurred	
3.		Value of check activity type	
Check activity type:			
4. Lowest Check Number		Lowest E-Check number issued for the reporting month.	
5. Highest Check Number		Highest E-Check number issued for the reporting month.	
6. Total Number of Checks		Total number of E-Checks issued for the reporting month.	
7. Total Amount of All Checks		Total dollar amount issued in E-Checks for the reporting month.	
8. Total Voided Checks		Total number of all E-Checks voided for the reporting month.	
9. Total Amount Voided Checks		Total dollar amount of voided E-Checks for the reporting month.	
10. Earliest Issuance Date		The first day that an E-Check was issued for the reporting period.	
11. Latest Issuance Date		The last day that an E-Check was issued for the reporting period.	
12. Earliest Void Date		The earliest date an E-Check was voided for the reporting period.	
13. Latest Void Date		The last date in the reporting period on which an E-Check was voided.	
14. Bank Account Number		Account number of the bank that provides reconciliation data.	

WINR0521 – GEOGRAPHIC DISTRIBUTION OF CLIENTS

1

DATE : 06/02/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION												PAGE 103	
PROGRAM : MF1011	WELFARE MANAGEMENT SYSTEM												*****	
REPORT AS OF : 05/31/07	THE CITY OF NEW YORK - DEPT OF SOCIAL SERVICES												* THIS REPORT CONTAINS *	
	GEOGRAPHIC DISTRIBUTION OF CLIENTS												* CONFIDENTIAL INFORMATION *	
	WINR0521												* FOR INTERNAL USE ONLY *	
	BY ZIP CODE / CATEGORY / AGE / SEX												*****	
PAGE 1 OF 3 FOR ZIP CODE 10034														

ASSISTANCE CATEGORY	AGE CATEGORY													
	UNBORN	LESS 1	1-5	6-13	14	15-17	18-19	20-24	25-44	45-64	65-74	75 +	TOTAL	

** PUBLIC ASSISTANCE ONLY **														
4	5												7	
FA	MEN	0	20	145	218	38	86	26	2	6	8	0	0	549
	WOMEN	0	24	123	252	24	92	22	63	247	75	0	0	922
	UNKNOWN	12	0	0	0	0	0	0	0	0	0	0	0	12
	TOTAL	12	44	268	470	62	178	48	65	253	83	0	0	1,483
SN-CSH	MEN	0	1	9	43	2	16	4	5	49	82	11	6	228
	WOMEN	0	5	20	59	3	30	3	4	105	88	19	12	348
	UNKNOWN	1	0	0	0	0	0	0	0	0	0	0	0	1
	TOTAL	1	6	29	102	5	46	7	9	154	170	30	18	577
** MEDICAL ASSISTANCE ONLY **														
FA	MEN	0	77	155	212	35	68	57	45	34	26	0	0	709
	WOMEN	0	70	167	202	24	67	63	102	311	116	0	0	1,122
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	147	322	414	59	135	120	147	345	142	0	0	1,831
** TOTALS FOR ZIP CODE **														
*** TOTAL	MEN	0	141	750	1,246	180	470	303	485	1,299	1,542	465	289	7,170
	WOMEN	0	153	746	1,203	152	492	300	787	2,542	2,522	850	760	10,507
	UNKNOWN	200	0	0	0	0	0	0	0	0	0	0	0	200
	TOTAL	200	294	1,496	2,449	332	962	603	1,272	3,841	4,064	1,315	1,049	17,877
<< report edited for formatting >>														

WINR0521 Report Sample

WINR0521 – GEOGRAPHIC DISTRIBUTION OF CLIENTS

REPORT TITLE Geographic Distribution of Clients by ZIP Code/Category/Age/Sex		REPORT NUMBER WINR0521	FILE NAME PMF011PMARPT
PURPOSE – NOTES This report provides HRA with statistics showing the number of individuals receiving assistance. It includes clients living in and outside of NYC within each assistance category. The statistics are broken down by sex and age. Summary pages reflect all clients in and out of NYC.			
SOURCE RunID = PMF011	REFERENCE Into Production 1 st Quarter of 1993	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management HRA Office of Data Analysis & Research	
SEQUENCE Zip Code/Category/Age/Sex		BREAKS Zip Code	
FREQUENCY / SCHEDULE Quarterly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Zip Code			
3. Age Category		Age ranges	
4. Assistance Category		E.g., FA (Family Assistance), SN-CSH (Safety Net-Cash)	
5. Sex		Sex – Number of individuals per Sex and Totals for this Assistance Category broken down by Age Category.	
6. Public Assistance Only, Medical Assistance Only		Statistics for each Assistance Category (Program Area).	
7. Total		Subtotals for Assistance Category/Sex/Age Category.	
8. Totals for Zip Code		Grand totals for all statistics for this Zip Code.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0526 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES

WINR0526 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES

1

REPORT DATE: 06-02-07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 1
PROGRAM: MF1021	WELFARE MANAGEMENT SYSTEM		
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07	(1)	WMS REPORT WINR0526	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES			
COMMUNITY DISTRIC/BORO	COMMUNITY/HOSPITAL ELIGIBILITY		
(2)		(3)	
	MAIL RECERT	FACE TO FACE RECERT	TOTAL IN CD/B
MANHATTEN (1)	(4)	(5)	(6)
01	159	711	870
02	444	3237	3681
03	2503	29201	31704
SUBTOTAL	15844	134932	150776
BROOKLYN (2)			
01	1734	19011	20745
02	690	4955	5645
SUBTOTAL	(7) 2724	27717	30441
<< report edited for formatting >>			

WINR0526 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0526 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES

WINR0526 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CASES WITH RESIDENCES

REPORT TITLE Community District Location of Active MA Cases with Residences		REPORT NUMBER WINR0526	FILE NAME PMF021PW0526
PURPOSE – NOTES This report provides MICSA Management with statistics on the number of active cases within each of the community districts within New York City.			
SOURCE RunID = PMF021	REFERENCE Into Production 3/31/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Borough/Community District/Mail Recert/Face-to-Face Recert. Units		BREAKS	
FREQUENCY / SCHEDULE Quarterly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Community District/Boro		Identifies the community district and borough in which the cases reside.	
3. Community/Hospital Eligibility		Indicates that the statistics provided in this report are for cases from MICSA's Community and Hospital Eligibility Divisions.	
4. Mail Recert		The number of cases that are identified as Mail Recertification Unit cases for each community district.	
5. Face to Face Recert		Number of cases identified as Face to Face Recertification Unit cases for each community district.	
6. Total In CD/B		Total number of cases within each community district and borough.	
7. Subtotal		Total number of cases within each borough for the Mail and Face to Face Recertification Units.	

WINR0535 – WMS APPLICATION REGISTER – APP / REG REPORT I 1

REPORT DATE 06/29/07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER WMS APPLICATION REGISTER - LISTING OF APPLICATIONS ASSIGNED TO APPLICATION WORKER BY APPLICATION REG DATE	PAGE 4 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
①	APP/REG REPORT I DISTRIBUTION : CENTER 047 APPLICATION SECTION WMS REPORT WINR0535	
PART I - OVERDUE APPLICATIONS (OVER 30 DAYS SINCE APPLICATION REGISTRATION DATE)		
	TOTAL FOR THIS CATEGORY: 1	②
PART II - APPLICATIONS TO BE PROCESSED BY NEXT WEEK (21-30 DAYS SINCE APPLICATION REG DATE)		
	TOTAL FOR THIS CATEGORY: 1	③
PART III - APPLICATIONS MORE THAN TWO WEEKS OLD (15-20 DAYS SINCE APPLICATION REG DATE)		
	TOTAL FOR THIS CATEGORY: 12	④
PART IV - ALL OTHER APPLICATIONS (0-14 DAYS)		
	TOTAL FOR THIS CATEGORY: 29	⑤
PART V - CASES ACCEPTED IN SI STATUS REMAINING IN APPLICATION SECTION)		
PREDETERMINATION SI CASES		
30 DAYS OR LESS	0	⑥
OVER 30 DAYS	0	
SUBTOTAL:	0	
OTHER SI CASES		
30 DAYS OR LESS	5	
OVER 30 DAYS	1	
SUBTOTAL:	6	
	TOTAL FOR THIS CATEGORY: 6	
PART VI - APPLICATIONS PURGED FROM DATABASE (OVER 90 DAYS OLD)		
	TOTAL FOR THIS CATEGORY: 0	⑦

WINR0535 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0535 – WMS APPLICATION REGISTER – APP / REG REPORT I

WINR0535 – WMS APPLICATION REGISTER – APP / REG REPORT I

REPORT TITLE WMS Application Register – Listing of Applications Assigned to Application Worker by Application Reg Date – APP/REG Report I		REPORT NUMBER WINR0535	FILE NAME PDR250PXX*** *** = PA/FS Center Code
PURPOSE – NOTES This report lists the applications assigned to the application workers by application registration date.			
SOURCE RunID = PDR250	REFERENCE 2007.2 Release Notes; SA=2007-00071; moved to Prod 6/9/07	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Part I - Overdue Applications (Over 30 Days Since Application Registration Date)		Number of applications over 30 days old	
3. Part II - Applications To Be Processed By Next Week (21-30 Days Since Application Reg Date)		Number of applications 21-30 days old	
4. Part III - Applications More Than Two Weeks Old (15-20 Days Since Application Reg Date)		Number of applications over two weeks old	
5. Part IV - All Other Applications (0-14 Days)		Number or applications up to two weeks old	
6. Part V - Cases Accepted in SI Status Remaining In Application Section)		Number of predetermined SI cases and other SI cases	
7. Part VI - Applications Purged From Database (Over 90 Days Old)		Number of applications over 90 days old that were purged	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0537 – EMERGENCY CHECK AUTHORIZATION DAILY REPORT**

WINR0537 – EMERGENCY CHECK AUTHORIZATION DAILY REPORT

1

REPORT DATE 03/28/2007 PROGRAM: DX1091		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM WMS REPORT WINR0537 EMERGENCY CHECK AUTHORIZATION DAILY REPORT					PAGE 1	
ORIG ID: 013							***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
CHECK NUMBER	AMOUNT	AUTHORIZATION DATE	USERID	CASE NUMBER	SUFFIX	CASE NAME	VOID DATE	USERID
0013235360	842.00	03/28/2007	151D13	00021519	01	CXXXXXXXX JACK		
0013235361	98.16	03/28/2007	113I13	00015906	01	LXXX KAWANNA		
0013235367	75.00	03/28/2007	113I13	00021480	01	WXXXXXXXXXX BRANDY		
0013235368	370.05	03/28/2007	113I13	00021498	01	BXXX DAWN		
0013235369	130.15	03/28/2007	113I13	00015907	01	PXXX BRENNAN		
0013235370	940.00	03/28/2007	113I13	00021530	01	RXXXXX CHRISTOPHER		
0013235372	940.00	03/28/2007	113I13	00021532	01	RXXXXX CHRISTOPHER		
0013235375	430.00	03/28/2007	113I13	00021545	01	CXXXXXX MICHELLE		
0013235376	215.00	03/28/2007	151D13	00021573	01	MXXXXXXXX ANTHONY		
0013235378	317.00	03/28/2007	151D13	00021572	01	SXXXX TRACY		
***** TOTAL FOR CENTER 013				NUM		AMOUNT		
	VALID AUTH/PRINT			19		11,665.62		
	VOID AUTH/PRINT			0		.00		
	VOID BLANK			0				
	TOTAL			19		11,665.62		
***** TOTAL FOR ALL CENTERS				NUM		AMOUNT		
	VALID AUTH/PRINT			1,286		756,785.10		
	VOID AUTH/PRINT			22		15,682.85		
	VOID BLANK			0				
	TOTAL			1,308		772,467.95		

WINR0537 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0537 – EMERGENCY CHECK AUTHORIZATION DAILY REPORT

MARCH 27, 2009

WINR0537 – EMERGENCY CHECK AUTHORIZATION DAILY REPORT

REPORT TITLE Emergency Check Authorization Daily Report		REPORT NUMBER WINR0537	FILE NAME PDX910PEC*** (***) = PA Center) PDX910PW0537 (Citywide)
PURPOSE – NOTES This report provides a daily list of the number and dollar amount of Emergency checks issued and voided at each originating site. Center totals and a citywide total for all centers are included on the citywide report.			
SOURCE RunID = PDX910	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON HRA MIS Management via DEPCON for citywide version	
SEQUENCE Originating ID/Check Number		BREAKS By Center (for citywide version)	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Orig ID		Identifies the HRA site that authorized and issued the emergency check.	
3. Check Number/Amount		The emergency check number and amount that was issued.	
Authorization:			
4. Date		Date when the emergency check was authorized.	
5. User ID		Identification number of the worker entering the E Check.	
6. Number		Number used to identify the transaction.	
7. Case Number		Number identifying PA cases that received an emergency check.	
8. Suffix		Number identifying the unit of assistance that received benefits.	
9. Case Name		Name of the PA client in whose name the emergency check was issued.	
10. Void Date/User ID		If the emergency check is voided, then the date the check was voided and worker ID who input the void transaction will be listed.	
Total for Center XXX:			
11. Valid Auth/Print		Total number of cases that were issued emergency checks and the amount.	
12. Void Auth/Print		Number of checks and amounts voided.	
13. Void Blank		Number of blank checks voided.	
14. Total		Totals for the center.	
15. Total for All Centers		(Refer to Report Items 11, 12, 13, and 14.) Appears only on citywide version.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0538 – FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS X DAYS
AS OF MM/DD/YY**

WINR0538 – FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS X DAYS AS OF MM/DD/YY

```

REPORT DATE : 09/27/2008
PROGRAM ID : RS1080
RUNBOOK ID : PRS800

NEW YORK CITY DEPARTMENT OF HEALTH
WELFARE MANAGEMENT SYSTEM

WMS REPORT WINR0538

FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS
180+ DAYS AS OF 09/01/2008
CENTER: 534

CASE NUMBER      CASE NAME      LAST NAME      FIRST      MI      RECIP-ID
00008708418C    TXXX RYAN      TXXX           RYAN      E      RV06708H
00021345557J    YXXXX MARISO    YXXXX         MARISOL           QQ57957S
00021590157A    AXXX CXXXXX    CXXXXX        IXXXXXX           ZR90083B
00021656885H    MXXXXX ADAN    MXXXXXX       ADAN              SY21436V
00021688218D    DXXXXXXXX AUR    DXXXXXXXXX     AURORA      M      SU48456Y
00021818588C    UXXXX FRANCI   UXXXX         FRANCISCO          QJ57141B

<< report edited for reformatting >>

FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS
90 - 180 DAYS AS OF 09/01/2008
CENTER: 534

CASE NUMBER      CASE NAME      LAST NAME      FIRST      MI      RECIP-ID
00021857049H    JXXXXX FERMI   AXXXXXX       LUISMIGUEL           QH40369J
00021922032E    RXXXX FRANK    RXXXXX        FRANK      F      ZR42022U

<< report edited for reformatting >>

FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS
60 - 90 DAYS AS OF 09/01/2008
CENTER: 534

CASE NUMBER      CASE NAME      LAST NAME      FIRST      MI      RECIP-ID
00022022135C    SXXXXXX COL    CXXXXX        SXXXXXX      M      WU45471W
00022022135C    SXXXXXX COL    CXXXXXX       FXXXXX           TU03310Z

REPORT END

```

WINR0538 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0538 – FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS X DAYS
AS OF MM/DD/YY**

WINR0538 – FHP CLIENT NOT ENROLLED IN PCP AND FHP CONVERSIONS X DAYS AS OF MM/DD/YY

REPORT TITLE FHP Client Not Enrolled in PCP and FHP Conversions X Days as of MM/DD/YY		REPORT NUMBER WINR0538	FILE NAME PRS800PRP*** (** = MA Center)
PURPOSE – NOTES This report lists FHP clients grouped by case age that have not been enrolled in Prepaid Capitation Plan and Family Health Plus conversions as of the reporting date.			
SOURCE RunID = PRS800	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MCSA Center Staff	
SEQUENCE Number of Days /Case Number		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. N Days as of MM/DD/YY		Number of days (180 +, 90 – 180, 60 – 90) the client has not been enrolled as of the reporting date.	
3. Center		Center responsible for the case.	
4. Case Number		Number that uniquely identifies the case.	
5. Case Name		Name of the case head.	
6. Last Name, First, MI		Client's last and first names and middle initial	
7. Recip-ID		CIN - Client Identification Number	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0540 – STATISTICAL REPORT – BY LOCATION – NUMBER OF CASES
 SCHEDULED FOR RECERTIFICATION**

WINR0540 – STATISTICAL REPORT – BY LOCATION – NUMBER OF CASES SCHEDULED FOR RECERTIFICATION

REPORT DATE 05-06-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1	
PROGRAM: RM1043	WELFARE MANAGEMENT SYSTEM					
PERIOD COVERED BY THIS REPORT JUL,2007	(1)				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
	WMS REPORT WINR0540					
	STATISTICAL REPORT - BY LOCATION					
	NUMBER OF CASES SCHEDULED FOR RECERTIFICATION					
	MONTH OF JULY					
	LOCATION CED/FFR (2)					
	REASON FOR SCHEDULED RECERT				SUMMARY TOTAL BY	
					SCHEDULED MONTH	
					PRIORITY	
	CASE EXP		MILESTONE		TOTAL FOR	
	HIGH - NORMAL		HIGH - NORMAL		SCHEDULED	
	(3)		(4)		MONTH	
	JULY 2007		00882 02947		(5)	
	01974 47360		02856 50307		(6)	
	(7)		53163			
TOTAL SUMMARY FOR ALL LOCATIONS						
	REASON FOR SCHEDULED RECERT				SUMMARY TOTAL BY	
					SCHEDULED MONTH	
					PRIORITY	
	CASE EXP		MILESTONE		TOTAL FOR	
	HIGH - NORMAL		HIGH - NORMAL		SCHEDULED	
	(8)		(9)		MONTH	
	CALENDAR TOTAL BY		01142 04084		(10)	
	RECERT REASON -		03870 88992			
	PRIORITY		02728 84908		GRAND TOTAL 92862	

WINR0540 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0540 – STATISTICAL REPORT – BY LOCATION – NUMBER OF CASES
SCHEDULED FOR RECERTIFICATION

WINR0540 – STATISTICAL REPORT – BY LOCATION – NUMBER OF CASES SCHEDULED FOR RECERTIFICATION

REPORT TITLE Statistical Report – By Location – Number of Cases Scheduled for Recertification		REPORT NUMBER WINR0540	FILE NAME PRM790POPRPT
PURPOSE – NOTES This report provides MICSA Administration with statistics on the number of cases scheduled for recertification within each MICSA location. A summary report of all locations is also provided (last page).			
SOURCE RunID = PRM790	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Administration via DEPCON (multiple queues)	
SEQUENCE Location		BREAKS	
FREQUENCY / SCHEDULE Monthly – Job Run Around 15 th of Month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Location		Identifies the type of placement a Medicaid case qualifies for (the last page of the report lists number of cases scheduled for each location).	
3. Scheduled Month Reason for Scheduled Recert:		The month that the recertification is scheduled to take place.	
4. Case Exp – High - Normal		Number of scheduled cases that reside in calendar month and whose reason for recert is case expiration. Separate counts for high and normal priority.	
5. Milestone – High - Normal		Number of scheduled cases that reside in calendar month and whose reason for recert is a milestone occurrence. Separate counts for high and normal priority.	
6. Summary Total By Scheduled Month – Priority High - Normal		Total number of cases by scheduled month broken by “Priority”.	
7. Total for Scheduled Month		Total number of cases for each scheduled month.	
Total Summary for All Locations			
8. Calendar Total by Recert Reason - Priority		Total number of cases by scheduled month broken by “Priority” for all locations.	
9. Total for Scheduled Month		Total number of cases for each scheduled month for all locations.	
10. Grand Total		Total number of cases scheduled for all MICSA locations for the month (only appears on the last page of the report).	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0541 – SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT

WINR0541 – SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT

1

REPORT DATE: 05/26/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM				PAGE: 1	
PROGRAM: RS1101	1				*****	
FOR THE WEEK ENDING: 05/26/07	WMS REPORT WINR0541				* THIS REPORT CONTAINS *	
	SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT				* CONFIDENTIAL INFORMATION *	
	ORIG CENTER 502				* FOR INTERNAL USE ONLY *	

3	4	5	6	7	8	
CASE NUMBER	MA RESP	MA AUTHORIZATION PER FROM TO	TRANSACTION DATE	UNIT WORKER	RESP CNTR	
00020564563D	CC	07/01/06 02/01/08	05/25/07	ME2FC	502	
TOTAL CASES FOR CENTER:						9
						1

WINR0541 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0541 – SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT

WINR0541 – SYSTEM GENERATED EXTENDED MA AUTHORIZATION AID-TO-CONTINUE CASE REPORT

REPORT TITLE System Generated Extended MA Authorization Aid-To-Continue Case Report		REPORT NUMBER WINR0541	FILE NAME PRS01APR0541
PURPOSE – NOTES This report provides a list by center of all cases with system-generated extended MA authorizations as a result of a Fair Hearing Aid-to-Continue status.			
SOURCE RunID = PRS01A	REFERENCE RTS 87-0621 Release 91.1 (3/25/91)	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Director of Fair Hearings Division NYS DOH OMM	
SEQUENCE Center/Transaction Date		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Orig Center		Originating Center	
3. Case Number		Number that uniquely identifies the case.	
4. MA Resp		MA Responsibility Area Indicator	
5. MA Authorization Per From – To		MA authorization period dates	
6. Transaction Date		Date the MA authorization was extended.	
7. Unit Worker		Worker responsible for the case.	
8. Resp Cntr		Center responsible for the case.	
9. Total Cases for Center		Number of cases reported for the originating center.	

WINR0542 – MA CLIENTS IN D. A. B. CATEGORIES

1

REPORT DATE: 05-01-07		NYS HUMAN SERVICES APPLICATION SERVICE CENTER			PAGE 1
PROGRAM: MF1017		WELFARE MANAGEMENT SYSTEM			
PERIOD COVERED BY THIS REPORT: 04/01/07 - 04/30/07		WMS REPORT WINR0542			***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		MA CLIENTS IN D.A.B. CATEGORIES			
DAB CATEGORY	COMMUNITY/HOSPITAL ELIGIBILITY	INSTITUTIONAL SERVICES	COMMUNITY ALTERNATIVE SERVICES AGENCY	TOTAL ALL	
AGED 65 AND OVER	56,135	23,696	10,710	90,541	
BLIND	52	8	16	76	
DISABLED/TYPE					
TEMPORARY	2,630	770	155	3,555	
PERMANENT	31,024	6,618	3,193	40,835	
EMPLOYED	64	0	0	64	
SUB TOTAL	33,718	7,388	3,348	44,454	
TOTAL ALL IN DIVISION	89,905	31,092	14,074	135,071	

WINR0542 Report Sample

WINR0542 – MA CLIENTS IN D. A. B. CATEGORIES

REPORT TITLE MA Clients in D.A.B. Categories		REPORT NUMBER WINR0542	FILE NAME PMF017PW0542
PURPOSE – NOTES This report provides MICSA with statistics on the number of MA clients in D.A.B. Categories (Disabled, Aged, Blind) during the specified month. Statistics are provided for CED/HED, IS, and CASA. Division-wide totals are also provided.			
SOURCE RunID = PMF017	REFERENCE Into Production 3/31/92	AUDIENCE / GENERAL DISTRIBUTION MICSA Management via DEPCON	
SEQUENCE DAB Category/MICSA Division		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. DAB Category		Provides a breakdown of all D.A.B. categories and a count of the number of MA clients within each category by MICSA division (Aged 65 and Older, Blind, Disabled/Type – Temporary, Permanent, Employed).	
3. Community/Hospital Eligibility, Institutional Services, CASA		Divisions that comprise the Medical Assistance Program in New York City.	
4. Total All		Number of MA clients within each D.A.B. category for all MICSA divisions.	
5. Subtotal		Number of MA clients who are disabled within each MICSA division. The total number of disabled MA clients for all divisions is also provided.	
6. Total All in Division		Number of MA clients in D.A.B. categories within each MICSA division. The combined total for all MICSA divisions is also provided.	

WINR0543 – UNMATCHED ITEMS FROM ROLL PRINT 1

```

REPORT DATE 03-29-07                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION                                PAGE 1
PROGRAM: BP1068                                     WELFARE MANAGEMENT SYSTEM
                                                    (1)
                                                    WMS REPORT WINR0543
                                                    *****
                                                    * THIS REPORT CONTAINS *
                                                    * CONFIDENTIAL INFORMATION *
                                                    * FOR INTERNAL USE ONLY *
                                                    *****

                                                    UNMATCHED ITEMS FROM ROLL PRINT
(2) CASE (3) SUFFIX (4) GRANT (5) ISSUANCE (6) PAPER (7) CYCLE (8) DOCUMENT
NUMBER      NUMBER  CODE      DATE      AMOUNT   AMOUNT   NUMBER

***** NO ERRORS FOR THIS RUN *****

PAPER ISSUES NOT ON THE CYCLE-FILE = (9) 0
BYPASSED PAPER ISSUES ON CYCLE-FILE = (10) 304

***** END OF REPORT *****
  
```

WINR0543 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0543 – UNMATCHED ITEMS FROM ROLL PRINT**

WINR0543 – UNMATCHED ITEMS FROM ROLL PRINT

REPORT TITLE Unmatched Items from Roll Print		REPORT NUMBER WINR0543	FILE NAME PSI840PRP543
PURPOSE – NOTES			
SOURCE RunID = PSI840	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case Number		Number that uniquely identifies the case.	
3. Suffix		Number identifying the unit of assistance that received benefits.	
4. Grant Code			
5. Issuance Date			
6. Paper Amount			
7. Cycle Amount			
8. Document Number			
9. Paper Issues Not on the Cycle-File			
10. Bypassed Paper Issues on the Cycle-File			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0544 – MAP HED MONTHLY STATISTICAL SUMMARY REPORT - MUNICIPAL
COVERAGE TYPE AT ELIGIBILITY**

WINR0544 – MAP HED MONTHLY STATISTICAL SUMMARY REPORT / MUNICIPAL COVERAGE TYPE AT ELIGIBILITY

1

REPORT DATE: 05/05/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1	
PROGRAM: RS1096		WELFARE MANAGEMENT SYSTEM										*****	
PERIOD COVERED: 04/01/07 - 04/30/07		1 MEDICAL ASSISTANCE PROGRAM HOSPITAL ELIGIBILITY DIVISION MONTHLY STATISTICAL SUMMARY REPORT WINR0544										*****	
		MUNICIPAL COVERAGE TYPE AT ELIGIBILITY										*****	
2	3											5	6
HOSPITAL CODE	HOSPITAL NAME	01	02	07	4 09	10	11	15	16	INELIG	TOTAL		
00246039	BELLEVUE HOSPITAL CENTER	31	0	45	0	0	2	0	0	56	134		
00246048	JACOBI MEDICAL CENTER	3	0	0	0	0	0	0	0	1	4		
00246066	CONEY ISLAND HOSPITAL	0	0	1	0	0	0	0	0	0	1		
00246108	HARLEM HOSPITAL CENTER	34	0	48	0	0	3	0	0	23	108		
00246117	KINGS COUNTY HOSPITAL CENTER	152	0	118	0	0	2	0	0	73	345		
00246126	LINCOLN MEDICAL/MENTAL HLTH	70	0	34	0	0	0	1	0	50	155		
00246135	METROPOLITAN HOSPITAL CENTER	54	0	11	0	0	0	0	0	23	88		
00246153	QUEENS HOSPITAL	35	0	84	0	0	5	0	0	37	161		
00246171	NORTH CENTRAL BRONX	0	0	0	0	0	0	0	0	0	0		
TOTAL		379	0	341	0	0	12	1	0	263	996		
		COVERAGE TYPE AT ELIGIBILITY											
7		01	02	07	8 09	10	11	15	16	INELIG	TOTAL		
MUNICIPAL		379	0	341	0	0	12	1	0	263	996		
GRAND TOTAL	9	379	0	341	0	0	12	1	0	263	996		
END OF REPORT													

WINR0544 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0544 – MAP HED MONTHLY STATISTICAL SUMMARY REPORT - MUNICIPAL
COVERAGE TYPE AT ELIGIBILITY**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0544 – MAP HED MONTHLY STATISTICAL SUMMARY REPORT / MUNICIPAL COVERAGE TYPE AT ELIGIBILITY

REPORT TITLE Medical Assistance Program Hospital Eligibility Division Monthly Statistical Summary Report / Municipal Coverage Type at Eligibility		REPORT NUMBER WINR0544	FILE NAME PRS960PR0544
PURPOSE – NOTES This report provides statistics on the number of decisions authorizing each type of MA coverage for each hospital. Citywide totals are included in the report.			
SOURCE RunID = PRS960	REFERENCE SA019500 93.2 Release Notes; Prod. 7/93	AUDIENCE / GENERAL DISTRIBUTION HRA MICS Management via DEPCON	
SEQUENCE Hospital Type (Municipal, Voluntary, Other) / Hospital Code		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Hospital Code			
3. Hospital Name			
4. Coverage Type at Eligibility			
5. INELIG			
6. Total			
Coverage Type at Eligibility Citywide Totals:			
7. Hospital Type		Municipal, Voluntary, Other	
8. Coverage Type at Eligibility			
9. INELIG			
10. Total			

WINR0545 – SUMMARY OF REASONS FOR ACCEPTANCES BY CATEGORIES 1

REPORT DATE 05-01-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE	1	
PROGRAM: SC1060	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
PERIOD COVERED BY THIS REPORT APR,2007	WMS REPORT WINR0545			
	SUMMARY OF REASONS FOR ACCEPTANCES BY CATEGORIES	3	4	
	2			
		SNCA	SNNC	
			FA	
			SNFP	
			TOTALS	
DECREASED RESOURCES-1 (ILLNESS, INJURY OR OTHER IMPAIRMENT OF RECIPIENT)	0	0	0	0
DECREASED RESOURCES-1A (ILLNESS, INJURY OR OTHER IMPAIRMENT OF FA FATHER)	0	0	0	0
DECREASED RESOURCES-1B (ILLNESS, INJURY OR OTHER IMPAIRMENT OF FA MOTHER)	0	0	0	0
DECREASED RESOURCES-1C (ILLNESS, INJURY OR OTHER IMPAIRMENT OF OTHER FA GRANTEE)	0	0	0	0
DECREASED RESOURCES-2 (LAYOFF, DISCHARGE OR REASON OTHER THAN HEALTH)	0	0	0	0
DECREASED RESOURCES-3 (LOSS, REDUCTION IN SUPPORT OF CHILD DUE TO DEATH OF PARENT)	0	0	0	0
LOSS/REDUCTION IN SUPPORT-1 (FROM OTHER PERSON IN HOME)	0	0	0	0
LOSS/REDUCTION IN SUPPORT-2 (FROM PERSON OUTSIDE HOME FA FATHER)	0	0	0	0
PARENT DEPARTURE-1 (DIVORCE)	0	0	0	0
PARENT DEPARTURE-2 (SEPARATION)	0	0	0	0
PARENT DEPARTURE-3 (DESERTION)	0	0	0	0
PARENT DEPARTURE-4 (HOSPITAL, PRISON OR OTHER)	0	0	0	0
INCREASED NEED-1 (RETURN OF RECIPIENT OR RELATIVE)	0	0	0	0
INCREASED NEED-2 (CHANGE IN STATE LAW OR AGENCY POLICY)	0	0	0	0
RECLASSIFIED FROM OTHER PUBLIC ASSISTANCE	0	0	0	0
CASE ACCEPTED FOR IMMEDIATE NEEDS ONLY	0	0	0	0
LIVING BELOW AGENCY STANDARDS	0	0	0	0
CONTACT REESTABLISHED	0	0	0	0
OTHER	0	0	0	0
INAPPLICABLE ACCEPTANCE CODES	0	0	0	0
TOTAL ACCEPTANCES	5 3041	0	5326	54 8421

END OF REPORT
 WINR0545 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0545 – SUMMARY OF REASONS FOR ACCEPTANCES BY CATEGORIES**

WINR0545 – SUMMARY OF REASONS FOR ACCEPTANCES BY CATEGORIES

REPORT TITLE Summary of Reasons for Acceptances by Categories		REPORT NUMBER WINR0545	FILE NAME PSC395PR0545
PURPOSE – NOTES This report provides a count by assistance category of the reasons for accepting a case for Public Assistance.			
SOURCE RunID = PSC395	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Data Analysis & Research via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Acceptance Reasons			
3. Assistance Category		Case Category: SNCA, SNNC, FA, SNFP	
4. Totals		Total number of acceptances by Acceptance Reason	
5. Total Acceptances		Total number of all acceptances by Assistance Category and grand total	

WINR0547 – MA CASELOAD BY MA RESPONSIBLE AREA 1

REPORT DATE: 06/02/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM: MF1012	MEDICAID ELIGIBILITY PROGRAM	
REPORT: WINR0547	MA CASELOAD BY MA RESPONSIBLE AREA	
FOR MONTH OF 2 MAY 07	3	4
	MA RESPONSIBLE AREA	ACTIVE CASES
	-----	-----
	COMMUNITY ELIGIBILITY DIVISION	
	CED NON SURPLUS	999976
	CED BUDGET SURPLUS	17156

	SUB-TOTAL	1019141
		5
	HOSPITAL ELIGIBILITY DIVISION	
	HED NORMAL	30938

	SUB-TOTAL	32146
	INSTITUTIONAL SERVICES	
	IS REGULAR	28080

	SUB-TOTAL	30847
	COMMUNITY ALTERNATIVE SERVICES	
	HOMEMAKER	1
	HOUSEKEEPER	1052

	SUB-TOTAL	13881
	<< report edited for formatting >>	

WINR0547 Report Sample

WINR0547 – MA CASELOAD BY MA RESPONSIBLE AREA

REPORT TITLE MA Caseload by MA Responsible Area		REPORT NUMBER WINR0547	FILE NAME PMF012PMARPT
PURPOSE – NOTES This report provides MICSA management with statistics on the volume of cases in each of the MA Responsibility Areas within the Medicaid divisions.			
SOURCE RunID = PMF012	REFERENCE RTS 90-0594 Into Production /92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE MA Responsibility Area		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. For Month of		Month and year being reported	
3. MA Responsible Area		E.g., Community Eligibility Division, Hospital Eligibility Division, Institutional Services, Community Alternative Services, further broken down into subdivisions	
4. Active Cases		Total number of cases per subdivision	
5. Sub-total		Total number of cases per MA Responsible Area	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0548 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS)**

WINR0548 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS

1

REPORT DATE: 06/02/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1			
PROGRAM: MF1013		1 MEDICAL ASSISTANCE PROGRAM									
REPORT: WINR0548		COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS									
FOR MONTH OF 2 MAY 07											
COMMUNITY DISTRICT/BORO		INDIVIDUAL CATEGORY									
3		DAB		ADC		4 HR/NC*		HR/WC		UNBORN	
		(CASES/CLIENTS)		(CASES/CLIENTS)		(CASES/CLIENTS)		(CASES/CLIENTS)		(CASES/CLIENTS)	
MANHATTAN											
01		382 /	419	58 /	86	212 /	225	21 /	31	441 /	616
02		773 /	858	193 /	315	630 /	667	163 /	269	2342 /	3477
03		4340 /	4847	2343 /	3940	4533 /	4838	1706 /	2618	21650 /	31963
SUB-TOTAL	5	24932 /	26499	17868 /	29525	28748 /	29459	5586 /	8323	87379 /	131067
TOTAL-CASES	6	160932									
* INCLUDES SHELTER CLIENTS											
BROOKLYN											
01		2593 /	2801	2641 /	5594	3023 /	3124	3490 /	10559	12567 /	26044
02		1191 /	1244	894 /	1498	1360 /	1378	182 /	285	2777 /	4182
SUB-TOTAL		37330 /	40060	45498 /	77037	58831 /	60937	22183 /	47822	213066 /	349996
TOTAL-CASES		361393									
* INCLUDES SHELTER CLIENTS											
STATEN ISLAND											
01		1652 /	1800	1826 /	3009	2042 /	2089	509 /	840	8055 /	13221
99		380 /	406	295 /	483	492 /	511	112 /	186	1762 /	2743
SUB-TOTAL		4467 /	4815	3551 /	5771	5211 /	5373	1253 /	2131	18876 /	30531
TOTAL-CASES		32414									
* INCLUDES SHELTER CLIENTS											
OTHER											
TOTAL-CASES		25849 /	27034	4873 /	7341	13138 /	13268	979 /	1566	12721 /	20051

WINR0548 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0548 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS)**

WINR0548 – COMMUNITY DISTRICT LOCATION OF ACTIVE MA CLIENTS

REPORT TITLE Community District Location of Active MA Clients		REPORT NUMBER WINR0548	FILE NAME PMF013PMARPT
PURPOSE – NOTES This report provides MICSA management with statistics on the number of clients in each borough with individual category code groups of DAB, ADC (FA), and HR (SN). The report also includes the number of clients with no permanent address.			
SOURCE RunID = PMF013	REFERENCE RTS 91-0024 Into Production 2/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Community District/Borough Code (CD/B)/Individual Category Code		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. For Month of		Month and year being reported.	
3. Community District/Boro		E.g., Manhattan	
4. Individual Category		Number of cases and clients for DAB, ADC, HR/NC, HR/WC, and Unborn.	
5. Sub-totals		Totals for each individual category within the borough.	
6. Total-Cases		Total number of cases for the borough.	

WINR0549 – MEDICAID ELIGIBILITY PROGRAM - DURATION OF ACTIVE CASES

1

REPORT DATE: 06/02/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1
PROGRAM: MF1014 REPORT: WINR0549		1	MEDICAID ELIGIBILITY PROGRAM DURATION OF ACTIVE CASES			
FOR MONTH OF	2					
3	MAY	4	5	6	7	8
07						
MONTHS OF CONTINUOUS ELIGIBILITY	COMMUNITY ELIGIBILITY	HOSPITAL ELIGIBILITY	INSTITUTIONAL SERVICES	COMMUNITY ALTERNATE SERVICES AGENCY	TOTAL ALL	
01 - 03 MONTHS	93283	4095	253	139	97770	
04 - 06 MONTHS	103300	6769	744	259	111072	
07 - 12 MONTHS	181962	12196	2025	615	196798	
13 - 18 MONTHS	100071	3918	1991	734	106714	
19 - 24 MONTHS	93728	1405	1773	625	97531	
25 - 36 MONTHS	145437	1547	3307	1431	151722	
37 - 48 MONTHS	102770	869	2783	1302	107724	
49 + MONTHS	198588	1347	17971	8776	226682	

WINR0549 Report Sample

WINR0549 – MEDICAID ELIGIBILITY PROGRAM - DURATION OF ACTIVE CASES

REPORT TITLE Medicaid Eligibility Program – Duration of Active Cases		REPORT NUMBER WINR0549	FILE NAME PMF014PMARPT
PURPOSE – NOTES This report provides MICSAs management with statistics on the length of time MA cases remain continuously open.			
SOURCE RunID = PMF014	REFERENCE RTS 90-631 Into Production 2/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSAs Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. For Month of		Month and year being reported.	
3. Months of Continuous Eligibility		Ranges of number of months	
4. Community Eligibility		Number of Community Eligibility cases in each month range.	
5. Hospital Eligibility		Number of Hospital Eligibility cases in each month range.	
6. Institutional Services		Number of Institutional Services cases in each month range.	
7. Community Alternate Services Agency		Number of Community Alternate Services Agency cases in each month range.	
8. Total All		Total number of all MA active cases reported for each month range.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0550 – EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR
 TRANSITIONAL BENEFITS**

WINR0550 – EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR TRANSITIONAL BENEFITS

1

REPORT DATE 05/25/07	NEW YORK CITY RESOURCES ADMINISTRATION				PAGE 1
PROGRAM: DR1112	WELFARE MANAGEMENT SYSTEM				
PERIOD AS OF 06/01/07	EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR TRANSITIONAL BENEFITS				*****
				1	* THIS REPORT CONTAINS *
				WMS REPORT WINR0550	* CONFIDENTIAL INFORMATION *
2	3	4	5	6	* FOR INTERNAL USE ONLY *
IMC	CASE NAME	CASE NUMBER	SUFFIX	CLOSING CODE	DATE OF CLOSING
013	FXXXXXX MXXXXX	00005392709B	01	E31	05/21/07
028	MXXXXXXX DXXXXXX	00001404354B	01	E31	05/25/07
028	MXXXXXXX GXXX	00003721355A	01	E31	05/23/07
		<< report edited for formatting >>			
070	RXXXXXX MXXXXXX	00006711475B	01	E31	05/23/07
078	BXXXXX LXXXX	00006212182H	01	E31	05/23/07
085	JXXXXX WXXXXXX	00006027266D	01	E31	05/18/07
		END OF REPORT			

WINR0550 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0550 – EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR
TRANSITIONAL BENEFITS

WINR0550 – EMPLOYMENT RELATED CLOSINGS NOT ELIGIBLE FOR TRANSITIONAL BENEFITS

REPORT TITLE Employment Related Closings Not Eligible for Transitional Benefits		REPORT NUMBER WINR0550	FILE NAME PDR12APR0550
PURPOSE – NOTES This report provides a citywide list of all cases closed for an employment-related reason that are not eligible for Transitional Benefits.			
SOURCE RunID = PDR12A	REFERENCE RTS 89-0591 Into Production 7/91	AUDIENCE / GENERAL DISTRIBUTION Q026	
SEQUENCE PA Center/Case Number		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. IMC		The Public Assistance Center that is responsible for the closed case.	
3. Case Name		Identifies the individual whose case has been closed for an employment-related reason.	
4. Case Number		The number that identifies the case that has been closed.	
5. Suffix		Identifies the suffix that has been closed for an employment-related reason.	
6. Closing Code		Indicates the specific reason for the case closing.	
7. Date of Closing		The date that the case was closed for an employment-related reason.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0553 – INCOMPLETE APPLICATIONS REPORT – INDIVIDUAL HOSPITAL**

WINR0553 – INCOMPLETE APPLICATIONS REPORT – INDIVIDUAL HOSPITAL

1

REPORT DATE: 5/05/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1	
PROGRAM: RS1097	WELFARE MANAGEMENT SYSTEM		
	NEW YORK CITY MEDICAID ELIGIBILITY PROGRAM	*****	
	HOSPITAL ELIGIBILITY DIVISION	* THIS REPORT CONTAINS *	
PERIOD COVERED: 4/01/07 - 4/30/07	INCOMPLETE APPLICATIONS REPORT - INDIVIDUAL HOSPITAL	* CONFIDENTIAL INFORMATION *	
	WMS REPORT WINR0553	* FOR INTERNAL USE ONLY *	

HOSPITAL CODE: 313979	HOSPITAL NAME: 0		
DECISION SUMMARY	FOR HOSPITAL	CITYWIDE	
	# %	# %	
ELIGIBLE-FULL COV (01)	0 0.00	1,231 19.94	
ELIGIBLE-OUTPT COV (02)	0 0.00	0 0.00	
ELIGIBLE-LIMITED COV	1 100.00	1,896 30.71	
REJECTED	0 0.00	1,205 19.52	
REJECTED-INC	0 0.00	1,223 19.81	
REJECTED-MMIS	0 0.00	618 10.01	
GRAND TOTAL	1 100.00	6,173 100.00	
INCOMPLETE APPLICATION SUMMARY			
IA	FOR HOSPITAL	CITYWIDE	# OF REASONS [HOSP] /
CODE INCOMPLETE APPLICATION REASON	# %	# %	# OF REASONS [CITYWIDE] IN %
01 APPLICATION FORMS	0 0.00	0 0.00	0.00
02 PERSONAL DEMOGRAPHICS/RELATIONSHIP	0 0.00	2 5.71	0.00
	<< report edited for formatting >>		
17 CURRENT/PAST MAINTENANCE	0 0.00	2 5.71	0.00
69 OTHER	0 0.00	2 5.71	0.00

WINR0553 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0553 – INCOMPLETE APPLICATIONS REPORT – INDIVIDUAL HOSPITAL**

WINR0553 – INCOMPLETE APPLICATIONS REPORT – INDIVIDUAL HOSPITAL

REPORT TITLE Incomplete Applications Report – Individual Hospital		REPORT NUMBER WINR0553	FILE NAME PRS970PR0553
PURPOSE – NOTES This report provides MICSA's Hospital Eligibility Division with statistics for each hospital, summarizing the number and percent of each type of eligibility decision and the reason applications are rejected when they are incomplete.			
SOURCE RunID = PRS970	REFERENCE SA019500 93.2 Release; Into Production 7/93	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Hospital Code		The facility identification number assigned to the hospital referenced in the report.	
3. Hospital Name		The name of the hospital associated with the code.	
4. Decision Summary		A summary of six possible decision types. Statistics are provided for the hospital as well as citywide statistics for all HED facilities.	
5. Eligible – Full Coverage (01)		The number of clients found to be eligible with MA coverage type 01 authorized.	
6. Eligible – Outpt Coverage (02)		The number of clients found to be eligible with MA coverage type 02 authorized.	
7. Eligible – Limited Coverage		The number of clients found to be eligible with limited coverage type (coverage type is not 01 or 02).	
8. Rejected		The number of clients rejected for reasons other than Incomplete applications or already active.	
9. Rejected – INC		The number of clients rejected due to incomplete applications.	
10. Rejected – MMIS		The number of clients rejected because they are active on another case. The hospital can bill MMIS directly.	
11. Incomplete Application Summary		Provides a hospital and citywide summary of the reasons clients are rejected due to incomplete applications.	
12. I.A. Code		Incomplete application reason Codes	
13. Incomplete Application Reason		Text which explains the incomplete application reason code.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0559 – HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS
 REPORT – RANKING BY HOSPITAL**

WINR0559 – HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS REPORT – RANKING BY HOSPITAL

REPORT DATE: 11/08/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM		PAGE 1
PROGRAM: RS1107		NEW YORK CITY MEDICAID ELIGIBILITY PROGRAM HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS REPORT – RANKING BY HOSPITAL WMS REPORT WINR0559		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED: 10/01/08 - 10/31/08				
HOSPITAL CODE	HOSPITAL NAME	NUMBER OF INCOMPLETE APPLICATIONS REJECTED	NUMBER OF ALL ELIGIBILITY DECISIONS	# INCOMPLETE APPLICATIONS/ # ALL ELIGIBILITY DECISIONS
0024355	0	1	1	100.00%
1527962	0	1	1	100.00%
1573739	0	1	1	100.00%
00243389	HSP JOINT DISEASES ORTHO INST	1	1	100.00%
00244211	WINTHROP-UNIVERSITY HOSPITAL	1	1	100.00%
00274231	NORTH SHORE UNIV AT PLAINVIEW	1	1	100.00%
00274295	MERCY MEDICAL CENTER	1	1	100.00%
00274328	PECONIC BAY MED CTR	1	1	100.00%
00710430	BETH ISRAEL MED CTR	6	9	66.70%
00273047	GRACIE SQUARE GENERAL HOSP	3	5	60.00%
00243729	LUTHERAN MEDICAL CENTER	14	30	46.70%
00243843	FLUSHING HSP MED CNT	25	173	14.50%
00243861	MARY IMMACULATE HSP	15	105	14.30%
00647269	NYU DOWNTOWN HOSPITAL	1	7	14.30%
00246117	KINGS COUNTY HOSPITAL CENTER	49	394	12.40%
00244124	ST JOHNS QUEENS HSP	6	54	11.10%
00246153	QUEENS HOSPITAL	24	227	10.60%
00246075	ELMHURST HOSPITAL CENTER	29	317	9.10%
00698866	WOODHULL MED & MNTL HLTH CTR	27	304	8.90%
<< report edited for formatting >>				
TOTALS		890	5,367	16.60%

WINR0559 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0559 – HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS
REPORT – RANKING BY HOSPITAL

WINR0559 – HOSPITAL ELIGIBILITY DIVISION INCOMPLETE APPLICATIONS REPORT – RANKING BY HOSPITAL

REPORT TITLE Hospital Eligibility Division Incomplete Applications Report – Ranking by Hospital		REPORT NUMBER WINR0559	FILE NAME PRS07APR0559
PURPOSE – NOTES This report summarizes the number and percent of each hospital’s applications that were rejected due to being incomplete.			
SOURCE RunID = PRS07A	REFERENCE SA019500, 93.2 Release Notes; In Production 7/93	AUDIENCE / GENERAL DISTRIBUTION MICSA Management via DEPCON	
SEQUENCE Percentage of incomplete applications in descending order		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Hospital Code		The facility identification number assigned to each hospital.	
3. Hospital Name		The name of the hospital associated with the hospital code.	
4. Number of Incomplete Applications Rejected		Number of eligibility decisions processed by each hospital as rejected due to an incomplete application.	
5. Number of All Eligibility Decisions		Total number of eligibility decisions processed by each hospital.	
6. # Incomplete Applications / # All Eligibility Decisions		The ratio of eligibility decisions rejecting the client due to incomplete applications to all eligibility decisions processed. Results are displayed as a percentage.	
7. Totals		Totals for all HED facilities.	

WINR0561- CLIENT DEMOGRAPHICS FOR MA CASE TYPE

REPORT DATE: 06-02-07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM			PAGE 1	
PROGRAM: MF1023	①			***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07	WMS REPORT WINR0561				
NEW YORK CITY MEDICAL ASSISTANCE PROGRAM CLIENT DEMOGRAPHICS FOR MA CASE TYPE					
	②	COMMUNITY/HOSPITAL ELIGIBILITY	INSTITUTIONAL SERVICES	COMMUNITY ALTERNATIVE SERVICES AGENCY	TOTAL ALL ⑤
ETHNICITY					
③					
ASIAN		7,417	26	66	7,509
BLACK		5,835	808	611	7,254
HISPANIC		20,320	171	417	20,908
NAT. AM. /ALASKAN		385	0	4	389
WHITE		20,144	1,242	813	22,199
UNKNOWN		1,524,645	28,602	12,835	1,566,082
TOTAL	④	1,578,746	30,849	14,746	1,624,341

WINR0561 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0561- CLIENT DEMOGRAPHICS FOR MA CASE TYPE**

WINR0561- CLIENT DEMOGRAPHICS FOR MA CASE TYPE

REPORT TITLE Client Demographics for MA Case Type		REPORT NUMBER WINR0561	FILE NAME PMF023PW0561
PURPOSE – NOTES This report provides MICSA management with statistics regarding the ethnic breakdown of recipients with case type MA. Statistics are provided for CED/HED, IS, and CASA. A grand total for all MICSA divisions is also provided.			
SOURCE RunID = PMF023	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Community/Hospital Eligibility, Institutional Services, Community Alternative Services Agency		Divisions that comprise the Medical Assistance Program in New York City.	
3. Ethnicity		Provides a list of various ethnic groups and a count of the number of clients on MA-only cases who are members of each group. The statistics are provided for each division within MICSA as well as a total for all divisions combined.	
4. Total		Number of MA-only recipients within each MAP division and a grand total for all divisions.	
5. Total All		The total of all MA-only clients, within each ethnic group, for all MICSA divisions.	

WINR0562 – CLIENT DEMOGRAPHICS FOR MSSI CASE TYPE 1

REPORT DATE: 06-02-07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM	PAGE 1		
PROGRAM: MF1024	①	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****		
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07	WMS REPORT WINR0562			
NEW YORK CITY MEDICAL ASSISTANCE PROGRAM CLIENT DEMOGRAPHICS FOR MSSI CASE TYPE				
	② COMMUNITY/HOSPITAL ELIGIBILITY	INSTITUTIONAL SERVICES	COMMUNITY ALTERNATIVE SERVICES AGENCY	TOTAL ALL ⑤
ETHNICITY ③				
ASIAN	12	8	2	22
BLACK	53	53	13	119
HISPANIC	28	6	3	37
NAT . AM . /ALASKAN	0	0	0	0
WHITE	90	52	27	169
UNKNOWN	3,360	760	320	4,440
TOTAL ④	3,543	879	365	4,787

WINR0562 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0562 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE**

WINR0562 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE

REPORT TITLE Client Demographics for MSSSI Case Type		REPORT NUMBER WINR0562	FILE NAME PMF024PW0562
PURPOSE – NOTES This report provides MICSA management with statistics regarding the ethnic breakdown of recipients with case type MSSSI. Statistics are provided for CED/HED, IS, and CASA. A grand total for all MICSA divisions is also provided.			
SOURCE RunID = PMF024	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Community/Hospital Eligibility, Institutional Services, Community Alternative Services Agency		Divisions that comprise the Medical Assistance Program in New York City.	
3. Ethnicity		Provides a list of various ethnic groups and a count of the number of clients on MSSSI cases who are members of each group. The statistics are provided for each division within MICSA as well as a total for all divisions combined.	
4. Total		Number of MSSSI recipients within each MICSA division and a grand total for all divisions.	
5. Total All		The total of all MSSSI clients, within each ethnic group, for all MICSA divisions.	

WINR0563 – CLIENT DEMOGRAPHICS FOR PA PROGRAM – MEDICAID RECIPIENTS

1

REPORT DATE: 06-02-07	NYS HUMAN SERVICES APPLICATION SERVICE CENTER	PAGE 1
PROGRAM: MF1025	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07	WMS REPORT WINR0563	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
NEW YORK CITY MEDICAL ASSISTANCE PROGRAM CLIENT DEMOGRAPHICS FOR PA PROGRAM - MEDICAID RECIPIENTS		
ETHNICITY	PUBLIC ASSISTANCE -MEDICAID INDIVIDUALS-	
ASIAN	25	
BLACK	245	
HISPANIC	279	
NAT. AM. /ALASKAN	0	
WHITE	153	
UNKNOWN	1,406	
TOTAL	2,108	

WINR0563 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0563 – CLIENT DEMOGRAPHICS FOR PA PROGRAM – MEDICAID RECIPIENTS

WINR0563 – CLIENT DEMOGRAPHICS FOR PA PROGRAM – MEDICAID RECIPIENTS

REPORT TITLE Client Demographics for PA Program – Medicaid Recipients		REPORT NUMBER WINR0563	FILE NAME PMF025PW0563
PURPOSE – NOTES This report provides MAP administration with statistics regarding the ethnic breakdown of PA individuals who receive Medical Assistance.			
SOURCE RunID = PMF025	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Ethnicity		Provides a list of various ethnic groups and a count of the number of Public Assistance recipients who receive Medicaid for each group.	
3. Total		Number of PA clients who receive Medicaid.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0567 – NYC MEDICAID ELIGIBILITY PROGRAM - HOSPITAL ELIGIBILITY
DIVISION - PATIENT ELIGIBILITY STATUS REPORT**

WINR0567 – NYC MEDICAID ELIGIBILITY PROGRAM - HOSPITAL ELIGIBILITY DIVISION - PATIENT ELIGIBILITY STATUS REPORT

REPORT DATE 08/30/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM									PAGE 1
PROGRAM: RS1105	NEW YORK CITY MEDICAID ELIGIBILITY PROGRAM HOSPITAL ELIGIBILITY DIVISION PATIENT ELIGIBILITY STATUS REPORT WMS REPORT WINR0567									***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED: 8/23/08 - 8/30/08										

' ELIGIBILITY DECISION KEY										
' AC = CLIENT ACTIVE										
' RJ = CLIENT REJECTED										
' RJ-INC = CLIENT REJECTED-INCOMPLETE APPLICATION										
' RJ-MMIS = CLIENT REJECTED-MA ACTIVE ON OTHER										
' CASE: BILL MMIS USING CIN										

HOSP 00243105	HOSPITAL NAME BETH ISRAEL MEDICAL CENTER									
	DATE OF BIRTH	ADMISSION NUMBER	DATE OF ADMISSION	ELIG. DEC.	COV	COVERAGE FROM DATE	COVERAGE TO DATE	SURPLUS AMOUNT	CIN	
TORRES	CARLOS	08/12/1974	100491862	05/10/08	AC	01	05/01/08	04/30/09	0.00	XD06100M
AXXXXXX	RAYMOND	10/22/1972	100481795	03/11/08	RJ	00	00/00/00	00/00/00	0.00	
AXXXXXX	MARGARITA	11/15/1915	100496985	06/10/08	RJ-MMIS	00	00/00/00	00/00/00	0.00	XA91972Q
AXXXXXX	FRANCINE	12/31/1969	100496433	06/06/08	RJ-MMIS	00	00/00/00	00/00/00	0.00	TP87117B
BXXX	LINDSEY	09/03/1981	108448484	03/27/08	AC	07	03/27/08	03/28/08	0.00	QD23054W
BXXXXX	ROSEANNE	09/13/1949	100480881	03/06/08	AC	07	03/06/08	03/10/08	0.00	QD26075H
BXXXXX	JEDE	01/08/1964	100448381	08/18/07	RJ-INC	00	00/00/00	00/00/00	0.00	
CXXXX	BRYAN	04/01/1983	100484674	03/28/08	RJ-INC	00	00/00/00	00/00/00	0.00	
CXXXXXX	ROBERTO	02/17/1956	10048846	04/23/08	AC	07	04/23/08	04/26/08	0.00	QD42857T
CXXXXXX	JEAN	09/17/1919	100497150	06/11/08	RJ	00	00/00/00	00/00/00	0.00	

WINR0567 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0567 – NYC MEDICAID ELIGIBILITY PROGRAM - HOSPITAL ELIGIBILITY
DIVISION - PATIENT ELIGIBILITY STATUS REPORT**

WINR0567 – NYC MEDICAID ELIGIBILITY PROGRAM - HOSPITAL ELIGIBILITY DIVISION - PATIENT ELIGIBILITY STATUS REPORT

REPORT TITLE NYC Medicaid Eligibility Program – Hospital Eligibility Division- Patient Eligibility Status Report		REPORT NUMBER WINR0567	FILE NAME PRS05APR0567
PURPOSE – NOTES This report provides MAP management with a list of clients for whom an eligibility decision was processed during the week.			
SOURCE RunID = PRS05A	REFERENCE RTS 90-0335; 91.4 & 92.1 Release SA019500; 93.2 Release	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Hospital Code/Patient Name (alphabetical order)		BREAKS Hospital Code/Name	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Eligibility Decision Key		Defines the possible eligibility decisions that can be made for each client.	
3. Hospital		The facility identification number assigned to the hospital referenced in the report.	
4. Hospital Name		The name of the hospital associated with the hospital code.	
5. Patient Name		First name, middle initial, and last name of the client.	
6. Date of Birth		The client's date of birth.	
7. Admission Number		The number assigned to the client by the hospital.	
8. Date of Admission		The date the client was admitted to the hospital.	
9. Elig. Dec.		Client's status as a result of an eligibility decision made within the reporting period.	
10. Coverage		The coverage type authorized for the client. If the case is rejected, zeroes will be displayed.	
11. Coverage From Date, Coverage To Date		The dates for which MA coverage is authorized. If the case is rejected, zeroes will be displayed.	
12. Surplus Amount			
13. CIN		Client Identification Number of the patient.	

WINR0569 – MSSI CLIENTS IN D. A. B. CATEGORIES

1

REPORT DATE: 06-02-07		NYS HUMAN SERVICES APPLICATION SERVICE CENTER			PAGE 1
PROGRAM: MF1018		WELFARE MANAGEMENT SYSTEM			
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07		WMS REPORT WINR0569			
		MSSI CLIENTS IN D.A.B. CATEGORIES			
DAB CATEGORY	COMMUNITY/HOSPITAL ELIGIBILITY	INSTITUTIONAL SERVICES	COMMUNITY ALTERNATIVE SERVICES AGENCY	TOTAL ALL	
AGED 65 AND OVER	870	367	227	1,464	
BLIND	0	1	1	2	
DISABLED/TYPE					
TEMPORARY	60	48	12	120	
PERMANENT	2,611	463	125	3,199	
EMPLOYED	1	0	0	1	
SUB TOTAL	2,672	511	137	3,320	
TOTAL ALL IN DIVISION	3,542	879	365	4,786	

WINR0569 Report Sample

WINR0569 – MSSI CLIENTS IN D. A. B. CATEGORIES

REPORT TITLE MSSI Clients in D.A.B. Categories		REPORT NUMBER WINR0569	FILE NAME PMF018PW0569
PURPOSE – NOTES This report provides MICSA with statistics on the number of MSSI clients in D.A.B. Categories (Disabled, Aged, Blind) during the specified time period. Statistics are provided for CED/HED, IS, and CASA. Division wide totals are also provided.			
SOURCE RunID = PMF018	REFERENCE RTS 90-597 Release 91.4; Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. DAB Category		Provides a breakdown of all D.A.B. categories and a count of the number of MSSI clients within each category by MICSA division (Aged 65 and Older, Blind, Disabled/Type – Temporary, Permanent, Employed). A total for all MICSA divisions is also provided.	
3. Community/Hospital Eligibility, Institutional Services, CASA		Divisions that comprise the Medical Assistance Program in New York City.	
4. Total All		Number of MSSI clients within each D.A.B. category for all MICSA divisions.	
5. Subtotal		Number of MSSI clients who are disabled/aged/blind within each MICSA division. The total number of disabled MSSI clients for all divisions is also provided.	
6. Total All in Division		Number of MSSI clients in D.A.B. categories within each MICSA division. The combined total for all MAP divisions is also provided.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0570 – CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX

WINR0570 – CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX

1

REPORT DATE: 06-02-07		NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM						PAGE 1		
PROGRAM: MF1019		1						*****		
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07		WMS REPORT WINR0570						* THIS REPORT CONTAINS *		
		NEW YORK CITY MEDICAL ASSISTANCE PROGRAM CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX						* CONFIDENTIAL INFORMATION *		
		2 COMMUNITY/HOSPITAL ELIGIBILITY			INSTITUTIONAL SERVICES			COMMUNITY ALTERNATIVE SERVICES AGENCY		
SEX	3	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
AGE	4									
UNBORN				31,022			0			1
UNDER 1		22,823	21,703	44,526	4	6	10	5	5	10
1-5		97,588	93,569	191,157	57	49	106	43	40	83
6-10		71,940	68,950	140,890	54	34	88	102	64	166
11-17		91,003	89,898	180,901	91	49	140	183	171	354
18-20		38,337	46,125	84,462	22	12	34	51	34	85
21-30		85,973	151,726	237,699	100	61	161	65	47	112
31-40		76,751	123,031	199,782	327	159	486	132	140	272
41-50		94,260	116,516	210,776	886	443	1,329	220	335	555
51-64		85,563	109,272	194,835	2,225	1,322	3,547	646	1,286	1,932
65-74		16,615	24,842	41,457	2,745	2,110	4,855	725	1,795	2,520
75-85		5,934	11,100	17,034	3,429	6,340	9,769	1,048	3,577	4,625
86 & OVER		1,124	3,078	4,202	1,850	8,474	10,324	620	3,411	4,031
TOTALS	5	687,911	859,810	1,578,743	11,790	19,059	30,849	3,840	10,905	14,746

WINR0570 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0570 – CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX

WINR0570 – CLIENT DEMOGRAPHICS FOR MA CASE TYPE BY AGE AND SEX

REPORT TITLE Client Demographics for MA Case Type by Age and Sex		REPORT NUMBER WINR0570	FILE NAME PMF019PW0570
PURPOSE – NOTES This report provides MICSA Management with statistics on the age and sex of clients in the MA case type as of the specified time period. Statistics are provided for CED/HED, IS, and CASA.			
SOURCE RunID = PMF019	REFERENCE RTS 90-0597 91.4 Release; Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Community/Hospital Eligibility, Institutional Services, CASA		Divisions that comprise the Medical Assistance Program in New York City.	
3. Sex		For each division, the number of Male and Female recipients of MA only, and the combined total for each age group.	
4. Age		Number of clients in each age group within each MICSA division: Unborn, Under 1, 1-5, 6-10, 11-17, 18-20, 21-30, 31-40, 41-50, 51-64, 65-74, 75-85, 86 & Over	
5. Totals		Number of Male and Female clients and combined total in all age groups within each MICSA division. The combined total for all MICSA divisions is also provided.	

WINR0571 – CASES WITH TRANSFER OF ASSETS PENALTY 1

REPORT DATE: 06-02-07	1 NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: MF1016		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07	2 WMS REPORT WINR0571	
MEDICAL ASSISTANCE PROGRAM CASES WITH TRANSFER OF ASSETS PENALTY		
3 MA-DIVISION	4	CASES WITH COVERAGE CODE 10
COMMUNITY ELIGIBILITY	40	
HOSPITAL ELIGIBILITY	0	
INSTITUTIONAL SERVICES	0	
COMMUNITY ALTERNATIVE SERVICES AGENCY	291	
TOTAL	5	331

WINR0571 Report Sample

WINR0571 – CASES WITH TRANSFER OF ASSETS PENALTY

REPORT TITLE Cases with Transfer of Assets Penalty		REPORT NUMBER WINR0571	FILE NAME PMF016PW0571
PURPOSE – NOTES This report provides MICSA Management with statistics on the number of cases with a transfer of assets penalty. Statistics are provided for CED, HED, IS, and CASA.			
SOURCE RunID = PMF016	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Period Covered by This Report		Identifies the time period for which the statistics are provided.	
3. MA Division		Divisions that comprise the Medical Assistance Program in New York City.	
4. Cases with Coverage Code 10		Provides a count for each MICSA division, of the number of cases with MA Coverage Code equal to 10 – Eligible for All Services Except Long Term Care.	
5. Total		Number of cases with MA Coverage Code 10 for all MICSA divisions combined.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0572 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE BY AGE AND SEX

WINR0572 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE BY AGE AND SEX

1

REPORT DATE: 06-02-07		NYS HUMAN SERVICES APPLICATION SERVICE CENTER WELFARE MANAGEMENT SYSTEM						PAGE 1	
PROGRAM: MF1020		1						*****	
PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07		WMS REPORT WINR0572						* THIS REPORT CONTAINS *	
		NEW YORK CITY MEDICAL ASSISTANCE PROGRAM CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE BY AGE AND SEX						* CONFIDENTIAL INFORMATION *	
		2 COMMUNITY/HOSPITAL ELIGIBILITY		INSTITUTIONAL SERVICES			COMMUNITY ALTERNATIVE SERVICES AGENCY		
SEX	3 MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
AGE	4								
UNBORN			0			0			0
UNDER 1	10	8	18	0	0	0	0	0	0
1-5	87	48	135	2	6	8	5	2	7
6-10	72	34	106	0	2	2	4	0	4
11-17	79	49	128	5	4	9	2	1	3
18-20	42	20	62	4	0	4	3	0	3
21-30	127	99	226	13	6	19	6	5	11
31-40	143	118	261	17	15	32	4	4	8
41-50	256	242	498	57	36	93	5	10	15
51-64	411	450	861	125	83	208	10	28	38
65-74	238	439	677	61	77	138	20	52	72
75-85	141	296	437	64	151	215	28	104	132
86 & OVER	30	104	134	34	117	151	14	58	72
TOTAL	5 1,636	1,907	3,543	382	497	879	101	264	365

WINR0572 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0572 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE BY AGE AND SEX

WINR0572 – CLIENT DEMOGRAPHICS FOR MSSSI CASE TYPE BY AGE AND SEX

REPORT TITLE Client Demographics for MSSSI Case Type by Age and Sex		REPORT NUMBER WINR0572	FILE NAME PMF020PW0572
PURPOSE – NOTES This report provides MICSA Management with statistics for the age and sex of recipients of MSSSI for the specified time period. Statistics are provided for CED/HED, IS, and CASA.			
SOURCE RunID = PMF020	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA ORI Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Community/Hospital Eligibility, Institutional Services, Community Alternative Services Agency		Divisions that comprise the Medical Assistance Program in New York City.	
3. Sex		For each division, the number of Male and Female recipients of MA only, and the combined total for each age group.	
4. Age		Number of clients in each age group within each MICSA division: Unborn, Under 1, 1-5, 6-10, 11-17, 18-20, 21-30, 31-40, 41-50, 51-64, 65-74, 75-85, 86 & Over	
5. Totals		Number of Male and Female clients and combined total in all age groups within each MICSA division. The combined total for all MICSA divisions is also provided.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0573 – CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY AGE AND SEX

WINR0573 – CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY AGE AND SEX

1

REPORT DATE: 06-02-07

NYS HUMAN SERVICES APPLICATION SERVICE CENTER
WELFARE MANAGEMENT SYSTEM

PAGE 1

PROGRAM: MF1022

PERIOD COVERED BY THIS REPORT: 05/01/07 - 05/31/07

WMS REPORT WINR0573

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

NEW YORK CITY MEDICAL ASSISTANCE PROGRAM
CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY AGE AND SEX

PUBLIC ASSISTANCE
CLIENTS RECEIVING MA

SEX	MALE	FEMALE	TOTAL
AGE			
UNBORN			3
UNDER 1	22	22	44
1-5	168	200	368
6-10	209	245	454
11-17	310	297	607
65-74	6	11	17
75-85	5	8	13
86 & OVER	1	0	1
TOTALS	861	1,244	2,108

WMS REPORT WINR573A
CLIENT INFORMATION

4 CASE NUMBER	5 CIN	6 SSN	7 CASE NAME	8 DOB	9 CLINT NAME	10 AUTH TO DATE	11 MA RESP
00000576682J	VF15202V	100000000	BXXXXXXXX CARMEN	12/25/1905	BXXXXXXXX CARMEN	06/30/07	CC
00000623511D	WX69671F	266666666	PXXXXX ADELA	05/05/1903	PXXXXX ADELA	11/30/07	CC
00000860157H	YY57514F	055555555	CXXXXXX ODESSA	10/15/1904	CXXXXXX ODESSA	I 10/31/07	CC

WINR0573 and WINR573A Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0573 – CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY
AGE AND SEX**

WINR0573 – CLIENT DEMOGRAPHICS FOR PUBLIC ASSISTANCE/MA CLIENTS BY AGE AND SEX

REPORT TITLE Client Demographics for Public Assistance/MA Clients by Age and Sex Public Assistance Clients Receiving MA / Client Information		REPORT NUMBER WINR0573 WINR0573A	FILE NAME PMF022PW0573
PURPOSE – NOTES Report WINR0573 provides MICSAs Management with statistics regarding the age and sex of Public Assistance clients who are in receipt of MA. Report WINR0573A lists detailed information about each client.			
SOURCE RunID = PMF022	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSAs Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
WINR0573:			
2. Sex, Age		The number of Male and Female recipients of MA and the combined total for each age group: Unborn, Under 1, 1-5, 6-10, 11-17, 18-20, 21-30, 31-40, 41-50, 51-64, 65-74, 75-85, 86 & Over	
3. Totals		Number of Male and Female clients and combined total in all age groups.	
WINR0573A:			
4. Case Number		Uniquely identifies the case.	
5. CIN		Client Identification Number	
6. SSN		Social Security Number	
7. Case Name		Head of case	
8. DOB		Date of Birth	
9. Client Name			
10. Auth to Date		MA benefits are authorized up to this date.	
11. MA Resp		MA Responsibility Area Indicator	

WINR0588 – EPFT LOCAL PULLS 1

REPORT DATE 09 29 2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	
PROGRAM: PNM200-R2	WELFARE MANAGEMENT SYSTEM	
	1	
	E P F T L O C A L P U L L S	
	WMS REPORT WINR0588	
2	3	4
TYPE	TOTAL	AMOUNT
C	264	\$23,103.17
R	0	\$0.00
R	0	\$0.00
O	233	\$51,943.00
S	63	\$12,424.00

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

WINR0588 Report Sample

WINR0588 – EPFT LOCAL PULLS

REPORT TITLE EPFT Local Pulls		REPORT NUMBER WINR0588	FILE NAME PNM200PRPT02
PURPOSE – NOTES This report provides statistics on EBT (previously EPFT) local pulls. The report provides the total number of benefits pulled for each pull type and the dollar value of the pulls.			
SOURCE RunID = PNM200	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not currently distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Type		Identifies the types of EBT pulls. The pulls are defined as follows: C = PA Pull, O = NPA/FS Pull, and 5 = PA/FS Pull.	
3. Total		The number of benefits pulled for each EBT Pull Type.	
4. Amount		The dollar value of the benefits which were pulled for each EBT Pull Type.	

WINR0589 – INVALID PULL TRANSACTIONS 1

REPORT DATE 10/02/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	
PROGRAM: PNM200-R1	INVALID PULL TRANSACTIONS	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	WMS REPORT WINR0589	
CENTER	ACTION-TYPE	CASE-NO
2	3	4
		BENEFIT-NO
		5
		AMOUNT
		6
		EL-NO
		7
		ANNOTATION
		8
		TOTAL INVALID REC = 9 0

WINR0589 Report Sample

WINR0589 – INVALID PULL TRANSACTIONS

REPORT TITLE Invalid Pull Transactions		REPORT NUMBER WINR0589	FILE NAME PNM200PRPT01
PURPOSE – NOTES This report provides each PA and NPA/FS site with a listing of pull transactions which failed for various reasons.			
SOURCE RunID = PNM200	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not currently distributed	
SEQUENCE		BREAKS PA/FS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		Identifies the Public Assistance and Food Stamp site responsible for the invalid pull transaction	
3. Action Type		Identifies the type of EBT pull: C = PA Pull, O = NPA/FS Pull, and 5 = PA/FS Pull.	
4. Case-No		Uniquely identifies the case.	
5. Benefit-No		Check number	
6. Amount		Benefit amount	
7. EL-NO		The number identifying the reason why a pull transaction is invalid.	
8. Annotation		Reason why the pull transaction failed.	
9. Total Invalid Rec		Total number of invalid pull records.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0591 – MEDICAID ELIGIBILITY PROGRAM CASE OPENINGS AND CLOSINGS BY
ORIGIN OF APPLICATION**

WINR0591 – MEDICAID ELIGIBILITY PROGRAM CASE OPENINGS AND CLOSINGS BY ORIGIN OF APPLICATION ¹

REPORT DATE 06/03/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM				PAGE 1
PROGRAM: SC1061		¹ MEDICAID ELIGIBILITY PROGRAM		*****		
PERIOD COVERED: 05/01/07 - 05/31/07		CASE OPENINGS AND CLOSINGS BY ORIGIN OF APPLICATION		* THIS REPORT CONTAINS *		
		WINR0591		* CONFIDENTIAL INFORMATION *		
				* FOR INTERNAL USE ONLY *		

		ORIGIN OF APPLICATION				
² CASE ACTION	HOSPITAL ELIGIBILITY DIVISION		COMMUNITY ELIGIBILITY DIVISION		TOTAL	
	NON SURPLUS	SURPLUS INCOME/ RESOURCES	NON SURPLUS	SURPLUS INCOME/ RESOURCES		
³ OPENINGS	⁵ 3,705	⁶ 399	⁷ 10,158	⁸ 1,575	¹⁰ 15,837	
⁴ CLOSINGS						
FINANCIAL	0	0	1	0	1	
LAPSED	0	0	0	0	0	
TAPE MATCH	0	0	0	0	0	
OTHER	2,074	80	30,761	506	33,421	
⁹ SUB-TOTAL	2,074	80	30,762	506	33,422	

WINR0591 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0591 – MEDICAID ELIGIBILITY PROGRAM CASE OPENINGS AND CLOSINGS BY
ORIGIN OF APPLICATION**

WINR0591 – MEDICAID ELIGIBILITY PROGRAM CASE OPENINGS AND CLOSINGS BY ORIGIN OF APPLICATION

REPORT TITLE Medicaid Eligibility Program Case Openings and Closings by Origin of Application		REPORT NUMBER WINR0591	FILE NAME PSC625PR0591
PURPOSE – NOTES This report identifies the numbers of case openings and closings in a month by the Hospital Eligibility Division (HED) or Community Eligibility Division (CED).			
SOURCE SC1061 RunID = PSC625	REFERENCE 92.1 Release Notes; into Production 7/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA ORI/EVR via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case Action:			
3. Openings		All case openings	
4. Closings		Financial, Lapsed, Tape Match, Other case closings	
Hospital Eligibility Division:		Case openings and closings originating from HED.	
5. Non-Surplus		Number of HED non-surplus cases for each case action.	
6. Surplus Income/Resources		Number of HED surplus income/resources cases for each case action.	
Community Eligibility Division:		Case openings and closings originating from CED.	
7. Non-Surplus		Number of CED non-surplus cases for each case action.	
8. Surplus Income/Resources		Number of CED surplus income/resources cases for each case action.	
9. Sub-Total		Sub totals for each application's case closing action.	
10. Totals		Totals of each case action and total number of cases reported.	

WINR0592 – MEDICAID ELIGIBILITY PROGRAM COMMUNITY ELIGIBILITY DECISIONS

1

REPORT DATE 06/03/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1	
PROGRAM: SC1062		WELFARE MANAGEMENT SYSTEM						
PERIOD COVERED: 05/01/07 - 05/31/07		MEDIACID ELIGIBILITY PROGRAM					*****	
		COMMUNITY ELIGIBILITY DECISIONS					* THIS REPORT CONTAINS *	
		WINR0592					* CONFIDENTIAL INFORMATION *	
							* FOR INTERNAL USE ONLY *	

2	3	4	5	6	7	8	9	
CENTER NUMBER	CENTER NAME	ELIGIBLE	ELIGIBLE WITH SURPLUS	INELIGIBLE INCOME	INELIGIBLE RESOURCES	INELIGIBLE OTHER	TOTAL CENTER DECISIONS	
502	METROPOLITAN	139	16	14	2	57	228	
503	BELLEVUE	195	16	48	1	109	369	
504	HARLEM	155	24	43	2	61	285	
<< report edited for formatting >>								
563	ELMHURST	420	6	53	7	108	594	
569	P CAP UNIT	3793	2	6	0	257	4058	
570	ST. MARYS	20	0	0	0	0	20	
		-----	-----	-----	-----	-----	-----	
TOTAL		11370	385	908	49	2925	15637	
*****END OF REPORT*****								

WINR0592 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0592 – MEDICAID ELIGIBILITY PROGRAM COMMUNITY ELIGIBILITY
DECISIONS

WINR0592 – MEDICAID ELIGIBILITY PROGRAM COMMUNITY ELIGIBILITY DECISIONS

REPORT TITLE Medicaid Eligibility Program Community Eligibility Decisions		REPORT NUMBER WINR0592	FILE NAME PSC626PR0592
PURPOSE – NOTES This report provides statistics on eligibility decisions made by each center within the MICSA Community Eligibility Division. Division wide totals are also provided.			
SOURCE SC1062 RunID = PSC626	REFERENCE 92.1 Release Notes; into Production 5/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA ORI/EVR via DEPCON	
SEQUENCE MA Center Number		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center Number		Uniquely identifies the center.	
3. Center Name			
4. Eligible		Number of eligibility decisions made.	
5. Eligible with Surplus		Number of eligible with surplus decisions made.	
6. Ineligible Income		Number of ineligible income decisions made.	
7. Ineligible Resources		Number of ineligible resources decisions made.	
8. Ineligible Other		Number of other decisions made as ineligible.	
9. Total Center Decisions		Total decisions made by the center.	
10. Total		Total decisions made by all centers for each type of decision and all decisions.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0593 – NAUTHMERGE SUMMARY – EBT DAILY TRANSACTIONS**

WINR0593 – NAUTHMERGE SUMMARY – EBT DAILY TRANSACTIONS

1

REPORT DATE 09/30/2008		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM					
PROGRAM: PNM300		1					
		WMS REPORT WINR0593					
		2 NAUTHMERGE SUMMARY - EBT DAILY TRANSACTIONS 8					
TYPE CODE	DATA 3	4 COUNTS	5 AMOUNTS	6 FIRST DAY VALID	7 LAST DAY VALID	8 NUMBER OF FILES	
1	PA CYCLIC	13,519	\$1,271,207.85	TOE 5	10/08/08	10/22/08	1
2	PA DAILY	1,677	\$159,384.89				1
4	FS CYCLIC	66,605	\$16,164,705.00	TOE 5	10/08/08	10/31/08	1
5	FS DAILY	2,018	\$424,292.00				1
C	IMC CASH PULL	322	\$23,970.94				1
	IMC PA	322	\$23,970.94				
	PA RECOV	0	\$0.00				
C	IMC CASH PULL	415	\$34,927.27				1
	IMC PA	415	\$34,927.27				
	PA RECOV	0	\$0.00				
F	ODP FS PULL	0	\$0.00				0
O	FSO FS PULL	109	\$34,597.00				1
	FSO FS	109	\$34,597.00				
	FSO RECOV	0	\$0.00				
P	ODP CASH PULL	0	\$0.00				0
S	IMC FS PULL	32	\$9,750.00				1
9 GRAND TOTAL		84,697	\$18,122,834.95				
		10 AUTHORIZATION NUMBERS					
		BEGINING	ENDING				
		-----	-----				
	PA CYCLIC	26477193	26490711				
	PA DAILY	07668818	07670494				
	FS CYCLIC	65337251	65403855				
	FS DAILY	03546545	03548562				

WINR0593 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0593 – NAUTHMERGE SUMMARY – EBT DAILY TRANSACTIONS**

WINR0593 – NAUTHMERGE SUMMARY – EBT DAILY TRANSACTIONS

REPORT TITLE Nauthmerge Summary – EBT Daily Transactions		REPORT NUMBER WINR0593	FILE NAME PNM300PRPT
PURPOSE – NOTES This report is a daily summary of the types, counts and amounts of benefit records sent to the EBT vendor.			
SOURCE RunID = PNM300	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON NYC Data Center Production Control Staff NYS OTDA Programming Staff	
SEQUENCE EBT Type Code		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Type Code		EBT Type Code	
3. Data		Type of Data	
4. Counts		Benefit Record counts	
5. Amounts		Dollar Amount per type	
6. First Day Valid		Issuance Date – Start of recurring cycle period for case toe digit	
7. Last Day Valid		End of recurring cycle period for case toe digit	
8. Number of Files		Number of data files sent to EBT vendor	
9. Grand Total		Total counts and dollar amounts	
10. Authorization Numbers, Beginning - Ending		Reported for PA Cyclic, PA Daily, FS Cyclic, and FS Daily	

WINR0594 – CLIENT COUNT BY CATEGORIES OF ASSISTANCE

1

REPORT DATE: 10/01/08
 PROGRAM : RT1012
 PERIOD : AS OF 09/30/08

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM

CLIENT COUNT BY CATEGORIES OF ASSISTANCE
 WINR0594

2

3

CATEGORIES OF ASSISTANCE	CLIENT COUNT
MA	1,722,542
FS	219,203
MA/FS	701,703
FA	34
FA/MA	3,508
FA/FS	927
FA/MA/FS	142,653
SNFP	0
SNFP/MA	24
SNFP/FS	1
SNFP/MA/FS	989
SNCA	28
SNCA/MA	6,511
SNCA/FS	86
SNCA/MA/FS	77,696
SNCC	6
SNCC/MA	1,056
SNCC/FS	368
SNCC/MA/FS	79,939
CLIENT TOTAL	2,957,274

4

PAGE 1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

WINR0594 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0594 – CLIENT COUNT BY CATEGORIES OF ASSISTANCE**

WINR0594 – CLIENT COUNT BY CATEGORIES OF ASSISTANCE

REPORT TITLE Client Count by Categories of Assistance		REPORT NUMBER WINR0594	FILE NAME PRT120PR0594
PURPOSE – NOTES This report provides the NYS OTDA Office of Financial Management with statistics on the number of clients in various categories of assistance.			
SOURCE RunID = PRT120	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON HRA ORI/EVR via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Categories of Assistance			
3. Client Count		The total number of clients within each category of assistance.	
4. Client Total		The total number of clients for all categories of assistance.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0597 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT**

WINR0597 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT 1

REPORT DATE 08/09/08 PROGRAM: EI1093 2 CENTER: 536 PAGE BREAK: CASE NUMBER	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM 1 WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT WMS REPORT WINR0597	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																										
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">CASE NUM/ CASE NAME</th> <th style="text-align: left;">WRKR</th> <th style="text-align: left;">CIN</th> <th style="text-align: left;">SSN</th> <th style="text-align: left;">LAST NAME</th> <th style="text-align: left;">FIRST</th> <th style="text-align: left;">MI SEX</th> <th style="text-align: left;">DOB</th> <th style="text-align: left;">MESSAGE FROM SSA FOR INVALID SSN</th> </tr> </thead> <tbody> <tr> <td>3 00007608412I TXXXXXXXXX SONDR</td> <td>4 CA6AM</td> <td>5 XN14255P</td> <td>6 100000000</td> <td>TXXXXXXXXX</td> <td>7 SONDR</td> <td>F F</td> <td>8 02/14/28</td> <td>VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$1036.00</td> </tr> <tr> <td>00007608412I TXXXXXXXXX SONDR</td> <td>CA6AM</td> <td>XX53652N</td> <td>088888888</td> <td>TXXXXXXXXX</td> <td>MARTIN</td> <td>M</td> <td>02/09/25</td> <td>NAME MATCHES, DOB DOES NOT MATCH. DATE OF DEATH = 06/15/94</td> </tr> </tbody> </table>	CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN	3 00007608412I TXXXXXXXXX SONDR	4 CA6AM	5 XN14255P	6 100000000	TXXXXXXXXX	7 SONDR	F F	8 02/14/28	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$1036.00	00007608412I TXXXXXXXXX SONDR	CA6AM	XX53652N	088888888	TXXXXXXXXX	MARTIN	M	02/09/25	NAME MATCHES, DOB DOES NOT MATCH. DATE OF DEATH = 06/15/94	INQUIRY DATE: 05/08/08 10
CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN																				
3 00007608412I TXXXXXXXXX SONDR	4 CA6AM	5 XN14255P	6 100000000	TXXXXXXXXX	7 SONDR	F F	8 02/14/28	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$1036.00																				
00007608412I TXXXXXXXXX SONDR	CA6AM	XX53652N	088888888	TXXXXXXXXX	MARTIN	M	02/09/25	NAME MATCHES, DOB DOES NOT MATCH. DATE OF DEATH = 06/15/94																				
<< report edited for formatting >>																												
SUMMARY TOTALS 11																												
<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">SSN IS NOT ON SSA FILE.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>NAME MATCHES, DOB DOES NOT MATCH.</td> <td style="text-align: right;">00001</td> </tr> <tr> <td>NAME DOES NOT MATCH, DOB NOT CHECKED.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>SSN ONE DIGIT ERROR WITH BENEFITS</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>SSN ONE DIGIT ERROR W/O BENEFITS</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>VALIDATED: WITH D.O.D. REPORTED FROM SSA.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>VALIDATED: WITH SSN BENEFITS REPORTED.</td> <td style="text-align: right;">00001</td> </tr> </table>									SSN IS NOT ON SSA FILE.	00000	NAME MATCHES, DOB DOES NOT MATCH.	00001	NAME DOES NOT MATCH, DOB NOT CHECKED.	00000	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00000	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00000	SSN ONE DIGIT ERROR WITH BENEFITS	00000	SSN ONE DIGIT ERROR W/O BENEFITS	00000	VALIDATED: WITH D.O.D. REPORTED FROM SSA.	00000	VALIDATED: WITH SSN BENEFITS REPORTED.	00001		
SSN IS NOT ON SSA FILE.	00000																											
NAME MATCHES, DOB DOES NOT MATCH.	00001																											
NAME DOES NOT MATCH, DOB NOT CHECKED.	00000																											
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00000																											
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00000																											
SSN ONE DIGIT ERROR WITH BENEFITS	00000																											
SSN ONE DIGIT ERROR W/O BENEFITS	00000																											
VALIDATED: WITH D.O.D. REPORTED FROM SSA.	00000																											
VALIDATED: WITH SSN BENEFITS REPORTED.	00001																											

WINR0597 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0597 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT**

WINR0597 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT

REPORT TITLE WTPY Social Security Number Exception Report		REPORT NUMBER WINR0597	FILE NAME PEI930PRG*** (*** = Center except 577)
PURPOSE – NOTES This report provides staff with a listing of cases that contain Social Security Numbers that failed validation with the Social Security Administration. This report also provides confirmation of SSN validation as well as Social Security benefit information. Note: If no invalid SSNs are identified, the following message appears on the report: “No invalid SSNs returned from SSA for your Center – For this report date”.			
SOURCE RunID = PEI930	REFERENCE Into Production 3/92	AUDIENCE / GENERAL DISTRIBUTION Center Workers via DEPCON	
SEQUENCE Center/Case Number/CIN		BREAKS Case Number	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The PA, FS, or MA center responsible for the case.	
3. Case Num/Case Name		The case number of the case and the head of case.	
4. WRKR		The worker who is responsible for the case.	
5. CIN		The Client Identification Number of the individual.	
6. Last Name, First, MI		The full name of the individual.	
7. Sex		The sex of the individual.	
8. DOB		The date of birth of the individual.	
9. Messages		The reason why an SSN could not be validated. Possible messages are: “SSN Is Not On SSA File” “Name Matches, DOB Does Not Match” “Name Does Not Match, DOB Not Checked” “DOB, First Name Match, Last Name Different” “One Digit Error. Correct SSN = xxx-xx-xxxx” “SSA Benefits Terminated-Deceased MM/DD/YY”	
10. Inquiry Date		The date that a request for an SSN validation was initiated.	
11. Summary Totals		Total number of each type of message.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0599 – NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT**

WINR0599 – NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT 1

REPORT DATE: 01/05/09		NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE						PAGE 1											
		1 NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT						***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****											
2 SERVICES		3 CASE		4 DISCHARGE		5 SERMA		6 NAME		7 NYC		8 WMS		9 WAIVER		10 DATE		11 DISPOSITION	
NUMBER	NAME	CODE	CIN	FIRST	M	LAST	CIN	NUMBER	CODE	DATE	DISPOSITION								
S5048217	VXXX ANGELA	570	DD77265V	JONATHAN	M	VXXX	UZ64434K	006724530I	/	/	active								
S5048217	VXXX ANGELA	570	DD77264X	ERIC		VXXX	UZ64444F	006724530I	/	/	active								
S3785421	MXXXXXXXXX JOANNE	575	BT65784P	JASMINE		MXXXXXXXXX	XX19389V	006751874G	/	/	active								
S5257443	DXXX MARTA	581	CZ78441V	GRISSELLE		RXXX	US41061X	001843970D	/	/	applying								
S5356869	HXXXXX LATOYA	570	DX85423S	TYLEEL		CXXXXX	TJ79700X	002154028B	/	/	applying								
S6139062	SXXXXXXXXXX	NIGERIA	570	EG90234Q	NIGERIA	SXXXXXXXXXX	UR54033P	022531394J	/	/	case opened								
S6138319	FXXXXXXXX	LOGAN	570	EG87619R	ETHAN	FXXXXXXXX	PY25125A	022531395G	/	/	case opened								
S6138319	FXXXXXXXX	LOGAN	570	EG87620F	LOGAN	FXXXXXXXX	PY25135W	022531395G	/	/	case opened								
S4795599	CXXXXX	DAMIEN	571	CC04947T	DAMIEN	CXXXXX	VR71690K	022531447F	/	/	CEM error								
S5063573	FXXXXXX	PATRICK	21+	BS50615S	PATRICK	A FXXXXXX	QT95483T	022531457E	/	/	CEM error								
S4967602	MXXXX	STEVEN	575	BV28619Q	STEVEN	MXXXX	XQ61743T	022531467D	/	/	CEM error								
<< report edited for formatting >>																			
REPORT TOTALS: 12																			
=====																			
TOTAL CHILDREN SELECTED FOR DETERINATION: 334																			
TOTAL MA CASES OPENED : 166																			
UNPROCESSED CLIENT ALREADY ACTIVE : 153																			
UNPROCESSED CLIENT IN APPLYING STATUS : 12																			
UNPROCESSED WMS error : 3																			

WINR0599 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0599 – NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT**

WINR0599 – NYC AUTOMATED MA FOSTER CARE DISCHARGE REPORT

REPORT TITLE NYC Automated MA Foster Care Discharge Report		REPORT NUMBER WINR0599	FILE NAME RS1059-0* * = 1, 2 or 3
PURPOSE – NOTES This report lists those individuals who have been discharged from Foster Care and have an active or pending WMS case for non-services benefits. Report RS1059-01 lists all individuals; report RS1059-02 lists those individuals whose WMS status is “applying”; report RS1059-03 lists those individuals whose WMS case has encountered a processing error.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS DOH/OMM via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Services Number		Services case number	
3. Case Name		Name of the payee of the case	
4. Discharge Code			
5. SERMA CIN			
6. Name – First, M, Last		Individual’s name	
WMS NYC:			
7. CIN		Client Identification Number	
8. Number		WMS Case Number	
Waiver:			
9. Code		Waiver Code	
10. Date		Date case was granted the waiver	
11. Disposition		Status of Individual on WMS case: Active, Applying, Case Opened, CEM Error	
12. Report Totals		Total Children Selected For Determination, Total MA Cases Opened, Unprocessed Client Already Active, Unprocessed Client in Applying Status, Unprocessed WMS Error	

WINR0603 – PRINCIPAL PROVIDER DAILY ERROR REPORT 1

REPORT DATE: 10/24/08	NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES	PAGE 3							
WINR0603	PRINCIPAL PROVIDER DAILY ERROR REPORT	*****							
LOCAL OFFICE: 577		* THIS REPORT CONTAINS *							
		* CONFIDENTIAL INFORMATION *							
		* FOR INTERNAL USE ONLY *							

3	4	5							
6	7	8							
9	10	11							
12									
CASE NUMBER	CIN	WORKER	PP	PROVIDER	FROM	EX	NAMI	NAMI	ERROR REASON
021970512G	QF44662T	HEP6Z	08	00244202	04/07/08		04/07/08	02455.98	NO MA-COVERAGE FOR PP DATES ENTERED

WINR0603 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0603 – PRINCIPAL PROVIDER DAILY ERROR REPORT**

WINR0603 – PRINCIPAL PROVIDER DAILY ERROR REPORT

REPORT TITLE Principal Provider Daily Error Report		REPORT NUMBER WINR0603	FILE NAME PP-BU-ERR
PURPOSE – NOTES This report provides MICSA Hospital Eligibility Division (HED) with a list of cases that failed edits associated with the Principal Provider subsystem.			
SOURCE RunID = PUPMDP	REFERENCE Into Production with Release 92.1 - 3/30/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA HED via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Local Office		The MA center responsible for the case.	
3. Case Number		The case number of the case that failed Principal Provider edits.	
4. CIN		Client Identification Number	
5. Worker		The worker who is responsible for the case.	
6. PP Code		Principal Provider Category of Service	
7. Provider ID		Number that uniquely identifies the principal provider.	
8. From Date		Principal provider from date of service	
9. EX Type		Principal provider payment exception type	
10. NAMI Date			
11. NAMI AMT			
12. Error Reason		Message describing the reason why the edit failed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0608 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – HOSPITAL
ELIGIBILITY – 34TH ST**

WINR0608 - WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – HOSPITAL ELIGIBILITY—34TH ST

REPORT DATE 04/15/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1						
INQUIRY DATE: 6E/78/16	WELFARE MANAGEMENT SYSTEM		*****						
PROGRAM: EI1093	1	WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT	* THIS REPORT CONTAINS *						
CENTER: 577	HOSPITAL ELIGIBILITY--34TH ST		* CONFIDENTIAL INFORMATION *						
PAGE BREAK: UNIT/WORKER	WMS REPORT WINR0608		* FOR INTERNAL USE ONLY *						

CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN
3	4	5	6		7		8	9	10
00020749947G PXXX BXXXXX	HEN2Z	ZH83947B	111119999	PXXX	BXXXXX		J F	12/22/52	VALIDATED: WITH SSN BENEFITS REPORTED.
				CLAIM # =	111119999A00				BENEFITS = \$ 913.00

WINR0608 Detail Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0608 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – HOSPITAL
ELIGIBILITY – 34TH ST**

WINR0608 - WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – HOSPITAL ELIGIBILITY – 34TH ST

REPORT TITLE WTPY Social Security Number Exception Report – Hospital Eligibility—34 th St		REPORT NUMBER WINR0608	FILE NAME PEI930PHP577
PURPOSE – NOTES This report provides staff at MICSA site 577 (Hospital Eligibility Division) with a listing of cases which contain Social Security Numbers which failed validation with the Social Security Administration (SSA). This report also provides confirmation of SSN validation as well as Social Security benefit information. Note: If no invalid SSNs are identified, the following message appears on the report: “No invalid SSNs returned from SSA for your Center—for this report date”.			
SOURCE E11093 RunID = PEI930	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION: HRA MICSA HED via DEPCON	
SEQUENCE Center/Unit Worker/Case Number/CIN		BREAKS Unit Worker	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The MA Center (577) responsible for the case.	
3. CASE NUM/CASE NAME		The case number of the case.	
4. Inquiry Date		The date that a request for an SSN validation was initiated.	
5. WRKR		The worker who is responsible for the case.	
6. CIN		The Client Identification Number of the individual.	
7. Last Name, First, MI		The full name of the individual.	
8. Sex		The sex of the individual.	
9. DOB		The date-of-birth of the individual.	
10. Messages		The reason why an SSN could not be validated. Possible messages are: “SSN is not on SSA File” “Name matches, DOB does not match” “Name does not match, DOB not checked” “DOB, First Name match; Last Name different” “One digit error, Correct SSN = xxx-xx-xxxx” “SSA benefits terminated – Deceased MM/DD/YY”	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0609 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SSN NOT ON
SSA FILE (B.C.F.I.)**

WINR0609 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SSN NOT ON SSA FILE (B.C.F.I.)

1

REPORT DATE 03/31/07 PROGRAM: EI1093 CENTER: 046 PAGE BREAK: CENTER NUMBER	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT SSN NOT ON SSA FILE (B.C.F.I.)	PAGE 2 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****						
		WMS REPORT WINR0609	MESSAGE FROM SSA FOR INVALID SSN						
CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	
3	4	5	6		7		8	9	10
00006672092B CXXXXXXX ESTHER	00011	QS91822A	077777777	CXXXXXXX	CADEN	C	F	10/03/06	SSN IS NOT ON SSA FILE. INQUIRY DATE: 01/01/NY
00006672863F CXXXXXXX CARMEN	00053	QT40033K	100000000	RXXXXX	KELVIN	M		11/30/06	SSN IS NOT ON SSA FILE. INQUIRY DATE: 01/01/NY

11

WINR0609 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0609 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SSN NOT ON
SSA FILE (B.C.F.I.)**

WINR0609 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SSN NOT ON SSA FILE (B.C.F.I.)

REPORT TITLE WTPY Social Security Number Exception Report – SSN Not on SSA File (B.C.F.I.)		REPORT NUMBER WINR0609	FILE NAME PEI930PBCCFI
PURPOSE – NOTES This report provides the Bureau of Client Fraud Investigations with a listing of cases which contain Social Security Numbers which do not exist on Social Security Administration files. This report also provides confirmation of SSN validation as well as Social Security benefit information. Note: If no invalid SSNs are identified, the following message appears on the report: “No Invalid SSN’s Returned From SSA For Your Center – For This Report Date”.			
SOURCE EI1093 RunID = PEI930	REFERENCE Start-up = 3/30/92 (92.1)	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE Center/Case Number/CIN		BREAKS Center Number	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center responsible for the case.	
3. CASE NUM/CASE NAME		The case number of the case.	
4. WRKR		The worker who is responsible for the case.	
5. CIN		The Client Identification Number of the individual.	
6. Last Name, First, MI		The full name of the individual.	
7. Sex		The sex of the individual.	
8. DOB		The date-of-birth of the individual.	
9. Messages		The reason why an SSN could not be validated. The message appearing on this report will be: “SSN is not on SSA File”	
10. Inquiry Date		The date that a request for an SSN validation was initiated.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0612 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SUMMARY
OF SSA FAILURE REASONS BY CENTER**

WINR0612 – WTPY SOCIAL SECURITY NUMBER EXCEPTION REPORT – SUMMARY OF SSA FAILURE REASONS BY CENTER

REPORT TITLE WTPY Social Security Number Exception Report – Summary of SSA Failure Reasons by Center		REPORT NUMBER WINR0612	FILE NAME PEI930PMGMT
PURPOSE – NOTES This report provides HRA Management with a breakdown by center of the reasons why WTPY requests could not be validated by the Social Security Administration. Counts are also provided by center of validated SSN's with and without Social Security benefits. Totals for each program area (PA, FS, MA) are also provided.			
SOURCE RunID = PEI930	REFERENCE Into Production 4/92	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Program Area/Center		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center responsible for the case.	
3. SSN not on File Name match, no match DOB No match name, DOB not checked DOB, 1st Name OK; Last Name different SSN One digit error SSA benefits terminated – Deceased MM/DD/YY SSN Valid SSN Valid SSA Valid (Deceased)		The reasons why a social security number could not be validated by the Social Security Administration. Statistics are provided for each center with a subtotal by program area.	
4. WMS Rejects			
5. Total Processed		The total number of social security numbers for each center that were processed by the Social Security Administration.	
6. Program Area Subtotals		Statistics on the total number of SSN validations or non-validation failures by reason for each program area.	
7. Range of Inquiry Dates		This report provides information for transactions posted on the dates listed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0614 – CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR:
MM/YY**

WINR0614 – CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR: MM/YY

REPORT DATE 09/06/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION							PAGE 1
PROGRAM: RT1020	WELFARE MANAGEMENT SYSTEM							
PERIOD COVERED: 10/01/08 - 10/31/08	CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR: 10/08							***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	WMS REPORT WINR0614							
PROVIDER 88888888	PROVIDER NAME	BROOKLYN AIDS TASK FORCE AI	465 DEAN ST	BROOKLYN	NY	11217		
CASE NO	INDIVIDUAL NAME	CIN	CENTER	SUFFIX	RR CODE	WORKER	NEXT RECERT	
00000123456A	BXXXXXXX TXXXXXX	ZZ09876G	084	01	51	HPS11	10/04/08	
00098786456B	JXXXXX LX X	ZY20446U	084	01	51	HPS55	10/11/08	
		SUMMARY TOTAL = 2						
<< report edited for formatting >>								
WMS REPORT WINR0614 SUMMARY OF TOTALS								
TOTAL FOR PROVIDER # 88888888		BROOKLYN AIDS TASK FORCE AI				=	2	
<< report edited for formatting >>								
TOTAL FOR PROVIDER # 99999999		CONNECT NYCDOH CN HARLEM CMCN				=	1	
GRAND TOTAL		=				22		

WINR0614 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0614 – CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR:
MM/YY**

WINR0614 – CONNECT PA RECIPIENTS SCHEDULED FOR RECERTIFICATION FOR: MM/YY

REPORT TITLE CONNECT PA Recipients Scheduled for Recertification for: MM/YY CONNECT PA Recipients Scheduled for Recertification for: MM/YY Summary of Totals		REPORT NUMBER WINR0614	FILE NAME PRT200PR0614 / PRT200PRT614
PURPOSE – NOTES This report provides CONNECT case managers with a list of clients who are scheduled for PA recertification interviews to enable case managers to assist the clients through the process. A separate summary report listing totals for each provider and a grand total is also produced.			
SOURCE RunID = PRT200	REFERENCE Release 92.2 Into Production 7/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE Provider ID/Case Number	BREAKS Provider		
FREQUENCY / SCHEDULE Monthly	RETENTION 30 Days		
REPORT ITEM	DEFINITION (IF NEEDED)		
1. Standard WMS headings	-		
2. Provider	The Provider Identification number.		
3. Provider Name	The name and address of the Provider with clients in the CONNECT program.		
4. Case No	The PA case number of the individual who is a PA recipient and a CONNECT participant.		
5. Individual Name	Case Name.		
6. CIN	The Client Identification Number of the PA recipient (case head) who is a CONNECT participant.		
7. Center	The Public Assistance Center responsible for the PA case.		
8. Suffix	The PA suffix that includes the CONNECT PA recipient.		
9. RR Code	The Restricted Recipient code of the individual.		
10. Worker	The PA worker responsible for the PA case.		
11. Next Recert	The date that the client is scheduled for a PA recertification interview.		
12. Provider Total	The total number of clients scheduled for PA recertification interviews for the CONNECT Provider.		
13. Summary of Totals	The total number of CONNECT PA recipients scheduled for PA recertifications for each provider and a grand total.		

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0615 – WEEKLY SSN VALIDATION EXCEPTION REPORT - SUMMARY OF SSA
FAILURE REASONS BY CENTER**

WINR0615 – WEEKLY SSN VALIDATION EXCEPTION REPORT - SUMMARY OF SSA FAILURE REASONS BY CENTER 1

REPORT DATE: 09/27/08		NEW YORK STATE DEPT OF FAMILY ASSISTANCE WELFARE MANAGEMENT SYSTEM WEEKLY SSN VALIDATION EXCEPTION REPORT						PAGE 1	
PROGRAM: SN1006		1						***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
WMS REPORT WINR0615									
SUMMARY OF SSA FAILURE REASONS BY CENTER									
WMS Cd: Center	(A) Failed: SSN Not On SSA File	(B) Failed: No Match On Name	(C) No Longer Used by WMS	(D) Failed: No Match On DOB	(E) SSA Returned Diff SSN	(X) SSN SSA Validation /Deceased	WMS Rejects	(8) SSA Validated SSN	Total Processed
2	3	4					5	6	7
007	00000	00000	00000	00000	00000	00000	00000	00000	00000
013	00000	00000	00000	00000	00000	00000	00000	00137	00137
017	00000	00002	00000	00000	00000	00000	00000	00033	00035
018	00000	00001	00000	00001	00000	00000	00000	00154	00156
<< report edited for formatting >>									
8									
PROGRAM AREA SUBTOTALS									
PA CENTERS:	00002	00025	00000	00017	00002	00000	00001	03534	03581

WINR0615 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0615 – WEEKLY SSN VALIDATION EXCEPTION REPORT - SUMMARY OF SSA
FAILURE REASONS BY CENTER**

WINR0615 – WEEKLY SSN VALIDATION EXCEPTION REPORT - SUMMARY OF SSA FAILURE REASONS BY CENTER

REPORT TITLE Weekly SSN Validation Exception Report – Summary of SSA Failure Reason by Center		REPORT NUMBER WINR0615	FILE NAME PSN060PRPT
PURPOSE – NOTES This report provides a breakdown of the various reasons why a social security number could not be validated by the Social Security Administration. The report provides statistics for each PA, FS, and MAP site as well as a subtotal by program area.			
SOURCE RunID = PSN060	REFERENCE Into Production 8/92	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON HRA Office of Revenue & Investigation via DEPCON NYS OTDA via DEPCON	
SEQUENCE Program Area/Center		BREAKS Program Area	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		A list of all Public Assistance, Food Stamp, and Medical Assistance sites in NYC.	
3. WMS Cd		WMS Failure Reason Code	
4. Failed: SSN not on SSA File Failed: No match on Name No longer used by WMS Failed: No match on DOB SSA returned Diff SSN SSN SSA Validation/Deceased		Reasons why a social security number could not be validated by the Social Security Administration.	
5. WMS Rejects		The number of SSNs rejected by WMS.	
6. SSA Validated SSN		Total number of social security numbers that were verified by the Social Security Administration.	
7. Total Processed		Total number of SSN records processed including SSN validations and failures.	
8. Program Area Subtotals		Provides a count of SSNs that could not be validated by reason for each program area (PA, FS, MA).	

WINR0616 – HR/HRPG SUFFIXES RECLASSIFIED TO ESSENTIAL ADC CATEGORY 1

REPORT DATE: 10/25/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 5	
PROGRAM: RT1021	1 MEDICAL ASSISTANCE PROGRAM HR/HRPG SUFFIXES RECLASSIFIED TO ESSENTIAL ADC CATEGORY WINR0616	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
ISC ---	WORKER ID -----	CASE NUMBER / SFX -----	PREVIOUS CATEGORY -----
2	3	4	5
013	00052	00000286847J / 02	16
013	00052	00003139794G / 02	16
013	00052	00004674424J / 02	16
013	00052	00004953231A / 02	16
NUMBER OF CASES CONVERTED	6 846	END OF REPORT	

WINR0616 Report Sample

WINR0616 – HR/HRPG SUFFIXES RECLASSIFIED TO ESSENTIAL ADC CATEGORY

REPORT TITLE HR/HRPG Suffixes Reclassified to Essential ADC Category		REPORT NUMBER WINR0616	FILE NAME PRT210PR0616
PURPOSE – NOTES This report lists the cases that were reclassified from the HR or HRPG categories to the ADC category.			
SOURCE RT1021 RunID = PRT210	REFERENCE 92.4 Release Notes; SA049000; In Development 10/92; In Production 5/94 (WMPSYM for 11/94) - Produced on 2nd Fri in May & November	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA via DEPCON HRA FIA Management	
SEQUENCE PA Center/Case Number/Suffix		BREAKS	
FREQUENCY / SCHEDULE Semi-Annually		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. ISC		Public Assistance Center responsible for the case.	
3. Worker ID		Worker responsible for the case.	
4. Case Number/SFX		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
5. Previous Category			
6. Number of Cases Converted			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0619 - MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION
 FREQUENCY BY CENTER AND TYPE**

WINR0619 - MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION FREQUENCY BY CENTER AND TYPE

REPORT DATE 07/04/20	NEW YORK HUMAN RESOURCES ADMINISTRATION	PAGE 1
DISTRICT: NYC CENTER 500	1 WELFARE MANAGEMENT SYSTEM MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION FREQUENCY BY CENTER AND TYPE	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION* * FOR OFFICE USE ONLY * *****
PROGRAM: RF1012 SORT: CENTER, RFI-TYPE, VERIFICATION-CODE		
PAGE BREAK: CENTER	WMS REPORT WINR0619	
2 3	4	5
TYPE # HITS	TOTAL WTPY RESPONSES PROCESSED	7478 6
WRS 39612	-VALIDATED SSNS RECEIVING BENEFITS	88102 178.1 %
UIB 3025	-TOTAL SSNS WITH DATE-OF-DEATH REPORTED	6931 92.6 %
WTPY 7478	-VALIDATED SSNS WITHOUT BENEFITS	10430 139.4 %
1099 0		
BANK 31982		
	-SSN NOT ON SSAS FILE	38 0.5 %
	-NAME MATCHES, DOB DOES NOT MATCH	896 11.9 %
	-NAME DOES NOT MATCH, DOB NOT CHECKED	813 10.8 %
	-DOB, FIRST NAME MATCH; LAST NAME DIFFERENT	11 0.1 %
	-DOB, FIRST NAME MATCH; LAST NAME DIFF W/\$	2 0.0 %
	-ONE DIGIT ERROR W/O SSA BENEFITS REPORTED	145 1.9 %
	-ONE DIGIT ERROR WITH SSA BENEFITS REPORTED	32 0.4 %

WINR0619 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0619 - MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION
FREQUENCY BY CENTER AND TYPE

WINR0619 - MONTHLY STATISTICAL REPORT ON RESOURCE FILE INTEGRATION FREQUENCY BY CENTER AND TYPE

REPORT TITLE Monthly Statistical Report on Resource File Integration Frequency by Center and Type		REPORT NUMBER WINR0619	FILE NAME PRF120PCT*** (*** = Center Code)
PURPOSE – NOTES This report details the breakdown of WRS, UIB, WTPY, 1099, and Bank rejections by number and frequency. It further breaks down WTPY into validated/invalidated reasons.			
SOURCE RF1012 RunID = PRF120	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Centers via DEPCON	
SEQUENCE Center/Resource Type/Verification Code		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Type		Resource (RFI) Type	
3. Hits		Number of hits for the respective type over the month.	
4. (various validated/rejected reasons)		The number of cases that either failed validation or were validated due to various reasons.	
5. Total number of cases processed in each category		-	
6. (frequencies in percent)		Breakdown of valid/invalid categories of WTPY in percentages.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0620 - MA CENTER SUMMARY (DIVISION NAME) FOR RFI ERROR
RESOLUTIONS FOR THE PERIOD MM/DD/YY - MM/DD/YY**

**WINR0620 - MA CENTER SUMMARY (DIVISION NAME) FOR RFI ERROR RESOLUTIONS FOR THE PERIOD
MM/DD/YY - MM/DD/YY**

REPORT DATE 04/08/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 1								
CENTER 534	WELFARE MANAGEMENT SYSTEM				*****								
WORKER: CP1SF	1	MA CENTER SUMMARY - (COMM ELIGIBILITY)				* THIS REPORT CONTAINS *							
		FOR RFI ERROR RESOLUTIONS				* CONFIDENTIAL INFORMATION *							
		FOR THE PERIOD 03/01/07 - 03/31/07				* FOR INTERNAL USE ONLY *							

PROGRAM: RFP011	WMS REPORT WINR0620												
DISTRICT: NYC													
RESOLUTIONS THIS PERIOD BY WORKER: CP1SF													
* * * * *	-----WRS-----				-----UIB-----				-----WTPY-----				
2	3	4a	4b	4c	4d	5	6						
CODE	TEXT	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV
M03	RFI DATA INVESTIGATED AND BUDGETED	4	100.0%	98.5%	99.4%	0	%	%	%	4	80.0%	99.2%	95.6%
		7					8						
		-----1099-----					-----BANK-----						
		RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV				
		0	%	%	%	2	100.0%	96.8%	98.5%				
* * * * *		-----WRS-----					-----UIB-----						
CODE	TEXT	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV
M05	FH AID TO CONT/DETERM OVERRIDE.	0	%	%	%	0	%	%	%	1	20.0%	.7%	.7%
		-----1099-----					-----BANK-----						
		RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV	RESOL- UTION	% OF WRKR'S RESOLUTS	% FOR SITE	% FOR DIV				
		0	%	%	%	0	%	%	%				

WINR0620 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0620 - MA CENTER SUMMARY (DIVISION NAME) FOR RFI ERROR
RESOLUTIONS FOR THE PERIOD MM/DD/YY – MM/DD/YY**

WINR0620 - MA CENTER SUMMARY – (DIVISION NAME) FOR RFI ERROR RESOLUTIONS FOR THE PERIOD MM/DD/YY – MM/DD/YY

REPORT TITLE MA Center Summary – (Division Name) For RFI Error Resolutions for the Period MM/DD/YY – MM /DD/YY		REPORT NUMBER WINR0620	FILE NAME PRF110PMW/*** *** = MA Center Code
PURPOSE – NOTES This report details the breakdown of worker and system-generated RFI (Resource File Integration) resolution codes related to WRS, UIB, WTPY, 1099, and Bank responses processed this month for MA centers.			
SOURCE RF1011 RunID = PRF110	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MA Centers via DEPCON	
SEQUENCE Center/Worker/Resolution Code		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Code		Resource File Integration (RFI) Resolution Code used by the worker to resolve an error.	
3. Text		Explanation of the respective Resolution Code.	
Note: The descriptions for WRS (a – d) also apply to the rest of the RFI types of matches.			
4. WRS:		Wage Reporting System	
4a) Resolution Count		Number of errors resolved using respective code in the Code column.	
4b) % of Worker's Resolutions		The percentage use of the respective code from all the resolution codes used by the worker.	
4c) % for Site		The percentage use of the respective code in the entire site.	
4d) % for Division		The percentage use of the respective code in the entire MICSA Division.	
5. UIB		Unemployment Insurance Benefits	
6. WTPY			
7. 1099			
8. Bank			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0628 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT**

WINR0628 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT 1

REPORT DATE 10/01/08 PROGRAM: EI1094 2 CENTER: 013 PAGE BREAK: CENTER	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION 1 WELFARE MANAGEMENT SYSTEM WTPY CENTER DIRECTORS SSN EXCEPTION REPORT WMS REPORT WINR0628	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																																																	
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">CASE NUM/ CASE NAME</th> <th style="text-align: left;">WRKR</th> <th style="text-align: left;">CIN</th> <th style="text-align: left;">SSN</th> <th style="text-align: left;">LAST NAME</th> <th style="text-align: left;">FIRST</th> <th style="text-align: left;">MI</th> <th style="text-align: left;">SEX</th> <th style="text-align: left;">DOB</th> <th style="text-align: left;">MESSAGE FROM SSA FOR INVALID SSN</th> </tr> </thead> <tbody> <tr> <td>3 00009862799F CXXXXX WILBURN</td> <td>4 00202</td> <td>5 QB48479Z</td> <td>6 12222222</td> <td>CXXXXX</td> <td>WILBURN</td> <td></td> <td>8 M</td> <td>9 09/16/81</td> <td>10 NAME DOES NOT MATCH, DOB NOT CHECKED. INQUIRY DATE: 26/08/09 11</td> </tr> <tr> <td>00009889602A JXXXXXX SHAVON</td> <td>00051</td> <td>QA77772W</td> <td>12222222</td> <td>SXXXX CLAIM # =</td> <td>BROOKEL 08888888C01</td> <td></td> <td>12 D F</td> <td>10/29/05</td> <td>ONE DIGIT ERROR. CORRECT SSN = 12222229 BENEFITS = \$ 423.00 INQUIRY DATE: 26/08/09</td> </tr> <tr> <td>00009889767B DXXXX RICHARD</td> <td>00200</td> <td>XK46603E</td> <td>35555555</td> <td>DXXXX CLAIM # =</td> <td>RICHARD 35555555A00</td> <td></td> <td>H M</td> <td>05/13/43</td> <td>VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 888.00 INQUIRY DATE: 26/08/09</td> </tr> <tr> <td>00009891626F HXXX RONALD</td> <td>00903</td> <td>YD69188J</td> <td>05555555</td> <td>HXXX CLAIM # =</td> <td>RONALD 05555555A00</td> <td></td> <td>M</td> <td>12/09/75</td> <td>VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 946.00 INQUIRY DATE: 26/08/09</td> </tr> </tbody> </table>	CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN	3 00009862799F CXXXXX WILBURN	4 00202	5 QB48479Z	6 12222222	CXXXXX	WILBURN		8 M	9 09/16/81	10 NAME DOES NOT MATCH, DOB NOT CHECKED. INQUIRY DATE: 26/08/09 11	00009889602A JXXXXXX SHAVON	00051	QA77772W	12222222	SXXXX CLAIM # =	BROOKEL 08888888C01		12 D F	10/29/05	ONE DIGIT ERROR. CORRECT SSN = 12222229 BENEFITS = \$ 423.00 INQUIRY DATE: 26/08/09	00009889767B DXXXX RICHARD	00200	XK46603E	35555555	DXXXX CLAIM # =	RICHARD 35555555A00		H M	05/13/43	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 888.00 INQUIRY DATE: 26/08/09	00009891626F HXXX RONALD	00903	YD69188J	05555555	HXXX CLAIM # =	RONALD 05555555A00		M	12/09/75	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 946.00 INQUIRY DATE: 26/08/09	
CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN																																										
3 00009862799F CXXXXX WILBURN	4 00202	5 QB48479Z	6 12222222	CXXXXX	WILBURN		8 M	9 09/16/81	10 NAME DOES NOT MATCH, DOB NOT CHECKED. INQUIRY DATE: 26/08/09 11																																										
00009889602A JXXXXXX SHAVON	00051	QA77772W	12222222	SXXXX CLAIM # =	BROOKEL 08888888C01		12 D F	10/29/05	ONE DIGIT ERROR. CORRECT SSN = 12222229 BENEFITS = \$ 423.00 INQUIRY DATE: 26/08/09																																										
00009889767B DXXXX RICHARD	00200	XK46603E	35555555	DXXXX CLAIM # =	RICHARD 35555555A00		H M	05/13/43	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 888.00 INQUIRY DATE: 26/08/09																																										
00009891626F HXXX RONALD	00903	YD69188J	05555555	HXXX CLAIM # =	RONALD 05555555A00		M	12/09/75	VALIDATED: WITH SSN BENEFITS REPORTED. BENEFITS = \$ 946.00 INQUIRY DATE: 26/08/09																																										
<< report edited for formatting >>																																																			
SUMMARY TOTALS 13																																																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">SSN IS NOT ON SSA FILE.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>NAME MATCHES, DOB DOES NOT MATCH.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>NAME DOES NOT MATCH, DOB NOT CHECKED.</td> <td style="text-align: right;">00003</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>SSN ONE DIGIT ERROR WITH BENEFITS</td> <td style="text-align: right;">00001</td> </tr> <tr> <td>SSN ONE DIGIT ERROR W/O BENEFITS</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>VALIDATED: WITH D.O.D REPORTED FROM SSA.</td> <td style="text-align: right;">00000</td> </tr> <tr> <td>VALIDATED: WITH SSN BENEFITS REPORTED.</td> <td style="text-align: right;">00003</td> </tr> </table>										SSN IS NOT ON SSA FILE.	00000	NAME MATCHES, DOB DOES NOT MATCH.	00000	NAME DOES NOT MATCH, DOB NOT CHECKED.	00003	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00000	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00000	SSN ONE DIGIT ERROR WITH BENEFITS	00001	SSN ONE DIGIT ERROR W/O BENEFITS	00000	VALIDATED: WITH D.O.D REPORTED FROM SSA.	00000	VALIDATED: WITH SSN BENEFITS REPORTED.	00003																								
SSN IS NOT ON SSA FILE.	00000																																																		
NAME MATCHES, DOB DOES NOT MATCH.	00000																																																		
NAME DOES NOT MATCH, DOB NOT CHECKED.	00003																																																		
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00000																																																		
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00000																																																		
SSN ONE DIGIT ERROR WITH BENEFITS	00001																																																		
SSN ONE DIGIT ERROR W/O BENEFITS	00000																																																		
VALIDATED: WITH D.O.D REPORTED FROM SSA.	00000																																																		
VALIDATED: WITH SSN BENEFITS REPORTED.	00003																																																		

WINR0628 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION**

WINR0628 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT

REPORT TITLE WTPY Center Directors SSN Exception Report		REPORT NUMBER WINR0628	FILE NAME PEI940PCD*** (*** = Center)
PURPOSE – NOTES This report provides center director's with a listing of cases that contain Social Security Numbers that failed validation with the Social Security Administration. This report also provides confirmation of SSN validation as well as Social Security benefit information. Note: If no invalid SSNs are identified, the following message appears on the report: "No invalid SSNs returned from SSA for your Center – For this report date".			
SOURCE E11094 RunID = PEI940	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Directors via DEPCON	
SEQUENCE Center/Case Number/CIN/SSN/WTPY ERR #		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center responsible for the case.	
3. CASE NUM/CASE NAME		The case number of the case and the case head's name.	
4. WRKR		Worker responsible for the case.	
5. CIN		Individual's Client Identification Number	
6. SSN		Individual's Social Security Number	
7. Last Name, First, MI		Individual's full name	
8. Sex		Individual's gender	
9. DOB		Individual's Date of Birth	
10. Message from SSA for Invalid SSN		Message from SSA (Social Security Administration) specifying validation or the reason for invalidation.	
11. Inquiry Date		Date the query was sent to SSA (Social Security Administration).	
12. Claim #, Benefits		SSA Benefits details are included when a substantial match or complete match occurs. Note: Date of death of the individual is included along with the claim number if a substantial match or complete match occurs, but the person is deceased.	
13. Summary Totals		Total number of each type of error.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION**

WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION

1

REPORT DATE: 10/05/08 PROGRAM: SV1021		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM WMS REPORT: WINR0630 EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION						PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
(2) CASE	(3) LINE	(4) CASE TYPE	(5) RECIP ID	(6) NAME	(7) BIRTH DATE	(8) STATE-FED CODE	(9) DATE	(10) MA COVERAGE FROM	(11) TO
00000114486E	01	MSSI	XD21206G	RXXXXXX	DVOYRAMALK	08/06/1914	30 03/90	03/01/91 -	02/29/92
00000610583H	02	MSSI	WX90313F	KXXXX	MARIYA	08/03/1921	30 12/90	12/01/90 -	11/30/91
00000858986D	01	MA	RQ89546E	WXX	KYAW S	03/23/1970	30 12/04	08/01/05 -	03/31/07
00001857790I	01	MA	SR30910T	ZXXX	GENADY	04/07/1968	30 09/02	04/01/03 -	04/30/03
<<report edited for formatting>>									
00021998135E	01	MA	QF41715B	SXXXX	MAMADEE	02/11/1978	30 03/08	03/01/08 -	10/31/08
00022010257I	01	MA	QF34967R	KXXXXX	MOHAMMED	02/10/1983	30 03/08	03/01/08 -	10/31/08
00022010257I	02	MA	QF34957V	KXXXXX	ESUMAIL	09/12/1986	30 03/08	03/01/08 -	10/31/08
00022171853J	01	MA	QD43573B	YXXXXXX	YOUNG DEN	01/15/1954	30 03/08	03/01/08 -	10/31/08
00022267607E	01	MA	QC69787S	GXXXX	CHIME	07/01/1970	30 03/08	03/01/08 -	10/31/08
END OF REPORT									

WINR0630 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION**

WINR0630 – EXPIRED MA COVERAGE DUE FOR RAP EXPIRATION

REPORT TITLE Expired MA Coverage Due for RAP Expiration		REPORT NUMBER WINR0630	FILE NAME PSV210PRPT1
PURPOSE – NOTES This report lists clients whose eligibility for Refugee Assistance Program (RAP) funding is about to expire.			
SOURCE SV1021 RunID = PSV210	REFERENCE 92.4 Release Notes; SA050400; In Production 4/93	AUDIENCE / GENERAL DISTRIBUTION NYS DOH	
SEQUENCE Case Number/Line Number/MA Coverage To Date		BREAKS None	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case		Unique number by which the case is known to the system.	
3. Line		Number assigned to an individual within a case.	
4. Case Type		Type of Assistance received by the individual (MA, MSSI).	
5. Recip ID		Client Identification Number (CIN) that uniquely identifies the individual to the system.	
6. Name		Last name and first name of the individual.	
7. Birth Date		Date of birth of the individual.	
State-Fed:			
8. Code		State/Federal Charge Code indicating eligibility for special funding.	
9. Date		State/Federal date of entry indicating the date eligibility began.	
MA Coverage:		Dates of eligibility for Medical Assistance:	
10. From		When eligibility begins	
11. To		When eligibility ends	

WINR0631 - PA CLIENTS NO LONGER ELIGIBLE FOR REFUGEE MA

REPORT DATE: 02/02/08
 PROGRAM: SV1021

1
 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 WMS REPORT: WINR0631
 PA CLIENTS NO LONGER ELIGIBLE FOR REFUGEE MA

PAGE 1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

2 CASE	3 LINE	4 CASE TYPE	5 RECIP ID	6 NAME	7 BIRTH DATE	8 CATGL CODE	9 STATE-FED CODE	10 DATE
00009876543G	02	SNCA	QR11111B	SXXXXX	RXXXXXX S	03/17/1989	09	30 10/07
00008765432J	01	SNCA	QK22222P	YXXXXXXXXX	LXXXX	03/13/1947	26	30 08/07
00007654321J	02	SNCA	QK33333T	YXXXXXXXXX	RXXXXX	05/25/1942	26	30 08/07
<< report edited for formatting >>								
00001234567F	02	SNCA	QK44444V	AXXXXX	NXXXXX	01/01/1940	26	30 11/07
00002345678H	01	SNCA	QM55555W	SXXXXX	DXXXXX	05/11/1987	09	30 08/07

END OF REPORT

WINR0631 Report Sample

WINR0631 - PA CLIENTS NO LONGER ELIGIBLE FOR REFUGEE MA

REPORT TITLE PA Clients No Longer Eligible for Refugee MA		REPORT NUMBER WINR0631	FILE NAME PSV210PRPT2
PURPOSE – NOTES This report lists PA clients whose eligibility to receive refugee medical assistance has expired.			
SOURCE SV1021 RunID = PSV210	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH	
SEQUENCE Case Number /Line Number		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case		Unique number by which the case is known to the system.	
3. Line		Number assigned to an individual within a case.	
4. Case Type		Type of assistance received by the individual.	
5. Recip ID		Client Identification Number (CIN) that uniquely identifies the individual to the system.	
6. Name		Last name and first name of the individual	
7. Birth Date		Recipient's date of birth	
8. CATGL CODE		Categorical Code – 2-digit code that denotes the individual's relationship to the category of assistance.	
9. State-Fed Code		State/Federal Charge Code indicating eligibility for special funding.	
10. State-Fed Date		State/Federal Charge – Date that eligibility began.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0632 - PUBLIC ASSISTANCE OVERDUE CASE LIST**

WINR0632 – PUBLIC ASSISTANCE OVERDUE CASE LIST

Report Date: 09/12/2008	1 New York City Human Resources Administration		Page: 1				
Program: RC1047	2 Public Assistance Overdue Case List		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****				
Period Covered By This Report: Jul, 2008	WMS Report WINR0632						
Center: 013	3						
CASE NAME	CASE NO	SFX	NEXT RECERT DATE	CASE LOAD	LAST RECERT DATE	GRANT AMT	PENDING STAT
4	5	6	7	8	9	10	11
PXXXXXX E FR XXXXXXXX	000550331D	01	07/28/08	00010	03/13/08	480.00	
AXXXXX XXXXX	000689483G	01	07/28/08	00034	07/11/07	930.00	
MXXXXXX GUZMAN XXXXXX	001758084G	01	07/28/08	00034	07/12/07	725.00	FH/AC STATUS
WXXXXXXXX XXXX	000311465J	01	07/28/08	00051	03/24/08	201.00	
HXXXXX LOVE FR XXXXXXXX L	005622959E	01	07/28/08	00800	09/17/07	463.00	
CXXXX XXXXXXXXX	005785934A	01	02/28/08	00901	02/08/07	1,017.00	
RXXXXX XXXXXXXX	000736697E	01	07/28/08	00913	09/10/07	1,334.00	PEND CLOSING
PXXXX XXXXXXXXXX	002682558I	01	07/28/08	00913	08/21/07	1,929.00	PEND CLOSING
Total Past Due Suff for Center:		12	013	8			
Report Continued							

WINR0632 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0632 - PUBLIC ASSISTANCE OVERDUE CASE LIST

WINR0632- PUBLIC ASSISTANCE OVERDUE CASE LIST

REPORT TITLE Public Assistance Overdue Case List		REPORT NUMBER WINR0632	FILE NAME PRC47#PRPT (citywide) PRC47#POV*** # = 1 (1 month prior) or 2 (2 months prior); (***) = PA Center Code
PURPOSE – NOTES This report is a list of PA cases due for recertification in the prior month but which were not recertified and are now overdue. This report is also produced for cases due for recertification two months in the past.			
SOURCE RC1047 RunID = PRC471 and PRC472	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON HRA FIA Management via DEPCON HRA MIS Management via DEPCON	
SEQUENCE Center/Case Load/Case Number		BREAKS Center ID	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered By This Report		The period (month and year) covered by this report.	
3. Center		Local PA office for which the PA recertification overdue list is produced.	
4. Case Name		The name by which a PA case is known to the WMS database.	
5. Case No.		The number by which a PA case is identified.	
6. SFX		A unit within a case. A case may contain more than one suffix.	
7. Next Recert Date		Indicates a date on/about the time a case is due for recertification.	
8. Case Load		Indicates the group/worker responsible for the case.	
9. Last Recert Date		Indicates a date when the case was last reviewed (recertified) and eligibility reestablished.	
10. Grant Amt		Public assistance benefit amount.	
11. Pending Stat		Pending status.	
12. Total Past Due Suff for Center		Total number of cases for this center which were not recertified during the reporting month.	

WINR0633 – RECOUPMENT OF LAST ISSUANCE (OFFENSE SUBTYPE 88) 1

REPORT DATE: 04/06/2007
 PROGRAM: RP1064

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM
 WMS REPORT WINR0633
 RECOUPMENT OF LAST ISSUANCE (OFFENSE SUBTYPE 88)

PAGE 5

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

IM CENTER: 019 FOR AUTHORIZATIONS ENDING 01/15/2007 - 01/21/2007

CASE NUMBER	SUFFIX	AUTH. TO-DATE	DATE OVER-PAYMENT BEGAN	OFFENSE DATE	OFFENSE AMOUNT
00005501162B	01	01/17/2007	01/17/2007	01/17/2007	102.00
00005564097D	01	01/16/2007	01/09/2007	01/16/2007	11.00

TOTALS FOR CENTER 019: CASES: 2 SUFFIXES: 2 RECOUPMENT AMOUNT: \$113.00

IM CENTER SUMMARY FOR AUTHORIZATIONS ENDING 01/15/2007 - 01/21/2007

IM CENTER	# CASES	# SUFFIXES	RECOUPMENT AMOUNT
004	1	1	18.80
013	25	25	1,927.83
017	21	21	1,614.80
018	35	35	4,767.21
019	2	2	113.00
023	34	34	2,088.11

<< report edited for formatting >>

TOTALS FOR ALL IM CENTERS: 1,399 1,399 \$98,784.12

WINR0633 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0633 – RECOUPMENT OF LAST ISSUANCE (OFFENSE SUBTYPE 88)

WINR0633 – RECOUPMENT OF LAST ISSUANCE (OFFENSE SUBTYPE 88)

REPORT TITLE Recoupment of Last Issuance (Offense Subtype 88)		REPORT NUMBER WINR0633	FILE NAME PRP560P64RPT
PURPOSE – NOTES This report provides a list by PA center of system-generated over issuance recoupments for cases with issuances for a payment period after case closing. The last page of the report provides summary totals for each center and a citywide total.			
SOURCE RunID = PRP560	REFERENCE SA092900	AUDIENCE / GENERAL DISTRIBUTION Not currently distributed	
SEQUENCE PA Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings			
2. IM Center		Income Maintenance Center responsible for the recoupment cases.	
3. For Authorization Ending MM/DD/YYYY – MM/DD/YYYY:		The period (month and year) covered by this report.	
4. Case Number		The number by which a PA case is identified.	
5. Suffix		A unit within a case. A case may contain more than one suffix.	
6. Auth To-Date		Authorization ending date	
7. Date Over-Payment Began			
8. Offense Date			
9. Offense Amount			
10. Totals for Center nnn		Total number of cases and suffixes and total recoupment amount for this center.	
IM Center Summary For Authorization Ending MM/DD/YYYY – MM/DD/YYYY:		Summary of all IM Centers for the period being reported.	
11. IM Center		Income Maintenance Centers included in the summary.	
12. # of Cases		Total number of cases reported for all centers.	
13. # of Suffixes		Total number of suffixes reported for all centers.	
14. Recoupment Amount		Total recoupment amount reported for all centers.	
15. Totals for All IM Centers		Grand total of all cases, suffixes, and recoupment amounts	

WINR0634 – HR CASES WITH PREGNANCY INDICATORS AS OF MM/DD/YY

1

REPORT DATE 09/06/08 06:56:01 WINR0634	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION OFFICE OF SYSTEMS ANALYSIS	PAGE: 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****			
	1				
	HR CASES WITH PREGNANCY INDICATORS AS OF 09/06/08				
	2	3	4	5	6
	CASE #	CASE TYPE	SUFFIX	ISC #	ES STATUS CODE
	1. 00000787460F	16	0	013	24
	2. 00001374176E	16	0	013	24
	3. 00003582682F	16	0	013	24
	4. 00003604641F	16	40	013	24
	<<report edited for formatting>>				
	* * * * * END OF LISTING FOR CENTER 013 * * * * *				
	<< report edited for formatting >>				
		7	REPORT TOTALS	8	
		ISC #	TOTALS FOR EACH ISC		
		013	12		
		017	1		
	<<report edited for formatting>>				
		099	9		
	TOTAL NUMBER OF CASES WITH PREGNANCY INDICATORS =		356	9	

WINR0634 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0634 – HR CASES WITH PREGNANCY INDICATORS AS OF MM/DD/YY



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0634 – HR CASES WITH PREGNANCY INDICATORS AS OF MM/DD/YY

REPORT TITLE HR Cases with Pregnancy Indicators as of MM/DD/YY		REPORT NUMBER WINR0634	FILE NAME PSA020PRPT
PURPOSE – NOTES This report lists HR (now Safety Net) cases that contain a pregnancy indicator within each Public Assistance Center. The last page of the report provides summary totals for each center and a citywide total.			
SOURCE RunID =PSA020	REFERENCE Into Production 10/92	AUDIENCE / GENERAL DISTRIBUTION Not currently distributed	
SEQUENCE PA Center/Case Number		BREAKS PA Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case #		Identifies the SNCA case that contains a pregnancy indicator.	
3. Case Type		Category of assistance being received by this case (16 = Safety Net-Cash).	
4. Suffix		Identifies the unit within the case that is in receipt of SNCA.	
5. ISC #		The PA Center responsible for the cases listed on the report.	
6. ES Status Code		Employability code of the SN individual who is pregnant (24 = Pregnant – 4 th month or beyond).	
Report Totals:			
7. ISC #		List of all PA Centers in NYC.	
8. Totals for Each ISC		Number of SN cases with pregnancy indicators for each Income Support Center	
9. Total Number of Cases with Pregnancy Indicators		The citywide number of SN cases with pregnancy indicators.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0637 – WMS CONVERSION CASE AGING REPORT BY UNIT – INSTITUTIONAL SERVICES DIVISION

WINR0637 – WMS CONVERSION CASE AGING REPORT BY UNIT – INSTITUTIONAL SERVICES DIVISION

REPORT TITLE WMS Conversion Case Aging Report by Unit – Institutional Services Division		REPORT NUMBER WINR0637	FILE NAME PSC637PR0637
PURPOSE – NOTES This report provides aging information for cases that were converted to another case category for each unit on the report. A subtotal is provided for each unit. The detail report is followed by a summary of the number of cases in each aging period, ending with a unit total.			
SOURCE SC1063 RunID = PSC637	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Distribution Center			
3. Unit			
4. Tracking Point			
5. Undercare Transaction Date		Date the case was updated by an Undercare transaction.	
6. Case Name		Case head.	
7. Case Number		Unique number by which the case is known to the system.	
8. Subtotal		Total number of converted cases for the unit being reported.	
Summary:			
9. Aging Period		Number of days in each aging period and data: Conversions Aged 61 Days And Over, Between 45-60 Days, 31-44 Days, 23-30 Days, 14-22 Days, 1-13 Days	
10. Unit Total		Total number of converted cases for the unit being reported.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**

WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED 1

```

REPORT DATE 01/21/2009                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION                                PAGE 00001
PROGRAM: RB1091                                       WELFARE MANAGEMENT SYSTEM
                                                         PRODUCTION SYSTEM
REPORT: WINR0638                                       NYCWAY/EVR EARNED INCOME TRANSFER
MODE: TEST                                           EXCLUSION REPORT - CASES NOT REBUDGETED
*****
* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *
*****

```

2 CASE	3 PA FS SUFFIX	4 CASE NAME	5 EXCLUSION CODE	6 EXCLUSION MESSAGE	7 MAJ-MIN TX-TYPE
002569153G	01 01	LXX FANG FR EVAN L LXX	E1957	MANUAL NOTICE REQUIRED-MULTI-SUFFIX CASE	
005744737H	01 01	CXXXXXXXXX SHARLENE FOR AND	E1957	MANUAL NOTICE REQUIRED-MULTI-SUFFIX CASE	
006047944B	01 01	SXXXXXX LOURDES FOR STEVEN	E1957	MANUAL NOTICE REQUIRED-MULTI-SUFFIX CASE	
008812577I	01 01	MXXXXX RAMONA FOR HENRIQUEZ	E1957	MANUAL NOTICE REQUIRED-MULTI-SUFFIX CASE	

<< report edited for formatting >>

PARAMETER INPUT CARDS :

8 INCOME	SOURCE	PER CENTAGE AMOUNT	FLAT AMOUNT
SELECT	9 SELECTION CODES	99	
DATE	10 CYCLE DATE - 2002/09/A	NUMBER OF PASS - 1	
11 AUTHORIZATION (COMBINATION)	NUMBER - 00008888	PA CODE - 910	FS CODE - E31
12 RB CODE - 30	AUTH NUMBER - 00008888	PA CODE - 910	FS CODE - E31
TOTAL NUMBER OF CASE/SUFFIXES	13 4		
TOTAL NUMBER OF CASES	14 4		
TOTAL NUMBER OF PAGES	15 1		

END OF REPORT

WINR0638 Report Sample – All Centers

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**

WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED

REPORT TITLE NYCWAY/EVR Earned Income Transfer Exclusion Report – Cases Not Rebudgeted		REPORT NUMBER WINR0638	FILE NAME PRB91WPCSE00
PURPOSE – NOTES This report lists cases for all centers that were excluded from the NYCWAY/EVR Earned Income Transfer because they were not rebudgeted.			
SOURCE RB1065 RunID = PRB91W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Case Number		BREAKS	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Case		Unique number by which the case is known to the system.	
3. PA FS Suffix		Public Assistance and/or Food Stamp suffix. A unit within a case, which may contain more than one suffix.	
4. Case Name		Payee of the case.	
5. Exclusion Code		Code that indicates the reason why the case was excluded from the transfer.	
6. Exclusion Message		Descriptive message of why the case was excluded.	
7. Maj-Min TX-Type		Major and Minor transaction type combination if applicable	
Parameter Input Cards:			
8. Income		Source – source of income Percentage Amount – Y or N (?) Flat Amount – Y or N (?)	
9. Select:		Selection Codes	
10. Date:		Cycle Date – A = 1-15 or B = 16-31 Number of Pass – 1 or 2	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0638 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**



Office of Temporary and Disability Assistance

MARCH 27, 2009

11. Authorization (Combination):	Number – Authorization Number PA Code – Public Assistance Code FS Code – Food Stamp Code
12. RB Code	Rebudgeting Code Auth No – Rebudgeting Authorization Code PA Code – Public Assistance Code FS Code – Food Stamp Code
13. Total Number of Case/Suffixes	Count
14. Total Number of Cases	Count
15. Total Number of Pages	Count

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**

WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED 1

```

REPORT DATE 01/21/2009                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION                                PAGE 00001
PROGRAM: RB1091                                       1 WELFARE MANAGEMENT SYSTEM
                                                         PRODUCTION SYSTEM
REPORT: WINR0639                                       NYCWAY/EVR EARNED INCOME TRANSFER
MODE: TEST 2                                           3 EXCLUSION REPORT - CASES NOT REBUDGETED
LOCAL OFFICE 035   WORKER 00021
                  PA FS
                  4 CASE      5 SUFFIX      6 CASE NAME      7 EXCLUSION CODE      8 EXCLUSION MESSAGE      9 MAJ-MIN
                  008812577I   01 01      MXXXXX RAMONA FOR HENRIQUEZ   E1957   MANUAL NOTICE REQUIRED-MULTI-SUFFIX CASE      TX-TYPE

TOTAL NUMBER OF CASES FOR WORKER      00021 10 1

<< report edited for formatting >>

```

```

PARAMETER INPUT CARDS :
INCOME      11 SOURCE PER CENTAGE AMOUNT FLAT AMOUNT

SELECT      12 SELECTION CODES
              99

DATE        13 CYCLE DATE - 2002/09/A NUMBER OF PASS - 1

14 AUTHORIZATION (COMBINATION) NUMBER - 00008888 PA CODE - 910 FS CODE - E31
    15 RB CODE - 30 AUTH NUMBER - 00008888 PA CODE - 910 FS CODE - E31

TOTAL NUMBER OF CASE/SUFFIXES 16 4
TOTAL NUMBER OF CASES 17 4
TOTAL NUMBER OF PAGES 18 6

END OF REPORT

```

WINR0639 Report Sample – By Center / Worker

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**

WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT – CASES NOT REBUDGETED

REPORT TITLE NYCWAY/EVR Earned Income Transfer Exclusion Report – Cases Not Rebudgeted		REPORT NUMBER WINR0639	FILE NAME PRB91WPCTR00
PURPOSE – NOTES This report lists cases by center and worker that were excluded from the NYCWAY/EVR Earned Income Transfer because they were not rebudgeted.			
SOURCE RunID = PRB91W	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Center/Worker/Case Number		BREAKS Worker	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Local Office		Center responsible for the case.	
3. Worker		Worker responsible for the case.	
4. Case		Unique number by which the case is known to the system.	
5. PA FS Suffix		Public Assistance and/or Food Stamp suffix. A unit within a case, which may contain more than one suffix.	
6. Case Name		Payee of the case.	
7. Exclusion Code		Code that indicates the reason why the case was excluded from the transfer.	
8. Exclusion Message		Descriptive message of why the case was excluded.	
9. Maj-Min TX-Type		Major and Minor transaction type combination if applicable	
10. Total Number of Cases for Worker			
Parameter Input Cards:			
11. Income		Source – source of income Percentage Amount – Y or N (?) Flat Amount – Y or N (?)	
12. Select:		Selection Codes	
13. Date:		Cycle Date – A = 1-15 or B = 16-31	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0639 – NYCWAY/EVR EARNED INCOME TRANSFER EXCLUSION REPORT –
CASES NOT REBUDGETED**



Office of Temporary and Disability Assistance

MARCH 27, 2009

	Number of Pass – 1 or 2
14. Authorization (Combination):	Number – Authorization Number PA Code – Public Assistance Code FS Code – Food Stamp Code
15. RB Code	Rebudgeting Code Auth No – Rebudgeting Authorization Code PA Code – Public Assistance Code FS Code – Food Stamp Code
16. Total Number of Case/Suffixes	Count
17. Total Number of Cases	Count
18. Total Number of Pages	Count

WINR0642 – HR RECOUPMENT AT 15%

REPORT TITLE HR Recoupment at 15%		REPORT NUMBER WINR0642	FILE NAME PRP053PR0642
PURPOSE – NOTES This report provides data on cost savings on HR recoupments at various recoupment rates (11%, 12%, 13%, 14%, and 15%).			
SOURCE RunID = PRP053	REFERENCE SA036400 Release 93.1; Into Production 5/93	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON NYS OTDA CEES	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Recoupment Percentage		Recoupment rates: 11%, 12%, 13%, 14%, and 15%	
3. Number of Cases Recouped			
4. Total Amount Recouped			
5. Savings			
6. Total		Totals for all recoupment rates	

WINR0643 – NPA-FS OVERDUE RECERTIFICATION LIST

1

REPORT DATE: 09/20/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE: 1
	NPA-FS OVERDUE RECERTIFICATION LIST				*****
PERIOD COVERED BY THIS REPORT: AUG, 2008	WMS REPORT WINR0643				* THIS REPORT CONTAINS *
CENTER: F02					* CONFIDENTIAL INFORMATION *
					* FOR INTERNAL USE ONLY *

CASE-NAME	CASE NO	SUFF	LAST RECERT	NEXT RECERT	
ABXXXX STACY	00010945100F	01	04/01/2008	08/13/2008	
ALXXXX MELMARITS	00006089430A	01	04 07 2008	08 07 2008	
AMXXXXXXXXX JOSUE	00011018640A	01	06 01 2008	08 12 2008	
ANXXXXXXXXX KEVIN	00006047820D	01	04 18 2008	08 13 2008	
BAXXXX ROSELLA	00011019360E	01	06 01 2008	08 06 2008	
BEXXXXX FELIPE	00011008060D	01	04 11 2008	08 13 2008	
<< report edited for formatting >>					
SAXXXXX SHARIMAR	00010778999C	01	03 25 2008	08 12 2008	
SIXXX MARIA	00010083729D	01	10 17 2006	08 12 2008	
SIXXX LYDIA	00000213289C	01	03 19 2008	08 12 2008	
VIXXXX JULIO	00010997209B	01	04 24 2008	08 13 2008	
TOTAL PAST DUE RECERTIFICATIONS THIS CENTER:	240				
REPORT COMPLETED					

WINR0643 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0643 – NPA-FS OVERDUE RECERTIFICATION LIST**

WINR0643 – NPA-FS OVERDUE RECERTIFICATION LIST

REPORT TITLE NPA-FS Overdue Recertification List		REPORT NUMBER WINR0643	FILE NAME PRC54*RPT (* = 1 or 2)
PURPOSE – NOTES These two reports are a listing of all NPA-FS overdue recertifications. “1” is a listing of all overdue recertifications from the previous month; “2” is a listing of all overdue recertifications from two months previous.			
SOURCE RunID = PRC54* (* = 1 or 2)	REFERENCE Into Production 1/93	AUDIENCE / GENERAL DISTRIBUTION HRA FIA & MIS Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE NPA FS Center/Alphabetic by Case Name		BREAKS By NPA FS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Local NPA FS office for which the recertification overdue list is produced.	
3. Case-Name		The name by which a case is known to the WMS database.	
4. Case No		The number by which a case is identified.	
5. Suff		Suffix – A unit within a case.	
6. Last Recert Date		Indicates a date when the case was last reviewed (recertified) and eligibility reestablished.	
7. Next Recert Date		Indicates a date on/about the time a case is due for recertification.	
8. Total Past Due Recertifications This Center			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0651 – EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT**

WINR0651 – EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT 1

REPORT DATE 04/03/2007 PROGRAM: DX1099	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM MONTHLY WMS REPORT WINR0651 EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																														
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CTL NO.</td> <td style="width: 15%;">PLH</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td>CASE NUMBER</td> <td></td> <td>AUTH NUMBER</td> <td>CHECK NUMBER</td> <td>AMOUNT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>001</td> <td>0519872202</td> <td>3810.00</td> </tr> </table>	CTL NO.	PLH							2	3	4	5		CASE NUMBER		AUTH NUMBER	CHECK NUMBER	AMOUNT				001	0519872202	3810.00									
CTL NO.	PLH																																
		2	3	4	5																												
	CASE NUMBER		AUTH NUMBER	CHECK NUMBER	AMOUNT																												
			001	0519872202	3810.00																												
<< report edited for formatting >>																																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CTL NO.</td> <td style="width: 15%;">066</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td>CASE NUMBER</td> <td></td> <td>AUTH NUMBER</td> <td>CHECK NUMBER</td> <td>AMOUNT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>020</td> <td>6609703600</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>020</td> <td>6609703700</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>020</td> <td>6609704301</td> <td>50.00</td> </tr> </table>	CTL NO.	066						CASE NUMBER		AUTH NUMBER	CHECK NUMBER	AMOUNT				020	6609703600	0.00				020	6609703700	0.00				020	6609704301	50.00			
CTL NO.	066																																
	CASE NUMBER		AUTH NUMBER	CHECK NUMBER	AMOUNT																												
			020	6609703600	0.00																												
			020	6609703700	0.00																												
			020	6609704301	50.00																												
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">TOTAL</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">7</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td>40889.00</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	TOTAL		7					40889.00																									
TOTAL		7																															
	40889.00																																

WINR0651 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0651 – EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT**

WINR0651 – EMERGENCY CHECK AUTHORIZATION EXCLUSION REPORT

REPORT TITLE Emergency Check Authorization Exclusion Report		REPORT NUMBER WINR0651	FILE NAME PDX99DPW0651 / PDX99MPW0651 (D = Daily; M = Monthly)
PURPOSE – NOTES This report is a managerial/monitoring tool which lists those duplicate emergency check pending records that have been excluded. Duplicate posting of the same emergency check record can occur when entries are transmitted more than once.			
SOURCE DX1099 RunID = PDX99D / PDX99M (D = Daily; M = Monthly)	REFERENCE Development 5/93; Production 6/93 (Release 93.2)	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON (daily report only)	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily / Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. CTL No.		Center originating emergency check.	
3. Case Number		Number that uniquely identifies the case.	
4. Auth Number		Authorization Number	
5. Check Number		Emergency check number issued.	
6. Amount		Amount of benefit	
7. Total		Total amount of emergency checks	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0653 – CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION
 MERGE FOR CONTROL DATE MM/DD/YYYY**

WINR0653 – CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION MERGE FOR CONTROL DATE MM/DD/YYYY

REPORT DATE 10-07-08
 PROGRAM: RN1022

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM

WMS REPORT WINR0653

CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION MERGE
 FOR CONTROL DATE 10/06/2008

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

FILE DESCRIPTION	RECORDS READ	INVALID RECORDS	RECORDS SORTED	TOTAL VALID PA AMOUNT
GIC EPFT CHECK RECONCILIATIONS	0	0	0	0.00
REPLACED CHECK ISSUANCES	218	0	218	43,296.19
MIS CHECK CANCELLATIONS	0	0	0	0.00
BANK RECONCILIATIONS	6,411	0	6,411	1,404,416.65
AUTO E-CHECK RECONCILIATIONS	0	0	0	0.00
MANUAL E-CHECK RECONCILIATIONS	0	0	0	0.00
RECYCLED E-CHECK RECONCILIATIONS	7,145	0	7,145	1,968,847.07
OUTPUT TOTALS - COMBINED RECONCILIATION TRANSACTIONS:			13,774	3,416,559.91

WINR0653 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0653 – CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION
MERGE FOR CONTROL DATE MM/DD/YYYY

WINR0653 – CONTROL TOTALS FOR CHECK RECONCILIATION TRANSACTION MERGE FOR CONTROL DATE MM/DD/YYYY

REPORT TITLE Control Totals for Check Reconciliation Transaction Merge for Control Date MM/DD/YYYY		REPORT NUMBER WINR0653	FILE NAME PRN02*P22RPT (* = toe digit 0-9)
PURPOSE – NOTES			
SOURCE RunID = PRN02* (* = toe digit 0-9)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Not currently distributed	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. File Description		Descriptive file name	
3. Records Read		Number of records read	
4. Invalid Records		Number of invalid records	
5. Records Sorted		Number of valid records included in the merge	
6. Total Valid PA Amount		Dollar amount of valid records	
7. Output Totals – Combined Reconciliation Transactions		Total number of valid reconciliation records merged and total dollar amount	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0655 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT**

WINR0655 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT 1

REPORT DATE 04/04/07 PROGRAM: EI1094 (2) CENTER: 013 PAGE BREAK: CENTER	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM (1) WTPY CENTER DIRECTORS SSN EXCEPTION REPORT WMS REPORT WINR0655	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																																																																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CASE NUM/ CASE NAME</td> <td style="width: 10%;">WRKR</td> <td style="width: 10%;">CIN</td> <td style="width: 10%;">SSN</td> <td style="width: 15%;">LAST NAME</td> <td style="width: 10%;">FIRST</td> <td style="width: 5%;">MI</td> <td style="width: 5%;">SEX</td> <td style="width: 10%;">DOB</td> <td style="width: 20%;">MESSAGE FROM SSA FOR INVALID SSN</td> </tr> <tr> <td>(3)</td> <td>(4)</td> <td>(5)</td> <td>(6)</td> <td>(7)</td> <td>(8)</td> <td>(9)</td> <td>(10)</td> <td></td> <td></td> </tr> </table>	CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">HXXXXX</td> <td style="width: 10%;">MXXXXXX</td> <td style="width: 5%;">F</td> <td style="width: 10%;">11/13/49</td> <td style="width: 20%;">VALIDATED: WITH SSN BENEFITS REPORTED.</td> </tr> <tr> <td>CLAIM # =</td> <td>08888888A00</td> <td>(12)</td> <td>BENEFITS = \$ 633.00</td> <td>(11) INQUIRY DATE: 0H/99/48</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">00006685454I</td> <td style="width: 10%;">00042</td> <td style="width: 10%;">SW62472U</td> <td style="width: 10%;">055555555</td> <td style="width: 15%;">DXXXX</td> <td style="width: 10%;">MXXX</td> <td style="width: 5%;">F</td> <td style="width: 10%;">10/28/15</td> <td style="width: 20%;">VALIDATED: WITH SSN BENEFITS REPORTED.</td> </tr> <tr> <td>RXXX JXXX</td> <td></td> <td></td> <td></td> <td>CLAIM # =</td> <td>05555555A00</td> <td></td> <td>BENEFITS = \$1596.00</td> <td>INQUIRY DATE: 01/01/NY</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">00006685590J</td> <td style="width: 10%;">00204</td> <td style="width: 10%;">QS02080U</td> <td style="width: 10%;">077777777</td> <td style="width: 15%;">SXXXX</td> <td style="width: 10%;">MXXXXXX</td> <td style="width: 5%;">M</td> <td style="width: 10%;">03/09/64</td> <td style="width: 20%;">NAME DOES NOT MATCH, DOB NOT CHECKED.</td> </tr> <tr> <td>SXXX MXXXXXXXXX</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>INQUIRY DATE: 01/01/NY</td> </tr> </table>	HXXXXX	MXXXXXX	F	11/13/49	VALIDATED: WITH SSN BENEFITS REPORTED.	CLAIM # =	08888888A00	(12)	BENEFITS = \$ 633.00	(11) INQUIRY DATE: 0H/99/48	00006685454I	00042	SW62472U	055555555	DXXXX	MXXX	F	10/28/15	VALIDATED: WITH SSN BENEFITS REPORTED.	RXXX JXXX				CLAIM # =	05555555A00		BENEFITS = \$1596.00	INQUIRY DATE: 01/01/NY	00006685590J	00204	QS02080U	077777777	SXXXX	MXXXXXX	M	03/09/64	NAME DOES NOT MATCH, DOB NOT CHECKED.	SXXX MXXXXXXXXX								INQUIRY DATE: 01/01/NY
CASE NUM/ CASE NAME	WRKR	CIN	SSN	LAST NAME	FIRST	MI	SEX	DOB	MESSAGE FROM SSA FOR INVALID SSN																																																										
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)																																																												
HXXXXX	MXXXXXX	F	11/13/49	VALIDATED: WITH SSN BENEFITS REPORTED.																																																															
CLAIM # =	08888888A00	(12)	BENEFITS = \$ 633.00	(11) INQUIRY DATE: 0H/99/48																																																															
00006685454I	00042	SW62472U	055555555	DXXXX	MXXX	F	10/28/15	VALIDATED: WITH SSN BENEFITS REPORTED.																																																											
RXXX JXXX				CLAIM # =	05555555A00		BENEFITS = \$1596.00	INQUIRY DATE: 01/01/NY																																																											
00006685590J	00204	QS02080U	077777777	SXXXX	MXXXXXX	M	03/09/64	NAME DOES NOT MATCH, DOB NOT CHECKED.																																																											
SXXX MXXXXXXXXX								INQUIRY DATE: 01/01/NY																																																											
<< report edited for formatting >>																																																																			
(13) SUMMARY TOTALS																																																																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">SSN IS NOT ON SSA FILE.</td> <td style="width: 30%;">00006</td> </tr> <tr> <td>NAME MATCHES, DOB DOES NOT MATCH.</td> <td>00035</td> </tr> <tr> <td>NAME DOES NOT MATCH, DOB NOT CHECKED.</td> <td>00059</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)</td> <td>00003</td> </tr> <tr> <td>DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)</td> <td>00033</td> </tr> <tr> <td>SSN ONE DIGIT ERROR WITH BENEFITS</td> <td>00011</td> </tr> <tr> <td>SSN ONE DIGIT ERROR W/O BENEFITS</td> <td>00035</td> </tr> <tr> <td>VALIDATED: WITH D.O.D REPORTED FROM SSA.</td> <td>00000</td> </tr> <tr> <td>VALIDATED: WITH SSN BENEFITS REPORTED.</td> <td>00324</td> </tr> </table>	SSN IS NOT ON SSA FILE.	00006	NAME MATCHES, DOB DOES NOT MATCH.	00035	NAME DOES NOT MATCH, DOB NOT CHECKED.	00059	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00003	DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00033	SSN ONE DIGIT ERROR WITH BENEFITS	00011	SSN ONE DIGIT ERROR W/O BENEFITS	00035	VALIDATED: WITH D.O.D REPORTED FROM SSA.	00000	VALIDATED: WITH SSN BENEFITS REPORTED.	00324																																																	
SSN IS NOT ON SSA FILE.	00006																																																																		
NAME MATCHES, DOB DOES NOT MATCH.	00035																																																																		
NAME DOES NOT MATCH, DOB NOT CHECKED.	00059																																																																		
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (WITH BENEFITS)	00003																																																																		
DOB GIVEN NAME MATCH-SURNAME DIFFERENT (W-O BENEFITS)	00033																																																																		
SSN ONE DIGIT ERROR WITH BENEFITS	00011																																																																		
SSN ONE DIGIT ERROR W/O BENEFITS	00035																																																																		
VALIDATED: WITH D.O.D REPORTED FROM SSA.	00000																																																																		
VALIDATED: WITH SSN BENEFITS REPORTED.	00324																																																																		
***** END OF REPORT *****																																																																			

WINR0655 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0655 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT**

WINR0655 – WTPY CENTER DIRECTORS SSN EXCEPTION REPORT

REPORT TITLE WTPY Center Directors SSN Exception Report		REPORT NUMBER WINR0655	FILE NAME PEI940PCDALL
PURPOSE – NOTES This report is a citywide PA and FS only version of the WINR0628 report. This report provides management with a listing of cases that contain Social Security Numbers that failed validation with the Social Security Administration. This report also provides confirmation of SSN validation as well as Social Security benefit information.			
SOURCE E11094 RunID = PEI940	REFERENCE Into Production 4/93	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS headings		-	
2. Center		The center responsible for the case.	
3. CASE NUM/CASE NAME		The case number of the case and the payee's name.	
4. WRKR		Worker responsible for the case.	
5. CIN		Individual's Client Identification Number	
6. SSN		Individual's Social Security Number	
7. Last Name, First, MI		Individual's full name	
8. Sex		Individual's gender	
9. DOB		Individual's Date of Birth	
10. Message from SSA for Invalid SSN		Message from SSA (Social Security Administration).	
11. Inquiry Date		Date the query was sent to SSA.	
12. Claim #, Benefits		SSA Benefits details are included when a substantial match or complete match occurs. Note: Date of death of the individual is included along with the claim number if a substantial match or complete match occurs, but the person is deceased.	
13. Summary Totals		Total number of SSA message.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0656 - NYC REPORTING SYSTEM – PERIODIC MAILER AND CONTACT LETTER
REPORT - WORKER DETAIL**

WINR0656 - NYC REPORTING SYSTEM – PERIODIC MAILER AND CONTACT LETTER REPORT - WORKER DETAIL

REPORT DATE 01/27/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1						
PERIOD COVERED BY THIS REPORT: 01/26/08	WELFARE MANAGEMENT SYSTEM		*****						
	WMS REPORT WINR0656		* THIS REPORT CONTAINS *						
	NYC REPORTING SYSTEM - PERIODIC MAILER AND CONTACT LETTER REPORT		* CONFIDENTIAL INFORMATION*						
LOCAL OFFICE: 013	WORKER: 00052	WORKER DETAIL	* FOR INTERNAL USE ONLY *						
			I	II	III	IV	V	VI	VII
				!	!	!2ND !	!	!	!
			!NEW !	!MAIL !	!RET !	!W912K !	!CLS/ATO !	!ACT !	!SCANNER !
CASE NAME	MAIL TYPE	CASE NUMBER	CASE ADDRESS						
SXXXXXX X FOR VXXXXXX	CM	00009876543E	999 MADISON ST NEW YORK NY 10002	9E	!	!	!	!	!
					!	!	!	!	!
OXXXX MXXXX FOR MXXXX	CM	00002345678G	999 CLINTON ST NEW YORK NY 10002	9F	!	!	!	!	!
					!	!	!	!	!

TOTAL MAILERS AND LETTERS SENT FOR WORKER : 2									

WINR0656 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0656 - NYC REPORTING SYSTEM – PERIODIC MAILER AND CONTACT LETTER
REPORT WORKER DETAIL**

WINR0656 - NYC REPORTING SYSTEM – PERIODIC MAILER AND CONTACT LETTER REPORT - WORKER DETAIL

REPORT TITLE NYC Reporting System – Periodic Mailer and Contact Letter Report - Worker Detail		REPORT NUMBER WINR0656	FILE NAME PRC520PWK*** (*** = Center Code)
PURPOSE – NOTES This report lists the cases to which each worker sent a mailer and contact letter. The Case Name, Mail Type, Case Address, and dates are displayed for each case. It is part of the Recertification Subsystem.			
SOURCE RC1052 RunID = PRC520	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center	
SEQUENCE Local Office/Worker/Case Number		BREAKS Worker	
FREQUENCY / SCHEDULE Monthly – last full weekend of each month (Friday through Sunday)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center Number	
3. Worker		Worker Identification Code	
4. Case Name		The name of the case head.	
5. Mail Type			
6. Case Number		The number that uniquely identifies the case.	
7. Case Address		Mailing address of case.	
8. I New Case			
9. II Mail Date			
10. III Ret Date			
11. IV 2 nd W912K Date			
12. V Close/ATO Rem Date			
13. VI Act Taken			
14. VII Scanner Date			
15. VII Scanner Action			
16. Total Mailers and Letters Sent for Worker		Total number of mailers and letters sent for this worker	

WINR0659 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT) WEEKLY

REPORT DATE 08/03/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1
CENTER 099		WELFARE MANAGEMENT SYSTEM					*****
WORKER: .SHIN		DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT)					* THIS REPORT CONTAINS *
PROGRAM: RFP009		WEEKLY WMS REPORT WINR0659					* CONFIDENTIAL INFORMATION *
							* FOR INTERNAL USE ONLY *

RFI RESOURCE TYPE	APPREG	POSTED DATE	INDIVIDUAL NAME	STATUS PA FS	CASE NUMBER	CASE NAME	
W R S	077-77-7777	07/28/08	RXXXX SHIRLEY	SI AP	00000198739F	RXXXX SHIRLEY	
U I B	077-77-7777	07/30/08	RXXXX SHIRLEY	SI AP	00000198739F	RXXXX SHIRLEY	
BANK	077-77-7777	04/28/01	RXXXX SHIRLEY	SI AP	00000198739F	RXXXX SHIRLEY	
WORKER	WRS	UIB	SSA	1099	BANK	ALL	
.SHIN	1	1	0	0	1	3	

WINR0659 Detail Report Sample

REPORT DATE 08/03/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1
CENTER 099		SUMMARY OF UNRESOLVED RFI HITS PA (APPLICANT)					
		WINR0659 CENTER SUMMARY					
WORKER	WRS	UIB	SSA	1099	BANK	ALL	
.SHIN	1	1	0	0	1	3	
TOTAL	432	74	155	0	398	1059	

WINR0659 Center Summary Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0659 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT) WEEKLY

REPORT DATE	08/03/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE	1
CENTER	NYC	SUMMARY OF UNRESOLVED RFI HITS PA (APPLICANT)						
		WINR0659 CENTER SUMMARY						
14								
CENTER	WRS	UIB	SSA	1099	BANK	ALL		
013	15 411	95	138	0	501	1195		
017	10	2	26	0	106	144		
<< report edited for formatting >>								
085	26	6	29	0	265	326		
099	432	74	155	0	398	1059		
TOTAL	16 14133	2645	3284	0	19561	40510		

WINR0659 Center Summary Report Sample (All Centers)

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0659 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT) WEEKLY

WINR0659 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (APPLICANT) WEEKLY

REPORT TITLE Detail Listing of Unresolved RFI Hits PA (Applicant) Weekly		REPORT NUMBER WINR0659	FILE NAME PRFW90PUH*** (*** = Center Code)
PURPOSE – NOTES This report lists the RFI hits for newly registered PA cases that occurred in the week reported.			
SOURCE RunID = PRFW90	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE Worker/Case Number		BREAKS Worker	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Public Assistance Center being reported	
3. RFI Resource Type		Resource File Integration Resource Type: WRS, UIB, SSA, 1099, Bank, All	
4. APPREG		Application Registration Number (Individual's Social Security Number)	
5. Posted Date		Date the resource was posted	
6. Individual Name		Name of individual on resource	
7. Status PA FS		Case Status	
8. Case Number		-	
9. Case Name		-	
10. Worker		Worker Id who entered the case	
11.		Subtotals of each RFI Resource Type for this worker	
12. Worker		Summary of subtotals of each RFI Resource Type for all workers	
13. Total		Grand total of each RFI Resource Type reported for this month	
14. Center		NYC Centers	
15.		Subtotals of each RFI Resource Type for each Center	
16. Total		Grand total of each RFI Resource Type reported for all Centers	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0660 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT) WEEKLY

WINR0660 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT) WEEKLY

REPORT DATE 08/03/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1
CENTER F63		WELFARE MANAGEMENT SYSTEM					*****
WORKER:		DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT)					* THIS REPORT CONTAINS *
PROGRAM: RFP009		WEEKLY WMS REPORT WINR0660					* CONFIDENTIAL INFORMATION *
							* FOR INTERNAL USE ONLY *

RFI RESOURCE TYPE	APPREG	POSTED DATE	INDIVIDUAL NAME	STATUS PA FS	CASE NUMBER	CASE NAME	
BANK	066-66-6666	06/18/08	LXXXXXX	JEANBAPTIS	AP	00000157642A	LXXXXXX CLAIREANDR F
BANK	066-66-6666	06/18/08	LXXXXXX	JEANBAPTIS	AP	00000157642A	LXXXXXX CLAIREANDR F
W R S	100-00-0000	08/10/04	LXXXXX	EZRA	AP	00000359430G	LXXXXX BERNICE
B D X VERIFIED WITH D.O.D	100-00-0000	08/11/04	LXXXXX	EZRA	AP	00000359430G	LXXXXX BERNICE
<< report edited for formatting >>							
B D X VERIFIED WITH D.O.D	488-88-8888	01/19/07	SXXXXX	ANNIE	AP	00006156674B	SXXXXX WILLIAM
B D X VERIFIED WITH D.O.D	077-77-7777	12/24/06	PXXXXX	STAMATIS	AP	00006286542D	PXXXXX STAMATIA

WINR0660 Detail Report Sample

REPORT DATE 08/03/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1
CENTER F63		SUMMARY OF UNRESOLVED RFI HITS FS (APPLICANT)					
		WINR0660 CENTER SUMMARY					
WORKER	WRS	UIB	SSA	1099	BANK	ALL	
	82	8	396	0	225	711	
TOTAL	82	8	396	0	225	711	

WINR0660 Center Summary Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0660 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT) WEEKLY**

WINR0660 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (APPLICANT) WEEKLY

REPORT TITLE Detail Listing of Unresolved RFI Hits FS (Applicant) Weekly		REPORT NUMBER WINR0660	FILE NAME PRFW90PUH*** (*** = Center Code)
PURPOSE – NOTES This report lists the RFI hits for newly registered FS cases that occurred in the week reported.			
SOURCE RunID = PRFW90	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Centers via DEPCON	
SEQUENCE Worker/Case Number		BREAKS Worker	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Food Stamps Center being reported	
3. RFI Resource Type		Resource File Integration Resource Type: WRS, UIB, SSA, 1099, Bank, All	
4. APPREG		Application Registration Number (Individual's Social Security Number)	
5. Posted Date		Date the resource was posted	
6. Individual Name		Name of individual on resource	
7. Status PA FS		Case Status	
8. Case Number		-	
9. Case Name		-	
10. Worker		Worker Id	
11.		Summary of subtotals of each RFI Resource Type for each worker	
12. Total		Total of each RFI Resource Type reported for this week	

WINR0661 – CASES REPORTING OTHER CHANGES ON MAILOUT OF MM/YY 1

		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION					PAGE 1	
		WELFARE MANAGEMENT SYSTEM					*****	
REPORT DATE 11/19/08	1						* THIS REPORT CONTAINS *	
PROGRAM ID: RC1070		WMS REPORT WINR0661					*CONFIDENTIAL INFORMATION*	
		CASES REPORTING OTHER CHANGES ON MAILOUT OF 11/08					* FOR INTERNAL USE ONLY *	
					6	7	8	9
IMC 013					RENT	INDIVIDUAL IN	NEW OR CHANGED	OTHER
UNIT/WORKER 00053					CHANGE	HOUSEHOLD PREGNANT	RESOURCE	
3	4	5						
	CASE #	CASE NAME						
	00007154970D	HXXXXXX JAGUAREAN				X		
UNIT/WORKER 00054								
	CASE #	CASE NAME						
	00007934258A	VXXXXX VICTOR			X			
UNIT/WORKER 00112								
	CASE #	CASE NAME						
	00003786504F	HXXXXX D FOR FXXXXXXX L			X			
UNIT/WORKER 00205								
	CASE #	CASE NAME						
	00008790572F	HXXXXXXXXX DAVID						X
	CASE #	CASE NAME						
	00004108177J	WXXXXX S FOR LXXXXXX LEROY			X			
UNIT/WORKER 00910								
	CASE #	CASE NAME						
	00005941319F	WXXXXX DAVID F					X	
	CASE #	CASE NAME						
	00003631860I	OXXXX JOHN						X
<< report edited for formatting >>								
TOTALS FOR IMC 013	10				5	1	1	2

WINR0661 Report Sample

WINR0661 – CASES REPORTING OTHER CHANGES ON MAILOUT OF MM/YY

REPORT TITLE Cases Reporting Other Changes on Mailout of MM/YY		REPORT NUMBER WINR0661	FILE NAME PRC700P*0661 * = 1 (Month 1) or 2 (Month 2)
PURPOSE – NOTES This report lists cases reporting other changes on the mailout of the month and year being reported.			
SOURCE RC1070 RunID = PRC700	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE IMC/Unit/Worker ID		BREAKS PA Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Public Assistance Center being reported.	
3. Unit/Worker		Worker responsible for the case.	
4. Case #		-	
5. Case Name		-	
6. Rent Change		"X" indicates a change in rent	
7. Individual in Household Pregnant		"X" indicates a new pregnancy in the household	
8. New or Changed Resource		"X" indicates a new or changed resource	
9. Other		"X" indicates another type of change	
10. Totals for IMC		Total number of cases and each change type for the PA center being reported.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0666 – CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF MM/YY**

WINR0666 – CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF MM/YY

1

REPORT DATE 01/09/09		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION											PAGE 01			
PROGRAM ID: RC1078		WELFARE MANAGEMENT SYSTEM											*****			
		WMS REPORT WINR0666											* THIS REPORT CONTAINS *			
		CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF 01/09											*CONFIDENTIAL INFORMATION*			
													* FOR INTERNAL USE ONLY *			

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
IMC 046	UNIT/WORKER	CASE #	CASE NAME	CONTRB	EMPLMNT	UIB	SSI	SSA	SPRT	VETS	H.H.	RENT	PREG/ DISAB	RESOURCE	OTHER CHANGES	
	00043		PXXXXX AXXXXX		X											
	00113															
	0006569379I		JXXXXX RXXX		X											
	00125															
	00003035092A		WXXXX KXXXX			X									X	
	00203															
	00008717179J		LXXXX CXXXXX								X			X		
TOTALS FOR IMC 046		18		4	0	2	1	0	0	0	0	1	3	0	1	1

WINR0666 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0666 – CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF MM/YY**

WINR0666 – CASES REPORTING MULTIPLE CHANGES ON MAILOUT OF MM/YY

REPORT TITLE Cases Reporting Multiple Changes on Mailout of MM/YY		REPORT NUMBER WINR0666	FILE NAME PRC780P*0666 * = 1 (Month 1) or 2 (Month 2)
PURPOSE – NOTES This report lists the cases that had multiple changes on the mailout of the month and year being reported.			
SOURCE RC1078 RunID = PRC780	REFERENCE In Production 11/93; * = 1 (Month 1) or 2 (Month 2) - Additional Filename Effective 5/94	AUDIENCE / GENERAL DISTRIBUTION PA Centers via mailbag HRA Income Clearance Program via DEPCON HRA MIS Management via DEPCON	
SEQUENCE PA Center/Unit Worker		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Public Assistance Center being reported.	
3. Unit/Worker		Worker responsible for the case.	
4. Case #		-	
5. Case Name		-	
Changes that occurred in:			
6. Contrib		Contributions to household	
7. Emplmnt		Employment	
8. UIB		Unemployment Insurance Benefits	
9. SSI		Supplemental Security Income	
10. SSA		Social Security Administration	
11. SS PRT			
12. Vets		Veteran Status	
13. H.H.		Household	
14. Rent			
15. Preg/Disab		Individual became pregnant or disabled	
16. Resource			
17. Other Changes			
18. Totals for IMC			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0667 – CASES UNDELIVERABLE WITH AN EXCUSE, MAILOUT OF MM/YY

WINR0667 – CASES UNDELIVERABLE WITH AN EXCUSE, MAILOUT OF MM/YY

REPORT TITLE Cases Undeliverable with an Excuse, Mailout of MM/YY		REPORT NUMBER WINR0667	FILE NAME PRC770P*0667 (* = 1 [Month 1] or 2 [Month 2])
PURPOSE – NOTES This report lists the cases that were undeliverable with an excuse on the mailout of the month and year being reported.			
SOURCE RC1077 RunID = PRC770	REFERENCE Into Production 11/93	AUDIENCE / GENERAL DISTRIBUTION PA Centers via mailbag HRA FIA Management via DEPCON HRA Income Clearance Program via DEPCON HRA MIS Management via DEPCON	
SEQUENCE PA Center/Unit/Worker ID		BREAKS PA Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Public Assistance Center being reported.	
3. Unit/Worker		Worker responsible for the case.	
4. Case #		-	
5. Case Name		-	
6. Totals for IMC		Total number of cases that were undeliverable with an excuse for the PA Center being reported.	

WINR0668 – CASES UNDELIVERABLE WITH NO EXCUSE, MAILOUT OF MM/YY

```

                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
                                WELFARE MANAGEMENT SYSTEM
                                WMS REPORT WINR0668
                                ***CASES UNDELIVERABLE WITH NO EXCUSE, MAILOUT OF 09/08***

REPORT DATE 09/11/08
PROGRAM ID: RC1076

IMC 026
UNIT/WORKER 00444

CASE # 00005973052D CASE NAME CUXXXXXX MARK

TOTALS FOR IMC 026 1

                                PAGE 1
*****
* THIS REPORT CONTAINS *
*CONFIDENTIAL INFORMATION*
* FOR INTERNAL USE ONLY *
*****
```

WINR0668 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0668 – CASES UNDELIVERABLE WITH NO EXCUSE, MAILOUT OF MM/YY

WINR0668 – CASES UNDELIVERABLE WITH NO EXCUSE, MAILOUT OF MM/YY

REPORT TITLE Cases Undeliverable with No Excuse, Mailout of MM/YY		REPORT NUMBER WINR0668	FILE NAME PRC760P*0668 (* = 1 [Month 1] or 2 [Month 2])
PURPOSE – NOTES This report lists the cases that were undeliverable with no excuse on the mailout of the month and year being reported.			
SOURCE RC1076 RunID = PRC760	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via mailbag HRA FIA Management via DEPCON HRA Income Clearance Program via DEPCON HRA MIS Management via DEPCON	
SEQUENCE PA Center/Unit/Worker ID		BREAKS PA Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Public Assistance Center being reported.	
3. Unit/Worker		Worker responsible for the case.	
4. Case #		-	
5. Case Name		-	
6. Totals for IMC		Total number of cases that were undeliverable with no excuse for the PA Center being reported.	

WINR0669 – CASES WITH NO CHANGE ON MAILOUT OF MM/YY 1

REPORT DATE 01/09/09	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
PROGRAM ID: RC1079	WELFARE MANAGEMENT SYSTEM	*****
	WMS REPORT WINR0669	* THIS REPORT CONTAINS *
	CASES WITH NO CHANGE ON MAILOUT OF 01/09	*CONFIDENTIAL INFORMATION*
		* FOR INTERNAL USE ONLY *

IMC 039		
UNIT/WORKER 00022		
CASE # 00001173695G	CASE NAME PXXX WXXXXXXXX	
UNIT/WORKER 00033		
CASE # 00001519802B	CASE NAME GXXXX PXXXX	
UNIT/WORKER 00051		
CASE # 00002716038B	CASE NAME AXX MXXXXXXXXXX	
TOTALS FOR IMC 039	3	

WINR0669 Report Sample

WINR0669 – CASES WITH NO CHANGE ON MAILOUT OF MM/YY

REPORT TITLE Cases with No Change on Mailout of MM/YY		REPORT NUMBER WINR0669	FILE NAME PRC790P*0669 * = 1 (Month 1) or 2 (Month 2)
PURPOSE – NOTES This report lists the cases that had no changes on the mailout of the month and year being reported.			
SOURCE RC1079 RunID = PRC790	REFERENCE In Production 11/93; * = 1 (Month 1) or 2 (Month 2) - Additional Filename Effective 5/94	AUDIENCE / GENERAL DISTRIBUTION PA Centers via mailbag HRA Income Clearance Program via DEPCON HRA MIS Management via DEPCON	
SEQUENCE PA Center/Unit Worker		BREAKS PA Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. IMC		Public Assistance Center being reported.	
3. Unit/Worker		Worker responsible for the case.	
4. Case #		-	
5. Case Name		-	
6. Totals for IMC			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0680 – SSI/ADC PAYMENT COORDINATION – NYC**

WINR0680 – SSI/ADC PAYMENT COORDINATION – NYC

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 1	
DATE: 01-19-2009		1 WELFARE MANAGEMENT SYSTEM						*****	
REPORT : WINR0680		SSI/ADC PAYMENT COORDINATION - NYC						* THIS REPORT CONTAINS *	
PROGRAM : RB1067								* CONFIDENTIAL INFORMATION *	
								* FOR INTERNAL USE ONLY *	

2 CASE NUMBER	3 SUFFIX	4 LINE	5 RECIP-ID	6 NAME	7 SSN	8 APPLICATION DATE	9 CURRENT GRANT	10 REDUCED GRANT	
0000000754C	01	01	XV71136K	BXXXXXX	CHERYL	111-11-1111	07/21/2008	366.00	228.50
00000000874I	01	05	QB59548D	MXXXXXXXX	JEREMIAH	133-33-3333	08/15/2008	276.00	244.50
00000001829B	01	01	ZT40124B	DXXXX	DONNA	055-55-5555	05/28/2008	1186.00	1053.50
00000002039G	01	01	YA18972G	SXXXXXXXX	MARGARET	100-00-0000	10/02/2008	345.50	250.50
00000003558E	01	01	XW78558W	KXXX	SAMANTHA	588-88-8888	03/25/2008	225.50	185.00
00000003758A	01	01	XS78128X	SXXXXX	JOSEFINA	111-11-1111	03/18/2008	345.50	250.50
00000004977F	01	05	XR97787P	BXXXXX	PHILLIP	166-66-6666	12/02/2008	250.50	207.00
00000005240H	01	02	WX38600K	SXXX	GIOVANNIE	099-99-9999	10/31/2008	293.50	0.00
<< report edited for formatting >>									
00000689612A	01	01	YE64596S	CXXXX	JACQUELINE	122-22-2222	10/31/2008	404.50	361.00
00000691804J	01	01	RK24031N	AXXXXX	MARIA	222-22-2222	11/20/2008	250.50	207.00
00000692058B	01	01	YH50258B	GXXXXX	IRMA	166-66-6666	11/06/2006	206.00	68.50
00000701050H	01	04	TW24139N	VXXXXXX	ROBERTO	133-33-3333	01/22/2007	276.50	181.50
00000701161C	01	02	RF05041P	RXXXXXXXX	KATHERINE	144-44-4444	10/18/2007	402.00	0.00

WINR0680 Report Sample

WINR0680 – SSI/ADC PAYMENT COORDINATION – NYC

REPORT TITLE SSI/ADC Payment Coordination – NYC		REPORT NUMBER WINR0680	FILE NAME PRB670PRPT
PURPOSE – NOTES This report lists cases with benefits that were adjusted as a result of coordinating payments between Supplemental Security Income and Aid to Dependent Children (now FA – Family Assistance).			
SOURCE RB1067 RunID = PRB670	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Case Number/Suffix/Line Number		BREAKS	
FREQUENCY / SCHEDULE Semi-monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Uniquely identifies the case.	
3. Suffix		Number identifying the unit of assistance that received benefits.	
4. Line		Number that identifies an individual in the case.	
5. Recip-ID		Client Identification Number (CIN).	
6. Name		Payee of the case.	
7. SSN		Payee's social security number.	
8. Application Date		Date the individual applied for benefits.	
9. Current Grant		Benefit amount currently being paid.	
10. Reduced Grant		Benefit amount resulting from SSI/ADC adjustment.	

WINR0688 – OVERDUE PA RECERT REPORT – CITYWIDE COMPOSITE

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM											PAGE 1
REPORT DATE: 10/25/08											*****
PROGRAM ID: RC1082											* THIS REPORT CONTAINS *
											CONFIDENTIAL INFORMATION
											* FOR INTERNAL USE ONLY *

WMS REPORT WINR0688											
OVERDUE PA RECERT REPORT											
CITYWIDE COMPOSITE											
PART I											
CASES OVERDUE											
ISC 013	LAST RECERTIFIED	FA	SNFP	SNCA	QR	SNNC	HRPG	EAA	EAF	TOTAL SUFFIX	
08/07		0	0	2	0	0	0	0	0	2	
09/07		1	0	7	0	0	0	0	0	8	
SUB-TOTAL FOR YEAR		1	0	9	0	0	0	0	0	10	
TOTAL - ALL YEARS		1	0	9	0	0	0	0	0	10	
<< report edited for formatting >>											
PART II											
CASES OVERDUE - FH/AC STATUS											
PART III											
CASES OVERDUE - PND CL STATUS											
=====											
CENTER GRAND TOTALS		4	0	10	0	4	0	0	0	14	
=====											
TOTAL FOR ALL ISCS		154	1	203	37	119	0	0	0	395	

WINR0688 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0688 – OVERDUE PA RECERT REPORT – CITYWIDE COMPOSITE**

WINR0688 – OVERDUE PA RECERT REPORT – CITYWIDE COMPOSITE

REPORT TITLE Overdue PA Recert Report – Citywide Composite		REPORT NUMBER WINR0688	FILE NAME PRC820PR688B (Citywide) PRC820PR0688 (Monthly Counts)
PURPOSE – NOTES This report provides the number Public Assistance cases that are overdue for recertification per category code for each last recertified month/year. Two versions of this report are run, a citywide version and another version with monthly counts.			
SOURCE RunID = PRC820	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON (for monthly counts report) NYS OTDA./CEES via DEPCON (for citywide report)	
SEQUENCE PA Center Code		BREAKS PA Center Code	
FREQUENCY / SCHEDULE Monthly (run on the last full weekend of month)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. ISC		Public Assistance Center being reported	
3. Part		Part I, Cases Overdue; Part II, Cases Overdue – FH/AC Status; Part III, Cases Overdue – PND CL Status	
4. Last Recertified			
5. Case Type		Category Code: FA, SNFP, SNCA, QR, SNNC, HRPD, EAA, EAF	
6. Total Suffix		Total cases for all category codes for each recertification date	
7. Sub-Total for Year			
8. Total – All Years			
9. Center Grand Totals		Grand totals for the PA Center	
10. Total for All ISCS		Totals for all PA Centers	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0689 – PA FAIR HEARING DISPOSITION REPORT – PA CASES NOT UPDATED
WITH FHS STATUS TRANSACTION FOR REDUCTIONS**

**WINR0689 – PA FAIR HEARING DISPOSITION REPORT – PA CASES NOT UPDATED WITH FHS STATUS
TRANSACTION FOR REDUCTIONS**

1

REPORT DATE: 09/23/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 02	
PROGRAM: FH1004		WELFARE MANAGEMENT SYSTEM							
		PA FAIR HEARING DISPOSITION REPORT						*****	
		WMS REPORT WINR0689						* THIS REPORT CONTAINS *	
		PA CASES NOT UPDATED WITH FHS STATUS TRANSACTION FOR REDUCTIONS						* CONFIDENTIAL INFORMATION *	
		IMC 099						* FOR INTERNAL USE ONLY *	

PA CASE	UNIT	NOTICE	AG FH	FAIR HEARING		FAIR HEARING	NON-UPDATE		
NUMBER	CTR WORK	ID NUMBER	EFF DT AC ST	NAME		NUMBER REQ DT	REASON		
-----	-----	-----	-----	-----		-----	-----		
3	4 5	6	7 8 9	10		11 12	13		
009745379J	099 00601		R 2 HXXXX	HXXXX		5118875K 092208	TRANSACTION NOT IN PENDING AREA		
<<report edited for formatting>>									
TOTAL FOR OFFICE NUMBER 099						CASE NUMBER NOT ON DATABASE	14	00000	
TOTAL FOR OFFICE NUMBER 099						OTHER REASONS	15	00002	

WINR0689 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0689 – PA FAIR HEARING DISPOSITION REPORT – PA CASES NOT UPDATED
WITH FHIS STATUS TRANSACTION FOR REDUCTIONS**

WINR0689 – PA FAIR HEARING DISPOSITION REPORT – PA CASES NOT UPDATED WITH FHIS STATUS TRANSACTION FOR REDUCTIONS

REPORT TITLE PA Fair Hearing Disposition Report – PA Cases Not Updated with FHIS Status Transaction for Reductions		REPORT NUMBER WINR0689	FILE NAME PFH040PPA*** (*** = PA Center)
PURPOSE – NOTES			
SOURCE RunID = PFH040	REFERENCE Into Production 12/93	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
11. Standard WMS Headings		-	
12. IMC		Public Assistance Center being reported.	
13. PA Case Number		Number that uniquely identifies the case.	
14. CTR		Center responsible for the case.	
15. Unit Work		Worker responsible for the case.	
16. Notice ID Number		Number identifying the notice sent out.	
17. Eff Dt		Effective date of notice	
18. AG AC			
19. FH ST		Fair Hearing Status Code	
20. Fair Hearing Name		Individual requesting the fair hearing	
Fair Hearing:			
21. Number		Fair Hearing Number	
22. Req Dt		Fair Hearing Request Date	
23. Non-Update Reason		Message indicating the reason why the case was not updated	
24. Total for Office Number XXX Case Number not on Database		Total number of cases not updated for the PA Center being reported that are not on the database.	
25. Total for Office Number XXX Other Reasons		Total number of cases not updated for the PA Center being reported for other reasons.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0701 – PA RECERTIFICATION FORECASTING REPORT**

WINR0701 – PA RECERTIFICATION FORECASTING REPORT

1

REPORT DATE: 09/20/08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION															PAGE 1					
PROGRAM ID: RC1088		WELFARE MANAGEMENT SYSTEM															*****					
		WMS REPORT WINR0701															* THIS REPORT CONTAINS *					
		PA RECERTIFICATION FORECASTING REPORT															*CONFIDENTIAL INFORMATION*					
		FOR 12/08															* FOR INTERNAL USE ONLY *					

ISC #	A	SSN CD	BOE M	BOE I	BOE R	CHILD	MIXED	INC 50	INC 51	INC 52	INC 53	SANC	IND	BLB	INC 99	SUB TOTAL	REG CASES	QRS	NEW ACCEPT	SUB TOTAL	MRLR CASES	TOTAL
013		0	0	0	1	0	13	0	0	0	0	9	0	0	1	24	186	8	293	487	309	820
017		0	0	0	5	0	59	3	3	0	0	1	0	0	7	78	996	58	26	1080	920	2078
018		0	0	0	1	1	61	0	0	0	0	32	0	0	3	98	405	125	116	646	272	1016
019		0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	59	1	24	84	123	209
023		0	0	0	1	0	22	0	0	0	0	14	0	0	1	38	100	10	185	295	96	429
024		0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	36	1	28	65	148	214
<< report edited for formatting >>																						
079		0	0	0	0	1	4	0	0	0	0	5	0	0	0	10	57	15	92	164	76	250
080		0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	4	0	9	13	0	15
084		0	0	0	0	0	5	0	0	0	0	2	0	0	0	7	302	2	72	376	340	723
085		2	0	0	0	1	2	0	0	0	0	0	0	0	0	5	86	7	40	133	263	401
099		0	0	0	0	1	24	0	0	0	0	7	0	0	1	33	172	33	148	353	241	627
TOTALS		3	0	2	25	25	844	3	4	0	0	504	2	49	1461	7598	1413	6824	15835	8302	25598	

WINR0701 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0701 – PA RECERTIFICATION FORECASTING REPORT**

WINR0701 – PA RECERTIFICATION FORECASTING REPORT

REPORT TITLE PA Recertification Forecasting Report		REPORT NUMBER WINR0701	FILE NAME PRC880PR0701
PURPOSE – NOTES This report contains the number of cases to be scheduled in the four (4) upcoming months following the schedule month. For example, in April after processing cases to be scheduled for May recertification, a forecasting report is generated listing cases for the months of June, July, August, and September. The cases are listed by high risk types. The High Risk Categories are prioritized and listed from left to right on the report. If a case has more than one high risk criterion, it will be listed once under the highest of all the high risk factors. This report is used to determine which High Risk criteria are to be used for priority selection for the schedule month.			
SOURCE RunID = PRC880	REFERENCE Into Production 10/94	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MIS Management via DEPCON	
SEQUENCE PA Center Number		BREAKS	
FREQUENCY / SCHEDULE Monthly – 3 rd Weekend of Month		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. MM/YY		Month and year the forecasted information will apply.	
3. ISC		Public Assistance Center being reported	
High Risk Categories:		In priority sequence from left to right:	
4. SSN CD A		Suffixes with individuals in AC status for PA and/or FS with an SSN validation code A – SSN not known to system.	
5. BOE CD M		FA suffixes with one child (under 19 and not an essential person) in AC status AND the school discharge code for the child is M – Military.	
6. BOE CD I		FA suffixes with one child (under 19 and not an essential person) in AC status AND the school discharge code for the child is I – Institutionalized.	
7. BOE CD R		FA suffixes with one child (under 19 and not an essential person) in AC status AND the school discharge code for the child is R – Removed from NYC.	
8. CHILD SSN-2		FA suffixes with one child (under 19 and not an essential person) in AC status AND there is no SSN for the child. The SSN validation code for the child is code	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0701 – PA RECERTIFICATION FORECASTING REPORT**

	2 – No SSN.
9. MIXED H/H	Mixed PA and NPA Households
10. INC CD 50	Income from non-legally responsible person in household
11. INC CD 51	Income from non-legally responsible person
12. INC CD 52	Income from relative
13. INC CD 53	Income from stepparent/grandparent
14. SANC IND	An active suffix has an individual whose PA or FS individual status is SN (sanctioned).
15. BLB	Cases with Bottom Line Budgets but exclude those Bottom Line Budget cases with Shelter type 41 (Jiggetts cases) and CAP (Child Assistance Program) cases.
16. INC CD 99	Other unearned income
17. Sub Total	Sub total of highest risk cases.
18. Reg Cases	Other cases due for recertification.
19. QRS	Quarterly Reporting Cases – all quarterly contact cases
20. New Accept	New application – case is being recertified for the first time.
21. Sub Total	Sub total of lower risk cases.
22. MRLR Cases	
23. Total	Total number of forecasted cases for the PA Center
24. Totals	Total number of forecasted cases for all PA Centers by High Risk Category and grand total.

WINR0702 – ACME REPORT A – 18/19 YEAR OLD ONLY DC

1

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES							PAGE	2
DIVISION OF INCOME MAINTENANCE							*****	
WMS BASIS FILE AS OF 08/31/08							* THIS REPORT CONTAINS *	
WINR0702							* CONFIDENTIAL INFORMATION *	
ACME REPORT A							* FOR INTERNAL USE ONLY *	
18/19 YEAR OLD ONLY DC							*****	
LOCAL OFFICE 013								
WORKER	CASE NUMBER	SUFFIX	CASE NAME	INDIV NAME	CAT CODE	DOB		
00010	00000550331D	01	POXXXXX E FR AMXXXXXX	AMXXXXX	MADELINE B	06	19900330	
00010	00003588687I	01	SPXXXX DENISE FOR	SPXXXX	KARON P	01	19891226	
00010	00004433539G	01	VIXXXXXXX DORA	FUXXXXXXX	KEVIN	06	19900201	
00031	00003530597I	01	PEXXX ELIZABETH FOR MXXX JON	MXXX	JONATHAN	06	19900322	
00031	00004230257A	01	TXXXXX LUZ	WAXXXXXX	AALIYAH T	06	19900624	
00032	00003820644H	01	BOXXXXX N.FR. JOSEPH	ROXXXX	JOSEPH	06	19900513	
<< report edited for formatting >>								
00444	00008504666C	01	CAXXXXXX ELIZABETH	SNXXXX	ISAIAH T	01	19900225	
00444	00008881234C	01	CAXXXXXXXXXX GLORIA	CAXXXXXXXXXX	GLORIA	06	19821216	
00444	00009281534J	01	BRXXX DEBORAH	ANXXXXXXXX	DAQUN M	06	19900820	
00911	00000164400E	01	SAXXXX MIREYA	GIXX	JENNIFER E	06	19880430	
TOTAL FOR LOCAL OFFICE 013 = 000030								
<< report edited for formatting >>								
TOTAL FOR REPORT A = 001185								

WINR0702 Report A Sample

WINR0702 – ACME REPORT A – 18/19 YEAR OLD ONLY DC

REPORT TITLE ACME Report A – 18/19 Year Old Only DC		REPORT NUMBER WINR0702	FILE NAME PRT460PR0702
PURPOSE – NOTES This report is an Automated Case Management Evaluation report that lists cases with an 18- or 19-year old client who is the only dependent child in the case.			
SOURCE RunID = PRT460	REFERENCE 94.2 Release Notes & Addendum; In Production 8/31/94	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE Center/Worker/Case Number/Suffix		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center responsible for the cases.	
3. Worker		Worker responsible for the case.	
4. Case Number		Number that uniquely identifies the case.	
5. Suffix		Number identifying the unit of assistance that received benefits.	
6. Case Name		Name of payee of the case.	
7. Indiv Name		Name of client being evaluated.	
8. Cat Code		PA Categorical Code	
9. DOB		Date of birth of client being evaluated.	
10. Total for Local Office XXX		Total number of cases being evaluated for this center.	
11. Total for Report A		Total number of cases being evaluated for all centers on this section of the report.	

WINR0702 – ACME REPORT B – 18/19 YEAR OLD WITH OTHER DC

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES							PAGE	50
DIVISION OF INCOME MAINTENANCE							*****	
1	WMS BASIS FILE AS OF 08/31/08						* THIS REPORT CONTAINS *	
WINR0702							* CONFIDENTIAL INFORMATION *	
ACME REPORT B							* FOR INTERNAL USE ONLY *	
18/19 YEAR OLD WITH OTHER DC							*****	
LOCAL OFFICE 013								
2	3	4	5	6	7	8	9	
WORKER	CASE NUMBER	SUFFIX	CASE NAME	INDIV NAME	CAT CODE	DOB		
00010	00004349585C	01	MXXXXXXX CXXXXX FOR MXXXXXXX	MXXXXXXX TXXXXX	A 06	19900809		
00031	00000410045J	01	QXXXX UXXXX FOR YXXXX	YXXX JXXXXX	01	19890223		
00032	00004233843E	01	VXXXXXX AXXXXX	VXXXXXX IXXXXX	M 06	19890406		
00032	00007123449G	01	CXXXX E. FOR CXXXXXX	CRXX CXXXXXX	N 06	19891030		
00033	00000153299D	01	JXXXX AXXXXXXXXXX	JXXXX MXXXXX	T 06	19900829		
00034	00002584161A	01	LXXXX CXXXX FOR LXXXX JXXXX	LXXXX JXXXXX	06	19900301		
<< report edited for formatting >>								
00055	00008177600H	01	RXXXX M FXXXXX	CXXXXXX TXXXXX	E 06	19890525		
00200	00009449810C	01	EXXXXXXXX NXXXXX	EXXXXXXXXX NXXXXX	T 06	19891202		
00444	00003643871B	01	VXXXXXX IXXX	CXXXXX YXXXXXX	I 06	19881009		
00444	00006746134D	01	CXXXX CXXXX	CXXXX NXXXX	06	19891130		
10								
TOTAL FOR LOCAL OFFICE 013 = 000018								
11 << report edited for formatting >>								
TOTAL FOR REPORT B = 001684								
12								
TOTAL FOR ALL REPORTS = 0002869								

WINR0702 Report B Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0702 – ACME REPORT B – 18/19 YEAR OLD WITH OTHER DC

WINR0702 – ACME REPORT B – 18/19 YEAR OLD WITH OTHER DC

REPORT TITLE ACME Report B – 18/19 Year Old with Other DC		REPORT NUMBER WINR0702	FILE NAME PRT460PR0702
PURPOSE – NOTES This report is an Automated Case Management Evaluation report that lists cases with an 18- or 19-year old client and other dependent children in the case.			
SOURCE RunID = PRT460	REFERENCE 94.2 Release Notes & Addendum; In Production 8/31/94	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE Center/Worker/Case Number/Suffix		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center responsible for the cases.	
3. Worker		Worker responsible for the case.	
4. Case Number		Number that uniquely identifies the case.	
5. Suffix		Number identifying the unit of assistance that received benefits.	
6. Case Name		Name of payee of the case.	
7. Indiv Name		Name of client being evaluated.	
8. Cat Code		PA Categorical Code	
9. DOB		Date of birth of client being evaluated.	
10. Total for Local Office XXX		Total number of cases being evaluated for this center.	
11. Total for Report B		Total number of cases being evaluated for all centers on this section of the report.	
12. Total for All Reports		Total number of cases being evaluated for all centers on the entire report.	

WINR0703 – ACME REPORT A – 18/19 YEAR OLD ONLY DC 1

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DIVISION OF INCOME MAINTENANCE 1 WMS BASIS FILE AS OF 09/30/08 WINR0703						PAGE 5 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
ACME REPORT A 18/19 YEAR OLD ONLY DC							
2 LOCAL OFFICE 013		3 UNIT 0044					
4	5	6	7	8	9	10	
WORKER	CASE NUMBER	SUFFIX	CASE NAME	INDIV NAME	CAT CODE	DOB	
00444	00002372732E	01	WXXXXXXXXX TRACEY	DXXXXXXXX	LAWRENCE	06	19900714
00444	00004943020A	01	FXXXXXX ALEXIS	CXXXXXX	DARIEN J	06	19900520
00444	00007382366I	01	CXXXXXX KIMBERLY	DXXXXXXXX	AARON	06	19880629
00444	00007405181E	01	TXXXXX DIEDRA	TXXXXXX	BRANDON	06	19900328
00444	00008504666C	01	CXXXXXX ELIZABETH	SXXXXXX	ISAIAH T	01	19900225
00444	00008881234C	01	CXXXXXXXXXXXXX GLORIA	CXXXXXXXXXXXXX	GLORIA	06	19821216
TOTAL NUMBER OF CASES FOR UNIT			0044 =	11	6		
REPORT A		TOTAL NUMBER OF CASES FOR LOCAL OFFICE 013 =			12	29	
NUMBER OF CASES FOR REPORT A = 001189				13			

WINR0703 Report Sample

WINR0703 – ACME REPORT A – 18/19 YEAR OLD ONLY DC

REPORT TITLE ACME Report A – 18/19 Year Old Only DC		REPORT NUMBER WINR0703	FILE NAME PRT470PR0703
PURPOSE – NOTES This report is an Automated Case Management Evaluation report that lists cases with an 18- or 19-year old client who is the only dependent child in the case.			
SOURCE RunID = PRT470	REFERENCE 94.2 Release Notes & Addendum; In Production 8/31/94	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management	
SEQUENCE Center/Worker/Case Number/Suffix		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center responsible for the cases.	
3. Unit		Unit responsible for the case.	
4. Worker		Worker responsible for the case.	
5. Case Number		Number that uniquely identifies the case.	
6. Suffix		Number identifying the unit of assistance that received benefits.	
7. Case Name		Name of payee of the case.	
8. Indiv Name		Name of client being evaluated.	
9. Cat Code		PA Categorical Code	
10. DOB		Date of birth of client being evaluated.	
11. Total Number of Cases for Unit XXXX		Total number of cases being evaluated for this unit.	
12. Report A Total Number of Cases for Local Office XXX		Total number of cases being evaluated for this center on this section of the report.	
13. Number of Cases for Report A		Total number of cases being evaluated for all centers on this section of the report.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0704 – ACME REPORT A - 18/19 YR OLDS ONLY DC; ACME REPORT B - 18/19
YR OLDS & OTHER DC; ACME REPORT C – SUMMARY TOTALS**

WINR0704 – ACME REPORT A - 18/19 YR OLDS ONLY DC; ACME REPORT B - 18/19 YR OLDS & OTHER DC; ACME REPORT C – SUMMARY TOTALS

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
DIVISION OF INCOME MAINTENANCE
WINR0704
ACME REPORT A - 18/19 YR OLDS ONLY DC
MONITORING REPORT FOR 08/08 - 09/08

PAGE 1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

CENTER ID	TOTAL # OF SUFFIXES 08/08	TOTAL # SUFFIXES ADDED 09/08	# SUFFIXES ATI	# SUFFIXES ATO	# OF SUFFIXES CORRECTED SINCE 08/08	TOTAL # OF SUFFIXES 09/08	TOTAL EST GRANTS (\$) 08/08	TOTAL ESTIMATED GRANTS (\$) 09/08	TOTAL EST GRANTS (\$) CORRECTED	# SUFFIXES REMAINING ON LIST MORE THAN 3 MONTHS
013	28	5	2	1	6	28	4790	4699	1326	19
019	7	0	1	1	1	6	2714	2205	544	5
<<report edited for formatting>>										
099	23	7	0	1	2	27	4192	5056	425	16
TOTAL	1037	156	16	17	174	1018	237393	231482	37654	696

NOTE: GRANT AMTS ARE ROUNDED TO NEAREST DOLLAR.

ACME REPORT B - 18/19 YR OLDS & OTHER DC

CENTER ID	TOTAL # OF SUFFIXES 08/08	TOTAL # SUFFIXES ADDED 09/08	# SUFFIXES ATI	# SUFFIXES ATO	# OF SUFFIXES CORRECTED SINCE 08/08	TOTAL # OF SUFFIXES 09/08	TOTAL EST GRANTS (\$) 08/08	TOTAL ESTIMATED GRANTS (\$) 09/08	TOTAL EST GRANTS (\$) CORRECTED	# SUFFIXES REMAINING ON LIST MORE THAN 3 MONTHS
013	18	7	1	0	4	22	NA	NA	NA	12
019	10	4	0	0	1	13	NA	NA	NA	8
099	43	7	0	0	9	41	NA	NA	NA	22
TOTAL	1257	283	15	16	259	1280	NA	NA	NA	711

NOTE: GRANT AMTS ARE ROUNDED TO NEAREST DOLLAR.

WINR0704 Reports A and B Samples

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0704 – ACME REPORT A - 18/19 YR OLDS ONLY DC; ACME REPORT B - 18/19
YR OLDS & OTHER DC; ACME REPORT C – SUMMARY TOTALS**

WINR0704 – ACME Report A - 18/19 Yr Olds Only DC; ACME Report B - 18/19 Yr Olds & Other DC; ACME Report C – Summary Totals, cont.

ACME REPORT C - SUMMARY TOTALS										
CENTER ID	TOTAL # OF SUFFIXES 08/08	TOTAL # SUFFIXES ADDED 09/08	# SUFFIXES ATI	# SUFFIXES ATO	# OF SUFFIXES CORRECTED SINCE 08/08	TOTAL # OF SUFFIXES 09/08	TOTAL EST GRANTS (\$) 08/08	TOTAL ESTIMATED GRANTS (\$) 09/08	TOTAL EST GRANTS (\$) CORRECTED SUFFIXES	# SUFFIXES REMAINING ON LIST MORE THAN 3 MONTHS
013	46	12	3	1	10	50	4790	4699	1326	31
099	66	14	0	1	11	68	4192	5056	425	38
TOTAL	2294	439	31	33	433	2298	237393	231482	37654	1407

NOTE: GRANT AMTS ARE ROUNDED TO NEAREST DOLLAR.

WINR0704 Report C Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0704 – ACME REPORT A - 18/19 YR OLDS ONLY DC; ACME REPORT B - 18/19
YR OLDS & OTHER DC; ACME REPORT C – SUMMARY TOTALS**

**WINR0704 – ACME REPORT A - 18/19 Yr OLDS ONLY DC; ACME REPORT B - 18/19 Yr OLDS & OTHER DC; ACME REPORT C – SUMMARY
TOTALS**

REPORT TITLE ACME Report A - 18/19 Yr Olds Only DC; ACME Report B - 18/19 Yr Olds & Other DC; ACME Report C – Summary Totals		REPORT NUMBER WINR0704	FILE NAME PRT510PR0704
PURPOSE – NOTES This report is a group of Automated Case Management Evaluation reports that lists various suffix statistics for each center: <ul style="list-style-type: none"> • ACME Report A – Number of suffixes with an 18- or 19-year old client who is the only dependent child in the case • ACME Report B – Number of suffixes with an 18- or 19-year old client and other dependent children in the case • ACME Report C – Combined totals Note: Grant amounts are rounded to the nearest dollar.			
SOURCE RunID = PRT510	REFERENCE Release 94.2 Into Production 8/34	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON NYS OTDA via DEPCON	
SEQUENCE Center		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center ID		Center responsible for the cases.	
3. Total # of Suffixes MM/YY		Number of suffixes at beginning of evaluation period.	
4. Total # Suffixes Added MM/YY		Number of suffixes added by end of evaluation period.	
5. # Suffixes ATI			
6. # Suffixes ATO			
7. # of Suffixes Corrected Since MM/YY		Number of suffixes corrected since beginning of evaluation period.	
8. Total # of Suffixes MM/YY		Number of suffixes at end of evaluation period.	
9. Total Est. Grants (\$) MM/YY		Total estimated dollar amount of grants at beginning of evaluation period.	
10. Total Estimated Grants (\$) MM/YY		Total estimated dollar amount of grants at end of evaluation period.	
11. Total Est. Grants (\$) Corrected Suffixes		Total estimated dollar amount of grants of corrected suffixes.	
12. # Suffixes Remaining on List more than 3 Months		Number of suffixes that remain to be evaluated over 3 months old	
13. Total		Grand totals for all centers.	

WINR0706 – OVERDUE PA RECERT REPORT

1

REPORT DATE: 08/30/2008			NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE 3		
PROGRAM ID: RC1064			WELFARE MANAGEMENT SYSTEM			*****		
ISC: 013			WMS REPORT WINR0706			* THIS REPORT CONTAINS *		
			OVERDUE PA RECERT REPORT			*CONFIDENTIAL INFORMATION*		
						* FOR INTERNAL USE ONLY *		

CASE NUMBER	SFX	CASE NAME	CATEGORY	DATE OF LAST RECERT	DATE OF NEXT RECERT			
-----			-----					
3	9	WORKER ID: 00913	6	7	8	DETAIL LIST		
PART I-CASES OVERDUE								
00000758127F	01	GXXXXXXX DERRYCK	SNCA	05/2007	06/2008			
00005978862A	01	WXXX BRENTON L	SNCA	06/2007	06/2008			
00006487835I	01	HXXXXXX HARRY	SNCA	07/2007	07/2008			
TOTAL NUMBER OF CASES FOR WORKER			10	3				
WORKER ID: 00914			DETAIL LIST					
PART I-CASES OVERDUE								
00001761405I	01	MCXXXXXX LAURENCE	SNCA	06/2007	06/2008			
<< report edited for formatting >>								
TOTAL NUMBER OF CASES FOR WORKER			1					
CENTER TOTALS								

TOTAL FOR PART I			7					
TOTAL FOR PART II	11			4				
TOTAL FOR PART III			7					

GRAND TOTAL FOR ISC	12			18				

WINR0706 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0706 – OVERDUE PA RECERT REPORT**

WINR0706 – OVERDUE PA RECERT REPORT

REPORT TITLE Overdue PA Recert Report		REPORT NUMBER WINR0706	FILE NAME PRC640POV*** (***) = PA Ctr Code) PRC640PRTAL (citywide)
PURPOSE – NOTES This report lists the cases that are overdue for Public Assistance recertification.			
SOURCE RunID = PRC640	REFERENCE Into Production 9/95	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON HRA FIA & MIS Management via DEPCON (citywide) NYS OTDA via DEPCON (citywide)	
SEQUENCE PA Center/Worker/Report Part/Case Number		BREAKS	
FREQUENCY / SCHEDULE Monthly (last full weekend of month)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. ISC		Center responsible for the cases.	
3. Case Number		Number that uniquely identifies the case.	
4. SFX		Number identifying the unit of assistance that received benefits.	
5. Case Name		Name of payee of the case.	
6. Category		Case Category.	
7. Date of Last Recert		Date the case was last recertified.	
8. Date of Next Recert		The next date the case is due to be recertified.	
9. Worker		Worker responsible for the case.	
Part I – Cases Overdue:			
10. Total Number of Cases for Worker		Total number of cases for this worker.	
11. Center Totals		Number of cases in each report part for this center.	
12. Grand Total for ISC		Total number of cases for this center.	

WINR0711 - UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED PAYMENT

1

PAGE 1

1 NEW YORK STATE DEPT. OF SOCIAL SERVICES
WELFARE MANAGEMENT SYSTEM
WMS REPORT WINR0711
CONED UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED PAYMENT ON 10/10/2008

REJECT REASON CODE

2

A ADDRESS NON-MATCH
B ALL OR PART OF BILL PERIOD COVERED OCCURS DURING A PERIOD OF PA INACTIVITY
C CASE NUMBER NON-MATCH OR SUFFIX NOT FOUND
F BILL PERIOD INCLUDES FUTURE PERIOD
I INVALID CASE STATUS (AP OR RJ) FOR PROCESSING
N NAME NON-MATCH
O FROM DATE OLDER THAN 10 MONTHS
P PRIOR UTILITY PAYMENT MADE FOR PERIOD
W FAILED WMS SINGLE ISSUANCE EDITS
X POSSIBLE DUPLICATE BILL
Y BILLS FOR A DIFFERENT SUFFIX OF THIS CASE NUMBER PROCESSED IN THIS RUN

WINR0711 Report Sample – Page 1, Reject Reason Code

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0711 - UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED
 PAYMENT**

WINR0711 - Utility Guarantee Bills Not Accepted for Automated Payment, cont.

						PAGE 2
3	4	5	6		7	8
UTILITY ACCOUNT NO DSS NAME	PA CASE NO	UTILITY NAME ADDRESS	BILL PERIOD FROM DSS CURRENT ADDRESS	TO DSS ADDRESS	BILL AMOUNT	REJECTION REASON DSS PRIOR ADDRESS
2999999999999997	7473845B	ROSE AXXXXX 999-99 6 AVE 2FL	07/31/2008	08/29/2008	137.24	P
						PAGE 716
		9	10	11		
		REJECTION CODE	TOTAL NUMBER	TOTAL AMOUNT		
		A	51	6,118.42		
		B	114	12,913.93		
<< report edited for formatting >>						
		X	39	6,124.32		
		Y	0	0.00		
		-----	1,005	163,510.90		
T O T A L S O F B I L L S						
UTILITY GUARANTEE AND SINGLE ISSUE PROCESSING:						
		TOTAL BILLS ON TAPE(S):		2,778		
12			TOTAL PROCESSED BILLS:	2,778		
		TOTAL REJECTED BILLS:		863		
		TOTAL ACCEPTED BILLS:		1,915		
		TOTAL ACCEPTED AMOUNT:		322,008.45		
T O T A L S O F C A S E S						
UTILITY GUARANTEE PROCESSING:						
		TOTAL CASES ON TAPE(S):		2,225		
		TOTAL PROCESSED CASES:		2,206		
13			TOTAL CASES, ALL BILLS ACCEPTED:	1,492		
		TOTAL CASES, ALL BILLS REJECTED:		589		
		TOTAL CASES, BILLS ACCEPTED & REJECTED:		125		
TOTAL CASES WITH ONE OR MORE BILLS ACCEPTED BY UTIL GUAR PROCESSING, BUT REJECTED BY SINGLE ISSUE PROCESSING:						
				0		

WINR0711 Report Sample – Detail and Totals Pages

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0711 - UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED
PAYMENT

WINR0711 - UTILITY GUARANTEE BILLS NOT ACCEPTED FOR AUTOMATED PAYMENT

REPORT TITLE Utility Guarantee Bills Not Accepted for Automated Payment		REPORT NUMBER WINR0711	FILE NAME PSIU16PUGRPT
PURPOSE – NOTES Auto Utility Guarantee Process Project			
SOURCE RunID = PSIU16	REFERENCE SA173400	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA Office of Central Processing via DEPCON	
SEQUENCE Utility Account Number		BREAKS	
FREQUENCY / SCHEDULE Semi-Monthly 2 nd and 4 th weekends Bi-Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Reject Reason Code		List of Reject Codes and reasons	
3. Utility Account No / DSS Name		Number identifying utility account and account holder name	
4. PA Case No		Number uniquely identifying the Public Assistance case	
5. Utility Name / Address		Client's name at address where utility is being provided	
6. Bill Period From To / DSS Current Address		Billing period from and to dates and billing address	
7. Bill Amount		Amount owed	
8. Rejection Reason / DSS Prior Address		Reject reason code and prior billing address	
9. Rejection Code		Reject reason code	
10. Total Number		Number of bills that were rejected for each reject reason code and total	
11. Total Amount		Dollar amount of bills that were rejected for each reject reason code and total	
12. Totals of Bills – Utility Guarantee and Single Issue Processing:		Total Bills on Tape(s); Total Processed Bills; Total Rejected Bills; Total Accepted Bills; Total Accepted Amount	
13. Totals of Cases – Utility Guarantee Processing:		Total Cases on Tape(s); Total Processed Cases; Total Cases, All Bills Accepted; Total Cases, All Bills Rejected; Total Cases, Bills Accepted & Rejected; Total Cases with One or More Bills Accepted by Util Guar, but Rejected by Single Issue Processing	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0713 – RECOUPMENT HISTORY ARCHIVE REPORT**

WINR0713 – RECOUPMENT HISTORY ARCHIVE REPORT

REPORT TITLE Recoupment History Archive Report		REPORT NUMBER WINR0713	FILE NAME PDM5-***** (***** = Case Number)
PURPOSE – NOTES This report provides information on PA and FS recoupments that has been off-loaded and is no longer available on WMS Recoupment Inquiry. The report is available via DEPCON the day after the request for recoupment information is submitted in the WMS Archive Retrieval Subsystem.			
SOURCE RunID = PDM05*	REFERENCE See 95.1/95.2 Release Notes	AUDIENCE / GENERAL DISTRIBUTION Center Staff via DEPCON	
SEQUENCE Center/Case Number		BREAKS	
FREQUENCY / SCHEDULE Daily – on Demand via Archive Retrieval		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		Includes Requesting Center, Worker, Date/Time, Period Covered, Program Area(s) Selected, and District.	
2. RTI		Recoupment Transaction ID	
3. Org Ctr		Originating Center	
4. Auth #		Authorization Number	
5. Case No		Number that uniquely identifies the case.	
6. Suffix		Number identifying the unit of assistance that received benefits.	
7. Type		Recoupment Type	
8. Subtype		Recoupment Subtype	
9. Recoupment Status			
10. PRCNT		Percent of benefit grant that is recouped each month	
11. Offense Date		Date that overpayment occurred or started	
12. Last TXN		Last transaction date	
13. Orig Recoup Amount		Amount overpaid to case	
14. Current Balance		Amount still to be recouped	
15. M3E			
16. Intent Notice		Date Intent Notice was sent	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0713 – RECOUPMENT HISTORY ARCHIVE REPORT**

17. Begin Date	
18. Overpayment Amount	
19. Deleted	Date deleted
20. ORIG-CHK-BCH-NO	
21. REPL-CHK-BCH-NO	
22. Case No.- SF	Case number and suffix
23. Amount Recouped	
24. Recoup Cycle	
25. Recoup PRCNT	Percent of benefit grant that is recouped each month
26. Check/RTI#	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0716 – TRANSACTION DISPOSITION HISTORY ARCHIVE REPORT**

WINR0716 – TRANSACTION DISPOSITION HISTORY ARCHIVE REPORT

1

REPORT DATE 11-25-08		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1		
PROGRAM: DM1012		WELFARE MANAGEMENT SYSTEM												
		WMS REPORT WINR0716												
REQUESTING CENTER: A05		TRANSACTION DISPOSITION HISTORY												
WORKER: OIG		ARCHIVE REPORT												
DATE/TIME: 11/25/2008 15:41:33												*****		
PERIOD COVERED: 01/01/91-03/07/04												* THIS REPORT CONTAINS *		
PROGRAM AREA(S) SELECTED: ALL												* CONFIDENTIAL INFORMATION *		
												* FOR INTERNAL USE ONLY *		

												REFERENCE NO 2847132		
DISTRICT: NEW YORK CITY														
CASE #: 00000987654A														
3	4	5	6	7	8	9		10	11	12	13	14	15	16
TRANS DATE	TRANS TYPE	AUTH NO	M3E IND	SUFFIX	CASE TYPE	AUTH PERIOD FROM TO		CS ST	FH ST	REASON	ORG	RSP	ENT	WORKER
02/19/04	UCM	26662222		01	MA	PA / /	/ /	NA	0		548	548	M26	636CD
						MA 12/01/03	05/31/04	AC	0	094				
						FS / /	/ /	NA	0					
01/19/03	MRB	06315671		01	MA	PA / /	/ /		0		548			K2
						MA / /	/ /		0					
						FS / /	/ /		0					
<< report edited for formatting >>														
03/11/91	MA-RCT	08081432		01	MA	PA / /	/ /	NA	0		548	500	500	FFRH3
						MA 04/01/91	03/31/92	AC	0	070				
						FS / /	/ /	NA	0					
REPORT END FOR CASE						00000987654A								
REPORT END FOR CENTER						A05								

WINR0716 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0716 – TRANSACTION DISPOSITION HISTORY ARCHIVE REPORT**

WINR0716 – TRANSACTION DISPOSITION HISTORY ARCHIVE REPORT

REPORT TITLE Transaction Disposition History Archive Report		REPORT NUMBER WINR0716	FILE NAME PDMA-***** ***** = Case Number
PURPOSE – NOTES This report provides information on case actions that have been off-loaded and are no longer available in WMS Case Inquiry. The report is available via DEPCON the day after the request for recoupment information is submitted in the WMS Archive Retrieval Subsystem.			
SOURCE RunID = PDM12A	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION Center staff via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily – on Demand via Archive Retrieval		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		Includes Requesting Center, Worker, Date/Time, Period Covered, Program Area(s) Selected, and District.	
2. Case No		Number that uniquely identifies the case.	
3. Trans Date		Transaction date	
4. Trans type		Transaction type	
5. Auth No		Authorization number	
6. M3E Ind		If = "1", indicates that the client agreed to and signed the Initial Action form.	
7. Suffix		Number identifying the unit of assistance that received benefits.	
8. Case Type			
9. Auth Period From To			
10. CS ST		Case status	
11. FH ST		Fair Hearing status	
12. Reason		Reason code	
Unit:			
13. Org		Originating center	
14. Rsp		Responsible center	
15. Ent		Center where the transaction was entered	
16. Worker		The worker responsible for the case.	

WINR0730 – PCAP CASES EXCLUDED FROM AUTO CLOSE PROCESS 1

REPORT DATE: 9/03/08 BOROUGH: UNDEFINED 2	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PCAP CASES EXCLUDED FROM AUTO CLOSE PROCESS 1 WINR0730 TOTAL EXCEPTIONS FOR UNDEFINED 3 0 << report edited for formatting >>	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
REPORT DATE: 9/03/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PCAP CASES EXCLUDED FROM AUTO CLOSE PROCESS WINR0730 GRAND TOTALS 4 5 BOROUGH TOTAL EXCEPTIONS ----- 0	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****

WINR0730 Report Sample

WINR0730 – PCAP CASES EXCLUDED FROM AUTO CLOSE PROCESS

REPORT TITLE PCAP Cases Excluded from Auto Close Process		REPORT NUMBER WINR0730	FILE NAME PRM945PR0730
PURPOSE – NOTES This report lists PCAP (Prepaid Capitation) cases that were not automatically closed.			
SOURCE RunID = PRM945	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Borough		System-generated NYC borough/community district	
3. Total Exceptions for (Borough)		Number of PCAP cases for the borough that were not auto closed.	
Grand Totals:		Summary information:	
4. Borough		List of boroughs reported	
5. Total Exceptions		Total number of PCAP cases for each borough that were not auto closed.	

WINR0733 – CASES WITH SSA INCOME UNABLE TO BE PROCESSED

1

REPORT DATE 01-15-09		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1
		WELFARE MANAGEMENT SYSTEM		
PROGRAM: RP1075		WMS REPORT WINR0733		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	4		5
CASE NUMBER	SUFFIX DATA	RECIPIENT LINE-NO DATA		ERROR OR EXCEPTION CONDITION
00000251110D	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00000998730G	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00001306090A	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00002564260E	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00003164510E	1	02		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
<< report edited for formatting >>				
00006415240I	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00009219970C	1	04		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00009616503A	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00009617353J	1	01	02 03 06 07	NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00009857453G	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00002800184A	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00002939714I	1	03		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00000407427E	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00000831127G	1	05	06	NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00002693827E	1	01		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00004022287J	1	02		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
00009508099A	1	02		NO RECOUPMENT AMOUNT FOR ANY SUFFIX ON THIS CASE
TOTAL ERROR/EXCEPTION CASES:		128		

WINR0733 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0733 – CASES WITH SSA INCOME UNABLE TO BE PROCESSED**

WINR0733 – CASES WITH SSA INCOME UNABLE TO BE PROCESSED

REPORT TITLE Cases with SSA Income Unable to be Processed		REPORT NUMBER WINR0733	FILE NAME PRP750PRP733
PURPOSE – NOTES This exception report lists cases that had unreported SSA income with a corresponding reduction in the PA grant as a result of rebudgeting and could not be processed by the automated recoupment process for recovery of the overpayment.			
SOURCE RP1075 RunID = PRP750	REFERENCE SA233100	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE No set schedule; produced on request		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Uniquely identifies the case.	
3. Suffix Data		Number identifying the unit of assistance that received benefits.	
4. Recipient Line-No Data		Number that identifies an individual in the case.	
5. Error or Exception Condition		Message describing the reason why the case could not be processed.	
6. Total Error/Exception Cases		Total number of cases that could not be processed.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT –
PAYMENT TYPE: PA**

WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT – PAYMENT TYPE: PA

REPORT DATE 03-29-07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1
WELFARE MANAGEMENT SYSTEM

PROGRAM: SI1041 *****
* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

WMS REPORT WINR0735

SI WARNINGS REPORT - PAYMENT TYPE: PA

2a SI PAYMENTS ISSUED: OVER ANNUAL WARNING LEVEL (\$8,000)

CASE NUM	SF	U	PY	CN	AMOUNT	TO-DATE	TYP	PAYEE	CENTERS	ORG	RSP	WRKER
3	4	5	6	7	8	9	10	11	12	13	14	
TOTAL WARNINGS					15a	0	AMOUNT	16	\$	0.00		

WINR0735 Report Sample – SI Warnings Report

REPORT DATE 03-29-07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 2
WELFARE MANAGEMENT SYSTEM

PROGRAM: SI1041 *****
* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

WMS REPORT WINR0735

SI ERROR REPORT - PAYMENT TYPE: PA

2b SI PAYMENTS STOPPED: OVER ANNUAL STOP LEVEL (\$15,000)

CASE NUM	SF	U	PY	CN	AMOUNT	TO-DATE	TYP	PAYEE	CENTERS	ORG	RSP	WRKER
TOTAL ERRORS					15b	0	AMOUNT	\$	0.00			

WINR0735 Report Sample – SI Error Report

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT –
PAYMENT TYPE: PA**

MARCH 27, 2009

REPORT DATE 03-29-07 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 3									
WELFARE MANAGEMENT SYSTEM									
PROGRAM: SI1041					*****				
					* THIS REPORT CONTAINS *				
					* CONFIDENTIAL INFORMATION *				
WMS REPORT WINR0735					* FOR INTERNAL USE ONLY *				

SI BYPASS REPORT - PAYMENT TYPE: PA									
2c SI PAYMENTS ISSUED: OVER ANNUAL STOP LEVEL (\$15,000)									
(DAS CASES AND CASES ON 'BYPASS' CONTROL FILE)									
P TYPES SI PMT SI TOT CAS CENTERS									
CASE NUM	SF	U	PY	CN	AMOUNT	TO-DATE	TYP	PAYEE	ORG RSP WRKER
TOTAL BYPASS					15c	0	AMOUNT	\$	0.00

WINR0735 Report Sample – SI Bypass Report

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT –
PAYMENT TYPE: PA**

WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT – PAYMENT TYPE: PA

REPORT TITLE SI Warnings Report / SI Error Report / SI Bypass Report – Payment Type: PA		REPORT NUMBER WINR0735	FILE NAME PSI250P735PA, PSI250P735OE, PSI25EP73503, PSI25EP73501
PURPOSE – NOTES This report lists Public Assistance Single Issuances for cases exceeding certain annual limits. It contains three sections: <ul style="list-style-type: none"> ■ SI Warnings Report – Lists cases with PA single issuances in excess of the annual limit. ■ SI Error Report – Lists cases with PA single issuance stop payments in excess of the annual limit. ■ SI Bypass Report – Lists cases with PA single issuance stop payments in excess of the annual limit that were bypassed. 			
SOURCE SI1025 RunID = PSI25E	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA OFM Office of Revenue & Development via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. a) SI Payments Issued b) SI Payments Stopped c) SI Payments Issued		Type of SI Payment issued	
3. Case Num		Case Number	
4. SF		Suffix	
5. P Types: U		Payment Types:	
6. PY			
7. CN			
8. SI PMT Amount		Single Issuance Payment Amount	
9. SI Tot To-Date		Year-to-date Single Issuance Total	
10. Cas Typ		Case Type	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0735 - SI WARNINGS REPORT / SI ERROR REPORT / SI BYPASS REPORT –
PAYMENT TYPE: PA**



Office of Temporary and Disability Assistance

MARCH 27, 2009

11. Payee	Payee Name
12. Centers: ORG	Originating
13. RSP	Responsible
14. WRKER	Worker
15. a) Total Warnings b) Total Errors c) Total Bypass	Total Number of Type of SI Payment issued
16. Amount	Total Dollar Amount for Type of SI Payment issued

WINR0737 – SI HIGH DOLLARS REPORT FOR CURRENT ON-LINE BENEFIT HISTORY 1

```

REPORT DATE 03-03-07  NEW YORK CITY HUMAN RESOURCES ADMINISTRATION  PAGE 1
WELFARE MANAGEMENT SYSTEM
PROGRAM: SI1027
WMS REPORT WINR0737
SI HIGH DOLLARS REPORT FOR CURRENT ON-LINE BENEFIT HISTORY
PAYMENT TYPE: PA  REPORTING THRESHOLD: $8,000
  
```

CASE NUMBER	AMOUNT
005760890D	\$ 33,004
004045027C	\$ 32,867
000175753D	\$ 28,931
001103102I	\$ 28,888
000762880D	\$ 28,811
<< report edited for formatting >>	
005880822B	\$ 8,002
002270031E	\$ 8,001
006788136H	\$ 8,001
002596409J	\$ 8,000

WINR0737 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0737 – SI HIGH DOLLARS REPORT FOR CURRENT ON-LINE BENEFIT HISTORY

WINR0737 – SI HIGH DOLLARS REPORT FOR CURRENT ON-LINE BENEFIT HISTORY

REPORT TITLE SI High Dollars Report for Current On-Line Benefit History		REPORT NUMBER WINR0737	FILE NAME PSI270PRP737
PURPOSE – NOTES This report produces a list of cases that have received Single Issue benefits that exceed a set dollar limit and are therefore considered “high dollar amounts.” Cases are listed in order with the case receiving the highest dollar amount in SI benefits first.			
SOURCE RunID = PSI270	REFERENCE Into Production 10/96	AUDIENCE / GENERAL DISTRIBUTION HRA OFM Office of Revenue & Development via DEPCON	
SEQUENCE Highest to lowest dollar amounts		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Payment Type		PA, FS	
3. Reporting Threshold		Low-end dollar amount being reported	
4. Case Number		Number that uniquely identifies the case	
5. Amount		Dollar amount of single issuance benefits	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS**

WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS 1

PROGRAM: BH1008										*****									
										* THIS REPORT CONTAINS *									
										* CONFIDENTIAL INFORMATION *									
										* FOR INTERNAL USE ONLY *									

										<< report edited for formatting >>									
										WMS REPORT WINR0738									
										SINGLE ISSUE INTERCEPT SYSTEM - 1-YEAR PAYMENT DETAILS									
										SI TOTALED ON PAYMENT CODE(S): PA REPORTING THRESHOLD: \$8,000									
										PAYMENTS REPORTED: ALL PA RECURRING, ALL PA SINGLE ISSUANCES									
◆ CENTER: 013 WORKER: 00000																			
CENTER PAGE: 1 CASE PAGE: 1																			
◆ CASE: 00003425177H																			
SUFFIX ARRAY-										ID: 01 STATUS: 14(CL) ◆ NAME: THOMAS RONALD CLOSED: 05/02/08									
◆ ISS DATE										PMT. AMT. RECURRING\$									
CHK NUMBER										OTHER \$									
PAYMENT PERIOD										SINGLES									
PAYEE										SISRUNNING									
SEX																			
CSTYP																			
CTR																			
PAYMENT TYPE																			
RECON																			
03/18/08 E 05250823 03/19/08-03/31/08										VENDOR 01 HR 037 39/RA-SEC 3/RDM 372.80 0.00 0.00 372.80									
◆03/18/08 E 05250824 04/01/08-04/30/08										VENDOR 01 HR 037 39/RA-SEC 3/RDM 889.00 0.00 0.00 889.00									
◆03/18/08 E 05250825 05/01/08-05/31/08										VENDOR 01 HR 037 39/RA-SEC 3/RDM 889.00 0.00 0.00 889.00									
◆03/18/08 E 05250826 06/01/08-06/30/08										VENDOR 01 HR 037 39/RA-SEC 3/RDM 889.00 0.00 0.00 889.00									
◆03/18/08 E 05250827 / / - / /										VENDOR 01 HR 037 42/BROKER 3/RDM 800.10 0.00 0.00 800.10									
◆03/18/08 E 05250828 / / - / /										VENDOR 01 HR 037 42/BROKER 3/RDM 800.10 0.00 0.00 800.10									
										MONTHLY SUBTOTALS FOR 03/08: 6,004.00 0.00 0.00 6,004.00 6,004.00									
◆05/16/08 SP07149200 / / - / /										P4 HR 037 98/HEAP 7/RDM 50.00 0.00 50.00 0.00 6,004.00									
										MONTHLY SUBTOTALS FOR 05/08: 50.00 0.00 50.00 0.00 6,004.00									
◆07/15/08 87026752 08/01/08-08/31/08										01 HR 013 A7/ J/ISS 889.00 0.00 0.00 889.00									
◆08/21/08 87037628 09/01/08-09/30/08										01 HR 013 A7/ J/ISS 1,778.00 0.00 0.00 1,778.00 7,782.00◆									
										MONTHLY SUBTOTALS FOR 08/08: 889.00 0.00 0.00 889.00 8,671.00									
◆09/23/08 87045896 10/01/08-10/31/08										01 HR 013 A7/ J/ISS 889.00 0.00 0.00 889.00									
										MONTHLY SUBTOTALS FOR 09/08: 889.00 0.00 0.00 889.00 9,560.00									
◆10/23/08 87055110 11/01/08-11/30/08										01 HR 013 A7/ J/ISS 889.00 0.00 0.00 889.00									
										MONTHLY SUBTOTALS FOR 10/08: 889.00 0.00 0.00 889.00 10,449.00									
										◆ ONE-YEAR TOTALS FOR CASE: 10,499.00 0.00 50.00 10,449.00 10,449.00									

WINR0738 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS**

WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS

REPORT TITLE Single Issue Intercept System – 1-Year Payment Details – SI Totaled on Payment Code(s): PA		REPORT NUMBER WINR0738	FILE NAME PBH07DP738PA
PURPOSE – NOTES Other versions of this report are run monthly: Single Issue Intercept System: Payment Details for Cases with more than \$12,000 in PA Single Issuances in One Year (PBH070) Single Issue Intercept System - 1 Year Payment Details Si Totaled on Payment Code(s): OES Reporting Threshold: \$10,000 (PBH070) Single Issue Intercept System - 1-Year Payment Details SI Totaled on Payment Code(s): OES (PBH07D)			
SOURCE RunID = PBH070	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA OFM Office of Revenue & Development via DEPCON	
SEQUENCE Center Number/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center number responsible for the case.	
3. Worker		Worker ID responsible for the case.	
4. Case		Number that uniquely identifies the case.	
5. Suffix Array – ID		Number identifying the unit of assistance with which an individual is affiliated.	
6. Status		Case status	
7. Name		Payee of the case.	
8. Closed		The date the case was closed.	
9. Iss.Date		Benefit issuance date	
10. Chk.Number		Check number	
11. Payment Period		The dates that the benefit covers.	
12. Payee		Payee of the benefit	
13. SFX		Number identifying the unit of assistance with which an individual is affiliated.	
14. CSTYP		Case type	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0738 – SINGLE ISSUE INTERCEPT SYSTEM – 1-YEAR PAYMENT DETAILS**

15. CTR	Center
16. Payment Type	
17. Recon	
18. PMT.AMT	Benefit payment amount
19. Recurring\$	Recurring benefit payment amount
20. Other SI\$	Other single issue payment amount
21. Single\$	Single issue payment amount
22. SI\$Running	Single issue amount paid to date
23. Monthly Subtotals for MM/YY	Subtotal amounts for the month and year
24. One-Year Totals for Case	Total amounts for the year for this case

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0742 – CASES WITH POSSIBLE BENDEX RETRO ACTIVE PAYMENTS**

WINR0742 – CASES WITH POSSIBLE BENDEX RETRO ACTIVE PAYMENTS

REPORT TITLE Cases with Possible Bendex Retro Active Payments		REPORT NUMBER WINR0742	FILE NAME PUS18HPRPT00
PURPOSE – NOTES This report lists cases with individuals who may be eligible for retroactive lump sum Bendex (Social Security Administration) payments. This report also lists the new benefit amounts calculated for PA and FS based on the new Bendex payments.			
SOURCE RunID = PUS18H	REFERENCE SA 2008-00500 (2009.1 Release Notes)	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Income Clearance Program via DEPCON	
SEQUENCE Center/Case Number		BREAKS Case Number	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center number responsible for the case.	
3. Case Number		Number that uniquely identifies the case.	
4. First		Individual's first name.	
5. Last Name		Individual's last name.	
6. SSN		Individual's social security number.	
7. Old PA		Previous public assistance benefit	
8. New PA		Updated public assistance benefit	
9. Old FS		Previous food stamps benefit	
10. New FS		Updated food stamps benefit	
11. ENTL Amt		Entitlement amount (of SSA benefit)	
12. ENTL Date		Entitlement date – date of SSA benefit eligibility	
13. Total Clients Reported		Number of clients reported for all centers.	
14. Total Cases Reported		Number of cases reported for all centers.	

WINR0750 – PA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS 1

REPORT-DATE 10/04/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 6
	PA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS	
EXPIRING AUTHORIZATION DATE 10/31/2008	CENTER REPORT	*****
	WMS REPORT WINR0750	* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION

CENTER 099		* FOR INTERNAL USE ONLY *
UNIT/WORKER 00602		*****
CASE NAME	CASE TYPE	CASE NO.-SFX
CXXXXX JEANETTE	HR	002451178E-01
	TOTAL FOR WORKER IS 1	
		<< report edited for formatting >>
	TOTAL FOR LOCAL OFFICE IS 6	
		REPORT ENDED

WINR0750 Report Sample – Center Report

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0750 – PA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS**

WINR0750 – PA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS

REPORT TITLE PA/FS Cases with End of Month Expiring Authorizations – Center Report / Citywide Summary Report		REPORT NUMBER WINR0750	FILE NAME PRD080P50*** *** = PA Center Code PRD080PCITY (citywide)
PURPOSE – NOTES There are two versions of this report. The Center Report lists the PA/FS cases for a center with authorizations that are due to expire at the end of the report month. The Citywide Summary Report provides the total number of these cases for each center and a grand total for all centers combined.			
SOURCE RunID = PRD080	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers staff via DEPCON (center-specific report) HRA FIA Management via DEPCON (citywide summary report) HRA MIS Management via DEPCON (citywide summary report)	
SEQUENCE Center/UnitWorker/Case Name		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Expiring Authorization Date		Date when authorizations for cases are due to expire.	
3. Center		PA Center number responsible for the case.	
4. Unit/Worker		Worker ID responsible for the case.	
5. Case Name		Name of payee of the case.	
6. Case Type		Case category code	
7. Case No.-Sfx		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
8. Total for Worker is		Total number of cases expiring for this worker	
9. Total for Local Office is		Total number of cases expiring for this center	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0751 – NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS**

WINR0751 – NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS

1

REPORT-DATE 06/02/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
	1 NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS	*****
	CENTER REPORT	* THIS REPORT CONTAINS *
2 EXPIRING AUTHORIZATION DATE 06/30/2007	WMS REPORT WINR0751	* CONFIDENTIAL INFORMATION *
CENTER F13 3		* FOR INTERNAL USE ONLY *

4 CASE NAME	5 CASE NO.-SFX	
CXXXXX ORFA	010051062H-01	
CXXXXXXXXX SANDREIDY S	007436689J-01	
TXXXXX KARMEN	001681960J-01	
	6 TOTAL FOR LOCAL OFFICE IS 3	
	REPORT ENDED	
<hr/>		
REPORT-DATE 06/02/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 1
	8 NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS	*****
	CITYWIDE SUMMARY REPORT	* THIS REPORT CONTAINS *
EXPIRING AUTHORIZATION DATE 06/30/2007	WMS REPORT WINR0751	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

7 CENTER	8 # CASES	
F02	6	
F13	3	
F14	2	
F15	1	
		<< report edited for formatting >>
F79	3	
F99	9	
CITYWIDE TOTALS	212 9	
	REPORT ENDED	

WINR0751 Report Sample – Center and Citywide Summary Reports

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0751 – NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS**

WINR0751 – NPA/FS CASES WITH END OF MONTH EXPIRING AUTHORIZATIONS

REPORT TITLE NPA/FS Cases with End of Month Expiring Authorizations		REPORT NUMBER WINR0751	FILE NAME PRD090P51*** *** = Food Stamp Site Code PRD090PCITY (citywide summary)
PURPOSE – NOTES There are two versions of this report. The Center Report lists the NPA/FS cases for a center with authorizations that are due to expire at the end of the report month. The Citywide Summary Report provides the total number of these cases for each center and a grand total for all centers combined.			
SOURCE RunID = PRD090	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Center Staff via DEPCON (center-specific report) HRA FIA Management via DEPCON (citywide summary report) HRA MIS Management via DEPCON (citywide summary report)	
SEQUENCE Center/Case Name		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Expiring Authorization Date		Date when authorizations for cases are due to expire.	
3. Center		NPA/FS Center number responsible for the case.	
4. Case Name		Name of payee of the case.	
5. Case No.-Sfx		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
6. Total for Local Office is		Number of cases with authorizations due to expire for the individual center.	
7. Center		List of centers citywide.	
8. # Cases		Number of cases with authorizations due to expire for each center.	
9. Citywide Totals		Total number of cases citywide with authorizations due to expire.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0752 – GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT**

WINR0752 – GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT

1

REPORT DATE: 12/27/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: RT1058	GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT	***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****
	1 WMS REPORT WINR0752	
	2 MA LOCAL CENTER 502	
	5 ----- REASON CODE	6 AUTHORIZATION FROM TO
3 CASE NUMBER	4 CASE NAME	
00021714022H	AXXXXX KOCHITL	667 12/01/07 01/31/09
00021692042B	OXXXX ROBERTO	667 12/01/07 01/31/09
00021676250A	MXXXX CHRISTINA	667 04/01/08 01/31/09
00020715070H	RXXXXX GLORIA	667 01/01/08 01/31/09
00021862989H	SXXXX MARISELA	667 07/01/08 01/31/09
00020308359H	CXXXX IBRAHIMA	667 12/01/07 01/31/09
		SUB TOTAL = 6
----- CENTER 502 TOTAL =	7 6	
	<<report edited for formatting>>	
8 GRAND TOTAL =	2041	

WINR0752 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0752 – GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT**

WINR0752 – GRAUS DOWLING AUTOMATED MA EXTENSION CASE REPORT

REPORT TITLE Graus Dowling Automated MA Extension Case Report		REPORT NUMBER WINR0752	FILE NAME RT1058-RPT
PURPOSE – NOTES This report provides a list of all MA-extension cases whose authorization was extended and has not been recertified or closed. Totals are provided for each MA local office (center code) and a grand total is provided at the end of the report.			
SOURCE RunID = PRT580	REFERENCE SA 2007-00696 (modify sort) 2008.2 Release Notes	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON (multiple queues)	
SEQUENCE MA Local Office/Authorization-To-Date (ascending order)		BREAKS MA Local Office	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Medical Assistance Center responsible for the case.	
3. Case Number		Number that uniquely identifies the case.	
4. Case Name		Name of head of case.	
5. Reason Code			
6. Authorization From To		The case's authorization from and to dates.	
7. Center XXX Total		Subtotal for MA Local Office (Center)	
8. Grand Total			

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0754 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE) MONTHLY



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0754 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE) MONTHLY

REPORT DATE 04/08/07	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1
CENTER 099	WELFARE MANAGEMENT SYSTEM						*****
WORKER: 00053	DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE)						* THIS REPORT CONTAINS *
PROGRAM: RFP037	MONTHLY WMS REPORT WINR0754						* CONFIDENTIAL INFORMATION *
						* FOR INTERNAL USE ONLY *	

3	4	5	6	7	8	9	
RFI RESOURCE TYPE	S S N	POSTED DATE	INDIVIDUAL NAME	STATUS PA FS	CASE NUMBER	CASE NAME	
W R S	111-11-1111	05/04/22	NXXXXX SALLY	AC AC	00001462234E	NXXXXX SALLY FOR TXXXXX HECT	
BANK	111-11-1111	07/02/12	NXXXXX SALLY	AC	00001462234E	NXXXXX SALLY FOR TXXXXX HECT	
W R S	088-88-8888	04/09/02	CXXX JEFFREY	AC	00001551037D	CXXX JENNY FOR CXXX JEFFREY	
<< report edited for formatting >>							
BANK	055-55-5555	07/03/17	EXXXX DIGNA	AC AC	00005111623E	EXXXX DIGNA FOR EXXXX YEIMY	
U I B	588-88-8888	07/02/02	PXXXXXX ELIZABETH	AC AC	00006289641A	PXXXXXX ELIZABETH	
WORKER 00053	10	11 WRS 3	UIB 1	SSA 0	1099 0	BANK 6	ALL 10

WINR0754 Detail Report Sample

REPORT DATE 04/08/07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1
CENTER 099	SUMMARY OF UNRESOLVED RFI HITS PA (ACTIVE)						
	WINR0754 CENTER SUMMARY						
WORKER 00011	12	WRS 13	UIB 0	SSA 5	1099 0	BANK 21	ALL 39
00053		3	1	0	0	6	10
<< report edited for formatting >>							
TOTAL	13	808	137	147	0	1089	2181

WINR0754 Center Summary Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0754 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE) MONTHLY

WINR0754 - DETAIL LISTING OF UNRESOLVED RFI HITS PA (ACTIVE) MONTHLY

REPORT TITLE Detail Listing of Unresolved RFI Hits PA (Active) Monthly		REPORT NUMBER WINR0754	FILE NAME PRFM90PUH*** (*** = Center Code)
PURPOSE – NOTES This report lists the RFI hits that have not been resolved for active PA cases that occurred in the month reported.			
SOURCE RunID = PRFM90	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Center Staff via DEPCON	
SEQUENCE Case Number/RFI Resource Type		BREAKS Worker	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Public Assistance Center being reported	
3. RFI Resource Type		Resource File Integration Resource Type: WRS, UIB, SSA, 1099, Bank, All	
4. SSN		Individual's Social Security Number	
5. Posted Date		Date the resource was posted (YY/MM/DD)	
6. Individual Name		Name of individual on resource	
7. Status PA FS		Case Status (PA/FS)	
8. Case Number		-	
9. Case Name		-	
10. Worker		Worker Id who is responsible for the case	
11. Total		Subtotals of each RFI Resource Type for this worker	
12. Worker		Summary of subtotals of each RFI Resource Type for all workers	
13. Grand Total		Grand total of each RFI Resource Type reported for this month	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR00755 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE) MONTHLY**

WINR0755 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE) MONTHLY

REPORT DATE 08/03/08	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1
CENTER F63	WELFARE MANAGEMENT SYSTEM						*****
WORKER:	DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE)						* THIS REPORT CONTAINS *
PROGRAM: RFP037	MONTHLY WMS REPORT WINR0755						* CONFIDENTIAL INFORMATION *
						* FOR INTERNAL USE ONLY *	

3 RFI RESOURCE TYPE	4 S S N	5 POSTED DATE	6 INDIVIDUAL NAME	7 STATUS PA FS	8 CASE NUMBER	9 CASE NAME	
B D X VERIFIED W BENEFITS	100-00-0000	08/07/19	AXXXXXX	NXXXX	AC	00000108382D	AXXXXXX NXXXX
B D X VERIFIED W BENEFITS	122-22-2222	08/02/16	DXXXXX	PXXXX	AC	00000117062A	DXXXXX PXXXX A.
BANK	122-22-2222	08/03/19	DXXXXX	PXXXX	AC	00000117062A	DXXXXX PXXXX A.
W R S	099-99-9999	08/03/14	BXXX	CXXXXXX	AC	00000122049A	BXXX CXXXXXX
B D X VERIFIED W BENEFITS	099-99-9999	08/02/16	BXXX	CXXXXXX	AC	00000122049A	BXXX CXXXXXX
<< report edited for formatting >>							
B D X VERIFIED W BENEFITS	077-77-7777	08/01/17	MXXXX	EXXX	AC	00019833353G	MXXXX EXXX
10 WORKER	11 WRS 772	UIB 107	SSA 8586	1099 0	BANK 2788	ALL 12253	

WINR0755 Detail Report Sample

REPORT DATE 08/03/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION						PAGE 1
CENTER F63	SUMMARY OF UNRESOLVED RFI HITS FS (ACTIVE)						
	WINR0755 CENTER SUMMARY						
WORKER	12 WRS 772	UIB 107	SSA 8586	1099 0	BANK 2788	ALL 12253	
TOTAL	13 772	107	8586	0	2788	12253	

WINR0755 Center Summary Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR00755 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE) MONTHLY**

WINR0755 - DETAIL LISTING OF UNRESOLVED RFI HITS FS (ACTIVE) MONTHLY

REPORT TITLE Detail Listing of Unresolved RFI Hits FS (Active) Monthly		REPORT NUMBER WINR0755	FILE NAME PRFM90PUH*** (*** = Center Code)
PURPOSE – NOTES This report lists the RFI hits that have not been resolved for active FS cases that occurred in the month reported.			
SOURCE RunID = PRFM90	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Center Staff via DEPCON	
SEQUENCE Case Number/RFI Resource Type		BREAKS Worker	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Food Stamp Center being reported	
3. RFI Resource Type		Resource File Integration Resource Type: WRS, UIB, SSA, 1099, Bank, All	
4. SSN		Individual's Social Security Number	
5. Posted Date		Date the resource was posted	
6. Individual Name		Name of individual on resource	
7. Status PA FS		Case Status (FS)	
8. Case Number		-	
9. Case Name		-	
10. Worker		Worker Id who is responsible for the case	
11. Total		Subtotals of each RFI Resource Type for this worker	
12. Worker		Summary of subtotals of each RFI Resource Type for all workers	
13. Grand Total		Grand total of each RFI Resource Type reported for this month	

WINR0756 - SI INTERCEPT - PA CASES ON CASE-CONTROL FILE

1

REPORT DATE 10/04/2008 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1
 PROGRAM: SI1061 WELFARE MANAGEMENT SYSTEM

1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

WMS REPORT WINR0756

SI INTERCEPT - PA CASES ON CASE-CONTROL FILE

2

PART I: BYPASS CASES IN ASCENDING ORDER BY EXPIRATION DATE

CASE NUMBER	BYP. ENTRY DTM	USERID	EXP DATE
002886247C	20080903 223646	PSI27D	20081003
004030443I	20080903 223646	PSI27D	20081003
004337926C	20080903 223646	PSI27D	20081003
004742086E	20080903 223646	PSI27D	20081003
005986537I	20080903 223646	PSI27D	20081003
007032781C	20080903 223646	PSI27D	20081003

2

PART II: BYPASS CASES IN ASCENDING ORDER BY CASE NUMBER

CASE NUMBER	BYP. ENTRY DTM	USERID	EXP DATE
000001140D	20080904 215404	PSI27D	20081004
000002067H	20080428 105831	164F09	20081031
000003766D	20080528 145058	164F09	20081130
000006639J	20080925 103242	164F09	20090331
000008344E	20080613 151438	164F09	20081231
000010328D	20080930 220516	PSI27D	20081030
000015085E	20080919 220526	PSI27D	20081019
000029724C	20080922 221530	PSI27D	20081022
000033444B	20080909 215726	PSI27D	20081009

<<report edited for formatting>>

WINR0756 Report Sample

WINR0756 - SI INTERCEPT – PA CASES ON CASE- CONTROL FILE

REPORT TITLE SI Intercept – PA Cases On Case-Control File		REPORT NUMBER WINR0756	FILE NAME PSI31MPPARPT
PURPOSE – NOTES This report provides a list of all cases currently on the SI intercept bypass file.			
SOURCE RunID = PSI31M	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA Staff via email	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly – 1 st Weekend		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Part		There are two sections of this report: Part I: Bypass Cases in Ascending Order by Expiration Date Part II: Bypass Cases in Ascending Order by Case Number	
3. Case Number		Number that uniquely identifies the case.	
4. Byp. Entry DTM			
5. Userid			
6. Exp Date		Expiration date.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0760 – ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS – CASES IN
CLOCKDOWN STATUS**

WINR0760 – ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS – CASES IN CLOCKDOWN STATUS 1

REPORT DATE: 10/02/08	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 5
PROGRAM ID: RD1015	WELFARE MANAGEMENT SYSTEM		*****
	1	WMS REPORT WINR0760	* THIS REPORT CONTAINS *
ISC: 099 2	ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS		* CONFIDENTIAL INFORMATION *
WORKER ID: 00043 3	CASES IN CLOCKDOWN STATUS		* FOR INTERNAL USE ONLY *
	4		*****
	5	6	
CASE NUMBER	CASE NAME	EXPIRED AUTH TO DATE	

00006925854J	GXXXX JENNIFER	09/30/08	
00001421054G	HXXXXXX TYESHA	09/30/08	
00001794689I	PXXXX FRANK	09/30/08	
TOTAL FOR WORKER IS	3 7		
REPORT CONTINUED			

WINR0760 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0760 – ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS – CASES IN
CLOCKDOWN STATUS**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0760 – ACTIVE PA/FS CASES WITH EXPIRED FOOD STAMP AUTHS – CASES IN CLOCKDOWN STATUS

REPORT TITLE Active PA/FS Cases with Expired Food Stamp Auths – Cases in Clockdown Status		REPORT NUMBER WINR0760	FILE NAME PRD150P00*** *** = Center Number
PURPOSE – NOTES			
SOURCE RunID = PRD150	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA/FS Center Staff via DEPCON	
SEQUENCE Center/Worker/Clock Down Flag/Case Name		BREAKS Worker	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. ISC		PA/FS Center being reported.	
3. Worker ID		Identifies the worker responsible for the case.	
4. Case Number		Number that uniquely identifies the case.	
5. Case Name		Name of the Payee of the case.	
6. Expired Auth To Date		Date the food stamp authorization expired.	
7. Total for Worker is		Number of expired food stamp cases for this worker.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0761 – ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST**

WINR0761 – ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST 1

REPORT DATE: 09/03/08 PROGRAM ID: RD1016 FSC: F13	1	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM WMS REPORT WINR0761 ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST	PAGE 1 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
3	2	4	5
CASE NUMBER		CASE NAME	STATUS
EXPIRED AUTH TO DATE			6
00011142386J 00009363117E		CXXXX LAWRENCE VXXXXXX ELSA	AC AC
			08/31/08 08/31/08
7 TOTAL FOR LOCAL OFFICE IS		2	
REPORT ENDED			

WINR0761 Report Sample – Detail

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0761 – ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST

WINR0761 – ACTIVE NPA/FS CASES WITH EXPIRED AUTHS DETAIL LIST

REPORT TITLE Active NPA/FS Cases with Expired Auths Detail List		REPORT NUMBER WINR0761	FILE NAME PRD160P00*** (***) = FS Ctr Code) PRD160PFULL (citywide detail report)
PURPOSE – NOTES This report lists active NPA/FS cases with expired authorizations for the Food Stamp center being reported. Food Stamp Center F15 is not reported.			
SOURCE RunID = PRD160	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NPA Center Staff via DEPCON for center-specific report HRA FIA Management via DEPCON for citywide report HRA MIS Management via DEPCON for citywide report	
SEQUENCE Center/Clock Down Flag/Authorization To-Date/Case Name		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. FSC		Food Stamp Center Number	
3. Case Number		The number that identifies the case whose authorization period has expired.	
4. Case Name		The name in which the application is registered.	
5. Status		Case Status	
6. Expired Auth to Date		Date the case authorization expired.	
7. Total for Local Office is		Total number of cases for this center with expired authorizations.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0761 – NPA/FS CITYWIDE CENTER SUMMARY – CASES IN CLOCKDOWN
STATUS**

WINR0761 – NPA/FS CITYWIDE CENTER SUMMARY – CASES IN CLOCKDOWN STATUS

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION								PAGE 3
REPORT DATE: 09/03/08		1		WELFARE MANAGEMENT SYSTEM		*****		
PROGRAM ID: RD1016				WMS REPORT WINR0761		* THIS REPORT CONTAINS *		
						* CONFIDENTIAL INFORMATION *		
						* FOR INTERNAL USE ONLY *		

NPA/FS CITYWIDE CENTER SUMMARY - CASES IN CLOCKDOWN STATUS								
2	3						EXPIRED AUTH TO DATE	
FSC	04/08	05/08	06/08	07/08	08/08	09/08	TOTAL	
F13	0	0	0	0	0	0	0	
F19	0	0	0	0	9	0	9	
F21	0	0	0	0	0	0	0	
F23	0	0	0	0	0	0	0	
F26	0	0	0	0	0	0	0	
F27	0	0	0	0	0	0	0	
F38	0	0	0	0	0	0	0	
F40	0	0	0	0	0	0	0	
F44	0	0	0	0	0	0	0	
F46	0	0	0	0	0	0	0	
F53	0	0	0	0	0	0	0	
F79	0	0	0	0	1	0	1	
ALL	0	0	0	0	10	0	10	
4								
REPORT ENDED								

WINR0761 Report Sample – Summary

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0761 – NPA/FS CITYWIDE CENTER SUMMARY – CASES IN CLOCKDOWN
STATUS

WINR0761 – NPA/FS CITYWIDE CENTER SUMMARY – CASES IN CLOCKDOWN STATUS

REPORT TITLE NPA/FS Citywide Center Summary – Cases in Clockdown Status		REPORT NUMBER WINR0761	FILE NAME PRD160PCITY
PURPOSE – NOTES This report provides a count of active cases with expired authorizations (for the current month and 5 previous months) for each Food Stamp center. It also provides monthly totals for all centers and a grand total. This report excludes Food Stamp Center F15.			
SOURCE RunID = PRD160	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON HRA MIS Management via DEPCON NYS OTDA/CEES Staff via DEPCON	
SEQUENCE FSC		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. FSC		Food Stamp Center Number	
3. MM/YY		Monthly expired authorization totals	
4. Expired Auth to Date Total		Total of expired authorizations for each center and grand total for all centers.	

WINR0762 - PNOR E-Check Disposition Report

REPORT DATE 04-30-2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION		PAGE 1								
PROGRAM: SI1040	WELFARE MANAGEMENT SYSTEM										
	①		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****								
	WMS REPORT WINR0762										
	②a PNOR E-CHECK DISPOSITION REPORT										
	③ ④ ⑤ ⑥ PNOR E-CHECKS POSTED TO WMS AS NEW SINGLE ISSUANCES ⑩		⑪ ⑫ ⑬								
CHECK NO	PUC	CASE NUMBER	SUF	⑦ CHECK NAME	⑧ CTR	⑨ ISS DATE	PAID DATE	ISS AMT	ISS CD	CASE CATEG	
E 53628612	5	00001663573C	01	CASHD MANL E-CHK CD:60	053	10/11/2006	10/16/2006	475.00	60	EAA	
E 67564517	5	00004032359E	01	CASHD MANL E-CHK CD:10	067	09/21/2006	10/02/2006	424.28	10	FA	
E 44355360	5	00004898264J	01	CASHD MANL E-CHK CD:30	044	10/11/2006	10/30/2006	600.00	30	SNCA	
E 26478056	5	00001783791F	01	CASHD MANL E-CHK CD:08	026	09/05/2006	10/11/2006	212.45	08	SNNC	
POSTED E-CHECKS											
TOTAL NO. OF PNOR E-CHECKS POSTED TO WMS AS NEW PA SINGLE ISSUANCES:										⑭a 4	
TOTAL DOLLAR AMOUNT OF CHECKS POSTED TO WMS AS NEW PA SINGLE ISSUANCES:										⑮a 1,711.73	
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY											
ADC#	0 \$AMT	0.00	ADCU#	0 \$AMT	0.00	HR#	0 \$AMT	0.00	HRPG#	0 \$AMT	0.00
⑯	⑰	⑱	⑲	⑳	㉑	㉒	㉓				

WINR0762 Report Sample – PNOR E-Checks Posted (Detail)

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0762 - PNOR E-CHECK DISPOSITION REPORT**

REPORT DATE 04-30-2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 2									
PROGRAM: SI1040	WELFARE MANAGEMENT SYSTEM										
	WMS REPORT WINR0762	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****									
	PNOR E-CHECK DISPOSITION REPORT										
2b	PNOR E-CHECKS REJECTED BY WMS WITH REJECTION REASON E0101 (CASE NOT FOUND ON DATABASE)										
CHECK NO	PUC	CASE NUMBER	SUF	CHECK NAME	CTR	ISS DATE	PAID DATE	ISS AMT	ISS CD	CASE CATEG	
E 44355337	5	00005051693J	01	CASHD MANL E-CHK CD:44	044	10/05/2006	10/06/2006	29.85	44	FA	
E 44355391	5	00005299520G	01	CASHD MANL E-CHK CD:44	044	10/16/2006	10/17/2006	51.15	44	SNCA	
E 44355378	5	00005327674H	01	CASHD MANL E-CHK CD:44	044	10/12/2006	10/13/2006	39.65	44	SNNC	
REJECTION REASON E0101 (CASE NOT FOUND ON DB)											
TOTAL NO. PNOR E-CHECKS REJECTED BY WMS: 14b 3											
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS REJECTED BY WMS: 15b 120.65											
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY											
ADC#	0 \$AMT	0.00	ADCU#	0 \$AMT	0.00	HR#	0 \$AMT	0.00	HRPG#	0 \$AMT	0.00

WINR0762 Report Sample – PNOR E-Checks Rejected (E0101) Detail

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0762 - PNOR E-CHECK DISPOSITION REPORT**

WINR0762 - PNOR E-CHECK DISPOSITION REPORT

REPORT TITLE PNOR E-Check Disposition Report		REPORT NUMBER WINR0762	FILE NAME PSI390PRPT
PURPOSE – NOTES This report contains two sections: <ul style="list-style-type: none"> ■ PNOR E-Checks posted to WMS as new single issuances ■ PNOR E-Checks that were rejected 			
SOURCE RunID = PSI390	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA OFM via DEPCON	
SEQUENCE Case Category		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. a) PNOR E-Checks Posted to WMS as New Single Issuances b) PNOR E-Checks Rejected by WMS with Rejection Reason Ennnn		Type of transaction – posted or rejected	
3. Check No		Check number that was issued	
4. PUC		Pick Up Code	
5. Case Number		-	
6. SUF		Suffix	
7. Check Name			
8. CTR		Center	
9. ISS Date		Issuance Date	
10. Paid Date		-	
11. ISS AMT		Check amount	
12. ISS CD		Issuance Code	
13. CASE CATEG		Case Category	
14. a) Total No. of PNOR E-Checks posted to WMS as new PA Single		-	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0762 - PNOR E-CHECK DISPOSITION REPORT**

Issuances b) Total No. PNOR E-Checks rejected by WMS	
15. a) Total Dollar Amount of checks posted to WMS as new PA Single Issuances b) Total Dollar Amount of PNOR E-Checks rejected by WMS	-
Total No. of checks and total dollar amt per claiming category:	
16. ADC#	Total Number of checks posted/rejected for Aid to Dependent Children category (no longer valid – now included in FA [Family Assistance]) category
17. \$AMT	Total Dollar Amount posted/rejected for Aid to Dependent Children category (no longer valid – now included in FA [Family Assistance]) category
18. ADCU#	Total Number of checks posted/rejected for Aid to Dependent Children Unemployed category (no longer valid – now included in FA [Family Assistance]) category
19. \$AMT	Total Dollar Amount posted/rejected for Aid to Dependent Children Unemployed category (no longer valid – now included in FA [Family Assistance]) category
20. HR#	Total Number of checks posted/rejected for Home Relief category (no longer valid – now included in SNCA [Safety Net Cash Assistance]) category
21. \$AMT	Total Dollar Amount posted/rejected for Home Relief category (no longer valid – now included in SNCA [Safety Net Cash Assistance]) category
22. HRP#	Total Number of checks posted/rejected for Home Relief Pre-Investigation category (no longer valid – evaluated and transferred to one of new categories)
23. \$AMT	Total Dollar Amount posted/rejected for Home Relief Pre-Investigation category (no longer valid – evaluated and transferred to one of new categories)

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0762 - PNOR E-CHECK DISPOSITION REPORTS - SUMMARY PAGES**

WINR0762 - PNOR E-Check Disposition Reports - Summary Pages

REPORT DATE 04-30-2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE 3
PROGRAM: SI1040	WELFARE MANAGEMENT SYSTEM	
	1 WMS REPORT WINR0762	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
	2 PNOR E-CHECK DISPOSITION REPORTS	
	3 SUMMARY PAGES	
TOTAL NO OF PNOR E-CHECKS ON FILE FROM CRTS TO WMS:	63	
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS ON FILE FROM CRTS TO WMS	20,249.29	4
POSTED E-CHECKS		
TOTAL NO. OF PNOR E-CHECKS POSTED TO WMS AS NEW PA SINGLE ISSUANCES:	4	6
TOTAL DOLLAR AMOUNT OF CHECKS POSTED TO WMS AS NEW PA SINGLE ISSUANCES:	1,711.73	7
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY		
ADC# 8 0 \$AMT 9 0.00 ADCU# 10 0 \$AMT 11 0.00 HR# 12 0 \$AMT 13 0.00 HRP# 14 0 \$AMT 15 0.00		
REJECTED E-CHECKS		
TOTAL NO. PNOR E-CHECKS REJECTED BY WMS:	3	
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS REJECTED BY WMS:	120.65	
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY		
ADC# 0 \$AMT 0.00 ADCU# 0 \$AMT 0.00 HR# 0 \$AMT 0.00 HRP# 0 \$AMT 0.00		
REJECTION REASON E0101 (CASE NOT FOUND ON DB)		
TOTAL NO. PNOR E-CHECKS REJECTED BY WMS:	3	
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS REJECTED BY WMS:	120.65	
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY		
ADC# 0 \$AMT 0.00 ADCU# 0 \$AMT 0.00 HR# 0 \$AMT 0.00 HRP# 0 \$AMT 0.00		
<<report edited for formatting>>		
REJECTION REASON E1417 (REC ALREADY POSTED)		
TOTAL NO. PNOR E-CHECKS REJECTED BY WMS:	0	
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS REJECTED BY WMS:	0.00	
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY		
ADC# 0 \$AMT 0.00 ADCU# 0 \$AMT 0.00 HR# 0 \$AMT 0.00 HRP# 0 \$AMT 0.00		
TOTAL OF OTHER REJECTION REASONS		
TOTAL NO. PNOR E-CHECKS REJECTED BY WMS:	0	
TOTAL DOLLAR AMOUNT OF PNOR E-CHECKS REJECTED BY WMS:	0.00	
TOTAL NO. OF CHECKS AND TOTAL DOLLAR AMT PER CLAIMING CATEGORY		
ADC# 0 \$AMT 0.00 ADCU# 0 \$AMT 0.00 HR# 0 \$AMT 0.00 HRP# 0 \$AMT 0.00		

WINR0762 Report Sample – Summary Page

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0762 - PNOR E-CHECK DISPOSITION REPORTS - SUMMARY PAGES

WINR0762 - PNOR E-CHECK DISPOSITION REPORTS - SUMMARY PAGES

REPORT TITLE PNOR E-Check Disposition Reports - Summary Pages		REPORT NUMBER WINR0762	FILE NAME PSI390PRPT
PURPOSE – NOTES This report provides a summary of PNOR E-Checks that were posted to WMS as new single issuances by Case Category.			
SOURCE RunID = PSI390	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON HRA OFM via DEPCON	
SEQUENCE Case Category		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Summary Page Title		-	
3. Total No. of PNOR E-Checks on file from CRTS to WMS		Total Number of checks posted from the Check Reconciliation Tracking System (CRTS) to WMS.	
4. Total Dollar Amount of PNOR E-Checks on file from CRTS to WMS		Total Dollar Amount of checks posted from the Check Reconciliation Tracking System (CRTS) to WMS.	
For each Case Category:			
5. Case Category Name		-	
6. Total No. of PNOR E-Checks posted or rejected for each case category		-	
7. Total Dollar Amount of PNOR E-Checks posted or rejected for each case category		-	
Total No. of checks and total dollar amt per claiming category:			
8. ADC#		Total Number of checks posted/rejected for Aid to Dependent Children category (no longer valid – now included in FA [Family Assistance]) category	
9. \$AMT		Total Dollar Amount posted/rejected for Aid to Dependent Children category (no longer valid – now included in FA [Family Assistance]) category	
10. ADCU#		Total Number of checks posted/rejected for Aid to Dependent Children	

	Unemployed category (no longer valid – now included in FA [Family Assistance]) category
11. \$AMT	Total Dollar Amount posted/rejected for Aid to Dependent Children Unemployed category (no longer valid – now included in FA [Family Assistance]) category
12. HR#	Total Number of checks posted/rejected for Home Relief category (no longer valid – now included in SNCA [Safety Net Cash Assistance]) category
13. \$AMT	Total Dollar Amount posted/rejected for Home Relief category (no longer valid – now included in SNCA [Safety Net Cash Assistance]) category
14. HRP#	Total Number of checks posted/rejected for Home Relief Pre-Investigation category (no longer valid – evaluated and transferred to one of new categories)
15. \$AMT	Total Dollar Amount posted/rejected for Home Relief Pre-Investigation category (no longer valid – evaluated and transferred to one of new categories)

WINR0765 - EBT RECONCILIATION UPDATE REPORT

1

REPORT DATE 08/28/2008		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES		PAGE 1	
PROGRAM: RN1026		WELFARE MANAGEMENT SYSTEM			
		1			
		WMS REPORT WINR0765			
		EBT RECONCILIATION UPDATE REPORT			
		PART I: SUMMARY TOTALS BY PROGRAM AREA			
		UPDATES APPLIED		UPDATES UNAPPLIED	
2	3	4	5	6	7
	COUNT	AMOUNT	RECONCILIATION TYPE	COUNT	AMOUNT
CASH BENEFIT RECURRING	21,572	\$987,673.82	DEBIT	0	\$0.00
	553	\$44,485.21	PENDING VOID	0	\$0.00
	0	\$0.00	RECOVERY FROM ACCT	0	\$0.00
	218	\$7,703.33	EXPUNGED	0	\$0.00
	0	\$0.00	MISC.UNAPPLIED	0	\$0.00
	0	\$0.00	VENDOR REFUND	0	\$0.00
	60	\$1,841.55	DELETED	0	\$0.00
	13,077	\$1,238,936.60	DEPOSITS	0	\$0.00
CASH BENEFIT SINGLE ISSUES	6,649	\$174,232.27	DEBIT	1	\$47.45
	0	\$0.00	PENDING VOID	0	\$0.00
	1,407	\$140,563.10	<< report edited for formatting >>	0	\$0.00
			DEPOSITS		
FOOD STAMP BENEFIT RECURRING	144,980	\$2,048,383.39	DEBIT	20	\$255.26
	27	\$7,320.00	PENDING VOID	0	\$0.00
	0	\$0.00	RECOVERY FROM ACCT	0	\$0.00
	0	\$0.00	REPAYMENTS	0	\$0.00
	136	\$1,628.50	EXPUNGED	0	\$0.00
	0	\$0.00	MISC.UNAPPLIED	0	\$0.00
	0	\$0.00	VENDOR REFUND	0	\$0.00
	875	\$9,948.87	DELETED	0	\$0.00
	0	\$0.00	DEPOSITS	0	\$0.00
FOOD STAMP BENEFIT SINGLE ISSUES	17,242	\$383,553.65	DEBIT	10	\$211.46
	0	\$0.00	PENDING VOID	0	\$0.00
	2,730	\$420,424.00	<< report edited for formatting >>	2	\$189.00
			DEPOSITS		

*** DISCREPANCY DETAILS APPEAR ON FOLLOWING PAGES ***

WINR0765 Part I Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0765 - EBT RECONCILIATION UPDATE REPORT**

MARCH 27, 2009

REPORT DATE 08/28/2008		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES WELFARE MANAGEMENT SYSTEM										PAGE 2	
PROGRAM: RN1026		(8) WMS REPORT WINR0765										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****	
EBT RECONCILIATION UPDATE REPORT PART II: UNAPPLIED UPDATES - DETAIL REPORT													
		EBT TRANSACTION DATA										WMS DATABASE DATA	
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
CASE/SUF	ISS DATE	BENEFIT#	TYPE	CD	AMOUNT	ERROR DESC	TRAN TYPE	TRAN DTE	TX.AMT	EBT-BAL	WMS-BAL	RECON CD	DATE
000108108C/01	08/13/08	64237126	FS/PA	96	398.00	BALANCE MISMATCH	301/SPENT	08/27/08	19.06	140.18	164.71	T/TRANST	08/28/08
000272707B/01	10/11/07	57911305	FS/NPA	96	119.00	BALANCE MISMATCH	301/SPENT	08/27/08	20.53	51.06	83.97	T/TRANST	08/28/08
002169622E/01	12/03/05	89530112	FS/NPA	96	152.00	BENEFIT NOT FOUN	301/SPENT	08/25/08	43.90	0.00	0.00		
003142110A/01	08/01/08	63695551	FS/NPA	96	426.00	BALANCE MISMATCH	301/SPENT	08/27/08	9.69	185.45	200.37	T/TRANST	08/28/08
003345093D/01	07/05/08	63294019	FS/NPA	96	196.00	BALANCE MISMATCH	301/SPENT	08/27/08	0.99	23.04	26.43	T/TRANST	08/28/08
004288708D/01	09/21/04	00611601	FS/PA	14	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	1.88	9.46	0.00		
006017105F/01	08/18/08	07507033	SNCASH	29	25.00	BALANCE MISMATCH	304/SPENT	08/27/08	47.45	0.00	-22.45	T/TRANST	08/28/08
006491203D/01	10/05/04	81529052	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	38.92	19.05	0.00		
006491203D/01	10/05/04	81529052	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	8.58	57.97	0.00		
006596277B/01	08/11/08	64194628	FS/PA	96	298.00	BALANCE MISMATCH	301/SPENT	08/27/08	6.24	146.12	148.12	T/TRANST	08/28/08
007194824E/01	11/16/07	02900042	FS/NPA	53	91.00	BALANCE MISMATCH	311/ADJUST	08/27/08	15.54	15.54	16.28	7/REDM/ER	08/22/08
007467645D/01	06/08/07	55380486	FS/NPA	96	155.00	BENEFIT NOT FOUN	301/SPENT	08/25/08	0.47	134.66	0.00		
008259491C/01	02/02/05	83686431	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	3.81	40.53	0.00		
008259491C/01	02/02/05	83686431	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	13.72	44.34	0.00		
008259491C/01	02/02/05	83686431	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/24/08	0.89	39.64	0.00		
008309376F/01	08/16/08	03443742	FS/NPA	16	471.00	BALANCE MISMATCH	301/SPENT	08/27/08	5.00	171.18	190.76	T/TRANST	08/28/08
008641616B/01	08/08/08	64084985	FS/NPA	96	162.00	BALANCE MISMATCH	301/SPENT	08/27/08	10.51	36.81	48.49	T/TRANST	08/28/08
011047158I/01	06/11/08	03312307	FS/NPA	55	7.00	BALANCE MISMATCH	301/SPENT	08/26/08	6.68	1.97	-1.33	T/TRANST	08/28/08
017248030D/01	02/01/05	83607866	FS/NPA	96	149.00	BENEFIT NOT FOUN	301/SPENT	08/25/08	3.74	31.68	0.00		
QC05965R /	08/26/08	03464100	FS/PA	54	27.00	INVAL TOE/MONTH	202/DEPOSI	08/26/08	27.00	27.00	0.00		
QC24466E /	08/21/08	03454095	FS/PA	14	298.00	INVAL TOE/MONTH	301/SPENT	08/26/08	19.03	5.44	0.00		
QC24466E /	08/21/08	03454095	FS/PA	14	298.00	INVAL TOE/MONTH	301/SPENT	08/26/08	5.44	0.00	0.00		
SB74514Q /	/ /	66200808	#UNAFS		2.98	INVAL TOE/MONTH	301/SPENT	08/27/08	2.37	0.61	0.00		
QB97228J /	08/26/08	03463812	FS/NPA	16	162.00	INVAL TOE/MONTH	301/SPENT	08/26/08	54.66	0.00	0.00		
QB97228J /	08/26/08	03463812	FS/NPA	16	162.00	INVAL TOE/MONTH	301/SPENT	08/26/08	102.38	54.66	0.00		

<< report edited for formatting >>

*** END OF REPORT - TOTAL DISCREPANCIES: (23) 34 ***

WINR0765 Part II Report Sample

WINR0765 - EBT RECONCILIATION UPDATE REPORT

REPORT TITLE EBT Reconciliation Update Report		REPORT NUMBER WINR0765	FILE NAME PRN260PREPT
PURPOSE – NOTES This report is comprised of two parts. Part I: Summary Totals by Program Area summarizes the number and dollar amount of updates applied and unapplied for each reconciliation type within program area. Part II: Unapplied Updates – Detail Report provides specific transaction information for each update that was not applied.			
SOURCE RN1026 RunID = PRN260	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Report Part I / Program Area Report Part II / Case Number/Suffix		BREAKS Report Part	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
Part I Summary Totals by Program Area:			
1. Standard WMS Headings		-	
Updates Applied:			
2. Program Area		The program areas fall under cash and food stamp recurring benefits and cash and food stamp single issue benefits.	
3. Count		The number of updates that was applied for each reconciliation type within the program area.	
4. Amount		The dollar amount of updates that was applied for each reconciliation type within the program area.	
Updates Unapplied:			
5. Reconciliation Type		Type of reconciliation being applied/unapplied	
6. Count		The number of updates that was unapplied for each reconciliation type within the program area.	
7. Amount		The dollar amount of updates that was unapplied for each reconciliation type	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0765 - EBT RECONCILIATION UPDATE REPORT**

	within the program area.
Part II Unapplied Update – Detail Report:	
8. Standard WMS Headings	-
9. Case/SUF	Case Number and Suffix Number
10. ISS Date	Benefit issuance date
11. Benefit#	Benefit Number
12. Type	Benefit Type
13. PY CD	Payment Code
14. Issue Amount	Dollar amount issued
15. Error Desc	Error Description
EBT Transaction Data:	
16. Tran Type	EBT Transaction Type
17. Tran DTE	EBT Transaction Date
18. TX.AMT	EBT Transaction Amount
19. EBT-BAL	EBT Balance
WMS Database Data:	
20. WMS-BAL	Balance on WMS Database
21. Recon CD	WMS Reconciliation Code
22. Date	WMS Date
23. End of Report – Total Discrepancies	Total number of EBT updates that was unapplied

WINR0771 – VOLUNTARY PAYMENTS POSTED TO RTIS

1

REPORT DATE 01-02-09 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1
WELFARE MANAGEMENT SYSTEM

PROGRAM: RP1091

1

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

WMS REPORT WINR0771

SECTION I VOLUNTARY PAYMENTS POSTED TO RTIS

CASE NUMBER	SUFF	CASE TYPE	PAYMENT DATE	PAYMENT AMOUNT	RTI	RTI TYP	RTI AMOUNT
2	3	4	5	6	7	8	9
00000094753B	01	11	12/01/08	5.00	04690750E	2	5.00
00000094753B	01	11	12/01/08	5.00	04690750E	2	5.00
00000320585D	01	11	12/01/08	57.00	05281476R	2	57.00
00000749253B	01	31	12/01/08	10.00	03243968E	2	10.00

<< report edited for formatting >>

SECTION II VOLUNTARY OVER PAYMENTS

CASE NUMBER	SUFF	CASE TYPE	PAYMENT DATE	PAYMENT AMOUNT	OVER PAY AMOUNT
10	11	12	13	14	15
00001572344I	01	11	12/01/08	1.00	0.65
00004149247B	01	16	12/01/08	791.00	0.38
00009608902E	01	16	12/01/08	667.00	22.00

TOTALS FOR REPORT 16

NUMBER OF PAYMENTS	160
AMOUNT OF PAYMENTS	\$15,267.14
NUMBER OF RTIS PAID	157
AMOUNT TO RTIS	\$11,127.11
NUMBER OF OVER PAYMENTS	3
AMOUNT OVER PAID	\$23.03

WINR0771 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0771 – VOLUNTARY PAYMENTS POSTED TO RTIS**

WINR0771 – VOLUNTARY PAYMENTS POSTED TO RTIS

REPORT TITLE Voluntary Payments Posted to RTIS		REPORT NUMBER WINR0771	FILE NAME PRP910PRPT01
PURPOSE – NOTES Section I of this report lists cases with voluntary payments posted to RTIS. Section II lists cases with overpayments.			
SOURCE RP1091 RunID = PRP910	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Section/Case Number		BREAKS Section	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
Section I Voluntary Payments Posted to RTIS			
2. Case Number		Uniquely identifies the case.	
3. Suff		Number that identifies the unit of assistance.	
4. Case Type		Category of assistance being received by this case.	
5. Payment Date		Date the voluntary payment was received.	
6. Payment Amount		Dollar amount.	
7. RTI		Recoupment Tracking Identifier	
8. RTI Typ		Type of recoupment	
9. RTI Amount			
Section II Voluntary Overpayments			
10. Case Number		Uniquely identifies the case.	
11. Suff		Number that identifies the unit of assistance.	
12. Case Type		Category of assistance being received by this case.	
13. Payment Date		Date the voluntary payment was received.	
14. Payment Amount		Dollar amount.	
15. Over Pay Amount		Dollar amount overpaid.	
16. Totals for Report		Number of Payments, Amount of Payments, Number of RTIS Paid, Amount to RTI, Number of Over Payments, Amount Over Paid	

WINR0775 – EXPIRING WAIVERS REPORT

1

REPORT DATE 09/15/07 1 NEW YORK STATE OFFICE OF FAMILY ASSISTANCE PAGE 1

EXPIRING WAIVERS REPORT

PERIOD COVERED BY REPORT: 09/15/07 - 10/30/07 WMS REPORT WINR0775

CENTER: 2 013 3 DISTRIBUTION: LIAISON: BXXXXX

CLIENT NAME: 5 SXXXXXXX 6 AXXXX 7 V 8 CIN: ZZ99999V 9 CS NUMBER: 009999999G 10 LAST ASSESMNT DT 05/21/07

WAIVER END DATES: 11 IV-D 12 EMPLOY 13 DRUG/ 14 TIME 15 ALIEN 16 RESI 17 LEARN- 18 MINOR

	10	11	12	13	14	15	16	17	18
	09/21/07	09/21/07	ALCOHL	LIMITS	DEEMNG	DENCY	OTHER	FARE	PARENT

* THIS REPORT CONTAINS *
* CONFIDENTIAL INFORMATION *
* FOR INTERNAL USE ONLY *

REFERENCE NO 4 1

*** INDIVIDUALS WITH EXPIRING WAIVERS = 19 1

<< report edited for formatting >>

20 EXPIRING WAIVERS BY LOCAL OFFICE:

013 =	10
017 =	6

<< report edited for formatting >>

085 =	2
099 =	21

**** CITYWIDE EXPIRING WAIVERS = 21 685

WINR0775 Report Sample

WINR0775 – EXPIRING WAIVERS REPORT

REPORT TITLE Expiring Waivers Report		REPORT NUMBER WINR0775	FILE NAME PWB040P-RPT
PURPOSE – NOTES This report provides a list of those domestic violence clients whose waivers are due to expire.			
SOURCE RunID = PWB040	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION	
SEQUENCE Center Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center responsible for the case.	
3. Distribution: Liaison		Center's domestic violence liaison.	
4. Reference No		Page Number.	
5. Client Name			
6. INA			
7. CIN		Client Identification Number	
8. CS Number		Case Number	
9. Last Assesmnt Dt			
Waiver End Dates:		Dates waivers expire for each type of waiver:	
10. IV-D		IV-D Child Support waiver	
11. Employment		Job search/employment waiver	
12. Drug/Alcohol		Drug/Alcohol waiver	
13. Time Limits		Time Limits for Cash Assistance waiver	
14. Alien Deeming			
15. Residency			
16. Other		Other domestic violence waiver	

17. Learn-Fare	
18. Minor Parent	
19. Individuals with Expiring Waivers	Number of individuals with expiring waivers.
20. Expiring Waivers by Local Office	Number of waivers for this center
21. Citywide Expiring Waivers	Total number of waivers for all centers in NYC

WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING DATE (DAILY)

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1

REPORT DATE 10/02/08 WELFARE MANAGEMENT SYSTEM

PROGRAM: BP1095 SYSTEM: PRD *****

WMS REPORT WINR0783 (1) * THIS REPORT CONTAINS *

PRODUCTION * CONFIDENTIAL INFORMATION *

* FOR INTERNAL USE ONLY *

EBT DEPOSIT VALIDATION REPORT FOR POSTING DATE Wednesday 10/01/08

NYC CASH BENEFITS (2) COUNT DOLLARS

ISSUED IN REPORT PERIOD:

(3) TOTAL BENEFITS AVAILABLE		15,049		\$1,420,332.08
DEPOSITED AFTER REPORT PERIOD	(	0	(	\$0.00
NOT DEPOSITED - CANCELLED	(	524	(	\$41,149.73
NOT DEPOSITED - UNCASHABLE	(	6	(	\$364.63
NOT DEPOSITED - LATE SAME-DAY	(	48	(	\$1,576.42
* NOT DEPOSITED - UNKNOWN	(	0	(	\$0.00

ISSUED BEFORE REPORT PERIOD:

(4) DEPOSITED IN REPORT PERIOD		8		\$480.15
DEPOSIT FILE DATE IN REPORT PERIOD		57		\$1,907.71

RTC VENDOR PAYMENTS:

(5) DEPOSIT OR FILE DATE IN REPORT PERIOD		0		\$0.00
---	--	---	--	--------

TOTAL WMS CASH DEPOSIT (6) -----

		14,536		\$1,379,629.16
--	--	--------	--	----------------

CITIBANK DEPOSIT EXCEPTIONS:

(7) DEPOSIT DATE IN REPORT PERIOD		0		\$0.00
* DEPOSIT FILE DATE IN REPORT PERIOD		1		\$88.00

CITIBANK CASH EXCEPTION TOTALS: (8) -----

		1		\$88.00
--	--	---	--	---------

NYC FOOD BENEFITS (9) COUNT DOLLARS

ISSUED IN REPORT PERIOD:

<< report edited for formatting >>

PART II: EXCEPTION DETAILS

(10) CASE/SUFFIX	(11) AVAIL DT	(12) BENEFIT#	(13) TYPE	(14) AMOUNT	(15) EXCEPTION
97845Z /	09/30/08	03546386	FSSI	6.00	EBT DEPOSIT; BEN. NOT ON WMS

***** END OF EXCEPTIONS *****

WINR0783 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING DATE (DAILY)

WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING DATE (DAILY)

REPORT TITLE EBT Deposit Validation Report for Posting Date (Daily)		REPORT NUMBER WINR0783	FILE NAME PBP95RPPOSTR
PURPOSE – NOTES This daily report is used to validate EBT deposit amounts provided by the EBT vendor. The report compares benefits that were available according to NYC/WMS less any cancels, uncashables, etc. to the EBT vendor's deposit amounts for food stamps and cash.			
SOURCE RunID = PBP95R	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Staff via email NYS OTDA/BIT Staff via email	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. NYC Cash Benefits – Count and Dollars		Number and Dollar amount of each type of cash benefit deposit listed	
3. Issued in Report Period		Type of deposits made in the report period: Total Benefits Available, Deposited After Report Period, Not Deposited – Cancelled, Not Deposited – Uncashable, Not Deposited – Late Same-Day, Not Deposited – Unknown	
4. Issued Before Report Period		Type of deposits made before the report period: Deposited in Report Period, Deposit File Date In Report Period	
5. RTC Vendor Payments		Number and Dollar amount of Deposit or File Date in Report Period	
6. Total WMS Cash Deposit		Number of deposits and dollar amount	
7. Citibank Deposit Exceptions		Deposit Date in Report Period, Deposit File Date in Report Period	
8. Citibank Cash Exception Totals		Total number and dollar amount of deposit exceptions	
9. NYC Food Benefits – Count and Dollars		Number and Dollar amount of each type of food benefit deposit listed (rest of data listed is the same as above)	
Part II: Exception Details:			
10. Case/Suffix			
11. Avail DT			
12. Benefit#			
13. Type		Benefit Type	
14. Amount			
15. Exception		Message describing the exception	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD (MONTHLY)**

WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD (MONTHLY)

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION PAGE 1

REPORT DATE 10/04/08 WELFARE MANAGEMENT SYSTEM

PROGRAM: BP1095 SYSTEM: PRD *****

WMS REPORT WINR0783 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

PRODUCTION

EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD 09/01/08-09/30/08
 NYC CASH BENEFITS COUNT DOLLARS

ISSUED IN REPORT PERIOD:

3	TOTAL BENEFITS AVAILABLE	386,574	\$31,143,009.87
	DEPOSITED AFTER REPORT PERIOD	(11)	(\$694.65)
	NOT DEPOSITED - CANCELLED	(10,007)	(\$813,107.78)
	NOT DEPOSITED - UNCASHABLE	(35)	(\$2,644.59)
	NOT DEPOSITED - LATE SAME-DAY	(2)	(\$127.65)
	* NOT DEPOSITED - UNKNOWN	(0)	(\$0.00)

ISSUED BEFORE REPORT PERIOD:

4	DEPOSITED IN REPORT PERIOD	34	\$3,698.70
	DEPOSIT FILE DATE IN REPORT PERIOD	0	\$0.00

RTC VENDOR PAYMENTS:

5	DEPOSIT OR FILE DATE IN REPORT PERIOD	0	\$0.00
---	---------------------------------------	---	--------

TOTAL WMS CASH DEPOSIT 6

		376,553	\$30,330,133.90
--	--	---------	-----------------

CITIBANK DEPOSIT EXCEPTIONS:

7	DEPOSIT DATE IN REPORT PERIOD	2	\$127.65
	* DEPOSIT FILE DATE IN REPORT PERIOD	0	\$0.00

CITIBANK CASH EXCEPTION TOTALS: 8

		2	\$127.65
--	--	---	----------

NYC FOOD BENEFITS 9 COUNT DOLLARS

ISSUED IN REPORT PERIOD:

<< report edited for formatting >>

PART II: EXCEPTION DETAILS

10	11	12	13	14	15
CASE/SUFFIX	AVAIL DT	BENEFIT#	TYPE	AMOUNT	EXCEPTION
011121873B/01	09/03/08	03478832	FSSI	298.00	BEN. ON WMS,NO EBT DEPOSIT REC

***** END OF EXCEPTIONS *****

WINR0783 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD (MONTHLY)

WINR0783 – EBT DEPOSIT VALIDATION REPORT FOR POSTING PERIOD (MONTHLY)

REPORT TITLE EBT Deposit Validation Report for Posting Period (Monthly)		REPORT NUMBER WINR0783	FILE NAME PBP95MPPOSTR
PURPOSE – NOTES This monthly, cumulative report is used to validate EBT deposit amounts provided by the EBT vendor. The report compares benefits that were available according to NYC/WMS less any cancels, uncashables, etc. to the EBT vendor's deposit amounts for food stamps and cash.			
SOURCE RunID = PBP95M	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Staff via email NYS OTDA/BIT Staff via email	
SEQUENCE N/A	BREAKS N/A		
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. NYC Cash Benefits – Count and Dollars		Number and Dollar amount of each type of cash benefit deposit listed	
3. Issued in Report Period		Type of deposits made in the report period: Total Benefits Available, Deposited After Report Period, Not Deposited – Cancelled, Not Deposited – Uncashable, Not Deposited – Late Same-Day, Not Deposited – Unknown	
4. Issued Before Report Period		Type of deposits made before the report period: Deposited in Report Period, Deposit File Date In Report Period	
5. RTC Vendor Payments		Number and Dollar amount of Deposit or File Date in Report Period	
6. Total WMS Cash Deposit		Number of deposits and dollar amount	
7. Citibank Deposit Exceptions		Deposit Date in Report Period, Deposit File Date in Report Period	
8. Citibank Cash Exception Totals		Total number and dollar amount of deposit exceptions	
9. NYC Food Benefits – Count and Dollars		Number and Dollar amount of each type of food benefit deposit listed (rest of data listed is the same as above)	
Part II: Exception Details:			
10. Case/Suffix			
11. Avail DT			
12. Benefit#			
13. Type		Benefit Type	
14. Amount			
15. Exception		Message describing the exception	

WINR0785 – EEDSS AGING OR PENDING APPLICATIONS

1

Pending Applications:

REPORT DATE 02/01/09	NEW YORK STATE HUMAN SERVICES APPLICATION SERVICE CENTER			PAGE 119
EEDSS AGING OR PENDING APPLICATIONS				***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PERIOD COVERED BY REPORT: AS OF 02/01/09		WMS REPORT WINR0785		
LOCAL OFFICE 502	UNIT: ME2	WORKER: FC		
PENDING APPLICATIONS				
APPL DATE	REGISTRY NO.	CASE NAME	EEDSS STATUS	REFERRAL TYPE DRD ORI
				PENDING TIME PERIOD
01/27/2009	00022585196D	SCIPPIO HXXXXXX	INT COMPLETE	0 TO 21 DAYS
01/27/2009	00022585774H	GEORGIA SXXXXXXX	INT COMPLETE	0 TO 21 DAYS
02/06/2007	00020989352I	SXXXXXX MARC	DECISION PHASE	OVER 45 DAYS
08/21/2006	00020617851J	DAYNA GXXXXXX	PEND SUP REVIEW	OVER 45 DAYS
08/26/2004	00008481536E	VANESSA MXXXXX	WAITING BATCH UPD	OVER 45 DAYS
TOTAL PENDING APPS		137		
TOTAL EEDSS STATUS				
	PRE INTERVIEW	7		
	DOWNLOAD FOR CERT	23		
	INTERVIEW PHASE	1		
	INT COMPLETE	91		
	DOWNLOAD FOR DEC	0		
	DECISION PHASE	2		
	PEND SUP REVIEW	5		
	WAITING BATCH UPD	8		
	OTHER	0		

WINR0785 Report Sample – Pending Applications

WINR0785 – EEDSS Aging or Pending Applications, Completed Cases:

COMPLETED CASES								
13 APPL DATE	14 CASE NO.	15 REGISTRY NO.	16 CASE NAME	17 APP TYPE DRD DOH4133	18 TIME PERIOD CASE COMPLETED	19 ACCEPTED/ REJECTED	20 COMPLETED VIA:	
12/30/2008	00022526648F		WILLIAM RXXX		IN 30 DAYS		WMS DATA ENTRY	
01/27/2009	00022584538H		MILAGROS MXXXXXXXX		IN 1 DAYS		WITHDRAWN	

WINR0785 Report Sample – Completed Cases

WINR0785 – EEDSS Aging or Pending Applications, Unit Summary:

UNIT SUMMARY		
PENDING APPLICATIONS AS OF 02/01/09 21		COMPLETED CASES 01/25/09 TO 02/01/09 24
TOTAL PENDING APPS 22	2	TOTAL COMPLETED CASES 25
TOTAL EEDSS STATUS 23		VIA WMS DATA ENTRY 0
PRE INTERVIEW	1	VIA EEDSS 0
DOWNLOAD FOR CERT	0	WITHDRAWN 0
INTERVIEW PHASE	0	26 TOTAL NONDRD CASES (DSS2921)
INT COMPLETE	0	COMPLETED: WITHIN 45 DAYS 0
DOWNLOAD FOR DEC	0	OVER 45 DAYS 0
DECISION PHASE	0	27 TOTAL NONDRD CASES (DOH4133)
PEND SUP REVIEW	0	COMPLETED: WITHIN 30 DAYS 0
WAITING BATCH UPD	1	OVER 30 DAYS 0
OTHER	0	28 TOTAL DRD CASES
		COMPLETED: WITHIN 90 DAYS 0
		OVER 90 DAYS 0
		TOTAL CASES ACCEPTED 29 0
		TOTAL CASES REJECTED 30 0

WINR0785 Report Sample – Unit Summary

WINR0785 – EEDSS Aging or Pending Applications, Local Office Summary:

LOCAL OFFICE 502 31		LOCAL OFFICE SUMMARY	
-----		-----	
PENDING APPLICATIONS AS OF 02/01/09 32		COMPLETED CASES 01/25/09 TO 02/01/09 37	
-----		-----	
33	TOTAL PENDING APPS	1311	
34	TOTAL EEDSS STATUS		
	PRE INTERVIEW	441	
	DOWNLOAD FOR CERT	38	
	INTERVIEW PHASE	6	
	INT COMPLETE	325	
	DOWNLOAD FOR DEC	3	
	DECISION PHASE	9	
	PEND SUP REVIEW	112	
	WAITING BATCH UPD	377	
	OTHER	0	
35	TOTAL NONDRD APPLICATIONS		
	PENDING FOR: 0 TO 21 DAYS	237	
	22 TO 30 DAYS	66	
	31 TO 45 DAYS	57	
	OVER 45 DAYS	821	
36	TOTAL DRD APPLICATIONS		
	PENDING FOR: 0 TO 30 DAYS	1	
	31 TO 60 DAYS	1	
	61 TO 90 DAYS	0	
	OVER 90 DAYS	3	
38	TOTAL COMPLETED CASES		
	VIA WMS DATA ENTRY	10	
	VIA EEDSS	29	
	WITHDRAWN	1	
39	TOTAL NONDRD CASES (DSS2921)		
	COMPLETED: WITHIN 45 DAYS	18	
	OVER 45 DAYS	14	
40	TOTAL NONDRD CASES (DOH4133)		
	COMPLETED: WITHIN 30 DAYS	0	
	OVER 30 DAYS	6	
41	TOTAL DRD CASES		
	COMPLETED: WITHIN 90 DAYS	0	
	OVER 90 DAYS	0	
	TOTAL CASES ACCEPTED 42	27	
	TOTAL CASES REJECTED 43	8	
END OF REPORT			

WINR0785 Report Sample – Local Office Summary

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0785 – EEDSS AGING OR PENDING APPLICATIONS**

WINR0785 – EEDSS AGING OR PENDING APPLICATIONS

REPORT TITLE EEDSS Aging or Pending Applications		REPORT NUMBER WINR0785	FILE NAME PED120-*** (*** = MA Center Code)
PURPOSE – NOTES This report lists aging or pending applications and a summary of the total number of applications in each EEDSS status. The report also includes sections for completed applications, a unit summary, and a local office summary.			
SOURCE RunID = PED120	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION MA Centers via DEPCON	
SEQUENCE Local Office/Unit/Worker/Registry Number		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		MA Center responsible for the case.	
3. Unit			
4. Worker		Uniquely identifies the worker responsible for the application.	
Pending Applications:			
5. Appl Date		Date the individual applied for benefits.	
6. Registry No		System-generated number assigned to the application.	
7. Case Name		Payee of the application.	
8. EEDSS Status		Indicates at what step the application is in processing.	
9. Referral Type: DRD, ORI			
10. Pending Time Period		Indicates how long the application has been pending.	
11. Total Pending Apps		Total number of pending applications for this office.	
12. Total EEDSS Status		Total number of applications in the following statuses: Pre Interview, Download for Cert, Interview Phase, Int Complete, Download for Dec, Decision Phase, Pend Sup Review, Waiting Batch Upd, Other	
Completed Cases:			
13. Appl Date		Date the individual applied for benefits.	
14. Case No		Number that uniquely identifies the case.	
15. Registry No		System-generated number assigned to the application.	
16. Case Name		Payee of the application.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0785 – EEDSS AGING OR PENDING APPLICATIONS**

17. App Type: DRD, DOH4133	
18. Time Period Case Completed	Indicates how many days the application took to be completed.
19. Accepted/Rejected	
20. Completed Via:	How the application was completed (via WMS Data Entry, via EEDSS, Withdrawn).
Unit Summary:	
21. Pending Applications as of MM/DD/YYYY	The report includes pending applications for this unit as of the date indicated.
22. Total Pending Apps	Total number of pending applications for this unit.
23. Total EEDSS Status	Total number of applications for the unit in the following statuses: Pre Interview, Download for Cert, Interview Phase, Int Complete, Download for Dec, Decision Phase, Pend Sup Review, Waiting Batch Upd, Other
24. Completed Cases MM/DD/YYYY to MM/DD/YYYY	The report includes applications that were completed by this unit within the dates indicated.
25. Total Completed Cases	Via WMS Data Entry, Via EEDSS, Withdrawn
26. Total NONDRD Cases (DSS2921)	Completed within 45 Days, Over 45 Days
27. Total NONDRD Cases (DOH4133)	Completed within 30 Days, Over 30 Days
28. Total DRD Cases	Completed within 90 Days, Over 90 Days
29. Total Cases Accepted	Total number of cases accepted for this unit.
30. Total Cases Rejected	Total number of cases rejected for this unit.
Local Office Summary:	
31. Local Office	MA Center responsible for the case.
32. Pending Applications as of MM/DD/YYYY	The report includes pending applications for this local office as of the date indicated.
33. Total Pending Apps	Total number of pending applications for this local office.
34. Total EEDSS Status	Total number of applications for the local office in the following statuses: Pre Interview, Download for Cert, Interview Phase, Int Complete, Download for Dec, Decision Phase, Pend Sup Review, Waiting Batch Upd, Other
35. Total NONDRD Cases	Pending For: 0-21 Days, 22-30 Days, 31-45 Days, Over 45 Days
36. Total DRD Cases	Pending For: 0-30 Days, 31-60 Days, 61-90 Days, Over 90 Days
37. Completed Cases MM/DD/YYYY to MM/DD/YYYY	The report includes applications that were completed by this local office within the dates indicated.
38. Total Completed Cases	Via WMS Data Entry, Via EEDSS, Withdrawn
39. Total NONDRD Cases (DSS2921)	Completed within 45 Days, Over 45 Days
40. Total NONDRD Cases (DOH4133)	Completed within 30 Days, Over 30 Days
41. Total DRD Cases	Completed within 90 Days, Over 90 Days
42. Total Cases Accepted	Total number of cases accepted for this local office.
43. Total Cases Rejected	Total number of cases rejected for this local office.

WINR0786 – EBT DAILY UNCASHABLE BENEFIT REPORT 1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			PAGE	1		
WELFARE MANAGEMENT SYSTEM						
REPORT DATE 09/24/08	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****				
PROGRAM: BQ1005						
EBT DAILY UNCASHABLE BENEFIT REPORT						
WMS REPORT WINR0786						
2						
CENTER 099						
3	4	5	6	7	8	9
CASE	BENEFIT	BENEFIT		AVAILABLE	ISSUE	PAY
NUMBER-SUFF	NUMBER	AMOUNT	TYPE	DATE	TYPE	TYPE
001821742C01	03474171F	\$1450.00	FS/PA	08/30/2008	FS SI	DRB-PA
002169696I01	03474254F	\$1135.00	FS/PA	08/30/2008	FS SI	DRB-PA
002882838C01	03474472F	\$1450.00	FS/PA	08/30/2008	FS SI	DRB-PA
<< report edited for formatting >>						
009780423B01	03463851F	\$27.00	FS/PA	08/26/2008	FS SI	EX-PANV
009780423B01	03463852F	\$162.00	FS/PA	08/26/2008	FS SI	FSSI-PA
009788754B01	03473221F	\$10.00	FS/PA	08/29/2008	FS SI	EX-PANV
009788754B01	03473222F	\$162.00	FS/PA	08/29/2008	FS SI	FSSI-PA
009864681D01	07645973P	\$18.65	SNCASH	09/23/2008	PA SI	IMM NDS
CENTER TOTAL:		10	14			

WINR0786 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0786 – EBT DAILY UNCASHABLE BENEFIT REPORT**

WINR0786 – EBT DAILY UNCASHABLE BENEFIT REPORT

REPORT TITLE EBT Daily Uncashable Benefit Report		REPORT NUMBER WINR0786	FILE NAME UNCASH-RP*** (** = PA or FS Ctr)
PURPOSE – NOTES This report alerts PA and FS Center staff to benefits that have not yet been posted to a client's EBT account because no payee has been designated.			
SOURCE RunID = PBQ005	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA and FS Centers via DEPCON	
SEQUENCE Case Number/Suffix		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
44. Standard WMS Headings		-	
45. Center		Center responsible for the case.	
46. Case Number-Suff		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
47. Benefit Number		Check number (?)	
48. Benefit Amount		Dollar amount of benefit	
49. Type		Case Type	
50. Available Date		Date benefit was available to be paid	
51. Issue Type		Type of Issuance	
52. Pay Type		How payment was issued, e. g., food stamp single issue, immediate needs	
53. Center Total		Number of uncashable benefits for this center.	

WINR0790 – (SNCA TO SNCC EXCEPTION REPORT) 1

REPORT DATE 01-17-09		1	NYS HUMAN SERVICES APPLICATION SERVICE CENTER	PAGE 1
			WELFARE MANAGEMENT SYSTEM	
PROGRAM:				*****
2	3	4		* THIS REPORT CONTAINS *
			WMS REPORT WINR0790	* CONFIDENTIAL INFORMATION *
CENTER	CASE NO.	ERROR		* FOR INTERNAL USE ONLY *

013	00003123230J	SUFFIX IS INACTIVE		
013	00001916834D	SUFFIX IS INACTIVE		
023	00004109756J	SUFFIX IS INACTIVE		
023	00008415848E	SUFFIX IS INACTIVE		
035	00003244406J	SUFFIX IS INACTIVE		
070	00005941196H	SUFFIX IS INACTIVE		
099	00008669424H	SUFFIX IS INACTIVE		

WINR0790 Report Sample

WINR0790 – (SNCA TO SNNC EXCEPTION REPORT)

REPORT TITLE (SNCA to SNNC Exception Report)		REPORT NUMBER WINR0790	FILE NAME PCU310PR0790
PURPOSE – NOTES This exception report lists those cases for which a case type conversion from SNCA to SNNC failed. The error(s) which prevented the selected cases from changed is specified. This report is generated by the monthly case conversion process.			
SOURCE RunID = PCU310	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Center		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		PA Center responsible for maintaining the case.	
3. Case Number		Uniquely identifies the case.	
4. Error		Error message explaining reason for non-conversion of case.	

WINR0794 - RECOUPMENT/RESTRICTED VARIANCE REPORT - SGC40

REPORT DATE: 05/26/2007 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM PAGE: 1

PROGRAM: RP1088

PERIOD COVERED BY THIS REPORT: 04/2007 WMS REPORT WINR0794

RECOUPMENT/RESTRICTED VARIANCE REPORT - SGC40

RECOUNPCODES: 1 = ACTIVE; 2 = FAIR HEARING; 3 = SUSPENDED; 4 = PAID OFF; 5 = DELETED

CENTER NUMBER: 013

CSLD	CASE/SFX #	BENEFIT DATE	ISSUED AMOUNT	TYPE	PAYEE NAME	RESTRICTED
00204	00002800534G/01	04/14/2007	107.50	40	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 N
00444	00005443767I/01	04/02/2007	1529.00	40	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	N Y

CENTER NUMBER: 013
 TOTAL NUMBER OF ISSUANCES: 2

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

WINR0794 Report Sample – Detail Page

REPORT DATE: 05/26/2007 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM PAGE: 2

PROGRAM: RP1088

PERIOD COVERED BY THIS REPORT: 04/2007 WMS REPORT WINR0794

RECOUPMENT/RESTRICTED VARIANCE REPORT - SGC40

RECOUNPCODES: 1 = ACTIVE; 2 = FAIR HEARING; 3 = SUSPENDED; 4 = PAID OFF; 5 = DELETED

CENTER NUMBER: ALL

CSLD	CASE/SFX #	BENEFIT DATE	ISSUED AMOUNT	TYPE	PAYEE NAME	RESTRICTED
------	------------	--------------	---------------	------	------------	------------

CENTER NUMBER: ALL
 TOTAL NUMBER OF ISSUANCES: 2

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

WINR0794 Report Sample – Summary Page

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0794 - RECOUPMENT/RESTRICTED VARIANCE REPORT – SGC40

WINR0794 - RECOUPMENT/RESTRICTED VARIANCE REPORT – SGC40

REPORT TITLE Recoupment/Restricted Variance Report – SGC40		REPORT NUMBER WINR0794	FILE NAME PRP880PRPEXT
PURPOSE – NOTES This report lists cases with recoupments that were issued as Special Grant Code 40.			
SOURCE RunID = PRP880 ProgID = RP1088	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by this Report		-	
3. Recoup Codes		Recoupment Codes	
4. a) Center Number b) Center Number All		PA Center Number Summary of all centers	
5. CSLD		Caseload of worker completing DSS-3575 PA SI Authorization Form	
6. Case/SFX #		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
7. Benefit Date		Date the benefit was issued	
8. Issued Amount		Dollar amount of the benefit that was paid	
9. Type		Issuance Type	
10. Payee Name		-	
11. Recoupment		Recoupment Code (see codes at top of report page)	
12. Restricted		Restriction Code	
13. a) Total Number of Issuances b) Total Number of Issuances		Total number of recoupment issuances for this center Total number of recoupment issuances for all PA centers	

WINR0795 – NON RECOUPMENT REPORT – SGC41

REPORT DATE: 05/26/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE: 1
PROGRAM: RP1088	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT: 04/2007		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
WMS REPORT WINR0795		
NON RECOUPMENT REPORT - SGC41		
CENTER NUMBER: 064		
CSLD CASE/SFX #	BENEFIT	ISSUED TYPE
4	5	6
DATE	AMOUNT	8
7	9	PAYEE NAME
-----/-----	-----	-----
00063 00002929661D/01	04/20/2007	48.30 41 CON ED FOR XXXXXXXXXXXXXXXX
00072 00003540155D/01	04/27/2007	594.59 41 KEYSpan FR XXXXXXXXXXXXXXXX
00204 00004033225G/01	04/10/2007	290.50 41 KEYSpan FR XXXXXXXX
CENTER NUMBER: 064		
TOTAL NUMBER OF ISSUANCES: 3		

WINR0795 Report Sample – Detail Page

REPORT DATE: 05/26/2007	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE: 2
PROGRAM: RP1088	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT: 04/2007		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
WMS REPORT WINR0795		
NON RECOUPMENT REPORT - SGC41		
CENTER NUMBER: ALL		
CSLD CASE/SFX #	BENEFIT	ISSUED TYPE
3b	DATE	AMOUNT
-----/-----	-----	-----
CENTER NUMBER: ALL		
TOTAL NUMBER OF ISSUANCES: 3		

WINR0795 Report Sample – Summary Page

WINR0795 – NON RECOUPMENT REPORT – SGC41

REPORT TITLE Non Recoupment Report – SGC41		REPORT NUMBER WINR0795	FILE NAME PRP881PRPEXT
PURPOSE – NOTES This report lists non recoupment cases with PA SI Code 41 (advance to prevent turn-off or to restore utilities).			
SOURCE RunID = PRP881 ProgID = RP1088	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by this Report		-	
3. a) Center Number b) Center Number All		PA Center Number Summary of all centers	
4. CSLD		Caseload of worker completing DSS-3575 PA SI Authorization Form	
5. Case/SFX #		Number that uniquely identifies the case / Number identifying the unit of assistance that received benefits.	
6. Benefit Date		Date the benefit was issued	
7. Issued Amount		Dollar amount of the benefit that was paid	
8. Type		Issuance Type	
9. Payee Name		-	
10. a) Total Number of Issuances b) Total Number of Issuances		Total number of recoupment issuances for this center Total number of recoupment issuances for all PA centers	

WINR0796 – NEWBORN DAILY UPDATE REPORT

1

REPORT DATE: 04/11/07		NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE						PAGE 001									
		NEWBORN DAILY UPDATE REPORT						*****									
PERIOD COVERED BY REPORT AS OF - 04/11/07		WMS REPORT WINR0796						* THIS REPORT CONTAINS *									
NEW YORK CITY NO ELIGIBILITY FOUND								*CONFIDENTIAL INFORMATION*									
								* FOR INTERNAL USE ONLY *									

								3 REFERENCE NO 00001									
4		5		6		7		8		9		10		11		12	
CASE NO		CLIENT NAME		CASE TYPE		CIN		DATE OF BIRTH		SEX		DATE OF DEATH		WMS UPDATED		ALERTS/MESSAGES	
MOTHER		CXXXXXXXXXX VXXXXXXXXX						07/01/1985						NO CIN		NO MATCH FOUND	
CHILD		CXXXX HXXXXX						03/28/2007		M				NO			
MOTHER		BXXXXXX TXXXXXXXXX						02/14/1970						NO CIN		NO MATCH FOUND	
CHILD		MXXXXX MXXXXXX						04/02/2007		M				NO			
<< report edited for formatting >>																	
NEW YORK CITY DAILY NEWBORN SUMMARY PAGE																	
TOTAL CASES UPDATED BY WMS 13 222						TOTAL CASES NOT UPDATED BY WMS 14 20											
BABY ALERT TOTALS:																	
TOTAL NEW MA CASES OPENED 17						BABY DECEASED 1											
TOTAL UNBORN CONVERTED 177						NEWBORN ALREADY ON CASE 0						15					
TOTAL ADDED TO CASE 35						TOTAL APPLICATION ERRORS 0											
TOTAL MA-CASE REOPENED 0						TOTAL CEM ERRORS 4											
TOTAL INFANT LESS THAN 1200 GR. 2						NB GREATER THAN 90 DAYS OLD 0											
MOTHER ALERT TOTALS																	
TOTAL MOTHER INACTIVE - CLOSED						TOTAL CASES PENDING/IN ERROR 0											
LESS THAN 3 MONTHS 0						TOTAL TOO MANY PEOPLE ON THE CASE 0											
TOTAL MOTHER IN CLOCKDOWN STATUS 0						TOTAL MULTIPLE MATCH 0											
TOTAL MOTHER ON SSI 0						TOTAL NO MATCH FOUND 9						16					
TOTAL MOTHER CIN MATCH SEX = M 0						TOTAL MOTHER NOT ELIGIBLE 6											
FUTURE AUTHORIZATION 0						TOTAL DOH RECORDS MISSING DATA 0											
TOTAL AUTH EXPIRES IN 3 MONTHS 0						TOTAL MOM DECEASED PRIOR NB DOB 0											
TOTAL EXPIRED AUTHORIZATION DATE 0						TOTAL MOTHER CIN MATCH SEX = U 1											

WINR0796 Report Sample

WINR0796 – NEWBORN DAILY UPDATE REPORT

REPORT TITLE Newborn Daily Update Report		REPORT NUMBER WINR0796	FILE NAME PEIN02PR0796
PURPOSE – NOTES This report provides information about newborns and mothers, and any alerts or messages. A summary page is also provided.			
SOURCE RunID = PEIN02	REFERENCE Release 2003.1	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH/OMM via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by this Report		-	
3. Reference No			
4. Case No		Number that uniquely identifies the case.	
5. Client Name		Names of mother and child	
6. Case Type			
7. CIN		Client Identification Number	
8. Date of Birth		Birth dates of mother and child	
9. Sex		Gender	
10. Date of Death			
11. WMS Updated		Yes or No	
12. Alerts/Messages			
Summary Page:		Various statistics:	
13. Total Cases Updated by WMS			
14. Total Cases Not Updated by WMS			
15. Baby Alert Totals			
16. Mother Alert Totals			

WINR0801 – EBT FOOD STAMP VOLUNTARY REPAYMENTS POSTED TO CLAIMS

1

REPORT DATE: 10/10/2008	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	PAGE: 1
PROGRAM: RQ1004	WELFARE MANAGEMENT SYSTEM	
PERIOD COVERED BY THIS REPORT: 10/10/2008 - 10/10/2008		*****
WMS REPORT WINR0801		* THIS REPORT CONTAINS *
		* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

	EBT FOOD STAMP VOLUNTARY REPAYMENTS POSTED TO CLAIMS	
CLAIM TYPE: LOW		
CASE NUMBER	SUF	CASE NAME
-----/-----		-----
		RTI NO
		POST AMT
		RTI BAL
		BENEFIT NUM

SUBTOTALS FOR CLAIM TYPE :		0
		.00
GRAND TOTALS:		0
		00

WINR0801 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0801 – EBT FOOD STAMP VOLUNTARY REPAYMENTS POSTED TO CLAIMS

WINR0801 – EBT FOOD STAMP VOLUNTARY REPAYMENTS POSTED TO CLAIMS

REPORT TITLE EBT Food Stamp Voluntary Repayments Posted to Claims		REPORT NUMBER WINR0801	FILE NAME PRQ040PRPT1
PURPOSE – NOTES This report provides a list of those cases which have made a voluntary repayment of FS benefits via the EBT Administration system in order to reduce or eliminate a current FS recoupment. There are two parts to this report with the same data in each: Part 1 is sorted by FS claim type, case/suffix and RTI number order; Part 2 is sorted by case/suffix order.			
SOURCE RunID = PRQ040	REFERENCE Into Production in 2001	AUDIENCE / GENERAL DISTRIBUTION headenr@hra.nyc.gov via email	
SEQUENCE Part 1: FS Claim Type, Case/Suffix, RTI Number Part 2: Case/Suffix		BREAKS Claim Type	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by this Report		MM/DD/YYYY – MM/DD/YYYY	
3. Claim Type		FS recoupments are ranked in order of priority	
4. Case Number		Number that uniquely identifies the case.	
5. Suf		Number identifying the unit of assistance that received benefits.	
6. Case Name		Name of the payee of the case.	
7. RTI Number		Recoupment Tracking Identifier	
8. Post Amt		Repayment amount	
9. RTI Bal		Current remaining balance to be recouped.	
10. Benefit Num		Benefit Number	
11. Subtotals for Claim Type XXX:		Number and dollar amount for claim type	
12. Grand Totals		Number and dollar amount of all repayments	

WINR0805 - BENEFITS ISSUED - NO ELIGIBILITY CASES WITHIN 7 DAYS

```

*****
REPORT DATE 04-20-07                                NEW YORK CITY HUMAN RESOURCES ADMINISTRATION                                PAGE 35
                                                    WELFARE MANAGEMENT SYSTEM
PROGRAM: SI1048
                                                    1
                                                    WMS REPORT WINR0805
                                                    BENEFITS ISSUED - NO ELIGIBILITY CASES WITHIN 7 DAYS
*****
CTR          CASE-NUMBER      SUF  WORKER  BENEFIT #  CD  PAYMT-AMT  PAYMENT-PERIOD  ISSUE-DATE  REASON
 2           3           4           5           6           7           8           9           10          11
026  00000740124D  01   00000   02450770   52   129.00  04/06/07-04/30/07  04/06/2007  CASE/SUFFIX NOT AC OR SI STATUS
      00002942078D  01   00061   02428457   14   408.00  04/01/07-04/30/07  03/27/2007  CASE/SUFFIX NOT AC OR SI STATUS
      00004863102C  01   00061   02428456   54    54.00  03/27/07-03/31/07  03/27/2007  CASE/SUFFIX NOT AC OR SI STATUS
      00004863102C  01   00000   02411746   14   155.00  04/01/07-04/30/07  03/19/2007  CASE/SUFFIX NOT AC OR SI STATUS
      00004863102C  01   00000   02411745   54    62.00  03/19/07-03/31/07  03/19/2007  CASE/SUFFIX NOT AC OR SI STATUS
      00007688433H  01   00022   02398082   54   203.00  03/12/07-03/31/07  03/12/2007  CASE/SUFFIX NOT AC OR SI STATUS
  
```

WINR0805 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0805 - BENEFITS ISSUED - NO ELIGIBILITY CASES WITHIN 7 DAYS**

WINR0805 - BENEFITS ISSUED - No ELIGIBILITY CASES WITHIN 7 DAYS

REPORT TITLE Benefits Issued - No Eligibility Cases within 7 Days		REPORT NUMBER WINR0805	FILE NAME PSI48EPRPTFL
PURPOSE – NOTES This report provides a list of cases by Center Number for which Immediate Needs PA SI and Expedited Food Stamps SI payments were issued in the last seven (7) days, but Eligibility was not determined. An example is if a case or suffix is still in AP (applying) status.			
SOURCE RunID = PSI48E ProgID = SI1048	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MIS Management via DEPCON	
SEQUENCE Center Number/Case Number		BREAKS Center Number	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. CTR		Center Number	
3. Case-Number		Number that uniquely identifies the case.	
4. SUF		Number identifying the unit of assistance that received benefits.	
5. Worker		Worker Identification Code	
6. Benefit #		Unique number assigned to the SI benefit issued to the case	
7. CD		Issuance Code	
8. Paymt-Amt		Benefit Amount Paid	
9. Payment-Period		Beginning and Ending Dates for the benefit issued	
10. Issue-Date		The date the SI benefit was authorized and made available to the client.	
11. Reason		-	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0806 – SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) OR
MOVED OUT OF CITY (MOC)**

WINR0806 – SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) OR MOVED OUT OF CITY (MOC) 1

REPORT-DATE 09/07/07		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION										PAGE 1		
PROGRAM: EJ1005		WELFARE MANAGEMENT SYSTEM										*****		
		SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) .. (SDX-TRANS-CODE = 05)										* THIS REPORT CONTAINS		
		OR MOVED OUT OF CITY (MOC) .. (SDX-TRANS-CODE = 07)										* CONFIDENTIAL INFORMATION *		
		WMS REPORT WINR0806										* FOR INTERNAL USE ONLY *		

2	3	4	5	6	7	8	9	10	11					
SDX-TRANS	CODE	COUNTY	MSSI-CASE#	SSN	RESIDENTIAL-STREET	MAILING-STREET	PAY	T	IND					
CLIENT-NAME					RESIDENT-CITY ST RES-ZIP	MAILING-CITY ST MAIL-ZIP								
MOC 07	0		00029193620B	066666666	APT 999 9999 ANNISTOWN SNELLVILLE	9999 ANNISTOWN RD APT 999	XXX	T	X7T					
MXXXXX			COREY A		SNELLVILLE GA 300390000	SNELLVILLE GA 300390000								
MOS 05	N/A		00028865831D	344444444	9999 39TH PLACE BASEMENT	9999 SANDESTIN WAY	XXX	0	X5					
PXXXXXXX			TAMARA G		SUNNYSIDE NY 111040000	ORLANDO FL 328240000								
MOC 07	700		00090369941B	355555555	99 SHEEP PASTURE ROAD	99 SHEEP PASTURE ROAD	XXX	T	X7T					
EXXXXXX			JEAN B		PORT JEFFERSON NY 117770000	PORT JEFFERSON NY 117770000								
MOS 05	N/A		00090694122E	077777777	999 PARKSIDE AVE APT 99	9999 E 49ND ST	XXX	0	X5					
JXXXXXX			BRYANT		BROOKLYN NY 112260000	SAVANNAH GA 314040000								
MOC 07	400		00027251202B	100000000	999 HILL AVE	999 HILL AVE	XXX	T	X7T					
VXXXXXX			EUDOCIA		ELMONT NY 110030000	ELMONT NY 110030000								
MOS 05	N/A		00005236605B	588888888	9999 PUTNAM AVENUE APT 9R	9999 PUTNAM AVENUE APT 9R	XXX	0	X5					
LXXXXXXXXXXXXXXXXX			EVANGELIO		BROOKLYN NY 112210000	BROOKLYN NY 112210000								

<< report edited for formatting >>

WINR0806 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0806 – SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) OR
MOVED OUT OF CITY (MOC)**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0806 – SDX REPORT OF A CLIENT WHO MOVED OUT OF STATE (MOS) OR MOVED OUT OF CITY (MOC)

REPORT TITLE SDX Report of a Client who Moved Out of State (MOS) or Moved Out of City (MOC)		REPORT NUMBER WINR0806	FILE NAME PEJ050ADDRESS
PURPOSE – NOTES This report lists all MSSSI clients who have either moved out of New York State or out of New York City.			
SOURCE RunID = PEJ050	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON (Q500)	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. SDX Trans Code		Moved out of state = MOS 05, Moved out of city = MOC 07	
3. County		County Code	
4. Client Name			
5. MSSSI-Case#			
6. SSN			
7. Residential-Street, Resident-City, ST, Res-Zip			
8. Mailing-Street, Mailing-City, ST, Mail-Zip			
9. Pay			
10. T			
11. Ind			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX**

WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX

REPORT DATE: 02/11/09	NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE				PAGE 00001
	(2)	(1)	NEWBORN DAILY UPDATE REPORT		*****
PERIOD COVERED BY REPORT: AS OF - 02/11/09			CIN MATCHES MALE SEX		* THIS REPORT CONTAINS *
			WMS REPORT WINR0807		*CONFIDENTIAL INFORMATION*
					* FOR INTERNAL USE ONLY *

					REFERENCE NO 00001
NEW YORK CITY MA	(3)	(5)	(6)		
LOCAL OFFICE: 548	(4)	UNIT:	WORKER:		
(7) CASE NO	(8) CLIENT NAME	(9) CASE TYPE	(10) CIN	(11) CASE PROCESSING	
021327166B	BRIAN	HXXXXXXXXX	20	QQ73116F	WMS-UPDATED

REPORT DATE: 02/11/09	NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE				PAGE 00002
			NEWBORN DAILY UPDATE REPORT		*****
PERIOD COVERED BY REPORT: AS OF - 02/11/09			CIN MATCHES MALE SEX		* THIS REPORT CONTAINS *
			WMS REPORT WINR0807		*CONFIDENTIAL INFORMATION*
					* FOR INTERNAL USE ONLY *

					REFERENCE NO 00002
NEW YORK CITY MA	(12)	DAILY NEWBORN SUMMARY PAGE			
TOTAL MATCH SEX-M	=	1			

WINR0807-Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX**

WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX

REPORT TITLE Newborn Daily Update Report – CIN Matches Male Sex		REPORT NUMBER WINR0807	FILE NAME PEIN02PR*807 * = M (MA) or P (PA)
PURPOSE – NOTES This report lists those cases with newborns whose mother’s CIN is found on the WMS data base with a sex code of “M.” In most cases, an incorrect CIN was given to the hospital.			
SOURCE RunID = PEIN02	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH/OMM via DEPCON	
SEQUENCE Center/Case Number		BREAKS Center	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading			
2. Period Covered by Report: As of -		Report date.	
3. New York City MA (or PA)		Designates case type of cases listed on report (MA or PA).	
4. Local Office		Center or office responsible for maintaining case.	
5. Unit		Unit within office responsible for maintaining case.	
6. Worker		Worker within office/unit responsible for maintaining case.	
7. Case No		Case number	
8. Client Name		Name associated with CIN	
9. Case Type		Numeric code denoting case type	
10. CIN		Client Identification Number	
11. Case Processing		Status of case processing	
12. Total Match Sex-M		Total number of cases on report with “mother’s” sex coded as “M.”	

WINR0808 – NEWBORN DAILY UPDATE REPORT – DECEASED NEWBORNS

1

REPORT DATE: 02/12/09	1 NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE										PAGE 001	
	NEWBORN DAILY UPDATE REPORT DECEASED NEWBORNS WMS REPORT WINR0808										***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY REPORT AS OF - 02/12/09	2										3 REFERENCE NO 00001	
NEW YORK CITY MA	4											
5 CIN	6 CASE TYPE	7	8 CLIENT NAME	9 SSN	10 DATE OF DEATH	11 SEX						12 ADDRESS
MOTHER	UV35923P 20	SHAQUANA	SXXXXXXXXX	12222222		99	W 162ND STREET					9X BRONX NY 10452
NEWBORN		KAYLIN	SXXXX		02/10/2009	F						
NEWBORN		KAYLA	SXXXX		02/10/2009	F						
MOTHER	QS55733X 20	MARIA	VXXXXXXXXX			99-99	CASE STREET					9FL ELMHURST NY 11373
NEWBORN		JOHAN	MXXXXXXXXXXXXX		02/10/2009	M						

REPORT DATE: 02/12/09	NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE										PAGE 002	
	NEWBORN DAILY UPDATE REPORT DECEASED NEWBORNS WMS REPORT WINR0808										***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****	
PERIOD COVERED BY REPORT AS OF - 02/12/09											REFERENCE NO 00002	
NEW YORK CITY MA	DAILY NEWBORN SUMMARY PAGE											
BABY ALERT TOTALS:	13											
	BABY DECEASED										3	

WINR0808 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0807 – NEWBORN DAILY UPDATE REPORT – CIN MATCHES MALE SEX

WINR0808 – NEWBORN DAILY UPDATE REPORT – DECEASED NEWBORNS

REPORT TITLE Newborn Daily Update Report – Deceased Newborns		REPORT NUMBER WINR0808	FILE NAME PEIN02PR*808 * = M (MA) or P (PA)
PURPOSE – NOTES This report is a list of all recipients with deceased newborns.			
SOURCE RunID = PEIN02	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA MICSA Management via DEPCON NYS DOH/OMM via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Period Covered by Report As Of -		Report Date.	
3. Reference No		Page number.	
4. New York City MA (or PA)		Designates type of assistance of cases listed on report (MA or PA).	
5.		Designates listed individual as either mother or newborn.	
6. CIN		Client Identification Number.	
7. Case Type		Numeric code designating category of assistance.	
8. Client Name		Individual's first and last names.	
9. SSN		Social Security Number of individual.	
10. Date of Death		Date of death for newborn.	
11. Sex		Gender of newborn.	
12. Address		Case address.	
Summary Page:			
13. Baby Deceased		Total count of deceased newborns included on report.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0809 – SPECIAL GRANT CODE MANUAL E-CHECKS PROCESSED WITHOUT
 APPROVAL**

WINR0809 - SPECIAL GRANT CODE MANUAL E-CHECKS PROCESSED WITHOUT APPROVAL

REPORT DATE 03-29-07
 PROGRAM: SI1055
 PERIOD COVERED BY THIS REPORT 003,2007

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
 WELFARE MANAGEMENT SYSTEM

WMS REPORT WINR0809

PAGE 1

 * THIS REPORT CONTAINS *
 * CONFIDENTIAL INFORMATION *
 * FOR INTERNAL USE ONLY *

2 CENTER	3 WORKER	4 CASE NUMBER	5 SUFFIX	6 PAYMENT AMOUNT	7 ISS CD	8 CHECK NUMBER	9 CHECK DATE
017	00173	00002417399J	01	535.65	41	E 17102182	03/06/2007
	00173	00002417399J	01	535.65	41	E 17102184	02/27/2007
	00176	00005323577G	01	396.00	99	E 17102197	03/16/2007
018	PROC2	00004608496I	01	925.00	99	E 18106239	03/29/2007
	054	00535	00005002787J	01	425.00	99	E 54133830	03/29/2007
00535		00005002787J	01	425.00	99	E 54133823	03/29/2007
00535		00005002787J	01	425.00	99	E 54133821	03/29/2007
064	00024	00002385854B	01	275.00	99	E 64137468	03/29/2007
	00024	00002385854B	01	275.00	99	E 64137466	03/29/2007
	00024	00002385854B	01	275.00	99	E 64137467	03/29/2007
	ECA02	00005843900B	01	67.50	99	E 64137439	03/29/2007

*** END OF REPORT ***

WINR0809 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0809 – SPECIAL GRANT CODE MANUAL E-CHECKS PROCESSED WITHOUT
 APPROVAL**

WINR0809 – SPECIAL GRANT CODE MANUAL E-CHECKS PROCESSED WITHOUT APPROVAL

REPORT TITLE Special Grant Code Manual E-Checks Processed Without Approval		REPORT NUMBER WINR0809	FILE NAME PSI550P-REPT
PURPOSE – NOTES This report lists special grant code manual e-checks that were processed without a Center Director’s approval.			
SOURCE RunID = PSI550 ProgID = SI1055	REFERENCE SA 1999-00030 Release 2001.3	AUDIENCE / GENERAL DISTRIBUTION NYC HRA MIS Management via DEPCON	
SEQUENCE Center Number/Worker ID Code		BREAKS	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		Center Number	
3. Worker		Worker Identification Code	
4. Case Number		Number that uniquely identifies the case.	
5. Suffix		Suffix Number	
6. Payment Amount		Benefit Amount Paid	
7. ISS Code		Issuance Code	
8. Check Number		“E” indicates that the check was electronically produced	
9. Check Date		-	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0815 – SAFETY NET 60 MONTH CONVERSION EXCEPTION REPORT**

WINR0815 – SAFETY NET 60 MONTH CONVERSION EXCEPTION REPORT

1

REPORT DATE 01-17-09		NYS HUMAN SERVICES APPLICATION SERVICE CENTER		PAGE 0001
		1	WELFARE MANAGEMENT SYSTEM	
			SAFETY NET 60 MONTH CONVERSION	
			EXCEPTION REPORT	*****
			WMS REPORT WINR0815	* THIS REPORT CONTAINS *
				* CONFIDENTIAL INFORMATION *
				* FOR INTERNAL USE ONLY *

2	3	4		
CASE NUMBER	SUFFIX	ERROR		
00000662670J	01	CASE IS NOT ACTIVE		
00000983350A	01	CASE IS NOT ACTIVE		
00001324540C	02	CASE IS NOT ACTIVE		
00003964560B	02	CASE IS NOT ACTIVE		
00004026900D	01	AUTOMATED CASE CONVERSION IN PENDING		
00004164650G	01	CASE IS NOT ACTIVE		
00004262930D	01	AUTOMATED CASE CONVERSION IN PENDING		
00004324550F	01	CASE IS NOT ACTIVE		
00004669170F	01	CASE IS NOT ACTIVE		
00004755290G	01	CASE IS NOT ACTIVE		
<<report edited for formatting>>				
00007869719A	01	CASE IS NOT ACTIVE		
00008464189D	01	AUTOMATED CASE CONVERSION IN PENDING		
00008492429J	01	AUTOMATED CASE CONVERSION IN PENDING		
00008500599J	01	CASE IS NOT ACTIVE		
		5	TOTAL EXCEPTIONS = 0000354	

WINR0815-Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0815 – SAFETY NET 60 MONTH CONVERSION EXCEPTION REPORT**

WINR0815 – SAFETY NET 60 MONTH CONVERSION EXCEPTION REPORT

REPORT TITLE Safety Net 60 Month Conversion Exception Report		REPORT NUMBER WINR0815	FILE NAME CU1007RPT-00
PURPOSE – NOTES This report lists the cases and errors which prevented the selected cases from being changed from the case category of FA or SNFP to SNCA or SNNC. This report is generated by the monthly case conversion process.			
SOURCE RunID =	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON	
SEQUENCE Case Number		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Number		Uniquely identifies the case.	
3. Suffix		Number that identifies the unit of assistance.	
4. Error		Error message denoting reason for non-conversion.	
5. Total Exceptions		Count of number of cases with conversion exceptions.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0817 - SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES
 52-53-54-55**

REPORT DATE 04-07-07	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION				PAGE 23
PROGRAM: SI1063	WELFARE MANAGEMENT SYSTEM				
	SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES 52-53-54-55				*****
	WMS REPORT WINR0817				* THIS REPORT CONTAINS *
	REPORT FOR MARCH 2007				* CONFIDENTIAL INFORMATION *
					* FOR INTERNAL USE ONLY *

GRAND TOTAL:					
	NPA\FS				
CTR	NO.	CODE 53	BENEFIT AMOUNT	NO.	CODE 55
					BENEFIT AMOUNT
SAME DAY	(20) 355	(21) \$	40,883.00	(22) 1,832	(23) \$ 215,968.00
NEXT DAY	2 (24)	\$	129.00 (25)	456 (26)	\$ 49,877.00 (27)
SD&ND	(28) 357	(29) \$	41,012.00	(30) 2,288	(31) \$ 265,845.00
			(32) 2,187	(33) \$	256,851.00
	SAME DAY 53 & 55		458 (34)	(35) \$	50,006.00
	NEXT DAY 53 & 55				

WINR0817 Report Sample – Grand Total Page

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0817 - SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES
52-53-54-55**

WINR0817 - SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES 52-53-54-55

REPORT TITLE Summary of Expedited Food Stamp Issuance Statistics/Codes 52-53-54-55		REPORT NUMBER WINR0817	FILE NAME PSI630PPR817
PURPOSE – NOTES This report is a summary of expedited food stamps statistics. It shows the same day and next day number of issuances and benefit amounts for each center for FS Issuance Codes 52, 53, 54, and 55. NPA/FS centers are listed first, then PA/FS centers, each group ending with a Grand Total page.			
SOURCE RunID = PSI630 ProgID = SI1063	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYC HRA FIA Management via DEPCON NYC HRA MIS Management via DEPCON	
SEQUENCE Center Number		BREAKS NPA-FS Centers/PA-FS Centers	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Type and FS Issuance Codes being reported		First grouping: NPA/FS, Issuance Codes 53 and 55 (55 = not verified) Second grouping: PA/FS, Issuance Codes 52 and 54 (54 = not verified)	
3. (FS or PA) CTR		Center Number	
4. Same Day No.		Same Day Number of Issuances	
5. Same Day Benefit Amount		Dollar Amount	
6. Same Day No.		Same Day Number of Issuances, not verified	
7. Same Day Benefit Amount		Dollar Amount, not verified	
8. Next Day No.		Next Day Number of Issuances	
9. Next Day Benefit Amount		Dollar Amount	
10. Next Day No.		Next Day Number of Issuances, not verified	
11. Next Day Benefit Amount		Dollar Amount, not verified	
Totals:			
12. SD&ND No.		Total Number of Issuances for Same Day and Next Day combined	
13. SD&ND Benefit Amount		Total Dollar Amount for Same Day and Next Day combined	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR0817 - SUMMARY OF EXPEDITED FOOD STAMP ISSUANCE STATISTICS/CODES

52-53-54-55



Office of Temporary and Disability Assistance

MARCH 27, 2009

14. SD&ND No.	Total Number of Issuances for Same Day and Next Day combined, not verified
15. SD&ND Benefit Amount	Total Dollar Amount for Same Day and Next Day combined, not verified
Same Day (Issuance Codes 53 & 55 or 52 & 54):	
16.	Total Number of Issuances for Same Day for both issuance codes combined
17.	Total Dollar Amount for Same Day for both issuance codes combined, not verified
Next Day (Issuance Codes 53 & 55 or 52 & 54):	
18.	Total Number of Issuances for Next Day for both issuance codes combined
19.	Total Dollar Amount for Next Day for both issuance codes combined, not verified
Grand Total:	
20. Same Day No.	Same Day Number of Issuances
21. Same Day Benefit Amount	Dollar Amount
22. Same Day No.	Same Day Number of Issuances, not verified
23. Same Day Benefit Amount	Dollar Amount, not verified
24. Next Day No.	Next Day Number of Issuances
25. Next Day Benefit Amount	Dollar Amount
26. Next Day No.	Next Day Number of Issuances, not verified
27. Next Day Benefit Amount	Dollar Amount, not verified
28. SD&ND No.	Grand Total Number of Issuances for Same Day and Next Day combined
29. SD&ND Benefit Amount	Grand Total Dollar Amount for Same Day and Next Day combined
30. SD&ND No.	Grand Total Number of Issuances for Same Day and Next Day combined, not verified
31. SD&ND Benefit Amount	Grand Total Dollar Amount for Same Day and Next Day combined, not verified
Same Day (Issuance Codes 53 & 55 or 52 & 54):	
32.	Total Number of Issuances for Same Day for both issuance codes combined
33.	Total Dollar Amount for Same Day for both issuance codes combined, not verified
Next Day (Issuance Codes 53 & 55 or 52 & 54):	
34.	Total Number of Issuances for Next Day for both issuance codes combined
35.	Total Dollar Amount for Next Day for both issuance codes combined, not verified

WINR0824 – SEPDET EXCEPTION REPORT 1

REPORT DATE 1/ 2/2009	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
PROGRAM: ET1006	(1) SEPDET EXCEPTION REPORT WMS REPORT WINR0824	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
(2) LOCAL OFFICE: 038	(3) WORKER ID: 00105	
(4) PA CASE NO.	(5) FS CASE NO.	(6) ERROR CD (7) EXCEPTION MESSAGE
00002095325D	00011369477C	06 STATUS OF PA CASE REOPENED
00006583861H	00011369626E	07 STATUS OF PA CASE NOT DENIAL
TOTAL NUMBER OF CASES:		(8) 2

WINR0824 Report Sample

WINR0824 – SEPDET EXCEPTION REPORT

REPORT TITLE SEPDET Exception Report		REPORT NUMBER WINR0824	FILE NAME PET200PRP*** (***) = PA Center) PET200PRPT2 (citywide)
PURPOSE – NOTES This report lists the cases where WMS was able to create an NPA FS application for an undercare case but could not create an eligibility transaction via the automated separate determination process. As a result, the error must be corrected in order for the WMS eligibility transaction to be processed. These cases would have normally appeared on the WINR0832 report had they not been in error.			
SOURCE ET1006 RunID = PET200	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON (center-specific report) HRA FIA Management via DEPCON (citywide report) HRA MIS Management via DEPCON (citywide report) HRA FIA Bronx Regional Office via DEPCON (citywide report)	
SEQUENCE Center Number/Worker ID		BREAKS Worker ID	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Local Office		Center Number	
3. Worker ID		Identifies the worker responsible for the cases	
4. PA Case No.		Public Assistance case number	
5. FS Case No.		Food Stamp case number	
6. Error CD		Error code	
7. Exception Message		Text explanation for why the eligibility transaction could not be created	
8. Total Number of Cases		Total number of cases reported for this center/worker	

WINR0825 - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION 1

REPORT DATE 05/14/07	1 NEW YORK CITY FOOD STAMP PROGRAM	PAGE 1
RUNBOOK-ID: PSD35A	CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION	
PROGRAM-ID: SD1035	WMS REPORT WINR0825	*****
	2 PA LOCAL OFFICE 013	* THIS REPORT CONTAINS *
	3 ES LOCAL OFFICE 013	* CONFIDENTIAL INFORMATION *
		* FOR INTERNAL USE ONLY *

4 UNIT/WORKER 00200	6	7
5 CASE NO.	CASE NAME	8
		9
		(DENIALS)
		(CLSG.S)
00004473979F	RXXXX RODNEY	F45
		03/16/2007
		00/00/0000
TOTAL CASES FOR UNIT/WORKER	10	1
		REPORT END

WINR0825 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0825 - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION

WINR0825 - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION

REPORT TITLE Cases Requiring Food Stamp Separate Determination		REPORT NUMBER WINR0825	FILE NAME PSD35#PRP*** (** =Ctr Code) # = A-E (A on Mon, B on Tues, etc.)
PURPOSE – NOTES This report lists the case name, number and PA closing/denial code along with the application date for denials and the FS expiration date for Undercare closings. Cases on this report will not have an NPA FS case registered automatically in AC, AP or SI status. Cases on this report will require a separate Food Stamp determination via the manual process in accordance with current procedure.			
SOURCE RunID = PSD35#	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE		BREAKS Center Number	
FREQUENCY / SCHEDULE Daily (run after PDR895) (# = A on Mon, B on Tues, etc) Run after PDR895		RETENTION 30 days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. PA Local Office		PA Center Number	
3. FS Local Office		FS Center Number	
4. Unit/Worker		Identifies the worker responsible for the cases.	
5. Case No.		Number that uniquely identifies a case.	
6. Case Name		The name in which the case is registered.	
7. PA CLSG/REJ Code		Specific closing and rejection codes.	
8. Application Dates (Denials)		Dates of Case Application.	
9. FS EXPIR Date		FS Expiration Date.	
10. Total cases for Unit/Worker		Total cases for unit worker.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0825A - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION - WMS
DAILY SUMMARY REPORT**

WINR0825A - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION - WMS DAILY SUMMARY REPORT

```
REPORT DATE 05/29/07          ① NEW YORK CITY FOOD STAMP PROGRAM          PAGE 1
RUNBOOK-ID PSD35A           CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION
PROGRAM-ID SD1035           WMS DAILY SUMMARY REPORT WINR0825A
                              *****
                              * THIS REPORT CONTAINS *
                              * CONFIDENTIAL INFORMATION *
                              * FOR INTERNAL USE ONLY *
                              *****

  ② CENTER NUMBER          ③ TOTAL NUMBER OF CASES
    038                      3

TOTAL CASES FOR NYC ④ 3

                              REPORT END
```

WINR0825A Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0825A - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION – WMS
DAILY SUMMARY REPORT**

WINR0825A - CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION – WMS DAILY SUMMARY REPORT

REPORT TITLE Cases Requiring Food Stamp Separate Determination – WMS Daily Summary Report		REPORT NUMBER WINR0825A	FILE NAME PSD35#PR0825 # = A-E (A on Mon, B on Tues, etc.)
PURPOSE – NOTES This report provides the number of Food Stamp Separate Determination cases for each center and a grand total for all centers in NYC.			
SOURCE RunID = PSD35#	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE PA Center Number		BREAKS	
FREQUENCY / SCHEDULE Daily; # = A-E (A on Mon, B on Tues, etc.) Run after PDR895		RETENTION 30 days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. Center Number		PA Center Number	
3. Total Number of Cases		Number of cases requiring food stamp separate determinations for each center.	
4. Total Cases for NYC		Number of cases requiring food stamp separate determinations for all centers combined.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0826 – NUMBER OF CASES REQUIRING FOOD STAMP SEPARATE
 DETERMINATION**

WINR0826 – NUMBER OF CASES REQUIRING FOOD STAMP SEPARATE DETERMINATION

REPORT TITLE Number of Cases Requiring Food Stamp Separate Determination		REPORT NUMBER WINR0826	FILE NAME PSD36#PR0826 (# = A, B, C, D or E)
PURPOSE – NOTES This report is a weekly summary of cases requiring a separate Food Stamp determination. The report indicates the number NPA FS cases created or in need of a separate FS determination per Job Center.			
SOURCE RunID = PSD36# (# = A – E)	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE Center		BREAKS	
FREQUENCY / SCHEDULE Weekly; # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri); run after PSD35E		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. Center		Center Number	
3. Number of Cases		Number of cases requiring food stamp separate determination for each center.	
4. Total Number of Centers		Number of centers being reported.	
5. Total Number of Cases		Number of cases for all centers.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0827 – PENDING FOOD STAMP SEPARATE DETERMINATION CASES**

WINR0827 – PENDING FOOD STAMP SEPARATE DETERMINATION CASES

REPORT TITLE Pending Food Stamp Separate Determination Cases		REPORT NUMBER WINR0827	FILE NAME PSD37#PRP*** (***) = Center Code) (# = A, B, C, D or E)
PURPOSE – NOTES This report lists cases where a separate Food Stamp determination is pending in AP or SI status. Cases on this report require the Worker to make an FS eligibility determination.			
SOURCE RunID = PSD37# (# = A – E)	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION PA Centers via DEPCON	
SEQUENCE Unit/Worker		BREAKS Unit/Worker	
FREQUENCY / SCHEDULE Daily; # = A-E (A on Mon, B on Tues, etc.); run after PEL100		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. PA Local Office		PA Center Number	
3. FS Local Office		FS Center Number	
4. Unit/Worker		Identifies the worker responsible for the cases.	
5. NPA Case No.		Number that uniquely identifies a non-public assistance case.	
6. Case Name		The name in which the case is registered.	
7. NPA Ctr No		NPA center number responsible for the case.	
8. Status (AP/SI)		Applying or Single Issue	
9. PA Case No		Number that uniquely identifies a public assistance case.	
10. PA Rej/Cls Code		PA rejection or closing code.	
11. PA/FS Appl Date		Date the client applied for benefits.	
12. FS Expir Date		Food Stamp expiration date.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0827A – PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS
DAILY SUMMARY REPORT**

WINR0827A – PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS DAILY SUMMARY REPORT 1

REPORT DATE 05/29/07		NEW YORK CITY FOOD STAMP PROGRAM		PAGE 1
RUNBOOK-ID PSD37A		PENDING FOOD STAMP SEPARATE DETERMINATION CASES		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
PROGRAM-ID SD1037		WMS DAILY SUMMARY REPORT WINR0827A		
(2) CENTER NUMBER	(3) TOTAL NUMBER OF CASES	(1)		
013	4			
023	10			
035	2			
037	12			
038	52			
040	10			
044	7			
045	1			
046	7			
047	3			
053	5			
054	10			
063	1			
064	2			
066	1			
067	6			
070	1			
078	6			
085	10			
TOTAL CASES FOR NYC (4)	150			

REPORT END

WINR0827A Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0827A – PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS
DAILY SUMMARY REPORT**



Office of Temporary and Disability Assistance

MARCH 27, 2009

WINR0827A – PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS DAILY SUMMARY REPORT

REPORT TITLE Pending Food Stamp Separate Determination Cases – WMS Daily Summary Report		REPORT NUMBER WINR0827A	FILE NAME PSD37#PR0827 (# = A, B, C, D or E)
PURPOSE – NOTES This daily report is run for the Central office. It provides a summary of the total number of food stamp cases that are pending separate determinations for each center as well as a grand total for all NYC centers. The totals are obtained from WINR0827.			
SOURCE RunID = PSD37# (# = A – E)	REFERENCE Release 2003.2;	AUDIENCE / GENERAL DISTRIBUTION HRA Bronx Regional Office via DEPCON	
SEQUENCE Center Number		BREAKS	
FREQUENCY / SCHEDULE Daily (A on Mon, B on Tues, etc); run after PEL100		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. Center Number		PA Center Number	
3. Total Number of Cases		Number of pending food stamp separate determination cases for each center.	
4. Total Cases for NYC		Number of pending food stamp separate determination cases for all centers combined.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0828 – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE
 DETERMINATION CASES**

WINR0828 – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

1

REPORT DATE 05/04/07		1	NEW YORK CITY FOOD STAMP PROGRAM					PAGE 3
RUNBOOK-ID: PSD38A			CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES					*****
PROGRAM-ID: SD1038			PA LOCAL OFFICE 067	2				* THIS REPORT CONTAINS *
			FS LOCAL OFFICE F23	3				* CONFIDENTIAL INFORMATION *
UNIT/WORKER	4	00013						* FOR INTERNAL USE ONLY *

			WMS REPORT WINR0828					
5	6	7	8	9	10	11	12	
NPA CASE NO.	CASE NAME	NPA CTR NO.	STATUS (AP/SI)	PA CASE NO.	PA REJ/CLSG CODE	PA/FS APPL DATE	FS EXPIR DATE	
00010551416A	DXXXXX PAMELA	F23	AP	00006773157A	E10	03/26/2007	00/00/0000	
00010525633D	GXXXXXXXX TAWANA	F23	AP	00008773099A	F44	03/30/2007	00/00/0000	
00010544044A	WXXXX TAKIEA	F23	AP	00006631968C	E10	04/05/2007	00/00/0000	
00010553327H	SXXXXXXXX NASIA	F23	AP	00003921033B	N21	04/26/2007	00/00/0000	
<<report edited for formatting>>								
TOTAL CASES FOR UNIT/WORKERS	13	271						

WINR0828 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0828 – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE
DETERMINATION CASES

WINR0828 – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

REPORT TITLE Cumulative Report of Pending Food Stamp Separate Determination Cases		REPORT NUMBER WINR0828	FILE NAME PSD38#PRP*** (** = Center Code) # = A, B, C, D or E
PURPOSE – NOTES This report provides detailed information for food stamp cases that are pending separate determinations by PA and FS center.			
SOURCE RunID = PSD38# (# = A – E)	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION Centers via DEPCON	
SEQUENCE Unit/Worker / PA/FS Application Date		BREAKS Unit/Worker	
FREQUENCY / SCHEDULE Weekly # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri) Run after PSD37E		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. PA Local Office		PA Center Number	
3. FS Local Office		FS Center Number	
4. Unit/Worker		Identifies the worker responsible for the cases.	
5. NPA Case No.		Number that uniquely identifies a non-public assistance case.	
6. Case Name		The name in which the case is registered.	
7. NPA Ctr No		NPA center number responsible for the case.	
8. Status (AP/SI)		Applying or Single Issue	
9. PA Case No.		Number that uniquely identifies a public assistance case.	
10. PA Rej/Cls Code		PA rejection or closing code.	
11. PA/FS Appl Date		Date the client applied for benefits.	
12. FS Expir Date		Food stamp benefits expiration date.	
13. Total Cases for Unit/Workers		Total number of cases for the worker.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0828A – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE
 DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT**

WINR0828A – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT

REPORT DATE 05/04/07	NEW YORK CITY FOOD STAMP PROGRAM	PAGE 1
RUNBOOK-ID: PSD38A	CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES	
PROGRAM-ID: SD1038	WMS WEEKLY SUMMARY REPORT WINR0828A	
		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	1
CENTER NUMBER	TOTAL NUMBER OF CASES	
013	37	
018	3	
019	3	
023	6	
024	12	
028	10	
<<report edited for formatting>>		
067	271	
070	2	
071	2	
072	10	
073	7	
078	131	
079	14	
080	5	
084	1	
085	12	
099	3	
TOTAL CASES FOR NYC	4 1133	

WINR0828A Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0828A – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE
DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT

WINR0828A – CUMULATIVE REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT

REPORT TITLE Cumulative Report of Pending Food Stamp Separate Determination Cases – WMS Weekly Summary Report		REPORT NUMBER WINR0828A	FILE NAME PSD38#PR0828 # = A, B, C, D, or E
PURPOSE – NOTES This weekly report provides a summary of the total number of food stamp cases that are pending separate determinations for each center as well as a grand total for all NYC centers.			
SOURCE RunID = PSD38# # = A - E	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION HRA Bronx Regional Office via DEPCON HRA Queens Regional Office via DEPCON	
SEQUENCE PA Center Number		BREAKS	
FREQUENCY / SCHEDULE Weekly # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri) Run after PSD37E		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. Center Number		PA Center Number	
3. Total Number of Cases		Number of pending food stamp separate determination cases for each center for the week.	
4. Total Cases for NYC		Number of pending food stamp separate determination cases for all centers combined for the week.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0829 – WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE
 DETERMINATION CASES**

WINR0829 – WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

1

REPORT DATE 05/05/2007	NEW YORK CITY FOOD STAMP PROGRAM	PAGE 1
RUNBOOK-ID: PSD39A	PROGRAM-ID: SD1039	WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES
		***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
		1
		WMS REPORT WINR0829
2	3	
CENTER NUMBER	NUMBER OF OUTSTANDING CASES	CENTER NUMBER NUMBER OF OUTSTANDING CASES
		2 3
013	55	
018	1	
023	10	
024	1	
035	27	
038	276	
040	49	
044	31	
053	73	
054	62	
064	46	
066	32	
070	4	
072	2	
080	10	
085	38	
099	4	
		<< report edited for formatting >>
TOTAL NUMBER OF CENTERS	4 24	TOTAL NUMBER OF CASES 5 912
		END OF REPORT

WINR0829 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0829 – WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE
DETERMINATION CASES

WINR0829 – WEEKLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

REPORT TITLE Weekly Report of Pending Food Stamp Separate Determination Cases		REPORT NUMBER WINR0829	FILE NAME PSD39#PR0829 # = A, B, C, D or E
PURPOSE – NOTES This weekly cumulative report provides the total number of outstanding NPA FS cases per Job Center.			
SOURCE RunID = PSD39# # = A - E	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION Not Currently Distributed	
SEQUENCE PA Center Number		BREAKS	
FREQUENCY / SCHEDULE Weekly # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri) Run after PSD38#		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center Number		Center number being reported.	
3. Number of Outstanding Cases		Number of pending food stamp separate determination cases for the associated center.	
4. Total Number of Centers		Total number of centers reported.	
5. Total Number of Cases		Total number of cases for each center.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0830 – MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE
 DETERMINATION CASES**

WINR0830 – MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

1

REPORT DATE 08/30/08	NEW YORK CITY FOOD STAMP PROGRAM		PAGE 1
RUNBOOK-ID: PSD40M	1		*****
PROGRAM-ID: SD1040	MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES		* THIS REPORT CONTAINS *
			* CONFIDENTIAL INFORMATION *
			* FOR INTERNAL USE ONLY *

		WMS REPORT WINR0830	
2	3		
CENTER NUMBER	NUMBER OF OUTSTANDING CASES	CENTER NUMBER	NUMBER OF OUTSTANDING CASES
		2	3
13	466		
18	26		
19	2		
23	87		
24	20		
28	222		
35	118		
37	72		
38	1864		
		<< report edited for formatting >>	
78	138		
79	68		
80	72		
84	2		
85	3		
99	112		
4		5	
TOTAL NUMBER OF CENTERS	35	TOTAL NUMBER OF CASES	5616
		END OF REPORT	

WINR0830 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0830 – MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE
DETERMINATION CASES

WINR0830 – MONTHLY REPORT OF PENDING FOOD STAMP SEPARATE DETERMINATION CASES

REPORT TITLE Monthly Report of Pending Food Stamp Separate Determination Cases		REPORT NUMBER WINR0830	FILE NAME PSD40MPR0830
PURPOSE – NOTES This monthly report provides the total number of outstanding NPA FS cases per PA Center.			
SOURCE RunID = PSD40M	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE PA Center		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
6. Standard WMS Headings		-	
7. Center Number		Center number being reported.	
8. Number of Outstanding Cases		Number of pending food stamp separate determination cases for the associated center.	
9. Total Number of Centers		Total number of centers reported.	
10. Total Number of Cases		Total number of cases for each center.	

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0831 – MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE
 DETERMINATION CASES**

WINR0831 – MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE DETERMINATION CASES

1

REPORT DATE 05/04/07	NEW YORK CITY FOOD STAMP PROGRAM	PAGE 1																																																																																																																																																																																																												
RUNBOOK-ID: PSD41M	MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE DETERMINATION CASES	*****																																																																																																																																																																																																												
PROGRAM-ID: SD1041		* THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****																																																																																																																																																																																																												
WMS REPORT WINR0831																																																																																																																																																																																																														
<table border="0" style="width: 100%;"> <tr> <td>PA CNTR!</td> <td>F02!</td> <td>F11!</td> <td>F13!</td> <td>F14!</td> <td>F19!</td> <td>F20!</td> <td>F21!</td> <td>F22!</td> <td>F23!</td> <td>F24!</td> <td>F25!</td> <td>F26!</td> <td>F27!</td> <td>F28!</td> <td>F31!</td> <td>F32!</td> <td>F38!</td> <td>F40!</td> <td>F41!</td> <td>F42!</td> <td>F43!</td> <td>F44!</td> <td>F45!</td> <td></td> </tr> <tr> <td>013</td> <td>!</td> <td>!</td> <td>19!</td> <td>!</td> <td>189!</td> <td>252!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>_____</td> </tr> <tr> <td>017</td> <td>!</td> <td>!</td> <td>!</td> <td>2!</td> <td>1!</td> <td>!</td> <td>1!</td> <td>!</td> <td>!</td> <td>4!</td> <td>!</td> <td>2!</td> <td>1!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>2!</td> <td>6!</td> <td>!</td> <td>!</td> <td>!</td> <td>7!</td> <td>!</td> <td>_____</td> </tr> <tr> <td>018</td> <td>!</td> <td>2!</td> <td>!</td> <td>2!</td> <td>!</td> <td>!</td> <td>6!</td> <td>11!</td> <td>!</td> <td>15!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>1!</td> <td>!</td> <td>!</td> <td>7!</td> <td>16!</td> <td>!</td> <td>!</td> <td>!</td> <td>4!</td> <td>!</td> <td>_____</td> </tr> <tr> <td colspan="23"> </td> </tr> <tr> <td>013</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>460</td> </tr> <tr> <td>017</td> <td>!</td> <td>9!</td> <td>1!</td> <td>!</td> <td>24!</td> <td>1!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>61</td> </tr> <tr> <td>018</td> <td>!</td> <td>17!</td> <td>!</td> <td>!</td> <td>!</td> <td>5!</td> <td>3!</td> <td>6!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>!</td> <td>95</td> </tr> </table>			PA CNTR!	F02!	F11!	F13!	F14!	F19!	F20!	F21!	F22!	F23!	F24!	F25!	F26!	F27!	F28!	F31!	F32!	F38!	F40!	F41!	F42!	F43!	F44!	F45!		013	!	!	19!	!	189!	252!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	_____	017	!	!	!	2!	1!	!	1!	!	!	4!	!	2!	1!	!	!	!	!	2!	6!	!	!	!	7!	!	_____	018	!	2!	!	2!	!	!	6!	11!	!	15!	!	!	!	!	1!	!	!	7!	16!	!	!	!	4!	!	_____																								013	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	460	017	!	9!	1!	!	24!	1!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	61	018	!	17!	!	!	!	5!	3!	6!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	95
PA CNTR!	F02!	F11!	F13!	F14!	F19!	F20!	F21!	F22!	F23!	F24!	F25!	F26!	F27!	F28!	F31!	F32!	F38!	F40!	F41!	F42!	F43!	F44!	F45!																																																																																																																																																																																							
013	!	!	19!	!	189!	252!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	_____																																																																																																																																																																																					
017	!	!	!	2!	1!	!	1!	!	!	4!	!	2!	1!	!	!	!	!	2!	6!	!	!	!	7!	!	_____																																																																																																																																																																																					
018	!	2!	!	2!	!	!	6!	11!	!	15!	!	!	!	!	1!	!	!	7!	16!	!	!	!	4!	!	_____																																																																																																																																																																																					
013	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	460																																																																																																																																																																																					
017	!	9!	1!	!	24!	1!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	61																																																																																																																																																																																					
018	!	17!	!	!	!	5!	3!	6!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	95																																																																																																																																																																																					
<< report edited for formatting >>																																																																																																																																																																																																														
TOTAL NUMBER OF CENTERS	41	TOTAL NUMBER OF CASES 12570																																																																																																																																																																																																												
REPORT END																																																																																																																																																																																																														

WINR0831 Report Sample

WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0831 – MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE
DETERMINATION CASES

WINR0831 – MONTHLY REPORT OF AUTOMATED FOOD STAMP SEPARATE DETERMINATION CASES

REPORT TITLE Monthly Report of Automated Food Stamp Separate Determination Cases		REPORT NUMBER WINR0831	FILE NAME PSD41MPR0831
PURPOSE – NOTES This report indicates the total number of NPA FS separate determination cases created per PA Center for a particular month and the NPA center in which they were created. It includes NPA FS cases that were activated via the automated process or by workers making a separate determination.			
SOURCE RunID = PSD41M	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION HRA FIA Management via DEPCON	
SEQUENCE PA Center Code		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. PA CNTR		PA Center being reported.	
3. Total Number of Centers		Total number of centers being reported.	
4. Total Number of Cases		Total number of cases for each center.	

WINR0832 – NEWBORN DAILY HOSPITAL REPORT 1

REPORT DATE: 09/10/08	NEW YORK STATE DEPARTMENT OF HEALTH	PAGE 002				
	NEWBORN DAILY HOSPITAL REPORT	*****				
	WMS REPORT WINR0832	* THIS REPORT CONTAINS *				
		CONFIDENTIAL INFORMATION				
		* FOR INTERNAL USE ONLY *				

		REFERENCE NO 00002				
INSTITUTION CODE: N1107 PROCESSED RECORDS						
CASE NO	DIST	CLIENT NAME	CIN	DATE OF BIRTH	SEX	MED REC NUM
4	5	6	7	8	9	10
MOTHER 006350404H	66	JENNIFER L DXXXXXX	YF89586V	03/20/1983		2133761
CHILD 006350404H		IMANI L BXXXXX	QE58764V	08/28/2008	F	2405035
MOTHER 007656976D	66	GRACIELA M AXXXXXX	WW90206G	01/25/1991		1099704
CHILD 007656976D		AADEN J LXXX	QB69686X	08/27/2008	M	2404971
MOTHER 008798443B	66	ZLATY OXXXXXXXXXX	WW83495K	03/13/1985		2220141
CHILD 008798443B		SIMON OXXXXXXXXXX	QC36823Z	08/31/2008	M	2405588
<< report edited for formatting >>						
MOTHER 028308268D	66	EILEEN GXXXXX	XJ85768G	10/10/1988		1045104
CHILD 028308268D		JADIEL J TXXXXX	QB52518P	08/27/2008	M	2404641
MOTHER S6009416	66	ASHANTI Z RXXXXXXX	CG63255J	05/10/1992		2208215
CHILD 022290270C		SAFIYAH N RXXXXXXX	QA54170Z	08/30/2008	F	2405531

WINR0832 Report Sample

WINR0832 – NEWBORN DAILY HOSPITAL REPORT

REPORT TITLE Newborn Daily Hospital Report		REPORT NUMBER WINR0832	FILE NAME PEIN02PR0832
PURPOSE – NOTES This report provides a list by hospital (institution code) of all children born to recipients for the purpose of automated newborn enrollment for Medicaid benefits.			
SOURCE RunID = PEIN02	REFERENCE Release 2003.1	AUDIENCE / GENERAL DISTRIBUTION NYC MICA Management via DEPCON NYC FIA Income Clearance Program via DEPCON NYS DOH/OMM via DEPCON	
SEQUENCE Institution Code/Case Number		BREAKS Institution Code (Hospital)	
FREQUENCY / SCHEDULE Daily		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Reference No		Page Number	
3. Institution Code		Numerical code assigned to each hospital/medical facility	
Processed Records:		Records are reported as a set of Mother and Child:	
4. Case No		Number that uniquely identifies the case.	
5. Dist		66 = NYC	
6. Client Name		Mother's Name/Child's Name	
7. CIN		Client Identification Number	
8. Date of Birth		-	
9. Sex		The child's gender "M" or "F"	
10. Med Rec Num		Medical record number	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
SYSTEM-GENERATED SEPARATE DETERMINATION CASES**

WINR0834 – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – PA LOCAL OFFICE

REPORT TITLE System-Generated Separate Determination Cases – PA Local Office		REPORT NUMBER WINR0834	FILE NAME PSD42#PRP*** (***) = Center Code) # = A, B, C, D or E
PURPOSE – NOTES This system-generated report provides a weekly summary of the total number of food stamp cases that are pending separate determinations for each center.			
SOURCE RunID = PSD42# # = A - E (A = 1 st Fri; B = 2 nd Fri, etc)	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION PA Center Staff via DEPCON	
SEQUENCE Center/Worker		BREAKS Worker	
FREQUENCY / SCHEDULE Weekly # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri) Run after PSD37E		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. PA Local Office		PA Center Number	
3. Unit/Worker		Uniquely identifies the worker responsible for the case.	
4. PA Case No.		Number that uniquely identifies the Public Assistance case.	
5. Suffix		Number identifying the unit of assistance that received benefits.	
6. Case Name		Payee of the case.	
7. FS Center No.		Food Stamp Center Number	
8. Case No.		Number that uniquely identifies the Food Stamp case.	
9. Total Number of Cases for Unit/Worker		Total number of system-generated separate determination cases for the center.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0834A – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – WMS
WEEKLY SUMMARY REPORT**

WINR0834A – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT 1

REPORT DATE 09/19/08	NEW YORK CITY FOOD STAMP PROGRAM	PAGE 1
RUNBOOK-ID: PSD42C	SYSTEM-GENERATED SEPARATE DETERMINATION CASES	
PROGRAM-ID: SD1042	WMS WEEKLY SUMMARY REPORT WINR0834A	
	1	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2	3	
CENTER NUMBER	TOTAL NUMBER OF CASES	
013	55	
028	73	
035	105	
038	158	
039	193	
		<< report edited for formatting >>
040	83	
041	4	
043	9	
044	68	
052	8	
053	87	
054	95	
062	16	
063	47	
064	191	
073	11	
085	12	
099	220	
TOTAL CASES FOR NYC	4	3516

WINR0834A Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0834A – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – WMS
WEEKLY SUMMARY REPORT**

WINR0834A – SYSTEM-GENERATED SEPARATE DETERMINATION CASES – WMS WEEKLY SUMMARY REPORT

REPORT TITLE System-Generated Separate Determination Cases – WMS Weekly Summary Report		REPORT NUMBER WINR0834A	FILE NAME PSD42#PR0834 # = A, B, C, D or E
PURPOSE – NOTES This system-generated report provides a weekly summary of the total number of food stamp cases that are pending separate determinations for each center as well as a grand total for all NYC centers.			
SOURCE RunID = PSD42# # = A - E	REFERENCE Release 2003.2	AUDIENCE / GENERAL DISTRIBUTION HRA Bronx Regional Office via DEPCON	
SEQUENCE Center Number		BREAKS	
FREQUENCY / SCHEDULE Weekly # = A-E (A on 1st Fri, B on 2nd Fri, C on 3rd Fri, D on 4th Fri, E on 5th Fri) Run after PSD37E		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Heading		-	
2. Center Number		PA Center Number	
3. Total Number of Cases		Number of system-generated separate determination cases for each center for the week.	
4. Total Cases for NYC		Number of system-generated separate determination cases for all centers combined for the week.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0835 – SYSTEM-GENERATED SEPARATE DETERMINATION CASES**

WINR0835 – SYSTEM-GENERATED SEPARATE DETERMINATION CASES

REPORT TITLE System-Generated Separate Determination Cases		REPORT NUMBER WINR0835	FILE NAME PSD43#PPR*** (***) = FS Center) # = A, B, C, D or E
PURPOSE – NOTES This system-generated report provides detailed information for food stamp cases that are pending separate determinations by PA and FS center.			
SOURCE SD1043 RunID = PSD43# (# = A-E)	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION FS Center Staff	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Daily (A on Mon, B on Tues, C on Wed, D on Thurs, E on Fri)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. FS Local Office		Food Stamp Center Number	
3. PA Case Name		Name of payee of the public assistance case.	
4. NPA Case No.		Non-public assistance case number	
5. PA Center No.		Public Assistance Center Number	
6. Case No.		Number that uniquely identifies the case.	
7. Suffix ID		Number identifying the unit of assistance.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR0838 – DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE
UPDATE**

WINR0838 – DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE UPDATE 1

REPORT DATE 11/ 8/2008	1 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM	PAGE 1
REPORT: WINR0838	DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE UPDATE	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
2 CENTER: 013 3 CASELOAD: 00444	FOR: NOVEMBER, 2008	
4 CASE # 5 SUF 6 CASE NAME	7 ERROR CODE / ERROR	8 ADDRESSES / ERROR MESSAGE
00006160114C 01 HXXXXXXXX DORIS	ADDRESSES DO NOT MATCH	APT
	DHS ADDRESS 999 CAULDWELL AVE	9X NY10455
	WMS ADDRESS 999 HINSDALE STREET	X-9 NY11207
00001465835F 01 SXXXXX ROLANDO	ADDRESSES DO NOT MATCH	APT
	DHS ADDRESS 999 E 112TH ST	9X NY10029
	WMS ADDRESS 9999 SENECA AVE	9X NY10474
00002854831B 01 AXXXXXX ELISA	ADDRESSES DO NOT MATCH	APT
	DHS ADDRESS 9999 WEBSTER AVE	9-X NY10456
	WMS ADDRESS 99-99 QUEENS BLVD	999 NY11377
	<< report edited for formatting >>	
00004048578B 01 RXXXXXXXX AREY	E2213	ENHANCED SHELTER/AIDS BUDGETING CASE
00007838467E 01 TXXXXX SUBHADRA	E1957	MANUAL NOTICE REQUIRED, MULTI-SUFFIX CAS

WINR0838 Report Sample

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0838 – DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE
 UPDATE**

WINR0838 – DHS CASES FAILING WMS AUTOMATED ADDRESS/SHELTER CODE UPDATE

REPORT TITLE DHS Cases Failing WMS Automated Address/Shelter Code Update		REPORT NUMBER WINR0838	FILE NAME PEI110PPRINT
PURPOSE – NOTES This report lists DHS (NYC Department of Homeless Services) cases that failed the WMS Automated Address/Shelter Code Update.			
SOURCE RunID = PEI110	REFERENCE SA 2001-00262; 2007.2 Release Notes	AUDIENCE / GENERAL DISTRIBUTION HRA Office of Central Processing via DEPCON	
SEQUENCE Center/Caseload		BREAKS Caseload	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Center		The center responsible for the cases.	
3. Caseload		Number of cases being handled by this center.	
4. Case #		Number that uniquely identifies the case.	
5. SUF		Suffix – Number identifying the unit of assistance.	
6. Case Name		Name of the payee of the case.	
7. Error Code / Error			
8. Addresses / Error Message			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR0843 – NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT**

WINR0843 - NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT

1

NEW YORK CITY HUMAN RESOURCES ADMINISTRATION			
REPORT DATE 02/01/09	WELFARE MANAGEMENT SYSTEM		
PROGRAM: CSP017	*****		
WMS REPORT WINR0843	* THIS REPORT CONTAINS *		
	* CONFIDENTIAL INFORMATION *		
	* FOR INTERNAL USE ONLY *		

NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT			

Records Received from CSMS (excluding Header & Trailer):		2,813	2
1. Verified :	951		
2. Not Verified :	1,728	3	
3. Cannot Verify :	134		
Total :		2,813	4
Active Paid - EBT	5	7	
Closed Paid - Mailed Check	6	23	
(Good Address, PA assistance after 11/30/1996)			
Total Single Issue Stored :		30	7
Exception Records :	8		
1. Not Verified :	1,728		
2. Cannot Verify :	134		
3. Closed - Address not recently used :	307		
4. Closed - No PA assistance after 11/30/1996 :	614		
5. Pay-type 72 payment exists for the same period :	0		
6. Surface Edit Errors :	0		
7. Amount > or = 5000.00 :	0		
8. Case Not Found :	0		
9. Suffix Not Found :	0		
Total Exceptions :		2,783	9
ORI File (Only Active Paid) (OCSEEXSORIA-xxxxxxx)	10	7	
Completion file (AC & CL - Paid) (OCSEEXSCOMP-xxxxxxx)	11	30	
Address Verification Notice File (OCSEEXSEXCE-xxxxxxx)	12	17	

WINR0843-Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0843 – NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT**

WINR0843 – NYC CSMS EXCESS ISSUANCE MONTHLY SUMMARY REPORT

REPORT TITLE NYC CSMS Excess Issuance Monthly Summary Report		REPORT NUMBER WINR0843	FILE NAME PCS170PREPRT
PURPOSE – NOTES This report provides a summary of New York City PA Single Issuances made to custodial parents as a result of child support excess contributions.			
SOURCE RunID = PCS170	REFERENCE	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES via DEPCON and email HRA MIS Management via DEPCON and email HRA OCSE via DEPCON HRA Office of Financial Management via DEPCON	
SEQUENCE N/A		BREAKS N/A	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Records Received from CSMS		Totals records excluding Header and Trailer	
3. (1) Verified, (2) Not Verified, (3) Cannot Verify		Total records received broken down into subtotals	
4. Total		Total from subtotals	
5. Active Paid – EBT		Benefit issuances paid to active cases via electronic benefits transfer	
6. Closed Paid - Mailed Check		Benefit issuances paid to closed cases by check (Good Address, PA Assistance after 11/30/1996)	
7. Total Single Issue Stored		Total benefit issuances (#5 and #6)	
8. Exception Records		Not Verified, Cannot Verify, Closed – Address not recently used, Closed – No PA Assistance after 11/30/1996, Pay-type 72 payment exists for the same period, Surface Edit Errors, Amount > or = 5000.00, Case Not Found, Suffix Not Found	
9. Total Exceptions		Total of all exceptions (all #8)	
10. ORI File		Only Active Paid (OCSEEXSORIA-xxxxxxx)	
11. Completion file		AC & CL – Paid (OCSEEXSCOMP-xxxxxxx)	
12. Address Verification Notice File		(OCSEEXSEXCE-xxxxxxx)	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR0844 – SDX AGED CLEARANCE MATCH REPORT**

WINR0844 – SDX AGED CLEARANCE MATCH REPORT

1

REPORT DATE 01/27/09		NEW YORK CITY HUMAN RESOURCES ADMINISTRATION WELFARE MANAGEMENT SYSTEM										PAGE 1					
PROGRAM: EI1077		WMS REPORT WINR0844										***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY. * *****					
REPORT PERIOD 01/27/09		SDX AGED CLEARANCE MATCH REPORT															
2	3	4	5		6	7	8	9	10	11	12	13	14	15			
SYS	CASE NO.	CASE TYPE	PA	MA	FS	SSN	NAME	SEX	DOB	PAY	LAST TX.	CIN	MATCH SCORE	SEL AGE			
SDX	00000843924C					106666666	UXXXX	MILADY	E	F	11/24/42	C01	01/21/2009	CIN			0091
WMS	00000879490B	FS	NA	NA	AC	102222222	UXXXX	MILADY		F	11/24/42		11/07/2008	WW27100A	101		
WMS	00090298483A	MSSI	NA	AC	NA	102222222	UXXXX	MILADY		F	11/24/42		11/07/2008		101		
SDX	00000818483A					111111111	SXXXXXX	ALEXANDRA	H	F	10/02/93	C01	12/20/2008	CIN			0090
WMS	00006647013J	SNNC	CL	CL	CL	088888888	SXXXXXX	ALEXANDRA		F	10/02/93		01/26/2004	SS23730Q	101		
WMS	00003958571G	FA	RJ	RJ	RJ	088888888	SXXXXXX	ALEXA		F	10/02/93		06/04/2001	VU97350W	101		
WMS	00006647013J	SNNC	RJ	RJ	RJ	088888888	SXXXXXX	ALEXA		F	10/02/93		06/04/2001		101		
SDX	00000559481H					088888888	GXXXXX	CHARLES	E	M	05/08/38	E01	11/23/2008	CIN			0088
WMS	00022076454C	MA	NA	RJ	NA	088888888	GXXXXX	CHARLES		M	05/08/38		07/16/2008	QE38434D	101		
SDX	00000804370F					080941472	WXXXXXXXXXX	SHAMAEL	L	M	09/20/04	C01	12/20/2008	CIN			0034
WMS	00004142587H	FA	CL	CL	CL	080941472	WXXXXXXXXXX	SHAMAEL		L	09/20/04		10/30/2007	RW73953U	106		
WMS	00008621377E	MA	NA	CL	NA		WXXXXXXXXXX	SHAMAEL		M	09/20/04		09/30/2004	RV38507P	101		X

<< report edited for formatting >>

* - RECIPIENT-ID CHOSEN X - RECIPIENT-ID OF HIERARCHY MATCH THAT CAUSED A 104-106 MATCH NOT TO BE ASSIGNED

REPORT CONTINUED

<< report edited for formatting >>

END OF REPORT

WINR0844 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER
CLOSINGS**

WINR0844 – SDX AGED CLEARANCE MATCH REPORT

REPORT TITLE SDX Aged Clearance Match Report		REPORT NUMBER WINR0844	FILE NAME PEI77BPRPT
PURPOSE – NOTES This report provides a list of individuals/CINs from the WINR0399 report that have not been resolved with the 20 day time frame.			
SOURCE RunID = PEI77B	REFERENCE 2007-00403 (2009.1 Release Notes)	AUDIENCE / GENERAL DISTRIBUTION NYS DOH/OMM via DEPCON and email NYS OTDA via DEPCON HRA MICSAs Management via DEPCON	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Weekly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
13. Standard WMS Headings		-	
14. SYS		System: SDX (State Data Exchange) or WMS	
15. Case No		Number that uniquely identifies the case.	
16. Case Type		Indicates the type of assistance (FA, FS, MA, MSSSI, SNNC) the case is receiving.	
17. Status		Case status: AC, CL, NA, RJ	
18. SSN		Social Security Number of individual	
19. Name		Name of individual	
20. Sex		Individual's gender	
21. DOB		Date of Birth of the individual	
22. PAY		Current SSI pay status	
23. Last TX		Last transaction date	
24. CIN		Client Identification Number	
25. Match Score		Score assigned by the clearance process	
26. SEL		Selected recipient (see Report Item 16) preventing a match from being assigned.	
27. Age		Individual's age	
28. * - Recipient-ID Chosen X - Recipient-ID of Hierarchy Match that caused a 104-106 Match not to be Assigned		Message indicating that recipients with an "X" in the SEL column (see Report Item 14) caused a discrepancy preventing a match from being assigned.	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER CLOSINGS

WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER CLOSINGS

1

REPORT DATE: 11/11/08		NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE				PAGE 001					
		1 AUTOCLOSE PRISONER PROCESSING REPORT				***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****					
		2 WMS REPORT WINR1067				3 REFERENCE NO 00001					
CASE TYPE: MA		7 PENDING PRISONER CLOSINGS									
4	5	6	7			8	9	10	11	12	13
RECORD SOURCE	--DIN--	--CIN--	FACILITY NAME / FACILITY ADDRESS			CASE NUMBER	CASE TYPE	SFX	LOC OFF	ADMISSION DATE	CLOSING CODE
DCJS	08A5228	TX79390H	DOWNSTATE CORR FAC RED SCHOOLHOUSE RD FISHKILL NY 12524			00003789900C	20	01	568	10/01/2008	939
<< report edited for formatting >>											
CASE TYPE MA TOTAL =		14 020									
CASE TYPE: FS		7 PENDING PRISONER CLOSINGS				REFERENCE NO 00004					
RECORD SOURCE	--DIN--	--CIN--	FACILITY NAME / FACILITY ADDRESS			CASE NUMBER	CASE TYPE	SFX	LOC OFF	ADMISSION DATE	CLOSING CODE
DCJS	0810038	RH75852E	NASS CO CORR CTR 100 CARMAN AVENUE EAST MEADOW NY 11554			00010762283J	31	01	F19	10/06/2008	939
CASE TYPE FS TOTAL =		006									
SUMMARY PAGE											
CASE CLOSING PA		=	0								
CASE CLOSING MA	15	=	20								
CASE CLOSING FS		=	6								
NUMBER OF CASE REPORTED		=	26 16								

WINR1067 Report Sample – Pending

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER
CLOSINGS**

WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – PENDING PRISONER CLOSINGS

REPORT TITLE Autoclose Prisoner Processing Report - Pending Prisoner Closings		REPORT NUMBER WINR1067	FILE NAME PRB990***ACL *** = DOC, DCJ or RIK
PURPOSE – NOTES This report lists single person cases scheduled for automated closing as a result of the incarceration of the recipient. There is one report for each prison facility population: “DOC” is for Department of Correctional Services, “DCJ” is for Division of Criminal Justice Services, and “RIK” is for Rikers Island.			
SOURCE RunID = PRB990	REFERENCE SA 2006-00706 Into Production 5/08	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES staff via email NYS DOH staff via email HRA staff via email	
SEQUENCE Case Type (Program Area)/Case Number		BREAKS Case Type (Program Area – PA/MA/FS)	
FREQUENCY / SCHEDULE Monthly – 10 th day of month (or Friday before)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Type		Program Area – PA (Public Assistance), MA (Medical Assistance), FS (Food Stamps)	
3. Reference No			
4. Record Source			
5. DIN		Identification Number of incarcerated individual within prison system	
6. CIN		Client Identification Number	
7. Facility Name / Facility Address		Name of prison/jail facility	
8. Case Number			
9. Case Type			
10. SFX		Suffix – Number identifying the unit of assistance.	
11. LOC OFF		Location Office – Center responsible for the case.	
12. Admission Date			
13. Closing Code			
14. Case Type XX Total		Total number reported for this case type	
Summary Page:			
15. Case Closing XX		XX = PA, MA, or FS	
16. Number of Case Reported		Total number of all case types reported	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – EXCEPTION LISTING
OF PRISONER CLOSINGS**

WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – EXCEPTION LISTING OF PRISONER CLOSING 1

REPORT DATE: 11/11/08		NEW YORK STATE DEPARTMENT OF FAMILY ASSISTANCE					PAGE 001			
		1 AUTOCLOSE PRISONER PROCESSING REPORT					***** * THIS REPORT CONTAINS * *CONFIDENTIAL INFORMATION* * FOR INTERNAL USE ONLY * *****			
		2 WMS REPORT WINR1067					3 REFERENCE NO 00001			
CASE TYPE: PA		EXCEPTION LISTING OF PRISONER CLOSINGS								
4 RECORD SOURCE	5 --DIN--	6 --CIN--	7 FACILITY NAME / FACILITY ADDRESS	8 CASE NUMBER	9 CASE TYPE	10 SFX	11 LOC OFF	12 ADMISSION DATE	13 EXCEPTION CODE	
DCJS	08G1066	ZC98123Q	BEDFORD HILLS CORR 247 HARRIS RD BEDFORD HILLS NY 10507	00001026865E	16	01	026	10/15/2008	06	
DCJS	08A5158	ZN43455F	DOWNSTATE CORR FAC RED SCHOOLHOUSE RD FISHKILL NY 12524	00004363954B	16	01	024	09/26/2008	08	
DCJS	08G0962	ZM18947Z	ALBION CORR FACIL 3595 STATE SCHOOL RD ALBION NY 14411	00004398107F	16	01	085	09/22/2008	08	
DCJS	203469	WW02331Z	WEST CO DEPT CORR PO BOX 10 VALHALLA NY 10595	00004681133H	16	01	043	09/16/2008	13	
<< report edited for formatting >>										
CASE TYPE PA TOTAL =		14	029							
SUMMARY PAGE										
PA CASE EXCEPTIONS	=	29								
MA CASE EXCEPTIONS	15	=	91							
FS CASE EXCEPTIONS	=	14								
NUMBER OF CASE REPORTED	=	134	16							

WINR1067 Report Sample – Exception

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL**

**WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – EXCEPTION LISTING
OF PRISONER CLOSINGS**

WINR1067 – AUTOCLOSE PRISONER PROCESSING REPORT – EXCEPTION LISTING OF PRISONER CLOSINGS

REPORT TITLE Autoclose Prisoner Processing Report – Exception Listing of Prisoner Closings		REPORT NUMBER WINR1067	FILE NAME PRB990***EX *** = DOC, DCJ or RIK
PURPOSE – NOTES This report lists cases excluded from automated closing as a result of the incarceration of the recipient. There is one report for each prison facility population: “DOC” is for Department of Correctional Services, “DCJ” is for Division of Criminal Justice Services and “RIK” is for Rikers Island.			
SOURCE RunID = PRB990	REFERENCE SA 2006-00706 Into Production 5/08	AUDIENCE / GENERAL DISTRIBUTION NYS OTDA/CEES staff via email NYS DOH staff via email HRA staff via email	
SEQUENCE Case Type (Program Area)/Case Number		BREAKS Case Type (Program Area – PA/MA/FS)	
FREQUENCY / SCHEDULE Monthly – 10 th day of month (or Friday before)		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Type		Program Area – PA (Public Assistance), MA (Medical Assistance), FS (Food Stamps)	
3. Reference No			
4. Record Source			
5. DIN		Identification Number of incarcerated individual within prison system	
6. CIN		Client Identification Number	
7. Facility Name / Facility Address		Name of prison/jail facility	
8. Case Number			
9. Case Type			
10. SFX		Suffix – Number identifying the unit of assistance.	
11. LOC OFF		Location Office – Center responsible for the case.	
12. Admission Date			
13. Exception Code		The reason for excluding the case from the autoclose process	
14. Case Type XX Total		Total number reported for this case type	
Summary Page:			
15. XX Case Exceptions		XX = PA, MA, or FS	
16. Number of Case Reported		Total number of all case types reported	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR4401 – EXCESS CHILD SUPPORT-ELIGIBLE REPORT**

WINR4401 – EXCESS CHILD SUPPORT-ELIGIBLE REPORT

1

REPORT DATE: 9/26/08 CENTER: 035 REPORT MONTH: SEPTEMBER 08 PROGRAM ID: RS1045		NYS DEPARTMENT OF FAMILY ASSISTANCE OFFICE OF TEMPORARY DISABILITY ASSISTANCE EXCESS CHILD SUPPORT-ELIGIBLE REPORT				PAGE: 4 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****						
WMS REPORT WINR4401												
2	3	4	5	6	7	8	9	10	11			
CASE NAME	CASE NUMBER	OFFICE	UNIT	WORKER	EXCESS SUPPORT AMOUNT	PAYMENT PERIOD FROM DATE	PAYMENT PERIOD TO DATE	TOTAL ASSISTANCE CONSIDERED	TOTAL SUPPORT COLLECTED			
WXXXXXXXX, CHANISE	005674202G	035		00015	2466.95	01/10/2003	02/18/2005	4899.10	7366.05			
JXXXXXXXX, CARLIEN	009595592I	035		00033	447.76	04/28/1985	07/01/2008	4098.00	4545.76			
BXXXXX, ELISA	005725214A	035		00046	1880.32	10/11/1993	09/11/2008	17597.32	19477.64			
SXXXXX, NADIA G	001816123C	035		00205	1784.88	12/01/1996	06/20/2007	13121.12	14906.00			
<< report edited for formatting >>												
REPORT DATE: 9/26/08 CENTER: NYC REPORT MONTH: SEPTEMBER 08 PROGRAM ID: RS1045		NYS DEPARTMENT OF FAMILY ASSISTANCE OFFICE OF TEMPORARY DISABILITY ASSISTANCE EXCESS CHILD SUPPORT-ELIGIBLE REPORT				PAGE: 20 ***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****						
WMS REPORT WINR4401												
TOTALS												
12	TOTAL NUMBER CASES				13	EXCESS SUPPORT AMOUNT			14	TOTAL ASSISTANCE CONSIDERED	15	TOTAL SUPPORT COLLECTED
	36					24983.21				496264.27		521247.48

WINR4401 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR4401 – EXCESS CHILD SUPPORT-ELIGIBLE REPORT**

WINR4401 – EXCESS CHILD SUPPORT-ELIGIBLE REPORT

REPORT TITLE Excess Child Support-Eligible Report		REPORT NUMBER WINR4401	FILE NAME PRS450PELIG
PURPOSE – NOTES This report lists those cases that received an excess support benefit. It includes the total amount issued per center/district and a grand total issued per month. PRS450 reads a file from PCS170 to produce this report.			
SOURCE RunID = PRS450	REFERENCE SA2004-00137; Release 2007.1 Into Production 1/08	AUDIENCE / GENERAL DISTRIBUTION HRA FIA OCSE Management, HRA MIS Management, HRA ORI Management, NYS OTDA via email and DEPCON; NYS OTDA CEES and IT staff via email and DEPCON	
SEQUENCE Office (Center)/Worker		BREAKS Center	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Name		Name of the payee of the case.	
3. Case Number		Number that uniquely identifies the case.	
4. Office		Center Number	
5. Unit			
6. Worker		Identifies the worker responsible for the case.	
7. Excess Support Amount		Support amount overpaid for the period reported.	
8. Payment Period From Date		MM/DD/YYYY	
9. Payment Period To Date		MM/DD/YYYY	
10. Total Assistance Considered		Support amount considered for the period reported.	
11. Total Support Collected		Support amount plus overpaid amount for the period reported.	
12. Total Number Cases		Total number of cases reported this month.	
13. Excess Support Amount		Total support amount reported overpaid.	
14. Total Assistance Considered		Total support amount reported considered.	
15. Total Support Collected		Total support reported collected	

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR4402 – EXCESS CHILD SUPPORT-EXCEPTION REPORT**

WINR4402 – EXCESS CHILD SUPPORT-EXCEPTION REPORT

1

REPORT DATE: 9/26/08		NYS DEPARTMENT OF FAMILY ASSISTANCE		OFFICE OF TEMPORARY DISABILITY ASSISTANCE		EXCESS CHILD SUPPORT-EXCEPTION REPORT		PAGE: 1		
CENTER: XXX		WMS REPORT WINR4402		*****		* THIS REPORT CONTAINS *		* CONFIDENTIAL INFORMATION *		
REPORT MONTH: SEPTEMBER 08		*****		* FOR INTERNAL USE ONLY *		*****		*****		
PROGRAM ID: RS1046		*****		*****		*****		*****		
2	4	5	6	7	8	9	10	11	12	13
CASE NAME	CASE NUMBER	OFFICE	UNIT	WORKER	PAYMENT PERIOD FROM DATE	PAYMENT PERIOD TO DATE	TOTAL ASSISTANCE CONSIDERED	TOTAL SUPPORT COLLECTED	EXCESS SUPPORT AMOUNT	EXCEPTION REASON
AXXXX, DENISE 3 CUSTODIAL PARENT: AXXXX, DENISE, 999 E 108TH STREET A, BROOKLYN NY, 11236	008226827H	XXX			09/29/2007	12/27/2007	740.00	1152.00	412.00	CANNOT VERIFY
AXXXXXX, ISABELLA CUSTODIAL PARENT: AXXXXXX, ISABELLA, 9999 E 14TH ST C5, BKLYN NY, 11230	004237976I	XXX			08/10/2006	09/24/2008	11474.75	11482.00	7.25	NOT VERIFIED
AXXXX-SXXXXX, Wafa CUSTODIAL PARENT: AXXXX-SXXXXX, Wafa, 99 LEGION ST 16A, BROOKLYN NY, 11212	002638663B	XXX			05/23/2006	09/18/2007	5482.20	7859.00	2376.80	CANNOT VERIFY
AXXXXX, LYNN CUSTODIAL PARENT: AXXXXX, LYNN, 99 EAST 108 STREET 3G, NEW YORK NY, 10026	009357940H	XXX			03/25/1992	10/16/2005	810.00	1142.00	332.00	INACTIVE /AVL LOGIC
AXXXXXX, LUCIA CUSTODIAL PARENT: AXXXXXX, LUCIA, 999-99 37TH AVENUE,, CORONA NY, 11368	004281492B	XXX			02/16/1982	03/03/1993	4192.95	6457.98	2265.03	INACT/NO RECENT BEN
AXXXXXX, MARIA CUSTODIAL PARENT: AXXXXXX, MARIA, 99-99 QUEENS BLVD RT, ELMHURST NY, 11373	003722193E	XXX			05/27/1994	01/09/2006	6605.37	7136.36	530.99	NOT VERIFIED
AXXXXXX, MONSERRATE CUSTODIAL PARENT: AXXXXXX, MONSERRATE, 999 SOUTH 4 ST, BROOKLYN NY, 11211	003064575I	XXX			03/26/1969	08/27/1987	4770.00	5234.00	464.00	INACT/NO RECENT BEN

<< report edited for formatting >>

WINR4402 Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR4402 – EXCESS CHILD SUPPORT-EXCEPTION REPORT**

WINR4402 – EXCESS CHILD SUPPORT-EXCEPTION REPORT

REPORT TITLE Excess Child Support-Exception Report		REPORT NUMBER WINR4402	FILE NAME PRS460PEXCPT
PURPOSE – NOTES This report produces a list in case name alphabetic order of all cases potentially eligible for but which did not receive excess child support payments. The exception reason is listed. PRS460 reads a file from PCS170 to produce this report.			
SOURCE RunID = PRS460	REFERENCE SA2004-00137; Release 2007.1 Into Production 1/08	AUDIENCE / GENERAL DISTRIBUTION HRA FIA OCSE Management, HRA MIS Management, HRA ORI Management, NYS OTDA via email and DEPCON; NYS OTDA CEES and IT staff via email and DEPCON	
SEQUENCE Alphabetic order by case name		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. Case Name		Name of the payee of the case.	
3. Custodial Parent		Custodial parent's name and address	
4. Case Number		Number that uniquely identifies the case.	
5. Office		Center Number	
6. Unit			
7. Worker		Identifies the worker responsible for the case.	
8. Payment Period From Date		MM/DD/YYYY	
9. Payment Period To Date		MM/DD/YYYY	
10. Total Assistance Considered		Support amount considered for the period reported.	
11. Total Support Collected		Support amount plus overpaid amount for the period reported.	
12. Excess Support Amount		Support amount reported overpaid.	
13. Exception Reason			

**WELFARE MANAGEMENT SYSTEM
 NEW YORK CITY REPORTS MANUAL
 WINR5214 – LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS**

WINR5214 – LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS 1

REPORT DATE: 05/12/07	NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES	PAGE 13
	LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS	
PERIOD COVERED: AS OF 05/12/07	WMS REPORT WINR5214	***** * THIS REPORT CONTAINS * * CONFIDENTIAL INFORMATION * * FOR INTERNAL USE ONLY * *****
DISTRICT: NEW YORK CITY	DISTRIBUTION: MEDICAL ASSISTANCE PROGRAM	3 REFERENCE NO 13
LOCAL OFFICE: 024		
CASE NAME	CASE NUMBER	UNBORN CIN
NYC SFX	PCP CIN	
-----	-----	-----
BXXXX NELLY	00004253221I 01	QV49082V
LXXXXXX MARIE	00005053687J 01	QW55737K
SXXXXXX EARLETTE	00000996798F 01	QW75648T
TOTAL FOR LOCAL OFFICE 024 :	3	
<< report edited for formatting >>		
LOCAL OFFICE	TOTAL	
-----	-----	
013	18	
017	6	
023	42	
5C8	210	
DISTRICT TOTAL	16,228	
	END OF REPORT	

(Report Number) Report Sample

**WELFARE MANAGEMENT SYSTEM
NEW YORK CITY REPORTS MANUAL
WINR5214 – LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS**

WINR5214 – LISTING OF PCP CASES CONTAINING UNENROLLED UNBORNS

REPORT TITLE Listing of PCP Cases Containing Unenrolled Unborns		REPORT NUMBER WINR5214	FILE NAME PRT23PPR5214
PURPOSE – NOTES This report provides information about Prepaid Capitation cases with unenrolled unborns.			
SOURCE RunID = PRT23P	REFERENCE Initial Production (Test) Run 1/93; Effective 3/93, Report is now produced on the second weekend of month	AUDIENCE / GENERAL DISTRIBUTION Medical Assistance Program	
SEQUENCE		BREAKS	
FREQUENCY / SCHEDULE Monthly		RETENTION 30 Days	
REPORT ITEM		DEFINITION (IF NEEDED)	
1. Standard WMS Headings		-	
2. District		New York City	
3. Reference No			
4. Local Office		Center Number	
5. Case Name		Name of the payee of the case.	
6. Case Number		Number that uniquely identifies the case.	
7. NYC SFX		Number identifying the unit of assistance.	
8. PCP CIN		Prepaid Capitation client's Client Identification Number.	
9. Unborn CIN		Unborn's Client Identification Number	
10. Total for Local Office XXX		Number of PCP cases for the center being reported.	
11. Local Office		Summary list of centers.	
12. Total		Number of PCP cases for each center.	
13. District Total		Grand total of all PCP cases for all centers combined.	